

AMRUT MADIKER

	BEFORE	AFTER GRAD
Hospital Name	Fortis Hospital, Bangalore and then shifted to SDM Hospital, Dharawad	HIIMS Dera Dassi
Medical condition	Dialysis Dependent CKD Patient	Dialysis Free
Medications Taken	Amlong, Pancro Plat, Shelcal, Arkamin, Pan 40	GRAD Therapy 100%, DIP Diet-100%, Amlong
Physical Discomforts/symptoms	High BP, unable to walk, pain in legs, back pain, Urine -150-200	Nil
Frequency of Dialysis	02 Per week since 25 May to 26 June	Dialysis Free since 26 June 2023
Investigations	Low Hb Creatinine -14.90	Hb – 13, Creatinine -1.94(As Per Telephonic communication), GFR increased-34 % Urine output increased to 1 litre.

WELL CARE CLINICAL LAB

Chandigarh - Delhi Highway Back Side of Jugraj Dhaba,
 Derabassi, Punjab-140507, Contact No.: +91 98729 96010
 Email: wellcareclinicalabd5573@gmail.com



CERTIFICATE No: QMS-WCL-220152

LABORATORY REPORT

Patient Name : MR. AMRUT MADIKAR RNO-204
 Age / Gender : 33 years / Male
 Patient ID : 45792023
 Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH
 Collection Time : JUN 05, 2023, 07:37 A.M.
 Receiving Time : JUN 05, 2023, 07:37 A.M.
 Reporting Time : JUN 05, 2023, 09:36 A.M.
 Sample ID :



Test Description

Complete Blood Count(CBC)	Value(s)	Reference Range	
Hemoglobin (HB)			g/dL
Total Leucocytes Count (TLC)	10.0	13.0 - 17.0	
DIFFERENTIAL COUNT	5400	4000 - 11000	/cmm
Neutrophils			
Lymphocytes	50	40 - 75	%
Monocytes	35	20 - 45	%
Eosinophils	10	2 - 10	%
Basophils	05	1 - 6	%
Total RBC Count	00	0 - 1	%
Platelet Count	4.05	3.50 - 6.50	Mill/Cumm
PCV/HCT	2.83	1.50 - 4.50	Lacs/Cumm
Red cell distribution width (RDW)	29.7	35.0 - 47.0	%
Mean corpuscular volume (MCV)	13.8	13.0 - 18.0	%
Mean Corpuscular Hemoglobin (MCH)	73.3	78.0 - 96.0	fl
Mean Corpuscular Hemoglobin Concentration(MCHC)	24.7	27.0 - 32.0	pg
	33.7	30.0 - 35.0	%

Microscopy, Fully Automated Hematology Analyser alfa swelab double chamber 3 Part

RENAL FUNCTION TEST (RFT)

Blood Urea Method: Method: Urease/ UV	87.00	15.0 - 46.0	mg/dl
Serum Creatinine Method: Method: Enzymatic	11.50	0.70 - 1.80	mg/dL
Serum Uric Acid Method: Method: Uricase/ Peroxidase	6.90	3.0 - 7.2	mg/dL

Electrolytes

Sodium (NA+) Method: Method: ISE Direct	140.2	136.0 - 146.0	mEq/L
Potassium (K+) Method: Method: ISE Direct	3.69	3.50 - 5.50	mEq/L
Chloride (CL) Method: Method: ISE Direct	101.4	96.0 - 108.0	mEq/L

Method:

ISE Indirect

Interpretation

CONDITIONS OF LABORATORY TESTING & REPORTING

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NOT VALID FOR MEDICO LEGAL PURPOSE | EMERGENCY 24 HOURS | TIMINGS : 8.00 AM TO 8.00 PM

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Sample ID :



Test Description

Value(s)

Reference Range

Sodium measurements are used in the diagnosis and treatment of aldosteronism (excessive secretion of the hormone aldosterone), diabetes insipidus (chronic excretion of large amounts of dilute urine, accompanied by extreme thirst), adrenal hypertension, Addison's disease (caused by destruction of the adrenal glands), dehydration, inappropriate antidiuretic hormone secretion, or other diseases involving electrolyte imbalance. Potassium measurements are used to monitor electrolyte balance in the diagnosis and treatment of disease conditions characterized by low or high blood potassium levels. Chloride measurements are used in the diagnosis and treatment of electrolyte and metabolic disorders such as cystic fibrosis and diabetic acidosis

END OF REPORT

Ankit Aggarwal
Dr. Ankit Aggarwal
(Consultant Pathologist)

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LABORATORY REPORT

AMRUT Post Report

Patient Name : MR. AMRUT MADIKAR RNO-204

Age / Gender : 33 years / Male

Patient ID : 45792023

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : JUN 02, 2023, 06:27 A.M.

