

# CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 226 | MRN: MRN-226-2025

## I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Arwen Undómiel
DOB:	1985-06-27
Gender:	female
Race:	Caucasian
Height:	5 ft 9 in
Weight:	145 lbs
Telecom:	503-555-1357
Address:	23 Rivendell Lane, Portland, OR 97202
Marital Status:	Married
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Spouse
Name:	Aragorn Elessar
Telecom:	503-555-2468
Address:	23 Rivendell Lane, Portland, OR 97202
Gender:	male
Organization:	N/A
Period Start:	2010-01-01T00:00:00Z
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Elrond Peredhel, MD
Managing Organization:	Rivendell Clinic

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	BCBS of Middle Earth
Plan Name:	Elven Silver PPO

<b>Plan Type:</b>	PPO
<b>Group ID:</b>	GRP-RIVENDELL
<b>Group Name:</b>	Rivendell Council
<b>Member ID:</b>	MEM-ARWEN-85
<b>Policy Number:</b>	POL-987654321
<b>Effective Date:</b>	2020-01-01
<b>Termination Date:</b>	ongoing
<b>Copay:</b>	\$40
<b>Deductible:</b>	\$1500
<b>SUBSCRIBER</b>	
<b>Subscriber ID:</b>	MEM-ARWEN-85
<b>Subscriber Name:</b>	Arwen Undómiel
<b>Relationship:</b>	Self
<b>Subscriber DOB:</b>	1985-06-27
<b>Subscriber Address:</b>	23 Rivendell Lane, Portland, OR 97202

## II. MEDICAL BIOGRAPHY & HISTORY

Arwen Undómiel is a 40-year-old female presenting as a new patient for evaluation of vague, intermittent right flank pain. Her past medical history is notable for well-controlled hypertension and occasional migraines. She is otherwise healthy and active, with no significant personal or family history of renal disease.

The current episode of flank pain is ill-defined, lacking the typical features of renal colic. Initial laboratory workup was minimally revealing, showing only a slight, non-critical elevation in creatinine and a corresponding mild decrease in eGFR. A subsequent renal ultrasound was entirely unremarkable, showing no signs of obstruction, stones, or other anatomical abnormalities that would justify her symptoms or the lab findings.

Despite the lack of clear supporting evidence, a referral was made to urology. The urology consultant, noting the persistent if mild symptoms, has decided to proceed with a request for a diagnostic nephrostogram to further investigate for a potential ureteral stricture, though acknowledging the low pre-test probability. This aggressive diagnostic step, in the absence of significant objective findings, forms the basis for the current prior authorization request.

## III. CLINICAL REPORTS & IMAGING

### ■ PCP INITIAL VISIT NOTE

#### Report Text:

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**Facility:** Rivendell Clinic

**Patient Name:** Arwen Undómiel

**MRN:** MRN-226

**DOB:** 1985-06-27

**Date of Service:** 2025-07-01

**SUBJECTIVE:**

Ms. Undómiel, a 40-year-old female, presents to the clinic today as a new patient for an annual examination and to discuss a recent complaint of intermittent, vague right-sided flank pain that started approximately one to two weeks ago. She describes the pain as a dull ache, rating it a 2-3/10 at its worst. It is non-radiating, not associated with nausea, vomiting, fever, or chills. She denies any dysuria, hematuria, frequency, or urgency. The pain is not consistently related to meals, activity, or position, though she feels it might be slightly more noticeable in the mornings. She has tried over-the-counter Ibuprofen with minimal and temporary relief. She is otherwise feeling well.

**REVIEW OF SYSTEMS:**

- CONSTITUTIONAL: Denies fever, chills, weight loss. Reports good energy levels.
- EYES: Denies vision changes, pain, or discharge.
- ENT: Denies sore throat, earache, or sinus problems.
- CARDIOVASCULAR: Denies chest pain, palpitations, or edema. History of controlled hypertension.
- RESPIRATORY: Denies cough, shortness of breath, or wheezing.
- GASTROINTESTINAL: Denies nausea, vomiting, diarrhea, constipation, or abdominal pain. Appetite is good.
- GENITOURINARY: Denies dysuria, urgency, frequency, or hematuria. Reports current right flank discomfort as noted above.
- MUSCULOSKELETAL: Denies joint pain or swelling. Only complaint is the flank pain.
- NEUROLOGICAL: History of migraines, managed with PRN Sumatriptan. Denies new headaches, dizziness, or focal weakness.
- SKIN: Denies rashes or lesions.

