

PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

1. Dr. Jagveer Singh Verma [Name] CMO/CMS.
have perused the documents presented before me by Sri Mrs Nancy Dhuma [Name]
of the Officer] ID No. UP-2253 Designation Civil Judge Sr Division
and place of posting Dist Court Aligarh OR on his behalf by
Sri Relation with the officer herself
Phone No. 9718898040

I. I have personally examined Sri/Smt./Sushri. Nancy Dhuma who is suffering from the disease/syndrome/disability CPNE Rt Atherosclerosis and in my opinion she may require frequent hospitalization for treatment/management.
[Name of the disease] Kidney CKD & Hypertension & Hypothyroidism.
Renal Transplantation done on 12/9/23 at Vash Hospital.
Receiving TH from AIIMS Delhi. All papers ATT attached.
II. I also verify that Sri/Smt./Sushri. Nancy Dhuma is suffering from the disease/syndrome/disability/disorder Chronic Kidney Disease and the disease(s) find(s) mention at [Name of the disease] (CKD). and the disease(s) find(s) mention at paragraph no. VIII of the Annexure-I enclosed herewith.

III. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his/her application submitted to Honble High Court.

IV. The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely Delhi, Gurgaon.

V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.

VI. This document shall be valid only for months only.

Signature of Chief Medical Superintendent (G.M. DALRI DURGACH HOSPITALS)
Name: Dr. Jagveer Singh Verma
ID No.: 42984
Designation: CMO/CMS
Telephone No. 9717833921
Mobile No. 9717833921

1. Concerned District Judge Officers in equivalent rank to get these documents from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.

Dated: 23.02.2024

From:

Civil Judge (S.D.),
Aligarh.

To,

Hon'ble Registrar General
High Court of Judicature at
Allahabad.

Through,

Respected District Judge,
Aligarh.

Subject:

REGARDING ANNUAL TRANSFER BASED UPON MEDICAL
GROUND OF CHRONIC RENAL FAILURE AND RENAL
TRANSPLANT AS PER HON'BLE HIGH COURT LETTER -
94/ADMIN. (SERVICES)/2024; DATED: FEBRUARY 9, 2024.

Sir,

Most humbly and respectfully it is submitted that the applicant is due for transfer this year after completion of normal tenure of 03 years at District Aligarh and the applicant has filed the list of stations on the portal prior to 31st December 2023 as directed by the Hon'ble Court. This application is being presented in compliance of the letter of Hon'ble Court – 94/Admin. (Services)/2024; Dated: February 19, 2024.

The applicant has been suffering from Chronic Renal failure since 2019 and since then the applicant was under the treatment at AIIMS Delhi. In January 2023 the stage of renal failure was CKD-5 and at AIIMS Dr. Sandeep Mahajan recommended Renal Transplant. As there was huge waiting in AIIMS, Delhi the family of the applicant took her to Hyderabad where the treatment started at Yasodha Hospital, Samajiguda. The applicant was put up on Hemodialysis from May to September, 2023. Applicant's younger brother Saurav Dhunna agreed to donate his Kidney but due to some medical issues he was rejected as a potential donor. After this Applicant's another younger brother Dilip Dhunna came forward and agreed to donate his kidney. After various complications the Renal Transplant was done on 12th September 2023. The Applicant was hospitalized for 10 days and was under close followup as she is in a rare genetic group as her tacrolimus levels were not rising which was important for the acceptance of the kidney transplant. The applicant was on medical leave from 10th April to 09th November 2023. The applicant came back to Delhi on 12th October 2023 and was on regular online consultation with her Dr. P. Nageshwar Reddy and also Dr. Deepak Kalra, Fotish Shalimar Bagh, Delhi. After the completion of vulnerable 03 months the applicant again started her treatment in AIIMS, Delhi under Dr. Sandeep Mahajan.



The applicant has been advised weekly tests and followups every month at AIIMS by Dr. Prof. Sandeep Mahajan.

The applicant is unmarried and living alone. The applicant's parents live in Delhi with her brothers and the applicant needs a close supervision at this vulnerable period as it has not even been 06 months since her Renal Transplant. After the Renal Transplant the applicant is very vulnerable to various infections. Also the applicant need close followup at AIIMS, Delhi and also laboratory testings of tacrolimus levels which are not available in every lab.

The applicant will be highly obliged if the Hon'ble Court considers the prayer of the applicant by giving her posting near Delhi as her treatment is going on AIIMS, Delhi and also in hour of any need and emergency applicant's family can reach her instantly.

With utmost regards.

Nancy Sharma
23/02/24

Civil Judge (S.D.),
District Court, Aligarh

अ० बा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
अस्पताल में अस्वच्छता को रोकना प्रतिषेधित है / UNCLE TOM'S COTTAGE IS PROHIBITED IN HOSPITAL PREMISES

Form No. 101 (Rev. No. 01/2012) Reg. No. 1213/2012 CPR-6
 Name/Dept. Age Reg. No./O.P.D. Reg. No.
 Date Sex Address

Pt. No./Diagnosis → L.A.E.T. (bilateral done 12/12/23).
 CAEVT - (C) atypical local. Hypostyloid

Date	Prescription / Treatment
15/12/23	T. Thiocyanate 25mg qm / Treatment T. Hydrocortisone 10mg OD T. Sulfonamide (B1) A/B. T. Difenhydramine 50mg TDS T. Aspirin 100mg B.D. T. E.C.M. B.D. Continue all 3 wks.
15/12/23	T. Thiocyanate 25mg qm T. Hydrocortisone 10mg OD T. Sulfonamide (B1) A/B. T. Difenhydramine 50mg TDS T. Aspirin 100mg B.D. T. E.C.M. B.D. Continue all 3 wks.

Info/Note:
 KTx
 Tare kend
 after 2 wks

श्री अरवि खलु धर्मसाधन

Dr. SUDIP KUMAR
 Professor
 Dept. of Nephrology
 A.I.I.M.S. Hospital
 New Delhi-110029

Dr. SUDIP KUMAR
 Professor
 Dept. of Nephrology
 A.I.I.M.S. Hospital
 New Delhi-110029

CLEAN AND GREEN AIMS / एम का गरी संकलन, शक्ति से बचक बन
 अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O., AIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

मेरा अस्पताल
 My Hospital
 meraspatal.nhp.gov.in

**DEPARTMENT OF NEPHROLOGY
DISCHARGE SUMMARY**

400454549

Name : MISS. NANCY DHUNNA Date of Admission : 11/09/2023
IP.No : 149423
Age : 40 Year(s) Female Date of Discharge : 19/09/2023
Address : D/O MR ASHOK DHUNNA Type : Self Paying
51, BHARAT NAGAR, ASHOK
VIHAR, ADRASH NAGAR
NORTH WEST DELHI, ADRASH
NAGAR Delhi
PHONE : 9718898040

YH.No : 400454549

CHIEF CONSULTANT:

Dr. NAGESWARA REDDY P

MD,DM(NIMS), Research Fellow (Mayo Clinic) Consultant Nephrologist

Reg No. 42815

Email: pnraddy@gmail.com

Mobile No: 9502302730

Dr. SURYA PRAKASH VADDI

MS.,FRCSED,MCh,DNB D.Lap (France) Sr.Consultant Urologist,Robotic

& Transplant Surgeon Reg No 36898

Email: suryaprakashuro@gmail.com

Mobile No: 9100589805

DIAGNOSIS:

1. LIVE RELATED RENAL ALLOGRAFT RECIPIENT ON TRIPLE

IMMUNOSUPPRESSANTS(12/09/2023) ✓

NATIVE KIDNEY DISEASE -CIN/CPN ✓

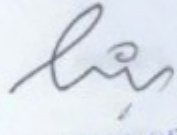
DONOR -BROTHER (ABO) ✓

BASELINE CREATININE-1.1MG/DL ✓

2. ESRD ON MHD 3/WEEK (MAY 2023) ✓

3. HYPOTHYROIDISM ✓

4. SYSTEMIC HTN ✓


RESIDENT MEDICAL OFFICER
YASHODA HOSPITAL
Somajiguda, Hyderabad-500 082

**HISTORY OF PRESENT
ILLNESS:**

MISS. NANCY DHUNNA, presented with ESRD on MHD admitted for LRRT. Detailed evaluation and all medical, legal clearance taken prior to the admission. Cross matches were negative y CDC and Flow cytometry,

DSA negative. Need for life long immunosuppressions, risks and benefits and financial and psychological aspects discussed with the patient.

PAST HISTORY:

ESRD ON MHD 3/WEEK since May 2023.

Known case of Hypothyroidism

Known case of Systemic Hypertension

Physical Examination:

General Examination:

Temp: 98.6°F

PR: 82/min

BP: 120/80mmHg

RR: 20/min

Systemic Examination:

RS: Bilateral air entry adequate

CVS: S1+, S2+

P/A: Soft, BS+

CNS: No focal neurological deficit

INVESTIGATIONS :

11/09/2023	CHLORIDES	105	mmol/L
	SERUM CHLORIDES		
11/09/2023	CREATININE	4.90	mg/dL
	CREATININE		
11/09/2023	POTASSIUM	5.20	mmol/L
	SERUM POTASSIUM		
11/09/2023	SODIUM (SERUM)	142	mmol/L
	SERUM SODIUM		
11/09/2023	BLOOD UREA WITH BUN		
	BLOOD UREA	38	mg/dL
	BUN	18	mg/dL
12/09/2023	PROTHROMBIN TIME (PT) WITH INR		
	Prothrombin Time Test (PT)	13.6	
	Mean Normal Prothrombin Time (MNPT)	13.20	sec
	International Normalised Ratio (INR)	1.03	
12/09/2023	CREATININE		



Color filling, Peak systolic velocities, Spectral wave forms, resistive indices and acceleration time of intrarenal arteries and main renal arteries of transplant kidney are normal.