Receiving Time : JUN 02, 2023, 06:27 A.M.

Reporting Time : JUN 02, 2023, 09:35 A.M.

Sample ID :



Test Description	Value(s)	Reference Range
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RFT

RENAL FUNCTION TEST (RFT)

Blood Urea Method : Method: Urease/ UV	95.00	15.0 - 46.0	mg/dl
Serum Creatinine Method : Method: Enzymatic	11.10	0.70 - 1.60	mg/dL
Serum Uric Acid Method : Method: Uricase/ Peroxidase	8.60	3.0 - 7.2	mg/dL

Electrolytes

Sodium (NA+) Method : Method: ISE Direct	138.8	136.0 - 146.0	mEq/L
Potassium (K+) Method : Method: ISE Direct	4.42	3.50 - 5.50	mEq/L
Chloride (CL) Method : Method: ISE Direct	102.8	96.0 - 108.0	mEq/L

Method:

ISE Indirect

Interpretation

Sodium measurements are used in the diagnosis and treatment of aldosteronism (excessive secretion of the hormone aldosterone), diabetes insipidus (chronic excretion of large amounts of dilute urine, accompanied by extreme thirst), adrenal hypertension, Addison's disease (caused by destruction of the adrenal glands), dehydration, inappropriate antidiuretic hormone secretion, or other diseases involving electrolyte imbalance. Potassium measurements are used to monitor electrolyte balance in the diagnosis and treatment of disease conditions characterized by low or high blood potassium levels. Chloride measurements are used in the diagnosis and treatment of electrolyte and metabolic disorders such as cystic fibrosis and diabetic acidosis

END OF REPORT

Ankit Aggarwal

Dr. Ankit Aggarwal
(Consultant Pathologist)

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INDIAN INSTITUTE OF NUCLEAR MEDICINE & SCANNING

(A Unit of Indian Institute Of Nuclear Medicine & Scanning, Sector 69, Mohali)

NOT FOR MEDICO LEGAL PURPOSES

Dr. AWADHESH PANDE

Chief Consultant & Head
Ex - Faculty N.I.M.S. Hyderabad

Page 2

IMPRESSION: PROVOCATIVE IMAGING WITH DIURETIC ADMINISTERED 15 MINUTES BEFORE THE STUDY, TO PRECIPITATE EQUIVOCAL OBSTRUCTION, IF ANY, REVEALS: -

LEFT KIDNEY i) SHRUNK IN SIZE

- ii) SEVERELY COMPROMISED CORTICAL FUNCTION
- iii) NORMAL DRAINAGE SEEN
 - a) improving on frusemide provocation
 - b) improving as a function of time

RIGHT KIDNEY i) SHRUNK IN SIZE

- ii) SEVERELY COMPROMISED CORTICAL FUNCTION
- iii) NORMAL DRAINAGE SEEN
 - a) improving on frusemide provocation
 - b) improving as a function of time

- GLOBAL GFR = 6.3 ml/min/ 1.84 sq m BSA
(normal range for BSA and age = 86.0 ml/min + - 17ml/min)

-SPLIT FUNCTION: LEFT KIDNEY = 47.5%
RIGHT KIDNEY = 52.5%

REPEAT DTPA SCAN AFTER 3 MONTHS 29/08/2023 TO SEE PROGRESSION OR REGRESSION

Awadhesh Pandey

Dr. AWADHESH PANDE Y
Sr. CONSULTANT & HEAD

INDIAN INSTITUTE OF NUCLEAR MEDICINE & SCANNING

(A Unit of Indian Institute Of Nuclear Medicine & Scanning, Sector 69, Mohali)

NOT FOR MEDICO LEGAL PURPOSES

Dr. AWADHESH PANDE

Chief Consultant & He
Ex. - Faculty N.I.M.S. Hyderabad

NAME : AMRUT MADIKAR AGE : 32 Y SEX : M DATE : 29/05/2023
REG. NO. : REN-679-23 UHID-45792023

ATTENDING HOSPITAL: HIIMS, DERABASSI

CLINICAL STATUS: CKD, to know functional status, drainage pattern and
AND differential function WITH GFR CALCULATION

