

## Parminder Kumar

|                                       | BEFORE                                       | AFTER GRAD              |
|---------------------------------------|--|-------------------------|
| <b>Hospital Name</b>                  | PGI Chandigarh                               | HIIMS Dera Bassi        |
| <b>Medical condition</b>              | Chronic Kidney Disease, advised Dialysis     | Never Started           |
| <b>Medications Taken</b>              | Ammonia, Dytor                               | HWI, HDT, DIP Diet      |
| <b>Physical Discomforts/ symptoms</b> | Fever, unable to walk, weakness, itching     | Nil                     |
| <b>Frequency of Dialysis</b>          | Advised dialysis and transplant in sept 2022 | Never started           |
| <b>Investigations</b>                 | KFT (Creatinine – 7.6)                       | KFT (Creatinine - 4.95) |



# SHUDDHI AYURVEDA PANCHKARMA HOSPITAL

(A Unit of JEENA SIKHO LIFECARE LIMITED)

Devinagar, Delhi Highway, Chandigarh, Dera Bassi

CONTACT NO. : 82704-82704



Ref-Only

m-no

## INITIAL ASSESSMENT

Patient File No. 4862 2022 Doctor Name: Dr. Shyela Thakur Branch: Derabassi

| DATE     | B.P     | SUGAR | WEIGHT | REMARKS      |
|----------|---------|-------|--------|--------------|
| 6/10/22  | 122/78  | ---   | 102kg  | Pulse --- SS |
| 17/12/22 | 180/110 | ---   | 93kg   | Pulse - 67   |
| 17/1/23  | 191/117 | ---   | 92kg   | Pulse - 52   |
| 17/4/23  | 140/80  | ---   | 88kg   | Pulse - 49   |
| 15/5/23  | 180/70  | ---   | 86kg   | Pulse - 49   |
| 16/6/23  | 130/80  | ---   | 84kg   | Pulse - 48   |
| 18/7/23  | 150/80  | ---   | 85kg   | Pulse        |
| 18/8/23  | 130/80  | ---   | 83kg   | Pulse --- 52 |
| 18/9/23  |         |       |        |              |

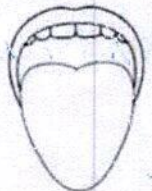
## CONFIDENTIAL INFORMATION

Name Parminder Kumar Cls/Dcls/Sls Ram Nath Age 54/M  
 Height 5'10 DOB 2/7/1968 Sex:  M  F Occupation --- Religion Hindu  
 Blood Group --- DOM --- Address Udhanwal, Shaheed Bhagat  
Singh Nagar Punjab City Bhagat State Pb Pin Code 144521  
 Telephone (w) 9417175217 E-mail ID --- Marital Status Married

Only medicines

Diet Pattern --- Addiction Habit ---

Tongue (जिह्वा)



| Month               | 1st Month | 2nd Month | 3rd Month | 4th Month | 5th Month | 6th Month |
|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date                |           |           |           |           |           |           |
| <b>Naadi</b> (नाडी) | 1st Month | 2nd Month | 3rd Month | 4th Month | 5th Month | 6th Month |
| Vata                |           |           |           |           |           |           |
| Pitta               |           |           |           |           |           |           |
| Kapha               |           |           |           |           |           |           |
| <b>Eyes</b> (आँख)   | 1st Month | 2nd Month | 3rd Month | 4th Month | 5th Month | 6th Month |
|                     |           |           |           |           |           |           |
| <b>Nail</b> (नाखून) | 1st Month | 2nd Month | 3rd Month | 4th Month | 5th Month | 6th Month |
|                     |           |           |           |           |           |           |

K440 CKD + HTN X 1 Month ago

No dialysis

NO BT

NO YH.

Urine Output  $\rightarrow$  1-1.5L. + / month

Water Intake  $\rightarrow$  1.5L.

QNR

29/9/22

Hb  $\rightarrow$  9.

RBS  $\rightarrow$  110.

Cr  $\rightarrow$  7.6

UA  $\rightarrow$  6.0.

Albumin  $\rightarrow$  4+.

R

T. Amonia

T. Dytora

T. Nodosus

T. Nefita

qy. Angue.

US4  
7/9/22

RK/LK. 7.3x2.9/8x3.7cm.

B/L POOR CMT.

- grade I prostaticomegaly

Family History :

Mr Cancer<sup>⊖</sup>

Surgery / Procedure History

NS

धरण/कोड़ी:  Yes  No

पड़ती रहती है ?

कभी कभी पड़ती है ?

**CHIEF COMPLAINTS :**

| Symptoms       | Improvement Scoring |
|----------------|---------------------|
| Mild itching   |                     |
| BH → Normal    |                     |
| Sleep → Normal |                     |
| App → ↑ sed    |                     |
| Stress → None. |                     |
|                |                     |
|                |                     |

**HISTORY OF PAST ILLNESS :**

| Disease | Duration | Treatment / Pathy / Indication कितनी गोळियां चल रही है और कौन-कौन सी |
|---------|----------|--|
| —       |          |  |
|         |          |  |
|         |          |  |

**Gynae/Obs History**

—

**Dashavidha Pariksha / Ashtavidha Parikasha / Sroto Pariksha (Any one):**

Samanya Pariksha  
Awastha

Dosha  
Rog Marg

Dushya  
Sadhiya/Asadhiya

Agni

**Dashvidh Pariksha**

1. Prakriti (physical constitution)
2. Vikruti (pathological condition)
3. Sara (excellence of tissues)
4. Samhanana (body compactness)
5. Pramana (measurements of body parts)
6. Satmya (homologation)
7. Sattva (mental constitution)
8. Aharashakti (capacity to ingest food and capacity to digest and assimilate the food)
9. Vyayamashakti (capacity to exercise)
10. Vaya (age)

**GASTROENTEROLOGY / DIGESTION / EXCRETORY SYSTEM**

Hyperacidity  Heart burn  Ulcer  Urine Frequency  Vaginal  Prostate .....

**Pulmonary System / Cardiac System**

Sob  Cough  Chest Pain  Palpitation  Perspiration  Murmur  Others.....

**Dermatological Examination**

Color of skin  Itching  Discharge  Leision  Anomaly Detected .....

**Nervous System Examinatin**

Reflexes  CN Anomaly  Any Hemiparesis  Motor Functions

**INVESTIGATION (Blood / Urine Culture)**

| Date | Investigation | 1st Visit | 2st Visit | 3rd Visit | 4th Visit | 5th Visit |
|------|---------------|-----------|-----------|-----------|-----------|-----------|
|      |               |           |           |           |           |           |
|      |               |           |           |           |           |           |
|      |               |           |           |           |           |           |

| RADIOLOGY | FINDINGS       |
|-----------|----------------|
|           |                |
|           | <u>Adv Med</u> |

DATE:- 6/10/22

| Churan / Powder / Kit          | Tablets / Capsule | Liquid / Drops |
|--------------------------------|-------------------|----------------|
| <u>IPD</u><br><u>7-10 days</u> |                   |                |

DATE:- 11/10/22

| Churan / Powder / Kit        | Tablets / Capsule | Liquid / Drops   |
|------------------------------|-------------------|--|
| <u>5 Powder</u><br><u>10</u> |                   | <u>Nephew 1(1)</u><br><u>Kidney Block 1(2)</u><br><u>17-365 1(1)</u> |

DATE:- 11/10/22

| Churan / Powder / Kit | Tablets / Capsule   | Liquid / Drops |
|-----------------------|---|----------------|
|                       | <u>Nephew 5 0</u><br><u>4 sv 0 0</u><br><u>Kidney Block 2ml - 2ml</u> |                |

DATE:- 11/10/22

| Churan / Powder / Kit | Tablets / Capsule                       | Liquid / Drops |
|-----------------------|---|----------------|
| IPD<br>7-10 days.     | - 1.0 + VM - PTH<br>- WWH R/E<br>- DTPA |                |