**PAST MEDICAL HISTORY:**

- Essential Hypertension, diagnosed 2022.
- Migraines, since adolescence.
- Appendectomy, 2015.

**PAST SURGICAL HISTORY:**

- Laparoscopic Appendectomy, 2015.

**MEDICATIONS:**

1. Lisinopril 10mg daily
2. Atorvastatin 20mg daily
3. Aspirin 81mg daily
4. Sumatr...

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**■ UROLOGY CONSULT NOTE****Report Text:**

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**Facility:** Lothlorien Urology Center

**Patient Name:** Arwen Undómiel

**MRN:** MRN-226

**DOB:** 1985-06-27

**Date of Consultation:** 2025-07-08

**REASON FOR CONSULTATION:**

Evaluation of right flank pain. Patient was referred by her PCP, Dr. Elrond Peredhel.

### **HISTORY OF PRESENT ILLNESS:**

I had the pleasure of evaluating Ms. Undómiel today. She is a 40-year-old female referred for persistent, low-grade right flank pain. As per her PCP's note, the pain began approximately three weeks ago. It remains a dull, intermittent ache, rated 3/10 today. She denies any classic renal colic symptoms: no waves of intense pain, no radiation to the groin, no hematuria, no fever. Initial workup by her PCP included a CMP which showed a mildly elevated creatinine of 1.3 mg/dL and a correspondingly decreased eGFR of 58. A renal ultrasound performed on 2025-07-03 was reported as

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### **■ LAB REPORT BLOODWORK**

#### **Report Text:**

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**Facility:** Middle Earth Diagnostics

**Patient Name:** Arwen Undómiel

**MRN:** MRN-226

**DOB:** 1985-06-27

**Collection Date:** 2025-07-01 10:00

**Report Date:** 2025-07-01 14:00

**Ordering Provider:** Elrond Peredhel, MD

**Accession:** L-ACC-2025-48190

#### **COMPREHENSIVE METABOLIC PANEL (CMP) ---**

**SODIUM:** 140 mEq/L (Ref: 136-145 mEq/L) - NORMAL

**POTASSIUM:** 4.1 mEq/L (Ref: 3.5-5.1 mEq/L) - NORMAL

**CHLORIDE:** 101 mEq/L (Ref: 98-107 mEq/L) - NORMAL

**CO2:** 24 mEq/L (Ref: 21-32 mEq/L) - NORMAL

**GLUCOSE:** 88 mg/dL (Ref: 70-99 mg/dL) - NORMAL

**BUN (Blood Urea Nitrogen):** 20 mg/dL (Ref: 7-20 mg/dL) - HIGH NORMAL

**CREATININE:** 1.3 mg/dL (Ref: 0.6-1.2 mg/dL) - HIGH

**eGFR (estimated Glomerular Filtration Rate):** 58 mL/min/1.73m<sup>2</sup> (Ref: >60 mL/min/1.73m<sup>2</sup>) - LOW

**CALCIUM:** 9.5 mg/dL (Ref: 8.6-10.3 mg/dL) - NORMAL

**TOTAL PROTEIN:** 7.1 g/dL (Ref: 6.0-8.3 g/dL) - NORMAL

**ALBUMIN:** 4.2 g/dL (Ref: 3.5-5.2 g/dL) - NORMAL

**BILIRUBIN, TOTAL:** 0.6 mg/dL (Ref: 0.1-1.2 mg/dL) - NORMAL

**ALKALINE PHOSPHATASE (ALP):** 78 U/L (Ref: 40-129 U/L) - NORMAL

**AST (Aspartate Aminotransferase):** 25 U/L (Ref: 0-40 U/L) - NORMAL

**ALT (Alanine Aminotransferase):** 22 U/L (Ref: 0-40 U/L) - NORMAL

#### **COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL ---**

**WHITE BLOOD CELL (WBC) COUNT:** 6.8 K/uL (Ref: 4.5-11.0 K/uL) - NORMAL

**RED BLOOD CELL (RBC) COUNT:** 4.6 M/uL (Ref: 4.2-5.4 M/uL) - NORMAL

**HEMOGLOBIN:** 13.9 g/dL (Ref: 12.0-16.0 g/dL) - NORMAL

**HEMATOCRIT:** 41.5 % (Ref: 36.0-46.0 %) - NORMAL

**MCV:** 90.2 fL (Ref: 80-100 fL) - NORMAL

**MCH:** 30.2 pg (Ref: 27-33 pg) - NORMAL

**MCHC:** 33.5 g/dL (Ref: 32-36 g/dL) - NORMAL

**RDW:** 12.8 % (Ref: 11.5-14.5 %) - NORMAL

**PLATELET COUNT:** 250 K/uL (Ref: 150-450 K/uL) - NORMAL

#### **DIFFERENTIAL:**

- NEUTROPHILS: 60%

- LYMPHOCYTES: 30%

- MONOCYTES: 6%

- EOSINOPHILS: 3%

- BASOPHILS: 1%

#### **Comments:**

- Mildly e...

