

RAJU SAHU

	BEFORE	AFTER GRAD
Hospital Name		HIIMS Lucknow
Medical condition	Dialysis dependent chronic kidney disease	Dialysis free
Medications Taken	Urimax, Febuget, Rosycap, Sodofix, Gudrich, Forokind, dytor, Sivanur, Zolipidum, Novomix	HWI, HDT, DIP Diet, Ayurvedic Medicines
Physical Discomforts/ symptoms	weakness, swelling in whole body, pain in legs & vomiting	Feels energetic
Frequency of Dialysis	2 dialysis in a week	Dialysis Free
Investigations	KFT Creatinine 9.3, DTPA	KFT Creatinine 5.10

Dr. Raju Sahu GI/M.

HUMS Lucknow — Dr. Ishinath Shivhare

KIC10 CKD/T2DM/HTN

Highest Creat. 9.3

lowest HB 7.0

Admission date → 16/07/2023

Discharge date → 23/07/2023

W/S — 1.5 dm.

U/O — Norml.

	16/07/2023	23/07/2023
HB	11.5	8.7
Urea	74	90
Creat	5.9	5.30
Na	136	141
K	4.1	4.68

* Allopathic Medicine

- Tab Ubimax 0.4mg
- Tab Gemvich K2-7
- Tab Rasycap 10/75mg
- Tab SodaFR - 500mg
- Tab Dytar 100mg
- Tab Sevaniar 800mg

* No Dialysis since Discharge

Followed → HWI 2 hours/day — 1 month [CKD diet positive. millets]

HOT — 1 hour regular continue

Now Patient Stable → not found any complication
All Reports attached.

WELLCARE CLINICAL LAB

Khasra No. 1039, Kamlabad Badhauri, Sitapur Road, Lucknow,
Uttar Pradesh-226201, Contact No.: +91 98573 62100
Email : wellcareclinicalabd5573@gmail.com



CERTIFICATE No. QMS-WCL-228

LABORATORY REPORT

Patient Name : MR. RAJU SAH
Age / Gender : 61 years / Male
Patient ID : 5138
Source : DIRECT

Scan to Validate



Referral : Dr. HIIMS HOSPITAL LUCKNOW
Collection Time : JUL 16, 2023, 02:49 P.M
Receiving Time : JUL 16, 2023, 02:49 P.M
Reporting Time : JUL 16, 2023, 03:47 P.M
Sample ID :



10393

Investigations	Result(s)		
Complete Blood Count(CBC)			
Hemoglobin (HB)	11.5	13.0 - 17.0	g/dL
Total Leucocytes Count (TLC)	12000	4000 - 11000	/cmm
DIFFERENTIAL COUNT			
Neutrophils	67	40 - 75	%
Lymphocytes	24	20 - 45	%
Monocytes	07	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	00	0 - 1	%
Total RBC Count	3.71	3.50 - 6.50	Mill/Cumm
Platelet Count	1.64	1.50 - 4.50	Lacs/Cumm
PCV/HCT	31.0	35.0 - 47.0	%
Red cell distribution width (RDW)	12.9	13.0 - 18.0	%
Mean corpuscular volume (MCV)	83.5	76.0 - 96.0	fl
Mean Corpuscular Hemoglobin (MCH)	29.8	27.0 - 32.0	pg
Mean Corpuscular Hemoglobin Concentration(MCHC)	35.7	30.0 - 35.0	%
Microscopy Fully Automated Hematology Analyser alfa swelab double chamber 3 Part			
RENAL FUNCTION TEST (RFT)			
Serum Urea Method : Method: Urease/ UV	74.00	15.0 - 46.0	mg/dl
Serum Creatinine Method : Method: Enzymatic	5.90	0.70 - 1.60	mg/dL
Serum Uric Acid Method : Method: Uricase/ Peroxidase	5.10	3.0 - 7.2	mg/dL
Liver Function Test (LFT)			
Total Bilirubin	0.32	0.20 - 1.00	mg/dL
Direct Bilirubin	0.12	0.00 - 0.60	mg/dL
Indirect Bilirubin	0.20	0.00 - 0.80	mg/dL
AST (SGOT)	31.70	15.0 - 50.0	IU/L
ALT (SGPT)	26.80	15.0 - 50.0	IU/L
Alkaline Phosphatase (ALP) Method :-	79.10	0.00 - 150.0	U/L
Total Protein	8.20	6.4 - 8.2	g/dL
Albumin	4.32	3.4 - 5.0	g/dL

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 possible remedial advice. • This reports is not valid for medico-legal purposes. • Wellcare Clinical Lab not its employees assume any liability to for any loss or damage that may be incurred by any person as a result of gross the misreading or misprints of the 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 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 authorized sign

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Investigations	Result(s)
Globulin	3.80 1.8 - 3.8 g/dL
A/G Ratio.	1.11 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 C, Alcoholic liver disease and Non alcoholic fatty liver disease

Lipid Profile

COMPLETE LIPID PROFILE

Total Cholesterol	141.00	Desirable : Upto 200 Borderline: 200 - 239 High : \geq 240	mg/dL
HDL Cholesterol	35.0	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: > 60	mg/dL
Triglycerides	117.00	Normal : < 150 Borderline : 150 - 199 High : 200 - 499 Very High : \geq 500	mg/dL
LDL Cholesterol	82.60	Optimal : < 100 Near optimal: 100 - 129 Borderline : 130 - 159 High 160 - 189 Very High : \geq 190	mg/dL
VLDL Cholesterol	23.40	6.0 - 38.0	mg/dL
CHOL / HDL Ratio	4.03	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 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 high 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