Ayurveda Swedan / HWI

DATE:-

| Churan / Powder / Kit | Tablets / Capsule                                  | Liquid / Drops |
|-----------------------|--|----------------|
|                       | - HDT<br>- gokshuradi Sneha Bhas.<br>- Shiroopichu |                |

|                 |   |
|-----------------|---|
| DATE<br>15/5/23 | MORNING TO NIGHT DIET FULL DETAILS- (Last day) B/F Fruits                                     |
|                 | Today-  |
| DATE<br>17/8/23 | MORNING TO NIGHT DIET FULL DETAILS- (Last day) B/F - Fruits<br>Lunch — Rice + Dal<br>Dinner — |
| DATE<br>18/8/23 | Today - Fruits  |
| DATE            | MORNING TO NIGHT DIET FULL DETAILS- (Last day)  |
|                 | Today-  |
| DATE            | MORNING TO NIGHT DIET FULL DETAILS- (Last day)  |
|                 | Today-  |
| DATE            | MORNING TO NIGHT DIET FULL DETAILS- (Last day)  |
|                 | Today-  |

Conid Vaccine  
(12 Dose)

**PATIENT CONSENT FORM FOR CASE REPORTS**

(सामले की रिपोर्ट के लिए रोगी की सहमति प्रपत्र)

**For a patient's consent to publication of information about them in a journal**

एक जर्नल में उनके बारे में जानकारी के प्रकाशन के लिए रोगी की सहमति के लिए

Name of person described in article/ लेख में वर्णित व्यक्ति का नाम Parminder

Subject matter of photograph or article/ फोटोग्राफ या लेख की विषय वस्तु: Kumar

Title of article/ लेख का शीर्षक: CKD Problem

Medical practitioner or corresponding author/ चिकित्सा व्यवसायी या संबंधित लेखक: \_\_\_\_\_

I/ \_\_\_\_\_ [insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name]: \_\_\_\_\_, relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of research.

Or (या)

मैं/ \_\_\_\_\_ [पूरा नाम डालें इस जानकारी के लिए मैं स्वयं या मेरे बच्चे या वार्ड/मेरे रिश्तेदार [पूरा नाम डालें] \_\_\_\_\_ एक जर्नल लेख में प्रदर्शित होने के लिए उपरोक्त विषय वस्तु (सूचना) से संबंधित है, या अनुसंधान के उद्देश्य के लिए इस्तेमाल किया जाना है।

I understand the following/ मैं निम्नलिखित समझता हूँ:

1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Or (या)

1. सूचना मेरे नाम/बच्चे के नाम/रिश्तेदारों के नाम संलग्न किए बिना प्रकाशित की जाएगी और गुमनामी सुनिश्चित करने के लिए हर संभव प्रयास किया जाएगा। हालाँकि, मैं समझता हूँ कि पूर्ण गुमनामी की गारंटी नहीं दी जा सकती है। यह संभव है कि कोई कहीं-शायद, उदाहरण के लिए, कोई व्यक्ति जो मेरी/मेरे बच्चे/रिश्तेदार की देखभाल करता हो, अगर मैं अस्पताल में था, या कोई रिश्तेदार-मेरी पहचान कर सकता है।
2. सूचना एक पत्रिका में प्रकाशित की जा सकती है जिसे दुनिया भर में पढ़ा जाता है या एक ऑनलाइन पत्रिका। जर्नल मुख्य रूप से स्वास्थ्य देखभाल पेशेवरों के उद्देश्य से हैं, लेकिन पत्रकारों सहित कई गैर-डॉक्टरों द्वारा देखे जा सकते हैं।
3. सूचना को वेबसाइट पर डाला जा सकता है।
4. मैं ऑनलाइन प्रकाशन से पहले किसी भी समय अपनी सहमति वापस ले सकता/सकती हूँ, लेकिन एक बार सूचना प्रकाशन के लिए प्रतिबद्ध हो जाने के बाद सहमति वापस लेना संभव नहीं होगा।

Patient Signature/ रोगी के हस्ताक्षर: \_\_\_\_\_ Date/दिनांक: 6/10/22

Signature of requesting medical practitioner/health care worker/ अनुरोध करने वाले चिकित्सक के हस्ताक्षर

Medical practitioner Signature/ चिकित्सा व्यवसायी के हस्ताक्षर: \_\_\_\_\_ Date/दिनांक 6/10/22

  
**Government of India**




ਪਰਮਿੰਦਰ ਕੁਮਾਰ  
 Parminder Kumar  
 ਜਨਮ ਮਿਤੀ / DOB : 02/03/1968  
 ਪੁਰਸ਼ / Male



9005 5154 0703


ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ


  
**ਯੂਨਿਕ ਆਈਡੈਂਟਿਫਿਕੇਸ਼ਨ ਆਥਾਰਟੀ**  
**Unique Identification Authority of India**


ਪਤਾ: S/O: ਰਾਮ ਨਾਥ, ਉਧਨਵਾਲ,  
 ਉਧਨਵਾਲ, ਸ਼ਹੀਦ ਭਗਤ ਸਿੰਘ ਨਗਰ,  
 ਪੰਜਾਬ, 144521

Address: S/O: Ram Nath,  
 Udhanwal, Udhanwal, Shaheed,  
 Bhagat Singh Nagar, Punjab,  
 144521

9005 5154 0703

  
 1947  
 1800 300 1947

  
 help@uidai.gov.in

  
 www.uidai.gov.in





**LIFE CARE  
DIAGNOSTIC  
LABORATORY**

Opp. Central Bank of India,  
Near Old Civil Hospital, Balachaur 144 521  
☎ 9815121312, 9915521312



TIMINGS : 8.00 AM - 7.00 PM  
SUNDAY 8.00 AM - 12.00 NOON

(FULLY COMPUTERISED LAB.)

ਸਾਹਮਣੇ ਸੈਂਟਰਲ ਬੈਂਕ, ਨਜ਼ਦੀਕ ਪੁਰਾਣਾ ਸਿਵਲ ਹਸਪਤਾਲ  
ਬਲਾਚੌਰ, (ਨਵਾਂਸ਼ਹਿਰ)

30

**LAB-REPORT**

Report No. : 123385 Report Date : 16/09/2023  
Patient Name : PARMINDER KUMAR Age & Sex : 51 YEARS/MALE  
Ref. DR. : DR.

| Tests | Observed Value | Biological Ref. Range | Unit |
|-------|----------------|-----------------------|------|
|-------|----------------|-----------------------|------|

**Technical Analysis Report (BLOOD).**

**RENAL FUNCTION TEST**

|               |              |                 |       |
|---------------|--------------|-----------------|-------|
| Blood Urea    | <b>77.62</b> | ↑ 10.00 - 45.00 | mg/dL |
| S. Creatinine | <b>4.95</b>  | ↑ 0.60 - 1.40   | mg/dL |
| S. Uric Acid  | 4.97         | 1.50 - 7.00     | mg/dL |
| UREA Nitrogen | <b>35.93</b> | ↑ 7.00 - 23.00  | mg/dL |

**Remarks:**

UREA: urea is end product of protein metabolism. it reflects on the function of the kidney in body

CREATININE: Creatinine is the product of creatinine metabolism. it is a measure of renal function

& elevated levels are observed in patients typically with 50% greater impairment of renal function.

URIC ACID : uric acid is the end product of protein metabolism. High levels are seen with gout,

inherited metabolism disorder of purine metabolism, excessive protein dietary intake & increased

cell turnover. Only 10-15 % patient with hyperuremia have gout.

\* The above result pertains to the sample received & tested in the laboratory.

\* The identity of the patient has not been verified.

End of Report

**NOTE : ALL POSITIVE RESULTS TO BE CONFIRMED WITH ELISA/WESTERN BLOT/PCR  
MARKS : IN CASE OF UNEXPECTED RESULT PLEASE CONTACT US. A DEFINITE CLINICAL DIAGNOSIS SHOULD  
NOT BE MADE ON THE BASIS OF A SINGLE TEST REPORT, PLEASE CONSULT YOUR DOCTOR.**

\* The above results pertains to the sample received & tested in the laboratory.