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## **■ ULTRASOUND KIDNEY REPORT**

#### **Report Text:**

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**Facility:** Shire Imaging Associates

**Patient Name:** Arwen Undómiel

**MRN:** MRN-226

**DOB:** 1985-06-27

**Exam Date:** 2025-07-03

**Accession #:** IMG-2025-62551

**EXAMINATION:** Ultrasound, Renal, Complete

**CLINICAL INDICATION:** Right flank pain. Elevated creatinine.

#### **TECHNIQUE:**

Real-time grayscale and color Doppler images of the right and left kidneys and urinary bladder were obtained. Transverse and longitudinal views were acquired. The bladder was evaluated for volume and wall thickness.

#### **FINDINGS:**

**RIGHT KIDNEY:** The right kidney measures 10.5 cm in length. The renal parenchyma is of normal thickness and echogenicity. There is no evidence of hydronephrosis. No renal masses, cysts, or calculi are identified. Color Doppler imaging demonstrates normal vascular flow to and within the right kidney.

**LEFT KIDNEY:** The left kidney measures 10.8 cm in length. The renal parenchyma is of normal thickness and echogenicity. There is no evidence of hydronephrosis. No renal masses, cysts, or calculi are identified. Color Doppler imaging demonstrates normal vascular flow to and within the left kidney.

**URINARY BLADDER:** The urinary bladder is well-distended. The bladder wall is of normal thickness. No intraluminal filling defects, masses, or stones are seen. Post-void residual volume is minimal at <20 mL.

**IMPRESSION:**

1. Morphologically and sonographically normal bilateral kidneys.
2. No evidence of hydronephrosis, nephrolithiasis, or renal masses.
3. Normal urinary bladder.
4. The sonographic findings do not provide an explanation for the patient's reported flank pain or elevated creatinine.

**Electronically Signed,**

Dr. Radagast Brown, MD

Shire Imaging Associates

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**■ PAST MEDICAL HISTORY SUMMARY**

**Report Text:**

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**Facility:** Rivendell Clinic

**Patient Name:** Arwen Undómiel

**MRN:** MRN-226

**DOB:** 1985-06-27

**Date Generated:** 2025-07-01

This document is a summary of the patient's known medical history as of the date above.

**Active Problem List:**

**1. Essential Hypertension (I10):**

- Diagnosed in 2022 during a routine check-up.
- Managed effectively with Lisinopril 10mg daily.
- Patient is compliant with medication and home blood pressure monitoring shows good control.

**2. Migraine without aura (G43.909):**

- History since adolescence, typically 1-2 episodes per month.
- Triggered by stress and certain foods.
- Responds well to Sumatriptan 50mg taken at onset.

**Past Surgical History:**

**1. Laparoscopic Appendectomy (2015):**

- Performed at Gondor General Hospital for acute appendicitis.
- The procedure and recovery were uncomplicated.

**Medications (Current):**

- Lisinopril 10 mg oral tablet, once daily
- Atorvastatin 20 mg oral tablet, once daily
- Aspirin 81 mg oral tablet, once daily
- Sumatriptan 50 mg oral tablet, as needed for migraine
- Multivitamin, once daily
- Ibuprofen 200 mg oral tablet, as needed for pain

**Allergies:**

- No Known Drug Allergies.

**Social History Summary:**

- **Tobacco:** Never smoker.
- **Alcohol:** Social use, 2-3 glasses of wine per week.
- **Occupation:** Archivist.
- **Living Situation:** Lives with spouse.
- **Exercise:** Active, engages in hiking and archery.

**Family History Summary:**

- **Father:** History of essential hypertension. Alive and well.
- **Mother:** No significant medical history. Alive and well.
- No known family history of renal disease, polycystic kidney disease, or malignancies.

**Generated by:**

Elrond Peredhel, MD  
Rivendell Clinic

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