DYNAMIC RENAL SCINTIGRAPHY

ISOTOPE: ^{99m}Tc - DTPA

DOSE: 5 mCi

LEFT KIDNEY

RIGHT KIDNEY

PERFUSION PHASE

VISUALISATION poor

poor

RELATIVE PERFUSION poor

poor

UPTAKE PHASE

SIZE shrunk

shrunk

SHAPE normal

normal

POSITION normal

normal

CONCENTRATION poor

poor

CORTICAL MARGIN DELINEATION poorly-defined

poorly defined

SPLIT FUNCTION 47.5%

52.5%

EXCRETORY PHASE

COLLECTING SYSTEM normal

normal

DRAINAGE PATTERN normal

normal

DIURETIC RESPONSE normal

normal

URETER normal

normal

GFR 3.0ml/min

3.3ml/min

cont on page 2

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LABORATORY REPORT

Patient Name : MR. AMRUT MADIKAR RNO-204
Age / Gender : 33 years / Male
Patient ID : 45752023
Source : Wellcare clinical lab



Referral : Dr. HIMES HOSPITAL CHANDIGARH
Collection Time : MAY 28, 2023, 10:59 A.M.
Receiving Time : MAY 28, 2023, 10:59 A.M.
Reporting Time : MAY 28, 2023, 02:05 P.M.
Sample ID :



Test Description	Value(s)	Reference Range
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Note:

Normal urine color is due to the presence of a pigment called urochrome. Urine color varies based on the urine concentration and chemical composition. Normal urine can vary from pale light yellow to a dark amber color. Highly concentrated urine has a darker yellow appearance.

END OF REPORT

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Dr. Ankit Aggarwal
(Consultant Pathologist)

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HCV RAPID TEST

Hepatitis C Virus Antibody (Anti HCV) Rapid

NON-REACTIVE

Method: Method: Rapid Truine

Interpretation:

A negative result does not exclude the possibility of infection with HIV. Levels of HIV Antibodies may be undetectable in the window period. This is a screening assay, all positive result should be confirmed by other supplementary methods like Western Blot Assay / HIV PCR.—
A negative test result does not exclude the possibility of exposure to or infection with Hepatitis B Virus, levels of HbsAg may be undetectable both in early infection and late after infection.
Viral hepatitis is a systemic disease primarily involving the liver. Most cases of acute viral hepatitis seen in children and adults are caused by Hepatitis A Virus (HAV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV). Hepatitis B Virus was discovered by Blumberg, et al. A complex antigen known as the Hepatitis B Surface Antigen (HBsAg) found on the surface of HBV is the first to be detected. The presence of HBsAg in a serum sample is indicative of an active HBV infection, either acute or chronic.—
HCV Rapid Test is a rapid test to qualitatively detect the presence of antibody to HCV in a whole blood serum or plasma specimen. The test utilizes a combination of recombinant antigen to selectively detect elevated levels of HCV antibodies in whole blood, serum or plasma.
If the antibody test is reactive, you need an additional test to see if you currently have Hepatitis C. This test is called a RNA test. Another name used for this test is a PCR test.

C/E Complete Urine Examination

URINE ROUTINE AND MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION:

Color of Urine	Pale Yellow	Straw to Yellow	/HPF
Visual Appearance	Clear	Expected Clear	/HPF
Reaction (pH)	Acidic 5.0	5.0 - 8.0	/HPF
Specific Gravity	1.005	1.000 - 1.030	/HPF
Protein	Present(++)	Expected Absent	/HPF
Glucose	Absent	Expected Absent	/HPF

MICROSCOPIC EXAMINATION

Pus Cells	1 - 2	0 - 2	/HPF
Epithelial Cells	2 - 3	Expected Absent	/HPF
Red Blood Cells (RBC)	Absent	Expected Absent	/HPF
Casts	Absent	Expected Absent	/HPF
Crystals	Absent	Absent	/HPF
Others	Nil	Expected Nil	/HPF

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LABORATORY REPORT

Patient Name : MR. AMRUT MADIKAR RNO-204
Age / Gender : 33 years / Male
Patient ID : 45792023
Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH
Collection Time : MAY 28, 2023, 10:59 A.M.
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Reporting Time : MAY 28, 2023, 02:05 P.M.
Sample ID :



Test Description	Value(s)	Reference Range
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characterized by low or high blood potassium levels. Chloride measurements are used in the diagnosis and treatment of electrolyte and metabolic disorders such as cystic fibrosis and diabetic acidosis.