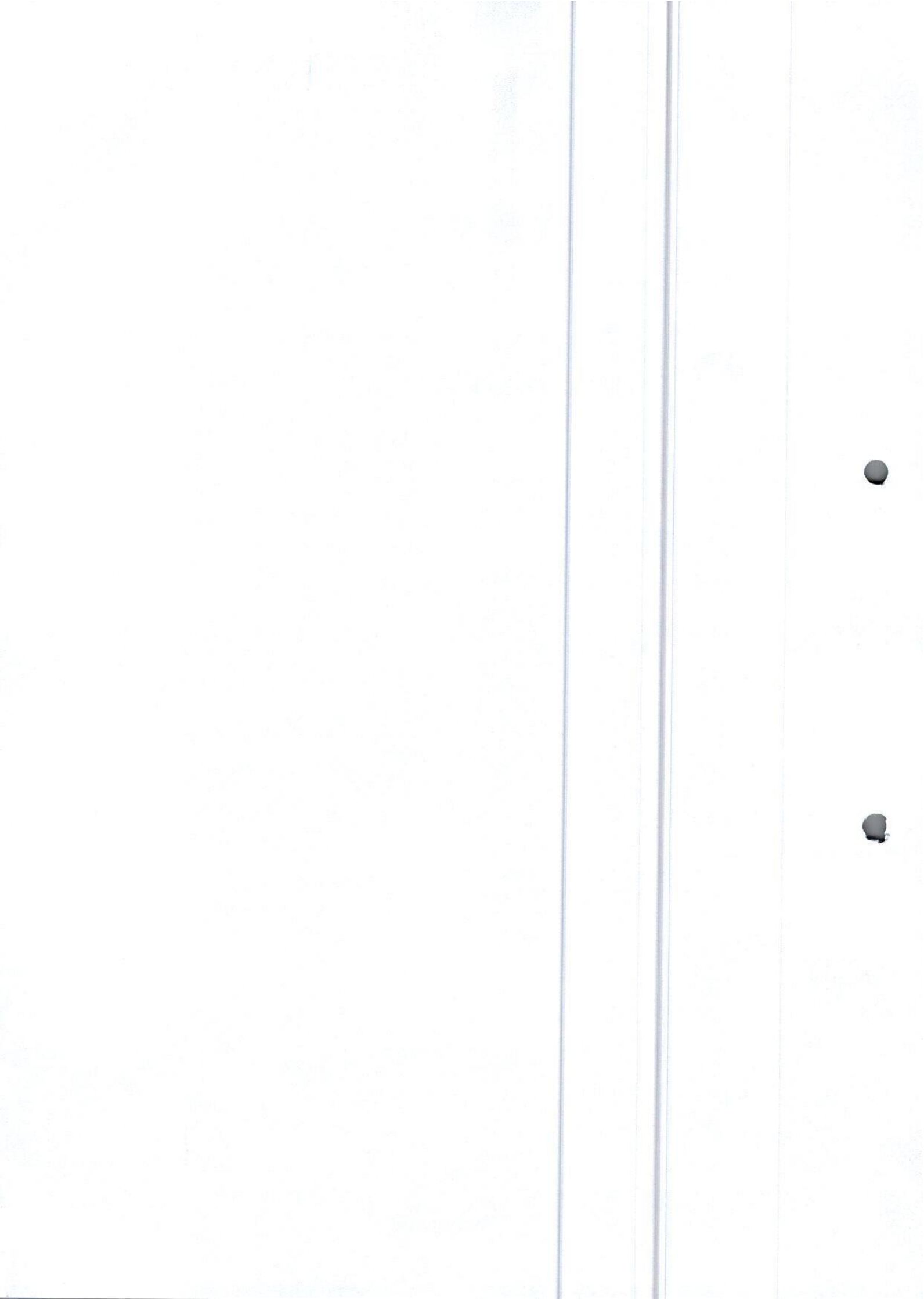
\* The identity of the patient has not been verified.

Pathologist LOW ↓ NORMAL HIGH ↑ Lab Tech.

**FACILITIES AVAILABLE FOR**

|                  |               |                       |
|------------------|---------------|-----------------------|
| * BIOCHEMISTRY   | * HAEMATOLOGY | * MICROBIOLOGY        |
| * HISTOPATHOLOGY | * CYTOLOGY    | * SEROLOGY            |
| * HORMONES       | * DRUG TEST   | * COAGULATION STUDIES |

**(NOT VALID FOR MEDICO LEGAL USE)**





**LIFE CARE  
DIAGNOSTIC  
LABORATORY**

Opp. Central Bank of India,  
Near Old Civil Hospital, Balachaur 144 521  
© 9815121312, 9915521312



TIMINGS : 8.00 AM - 7.00 PM  
SUNDAY 8.00 AM - 12.00 NOON

(FULLY COMPUTERISED LAB.)

ਸਾਹਮਣੇ ਸੈਟ੍ਰਲ ਬੈਂਕ, ਨਜ਼ਦੀਕ ਪੁਰਾਣਾ ਸਿਵਲ ਹਸਪਤਾਲ  
ਬਲਾਚੌਰ, (ਨਵਾਂਸ਼ਹਿਰ)

32

**LAB-REPORT**

Report No. : 123387  
Patient Name : PARMINDER KUMAR  
Ref. DR. : DR.  
Report Date : 16/09/2023  
Age & Sex : 51 YEARS/MALE

| Tests | Observed Value | Biological Ref. Range | Unit |
|-------|----------------|-----------------------|------|
|-------|----------------|-----------------------|------|

**Technical Analysis Report Blood)**

**HAEMATOLOGY.**

HAEMOGLOBIN

**10.10** ↓ 12.00 - 16.00 g/dl

**Technical Analysis Report (BLOOD).**

**LIVER FUNCTION TEST**

|                  |              |               |       |
|------------------|--------------|---------------|-------|
| Bilirubin Total  | <b>1.08</b>  | ↑ 0.20 - 1.00 | mg/dL |
| CONJUGATED       | <b>0.36</b>  | ↑ 0.00 - 0.30 | mg/dL |
| UNCONJUGATED     | 0.072        | 0.30 - 0.70   | mg/dL |
| Protein Total    | 7.13         | 5.50-8.50     | gm/dL |
| Albumin          | 4.28         | 3.50-5.50     | gm/dL |
| Globulin         | 2.85         | 2.30-3.50     | gm/dL |
| A/G Ratio        | 1.50         | 1.20-1.80     |       |
| SGOT(AST)        | <b>68.10</b> | ↑ 0.00-55.00  | IU/L  |
| SGPT(ALT)        | 51.10        | 5.00-55.00    | IU/L  |
| Alk Phosphatase. | 210.32       | 108 - 306     | IU/L  |

\* The above result pertains to the sample received & tested in the laboratory.  
\* The identity of the patient has not been verified.

End of Report

**NOTE : ALL POSITIVE RESULTS TO BE CONFIRMED WITH ELISA/WESTREN BLOT/PCR**  
**MARKS : IN CASE OF UNEXPECTED RESULT PLEASE CONTACT US. A DEFINITE CLINICAL DIAGNOSIS SHOULD NOT BE MADE ON THE BASIS OF A SINGLE TEST REPORT, PLEASE CONSULT YOUR DOCTOR.**

\* The above results pertains to the sample received & tested in the laboratory.

\* The identity of the patient has not been verified.

Pathologist

LOW ↓ NORMAL HIGH ↑

Lab Tech.

**FACILITIES AVAILABLE FOR**

- \* BIOCHEMISTRY
- \* HISTOPATHOLOGY
- \* HORMONES
- \* HAEMATOLOGY
- \* CYTOLOGY
- \* DRUG TEST
- \* MICROBIOLOGY
- \* SEROLOGY
- \* COAGULATION STUDIES

**(NOT VALID FOR MEDICO LEGAL USE)**





# WELLCARE CLINICAL LAB

Fully Computerized Lab

Wishing you a good health & happiness

AN ISO 9001:2015 CERTIFIED CLINICAL LAB



CERTIFICATE No:- QMS-WCL-2209152

**Dr. Ankit Aggarwal** (Consultant Pathologist) MBBS, DCP

## TESTS REPORT

Patient Name : MR. PARMINDER KUMAR DC-29

Age / Gender : 54 years / Male

Patient ID : 1044

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : OCT 11, 2022, 04:26 P.M.

Receiving Time : OCT 11, 2022, 04:26 P.M.

Reporting Time : OCT 11, 2022, 05:08 P.M.

