



SAMPLE UROLOGY REPORT

Table with 8 columns: PATIENT NAME, PATIENT ID, DOB, AGE, SEX, EXAM DATE, PHYSICIAN, REFERRAL. Row 1: Donald Duck, DONDUC000, 6/9/1934, 81, M, 01-18-2016, John Hart, M.D., Kevin W Smith, M.D.

PRE DIAGNOSIS : Urinary frequency - R35.0
Peyronie's disease - N48.6
Minimally elevated PSA with strong family history

POST DIAGNOSIS : Overactive bladder - N32.81
Muscular disorders of urethra - N36.44

CONSENT : After obtaining the history and performing physical examination, the procedure, indications, potential complications like bleeding, perforation, infection, adverse medication reaction and alternatives were explained to the patient. Patient appeared to understand the benefits and risks of this procedure. Informed consent was obtained from the patient after providing any opportunity for questions.

ANESTHESIA : Lidocaine 2% Jelly Topical

PROC. PERFORMED : URODYNAMICS-DSB

PROCEDURE : Uroflow performed if bladder full and patient prepped. Pt then placed on exam table in frog leg position. Genitalia prepped, and lidocaine jelly administered. Urethral catheter placed. Abdominal catheter placed in rectum for male; and in vagina or rectum for female. Catheters calibrated and equalized. Infusion initiated at 50ml/min and notation made of filling landmarks. Valsalva maneuver performed for stress incontinence with or without urethral catheter. Presence of involuntary contractions noted. Patient allowed to void spontaneously. Graphs recorded. Catheters removed.

VOLUME VOIDED----- 107 ml
PEAK FLOW----- 15.1, with straining ml/sec
SONOGRAPHIC PVR----- 16 ml
VOIDING CURVE MORPHOLOGY----small, bell-shaped, terminal dribble

CMG/pressure flow the bladder was then filled and should be mentioned that upon placement of the rectal catheter, a rectal swab was performed in the event patient decides on a prostate biopsy. The bladder was filled to a total of 200 mL and then patient had an involuntary contraction with equivocal findings for obstruction but voided to completion. The voiding pressure was approximately 50 cm's of water in the peak flow was 11 mL's per second. Voiding curve generally bell-shaped.

FINDINGS

- Prostate - 10-15 g smooth symmetric benign
Penis - No discrete plaque appreciated

- POST-OP PLAN : 1. Overactive bladder. Begin VESICARE 5 mg
2. Peyronie's disease. Patient reassured and will begin pentoxifylline 400 mg 3 times a day
3. PSA elevation 2.7, minimally elevated by age adjusted criteria with very strong family history

I did recommend a prostate biopsy as the patient is aware of my concern regarding his significant family history. At this point he is not ready to make that decision and we will address this again upon his return in 5 weeks.

This report has been reviewed by attending physician

Electronic Signature: John Hart, MD
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