CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 223 | MRN: MRN-223-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Meredith Grey
DOB:	1978-05-10
Gender:	female
Race:	Caucasian
Height:	5 ft 7 in
Weight:	145 lbs
Telecom:	206-555-2005
Address:	613 Harper Lane, Seattle, WA 98104
Marital Status:	Widowed
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Sister
Name:	Dr. Maggie Pierce
Telecom:	206-555-2006
Address:	613 Harper Lane, Seattle, WA 98104
Gender:	female
Organization:	Seattle Grace Mercy West Hospital
Period Start:	2014-08-27T00:00:00Z
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Miranda Bailey, MD
Managing Organization:	Seattle Grace Mercy West Hospital

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Gold PPO

Plan Type:	PPO
Group ID:	STARK-001
Group Name:	Stark Industries
Member ID:	W223344556
Policy Number:	AET-PPO-987654321
Effective Date:	2018-01-01
Termination Date:	ongoing
Copay:	$40
Deductible:	$1500
SUBSCRIBER	
Subscriber ID:	W223344556
Subscriber Name:	Meredith Grey
Relationship:	Self
Subscriber DOB:	1978-05-10
Subscriber Address:	613 Harper Lane, Seattle, WA 98104

II. MEDICAL BIOGRAPHY & HISTORY

Meredith Grey is a 46-year-old, widowed, right-hand dominant female who is a renowned general surgeon at Seattle Grace Mercy West Hospital. Her life has been marked by significant personal and professional challenges, which she has navigated with resilience. Socially, she is a dedicated mother to three children and maintains a close-knit group of friends and colleagues. She denies tobacco use and drinks alcohol sparingly.

From a medical standpoint, Ms. Grey has a long-standing history of essential hypertension, diagnosed over five years ago. Despite her medical background, the pressures of her career led to sub-optimal blood pressure control, which has ultimately resulted in a progressive decline in her kidney function. Over the past two years, she has progressed from Stage 3 Chronic Kidney Disease to End-Stage Renal Disease (ESRD), a diagnosis confirmed by kidney biopsy showing hypertensive nephrosclerosis. Her condition is complicated by anemia of chronic disease and hyperkalemia. Her renal function has deteriorated to a point where conservative management is no longer sufficient, recently culminating in a hospitalization for uremic symptoms. This necessitated the initiation of urgent hemodialysis via a temporary catheter. The current clinical imperative is to establish durable, long-term dialysis access to sustain her life and health, allowing her to eventually return to her demanding but cherished career.

III. CLINICAL REPORTS & IMAGING

■ *INITIAL NEPHROLOGY CONSULT*

Report Text:
FACILITY: Seattle Grace Mercy West Hospital - Nephrology Clinic
PATIENT: Grey, Meredith
MRN: MRN-223
DOB: 1978-05-10
DATE OF SERVICE: 2023-03-10

REASON FOR CONSULTATION: Chronic Kidney Disease, Stage 3/4, with worsening proteinuria and hypertension. Referral from Dr. Miranda Bailey.

HISTORY OF PRESENT ILLNESS:
Ms. Meredith Grey is a 44-year-old female with a known history of chronic hypertension, diagnosed approximately 5 years ago. She has been managed by her PCP, Dr. Bailey, on Lisinopril. Over the past 18 months, routine labs have shown a progressive decline in her estimated Glomerular Filtration Rate (eGFR) and an increase in proteinuria. Her GFR has fallen from the 60s to the low 40s. She reports good medication adherence but admits to the significant stresses of her job as a general surgeon, often working long hours and having an irregular diet. She denies any new symptoms such as gross hematuria, flank pain, or significant edema at this time, but does report increasing generalized fatigue over the last six months, which she had previously attributed to her work schedule.

Dr. Bailey's recent labs (2 weeks ago) showed a serum creatinine of 1.8 mg/dL, eGFR of 42 mL/min/1.73m2, and a urine protein/creatinine ratio of 800 mg/g. Given this progression, she is referred for further evaluation and management of her Chronic Kidney Disease (CKD).

REVIEW OF SYSTEMS:
- CONSTITUTIONAL: Reports fatigue. Denies fever, chills, weight loss.
- EYES: No visual changes.
- ENT: No sore throat, no rhinorrhea.
- CARDIOVASCULAR: No chest pain, palpitations, or PND. Occasional mild ankle swelling after long periods of standing.
- RESPIRATORY: No shortness of breath, cough, or wheezing.
- GASTROINTESTINAL: No nausea, vomiting, diarrhea, or abdominal pain.
- GENITOURINARY: No dysuria, frequency, or urgency. Denies history of kidney stones.
- MUSCULOSKELETAL: No myalgias or arthralgias.
- NEUROLOGICAL: No headaches, dizziness, o...

■ *CRITICAL LAB REPORT ESRD*

Report Text:
FACILITY: Seattle Grace Mercy West Hospital - Emergency Department Laboratory
PATIENT: Grey, Meredith
MRN: MRN-223
DOB: 1978-05-10
DATE OF COLLECTION: 2024-04-12 08:30 PST
DATE OF REPORT: 2024-04-12 09:30 PST

ACCESSION: ACC-2024-35912
ORDERING PHYSICIAN: Dr. Owen Hunt
REPORT STATUS: Final

URGENT LAB REPORT - CRITICAL VALUES NOTED

CHEMISTRY - COMPREHENSIVE METABOLIC PANEL

| Test Name | Result | Flag | Reference Range | Units |

|---|---|---|---|---|
Sodium	136		135-145	mmol/L
Potassium	**5.8**	**H**	**3.5-5.1**	**mmol/L**
Chloride	104		98-107	mmol/L
Carbon Dioxide (Bicarb)	18	L	22-29	mmol/L
Anion Gap	14		5-13	mmol/L
Urea Nitrogen (BUN)	**85**	**H**	**7-20**	**mg/dL**
Creatinine	**7.8**	**H**	**0.6-1.2**	**mg/dL**
eGFR (non-African Am.)	**8**	**L**	**>60**	**mL/min/1.73m2**
Glucose	95		70-99	mg/dL
Calcium	8.2	L	8.6-10.2	mg/dL
Phosphorus	**6.1**	**H**	**2.5-4.5**	**mg/dL**
Total Protein	6.9		6.0-8.3	g/dL
Albumin	3.4	L	3.5-5.5	g/dL
AST (SGOT)	22		10-40	IU/L
ALT (SGPT)	25		7-56	IU/L
Alkaline Phosphatase	110		44-147	I...

■ *VASCULAR SURGERY CONSULT*

Report Text:
FACILITY: Seattle Grace Mercy West Hospital - Vascular Surgery Clinic
PATIENT: Grey, Meredith
MRN: MRN-223
DOB: 1978-05-10
DATE OF SERVICE: 2024-05-15

REASON FOR CONSULTATION: Evaluation for permanent hemodialysis access. Patient has End-Stage Renal Disease and requires long-term renal replacement therapy.

HISTORY OF PRESENT ILLNESS:
Ms. Grey is a 46-year-old female with a history of hypertensive nephropathy which has progressed to End-Stage Renal Disease (ESRD). She was seen and is followed by Dr. Richard Webber in Nephrology. Her eGFR has been consistently <15 mL/min for the past 3 months. She recently had an ED visit for uremic symptoms (fatigue, nausea) and hyperkalemia, during which a temporary right internal jugular venous dialysis catheter was placed for emergent hemodialysis. She has undergone three sessions of dialysis thus far. Dr. Webber and the patient have agreed that long-term hemodialysis is necessary, and she is referred today to discuss options for permanent access. The patient wishes to proceed with the most reliable and durable option available.

REVIEW OF SYSTEMS:
- Patient feels significantly better since starting dialysis. Reports less fatigue and nausea.
- Denies fever, chills, or any signs of infection at her catheter site.
- Denies chest pain or shortness of breath.
- Denies numbness, tingling, or weakness in either arm.

PAST MEDICAL HISTORY:
1. End-Stage Renal Disease (ESRD) on hemodialysis.

2. Hypertensive Chronic Kidney Disease.
3. Anemia of Chronic Disease.
4. Hyperkalemia.
5. Temporary HD catheter in right IJ.

PAST SURGICAL HISTORY: As per previous notes. No prior vascular access surgery. No history of PICC lines, central lines (other than current), or pacemakers.

SOCIAL HISTORY: Patient is a surgeon. She is right-hand dominant. She expresses concern about the impact of access on her ability to perform surgery and seeks a solution that preserves max...

■ *RENAL ULTRASOUND REPORT*

Report Text:
FACILITY: Seattle Grace Mercy West Hospital - Department of Radiology
PATIENT: Grey, Meredith
MRN: MRN-223
DOB: 1978-05-10
DATE OF EXAM: 2023-03-15

EXAMINATION: Ultrasound, Renal, Complete

CLINICAL INDICATION: Chronic Kidney Disease, Stage 3/4. Proteinuria. Hypertension.

TECHNIQUE:
Real-time grayscale and color Doppler imaging of the right and left kidneys and urinary bladder was performed. Transverse and longitudinal views were obtained. Kidney lengths were measured. Cortical echogenicity and thickness were assessed. The urinary bladder was evaluated for contour and wall thickness.

FINDINGS:

Right Kidney:
- Measurement: 9.2 cm in length. This is at the lower end of the normal range.
- Parenchyma: There is increased cortical echogenicity, greater than the adjacent liver parenchyma. There is moderate cortical thinning, with a measured thickness of 0.7 cm.
- Masses/Cysts: No dominant masses or complex cysts are identified. A few simple cortical cysts are present, the largest measuring 1.1 cm.
- Hydronephrosis: There is no evidence of hydronephrosis or collecting system dilatation.
- Doppler: Color Doppler imaging demonstrates patent main renal artery and vein. Arterial resistive indices are elevated at 0.78.

Left Kidney:
- Measurement: 9.5 cm in length.
- Parenchyma: Similar to the right, there is increased cortical echogenicity and cortical thinning. Measured thickness is 0.8 cm.
- Masses/Cysts: A few simple cortical cysts are noted. No solid masses.
- Hydronephrosis: No hydronephrosis is seen.

- Doppler: Color Doppler imaging shows patent main renal vessels. Arterial resistive indices are elevated at 0.80.

Urinary Bladder:
- The bladder is well-distended and demonstrates a normal contour. The bladder wall is not thickened. No intra-luminal masses or calculi are seen.

IMPRESSION:

1. Bilateral, symmetrically small kidneys with diffusely increased cortical echogenicity ...

■ *ESRD PROGRESS NOTE*

Report Text:
FACILITY: Seattle Grace Mercy West Hospital - Nephrology Clinic
PATIENT: Grey, Meredith
MRN: MRN-223
DOB: 1978-05-10
DATE OF SERVICE: 2024-05-10

SUBJECTIVE:
Ms. Grey returns for follow-up after her recent hospitalization for uremic symptoms and initiation of urgent hemodialysis via a temporary catheter. She reports feeling much improved since starting renal replacement therapy. Her energy levels are better, the profound fatigue has lessened, and her appetite has returned. She has completed three sessions of HD without complication. She is here today to discuss the long-term plan and her referral to vascular surgery.

OBJECTIVE:
- Vitals: BP 152/90 mmHg, HR 76 bpm, Post-dialysis weight: 67 kg.
- Physical Exam: Good general appearance. Neck shows a clean and dry right IJ catheter dressing. Lungs are clear. Heart has a regular rhythm. Abdomen is soft. Extremities are without significant edema.
- Recent Labs (post-hospitalization): Creatinine remains high at 6.9 mg/dL, BUN 75 mg/dL. Potassium is now controlled at 4.5 mEq/L. Hemoglobin is stable at 9.5 g/dL with EPO therapy. Phosphorus is 5.0 mg/dL.

ASSESSMENT:
1. **End-Stage Renal Disease (ESRD) - ICD-10: N18.6**: The patient has now formally transitioned to requiring long-term renal replacement therapy. Her clinical status has stabilized with the initiation of hemodialysis.
2. **Hypertension - ICD-10: I12.0**: Remains elevated despite multi-agent therapy. This will be an ongoing focus of management.
3. **Anemia of CKD - ICD-10: D63.1**: Responding appropriately to erythropoietin stimulating agents.

PLAN:
1. **Dialysis**: Continue hemodialysis three times weekly (M-W-F) as scheduled. The temporary catheter places her at high risk for infection and is not a viable long-term solution.
2. **Permanent Access**: I have reviewed the consultation note from Dr. Jackson Avery in Vascular Surgery dated 05/15/2024. I am in full agreement with his...
