

PATHAN ABDUL GAFFAR

	BEFORE	AFTER GRAD
Hospital Name	Parul hospital, Baroda	VOPD
Medical condition	Dialysis Dependent CKD Patient	Dialysis Free
Medications Taken	Betaloc-25, Ecosprin-150, Dytor 20 BD Eido-Fe, Arkamin	GRAD Therapy (HWI-1hr HDT-2hrs), DIP Diet -50%, Arkamin, Metoprolol
Physical Discomforts/ symptoms	Weakness, weight loss, skin allergy, back pain, swelling on legs & face	Swelling on face
Frequency of Dialysis	2 per week since sept 2021 till 2 nd march 2022	Dialysis free for 1 year and 6 months

Dr. Ami P. Shah
MB, DCP
Consultant Pathologist

Quality Defined
Life Care Laboratory

Patient's Name : **GAFULBHAI PATHAN**
Referred by : **Dr. Pratik D Shah MS, DNB(UROSURGERY)**
Date : **14/07/2021 19:17**

Ref No : **19339**
Age : **40 Years**
Sex : **Male**

PHYSICAL EXAMINATION:

Volume - 20 ml
Colour - Pale Yellow
Blood - Absent
Appearance - Clear
Deposit - Absent

URINE EXAMINATION

CHEMICAL EXAMINATION:

Sp. Gravity - 1.025
Protein - **Present(++)**
Glucose - Absent
Ketone - Absent
Bile Salts - Absent
Bile Pigments - Absent
Reaction - Acidic

MICROSCOPIC EXAMINATION: [After centrifugation at 2000 r.p.m. for 5 minutes]

Pus Cells - 1-2 /H.P.F.
Red Cells - Occ. /H.P.F.
Epithelial Cells - 2-5 /H.P.F.
Casts - Absent
Crystals - Absent
Yeast Cells - Absent
Trichomonas Vag. - Absent
Bacteria - Absent

Dr. Ami P. S
MB,

- High Resolution Ultrasonography
- Colour Doppler
- All Pregnancy Scan
- 3D - 4D Imaging
- Digital X-ray

NAME: ABDULBHAI PATHAN

DATE: 20-Jul-21

AGE: 40 YRS/MALE

ULTRASONOGRAPHY OF K.U.B

KIDNEYS:

Right kidney measures: 7.8 x 4.1 cms.

Left kidney measures: 8.7 x 4.9 cms.

Right kidney is marginally small in size. Left kidney is normal in size.
Both kidneys show normal position.

There is raised bilateral renal cortical echogenicity (echogenicity is more than liver).
Corticomedullary differentiation is preserved bilaterally.

Renal cortical thickness seen in the right kidney: 8 mm in upper pole, 7 mm in mid pole and 8.4 mm in lower pole.

Renal cortical thickness seen in the left kidney: 9 mm in upper pole, 8.4 mm in mid pole & 8.2 mm in lower pole.

Cortical cyst measuring 8.8 x 5.8 mm seen in the mid pole of right kidney.

No significant calculus or hydronephrosis seen in both kidneys.

Few echogenic foci seen in renal calyces.

No obvious mass lesion seen.

URINARY BLADDER:

Partially distended and appears normal, No evidence of calculus or diverticulum.
Normal urinary bladder wall thickness. Bilateral VUJ are clear.

PROSTATE:

Appears normal in size, shape and morphology. Volume approx. = 13.8 cc.

Pre void Urine volume = 145 cc,

Post void residue = 04 cc.

IMPRESSION:

Findings represent renal parenchymal disease (medical renal disease).

DR ASHISH BHALODIYA
Consultant Radiologist

Patient's Name : REHAN PATHAN
Age/Sex : 14 Years Male
Ref By : DR JAVED DIWAN
Mobile : 9898701807

Reg. Date : 24/06/2021
Reg. Time : 09:58
Report Date : 24/06/2021
Report Time : 14:42

WIDAL SLIDE TEST

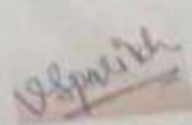
TECHNIQUE: Rapid slide method

<u>ANTIGEN</u>	<u>AGGLUTINATING TITRE</u>	<u>SIGNIFICANT TITRE</u>
Salmonella typhi 'O'	: 1:40	1:80 or More
Salmonella typhi 'H'	: 1:40	1:80 or More

RESULT: The test is Negative

INTERPRETATION

'H' & 'O' agglutinins appear in the serum after 6-7 days. Increase into peak in third to fifth weeks, then gradually fall for several weeks. There is no increase during relapse.
'O' agglutinins appear before 'H' and is usually higher at first. Later on 'H' is higher.
Usual criteria for diagnosis is both 'O' and 'H' 1:80 or more.
Positive reaction could occur on account of typhoid vaccination or previous typhoid infection. Nonspecific febrile disease may cause this titre to increase. (Anamnestic reaction)
Rising titre may be necessary for proper evaluation.
Early treatment with specific drug may cause titre to remain negative.
Increase in 'O' titre may reflect infection with any Salmonella organisms.
Urine or Stool culture is preferable when illness of more than four weeks duration.


