

METROPOLITAN UROLOGY GROUP

Policlínica Metropolitana • Urology Service

OFFICIAL MEDICAL REPORT

Date of Evaluation: Sept 25, 2026

PATIENT NAME ANDRES EDUARDO MALDONADO GOMEZ	DATE OF BIRTH / AGE 26 Years, 10 Months, 1 Day	SEX / NATIONAL ID (C.I.) Male / V-27208657
ATTENDING PHYSICIAN Dr. Marcos De Prisco Carrabs, MD	SPECIALTY Urology Specialist	MEDICAL LICENSE / REGISTRATION M.S.D.S. 51-510 C.I. 11.230.318

HISTORY OF PRESENT ILLNESS (HPI)

Consultation Date (Sept 22, 2026): Patient is a 26-year-old male who presents for evaluation of recurrent gross hematuria (visible blood in urine), initially noted in October 2024 following physical exertion (soccer). Initial urological evaluation led to a Nephrology referral due to elevated serum creatinine. Pelvic ultrasound at that time showed prostatic enlargement. The patient was initially prescribed Saw Palmetto for 2 months and Dexamethasone for 2 days. He remained asymptomatic throughout 2025.

In February 2026, the patient experienced a recurrent episode of gross hematuria. A CT Urogram (Uro-CT) was performed, revealing median lobe prostatic enlargement. Saw Palmetto was re-indicated but not taken by the patient. In mid-August 2026, gross hematuria recurred. On August 30, 2026, the severity of hematuria increased significantly, prompting an Emergency Room visit where initial laboratory workup was obtained. Re-evaluation by Urology and a repeat non-contrast CT Urogram identified a space-occupying lesion (mass) in the urinary bladder. Patient reports a weak urinary stream and lower urinary tract obstructive symptoms (hesitancy/dysuria).

PAST MEDICAL HISTORY & NEUROLOGICAL STATUS

NEUROLOGICAL CONDITIONS

Lower limb demyelination (Demyelinating disease of lower extremities).

CURRENT MEDICATIONS

Neuromix, Gabapentin, Multivitamins, Escitalopram.

ALLERGIES / DRUG REACTIONS

No known drug allergies (NKDA).

PHYSICAL EXAMINATION & DIAGNOSTIC DIAGNOSTICS

Urological Physical Exam: Abdomen soft, non-tender, no palpable masses. External genitalia and digital rectal examination (DRE) deferred.

Diagnostic Test	Date / Source	Findings / Results
Renal Ultrasound	Prior evaluation	Normal kidney morphology, no hydronephrosis.
Bladder Ultrasound	Prior evaluation	Irregular, papillary space-occupying lesion (21 mm) at bladder floor, adjacent to prostate base & bladder neck. Post-void residual (PVR): 132 cc. Prostate volume: 17 cc.
Total PSA	Nov 28, 2024	2.07 ng/mL (Free/Total Ratio: 35%).
Urinalysis	Aug 30, 2026	Protein: 1+ Hemoglobin: 3+ RBC: >100 /hpf.
Laboratory Panel	Aug 30, 2026	WBC: $12.10 \times 10^3/\mu\text{L}$ Neutrophils: 84% Hb: 14.6 g/dL Creatinine: 1.8 mg/dL Urea: 30 mg/dL PT: 1.1 PTT: -5.2.
CT Urogram (Non-Contrast)	Sept 04, 2026 (Sta. Rosa)	Solid bladder lesion (25 mm, 25-32 HU) with irregular, papillary contours. Highly suspicious for neoplastic growth (Bladder Carcinoma).

INITIAL DIAGNOSTIC IMPRESSION (PRE-CYSTOSCOPY)

- High Post-Void Residual Volume (Urinary Retention)
- Chronic Kidney Disease (Secondary to obstruction/impairment)
- Obstructive & Hemorrhagic Juxtacervical Bladder Mass (Space-Occupying Lesion)

METROPOLITAN UROLOGY GROUP - CLINICAL UPDATE & SURGICAL PLAN

Patient Follow-up & Diagnostic Videocystoscopy

FOLLOW-UP EVALUATION & DIAGNOSTIC PROCEDURES (SEPT 25, 2026)

Test / Procedure	Date	Updated Findings
Repeat Urinalysis	Sept 23, 2026 (PCM)	Hemoglobin: 2+ RBC: 10-12 /hpf.
Repeat Lab Panel	Sept 23, 2026 (PCM)	WBC: $5.37 \times 10^3/\mu\text{L}$ Neutrophils: 52% Hb: 15.3 g/dL Creatinine: 0.92 mg/dL Glucose: 79 mg/dL.
Diagnostic Videocystoscopy	Sept 25, 2026	Anterior & posterior urethra normal. Bladder neck normal. Obstructive, narrow-base papillary bladder tumor at 6 o'clock position of the trigone, adjacent to bladder neck, causing outflow tract occlusion. Ureteral orifices normal and distant from tumor.

DEFINITIVE DIAGNOSIS

OBSTRUCTIVE TRIGONAL BLADDER TUMOR (ICD-10: C67.0 / D41.4)

RECOMMENDED SURGICAL TREATMENT PLAN

Immediate surgical intervention is required to relieve urinary tract obstruction and obtain definitive histopathological staging. The planned surgical procedures include:

- Urethrocystoscopy
- Transurethral Resection of Bladder Tumor (TURBT)
- Urethral Catheter Placement
- Immediate Postoperative Intravesical Mitomycin C Instillation

CYSTOSCOPIC FINDINGS & VISUAL DOCUMENTATION

Direct visualization during videocystoscopy confirmed a polypoid/papillary tumor situated at the bladder trigone (6 o'clock location) obstructing the internal urethral orifice. (Endoscopic images archived in official medical chart).

Dr. Marcos De Prisco C., MD

Urologist / Urological Surgeon
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Group Urológico Metropolitano

OFFICIAL TRANSLATION CERTIFICATION & VERIFICATION NOTICE

This document is a precise, sworn medical translation from Spanish into English of the official medical report issued by Dr. Marcos De Prisco C. on September 25, 2026, at Policlínica Metropolitana, Caracas, Venezuela. The medical terminology, diagnostic findings, laboratory values, and recommended surgical plan (TURBT + Mitomycin) have been translated according to U.S. clinical documentation standards for fundraising and institutional review purposes.

Location: Caracas / International Referral

Document Status: Official Medical Record Translation