Renal vein reveals normal color filling.

IVC - patent, normal flow and calibre (13 mm).

IMPRESSION:

*** COLOR DOPPLER STUDY OF TRANSPLANT KIDNEY REVEALS NO DIAGNOSTIC ABNORMALITY.**

SUMMARY OF HOSPITAL COURSE:

Patient was admitted in the kidney transplant unit one day -prior to the transplant. Anesthesia and Urology clearance was done. Tab Myfortic 360mg twice daily was started prior to the transplant along with Tacrolimus. Inj. Solumedrol 625mg was given on POD 0 and later tapering dose of steroids were given. Inj. ATG 50mg given with pre medications. She was shifted to the OT on 12/09/2023 in the morning. Kidney was pink and turgid after clamp release. Intra - operatively had minimal blood loss. Good immediate graft function, with hourly urine output of around 500ml/hr. IV fluids were continued according to urine output.

POD - 0 :

She had minimal pain at graft site. Analgesics and other supportive medications were continued
IV fluids were continued with respect to the urine output
Orally sips of water was started
Tacrolimus tablet restarted from evening

POD - 1 :

She remained clinically stable
She was passing good urine. Drain was around 250 ml
She was started with liquid diet, he tolerated it well.
Oral antihypertensives were added
Urine output 8L/day

POD - 2 :

She remained stable. had no fresh complaints



Urine output was good.6.7L/day
Serum creatinine was 2 mg / dl
Orally soft diet was started

POD - 3 :

Patient remained asymptomatic
She was passing good urine with 6L/day
She was taking good oral diet and was ambulated well.
CMV prophylaxis started

POD - 4:

She remained stable
Urine output 6L/day
Serum creatinine 1.1mg/dl.

POD - 5& 6 &7:

She remained stable
Urine output 6L/day
Serum creatinine 1.1mg/dl
As TLC counts were on higher side showing rising trend, antibiotics escalated

She was regularly underwent baseline investigation, monitoring of tacrolimus trough, USG doppler of transplant Kidney as per need and now being stable she is discharged on following medications with advice to have closed follow up.



RECOMMENDATIONS AT DISCHARGE:

S.NO	DESCRIPTION	DOSE	ROUTE	TIMINGS	DURATION
1.	CAP. TACROREN	4MG-4MG	PER ORAL	TWICE DAILY 1HR BEFORE FOOD(7AM- 7PM)	
2.	TAB. WYSOLONE	40MG	PER ORAL	ONCE DAILY AT 9AM	
3.	TAB. MYFORTIC	360MG	PER ORAL	2-2 TWICE DAILY BEFORE FOOD(7AM- 7PM)	
4.	TAB THYRONORM	100MCG	PER ORAL	ONCE DAILY AT 6AM	
5.	TAB. CONCOR	2.5MG	PER ORAL	TWICE DAILY (8AM-8PM)	
6.	TAB. DILZEM	30MG	PER ORAL	THRICE DAILY (8AM-2PM- 10PM)	
7.	TAB. ARKAMINE (2 tabs)	100MCG	PER ORAL	THRICE DAILY(8AM- 2PM-10PM)	
8.	TAB. BACTRIM DS	1TAB	PER ORAL	DAILY ALTERNATE NIGHTS AT 9PM	
9.	TAB. VALGAN	450MG	PER ORAL	ONCE DAILY AT 2PM	
10.	TAB. SHELCAL	1TAB	PER ORAL	ONCE DAILY	
11.	TAB. OPTINEURON	1TAB	PER ORAL	ONCE DAILY	
12.	SYP. LACTIHEP	15ML	PER ORAL	AT BED TIME	SOS FOR CONTIPATION
13.	TAB. PAN	40MG	PER ORAL	ONCE DAILY BEFORE FOOD	
14.	INJ. ZAVICEFTA 2.15GM IN 100ML NS OVER 1HR TWICE DAILY X 5 DAYS				
15.	INJ. AZTREONEM 2GM IN 100ML NS OVER 1HR TWICE DAILY X 5 DAYS				
16.	T. FORCAN 50mg % OD.				

ADVICE OF DISCHARGE:

TOTAL FLUID INTAKE 5.5L/DAY

REVIEW:

REVIEW ON (21-09-2023) THURSDAY WITH RENAL TYPACKAGE 1/CRP AND BLOOD TAC
LEVEL REPORTS WITH DR. NAGESHWARA REDDY OPD AND DR. SURYA PRAKASH REDDY
OPD

REVIEW AFTER 2 WEEKS FOR SUTURE REMOVAL

REVIEW AFTER 4 WEEKS FOR STENT REMOVAL TO DR SURYA PRAKASH OPD

MONITOR WEIGHT/ BLOOD PRESSURE/ OUTPUT/ TEMPRATURE

For Review visits contact 8121066677/04045674567 (24hrs) for prior appointments.

In case of decreased urine output, fever, nausea, decreased appetite, report to emergency room in ground floor of this Hospital (or) call Emergency room Telephone No. 040-23308944.

CONSULTANT / RESIDENT



Resident Medical Officer
RESIDENT MEDICAL OFFICER
YASHODA HOSPITAL
Somajiguda, Hyderabad-500 082.





अ० भा० आ० सं० अस्पताल / A.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Department
 IN HOSPITAL PREMISES

Med./Pat.

एक/Unit
 विभाग/Dept.
 नाम

Dept. Reg. No. 0170913

Reg. Date-18/03/2020
 Clinic No.

OPR-6



UHD-105156048

सं.क्र./O.P.D. Regn. No. 170913/20
 पता/Address

Dept. NEPHROLOGY
 General

Name Mrs NANCY DHUNNA

DOB 18/03/1984 (F/36Y)

MR. ASHOK DHUNNA

Room 11 Nephrology (Shift Morning)

Phone No. 9718899040

Address 51 BHARATI NAGAR, DELHI, Pin 0, INDIA

Ms Nancy Dhunna

F

36

निदान/Diagnosis

CPN; (R) atrophic gastritis
 (L) Scurvy

HT 2/100, 110/70
 1st visit OPRs

दिनांक/Date

12/1/19

उपचार/Treatment

- 2D Echo
- DMSA scan
- KFT
- Umicr
- Umicc
- S Bicarbonate
- Umic spot
- Huy 2
- Hbs Ag, Ant HCV
- Anti Hbs Ab
- Intact PTH
- 25(OH) Vit D
- ANA, dsDNA

- 0.6gm 4 class protein
 3gm salt 80mg hb
 20kcal/kg diet
- T Centrum 12mg OD
- T. Lupron 2mg BID
- T. Renalog 2 TDS
- Cap Curofort 100mg

- T Androgel long B.D.
- T Concor 5mg
- Few 2 Npats

Dr. Sandcep Mahajan
 14/01/20

Dr. Sandcep Mahajan
 Professor
 Dept. of Nephrology
 AIIMS, Ansari Nagar
 New Delhi-110029

stage 3 chronic kidney disease
 18/12, 18/13, 18/19
 low 3 months
 1st visit 0.5ml after 8 weeks (me i 5 yrs)
 2nd visit 0.5ml after 8 weeks (me i 5 yrs)



C-409

अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



Dept. Reg. No. 0170913

Reg. Date-18/03/2020

OPR-6

Deptt. NEPHROLOGY

C Card No.

General



Name Mrs NANCY DHUNNA

UHID-105156048

W/O- ASHOK DHUNNA

DOB 18/03/1984 (F:36Y)

Phone No. 9718990040

Room 11 Nephrology (Shift Morning)

Address 51 BHARAT NAGAR, DELHI, Pin 0, INDIA

बहिरंग रोगी पंजीकृत सं./O.P.D. Regn. No. 170913/20

उम्र
Age

पता/Address

निदान/Diagnosis

CPN. (R) atrophic atrophy
Ued 3D. (C) scarred

Hypotension
HT, Post byo UDS (P)

दिनांक/Date

03/12/22

Handwritten notes:
Hypertension
KFT
S. bicarbonate
Urea/PTH
25(OH) Vit D
S. Iron
Jent
4 weeks
ferritin

- उपचार/Treatment
- ④ T. Concor Syg 3.D.
 - ⑤ T. Lemon 60K 1 unit.
 - ⑥ Cap. Coampack 1 Bd.
 - ⑦ T. Amluzard 10mg B.D.
 - ⑧ T. Renalog 2 TDS.
 - ⑨ Cap. Endofren 1 Bd.

- ② T. Febuxat 80mg OD.
- T. Madris (2) 1/2
- ③ Cap. Grog 1 Bd.
- T. Auroxin 10mg OD
- Culi alla 3 wts

In CPN 4
x 3 wts

Dr. Sandeep Mahajan
Professor
Deptt. of Nephrology
A.I.I.M.S., New Delhi-29

Dr. Sandeep Mahajan
Professor
Deptt. of Nephrology
A.I.I.M.S., New Delhi-29

11/13/22

Handwritten notes:
UP - 22
ferritin
1 mg Seur
1 in apatin

Handwritten notes:
4 weeks
VIT D
KFT
S. bicarbonate
Hyp

Alte
2 months

Culi alla x 2 wts.

