

15th September 2018

Dear Doctor,

Re: Mr Henry Fitzpatrick

Thank you for agreeing to see Mr Fitzpatrick in the urology outpatient clinic. He is an 80year old with worsening lower urinary tract symptoms who has presented to me in chronic urinary retention.

Mr Fitzpatrick has been experiencing voiding symptoms for the past year; it has been especially hard for him to empty his bladder in the past two days. He has issues with frequency, hesitancy, weak stream, post void dribbling and incomplete emptying. With no infective symptoms, history of trauma and his bowel habits are normal.

Mr Fitzpatrick is a type 2 diabetic, and has congestive cardiac failure due to ischaemic heart disease. He also has diabetic proliferative retinopathy. He is on the following list of medications:

Metformin SR 800mg PO mane
Lantus 10units nocte
Atorvastatin 20mg PO mane
Ramipril 10mg PO mane
Aspirin 100mg PO mane
Metoprolol XR 12.5mg PO mane
Spironolactone 50mg PO mane
Furosemide 20mg mane

On examination, Mr Fitzpatrick has an enlarged prostate with a palpable nodule on the right lobe. He has a palpable and tender bladder, and on the office bladder scanner a post void residual volume of 700ml.

His PSA is raised at 8ng/mL, and his renal function is normal at this time. I have previously sent him for an USS prostate. This demonstrated a volume of 70ml, central gland enlargement with mixed echogenicity and calcification of the pseudo-capsule.

I believe Mr. Fitzpatrick would benefit from an appointment with urology at the hospital for further investigation of his prostate nodule and optimisation of his management.

Thank you,

Dr Smith