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

Pt. Raju Sahu 61/M.

HUMS Lucknow — Dr Abhishek Shivhare

K/C/O CKD V/T2DM/HTN

Highest Cret - 9.3

Lowest HB 7.0

Admission date → 16/07/2023

Discharge date → 23/07/2023

	16/07/2023	23/08/2023
HB -	11.5	8.7
Urea -	74	90
Cret -	5.9	5.10
Na -	136	141
K -	4.1	4.68

W/S — 1.5 Ltr.

U/O — Nrml.

* Allopathic Medicine
Tab Urimax 0.4mg
Tab Cernivich K2-7
Tab Rasycap 10/75mg
Tab Soda FK - 500mg
Tab Dytor 100mg
Tab Sevanjer 800mg

* No Dialysis since Discharge

Followed → HWI 2hours/day — 1month [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 Badhauli, Sitapur Road, Lucknow,
Uttar Pradesh-226201, Contact No.: +91 98573 62100
Email : wellcareclinicallabd5573@gmail.com

AN ISO 9001:2015 CERTIFIED CLINICAL

CERTIFICATE No:- QMS-WCL-220

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 :

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)			
Blood 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

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CERTIFICATE No:- QMS-WCL

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

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 Hepatit 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 : >/= 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 : >/= 500	mg/dL
LDL Cholesterol	82.60	Optimal : < 100 Near optimal: 100 - 129 Borderline : 130 - 159 High 160 - 189 Very High : >1= 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 Cholestrol

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 (pas 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 l 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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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
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Sample ID :

Investigations	Result(s)		

surgery infection, injury or pregnancy to check HDL levels. HDL is a lipoprotein (acombination 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 low risk of heart and blood vessel disease.

w 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.Blo 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 blooc 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 ris 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 resi wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check triglyceride levels. Triglycerides are a type of fa 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 h due to being overweight, having thyroid or liver disease and genetic conditions.

COMENT:

Electrolytes			
Sodium (NA+)	136.4	136.0 - 146.0	mEq/L
Method : Method: ISE Direct			
otassium (K+)	4.16	3.50 - 5.50	mEq/L
Method : Method: ISE Direct			
Chloride (CL)	105.1	96.0 - 108.0	mEq/L
Method : Method: ISE Direct			

Method:
ISE Indirect

Interpretation
Sodium measurements are used in the diagnosis and treatment of aldosteronism (excessive secretion of the hormone aldosterone); diabe 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 condit 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)

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CERTIFICATE No.- QMS-WCL-23

LABORATORY REPORT

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

Scan to Validate

Referral : Dr. HIIMS HOSPITAL LUCKNO
Collection Time : JUL 16, 2023, 02:49 P
Receiving Time : JUL 16, 2023, 02:49 P
Reporting Time : JUL 16, 2023, 03:47 P
Sample ID : 10393

Investigations		Result(s)	
GLOMERULAR FILTRATION RATE (eGFR)	9	> 90.0	mL/min/1.73
Method : Method:Compensated Jaffe's reaction, IDMS traceable			

REFRANCE RANGE IN DETAIL.

Normal Kidney Function: > 90.00 (No proteinuria)
Kidney Damage with normal or high GFR: > 90 (Presence of Protein, albumin, cells or casts)
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 (>= 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 GFR. It does not require weight as a variable and yields an estimated GFR normalized to 1.73m2 body surface area. Using serum cre alone gives a poor inference of GFR because they are inversely related and effects of age, sex and race on creatinine production con 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	
HCV RAPID TEST	
Hepatitis C Virus Antibody (Anti HCV) Rapid	NON-REACTIVE
Method : Method:Rapid Tri-line	

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CERTIFICATE No.- QMS-WEL

LABORATORY REPORT

Patient Name : MR. RAJU SAH	Scan to Validate	Referral : Dr. HIIMS HOSPITAL LUCKN
Age / Gender : 61 years / Male		Collection Time : JUL 16, 2023, 02:49
Patient ID : 5138		Receiving Time : JUL 16, 2023, 02:49
Source : DIRECT		Reporting Time : JUL 16, 2023, 03:47
		Sample ID : 10393

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
This is a screening assay, all positive result should be confirmed by other supplementry methods like Western Blot Assay / HIV PCR.
Negative test result does not exclude the possibility of exposure to or infection with Hepatitis B Virus. levels of HbsAg may be undet 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 andadults are cau Hepatitis A Virus (HAV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV). Hepatitis B Virus was discovered by Blumberg, et al. A antigen known as the Hepatitis B Surface Antigen (HBsAg) found on the surface of HBV is the first to be detected. The presence of H 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. Th 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. Anot 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
isually Appearance	Hazy	Expected Clear	/HPF
eaction (pH)	Acidic 5.0	5.0 - 8.0	/HPF
pecific Gravity	1.005	1.000 - 1.030	/HPF
rotein	Present(++)	Expected Absent	/HPF
lucose	Absent	Expected Absent	/HPF
ICROSCOPIC EXAMINATION			
us Cells	30 - 35	0 - 2	/HPF
pithelial Cells	2 - 3	Expected Absent	/HPF
ed Blood Cells (RBC).	Absent	Expected Absent	/HPF
asts	Absent	Expected Absent	/HPF
rystals	Absent	Expected Absent	/HPF
thers	Nil	Absent	/HPF
		Expected Nil	/HPF

ote:

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

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LABORATORY REPORT

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

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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 Beckman 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 ot respond treatment. You have kidney disease To help understand whether your PTH is normal, your provider will measure your blood calcium a 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 Agga
(Consultant Patho

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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 (F0 protocol). Initial blood flow (1sec/frame x1 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 $T_{½}$

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.

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