

## UROLOGICAL MEDICAL RECORD

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### I. ADMINISTRATIVE SECTION

- **Full Name:** *Bùi Thị Thu H.*
  - **Age:** *60*
  - **Gender:** *Female*
  - **Occupation:** *Housewife*
  - **Address:** *Mỹ Hưng Hamlet, Thiện Mỹ Commune, Trà Ôn District, Vĩnh Long Province.*
  - **Date and Time of Admission:** *1:24 PM, January 22, 2024.*
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### II. CLINICAL SECTION

#### 1. Reason for Admission:

*Left flank pain.*

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#### 2. Medical History:

- **Two months prior to admission:**  
*While doing household chores, the patient experienced a sudden severe pain in the left lumbar region, radiating to the lower abdomen in intermittent episodes, with no pain-relieving positions. The patient self-medicated (specific drugs unknown) but reported no improvement. She sought medical attention at Trà Ôn District Medical Center, where she was diagnosed with kidney and ureteral stones (left side) and received medical treatment. Once the pain subsided, she stopped taking medication and did not return for follow-up.*
- **One hour prior to admission:**  
*The patient experienced increased left flank pain, intermittent in nature, radiating to the lower abdomen. There were no pain-relieving positions, nausea, fever, hematuria, dysuria, or urgency. Urine was clear yellow. Family members took her to Trà Ôn District Medical Center, and she was referred to Can Tho General Hospital.*

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### **3. Past Medical History:**

- **3.1 Personal History:**

- **Internal Medicine:** No relevant conditions reported.
- **Surgical History:** No relevant conditions reported.
- **Lifestyle:**
  - Low-sodium diet.
  - Drinks 1.5-2 liters of water daily.
  - No history of holding urine.
  - Regular exercise: approximately 30 minutes daily.

- **3.2 Family History:**

No relevant conditions reported.

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### **4. Physical Examination:**

- **4.1 General Examination:**

- Conscious and responsive.
- Pink mucous membranes.
- Normal hair, nails, and skin.
- No thyroid enlargement or palpable peripheral lymph nodes.

- **4.2 Urological Examination:**

- Symmetrical lumbar regions with no surgical scars or bladder distention.
  - Tenderness in the left flank.
  - No tenderness at upper or middle ureteral points.
  - Negative kidney ballottement; positive renal percussion tenderness (left side).
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## 5. Summary:

*A 60-year-old female admitted for left flank pain. Clinical findings include:*

- *Symptoms of renal colic: sudden severe left flank pain, intermittent episodes radiating to the lower abdomen, with no relieving positions.*
  - *Positive renal percussion tenderness (left side).*
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## 6. Preliminary Diagnosis:

*Renal colic likely caused by upper left ureteral stone with complications of hydronephrosis.*

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## 7. Laboratory and Imaging Results:

- **Complete Blood Count:**
    - Hemoglobin: 103 g/L
    - MCV: 78 fL
    - MCH: 23 pg
    - MCHC: 298 g/L
    - WBC:  $11.1 \times 10^9/L$
  - **Biochemistry:** No abnormalities detected.
  - **Urinalysis:** RBC: 10 Ery/uL
  - **Abdominal Ultrasound:**
    - Right kidney: Normal size, no stones, no hydronephrosis.
    - Left kidney: Multiple echogenic foci, largest measuring 16mm; hydronephrosis grade III; thin renal parenchyma; ureteral diameter ~12mm with an echogenic stone ~20mm in the upper third.
    - Bladder: Minimal urine volume.
    - Uterus and adnexa: Difficult to assess.
- Conclusion:** Left hydronephrosis grade III due to upper third ureteral stone.



- **CT Scan Findings:**

- *Right kidney: Normal position, size, and parenchymal contrast enhancement; normal renal excretion and drainage into the bladder.*
- *Left kidney: Normal position and size; poor parenchymal contrast enhancement, impaired renal excretion; ureteral stone in the upper third (~10mm, 1600 HU), causing severe ureteral dilation and hydronephrosis grade IV. Small renal stones (~4mm) noted in the lower calyx.*
- *Abdomen: No free fluid or gas.*

**Conclusion:** Left kidney stone; left upper third ureteral stone with hydronephrosis grade IV.

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## 8. Definitive Diagnosis:

*Upper left ureteral stone with associated left kidney stone, complicated by grade III hydronephrosis. Urinary tract infection under consideration.*

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## 9. Treatment Plan:

- **Management of Left Kidney Stones:**

*Conservative treatment, as the stones are small and likely to pass spontaneously.*

- **Management of Left Ureteral Stone with Grade III Hydronephrosis:**

*Treatment options include:*

1. **Extracorporeal Shock Wave Lithotripsy (ESWL):** Suitable for a 10mm stone (1600 HU), likely requiring 2-3 sessions spaced 2-3 weeks apart.
2. **Ureteroscopic Stone Removal:** A semi-rigid ureteroscope may be used for stones in the upper third of the ureter, particularly for female patients.
3. **Retroperitoneal Laparoscopic Stone Removal:** Appropriate for a hard upper ureteral stone in a patient without significant comorbidities. However, risks include ureteral stricture or injury to nearby structures. This option should be considered carefully.