Dr. VISHVA PARIKH
M.B.D.C.P (PATHO)
G-22784

-----End of Report-----



SNEH LABORATORY

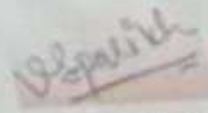
an ISO 9001:2015 certified Lab
+91 6351219337 or +91 9662981217
Call 24x7 for free home visit
write us: snehlab2017@gmail.com

Patient's Name : REHAN PATHAN
Age/Sex : 14 Years Male
Ref By : DR JAVED DIWAN
Mobile : 9898701807

Reg. Date : 24/08/2021
Reg. Time : 09:08
Report Date : 24/08/2021
Report Time : 14:42

HEMOGRAM

Test Name	Result	Units	Biological Reference Interval
Hemoglobin :	2.2	g/dl	[12.5-16.1]
Total RBC Count :	5.35	mill/cmm	[4.2-5.6]
Blood Indices			
P.C.V. :	31.3	%	[36-47]
M.C.V. :	58.5	femtolitre	[78-95]
M.C.H. :	18.13	pg	[26-32]
M.C.H.C. :	31	g/dl	[32-36]
R.D.W. :	18.3	%	[11.5-14.0]
Total WBC Count :	9120	/cmm	[4000-10000]
Differential WBC Count			
Polymorphs :	57	%	[60 - 70]
Lymphocytes :	36	%	[20 - 40]
Eosinophils :	03	%	[1 - 4]
Monocytes :	04	%	[2 - 6]
Basophils :	00	%	[0 - 1]
Platelet Count :	329000	/cmm	150000-450000
MPV :	10.1	fl	
PCT :	0.332	%	
PDW :	15.2	%	


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SNEH LABORATORY

an ISO 9001:2015 certified Lab
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Call 24x7 for free home visit
write us: snehlabs2017@gmail.com

Patient's Name : REHAN PATHAN
Age/Sex : 14 Years/Male
Ref By : DR JAVED DWAN
Mobile : 9898701807


Reg. Date : 24/08/2021
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Malarial Antigen test

Test Name	Result
MP by CARD :	Negative

BIOCHEMICAL TESTS

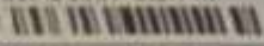
Test Name	Result	Units	Biological Reference Interval
C.R.P Test : (C Reactive Protein)	7.39	mg/L	0.0 - 5.0


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G-22784

-----End of Report-----

PARUL SEVASHRAM HOSPITAL
 Parul Institute of Medical Sciences & Research
 Central Clinical Laboratory

Patient Name : MR. ABDULBHAI GAFUR PATHAN
 Age / Sex : 40Y 1M 27D / Male
 P/Reg.No/UHID : 21/1219069/P5M3703/UHID1143210
 Lab No. : LA21021854
 Referred By : Dr. KANUGIR R GOSAI
 Bed Catg./No : GW-MED-M/MMW4(DIALYSIS-AB)

Bill No. : 64597
 Sample Collected Date Time : Oct 8 2021 6:32PM
 Sample Received Date Time : Oct 8 2021 6:37PM
 Report On : Oct 8 2021 6:44PM
 Bill Creation Date : Oct 8 2021 6:27PM
 Barcode : 

Test Name	Results	Units	Biological Reference
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IMMUNOLOGY

Type Of Sample : Serum

S.Ferritin 77.60 ng/ml

Interpretation : Interpretation :
 Adult Male :20-250 ng/ml
 Adult Female:10-120 ng/ml

Method :CIA

The ferritin test measures the level of ferritin, the major iron storage protein in the body.
 High levels of ferritin can indicate an iron storage disorder, such as hemochromatosis, or a chronic disease process.

Low levels of ferritin are indicative of iron deficiency, which causes anemia (a reduction in the number of oxygen-carrying red blood cells).

Serum ferritin is also a well known inflammatory marker, but it is unclear whether serum ferritin reflects or causes inflammation, or whether it is involved in an inflammatory cycle.

-----End of the Report-----