



**Sanjay Gandhi Post Graduate Institute of Medical Sciences**

Raebareli Road, Lucknow - 226 014 ,India

Department of Pathology

Lab Name: Histopathology

Case No: 2002214719

Status: OP

Unit: UNIT-1

Department : Gastroenterology

Name: Neelam Kumar /52 Y / F

Specimen Id: L150113031902613

Specimen: Tissue

Consultant: Samir Mohindra

Collected On: 13/03/2019 11:03 AM

Test Name: 01. Endoscopic/ Needle/ Small Biopsy/Cell Block Test On: Gastric polyp biopsy

Remarks: 2613/19 Received three free floating tissue pieces. All were embedded.

Microscopic: The section shows polypoid superficial mucosal bits showing elongated tortuous and irregular foveolar epithelium with serrated outline and cystic dilatation of crypts in places. The lamina propria shows mild edema and mononuclear inflammatory cell infiltrate. There is no evidence of dysplasia or malignancy.

Conclusion: GASTRIC POLYP BIOPSY: S/O HYPERPLASTIC POLYP

Reported Date: 18/03/2019 11:03 AM

Reported By : Dr (Mrs.) Vinita Agrawal

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED



K.Gs. MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW  
 DEPARTMENT OF RADIODIAGNOSIS  
**RADIOLOGICAL-PROCEDURE (DSA)**

Ref. No.

Name Neelam Kumar

Date 21/9/15

Age 52y Sex M

Ward / O.P.D.

Bed No.

Clinical Diagnosis CAD, HTN, I.D. T. various R.T.S Ref By P.P. Aggarwal

→ Under aseptic conditions USG guided right axillary vein punctured and access secured with 8 Fr sheath

- Ballooning done with 12mm x 4cm balloon  
 +/b 14mm x 4cm balloon

- Good response seen post angioplasty

- Procedure uneventful

- Adv: -

- Taxin IV x 1 dose.

- MT  
 Dr. Sant Aggarwal

Dr. Sant Aggarwal  
 A.P. Dr. Sant Aggarwal

**Name of Patient** : Mrs. Neelam Kumar      **Age** : 53 Yr.      **Gender** : Female  
**Referred by** : Dr. D.S. Roy      **Collection date** : 30.10.2019  
**Lab No.** : 19 266620448      **Reporting Date** : 06.11.2019  
**Report at** : FPSC HEALTH ZONE

Supplementary report to lab number 266620448 dated 06.11.2019

**Class I Single Antigen Bead (SAB) Result**

Donor Specific Antibodies detected against HLA Class I antigens of donor Rabintra Singh.

Allele Specificity	MFI
A*23:01	7,705
A*23:02	6,403

**Class II Single Antigen Bead (SAB) Result**

Donor Specific Antibodies detected against HLA Class II antigens of donor Rabintra Singh.

Allele Specificity	MFI
DRB1*15:02	25,211
DRB1*15:03	24,379
DRB1*15:01	23,638

**Comments:**

The SAB % PRA Class I is 31 %  
 The SAB % PRA Class II is 55 %  
 Donor HLA Typing DQB report not available for comment on DSA.

**Interpretation** Single antigen bead (SAB) class I and class II assays detect anti HLA IgG antibodies in the patient and allow for a precise, highly sensitive determination of a patient's antibody profile. This makes discrimination between donor-specific antibodies (DSA) and non-donor-specific antibodies (non DSA) possible. SAB panels are valuable in supporting a diagnosis of humoral rejection post transplantation, in routine pre-transplantation and post-transplantation monitoring and in assessing the efficacy of antibody reduction programs.

The solid phase immunoassays allow the capture of both the HLA antibody specificities and the level of antibody that is measured as a Mean Fluorescent Intensity (MFI). The immunologic risk assessment is based on providing MFI information for each defined antibody specificity above a given MFI threshold. MFI of  $\geq 1000$  is considered as significant.

**Recommendations** for monitoring with SAB : Pre-transplantation to determine the immunologic risk assessment. Post-transplantation serial screening of serum to determine the time of onset of de novo DSA and to correlate DSA with clinical/ renal biopsy profile.

