Chronic kidney disease with persistent proteinuria: referral

Original independent practice. All patient findings and arrangements are fictional case facts, not general clinical recommendations. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today is 3 November 2026. Mr Shammas has attended your general practice to discuss his latest results. You are Mr Riad Shammas's general practitioner. Using the case notes, write a referral letter to Dr Heba Makhlouf, Consultant Nephrologist, Renal Outpatient Clinic, 26 Clinic Road, SW1A 2AA, requesting investigation of his chronic kidney disease and persistent proteinuria, with advice on further management. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Riad Shammas	☐	☐	☐
2. DOB: 18/02/1970 (56 yrs)	☐	☐	☐
3. GP review: 03/11/26; renal abnormalities first identified April 2026	☐	☐	☐
Social background			
4. Office administrator; works regular daytime hours	☐	☐	☐
5. Lives with partner; independent with daily activities	☐	☐	☐
6. Enjoys photography; recently bought a camera	☐	☐	☐
7. Complained waiting-room chairs were uncomfortable and staff seemed unhelpful	☐	☐	☐
Medical history			
8. Childhood tonsillectomy; no ongoing complications	☐	☐	☐
9. No diagnosed diabetes or hypertension; no previous renal diagnosis; no stones or recurrent urinary infections	☐	☐	☐
10. No known family history of renal disease	☐	☐	☐
11. No regular medication; no known drug allergies	☐	☐	☐
12. Denies NSAIDs, herbal remedies or bodybuilding supplements	☐	☐	☐
Serial investigations			
13. 06/04/26: eGFR 58 mL/min/1.73 m²	☐	☐	☐
14. 06/07/26: eGFR 54 mL/min/1.73 m²	☐	☐	☐
15. 26/10/26: eGFR 51 mL/min/1.73 m²	☐	☐	☐
16. 06/07/26: urine ACR 78 mg/mmol	☐	☐	☐
Serial investigations			
17. 26/10/26: repeat early-morning urine ACR 86 mg/mmol	☐	☐	☐
18. Both urine samples: clinically well; no recent strenuous exercise	☐	☐	☐
19. Urine microscopy: no haematuria; cultures negative on both occasions	☐	☐	☐
20. Ultrasound 29/10: normal-sized kidneys; no hydronephrosis or cysts; bladder unremarkable, no significant post-void residual	☐	☐	☐
21. HbA1c 26/10: 36 mmol/mol	☐	☐	☐
22. Potassium 4.5 mmol/L; serum albumin 39 g/L on 26/10	☐	☐	☐
Current assessment			
23. Reports foamy urine for 3/12	☐	☐	☐
24. No oedema, dyspnoea, dysuria or visible haematuria	☐	☐	☐
25. Today: BP 128/78 mmHg; no peripheral oedema	☐	☐	☐
26. No rash, joint symptoms or recent intercurrent illness	☐	☐	☐
27. Assessment: CKD with unexplained persistent albuminuria; possible glomerular disease	☐	☐	☐
Plan			
28. Refer nephrology: establish cause; advise further investigations and renal protective treatment	☐	☐	☐
29. Serial laboratory results and ultrasound report enclosed	☐	☐	☐
30. GP to continue renal function/BP monitoring pending specialist review	☐	☐	☐

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