Sample ID :



| Test Description | Value(s) | Reference Range |
|------------------|----------|-----------------|
|------------------|----------|-----------------|

### Complete Blood Count(CBC)

#### COMPLETE BLOOD COUNT(CBC)

|   |      |              |           |
|---|------|--------------|-----------|
| Hemoglobin (HB)                                 | 10.9 | 13.0 - 17.0  | g/dL      |
| Total Leucocytes Count (TLC)                    | 7300 | 4000 - 11000 | /cmm      |
| <b>DIFFERENTIAL COUNT</b>                       |      |              |           |
| Neutrophils                                     | 74   | 40 - 75      | %         |
| Lymphocytes                                     | 20   | 20 - 45      | %         |
| Monocytes                                       | 03   | 2 - 10       | %         |
| Eosinophils                                     | 03   | 1 - 6        | %         |
| Basophils                                       | 00   | 0 - 1        | %         |
| Total RBC Count                                 | 3.78 | 3.50 - 6.50  | Mill/Cumm |
| Platelet Count                                  | 3.09 | 1.50 - 4.50  | Lacs/Cumm |
| PCV/HCT   | 31.5 | 35.0 - 47.0  | %         |
| Red cell distribution width (RDW)               | 13.6 | 13.0 - 18.0  | %         |
| Mean corpuscular volume (MCV)                   | 83.2 | 76.0 - 96.0  | fl        |
| Mean Corpuscular Hemoglobin (MCH)               | 28.9 | 27.0 - 32.0  | pg        |
| Mean Corpuscular Hemoglobin Concentration(MCHC) | 34.7 | 30.0 - 35.0  | %         |

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

### RFT

#### RENAL FUNCTION TEST (RFT)

|                                      |       |             |       |
|--------------------------------------|-------|-------------|-------|
| Blood Urea                           | 147.0 | 15.0 - 46.0 | mg/dl |
| Method : Method: Urease/ UV          |       |             |       |
| Serum Creatinine                     | 8.2   | 0.70 - 1.60 | mg/dL |
| Method : Method: Enzymatic           |       |             |       |
| Serum Uric Acid                      | 10.8  | 3.0 - 7.2   | mg/dL |
| Method : Method: Uricase/ Peroxidase |       |             |       |

### Liver Function Test (LFT)

#### LIVER FUNCTION TEST(LFT)

|                 |      |             |       |
|-----------------|------|-------------|-------|
| Total Bilirubin | 0.52 | 0.20 - 1.00 | mg/dL |
|-----------------|------|-------------|-------|

NOT VALID FOR MEDICO LEGAL PURPOSE

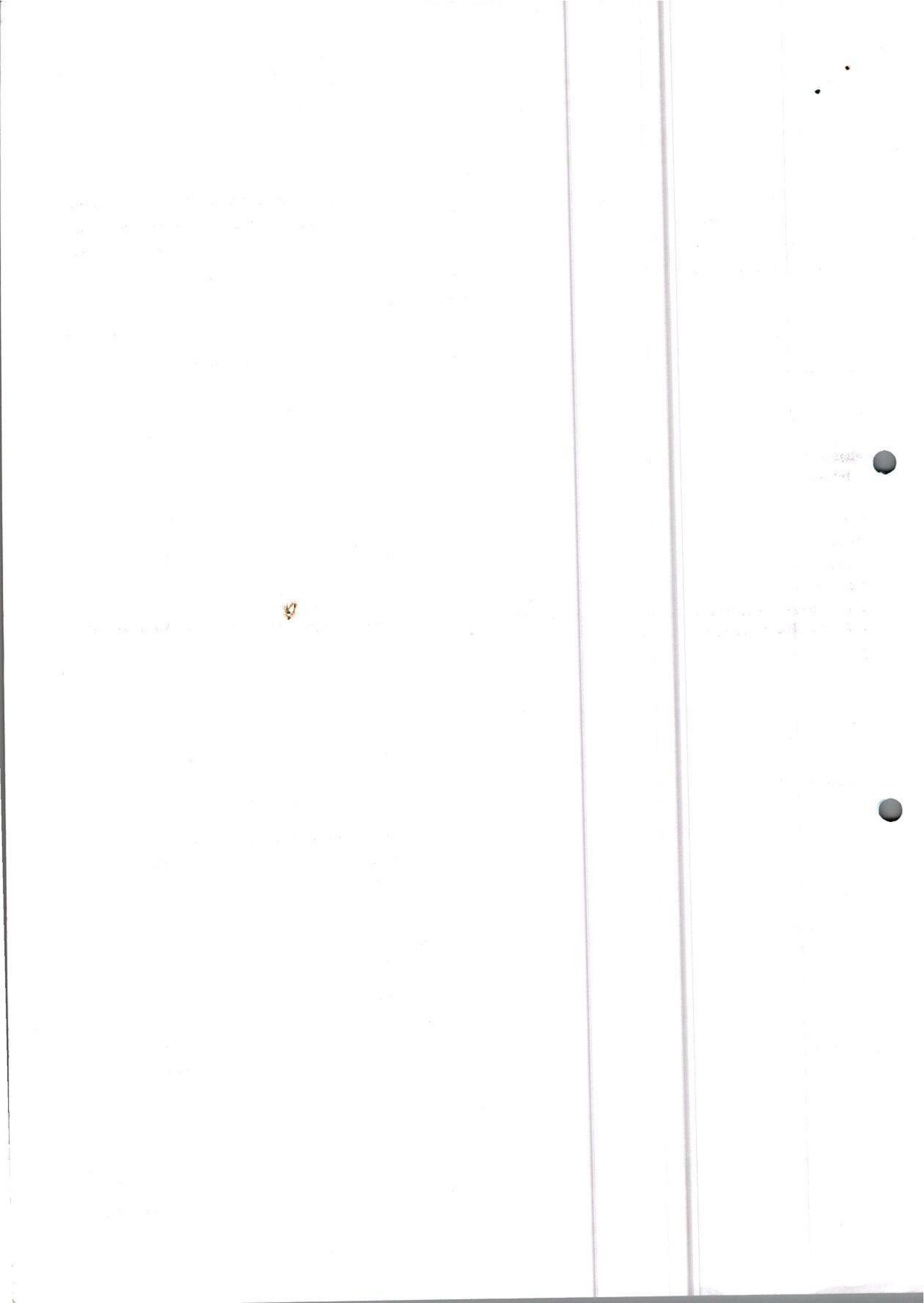
EMERGENCY 24 HOURS

TIMINGS : 8.00 AM TO 8.00 PM

Facility Available (Hematology, Serology, Cytology, Bio-Chemistry, Elisa, Hormones & Microbiology)

Chandigarh-Delhi Highway, Back Side of Jugraj Dhaba, Opp. Haldiram, Derabassi | E-mail : wellcareclinicallab14@gmail.com

Home Collection Facility Available on Appointment : +91 98573 62100, +91 98729 96010





# WELLCARE CLINICAL LAB

Fully Computerized Lab

Wishing you a good health & happiness

AN ISO 9001:2015 CERTIFIED CLINICAL LAB



CERTIFICATE No:- QMS-WCL-2209152

**Dr. Ankit Aggarwal** (Consultant Pathologist) MBBS, DCP

## TESTS REPORT

Patient Name : MR. PARMINDER KUMAR DC-29

Age / Gender : 54 years / Male

Patient ID : 1044

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : OCT 11, 2022, 04:26 P.M.

Receiving Time : OCT 11, 2022, 04:26 P.M.

Reporting Time : OCT 11, 2022, 05:08 P.M.