डॉ. सदीप महजन / Dr. SANDEEP MAHAJAN
आचार्य / Professor
* पुस्तक विज्ञान विभाग / Deptt. of Nephrology
अनन्दाश्रम, बरली नगर / A.I.I.M.S., Ansari Nagar
नई दिल्ली-110029 / New Delhi-110029

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अनन्दाश्रम, बरली नगर / A.I.I.M.S., Ansari Nagar
नई दिल्ली-110029 / New Delhi-110029

13/15/22

Handwritten notes:
All pain relieved
for 2 weeks

Handwritten notes:
ferritin 300
one in 3 days 3 wts
but culi alla 3 wts



CLEAN AND GREEN AIIMS / स्वच्छ और हरी AIIMS, स्वच्छता से जीवन बचाव

अंगदान जीवन का सच्चा अर्थ / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26150380, 26593444, www.ortho.org Helpline: 1060 (24 hrs service)

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बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

एकड/Ur
विभाग/Dept

Dept. Reg. No. 0170913

Reg. Date-18/03/2020

Clinic No.

के पंजीकृत सं०/O.P.D. Regn. No.

Deptt. NEPHROLOGY
General



आयु
Age

पता/Address

Name Mrs. NANCY DHUNNA

UHD-105156048

W/O. ASHOK DHUNNA

DOB 18/03/1984 (F /36Y)

Phone No. 9718898040

Room 11 Nephrology (Shift Morning)

Address 51 BHARAT NAGAR, DELHI, Pin 0. INDIA

निदान/Diagnosis

CPN. (R) atrophic kidney hypertensive.
CKD-5. HT Post HTN → Dengyad mortality 72

दिनांक/Date

17/2/23

उपचार/Treatment

HT to esk
Kf
S. bicarbonate
nitrate PTH
urea CR

.T Kanum & TRic meas.
. Dig Ironi 4mg etc.
once in 10 days
. Cap Gwy U 100
.T Concor Sny 2.P.
.T Kanum 60k of mouth.
. Cap Crenpacle-D 1m
. Carbi all x 3 tablets

Am
treatment
.T falyet 80mg os.
.T Metoni (P) 1/2 (3)
.T. ALUxi 200/175 mg os
.T Andogant by 10.
. Cap Cudofate 100.

Alt 4 weeks

डॉ० संदीप महाजन / Dr. SANDEEP MAHAJAN
* आचार्य / Professor *
बृक विज्ञान विभाग / Deptt. of Nephrology
अ० भा० आ० सं०, अंसारी नगर / A.I.I.M.S., Ansari Nagar
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नई दिल्ली-110029 / New Delhi-110029

1/2/23



CLEAN AND GREEN AIIMS / एका का पत्ती संकल्प, स्वच्छता से काया कल्प

अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O R B.O., AIIMS 26588386 26583444 www.orbo.org Helpline - 1060 (24 hrs service)



My Hospital
meraaspatal.nhp.gov.in

25/12/22

Thyroid biopsy + uric acid PTN.

All protein multiplexes
for BUNs test & 3 tests

डॉ० संदीप महाजन / Dr. SANDEEP MAHAJAN
* आचार्य / Professor *
* वृत्त विज्ञान विभाग / Deptt. of Nephrology *
अणुआर्यो, अंशारी नगर / ALLMS, Ansaari Nagar
नई दिल्ली-110029 / New Delhi-110029

12/11/22

Angiophthalmic pyuria

TSH,
ICFT
urea &
umcs.

13/01/23

B.P - 132/96

P.R - 90

intact PTH
umcs & umcs
ICFT
Bicarbonate

After 4 weeks

डॉ० संदीप महाजन / Dr. SANDEEP MAHAJAN
* आचार्य / Professor *
* वृत्त विज्ञान विभाग / Deptt. of Nephrology *
अणुआर्यो, अंशारी नगर / ALLMS, Ansaari Nagar
नई दिल्ली-110029 / New Delhi-110029

17/02/23

B.P - 141/87

P.R - 82

Ans

T Metformin 1000 mg < 3

(i) 'big' Insulin 40mcg six
meals a day

but calcium all x 3 tests

डॉ० संदीप महाजन / Dr. SANDEEP MAHAJAN
* आचार्य / Professor *
* वृत्त विज्ञान विभाग / Deptt. of Nephrology *
अणुआर्यो, अंशारी नगर / ALLMS, Ansaari Nagar
नई दिल्ली-110029 / New Delhi-110029

Ans

T amlisin 175 mg

fosave sachets 3gm once
a day x 3 tests

but all to calcium

Ans

T Sorbircin forte 1gm < 3

T Alopurinol 200/175

T Danum 2TDS x meals

Cap Lantus 0.25mg 2 cap daily bed time

1-9 to Calcium in before x 4 weeks

डॉ० संदीप महाजन / Dr. SANDEEP MAHAJAN
* आचार्य / Professor *
* वृत्त विज्ञान विभाग / Deptt. of Nephrology *
अणुआर्यो, अंशारी नगर / ALLMS, Ansaari Nagar
नई दिल्ली-110029 / New Delhi-110029

डॉ० संदीप महाजन / Dr. SANDEEP MAHAJAN
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नई दिल्ली-110029 / New Delhi-110029

Wed./Sat.

- Hypertension
- KFT
- S. bicombu
- Ume (m)
- Ume SPIT (m)

2 mths

22/3/20
Alte 3 mths

- Cap treatment 0.2mg deep alt day 175
- T. Nadolol (PS) 1gm B.D.
- 7. Analogy 10y B.D.
- T. falyet 4m m.
- T. Eltroxin 150mcg OD
- T. Ranolaz 2 1125
- Cap Andoforti B.D.
- T. Lincor 500 B.D.
- T. Dexam 60K 1/mth
- Culm all 3 mths

27/03/21

- untact PTM
- 25 (or) VED.
- S. bicombu
- KFT
- Hypertension
- Ume (m)
- Ume SPIT (m)
- Ume (s)

Alte 3 mths

Dr. Mahajan

Dr.

- T. Nadolol (PS) < 1
- T. falyet 800 m.
- T. Eltroxin 150mcg OD
- (T to 175 if TSH > 10 after 4 weeks)
- but all to continue 3 mths

Dr. Mahajan

24/8/21

BP - 126/84
Hbse - 75
Monda

All medicines on paper for class as 3 mths

Dr. Sandeep Mahajan
Professor
Lalita-29

Dr.

- T. falyet 1200 OD
- T. Nadolol (PS) < 2
- Cap Geng. CP = 1 B.D.
- but all to continue as 3 mths

Dr. Sandeep Mahajan
Professor
Lalita-29

3/12/21

BP - 124/76
Hbse - 80
Monda



SCANNED

Dr. NAGESWARA REDDY P

MD, DM(NIMS), Research Fellow (Mayo Clinic)
Consultant Nephrologist
Reg No. 42815
Mobile: 9502302730
Email: pnraddy@gmail.com

71.5 Kg

SCAN HERE TO BOOK AN APPOINTMENT



Name : MISS. NANCY DHUNNA

Age : 40 Year(s) Gender : Female

YH No : 400454549

Date : 9/10/2023 8:37

Token No : 50 Slot: 13:05 Room NO: 207

Consultation Fee: Rs. 0

Rec.No: DFV870755/23 GENERAL

Ref By : Review

Remarks : K T P

FOLLOW UP VISIT

City ADRASH NAGAR

Diagnosis :

S/p live Related renal
Transplantation

Complaints

Nutritional Status:

NO fever / NO cough

Pain: No / Yes ; Score : ____ / 10

Progress Notes :

BP - 126 / 84

Allergies

On Examination :

FO1410

(P-T-0)

Investigations :

Treatment

(Medications to be written in Capital Letters)

Continue existing treatment

To do

My
7

- KFT
- Blood Tacrolimus

Other Advice: levels

- CBP

- LFT

- S-TSH levels

on 12/10/23

Next Review :

Doctor's Signature:

My
7

Time:

SCANNED

SCAN HERE TO BOOK
AN APPOINTMENT



100454540

Name : MISS. NANCY DHUNNA Age : 40 Year(s) Gender : Female
YH No : 400454549 Date : 7/10/2023 9:00 Token No : 50 Slot: 13:05 Room NO: 207
Consultation Fee: Rs. 0 Rec.No: DFV869366/23 GENERAL Ref By : Review :
Remarks : K T P **FOLLOW UP VISIT** City ADRASH NAGAF

Diagnosis :

~~SP-Access~~
S/P Live Related renal

Complaints

Nutritional Status:

Transferrator — 12/9/23

Pain: No / Yes ; Score : 110 BP-130
Progress Notes : 80.

Allergies

1) Cap. Tacrorev
4.5mg — 4.5mg

On Examination :

12)

T. Thyronorm
75mg

2) T. MYFORTIC 360

2 — 1

3) T. WYSONE FO1410
5mg

M (egythy store) valid for 1 more visit on or Before Date : 16/10/2023

1 1/2 —

Other medicines continue same.



