

Follow-up study in patients with *HNF1B*- Nephropathy – follow-up

Date of examination:

Medical center:

Patient number:

Year of birth:

Body length: cm

Body weight: kg

Current sonography:

	right kidney	left kidney
Size (length x width x depth in cm)	_____	_____
Echogenicity	<input type="checkbox"/> normal <input type="checkbox"/> increased	<input type="checkbox"/> normal <input type="checkbox"/> increased
Corticomedullary differentiation	<input type="checkbox"/> normal <input type="checkbox"/> reduced <input type="checkbox"/> lost	<input type="checkbox"/> normal <input type="checkbox"/> reduced <input type="checkbox"/> lost
Cysts	<input type="checkbox"/> none <input type="checkbox"/> n ≤ 5 <input type="checkbox"/> n > 5 <input type="checkbox"/> d ≤ 10mm <input type="checkbox"/> d > 10mm	<input type="checkbox"/> none <input type="checkbox"/> n ≤ 5 <input type="checkbox"/> n > 5 <input type="checkbox"/> d ≤ 10mm <input type="checkbox"/> d > 10mm

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Laboratory investigations (Serum)

Creatinine	<input type="text"/>	$\mu\text{mol/l}$ or	<input type="text"/>	mg/dl
Uric acid	<input type="text"/>	$\mu\text{mol/l}$ or	<input type="text"/>	mg/dl
GOT	<input type="text"/>	U/l		
GPT	<input type="text"/>	U/l		
γ -GT	<input type="text"/>	U/l		
AP	<input type="text"/>	U/l		
Bilirubin (total)	<input type="text"/>	mg/dl or	<input type="text"/>	$\mu\text{mol/l}$
Magnesium	<input type="text"/>	mmol/l		
Calcium	<input type="text"/>	mmol/l		
Total protein	<input type="text"/>	g/dl		
Albumin	<input type="text"/>	g/dl		
Blood glucose	<input type="text"/>	mg/dl (fasting)		
HbA1c	<input type="text"/>	%		

Laboratory investigation (Urine)

Creatinine	<input type="text"/>	$\mu\text{mol/l}$ or	<input type="text"/>	mg/dl
Uric acid	<input type="text"/>	$\mu\text{mol/l}$		
Magnesium	<input type="text"/>	mmol/l		
Calcium	<input type="text"/>	mmol/l		
Total protein	<input type="text"/>	mg/dl and	<input type="text"/>	g/day
Albumin	<input type="text"/>	mg/dl		

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Extrarenal symptoms

MODY type 5	no <input type="checkbox"/>	yes <input type="checkbox"/>	manifestation _____
Hyperuricaemia	no <input type="checkbox"/>	yes <input type="checkbox"/>	manifestation _____
Elevated liver enzymes	no <input type="checkbox"/>	yes <input type="checkbox"/>	manifestation _____
Exocrine pancreas insufficiency	no <input type="checkbox"/>	yes <input type="checkbox"/>	manifestation _____
Others	_____		

Further comments/longitudinal observations