**Methodology** The test is based on the Luminex technology. The Single Antigen Class I /Class II beads are designed to detect IgG antibodies to HLA Class I /Class II glycoproteins. The SAB Class I / Class II are composed of different Luminex Beads to which purified recombinant

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.  
 @ Tests conducted at Referral Lab.

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 @ Tests conducted at Referral Lab.



Sanjay Gandhi Post Graduate Institute of Medical Sciences  
Raebareli Road, Lucknow - 226 014 ,India

Department of Nephrology

CRNo: 2002214719

Status: IP

Unit: UNIT-1

Lab Name: Nephrology

Name: Neelam Kumar 52 Y/F

Department: Nephrology

Lab Id: L100105081900132

Ward/Bed : Nephrology Wing-A03(GEN)/7

Consultant: Amit Gupta

Specimen: Blood - EDTA

Collected On: Aug 5, 2019 1:16 PM

Test Name

HLA class I Antibody identification by  
single Antigen method

Result

Unit

Reference Range

HLA class I Antibody  
identification by single  
Antigen method is positive  
MFI- 10544 against A\*25:01,  
MFI- 9811 against A\*66:01,  
MFI- 8955 against A\*26:01,  
MFI- 7580 against B\*51:01,  
MFI- 6366 against A\*43:01,  
MFI- 6144 against B\*78:01,  
MFI- 5303 against B\*51:02,  
MFI- 5263 against A\*34:02,  
MFI- 5270 against A\*29:01,  
MFI- 4871 against A\*31:01,  
MFI- 4882 against A\*34:01,  
MFI- 4825 against A\*32:01,  
MFI- 4788 against A\*66:02,  
MFI- 4725 against A\*29:02,  
MFI- 4399 against A\*35:01,  
MFI- 4253 agaunst A\*74:01,  
MFI- 4002 against B\*52:01,  
MFI- 3835 against B\*35:01,  
MFI- 3626 against A\*33:03,  
MFI- 3578 against B\*53:01,  
MFI- 2980 against B\*15:11,  
MFI- 2908 against B\*15:02,  
MFI- 2504 against B\*18:01,  
MFI- 2032 against B\*15:10,  
MFI- 1928 against A\*11:02,  
MFI- 1846 against B\*15:13,  
MFI- 1493 against A\*11:01,  
MFI- 1253 against B\*14:01

**Recipient Name:** Mrs NEELAM KUMAR  
**Donor Name:** Mr RAVINDAR SINGH  
**CM No:** 1044 /19  
**Ref Doctor:** Dr. Deepak Shankar Ray

**Gender / Age:** F-53 Years  
**Gender / Age:** M-30 Years  
**Last dialysis on:** 28.10.2019  
**Ward:**

**MRN:** 17510000877160  
**MRN:** 17510000877311  
**Collection date:** 31.10.2019  
**Reporting date:** 31.10.2019

**CDC Crossmatch Report**

**Specimen:** Recipient serum & Donor cells

**Test method:** Complement Dependant Micro- lymphocytotoxicity (CDC) assay

**Cross Match (Donor cells & Recipient serum):**  
Lymphocyte Crossmatch  
Whole lymphocyte

**Cell lysis**  
85 %

**Reference range**  
Negative: 0 - 10%; Probably Negative: 11-20%  
Weak Positive: 21 - 50%; Positive: 51 - 80%  
Strong positive: 81 - 100%

**Cross Match (Donor cells & Recipient serum treated with DTT):**  
Lymphocyte Crossmatch  
Whole lymphocyte

**Cell lysis**  
85 %

**Reference range**  
Negative: 0 - 10%; Probably Negative: 11-20%  
Weak Positive: 21 - 50%; Positive: 51 - 80%  
Strong positive: 81 - 100%

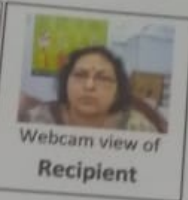
**Interpretation:** CDC cross match results with & without DTT treatment is strong positive.