Investigations :

Treatment

(Medications to be written in Capital Letters)

R/U on

13/10/23

- LFT

- Renal TY packag

Other Advice :

- CRP

To give fitness certificate

Can join in NOV ~~10th~~ 10th. duties

My
7

Next Review :

Doctor's Signature:

My

Time:

7

71.4 kg

400454540

SCANNED

SCAN HERE TO BOOK
AN APPOINTMENT



Name : MISS. NANCY DHUNNA

Age : 40 Year(s) Gender : Female

YH No : 400454549

Date : 3/10/2023 9:43

Token No : 52 Slot: 13:15 Room NO: 207

Consultation Fee: Rs. 0

Rec.No: DFV863949/23 GENERAL

Ref By : Review

Remarks : KDP

FOLLOW UP VISIT

City ADRASH NAGAF

Diagnosis :

S/p live Related renal
Transplant on 7/2/9/2

Complaints

Nutritional Status:

no fever / no cough

Pain: No / Yes ; Score : _____ / 10

Progress Notes :

BP-110/80

Allergies

CUS /
M / VAN

On Examination :

FO1409



Investigations :

R/v on

7/10/23

Renal Ty packages

② S.TSH Levels

Other Advice :

② LFT

Treatment

(Medications to be written in Capital Letters)

1) Cap. TACROLEN

4.5 ——— 4.5

2) T. MYFORMIC 360 mg

2 ——— 2

3) T. WYSONORE 10mg

1 ———

4) T. PAM 40 mg

1 ———
M (cyclic star)

5) T. BOCTIM 25

————— 1 am $\begin{matrix} M \\ W \\ F \end{matrix}$

6) T. VALNOVA 450

————— 1 ———

7) T. ARKAMIN 100mg

1 ——— 1 ——— 1

8) T. CONCOR 5

1 ———

9) T. DILZEM 30

Doctor's Signature: 1 ——— 1

Time: _____

10) T. FORCAN 50mg

————— 1 ———

12) T. Thyronorm 100 mg

1 ———
M (cyclic star)

11)

T. DUONEM 300 mg

1 ———

Pheny 7

x till 6/10/23

Next Review :



SCAN HERE TO BOOK
AN APPOINTMENT



Name : MISS. NANCY DHUNNA

Age : 40 Year(s) Gender : Female

YH No : 400454549

Date : 26/9/2023 9:45

Token No : 50 Slot:13:05 Room NO:207

Consultation Fee: Rs. 0

Rec.No: DFV857791/23 GENERAL

Ref By : Review

Remarks : K T U

FOLLOW UP VISIT

City ADRASH NAGAR

Diagnosis :

S/p live Related send
 Transplantor
 12/9/23

Complaints

Nutritional Status:

Pain: No / Yes ; Score : _____ / 10

Progress Notes :

good allograft function
 requiring higher Tacrolimus doses
 genotype 3/1

Allergies

NO fever
 NO comp

BP - 126/70

On Examination :

Adv

FO1410

(P.T.O)



FUCIDIN ointment
+
Tab. Dolo 650 x 2 day

Investigations:

Tab. Dolo 650 x 2 day

1 hr
before
food

Other Advice:

Tab. Duonem
300mg

M 1 ——— 1 N
* 7 days

R/v ~~on~~ on
30/09/23

Revel 74 package

- CRP
- S. Calcium

(12) T. Optinervon
— 1 —

(13) T. Shelcal AD
— 1 —

Treatment

(Medications to be written in Capital Letters)

Cap. TAEROREN

4.5mg ——— 4.5mg

T. MYFORTIC 360

2 ——— 2

T. WYSONONE

30mg ———

T. Pam 40

M (empty stomach)

T. Thyronorm 100mg

M (empty stomach)

T. Bactrim-DS

9pm

Mon
Wed
Fri

T. VALNOVA 450mg

(or)
valgam 1 —

T. FOREAN 50

— 1 —

Next Review:

T. Dilzem 30

1 ——— 1 ——— 1

Doctor's Signature: _____

T. ARICAMIN 100mg

Time: _____

2 ——— 2 ——— 2

T. CONCOY 5mg

M 1 —

My 7

SCANNED

SCAN HERE TO BOOK
AN APPOINTMENT



Name : MISS. NANCY DHUNNA Age : 40 Year(s) Gender : Female
YH No : 400454549 Date : 21/9/2023 9:35 Token No : 50 Slot:13:05 Room NO:207
Consultation Fee: Rs. 0 Rec.No: DFV852638/23 GENERAL Ref By : DOD
Remarks : DOD ON:19.09.23 **FOLLOW UP VISIT** City ADRASH NAGAF

Diagnosis :

*S/p Live Related ~~to~~ Renal
Transplantation*

Complaints

Nutritional Status: *X 12/9/23*

Pain: No / Yes : _____ / 10

Progress Notes :

good allograft function

Allergies

*No fever
no Abd. pain*

On Examination :

BP - 144/90

*W S /
M / NaN*

FO1410

*(1) Continue eating
treatment*

Investigations :

Treatment:

(Medications to be written in Capital Letters)

To do
 3) Blood Tacrolimus level
 Other Advice:
 (-Nexus lab)
 (-Secunderabad
 Yarnoda)

on 22/9/23


R/U on
23/9/22

Renal Ty Package

R/U on
 26.9.23.
 Renal Ty Package
 & CRP.

Next Review :

Doctor's Signature:

_____ 

Time :

S.No. 13250

Date : 7/10/23

TO WHOM SO EVER IT MAY CONCERN

Medical Certificate

This is to certify that Mrs/Mr/Miss Nancy Dhunna
aged 40 years, Male/Female, W/o, S/o, D/o Mr. Ashok Dhunna
was admitted to this hospital on 11/9/23 vide I.P.No 149423 under
Dr. Nageswara Reddy.P Consultant Nephrologist
with diagnosis live Related Renal Allograft Recipient on Triple
Immunosuppressant / Native kidney Disease - CIN/CPN /
Donor - Brother / Baseline Creatinine - 1.1 Mg / DL / eGFR on
MPO 3/week / Hypothyroidism / Systemic HTN
and discharged on 19/9/23

He/She is advised rest from 20/9/23 to 9/11/23

He/She is fit to resume duty from 10-11-2023

CS
KMD
18/12/23

Chief Medical Officer
Aligarh



Nancy Dhunna
Attest
Mummy

Dr. NAGESWARA REDDY. P.
MD, DM (NIMS)
Research Fellow Mayo Clinic
Consultant Nephrologist
Reg. No: 42815
YASHODA HOSPITALS
Somajiguda, Hyderabad-500 082

RESIDENT MEDICAL OFFICER
YASHODA HOSPITALS
Somajiguda, Hyderabad-500 082

03-10-2023



YASHODA HOSPITALS

To Whom so ever It may concern

This is to Certify that (Miss) NANCY DHUNNA D/o Mr. Ashok Dhunna Aged 39yrs Female is under treatment of Dr. Nageswara Reddy. P. M.D.; D.M. Nephrologist in this Hospital for CIN-CKD-5 vide Y.H. No. 40055549 since 10-04-2023

She was Admitted in this Hospital on 11-09-2023 vide I.P. No: 149423 " Live Related Allograft Recipient on Triple Immunosuppressant (12-09-2023) Native Kidney Disease - CIN/CPN. Donor Brothers (A BOC) Baseline Creatinine 1.1 mg/dl. E.S.R.D. on M.H.D 3/week (May 2023) Hypertension systemic Hypertension and was Discharged on 19-09-2023

She Needs Regular follow-up and Continue Treatment as Advised

49
KW
17/12/23
Chief Medical Officer
Aligarh

medey

attested

R. Khairul
03-10-2023

RESIDENT MEDICAL OFFICER
YASHODA HOSPITAL
Somajiguda, Hyderabad-500 082

Nancy Dhunna

Dr. NAGESWARA REDDY. P.
MD, DM (NIMS)
Research Fellow Mayo Clinic
Consultant Nephrologist
Reg. No: 42815
YASHODA HOSPITALS
Somajiguda, Hyderabad-500 082
Mobile: 9502302730


PATIENT NAME : NANCY DHUNNA
REF. DOCTOR : DR. SANDEEP MAHAJAN
CODE/NAME & ADDRESS : C000144081
 MARRIS ROAD COLLECTION CENTRE
 SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA
 MARRIS, ROAD, CROSSING MARRIS ROAD, ALIGARH
 ALIGARH 202001
 8864843663

ACCESSION NO : 0009XA063975
PATIENT ID : FH.12327765
CLIENT PATIENT ID:
ABHA NO :
AGE/SEX : 40 Years Female
DRAWN : 30/01/2024 11:02:19
RECEIVED : 31/01/2024 11:37:35
REPORTED : 31/01/2024 15:48:09

Test Report Status	Final	Results	Biological Reference Interval	Units
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EIA-ENDOCRINOLOGY
TACROLIMUS, EDTA WHOLE BLOOD

TACROLIMUS	8.00	5 - 20	ng/ml
------------	------	--------	-------

METHOD : ELECTROCHEMILUMINESCENCE

Interpretation(s)

TACROLIMUS, EDTA WHOLE BLOOD-Tacrolimus is a macrolide antibiotic with immunosuppressive properties. It is used to suppress natural rejection of autologous organ graft.

Patients attain an optimal response to the drug when the trough blood concentration is in the range of 5.0-20.0 ng/mL. As organ function stabilizes after transplant, dose is frequently reduced to achieve steady state through Tacrolimus concentration in the range of 4.0-10.0 ng/mL for liver transplant, 6.0-12.0 ng/mL for renal transplant, 10.0-18.0 ng/mL for pancreas transplant and 10.0-20.0 ng/mL for bonemarrow transplant.

