

OPD TIMINGS: - Mon to Sat 11:00 AM to 3:00 PM
 (Appointment No. **Vineeta- 9818827887**)

Page 1 of 1

 Patient Name: Mr. Sanjeev Kumar Singh
 Age / Sex: 45 year(s) 2 month(s) 19 day(s) /Male
 MaxId: VSLI.285216
 Doctor Name: Dr. Manoj Singhal
 Speciality: Nephrology

 Location: Vaishali
 Date: Saturday, July 23, 2022 1:31 PM
 Invoice No: VACS2112582
 Referred By: SELF

Weight: 86.60 Kg BMI: BP: 130/70 Pulse: 74/min

Allergy: No Known Allergy

Past History

 H/O Kidney Tx. 23/7/2008; D - father; Blood Gp. B Pos.
 HCV - treated before Tx.

Medicine Advised

Sno	Medicine	Schedule	Instruction	Route	Days
1	SANDIMMUN NEORAL 50MG CAP (1X5) (CICLOSPORIN 50 MG)	TWICE IN A DAY	75 MG TWICE 75 ——— 75	ORAL	100
2	CELLCEPT 500MG TAB (1X10) (MYCOPHENOLATE MOFETIL 500 MG)	THRICE IN A DAY	0 ——— 00	ORAL	100
3	WYSOLONE 5MG TAB (1X15) (PREDNISOLONE 5 MG)	ONCE IN A DAY	0 ———	ORAL	100
4	AMLOPRESS 5MG TAB (1X30) (AMLODIPINE 5 MG)	ONCE IN A DAY	0 ——— X	ORAL	100
5	METOLAR XR-50MG CAP (1X15) (METOPROLOL 50 MG)	ONCE IN A DAY	0 ———	ORAL	100
6	TELMA 80MG TAB (1X15) (TELMISARTAN 80 MG)	ONCE IN A DAY	0 ———	ORAL	100
7	PAN 40MG TAB (1X15) (PANTOPRAZOLE 40 MG)	ONCE IN A DAY	0 ———	ORAL	100
8	HOSIT TAB (1X10) (FOLIC ACID 1.5 MG + MECOBALAMIN 1.5 MG + VITAMIN B6 3 MG)	ONCE IN A DAY	————— 0	ORAL	100
9	IROSOME CAP (1X10) (ELEMENTAL IRON 30 MG) <i>Irosorb.</i>	ONCE IN A DAY	————— 0	ORAL	100
10	CALCIROL 1GM SACTH (CHOLECALCIFEROL 60000 I.U)	ONCE A MONTH		ORAL	100

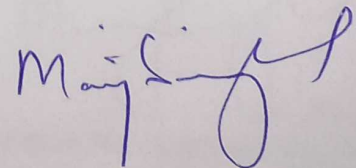
Advice

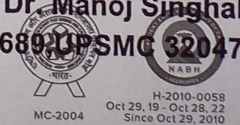
Follow-up after 3 months; Repeat CBC, RBS, KFT (Kidney panel-2)

 Max Super Speciality Hospital, Vaishali
 (A unit of Crosslay Remedies Ltd.)
 W-3, Sector-1, Vaishali, Ghaziabad - 201 012, U.P.
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(CIN: U24239DL2002PLC113719)



 Dr. Manoj Singhal
 State Registration No. : DMC-168970 PSMC 32047

 H-2010-0058
 Oct 29, 19 - Oct 28, 22
 Since Oct 29, 2010
 MC-2004

26-February-2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. Sanjeev Kumar Singh, VSLI.285216 aged 43 years male has undergone kidney transplantation on 23-July-2008. He has been advised to take immunosuppressant medicine for life long and advised to take medicines as per the following throughout his rest of life

Medicines	Doses
Cyclophil-ME 75 mg	Twice a day
Cellcept 500 mg	Thrice a daily
Wysolone 5 mg	Once daily
Amlopress 5 mg	Once daily
Metolar XR 50 mg	Once daily
Telma 80 mg	Once a day
Pan 40 mg	Once a day
Calcirol sachet 1	Once a month
Hosit	Once a month
Cremalax 1-2	SOS

DR. MANOJ KUMAR SINGHAL
Senior Director- Nephrology &
Renal Transplant Medicine
Max Super Speciality Hospital, Vaishali

Dr. Manoj Kumar Singhal
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DR. MANOJ KUMAR SINGHAL
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MBA (Healthcare Administration)
Senior Director - Nephrology & Kidney Transplant Medicine
Email- manoj.singhal@maxhealthcare.com
Reg No: - 32047

OPD TIMINGS: - Mon to Sat 11:00 AM to 3:00 PM
(Appointment No. 9818827887)

Page 1 of 1

Patient Name: Mr. Sanjeev Kumar Singh
Age / Sex: 44 year(s) 9 month(s) 22 day(s) / Male
MaxId: VSLI.285216
Doctor Name: Dr. Manoj Singhal
Speciality: Nephrology

Location: Vaishali
Date: Saturday, February 26, 2022 12:39 PM
Invoice No: VACS1946827
Referred By: SELF

Weight: 85.80 Kg BMI: BP: 130/80 Pulse: 96/min

Allergy: No Known Allergy

Past History

H/O Kidney Tx. 23/7/2008; D - father; Blood Gp. B Pos.
HCV - treated before Tx.