**Comment:**

- T lymphocyte separation is done with Rosette Sep cell separation kit using antibody against CD16, CD19, CD36, CD56, CD66b & glycoprotein A.
- B lymphocyte separation is done with Rosette Sep cell separation kit using antibody against CD2, CD3, CD16, CD36, CD56, CD66b, CD71 and glycoprotein A.



Cross signature  
Recipient



Webcam view of  
Recipient



Cross signature  
Donor



Webcam view  
Donor

**Dr. Rakhi Mandal**  
Consultant Pathologist

**Dr. Sanjib K Pattari, M.D.**  
Consultant Pathologist

al Cross match must be performed not later than 48 hrs prior to transplant and repeated if patient is exposed to a sensitizing immune blood transfusion, infection, graft rejection, pregnancy etc.  
Complement Dependant Micro- lymphocytotoxicity (CDC) assay is a least sensitive method of antibody detection compare to Flowcytometry and Luminex assay. Low quantity antibody may not be detected in CDC assay; hence it may not prevent accelerated rejection or acute rejection.

Technologist: Gouranga Mistry

Technologist: Sudipta Das

Data entry operator: Tapas Sarkar



**Narayana Health**

(Previously Narayana Health Pvt. Ltd.) CIN: L12110KA2005

Premises No. 1489, (124) Mukundapur, EM Bypass, Kolkata

Fax: +91 33 2426 4204. email: rtiics@nhhospital.org. www.narayanahospital.org

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Corporate Office: 261/A, 2nd Floor, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560089

# Dr. Pratim Sengupta

MBBS (Cal), M.D. (Medicine), DM (Nephrology), IPGMEER, Kolkata  
Consultant Transplant Physician and Nephrologist  
Reg. No. : 56710 of WBMC

## BELLE VUE CLINIC

9, Dr. U. N. Brahmachari Street  
(Formerly Loudon Street),  
Kolkata - 700 017  
Phone : 2287 - 2321 / 6925 / 7473  
Fax : 2280 - 4624 / 2287 - 7875  
E-mail : marketing@bellevueclinic.com  
info.pratimsengupta@gmail.com  
Website : <http://www.bellevueclinic.com>

Patient Name Ms. Neelam Kumar Age & Sex 53/F MR Number :

Sensitized Recipient.

SAB > 20,000 - 15000 MP1  
i2i

MICA +ve

Fea Bcell +ve

PRA =  $\frac{15000}{50000} \times 100\%$   
30%

⇒ Plan: o MMF therapy after CBC  
one y of HB2A

y Anemia

✓ Evaluation for anemia

✓ Serum Protein Electrophoresis

✓ Coombs test

✓ ANA

y HB < T

Leucodepleted  
+ Irradiated BF

HSV prophylaxis

Gu F rep.

✓ Zovirax 400 TDS x 14d

11/11/18

Emergency Helpline & For Appointment : Soumen - 8697126819

Donate Organs & Blood, Save Lives  
अंग एवं रक्त दान महा दान

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW  
DEPARTMENT OF RADIODIAGNOSIS

CT REPORT

Patient's Name :	NEELAM KUMAR	Age /Sex :	52Y/V
CR No :	2002214719	Date :	01/08/2019
CT No :	2795		

Investigation : CT ANGIO – BILATERAL NECK VESSELS


Clinical details : ?Central venous stenosis/thrombosis


STUDY SHOWS:

- Complete occlusion of right IJV and distal third of left IJV seen. Associated multiple neck and chest wall collaterals seen. Stenosed segments appear as thin cord like structures.
- Focal severe stenosis of left brachiocephalic vein seen, just after its confluence with left subclavian vein.
- Mild narrowing of right brachiocephalic vein just before its confluence with SVC.
- SVC is normal in course and caliber.
- Dilated visualised portion of the left basilic vein is noted. Left brachiocephalic fistula noted. No narrowing of basilic vein. Few dilated venous tributaries seen arising from cephalic vein at juxta-anastomotic site.
- Bilateral subclavian arteries, bilateral CCA, bilateral vertebral arteries are normal in course and caliber.
- Note made of mild left pleural effusion.