The following drugs are known to effect tacrolimus concentration by either increasing absorption or decreasing clearance or both. Drugs that may increase tacrolimus concentrations include: Cyclosporine, Calcium channels blockers, Antifungal agents, macrolide antibiotics, and gastrointestinal prokinetic agents. Drugs that may decrease tacrolimus concentrations include: Anticonvulsants, Antibiotic such as rifampin and rifabutin. Hence it is recommended to correlate the results with complete clinical history of the patient. The recommended therapeutic ranges apply to trough specimens, which are collected just before the next dose. Blood collected at other times will yield higher results.

Test technique: Immunoassay Technology

References:

- 1) Kino T, Hatanaka H, Myata S, et al. FK506, a novel immunosuppressant isolated from a streptomyces II. "Immunosuppressive effect of FK506 invitro". J. Antibiotics 1987 40: 1256-1265.
- 2) Bierer BE, Jin YJ, Fruman DA, et al. FK506 and rapamycin: "molecular probes of T-lympocyte activation". Transplant Proc 1991 23:2850-2855.
- 3) Schreiber SL. Chemistry and biology of the immunophilins and their immunosuppressive ligands. Science 1991 251: 283 -287.

Dr. Anurag Bansal
LAB DIRECTOR
Dr. Mamta Kumari, MBBS,MD
Chief Microbiologist

Page 3 Of 6



View Details



View Report

PERFORMED AT :
Agilus Diagnostics Ltd.

 Reference Lab, 2nd Floor, Plot No. 31, Urban Estate Electronic City, Sector-18,
 Gurgaon, 122015
 Haryana, India
 Tel : 91115911115, Fax : CIN - U74899PB1995PLC045956

Patient Ref. No. 9000013560892



MC-5716

PATIENT NAME : NANCY DHUNNA

REF. DOCTOR : DR. SANDEEP MAHAJAN

CODE/NAME & ADDRESS : C000144081

MARRIS ROAD COLLECTION CENTRE
SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA
MARRIS, ROAD, CROSSING MARRIS ROAD, ALIGARH
ALIGARH 202001
8864843663

ACCESSION NO : 0009XA063975

PATIENT ID : FH.12327765

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 40 Years Female

DRAWN : 30/01/2024 11:02:19

RECEIVED : 31/01/2024 11:37:35

REPORTED : 31/01/2024 15:48:09

Test Report Status **Final**

Results

Biological Reference Interval Units

CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
 - i. Specimen received is insufficient or inappropriate
 - ii. Specimen quality is unsatisfactory
 - iii. Incorrect specimen type
 - iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

Agilus Diagnostics Ltd

Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

Dr. Anurag Bansal
LAB DIRECTOR

Page 6 Of 6



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.

Reference Lab, 2nd Floor, Plot No. 31, Urban Estate Electronic City, Sector-18,
Gurgaon, 122015
Haryana, India
Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956



Patient Ref. No. 9000013560892



MC-5716

PATIENT NAME : NANCY DHUNNA

REF. DOCTOR : DR. SANDEEP MAHAJAN

CODE/NAME & ADDRESS : C000144081
 MARRIS ROAD COLLECTION CENTRE
 SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA
 MARRIS, ROAD, CROSSING MARRIS ROAD,ALIGARH
 ALIGARH 202001
 8864843663

ACCESSION NO : 0009XA063975
PATIENT ID : FH.12327765
CLIENT PATIENT ID:
ABHA NO :

AGE/SEX : 40 Years Female
DRAWN : 30/01/2024 11:02:19
RECEIVED : 31/01/2024 11:37:35
REPORTED : 31/01/2024 15:48:09

Test Report Status Final Results Biological Reference Interval Units

Sodium	Potassium	Chloride
Decreased in: CCF,cirrhosis, vomiting, diarrhea, excessive sweating, salt-losing nephropathy,adrenal insufficiency, nephrotic syndrome, water intoxication, SIADH. Drugs: thiazides, diuretics, ACE inhibitors, chlorpropamide,carbamazepine,anti depressants (SSRI), antipsychotics.	Decreased in: Low potassium intake,prolonged vomiting or diarrhea, RTA types I and II, hyperaldosteronism, Cushing's syndrome,osmotic diuresis (e.g., hyperglycemia),alkalosis, familial periodic paralysis,trauma (transient). Drugs: Adrenergic agents, diuretics.	Decreased in: Vomiting, diarrhea, renal failure combined with salt deprivation, over-treatment with diuretics, chronic respiratory acidosis, diabetic ketoacidosis, excessive sweating, SIADH, salt-losing nephropathy, porphyria, expansion of extracellular fluid volume, adrenalininsufficiency, hyperaldosteronism,metabolic alkalosis. Drugs: chronic laxative,corticosteroids, diuretics.
Increased in: Dehydration (excessivesweating, severe vomiting or diarrhea),diabetes mellitus, diabetesinsipidus, hyperaldosteronism, inadequate water intake. Drugs: steroids, licorice,oral contraceptives.	Increased in: Massive hemolysis, severe tissue damage, rhabdomyolysis, acidosis, dehydration,renal failure, Addison' s disease, RTA type IV, hyperkalemic familial periodic paralysis. Drugs: potassium salts, potassium- sparing diuretics,NSAIDs, beta-blockers, ACE inhibitors, high-dose trimethoprim-sulfamethoxazole.	Increased in: Renal failure, nephrotic syndrome, RTA,dehydration, overtreatment with saline,hyperparathyroidism, diabetes insipidus, metabolic acidosis from diarrhea (Loss of HCO3-), respiratory alkalosis,hyperadrenocorticism. Drugs: acetazolamide,androgens, hydrochlorothiazide,salicylates.
Interferences: Severe lipemia or hyperproteinemi, if sodium analysis involves a dilution step can cause spurious results. The serum sodium falls about 1.6 mEq/L for each 100 mg/dL increase in blood glucose.	Interferences: Hemolysis of sample, delayed separation of serum, prolonged fist clenching during blood drawing, and prolonged tourniquet placement. Very high WBC/PLT counts may cause spurious. Plasma potassium levels are normal.	Interferences: Test is helpful in assessing normal and increased anion gap metabolic acidosis and in distinguishing hypercalcemia due to hyperparathyroidism (high serum chloride) from that due to malignancy (Normal serum chloride)

Interpretation(s)

BLOOD UREA NITROGEN (BUN), SERUM- Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

• Blockage in the urinary tract, Kidney problems, such as kidney damage or failure, infection, or reduced blood flow, Loss of body fluid (dehydration), Muscle problems, such as breakdown of muscle fibers, Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:• Myasthenia Gravis, Muscuophy

URIC ACID, SERUM- Causes of Increased levels:-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM, Metabolic syndrome **Causes of decreased levels:**-Low Zinc intake,OCP, Multiple Sclerosis

TOTAL PROTEIN, SERUM-is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstroms disease.

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.

ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. **Low blood albumin levels (hypoalbuminemia) can be caused by:** Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

CALCIUM, SERUM-Common causes of decreased value of calcium (hypocalcemia) are chronic renal failure, hypomagnesemia and hypoalbuminemia.

Hypercalcemia (increased value of calcium) can be caused by increased intestinal absorption (vitamin D intoxication), increased skeletal reabsorption (immobilization), or a combination of mechanisms (primary hyperparathyroidism). Primary hyperparathyroidism and malignancy accounts for 90-95% of all cases of hypercalcemia.

Values of total calcium is affected by serum proteins, particularly albumin thus, latter's value should be taken into account when interpreting serum calcium levels. The following regression equation may be helpful.

$$\text{Corrected total calcium (mg/dl)} = \text{total calcium (mg/dl)} + 0.8 (4 - \text{albumin [g/dl]})^*$$

because regression equations vary among group of patients in different physiological and pathological conditions, mathematical corrections are only approximations.

The possible mathematical corrections should be replaced by direct determination of free calcium by ISE. A common and important source of preanalytical error in the measurement of calcium is prolonged tourniquet application during sampling. Thus, this along with fist clenching should be avoided before phlebotomy.

Dr. Anurag Bansal
LAB DIRECTOR

Dr. Rashmi Rashi Datta
Consultant Biochemist



View Details



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Agilus Diagnostics Ltd.