Sample ID :



| Test Description           | Value(s)     | Reference Range |       |
|----------------------------|--------------|-----------------|-------|
| Direct Bilirubin           | 0.27         | 0.00 - 0.60     | mg/dL |
| Indirect Bilirubin         | 0.25         | 0.00 - 0.80     | mg/dL |
| AST (SGOT)                 | 24.4         | 15.0 - 50.0     | IU/L  |
| ALT (SGPT)                 | 32.2         | 15.0 - 50.0     | IU/L  |
| Alkaline Phosphatase (ALP) | <b>151.5</b> | 0.00 - 150.0    | U/L   |
| Method : -                 |              |                 |       |
| Total Protein              | 7.3          | 6.4 - 8.2       | g/dL  |
| Albumin                    | 4.51         | 3.4 - 5.0       | g/dL  |
| Globulin                   | 2.79         | 1.8 - 3.8       | g/dL  |
| A/G Ratio.                 | 1.62         | 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

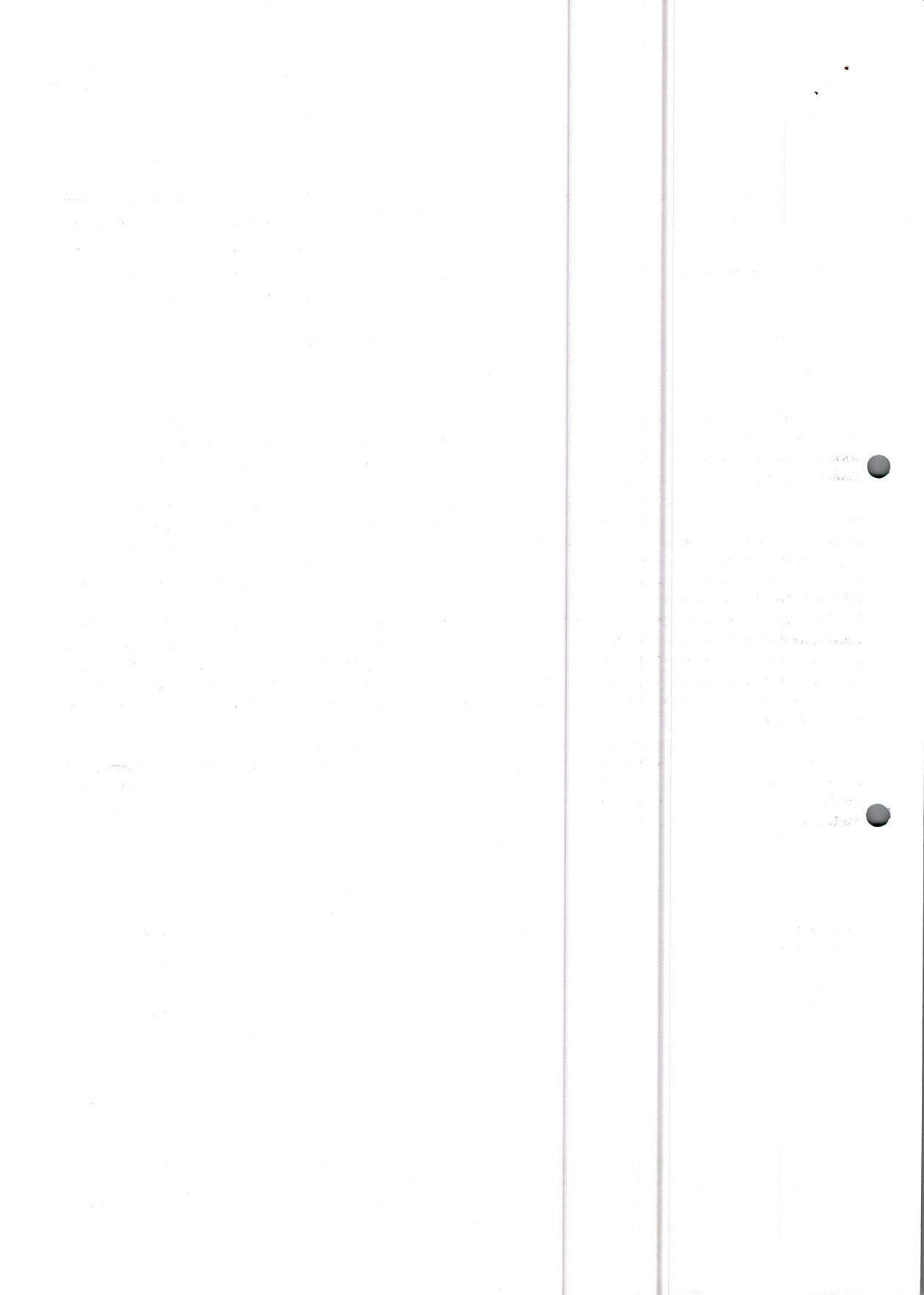
|                   |             |  |       |
|-------------------|-------------|--|-------|
| Total Cholesterol | 226.0       | Desirable : Upto 200<br>Borderline: 200 - 239<br>High : >= 240   | mg/dL |
| HDL Cholesterol   | 42.0        | Major risk factor for heart disease:<br>< 40<br>Negative risk factor for heart disease: > 60                 | mg/dL |
| Triglycerides     | 185.0       | Normal : < 150<br>Borderline : 150 - 199<br>High : 200 - 499<br>Very High : >= 500                           | mg/dL |
| LDL Cholesterol   | 147.0       | Optimal : < 100<br>Near optimal: 100 - 129<br>Borderline : 130 - 159<br>High 160 - 189<br>Very High : >= 190 | mg/dL |
| VLDL Cholesterol  | 37.0        | 6.0 - 38.0   | mg/dL |
| CHOL / HDL Ratio  | <b>5.38</b> | 3.5 - 5.0  | Ratio |

NOT VALID FOR MEDICO LEGAL PURPOSE

EMERGENCY 24 HOURS

TIMINGS : 8.00 AM TO 8.00 PM

Facility Available (Hematology, Serology, Cytology, Bio-Chemistry, Elisa, Hormones & Microbiology)  
Chandigarh-Delhi Highway, Back Side of Jugraj Dhaba, Opp. Haldiram, Derabassi | E-mail : wellcareclinicallab14@gmail.com  
Home Collection Facility Available on Appointment : +91 98573 62100, +91 98729 96010







# WELLCARE CLINICAL LAB

Fully Computerized Lab

Wishing you a good health & happiness

AN ISO 9001:2015 CERTIFIED CLINICAL LAB



CERTIFICATE No:- QMS-WCL-2209152

**Dr. Ankit Aggarwal** (Consultant Pathologist) MBBS, DCP

## TESTS REPORT

Patient Name : MR. PARMINDER KUMAR DC-29

Age / Gender : 54 years / Male

Patient ID : 1044

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : OCT 11, 2022, 04:26 P.M.

Receiving Time : OCT 11, 2022, 04:26 P.M.

Reporting Time : OCT 11, 2022, 05:08 P.M.

Sample ID :



| Test Description | Value(s) | Reference Range |
|------------------|----------|-----------------|
|------------------|----------|-----------------|

### 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 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.

**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.

### COMENT:

#### Electrolytes

|  |       |               |       |
|--|-------|---------------|-------|
| Sodium (NA <sup>+</sup> )<br>Method : Method: ISE Direct   | 143.0 | 136.0 - 146.0 | mEq/L |
| Potassium (K <sup>+</sup> )<br>Method : Method: ISE Direct | 4.95  | 3.50 - 5.50   | mEq/L |
| Chloride (CL)<br>Method : Method: ISE Direct               | 104.1 | 96.0 - 108.0  | mEq/L |

#### Method:

NOT VALID FOR MEDICO LEGAL PURPOSE

EMERGENCY 24 HOURS

TIMINGS : 8.00 AM TO 8.00 PM

Facility Available (Hematology, Serology, Cytology, Bio-Chemistry, Elisa, Hormones & Microbiology)  
Chandigarh-Delhi Highway, Back Side of Jugraj Dhaba, Opp. Haldiram, Derabassi | E-mail : wellcareclinicallab14@gmail.com  
Home Collection Facility Available on Appointment : +91 98573 62100, +91 98729 96010

Faint, illegible text on the left page, possibly bleed-through from the reverse side.

Faint, illegible text on the right page, possibly bleed-through from the reverse side. Two dark circular marks are visible on the right edge of the page.



# WELLCARE CLINICAL LAB

Fully Computerized Lab

Wishing you a good health & happiness

AN ISO 9001:2015 CERTIFIED CLINICAL LAB



CERTIFICATE No:- QMS-WCL-2209152

**Dr. Ankit Aggarwal** (Consultant Pathologist) MBBS, DCP

## TESTS REPORT

Patient Name : MR. PARMINDER KUMAR DC-29

Age / Gender : 54 years / Male

Patient ID : 1044

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : OCT 11, 2022, 04:26 P.M.

Receiving Time : OCT 11, 2022, 04:26 P.M.

Reporting Time : OCT 11, 2022, 05:08 P.M.

