

From,

Varun Kaushik,  
Nyayadhikari, Gram Nyayalaya  
Baraut- Baghpat.

To,

The Registrar General,  
High Court of Judicature at Allahabad,  
Allahabad.

Through,

District Judge,  
Baghpat.

Subject:- **Regarding extension of time in Baghpat Judgeship.**

Sir,

With humble submission, the undersigned is taking the opportunity to bring it to your benign notice that I joined as Civil Judge (Junior Division) in district judgeship Baghpat. In my tenure at Baghpat, I was transferred to post of Nyayadhikari, Gram Nyayalaya and serving as such near about for last 6 months.

It is relevant to mention that my wife is working as a visiting faculty in Campus Law Centre, University of Delhi and she is also pursuing her Ph.D in law from Faculty of Law, University of Delhi. In this background, her Ph.D thesis is due for submission after April'2023. My wife is residing with me and she travels to Delhi daily for her classes and thesis related work. In this regard it's crucial that to complete her Ph.D in time along with her job we stay for a year in and around Delhi. The letter from her college is annexed herewith.

Sir, it is further relevant to mention that my Father-in-Law was diagnosed with Urinary Bladder Cancer in the month of July'2022. It had relapsed because he underwent surgery for it in the year 2019 also. He has undergone a surgery for the same in the month of August'2022. The biopsy report stated that it's high grade papillary urothelial carcinoma. At present he is undergoing treatment for the same from Fortis Escorts, Okhla, Delhi. As he is permanent resident of Patna, Bihar and there is no one other than me in NCR to look after him. He is currently staying with us for his chemo treatment which will go on till 29<sup>th</sup> October'2023. The treatment comprises of weekly, monthly and quarterly doses of chemo. The medical records of the treatment are annexed herewith.

In the abovementioned circumstances it is necessary that I stay in NCR region so that we can commute to the hospital easily.

It is in the above background that your good self is beseechingly requested to kindly allow the undersigned to serve one more year in the district judgeship Baghpat.

Thanking in anticipation.

Encl:- As above.

Date-

\_\_\_/12/2022

With  
profound  
regards,

**(Varun Kaushik)**  
Nyayadhikari, Gram Nyayalaya  
Baraut-, Baghpat.  
JO Code –UP3239



Professor-In-Charge  
Ref. No. CLC/3192

Tel.: (Off.): 27667895  
27667725/1515, 1512

CAMPUS LAW CENTRE  
UNIVERSITY OF DELHI  
DELHI-110007 (INDIA)

Dated: 19.10.2022

**To Whomsoever It May Concern**

This is to certify that Mrs. Priya Kumari W/o Sh. Varun Kaushik is currently appointed and teaching as a Guest Faculty in Campus Law Centre, University of Delhi. She is also pursuing her Ph.D in Law from Faculty of Law, University of Delhi Batch 2019- 2025.

*Alchawla*  
Prof. (Dr.) Alka Chawla  
Professor-In-Charge-in-Charge  
विधि केंद्र परिसर/Campus Law Centre  
दिल्ली विश्वविद्यालय/University of Delhi  
दिल्ली/Delhi-110007

MR  
 Name : AJOY KUMAR  
 Age 61 yrs M  F  Regn No. 2049495 Regn. Date 3/12/19  
 Physician Dr. Anil Kumar Gulia

Date	HTN <sup>o</sup> ; DM <sup>o</sup> ; CAD - Not Known; Hypertensive
<p><u>3/12/19</u></p> <p><u>Past H/O</u></p> <p>Aden Ca. Caecum                      resectum 1998                      colostomy done                      Ascending aorta                      Right radical                      hemicolectomy 1999                      + Chemotherapy</p> <p>Uniqs. B. coli</p> <p>(C) Amikacin,                      Cefepime,                      Levoflox</p>	<p>H/O Hematuria - Aug, Nov</p> <p><u>USG. P/L Kidneys (R) -</u>                      UB 2.3 x 7 cm SOL right lat wall                      Pw - w                      Pw - w                      Pw - w</p> <p><u>Adm.</u></p> <ul style="list-style-type: none"> <li>- Cse, KFT, LFT, S.PSA</li> <li>- PT/APTT/INR, ECG</li> <li>- HbAg, HCV, HIV, CXR-P/AE</li> <li>- T. LEVOFLOX 750mg OD. X 10 days.</li> <li>- CECT KUB (After seeing S.cr.).</li> <li>- Urine cytology (Fresh) (x3)</li> </ul> <p><u>10 days</u></p> <p><u>03/12/19</u></p> <p><b>Dr. ANIL KUMAR GULIA</b>                      MS (AIIMS) MCh (Urology &amp; Kidney Transplant)                      Park Cancer Institute, New Delhi                      Director &amp; HOD                      Urology &amp; Kidney Transplant                      DMC Reg No. 44-28                      Fortis Hospital, Okhla Road                      New Delhi-110025</p>

For your convenience, please book prior appointment for your next visit on 011-2682 5004 / 2682 5005 / 4162 8430  
 अपनी सुविधा के लिए, कृपया अपने मिलने का समय पहले से ही उपरोक्त नम्बरों पर निर्धारित कर लें!