IMPRESSION :

- Complete occlusion of right IJV and distal third of left IJV.
- Focal severe stenosis of left brachiocephalic vein, just after its confluence with left subclavian vein.
- Mild narrowing of right brachiocephalic vein just before its confluence with SVC.

  
DR. SOMESH/DR. SAURABH/DR. LAL PRABHAKAR

  
DR RAGHUNANDAN



**Sanjay Gandhi Post Graduate Institute of Medical Sciences**  
Raebareilly Road, Lucknow-226018, India

Banarail Road, Lucknow, 226 018, India  
Prescription Bill Form No Dues Certificate

CR No	1	2002214719	Patient Name	1	Neelam Kumar
Age & Gender	1	52 Years, FEMALE	Consultant	1	Raghuzar Singh
Department	1	Stores-HPF			

Drug orders							Est. Total Am	
Sl No	Drug Form	Drug Name	Store	Qty	Req. Date & Time	Req. By	Order No.	
1	Inj IV	FLUID IV NORMAL SALINE 500ML (B BRAUN)	Radiology Misc. Store	1	01-Aug-2019 10:37 AM	hraghu	ORDER20191213842	1
2	Inj	Omnipaque 350 mg 100 ml Inj	Radiology Unit Store	1	01-Aug-2019 10:37 AM	hraghu	ORDER20191213842	93
<b>Estimated Grand Total ( In Rs.)</b>								

Material Orders								Est. Total
Sl No	Order No	Material Name	Store	Qty	Req. Date & Time	Req. By		
1.	ORDER201912138	SYRINGE PRESSURE INJECTOR KIT 200/200 ML (APORT)	Radiology Unit Store	1	01-Aug-2019 10:35 AM	hraghu		
	ORDER201912138	DRESSING IV TRANSPARENT (NOTCH)	Radiology Unit Store	1	01-Aug-2019 10:35 AM	hraghu		
	ORDER201912138	IV CANNULA WITH PORT WITH WING 18 (BD)	Radiology Misc. Store	1	01-Aug-2019 10:35 AM	hraghu		
	ORDER201912138	GLOVES LATEX STERILE 7.0 NO (Pair) (PRISTEEN)	Radiology Misc. Store	2	01-Aug-2019 10:35 AM	hraghu		
	ORDER201912138	SYRINGE 3PC WITHOUT NEEDLE 20ML GAMA STERILIZED (NIPRO)	Radiology Misc. Store	2	01-Aug-2019 10:35 AM	hraghu		
	ORDER201912138	SYRINGE 3PC WITH NEEDLE 10ML GAMA STERILIZED (NIPRO)	Radiology Misc. Store	2	01-Aug-2019 10:35 AM	hraghu		
<b>Estimated Grand Total</b>								

Amount may vary depending upon the batch .

[hraghu@PGI-HP](mailto:hraghu@PGI-HP)



**DISCHARGE SUMMARY**

Patient ID: 20190144743    Hrd No: 93801  
 Name: Mrs. NEELAM KUMAR    Department: Cardiovascular Surgery  
 Age / Sex: 52 Years 0 Months / 4 Days 0 Hours / Female    Unit: Unb-2  
 W/O: sanjay kumar    Ward: C.V.T.S. WARD  
 Billing Type: General    MLC Patient: NO  
 IPD    Discharge Type: Normal Discharge  
 Admission ID: 201932038  
 Doctor: Dr. Ambrish Kumar    Bed No: F  
 Mobile No: \*\*\*\*\*894  
 Date of Admission: 01/04/2019 09:38:59 AM  
 Date of Discharge: 01/04/2019 01:00:00 PM  
 Address: c-61, battar palace, Japin road officers colony, UTTAR PRADESH, INDIA

Drug Allergy :-

Diagnosis: CKD ON MAINTENANCE HB WITH VENOUS HYPERTENSION  
 ICD Code:  
 Admitted For: SURGERY  
 Physical Findings: General Exam :- Systematic Exam :- Local Exam :-  
 Condition During Discharge: STABLE/UNEVENTFUL