Reference Lab,2nd Floor, Plot No. 31,Urban Estate Electronic City,Sector-18,
 Gurgaon, 122015

Haryana, India

Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956



Patient Ref. No. 9000013560892

PATIENT NAME : NANCY DHUNNA

REF. DOCTOR : DR. SANDEEP MAHAJAN

CODE/NAME & ADDRESS : C000144081
MARRIS ROAD COLLECTION CENTRE
SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA
MARRIS, ROAD, CROSSING MARRIS ROAD, ALIGARH
ALIGARH 202001
8864843663

ACCESSION NO : **0009XA063975**
PATIENT ID : FH.12327765
CLIENT PATIENT ID:
ABHA NO :

AGE/SEX : 40 Years Female
DRAWN : 30/01/2024 11:02:19
RECEIVED : 31/01/2024 11:37:35
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Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	11.0	6 - 20	mg/dL
---------------------	------	--------	-------

METHOD : SPECTROPHOTOMETRY, KINETIC TEST WITH UREASE AND GLUTAMATE DEHYDROGENASE

CREATININE, SERUM

CREATININE	0.98 High	0.5 - 0.9	mg/dL
------------	------------------	-----------	-------

METHOD : SPECTROPHOTOMETRIC, JAFFE'S KINETICS

BUN/CREAT RATIO

BUN/CREAT RATIO	11.28	8.0 - 15.0	
-----------------	-------	------------	--

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID	5.7	2.4 - 5.7	mg/dL
-----------	-----	-----------	-------

METHOD : SPECTROPHOTOMETRY, URICASE

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	6.8	6.0 - 8.0	g/dL
---------------	-----	-----------	------

METHOD : SPECTROPHOTOMETRY, BIURET

ALBUMIN, SERUM

ALBUMIN	4.4	3.97 - 4.94	g/dL
---------	-----	-------------	------

METHOD : SPECTROPHOTOMETRY, BROMOCRESOL GREEN(BCG) - DYE BINDING

GLOBULIN

GLOBULIN	2.4	2.0 - 3.5	g/dL
----------	-----	-----------	------

METHOD : CALCULATED PARAMETER

CALCIUM, SERUM

CALCIUM	9.7	8.6 - 10.0	mg/dL
---------	-----	------------	-------

METHOD : SPECTROPHOTOMETRY, NM - BAPTA

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM	141	136 - 145	mmol/L
---------------	-----	-----------	--------

METHOD : ISE INDIRECT

POTASSIUM, SERUM	5.1	3.5 - 5.1	mmol/L
------------------	-----	-----------	--------

METHOD : ISE INDIRECT

CHLORIDE, SERUM	103	98 - 107	mmol/L
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METHOD : ISE INDIRECT

Interpretation(s)



Dr. Anurag Bansal
LAB DIRECTOR



Dr. Rashmi Rashi Datta
Consultant Biochemist

Page 1 Of 6



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PERFORMED AT :

Agilus Diagnostics Ltd.

Reference Lab, 2nd Floor, Plot No. 31, Urban Estate Electronic City, Sector-18, Gurgaon, 122015

Haryana, India

Tel : 91115911115, Fax : CIN - U74899PB1995PLC045956



Patient Ref. No. 9000013560892



PATIENT NAME : NANCY DHUNNA

REF. DOCTOR : DR. SANDEEP MAHAJAN

CODE/NAME & ADDRESS : C000144081
 MARRIS ROAD COLLECTION CENTRE
 SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA
 MARRIS, ROAD, CROSSING MARRIS ROAD,ALIGARH
 ALIGARH 202001
 8864843663

ACCESSION NO : 0009XA063975
PATIENT ID : FH.12327765
CLIENT PATIENT ID:
ABHA NO :

AGE/SEX : 40 Years Female
DRAWN : 30/01/2024 11:02:19
RECEIVED : 31/01/2024 11:37:35
REPORTED : 31/01/2024 15:48:09

Test Report Status	Final	Results	Biological Reference Interval	Units
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CLINICAL PATH - URINALYSIS

KIDNEY FUNCTION TEST

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
 APPEARANCE CLEAR

Comments

NOTE : MICROSCOPIC EXAMINATION OF URINE IS PERFORMED ON CENTRIFUGED URINARY SEDIMENT. IN NORMAL URINE SAMPLES CAST AND CRYSTALS ARE NOT DETECTED.

CHEMICAL EXAMINATION, URINE

PH	5.5	4.5 - 7.5
SPECIFIC GRAVITY	1.020	1.005 - 1.030
PROTEIN	NOT DETECTED	NEGATIVE
GLUCOSE	NOT DETECTED	NEGATIVE
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NEGATIVE
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	Nor	NORMAL
NITRITE	NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)	0-1	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
METHOD : DIP STICK/MICRO SCOPY/REFLECTANCE SPECTROPHOTOMETRY			
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Anurag Bansal

Dr. Anurag Bansal
LAB DIRECTOR



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 Haryana, India
 Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956



Patient Ref. No. 9000013560892

DIAGNOSTIC REPORT



PATIENT NAME : NANCY DHUNNA		REF. DOCTOR : DR. SANDEEP MAHAJAN	
CODE/NAME & ADDRESS :C000144081 MARRIS ROAD COLLECTION CENTRE SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA MARRIS, ROAD, CROSSING MARRIS ALIGARH 202001 8864843663	ACCESSION NO : 0009XB024554 PATIENT ID : NANCM0101830 CLIENT PATIENT ID : ABHA NO :	AGE/SEX :41 Years Female DRAWN :15/02/2024 11:31:54 RECEIVED :16/02/2024 09:38:34 REPORTED :16/02/2024 14:05:30	

Test Report Status	Final	Results	Biological Reference Interval	Units
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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) <small>METHOD : SPECTROPHOTOMETRY</small>	11.1 Low	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT	4.29	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT	5.92	4 - 10	thou/ μ L
PLATELET COUNT	245	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	34.6 Low	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV)	80.9 Low	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	26.0 Low	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	32.1	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	17.6 High	11.6 - 14.0	%
MENTZER INDEX	18.9		
MEAN PLATELET VOLUME (MPV)	13.1 High	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS <small>METHOD : DHSS FLOWCYTOMETRY</small>	50	40 - 80	%
LYMPHOCYTES <small>METHOD : DHSS FLOWCYTOMETRY</small>	40	20 - 40	%
MONOCYTES <small>METHOD : DHSS FLOWCYTOMETRY</small>	7	2.0 - 10.0	%
EOSINOPHILS <small>METHOD : DHSS FLOWCYTOMETRY</small>	3	1 - 6	%
BASOPHILS <small>METHOD : IMPEDANCE</small>	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT <small>METHOD : CALCULATED</small>	2.96	2 - 7	thou/ μ L

Dr. Anurag Bansal
LAB DIRECTOR

Dr. Arpita Roy, MD
Section Head Hematology & Head
QA



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Gurgaon, 122015
Haryana, India
Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956



Patient Ref. No. 9000013587742

DIAGNOSTIC REPORT



PATIENT NAME : NANCY DHUNNA		REF. DOCTOR : DR. SANDEEP MAHAJAN	
CODE/NAME & ADDRESS :C000144081 MARRIS ROAD COLLECTION CENTRE SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA MARRIS, ROAD, CROSSING MARRIS ALIGARH 202001 8864843663	ACCESSION NO : 0009XB024554 PATIENT ID : NANCM0101830 CLIENT PATIENT ID : ABHA NO :	AGE/SEX :41 Years Female DRAWN :15/02/2024 11:31:54 RECEIVED :16/02/2024 09:38:34 REPORTED :16/02/2024 14:05:30	

Test Report Status	Final	Results	Biological Reference Interval	Units
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ABSOLUTE LYMPHOCYTE COUNT <small>METHOD : CALCULATED</small>	2.37	1.0 - 3.0	thou/ μ L
ABSOLUTE MONOCYTE COUNT <small>METHOD : CALCULATED</small>	0.41	0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT <small>METHOD : CALCULATED</small>	0.16	0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT <small>METHOD : CALCULATED</small>	0.00 Low	0.02 - 0.10	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR) <small>METHOD : CALCULATED</small>	1.4		

Interpretation(s)
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosis a case of beta thalassaemia trait.

DIAGNOSTIC REPORT



PATIENT NAME : NANCY DHUNNA		REF. DOCTOR : DR. SANDEEP MAHAJAN	
CODE/NAME & ADDRESS : C000144081 MARRIS ROAD COLLECTION CENTRE SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA MARRIS, ROAD, CROSSING MARRIS ALIGARH 202001 8864843663	ACCESSION NO : 0009XB024554 PATIENT ID : NANCM0101830 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Female DRAWN : 15/02/2024 11:31:54 RECEIVED : 16/02/2024 09:38:34 REPORTED : 16/02/2024 14:05:30	

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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	9	0 - 20	mm at 1 hr
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METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)

Interpretation(s)
ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD-TEST DESCRIPTION :-
 Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION
Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
 Finding a very accelerated ESR (>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
 In pregnancy BRI in first trimester is 0-48 mm/hr (62 if anemic) and in second trimester (0-70 mm/hr (95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs (Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased ESR : Poikilocytosis, (Sickle Cells, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine, salicylates)

REFERENCE :
 1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition 2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

Dr. Anurag Bansal
 LAB DIRECTOR

Dr. Arpita Roy, MD
 Section Head Hematology & Head QA



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 Reference Lab, 2nd Floor, Plot No. 31, Urban Estate Electronic City, Sector-18, Gurgaon, 122015
 Haryana, India
 Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956



DIAGNOSTIC REPORT



PATIENT NAME : NANCY DHUNNA		REF. DOCTOR : DR. SANDEEP MAHAJAN	
CODE/NAME & ADDRESS : C000144081 MARRIS ROAD COLLECTION CENTRE SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA MARRIS, ROAD, CROSSING MARRIS ALIGARH 202001 8864843663	ACCESSION NO : 0009XB024554 PATIENT ID : NANCM0101830 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Female DRAWN : 15/02/2024 11:31:54 RECEIVED : 16/02/2024 09:38:34 REPORTED : 16/02/2024 14:05:30	