Sample ID :



| Test Description | Value(s) | Reference Range |
|------------------|----------|-----------------|
|------------------|----------|-----------------|

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

### GLOMERULAR FILTRATION RATE (eGFR)

|                                   |   |        |                |
|-----------------------------------|---|--------|----------------|
| GLOMERULAR FILTRATION RATE (eGFR) | 7 | > 90.0 | mL/min/1.73 m2 |
|-----------------------------------|---|--------|----------------|

Method : Method:Compensated Jaffe's reaction, IDMS traceable

### REFRANCE 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

Method : -

NON-REACTIVE

NOT VALID FOR MEDICO LEGAL PURPOSE

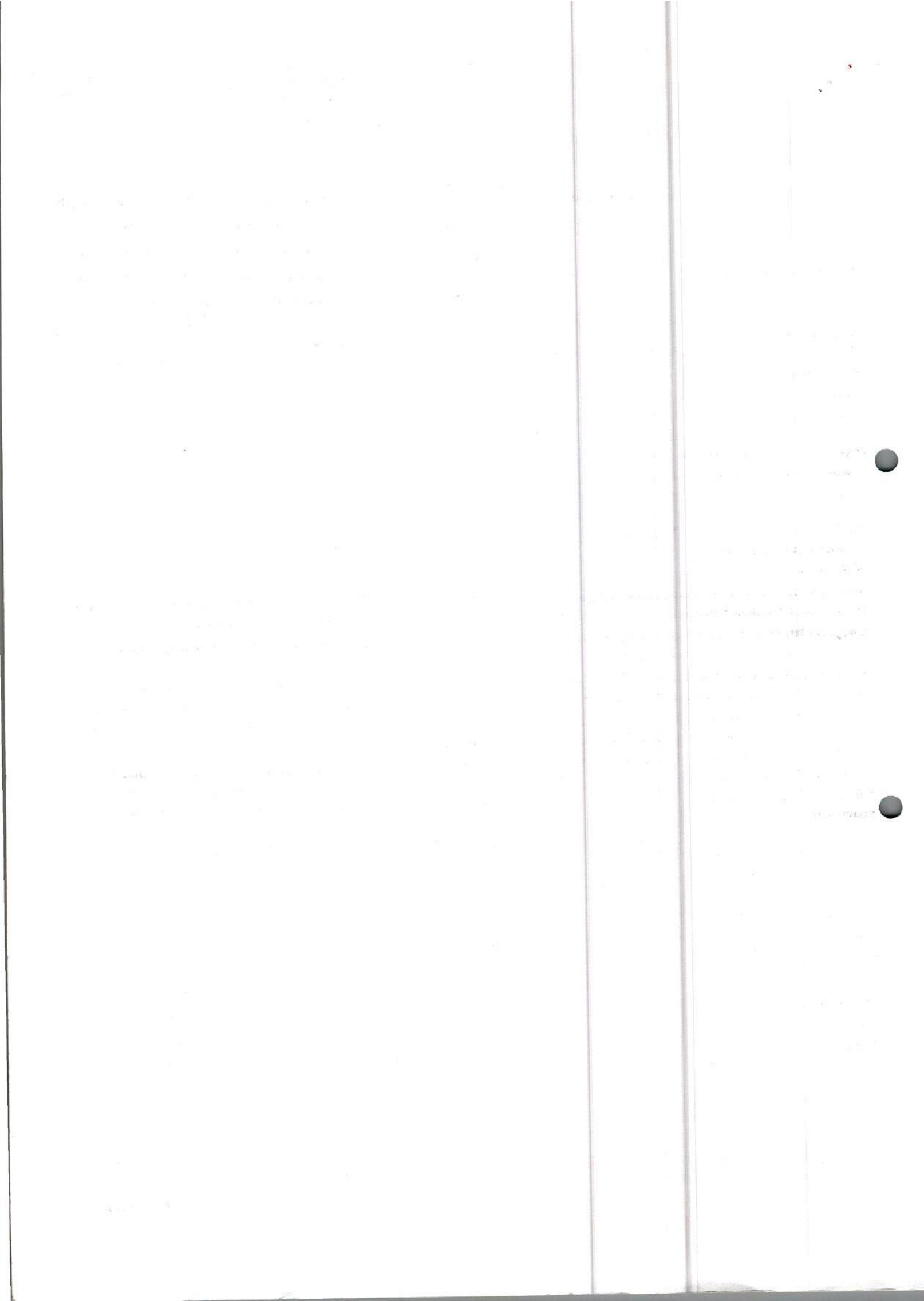
EMERGENCY 24 HOURS

TIMINGS : 8.00 AM TO 8.00 PM

Facility Available (Hematology, Serology, Cytology, Bio-Chemistry, Elisa, Hormones & Microbiology)

Chandigarh-Delhi Highway, Back Side of Jugraj Dhaba, Opp. Haldiram, Derabassi | E-mail : wellcareclinicallab14@gmail.com

Home Collection Facility Available on Appointment : +91 98573 62100, +91 98729 96010





# WELLCARE CLINICAL LAB

Fully Computerized Lab

Wishing you a good health & happiness

AN ISO 9001:2015 CERTIFIED CLINICAL LAB



**Dr. Ankit Aggarwal** (Consultant Pathologist) MBBS, DCP

CERTIFICATE No:- QMS-WCL-2209152

## TESTS REPORT

Patient Name : MR. PARMINDER KUMAR DC-29

Age / Gender : 54 years / Male

Patient ID : 1044

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : OCT 11, 2022, 04:26 P.M.

Receiving Time : OCT 11, 2022, 04:26 P.M.

Reporting Time : OCT 11, 2022, 05:08 P.M.

Sample ID :



| Test Description   | Value(s) | Reference Range |
|--|----------|-----------------|
| HIV - 2 Antibody<br>Method : -   |          | NON-REACTIVE    |
| <b>HBSAG RAPID TEST</b>  |          |                 |
| Hepatitis B Surface Antigen(HBsAg) RAPID<br>Method : Method: Immunochromatographic |          | NON-REACTIVE    |
| <b>HCV RAPID TEST</b>  |          |                 |
| Hepatitis C Virus Antibody (Anti HCV) Rapid<br>Method : Method:Rapid Tri-line      |          | NON-REACTIVE    |

### 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 Card 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:

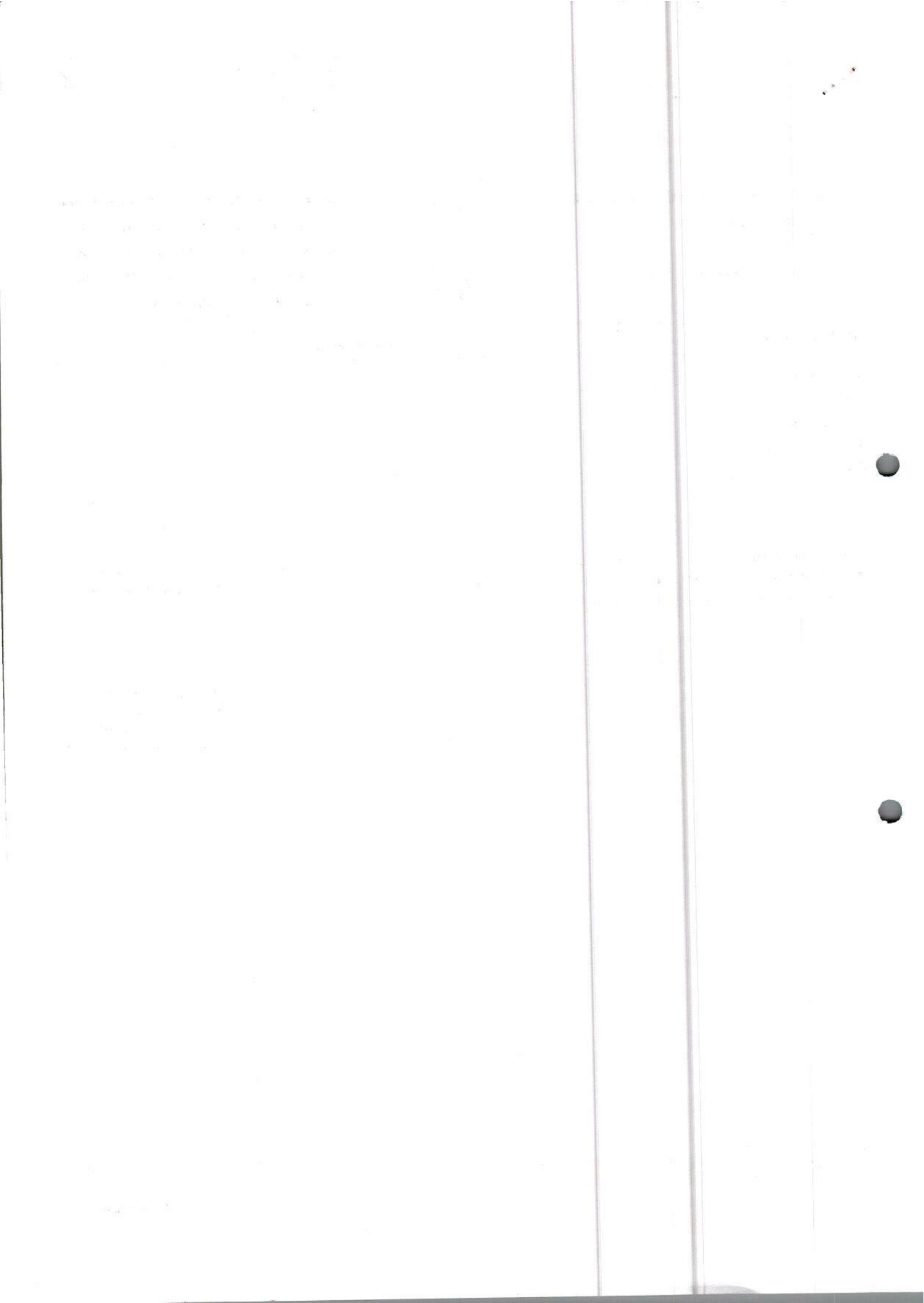
|                     |             |                 |      |
|---------------------|-------------|-----------------|------|
| Colour of Urine     | Pale Yellow | Straw to Yellow | /HPF |
| Visually Appearance | Clear       | Expected Clear  | /HPF |
| Reaction (pH)       | Acidic 5.0  | 5.0 - 8.0       | /HPF |
| Specific Gravity    | 1.005       | 1.000 - 1.030   | /HPF |
| Protein             | Trace       | Expected Absent | /HPF |
| Glucose             | Absent      | Expected Absent | /HPF |