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Investigations	Result(s)	Unit
GLOMERULAR FILTRATION RATE (eGFR)	9	mL/min/1.73

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 (>= 18 years) with Chronic Kidney Disease (CKD). 2. MDRD equation is most accurate for GFR <= 60 mL/min/1.73m². 3. Recalculation of est 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 confound 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 : -

HIV - 2 Antibody

Method : -

NON-REACTIVE

NON-REACTIVE

HBsAG RAPID TEST

Hepatitis B Surface Antigen(HBsAg) RAPID

Method : Method: Immunochromatographic

NON-REACTIVE

HCV RAPID TEST

Hepatitis C Virus Antibody (Anti HCV) Rapid

Method : Method: Rapid Triline

NON-REACTIVE

DISCLAIMERS BY LABORATORY TESTING & REPORTING
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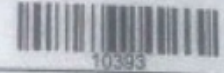
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Investigations

Result(s)

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 characteristic 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	Yellow	Straw to Yellow	/HPF
Visual Appearance	Hazy	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

WBC Cells	30 - 35	0 - 2	/HPF
Epithelial Cells	2 - 3	Expected Absent	/HPF
Red Blood Cells (RBC)	Absent	Expected Absent	/HPF
Leucocytes	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 the chemical composition. Normal urine can vary from pale light yellow to a dark amber color. Highly concentrated urine has a darker yellow appearance.

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LABORATORY REPORT

Patient Name : MR. RAJU SAH
 Age / Gender : 51 years / Male
 Patient ID : 5138
 Source : DIRECT

Scan to Validate



Referral : Dr. HIMB HOSPITAL LUCKNOW
 Collection Time : JUL 16, 2023, 02:49 F
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 Sample ID :



Investigations

Result(s)

Intact Parathyroid Hormone (IPTH)

Parathyroid hormone (IPTH) 496.6 12.0 - 88.0 pg/ml

Method : METHOD: CLIA, on Beckmen Coulter Access-2

Interpretation:

The PTH test measures the level of parathyroid hormone in the blood. Parathyroid hormone (PTH) is released by the parathyroid glands. The 4 tiny parathyroid glands are located in the neck, near or attached to the back side of the thyroid gland. The thyroid gland is located in the neck, just above where your collarbones meet in the middle. PTH controls calcium, phosphorus, and vitamin D levels in the blood. It is important for regulating bone growth. Your provider may order this test if: You have a high calcium level or low phosphorus level in your blood. You have severe osteoporosis that cannot be explained or does not respond to treatment. You have kidney disease. To help understand whether your PTH is normal, your provider will measure your blood calcium at the same time.

ABO & Rh Grouping

Blood Group (ABO group)

" B "

Rh Type (D)

POSITIVE

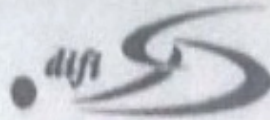
Method : Hem-agglutination tube method (Forward and reverse grouping)

"END OF REPORT"

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

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DELHI • LUCKNOW • DEHRADUN

DELHI INSTITUTE OF FUNCTIONAL IMAGING

PATIENT'S NAME: RAJU SAHU	AGE/SEX: 61 YRS/MALE
REF. BY: HIIMS HOSPITAL	REG. ID: 23030008928
TEST NAME: RENAL DTPA SCAN	EXAM. DATE: 16-07-2023

RENAL DTPA SCAN

CLINICAL DETAIL:

CKD.

PROCEDURE:

Renography was performed after injection of 5 mCi of ^{99m}Tc -DTPA i.v. with frusemide intervention at the time of tracer injection (FO protocol). Initial blood flow (1sec/frame x 1 min) and uptake phases (60sec/frame x 20minutes) were acquired followed by delayed static acquisitions till 2 hours. Data were recorded and processed with a computer to generate the renogram curves, relative uptake, T_{max} , and $T_{1/2}$.

FINDINGS:

Significant raised background tracer activity noted.

Left kidney: Left kidney appears small, shrunken, normal in location, and shows severely impaired perfusion and parenchymal radiotracer uptake with slow clearance of radiotracer from the pelvicalyceal system.

Right kidney: Right kidney appears small, shrunken, normal in location, and shows severely impaired perfusion and parenchymal radiotracer uptake with slow clearance of radiotracer from the pelvicalyceal system.

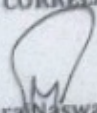
	Left Kidney	Right Kidney	Global
GFR (ml/min): [Normal range: 82-126]	6.40	6.68	13.08
Differential Function (%):	49.0	51.0	100

IMPRESSION:

SEVERE GLOBAL RENAL IMPAIRMENT.

BILATERAL SMALL KIDNEYS WITH SEVERELY IMPAIRED FUNCTION WITH SLOW UPPER OUTFLOW TRACT PCS CLEARANCE.

PLEASE CORRELATE


Dr. Niraj Naswa, MD
Consultant Nuclear Medicine.