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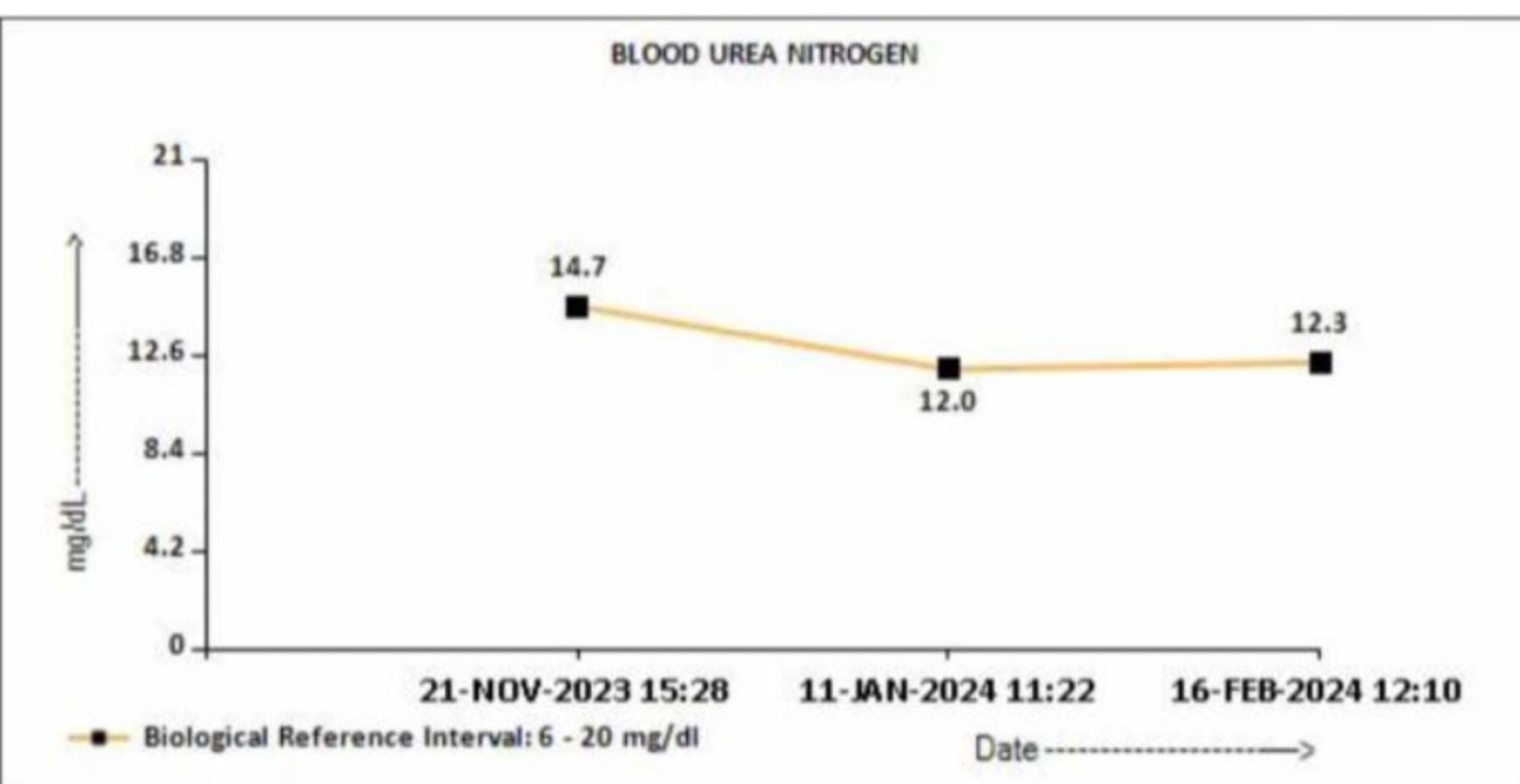
BIOCHEMISTRY

KIDNEY FUNCTION TEST

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	12.3	6 - 20	mg/dL
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METHOD : SPECTROPHOTOMETRY, KINETIC TEST WITH UREASE AND GLUTAMATE DEHYDROGENASE



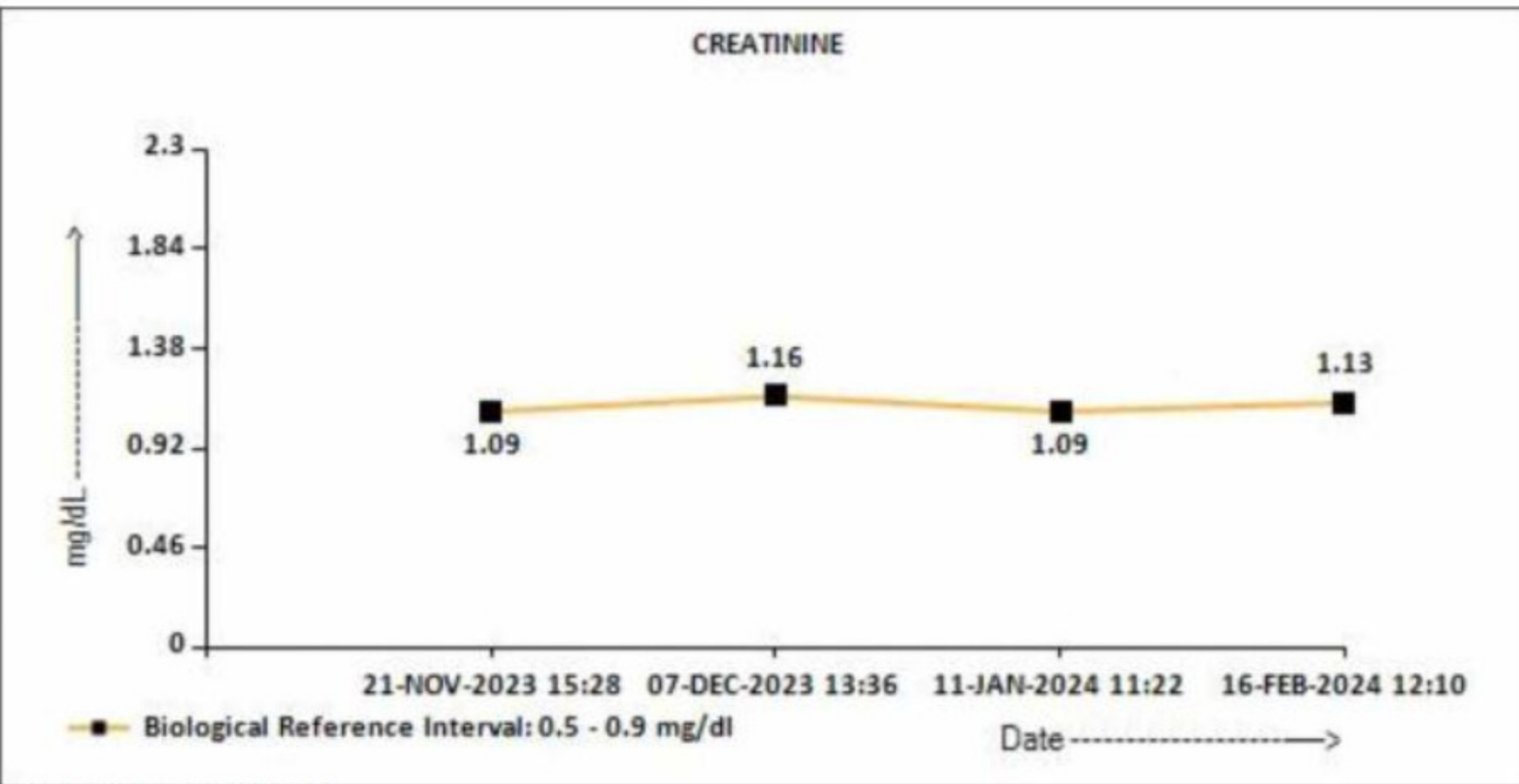
CREATININE, SERUM

CREATININE	1.13 High	0.5 - 0.9	mg/dL
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METHOD : SPECTROPHOTOMETRY, LAETES KINETICS

PATIENT NAME : NANCY DHUNNA		REF. DOCTOR : DR. SANDEEP MAHAJAN	
CODE/NAME & ADDRESS :C000144081 MARRIS ROAD COLLECTION CENTRE SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA MARRIS, ROAD, CROSSING MARRIS ALIGARH 202001 8864843663	ACCESSION NO : 0009XB024554 PATIENT ID : NANCM0101830 CLIENT PATIENT ID : ABHA NO :	AGE/SEX :41 Years Female DRAWN :15/02/2024 11:31:54 RECEIVED :16/02/2024 09:38:34 REPORTED :16/02/2024 14:05:30	

Test Report Status	Final	Results	Biological Reference Interval	Units
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BUN/CREAT RATIO

BUN/CREAT RATIO	10.88	8.0 - 15.0
METHOD : CALCULATED PARAMETER		

URIC ACID, SERUM

URIC ACID	5.2	2.4 - 5.7	mg/dL
METHOD : SPECTROPHOTOMETRY, URICASE			

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	6.6	6.0 - 8.0	g/dL
METHOD : SPECTROPHOTOMETRY, BIURET			

ALBUMIN, SERUM

ALBUMIN	4.3	3.97 - 4.94	g/dL
METHOD : SPECTROPHOTOMETRY, BROMOCRESOL GREEN(BCG) - DYE BINDING			

GLOBULIN



Dr. Rashmi Rashi Datta
Consultant Biochemist



Dr. Anurag Bansal
LAB DIRECTOR



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Gurgaon, 122015
Haryana, India
Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956



Patient Ref. No. 9000013587742

PATIENT NAME : NANCY DHUNNA		REF. DOCTOR : DR. SANDEEP MAHAJAN	
CODE/NAME & ADDRESS :C000144081 MARRIS ROAD COLLECTION CENTRE SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA MARRIS, ROAD, CROSSING MARRIS ALIGARH 202001 8864843663	ACCESSION NO : 0009XB024554 PATIENT ID : NANCM0101830 CLIENT PATIENT ID : ABHA NO :	AGE/SEX :41 Years Female DRAWN :15/02/2024 11:31:54 RECEIVED :16/02/2024 09:38:34 REPORTED :16/02/2024 14:05:30	