NOT VALID FOR MEDICO LEGAL PURPOSE

EMERGENCY 24 HOURS

TIMINGS : 8.00 AM TO 8.00 PM

Facility Available (Hematology, Serology, Cytology, Bio-Chemistry, Elisa, Hormones & Microbiology)  
Chandigarh-Delhi Highway, Back Side of Jugraj Dhaba, Opp. Haldiram, Derabassi | E-mail : wellcareclinicallab14@gmail.com  
Home Collection Facility Available on Appointment : +91 98573 62100, +91 98729 96010





# WELLCARE CLINICAL LAB

Fully Computerized Lab

Wishing you a good health & happiness

AN ISO 9001:2015 CERTIFIED CLINICAL LAB



CERTIFICATE No:- QMS-WCL-2209152

**Dr. Ankit Aggarwal** (Consultant Pathologist) MBBS, DCP

## TESTS REPORT

Patient Name : MR. PARMINDER KUMAR DC-29

Age / Gender : 54 years / Male

Patient ID : 1044

Source : Wellcare clinical lab

Scan to Validate



Referral : Dr. HIIMS HOSPITAL CHANDIGARH

Collection Time : OCT 11, 2022, 04:26 P.M.

Receiving Time : OCT 11, 2022, 04:26 P.M.

Reporting Time : OCT 11, 2022, 05:08 P.M.

Sample ID :



| Test Description               | Value(s) | Reference Range |      |
|--------------------------------|----------|-----------------|------|
| <b>MICROSCOPIC EXAMINATION</b> |          |                 |      |
| Pus Cells                      | 1 - 2    | 0 - 2           | /HPF |
| Epithelial Cells               | 2 - 3    | Expected Absent | /HPF |
| Red Blood Cells (RBC).         | -        | Expected Absent | /HPF |
| Casts                          | Absent   | Expected Absent | /HPF |
| Crystals                       | Absent   | Absent          | /HPF |
| Others                         | Nil      | Expected Nil    | /HPF |

**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\*\*

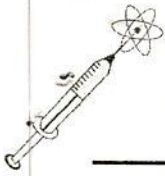
*Ankit Aggarwal*  
**Dr. Ankit Aggarwal**  
(Consultant Pathologist)

NOT VALID FOR MEDICO LEGAL PURPOSE

EMERGENCY 24 HOURS

TIMINGS : 8.00 AM TO 8.00 PM

Facility Available (Hematology, Serology, Cytology, Bio-Chemistry, Elisa, Hormones & Microbiology)  
Chandigarh-Delhi Highway, Back Side of Jugraj Dhaba, Opp. Haldiram, Derabassi | E-mail : wellcareclinicallab14@gmail.com  
Home Collection Facility Available on Appointment : +91 98573 62100, +91 98729 96010



# 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 PANDEY

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

DC-29

NAME : PARMINDER KUMAR      AGE : 54 Y    SEX : M    DATE: 11/10/2022  
REG.NO. : REN-394-22  
ATTENDING HOSPITAL: HIIMS, DERABASSI  
CLINICAL STATUS: CKD, to know functional status, drainage pattern and  
AND differential function WITH GFR CALCULATION

## DYNAMIC RENAL SCINTIGRAPHY

ISOTOPE:  $^{99m}\text{Tc}$ - DTPA

DOSE: 5 mCi

### LEFT KIDNEY

### RIGHT KIDNEY

#### PERFUSION PHASE

|                    |      |      |
|--------------------|------|------|
| VISUALISATION      | poor | poor |
| RELATIVE PERFUSION | poor | poor |

#### UPTAKE PHASE

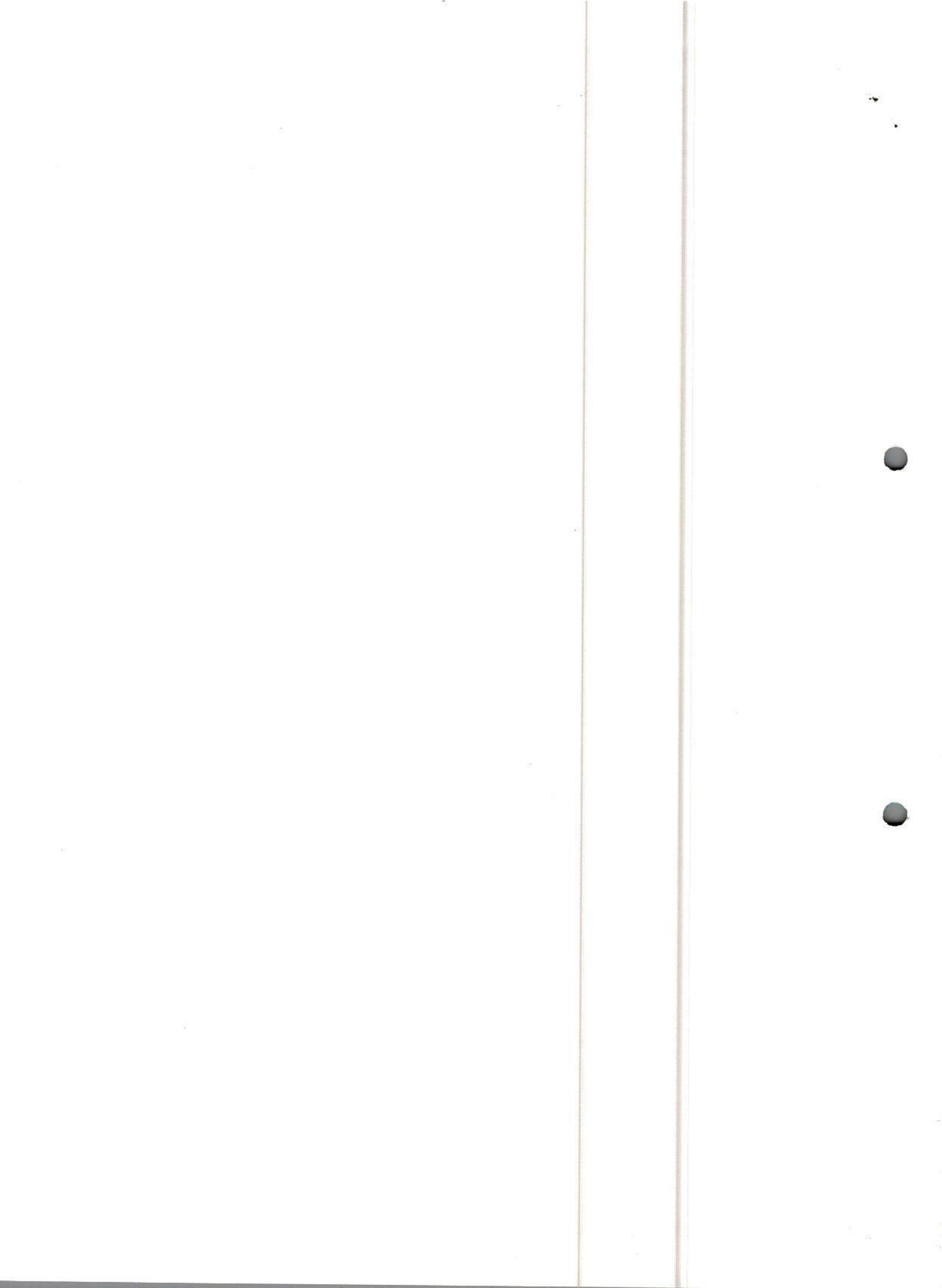
|                            |                |                |
|----------------------------|----------------|----------------|
| SIZE                       | shrunk         | shrunk         |
| SHAPE                      | normal         | normal         |
| POSITION                   | normal         | normal         |
| CONCENTRATION              | poor           | poor           |
| CORTICALMARGIN DELINEATION | poorly-defined | poorly defined |
| SPLIT FUNCTION             | 54.0%          | 46.0%          |