GLOMERULAR FILTRATION RATE (eGFR)

GLOMERULAR FILTRATION RATE (eGFR)	5	> 90.0	mL/min/1.73 m ²
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Method : Method Compensated Jaffe's reaction, IDMS traceable

REFERENCE RANGE IN DETAIL

Kidney Damage with normal or high GFR: > 90 (Presence of Protein, albumin, cells or casts) Normal Kidney Function: > 90.00 (No proteinuria)

Mild decrease in GFR: 60 - 89

Moderate decrease in GFR: 30 - 59

Severe decrease in GFR: 15 - 29

Kidney failure < 15

Note: 1. National Kidney Disease Education program recommends the use of MDRD equation to estimate or predict GFR in adults (>=20 years) with Chronic Kidney Disease (CKD). 2. MDRD equation is most accurate for GFR <=60 mL/min/1.73m². 3. Recalculation of estimated GFR is required for African American race.

Interpretation :

Modification of diet in renal disease (MDRD) equation is most thoroughly validated and superior to all the other methods for estimation of GFR. It does not require weight as a variable and yields an estimated GFR normalized to 1.73m² body surface area. Using serum creatinine alone gives a poor inference of GFR because they are inversely related and effects of age, sex and race on creatinine production complicate interpretation. For African American races a modified formula is used for calculation of GFR.

VIRAL MARKER RAPID TEST

HIV RAPID TEST

HIV - 1 Antibody	NON-REACTIVE
Method :	

HIV - 2 Antibody	NON-REACTIVE
Method :	

HBSAG RAPID TEST

Hepatitis B Surface Antigen(HBsAg) RAPID	NON-REACTIVE
Method : Method Immunochromatographic	

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Age / Gender : 33-years / Male
Patient ID : 45752023
Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIMES HOSPITAL CHANDIGARH
Collection Time : MAY 28, 2023, 10:55 A.M.
Receiving Time : MAY 28, 2023, 10:55 A.M.
Reporting Time : MAY 28, 2023, 02:05 P.M.
Sample ID :



Test Description	Value(s)	Reference Range
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down from other generations of family members).

High Density Lipoprotein (HDL) Good cholesterol High levels linked to a reduced risk of heart and blood vessel disease. The higher your HDL level, the better. This test may be measured any time of the day without fasting. However, if the test is drawn as part of a total lipid profile it requires a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least two months after a heart attack, surgery, infection, injury or pregnancy to check HDL levels. HDL is a lipoprotein (a combination of fat and protein) found in the blood. It is called "good" cholesterol because it removes excess cholesterol from the blood and takes it to the liver. A high HDL level is related to lower risk of heart and blood vessel disease.

Low Density Lipoprotein (LDL) Bad cholesterol High levels are linked to an increased risk of heart and blood vessel disease, including coronary artery disease, heart attack and death. Reducing LDL levels is a major treatment target for cholesterol-lowering medications. Blood should be collected after a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check LDL levels. LDL is a lipoprotein (a combination of fat and protein) found in the blood. It is called "bad" cholesterol because it picks up cholesterol from the blood and takes it to the cells. A high LDL level is related to a higher risk of heart and blood vessel disease.

Triglycerides (TG) Elevated in obese or diabetic patients. Level increases from eating simple sugars or drinking alcohol. Associated with heart and blood vessel disease. Blood should be collected after a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check triglyceride levels. Triglycerides are a type of fat found in the blood. The blood level of this type of fat is most affected by the foods you eat (such as sugar, fat or alcohol) but can also be high due to being overweight, having thyroid or liver disease and genetic conditions.

COMMENT:

Electrolytes

Sodium (Na ⁺) Method: Method:ISE Direct	138.9	135.0 - 146.0	mEq/L
Potassium (K ⁺) Method: Method:ISE Direct	5.31	3.50 - 5.50	mEq/L
Chloride (Cl ⁻) Method: Method:ISE Direct	98.4	96.0 - 108.0	mEq/L

Method:

ISE indirect

Interpretation

Sodium measurements are used in the diagnosis and treatment of Cushing's syndrome (excessive secretion of the hormone aldosterone), diabetes insipidus (chronic excretion of large amounts of dilute urine, accompanied by extreme thirst), adrenal hypertension, Addison's disease (caused by destruction of the adrenal glands), dehydration, inappropriate antidiuretic hormone secretion, or other diseases involving electrolyte imbalance. Potassium measurements are used to monitor electrolyte balance in the diagnosis and treatment of disease conditions.