Medicine Advised

Sno	Medicine	Schedule	Instruction	Route	Days
1	SANDIMMUN NEORAL 50 MG CAPSULES (CICLOSPORIN 50 MG)	TWICE IN A DAY	75 MG TWICE	ORAL	100
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9	CALCIROL 1GM SATCHET (CHOLECALCIFEROL 60000 I.U)	ONCE A MONTH		ORAL	100

Advice

Follow-up after 3 months; Repeat CBC, RBS, KFT (Kidney panel-2)

Dr. Manoj Singhal
State Registration No. : DMC-1689, UPSMC 32047

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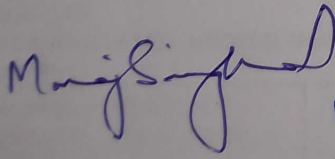
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13-February-2021

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MC-2004

DEPARTMENT OF NEPHROLOGY
DISCHARGE SUMMARY

Patient Name	SANJEEV KUMAR SINGH	UHID	171021
Age	31 Year(s)	IPID	33212
Sex	Male	Date of Admission	22-Jul-2008
Discharge Type	NORMAL	Date of Discharge	01-Aug-2008
NEPHROLOGY TEAM	Dr. Vijay Kher	Dr. Manoj Kumar Singhal	Dr. Shyam Bihari
	Bansal		

DIAGNOSIS

HTN
CKD-V on MHD w.e.f. Feb.2006
Basic renal disease: ? CGN
Live Donor, Renal Transplant on 23.07.08

PROCEDURE

Live Donar Renal Transplant on 23.07.08.

PROCEDURE NOTES



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NEPHROLOGY TEAM **Dr. Vijay Kher** **Dr. Manoj Kumar Singhal** **Dr. Shyam Bihari Bansal**

Date: 23.07.08
 Diagnosis: ESRD
 Surgery Performed: Live Donor Renal Allografting
 Surgeons: Dr. Rajesh Ahlawat / Dr.Gagan/Dr.Dushyant Nader
 Anesthesiologist:Dr. Neerja
 Type of Anesthesia: GA+ Epidural

On Table Immunosuppression: Inj. Solumedrol 500 mg

Right Iliac fossa preparation
 Right External Iliac vein - normal
 Right internal iliac artery - normal,
 Bladder wall - thick
 Ascitis absent,

Renal Graft
 Side - Left
 Nephrectomy type: Laparoscopic
 Graft artery: Single
 Graft vein: Single
 Ureter: adequate length.

Anastomosis:
 Graft vein anastomosed end to side, to right external iliac vein, using 5-0 prolene, continuous.
 Graft artery anastomosed end to end, to right internal iliac artery, using 6-0 prolene, posterior layer continuous, anterior layer interrupted.
 Ureter implanted over antero-lateral wall of bladder using 4-0 PDS, using Lische's technique, submucosal, extravesical, stented over 6/16 DJ stent.

Closure:
 Muscle and sheath cl



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NEPHROLOGY TEAM **Dr. Vijay Kher Dr. Manoj Kumar Singhal Dr. Shyam Bihari**
 Bansal

used using No. 1 vicryl, continuous.
Subcutaneous layer closed using No. 2-0 vicryl, continuous.
Skin closed using No. 3-0 monocryl, continuous.
Romovac Suction drain (18 F) was put. One anterior and another posterior to renal graft.

Ishemia Time:
Total Ischemia - 60mins
Warm Ischemia- 2 mins

CHIEF COMPLAINTS

Admitted for Renal Transplant .

PHYSICAL EXAMINATION

PR 78/MIN
BP 170/100 MMHG
CHEST CLEAR
PA SFT
CVS NAD

INVESTIGATIONS

Post Operative Course:-

Day	1	2	5	7	8
U.o. (ml/day)	14000	6950	5250	3550	2875
BUN (mg/dl)	22	26	31	25	30
Cr. (mg/dl)	2.9	1.8	1.3	1.2	1.2
Na+ (meq/l)	128	136	134	136	137
K+ (meq/l)	4.3	5.3	4.9	5.4	5.4
Hb (g/dl)	11.3	9.8	11.6	11.8	12
TLC/mm ³	12.4	10.6	11.6	9.1	10.8
Tacromus dose	3mgBD	3mgBD	3mg&2mg	3mg&2mg	3mg&2mg
Tacromus level	(25/7/08)	18.3	(29/07/08)	10.1	

OTHER INVESTIGATIONS



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Discharge Type	NORMAL	Date of Discharge	01-Aug-2008

NEPHROLOGY TEAM **Dr. Vijay Kher** **Dr. Manoj Kumar Singhal** **Dr. Shyam Bihari Bansal**

Donor Details:-

Name : Mr. Jagdish Prasad Singh (father) Age/Sex : 56y/M UHID: 173712
IPD No.: 33211 D.O.A: 22/07/2008 D.O.D 28/07/2008
Blood Group - 'B' Positive

Preoperative Assessment :-

Chronic kidney disease stage - V
Received Hepatitis B vaccination.
No previous surgery.
No voiding complaints.