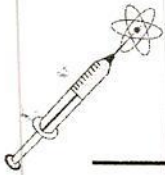
#### EXCRETORY PHASE

|                   |              |              |
|-------------------|--------------|--------------|
| COLLECTING SYSTEM | normal       | normal       |
| DRAINAGE PATTERN  | normal       | normal       |
| DIURETIC RESPONSE | normal       | normal       |
| URETER            | normal       | normal       |
| GFR               | 7.301 ml/min | 6.219 ml/min |

cont on page 2







# 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 PANDEY

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 = 13.5 ml/min/2.25 sq m BSA  
(normal range for BSA and age = 75.0 ml/min + - 17ml/min)

-SPLIT FUNCTION: LEFT KIDNEY = 54.0%  
RIGHT KIDNEY = 46.0%

REPEAT DTPA SCAN AFTER 3 MONTHS 11.01.2023 TO SEE PROGRESSION OR REGRESSION

*Awadhesh Pandey*

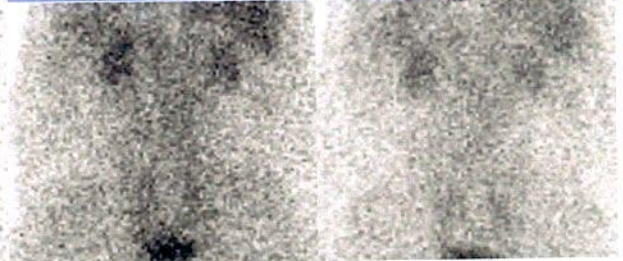
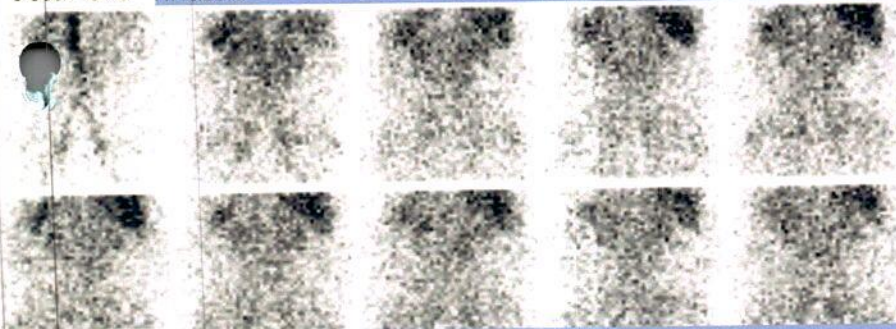
Dr. AWADHESH PANDEY  
Sr. CONSULTANT & HEAD



PARMINDER KUMAR 54Y/M ID: REN-394-22  
 STUDY: Renal Scan STUDY DATE: 11/10/2022

Patient Name: PARMINDER KUMAR 54Y/M Patient ID: REN-394-22  
 Sex: M Age: 054Y  
 Study Name: Renal Scan Study Date: 11/10/2022  
 6 sec/Frame 11/10/2022

Prevoid 11/10/2022 Postvoid 11/10/2022



Prevoid postvoid

Renal Function Curve

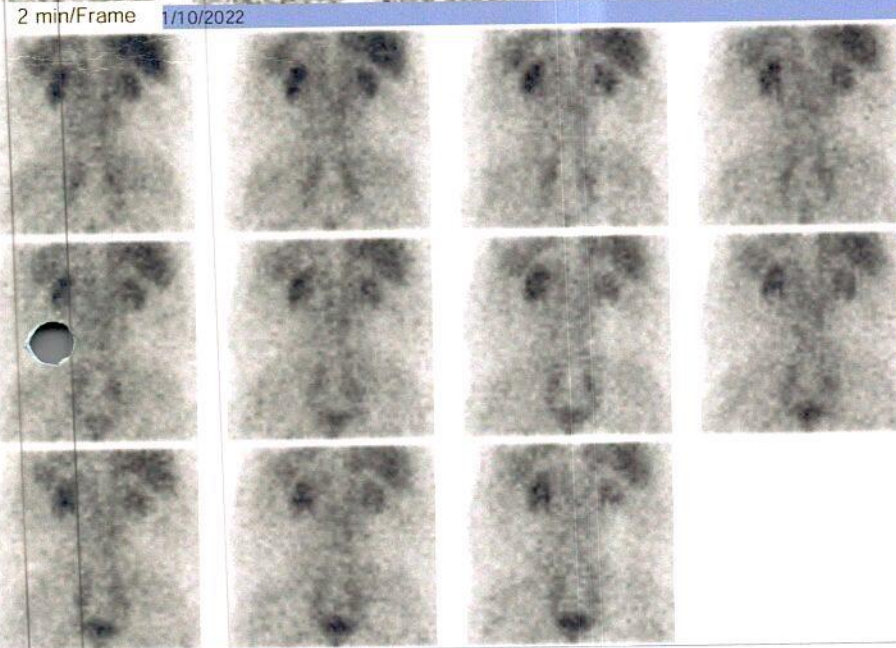
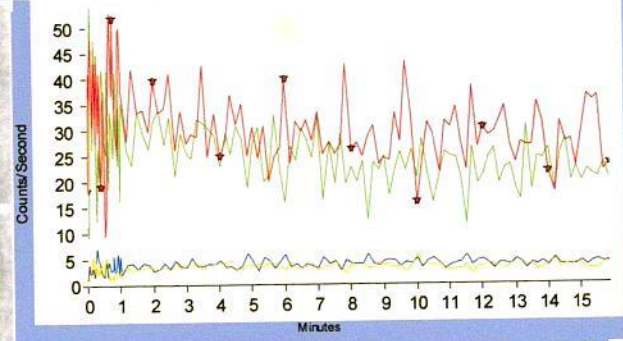


Table of Result Summary

| Parameters                     | Left   | Right  | Total |
|--------------------------------|--------|--------|-------|
| Split Function (%)             | 54.0   | 46.0   |       |
| Kidney Counts (cpm)            | 8235.5 | 7015.3 | 15251 |
| Kidney Depth (cm)              | 8.999  | 9.039  |       |
| Uptake (%)                     | 1.120  | 0.954  | 2.073 |
| GFR (ml/min)                   | 7.301  | 6.219  | 13.5  |
| Normalized GFR (ml/min)        |        |        | 10.4  |
| GFR Low Normal (ml/min)        |        |        | 75.0  |
| Mean GFR (ml/min)              |        |        | 99.0  |
| Time of Max (min)              | 0.701  | 0.133  |       |
| Time from Max to 1/2 Max (min) | 0.190  | 0.033  |       |

Phase 2