Brief Summary of the Case: CONSERVATIVE MANAGEMENT

Details Of Investigation and Procedures:

Category	Test Name	Observation
Note :	J	
Note :	CBC	

Treatment Given :

Note :	K
Note :	CENTRAL VENOUS ANGIOPLASTY

Advice on Discharge:  
 TAB CEZO BD  
 TAB OSTIEN PLUS BD  
 TAB RABECAP DSR OD BFF  
 TAB ULTRACET SOS

To come For follow up in Routine OPD on & Time  
 In specialist Clinics on & Time

Signature Treating Doctor  
 Dr. Ambrish Kumar  
 01/04/2019 01:00:00 PM  
 Date & Time



**Sanjay Gandhi Post Graduate Institute of Medical Sciences**  
 Barabanki Road, Lucknow - 226 015, India

Bill No. : 001-201834039  
 CR No. : 2002215719  
 Ward : Nephrology/Winr-AD3(IGN)  
 D.O.B : 03/08/2019 12:27

REGISTRATION NO. : 12756/2009 17-09  
 PL. A/C TYPE : PED  
 Name : Santosh Kumar (S) 1/1  
 Bed No. & Type : 2 - Single  
 D.O.D : 05/08/2019 17:47  
 Mobile No. :

**Summary of Charges (Debits) as applicable**

Admission Charges	Rs.	100.00
Bed Charges	Rs.	1500.00
HRF	Rs.	400.00
HRF-Unit	Rs.	3800.00
Investigation	Rs.	3144.00
<b>Net Charges :</b>	Rs.	<b>7234.00</b>

Receipt No.	Receipt Date	Advance, Part Payment	Payment Mode	Amount
	04/08/2019 10:50	Part Payment	PED	800
	04/08/2019 10:50	Part Payment	PED	1000
	05/08/2019 11:18	Part Payment	PED	1000
	05/08/2019 11:21	Part Payment	PED	1000
	05/08/2019 16:01	Part Payment	PED	1000
	05/08/2019 17:12	Part Payment	PED	1000
<b>Total Credit (Rs.)</b>				

Refunded Amount :

Refunded Amount :

Amount Refundable (Rs).

Sixty Thousand Seven Hundred Fifty

(words)

Charges are inclusive of GST as applicable . GST No. is 09AAAJ53913N1Z0

Govind Singh Rathor @ 172.16.2.56

on 5-8-2019 17:48:37

**ECHOCARDIOGRAPHY REPORT**

Patient ID : 17510000877160  
Patient Name: : Mrs NEELAM KUMAR  
Age / Gender : 53 Years/ FEMALE  
Report Date : 29/10/2019 18:09

**MEASUREMENT**

AO : 2.87 cm  
LA : 4.20 cm  
EF : 67%  
LVID(d) : 4.42 cm  
LVID s : 2.82 cm  
IVS : 1.36 cm  
PWD : 1.31 cm

**VALVES**

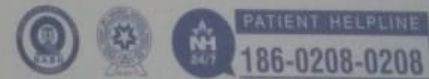
Mitral Valve : Mitral annular calcification with mild mitral regurgitation.  
Aortic valve : Normal  
Tricuspid Valve : Normal. Trivial tricuspid regurgitation (TR gradient: 13 mmHg).  
Pulmonary Valve : Normal

**CHAMBERS**

Left Atrium : Enlarged.  
Right Atrium : Normal  
Left Ventricle : Concentric LV hypertrophy.  
No regional wall motion abnormality.  
Good LV systolic function with ejection fraction: 67 %.  
Grade II diastolic dysfunction.  
E/A : 2.7 & E/E': 18 (average).  
Right Ventricle : Normal sized cavity.  
Normal RV systolic function.  
TAPSE : 32 mm.

**SEPTAE**

IVS : Intact  
IAS : Intact



Rabin dr anath Tagore International Institute of Cardiac Science

(A Unit of Narayana Hrudayalaya Limited)  
CIN: L85110KA2300PLC0274

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