**DISCHARGE SUMMARY**

Kidney and Urology Institute

Patient Name :	AJOY KUMAR	Ward :	DL-WARD 3A
Age :	60. yrs	Gender:	Male
Registration No	002049495	Encounter IP No :	DLIP00400882
Date of Admission:	09/12/2019 09:16AM	Date of Discharge:	11/12/2019
Specialty:	Urology & Andrology	Consultant:	DR Anil Kumar Gulia

**DIAGNOSIS & COMORBIDITIES:**

URINARY BLADDER TUMOUR  
URETHRAL STRICTURE  
HYPOTHYROIDISM

**DRUG ALLERGIES:**

No known drug allergies

**PRESENT ILLNESS, PAST MEDICAL & SURGICAL HISTORY:**

Mr AJOY KUMAR, 60 years old male presented here with complaints of gross hematuria 3 months back  
No h/o recent fever/pyuria/dysuria  
No h/o HTN/DM  
Admitted for Cystoscopy and TURBT

**PROCEDURE:**

CPE+OIU+TURBT done on 10/12/2019 Under GA

**FINDINGS:**

1. The whole anterior urethra narrow 18Fr lumen with moderate spongiofibrosis.
2. Bilobar prostate enlargement with high bladder neck.
3. Urinary bladder - bilateral ureteric orifice normal 2 X 2 cm papillary growth over right lateral wall. Biopsy from tumor bed taken.

**COURSE IN HOSPITAL:**

Patient was admitted under Dr. Anil Kumar Gulia. Patient's relatives were counselled about the procedure and its outcome pre-operatively. After appropriate evaluation patient underwent CPE+OIU+TURBT done on 10/12/2019 Under GA. Patient tolerated the procedure well. The post-operative period was uneventful. Post TURBT, Intravesical mitomycin C 40mg was given. Patient is voiding well. Patient is now being discharged in a stable condition.

**MEDICATION RECEIVED:**

Inj. Tramadol, Inj. Pansec, Inj. Emeset-4, Inj. Magnex.



NABH Accredited

## DISCHARGE SUMMARY

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### MEDICATION RECIEVED:

Inj. Tramadol, Inj. Pansec, Inj. Emeset-4, Inj. Magnex.



NABH Accredited

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Date of Admission:	09/12/2019 09:16AM	Date of Discharge:	11/12/2019
Specialty:	Urology & Andrology	Consultant:	DR Anil Kumar Gulia

**DISCHARGE MEDICATION:**

Tab. Pansec 40 mg once daily x 5 days  
 Tab. Zocef 500 mg twice daily x 5 days  
 Tab. Signoflam 1 tab twice daily x 5 days  
 Tab. Rabium DSR 1 tab twice daily x 5 days  
 Tab. Silodal D 8 mg once daily x 6 months  
 To continue all medications for other co-morbidities as earlier / advised.

7 AM  
 10 AM, 10 PM  
 10 AM, 10 PM  
 7 AM, 7 AM  
 10 PM

**ADVICE ON DISCHARGE:**

In case of Emergency, Contact with Dr. Anil Kumar Gulia (+91-9650185336).

**PLAN:**

Review in Urology OPD with Dr. Anil Kumar Gulia at 4th Floor on Saturday for catheter removal.

**FOLLOW UP:**

To follow up in Urology OPD with Dr. Anil Kumar Gulia with prior appointment on Saturday for catheter removal.

DR Anil Kumar Gulia

Consultant:

  
 Signature:

**DEPARTMENT OF RADIO DIAGNOSIS  
AND IMAGING**

**DIAGNOSTIC CT SCAN REPORT**

Name : Mr. AJOY KUMAR  
Age / sex : 60 / Male Regn No. : 002049495  
Episode No : DLOP03177342 Date : 05/12/2019  
Image No : 8491629/13

**CT UROGRAPHY (CONTRAST):**

CT study has been performed on a Siemens Dual Source SOMATOM DEFINITION scanner after IV administration of non-ionic contrast.

*Operated case of CA rectum and ascending colon with chemotherapy.*

**The study reveals:**

- Liver shows normal size, outlines, & attenuation pattern. No focal lesion is seen. Intrahepatic vascular and biliary structures appear normal.
- Gallbladder is smooth walled and shows homogeneous low attenuation contents. However, to be correlated with USG. Common duct is not dilated.
- Pancreas is normal in size, outline & attenuation. No focal lesion seen. Peripancreatic fat planes appear well preserved. No evidence of pancreatic duct dilatation seen.
- Spleen is normal in size, outline & attenuation. No focal lesion seen. Spleno-portal axis is normal.
- Both adrenal glands appear normal.
- Both kidneys are normal in size, shape and position. No hyperdense calculi or mass lesion seen.
- Both kidneys showing prompt and simultaneous uptake and excretions of contrast. No evidence of renal scarring seen. 2 cysts seen in right kidney interpolar region measuring 11mm and 15mm. No evidence of any septation, calcification or mural nodule.
- Bilateral renal pelvis and calyceal systems are unremarkable.
- Bilateral extrarenal pelvis seen.
- Bilateral ureters are unremarkable in calibre, course and outline without any evidence of dilatation or hold up of contrast.
- Visualized stomach, small and large bowel loops appear normal. Post operative changes seen in ascending colon.
- No significant adenopathy is seen. