

CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 224 | MRN: MRN-224-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Kendall Roy
DOB:	1981-11-08
Gender:	male
Race:	Caucasian
Height:	5 ft 10 in
Weight:	175 lbs
Telecom:	212-555-2001
Address:	180 E 88th St, New York, NY 10128
Marital Status:	Divorced
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Ex-Spouse
Name:	Rava Roy
Telecom:	212-555-2005
Address:	180 E 88th St, New York, NY 10128
Gender:	female
Organization:	N/A
Period Start:	2003-05-12
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Elizabeth Spiers, MD
Managing Organization:	NewYork-Presbyterian Hospital

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Aetna Choice POS II

Plan Type:	POS
Group ID:	WRG-843920
Group Name:	Waystar Royco
Member ID:	W008372910
Policy Number:	ACP-987654321
Effective Date:	2005-01-01
Termination Date:	ongoing
Copay:	\$20
Deductible:	\$500
SUBSCRIBER	
Subscriber ID:	W008372910
Subscriber Name:	Kendall Roy
Relationship:	Self
Subscriber DOB:	1981-11-08
Subscriber Address:	180 E 88th St, New York, NY 10128

II. MEDICAL BIOGRAPHY & HISTORY

Kendall Roy is a 42-year-old male with a complex medical and social history. As a prominent figure in a high-stress corporate environment, his health has been significantly impacted by his lifestyle. He has a long-standing diagnosis of Type 2 Diabetes and Hypertension, which were poorly controlled for many years, directly leading to his current diagnosis of End-Stage Renal Disease (ESRD). The patient also has a well-documented history of substance abuse, including alcohol and cocaine, though he reports being in recovery for the past several years. This history complicates his medical management and makes him a moderate-risk transplant candidate.

Socially, Mr. Roy is divorced with two children. His support system is considered somewhat fragile, heavily relying on his ex-wife, Rava, who has agreed to be his primary caregiver post-transplant. He lives alone in a luxury apartment in Manhattan with significant financial resources. Despite his resources, he has struggled with depression and anxiety, which are managed with medication and therapy. His motivation for the transplant is high, as he expresses a strong desire to improve his quality of life and be more present for his children. However, the transplant team has noted concerns about his ability to cope with post-surgical stress without relapsing, and have put a strict follow-up plan in place as a condition of his candidacy.

III. CLINICAL REPORTS & IMAGING

■ NEPHROLOGY CONSULT NOTE

Report Text:

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PATIENT: Kendall Roy

MRN: MRN-224

DOB: 1981-11-08

DATE OF CONSULT: 2024-09-30

REASON FOR CONSULTATION:

Mr. Kendall Roy is a 42-year-old male referred by his primary care physician, Dr. Elizabeth Spiers, for evaluation of progressively worsening renal function, proteinuria, and difficult-to-control hypertension.

HISTORY OF PRESENT ILLNESS:

Mr. Roy reports a multi-year history of hypertension and type 2 diabetes mellitus, which have been managed with varying degrees of compliance. Over the past 9-12 months, he has noted increasing fatigue, generalized weakness, and lower extremity edema, particularly at the end of the day. He feels

■ LAB RESULTS COMPREHENSIVE**Report Text:**

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PATIENT: Kendall Roy

MRN: MRN-224

DOB: 1981-11-08

DATE OF COLLECTION: 2025-09-05 10:30

DATE OF REPORT: 2025-09-05 14:00

TEST: COMPREHENSIVE METABOLIC PANEL & RENAL FUNCTION PANEL

TEST NAME	RESULT	REFERENCE RANGE	FLAG
Sodium	138 mEq/L	136-145 mEq/L	In Range
Potassium	5.8 mEq/L	3.5-5.1 mEq/L	High
Chloride	101 mEq/L	98-107 mEq/L	In Range
Carbon Dioxide (CO2)	19 mEq/L	22-29 mEq/L	Low
Anion Gap	18	8-16 mEq/L	High
Glucose	165 mg/dL	70-99 mg/dL	High
Blood Urea Nitrogen (BUN)	95 mg/dL	7-20 mg/dL	CRITICALLY HIGH
Creatinine	8.9 mg/dL	0.7-1.3 mg/dL	CRITICALLY HIGH
eGFR (non-African American)	8 mL/min/1.73m ²	>60 mL/min/1.73m ²	CRITICALLY LOW
Calcium	8.2 mg/dL	8.5-10.2 mg/dL	Low
Phosphorus	5.9 mg/dL	2.5-4.5 mg/dL	High
Albumin	3.1 g/dL	3.4-5.4 g/dL	Low
Total Protein	5.9 g/dL	6.0-8.3 g/dL	Low
Alkaline Phosphatase	130 U/L	44-147 U/L	In Range
AST (SGOT)	45 U/L	0-40 U/L	High
ALT (SGPT)	52 U/L	0-44 U/L	High

TEST: HEMATOLOGY

TEST NAME	RESULT ...
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■ RENAL ULTRASOUND REPORT

Report Text:

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PATIENT: Kendall Roy**MRN:** MRN-224**DOB:** 1981-11-08**EXAM DATE:** 2024-09-30**EXAMINATION:** Ultrasound, retroperitoneal, complete (Renal Ultrasound)**CPT CODE:** 76770**CLINICAL HISTORY:** 42-year-old male with new diagnosis of chronic kidney disease, hypertension, type 2 diabetes. Evaluate for structural abnormalities.**TECHNIQUE:**

Real-time grayscale and color Doppler ultrasound images of the kidneys and urinary bladder were obtained.

Transverse and longitudinal views were acquired. The main renal arteries were interrogated with Doppler.

FINDINGS:

Right Kidney: Measures 8.5 x 4.1 x 3.9 cm. The renal parenchyma is diffusely echogenic, consistent with chronic medical renal disease. Corticomedullary differentiation is poor. The renal cortex measures 0.7 cm in thickness, which is thinned. There is no evidence of hydronephrosis. No discrete mass, calculus, or cyst is identified.

Left Kidney: Measures 8.2 x 4.0 x 3.8 cm. Similar to the right, the renal parenchyma is diffusely echogenic and corticomedullary differentiation is lost. The cortex is thinned, measuring 0.6 cm. No hydronephrosis, calculus, or suspicious mass is seen.

Renal Arteries: Color Doppler imaging shows patent flow to both kidneys. Peak systolic velocities in the main renal arteries are within normal limits, with a resistive index of 0.75 on the right and 0.78 on the left, at the upper limits of normal, suggesting increased distal vascular impedance.

Urinary Bladder: The bladder is well-distended and demonstrates a normal wall thickness. No intraluminal masses, calculi, or other abnormalities are identified. Post-void residual volume was not assessed.

Aorta: The visualized portions of the abdominal aorta show mild atherosclerotic changes without evidence of significant stenosis or aneurysm.

IMPRESSION:

1. Bilateral, symmetrically small kidneys with diffusely increased parenchymal echogenicity, cortic...

■ TRANSPLANT EVALUATION SUMMARY**Report Text:**

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PATIENT: Kendall Roy**MRN:** MRN-224**DOB:** 1981-11-08**DATE OF EVALUATION:** 2025-09-05

SUBJECT: Multidisciplinary Pre-Renal Transplant Evaluation Summary**SUMMARY OF FINDINGS:**

Mr. Kendall Roy is a 42-year-old male with end-stage renal disease (ESRD) secondary to a combination of hypertensive nephrosclerosis and type 2 diabetic nephropathy. He has been dialysis-dependent for approximately 3 years. He was evaluated by the multidisciplinary transplant team for consideration of renal transplantation.

Nephrology (Dr. Alistair Temple):

Patient has confirmed ESRD with eGFR < 10 mL/min off dialysis. He is currently stable on thrice-weekly in-center hemodialysis via a left upper arm AV fistula. Co-morbidities include difficult-to-control hypertension and diabetes. He understands the risks and benefits of transplantation and has expressed a strong desire to proceed. Overall, from a nephrology standpoint, he is a suitable candidate.

Cardiology (Dr. Michelle Pan):

Cardiac evaluation included an EKG, which showed LVH, and a stress echocardiogram, which was negative for inducible ischemia. LVEF is preserved at 55-60%. Mild diastolic dysfunction is noted. Patient has risk factors but no active ischemic heart disease. He is cleared for non-cardiac surgery from a cardiology perspective.

Psychosocial (Dr. Sharon Field, LCSW):

Mr. Roy has a complex psychosocial history, including a history of substance abuse (primarily alcohol and cocaine), for which he reports long-term sobriety. He has a history of depression and anxiety, managed with an SSRI. His social support system is identified as somewhat fragile, though his ex-wife (Rava Roy) is listed as his primary support and is willing to assist during the post-operative period. The patient demonstrates an intellectual understanding of the demands of post-transplant care, including medication adherence and lifestyle modifications. There is moderate concern regarding his copi...

■ PROGRESS NOTE DIALYSIS**Report Text:**

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PATIENT: Kendall Roy

MRN: MRN-224

DOB: 1981-11-08

DATE OF SERVICE: 2024-10-24

SERVICE: Hemodialysis

ENCOUNTER: ENC-224-003

SUBJECTIVE:

Patient arrives for his scheduled hemodialysis session. He reports feeling