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CERTIFICATE No:- QMS-WCL-2205152

LABORATORY REPORT

Patient Name : MR. AMRUT MADIKAR RNO-204

Age / Gender : 33 years / Male

Patient ID : 45792023

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : MAY 28, 2023, 10:59 A.M.

Receiving Time : MAY 28, 2023, 10:59 A.M.

Reporting Time : MAY 28, 2023, 02:05 P.M.

Sample ID :



8543

Test Description	Value(s)	Reference Range	
ALT (SGPT)	23.00	15.0 - 50.0	IU/L
Alkaline Phosphatase (ALP)	114.30	0.00 - 150.0	U/L
Total Protein	7.60	6.4 - 8.2	g/dL
Albumin	4.45	3.4 - 5.0	g/dL
Globulin	3.15	1.8 - 3.8	g/dL
A/C Ratio	1.41	0.9 - 1.8	

Interpretation:

Enhanced liver fibrosis (ELF) test is used to evaluate liver fibrosis in patients with suspected chronic liver disease due to Viral Hepatitis B & C, Alcoholic liver disease and Non alcoholic fatty liver disease.

Lipid Profile

COMPLETE LIPID PROFILE

Total Cholesterol	228.60	Desirable : Up to 200 Borderline: 200 - 239 High : \geq 240	mg/dL
HDL Cholesterol	45.6	Major risk factor for heart disease < 40 Negative risk factor for heart disease: > 60	mg/dL
Triglycerides	248.40	Normal : < 150 Borderline : 150 - 199 High : 200 - 499 Very High : \geq 500	mg/dL
LDL Cholesterol	133.32	Optimal : < 100 Near optimal: 100 - 129 Borderline : 130 - 159 High 160 - 189 Very High : \geq 190	mg/dL
VLDL Cholesterol	49.63	6.0 - 38.0	mg/dL
CHOL / HDL Ratio	5.01	3.5 - 5.0	Ratio

Impression:

Total Cholesterol

Directly linked to risk of heart and blood vessel disease, Cholesterol is a type of fat, found in your blood. It is produced by your body and also comes from the foods you eat (animal products). Cholesterol is needed by your body to maintain the health of your cells. Too much cholesterol leads to coronary artery disease. Your blood cholesterol level is related to the foods you eat or to genetic conditions (passed

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LABORATORY REPORT

Amrut Pore Report

Patient Name : MR-AMRUT MADIKAR RNO-204

Age / Gender : 33 years / Male

Patient ID : 45792023

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : MAY 31, 2023, 06:10 A.M.

Receiving Time : MAY 31, 2023, 06:10 A.M.

Reporting Time : MAY 31, 2023, 08:52 A.M.

Sample ID :



8599

Test Description	Value(s)	Reference Range
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RFT

RENAL FUNCTION TEST (RFT)

Blood Urea Method : Method: Urinary UV	102.00 ^{1.50}	15.0 - 46.0	mg/dl
Serum Creatinine Method : Method: Enzymatic	14.90	0.70 - 1.60	mg/dL
Serum Uric Acid Method : Method: Urinary Peroxidase	9.60	3.0 - 7.2	mg/dL

Electrolytes

Sodium (NA+) Method : Method: ISE Direct	137.9	136.0 - 146.0	mEq/L
Potassium (K+) Method : Method: ISE Direct	5.00	3.50 - 5.50	mEq/L
Chloride (CL) Method : Method: ISE Direct	98.7	96.0 - 108.0	mEq/L

Method:

ISE Indirect

Interpretation

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END OF REPORT

Dr. Ankit Aggarwal

Dr. Ankit Aggarwal
(Consultant Pathologist)

CONDITIONS OF LABORATORY TESTING & REPORTING

The reporting result are for the information and for interpretation of the referring doctor only. • If the result of the test (s) are alarming or unexpected, the patient is advised to contact the laboratory immediately for possible remedial advice. • This reports is not valid for medico-legal purposes. • Wellcare Clinical Lab not its employees assume any liability for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of this report. • It is presumed that the tests performed on the specimen belong to the patient, names or identified. • Results of tests may vary from laboratory to laboratory and also in some parameter from time to time for the same patient. Only such medical professional who understand reporting units, reference ranges and limitations or technologies should interpret result. • Reports valid until stamped by lab's authorized signator

TIMINGS : 8.00 AM TO 8.00 PM

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