Test Report Status	Final	Results	Biological Reference Interval	Units
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GLOBULIN	2.3	2.0 - 3.5	g/dL
METHOD : CALCULATED PARAMETER			

CALCIUM, SERUM

CALCIUM	9.4	8.6 - 10.0	mg/dL
METHOD : SPECTROPHOTOMETRY, NM - BAPTA			

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM	140	136 - 145	mmol/L
METHOD : ISE INDIRECT			
POTASSIUM, SERUM	5.0	3.5 - 5.1	mmol/L
METHOD : ISE INDIRECT			
CHLORIDE, SERUM	99	98 - 107	mmol/L
METHOD : ISE INDIRECT			

Interpretation(s)

Sodium	Potassium	Chloride
Decreased in: CCF, cirrhosis, vomiting, diarrhea, excessive sweating, salt-losing nephropathy, adrenal insufficiency, nephrotic syndrome, water intoxication, SIADH. Drugs: thiazides, diuretics, ACE inhibitors, chlorpropamide, carbamazepine, antidepressants (SSRI), antipsychotics.	Decreased in: Low potassium intake, prolonged vomiting or diarrhea, RTA types I and II, hyperaldosteronism, Cushing's syndrome, osmotic diuresis (e.g., hyperglycemia), alkalosis, familial periodic paralysis, trauma (transient). Drugs: Adrenergic agents, diuretics.	Decreased in: Vomiting, diarrhea, renal failure combined with salt deprivation, over-treatment with diuretics, chronic respiratory acidosis, diabetic ketoacidosis, excessive sweating, SIADH, salt-losing nephropathy, porphyria, expansion of extracellular fluid volume, adrenal insufficiency, hyperaldosteronism, metabolic alkalosis. Drugs: chronic laxative, corticosteroids, diuretics.
Increased in: Dehydration (excessive sweating, severe vomiting or diarrhea), diabetes mellitus, diabetes insipidus, hyperaldosteronism, inadequate water intake. Drugs: steroids, licorice, oral contraceptives.	Increased in: Massive hemolysis, severe tissue damage, rhabdomyolysis, acidosis, dehydration, renal failure, Addison's disease, RTA type IV, hyperkalemic familial periodic paralysis. Drugs: potassium salts, potassium-sparing diuretics, NSAIDs,	Increased in: Renal failure, nephrotic syndrome, RTA, dehydration, overtreatment with saline, hyperparathyroidism, diabetes insipidus, metabolic acidosis from diarrhea (Loss of HCO3-), respiratory alkalosis, hyperadrenocorticism.



PATIENT NAME : NANCY DHUNNA		REF. DOCTOR : DR. SANDEEP MAHAJAN	
CODE/NAME & ADDRESS : C000144081 MARRIS ROAD COLLECTION CENTRE SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA MARRIS, ROAD, CROSSING MARRIS ALIGARH 202001 8864843663	ACCESSION NO : 0009XB024554 PATIENT ID : NANCM0101830 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Female DRAWN : 15/02/2024 11:31:54 RECEIVED : 16/02/2024 09:38:34 REPORTED : 16/02/2024 14:05:30	

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CLINICAL PATH - URINALYSIS

KIDNEY FUNCTION TEST

PHYSICAL EXAMINATION, URINE

COLOR	Paleyellow
APPEARANCE	TRANSPARENT

CHEMICAL EXAMINATION, URINE

PH	6.5	4.6 - 8.0
SPECIFIC GRAVITY	1.000 Low	1.003 - 1.035
PROTEIN	NOT DETECTED	NEGATIVE
GLUCOSE	NOT DETECTED	NEGATIVE
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NEGATIVE
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NOT DETECTED	NORMAL
NITRITE	NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)	1-2	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
METHOD : DIP STICK/MICRO SCOPY/REFLECTANCE SPECTROPHOTOMETRY			
YEAST	NOT DTECTED	NOT DETECTED	

Anurag Bansal
Dr. Anurag Bansal
LAB DIRECTOR



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Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956



Patient Ref. No. 9000013587742



PATIENT NAME : NANCY DHUNNA		REF. DOCTOR : DR. SANDEEP MAHAJAN	
CODE/NAME & ADDRESS : C000144081 MARRIS ROAD COLLECTION CENTRE SHOP NO. 8 UPPER GROUND FLOOR, GRAND PLAZA MARRIS, ROAD, CROSSING MARRIS ALIGARH 202001 8864843663	ACCESSION NO : 0009XB024554 PATIENT ID : NANCM0101830 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Female DRAWN : 15/02/2024 11:31:54 RECEIVED : 16/02/2024 09:38:34 REPORTED : 16/02/2024 14:05:30	

Test Report Status Final	Results	Biological Reference Interval	Units
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Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis



S.No. 13250

Date : 7/10/23

TO WHOM SO EVER IT MAY CONCERN

Medical Certificate

This is to certify that Mrs/Mr/Miss Nancy Dhunna
 aged 40 years, Male/Female, W/o, S/o, D/o Mr. Ashok Dhunna
 was admitted to this hospital on 11/9/23 vide I.P.No 149423 under
 Dr. Nageswara Reddy.P Consultant Nephrologist
 with diagnosis live Related Renal Allograft Recipient on Triple
Immunosuppressant / Native kidney Disease - CIN/CPN/
Donor - Brother / Baseline Creatinine - 1.1 Mg/DL/ESRD on
MHD 3/week / Hypothyroidism / Systemic HTN
 and discharged on 19/9/23

He/She is advised rest from 20/9/23 to 9/11/23.

He/She is fit to resume duty from 10-11-2023

45
 km
 18/12/23
 Chief Medical Officer
 Aliqarh



Nancy Dhunna
 Self Attested
Nancy Dhunna

Dr. NAGESWARA REDDY. P.
 MD, DM (NIMS)
 Research Fellow Mayo Clinic
 Consultant Nephrologist
 Reg. No: 42815
 YASHODA HOSPITALS
 Somajiguda, Hyderabad-500 082

RESIDENT MEDICAL OFFICER
 YASHODA HOSPITAL
 Somajiguda, Hyderabad-500 082

03-10-2023



YASHODA HOSPITALS

To Whom so ever It may concern

This is to Certify that (Miss) NANCY DHUNNA D/o Mr. Ashok Dhurma Aged 39yrs Female is under treatment of Dr. Nageswara Reddy. P. M.D; DM. Nephrologist in this Hospital for CIN-CKD-5 vide Y.H No. 400454549 Since 10-04-2023

She was Admitted in this Hospital on 11-09-2023 vide I.P No: 149423 " Live Related Allograft Recipient on Triple Immunosuppressant (12-09-2023) Native Kidney Disease - CIN / CPN. Donor Brother (A BOC) Baseline Creatinine 1.1 mg/dl. E.S.R.D. on M.H.D 3/Week (May 2023) Hypertension Systemic Hypertension and was Discharged on 19-09-2023

She Needs Regular follow-up and Continue Treatment as Advised

49
13/12/23
Chief Medical Officer
Aligarh

R. Divya
03-10-2023

RESIDENT MEDICAL OFFICER
YASHODA HOSPITAL
Somajiguda, Hyderabad-500 082

Self Attested
Nancy Dhurma

Nancy Dhurma

Prudhvi

Dr. NAGESWARA REDDY. P.
MD, DM (NIMS)
Research Fellow Mayo Clinic
Consultant Nephrologist
Reg No: 42815
YASHODA HOSPITALS
Somajiguda, Hyderabad-500 082
Mobile: 9502302730



Dr. Deepak Kalra / Dr. Shashank

Department : NEPHROLOGY

Doctor Reg No. :

OPD Timings :

9971445980

Patient Name :	Mrs. Nancy Dhunna	UHID : 12327765
Father/Husband Name :	Ashok Dhunna	Old UHID :
Address :	51, Bharat Nagar, North West Delhi Delhi	Date : 12-Oct-2023 03:02 PM
Age : 39 YEAR(S)	Sex : Female	

FORTIS YOUR CARING HOSPITAL

Post Recd 7x

12 Sep/2023

→ Donor Brother

Base line screen

1.1

hyp. typed

base lvs. (2) CIN

Zuduck (2) A76 5. my only

Zacrob. m. (2) low-type Metab. Cr

FORTIS HEALTHCARE LIMITED

Regd. Office: Fortis Hospital, Sector-62, Phase VIII, Mohali - 140062, Punjab
Tel: +91 11 2682 5000, Fax: +91 11 4162 8435 CIN: LBS110DL1996PLC076704

Sc = 1.08

ISPT = 100
SSOT = 70

100-100

20-100

Rev. 266

7500-170

Tacrogen { 4-Sm¹⁷Am
4-Sm 71.

- Dilegan 3.000 ~~BD~~

- Omnacorb / wysolane

7-500 (200)

Myferbe 12 705
96.00

Arilamine 12 705

TAC level Ref-1

Am. rko →

Th sonorm 7500
(Can reduced on 7/10/22)

RA 7 days

~~1000~~ cbc
Screening
BUN

SSOT/ISPT

Valgan 45.000 (200)

Bactrim DS 1 (2A/1)

Pan 400 (100)

Concor 500 (200) BD