Blood group 'B' Positive

Resp. System P/A, CVS: WNL

Peripheral pulsations - Normal.

Hb : 9.3g/dl BUN : 29mg% S. Creat. : 5mg/dl .Na+/K+ :

136/4.4 meq/L SGOT/PT : 30/45 IU/L

TLC : 5.5/cumm Platelets : 137 lacs/cumm aPTT (INR): 27 (1.0)

.Bil : 0.36 mg/dl TP/Alb. 6.5/3.2

Anti HCV: reactive

HCV RNA: Negative

Urine C/s: non reactive

HbsAg, HIV-I&II: non reactive

CMV IgG: positive,

2D Echo LVEF 50%

COURSE IN THE HOSPITAL

Mr. Sanjeev Kumar Singh withstood the procedure very well. His renal functions gradually normalized. S. Creatinine was 2.9 on day 1, decreased to 1.3 on day 4, was 1.2 on day 8. His Tacromus level on 25.07.08 was 18.3 so dose was decreased from 6mg/day to 5mg/day. His Tacromus level on 29.07.08 was 10.1 & continued with the same dose. His hospital stay was otherwise uncomplicated, had no episode of rejection. His central line, epidural catheter, drain and foleys catheter were removed as per protocol. Urine output was adequate and patient remained stable. He is being discharged in stable condition with advice to follow up in the OPD every 3rd day.

MEDICATION



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NEPHROLOGY TEAM **Dr. Vijay Kher Bansal** **Dr. Manoj Kumar Singhal** **Dr. Shyam Bihari**

Immunosuppression:-

Tacromus 3 mg twice a day from day -1 till day 3, then 3mg morning & 2mg evening till discharge/to continue.

Cellcept 500 mg three times a day from day -1 till discharge/to continue

Steroids -- Hydrocortisone 100mg 8 hourly, from day 0 till day 2.

Prednisolone 40mg once a day on day 1 & decreased by 2.5mg /day till 20mg/ day.

Antibiotics:-

Inj. Fortum 1 gm twice a day from day 0 till day 5 .

Tab. Cefum 500 mg twice a day from day 6 till discharge.

Tab Septran once a day from day 1 to continue.

Antihypertensives:-

Tab. Telma 80 mg twice a day.

Tab. Amlogard 10 mg BD.

Tab. Arkamine 1tab.twice a day

Tab. Metolar-XR 100mg once a day.

Others :-

Candid mouth paint 20mg drops thrice a day.

Inj. Rantac 50mg IV twice a day on day 0.

Tab. Pan-D once a day from day 1 to continue.

Tab. Shelcal 500 mg twice a day

Tab. Alprax 0.5 mg HS

Tab. Cremalax BD

Syp. Looz 20ml HS

Cap. Evion 400iu once a day

Tab. Cetriz 10 mg OD

CONDITION AT DISCHARGE

Stable.

DISCHARGE ADVICE



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Discharge Type	NORMAL	Date of Discharge	01-Aug-2008

NEPHROLOGY TEAM **Dr. Vijay Kher** **Dr. Manoj Kumar Singhal** **Dr. Shyam Bihari Bansal**

Low salt normal diet.

- ✗ Tacromus 3mg morning & 2mg evening .
Cellcept 500 mg three times a day
- ✗ Wysolone 20mg/ day.
Tab Septran once a day from day 1 to continue.
- Tab. Telma 80 mg twice a day.
- Tab. Amlogard 10 mg BD.
- Tab. Arkamine 1tab.twice a day
- ✗ Tab. Metolar-XR 100mg once a day.
- ✗ Candid mouth paint 20mg drops thrice a day to swiss & swallow.
- ✗ Tab. Pan-D once a day
- Tab. Shelcal 500 mg twice a day
- Tab. Alprax 0.5 mg HS
- ✗ Tab. Cremalax SOS
- ✗ Syp. Looz 20ml SOS
- ✗ Cap. Evion 400mg once a day
- ✗ Tab. Cetriz 10 mg once a day ~ 3 days

Review with Dr. Vijay Kher/ Dr M.K.Singhal/Dr.S.B.Bansal with report of Urea, Creatinine, Na, K+,CBC, on Monday 04/08/2008 at 11 am.

DIET ADVICE

Low salt normal diet.

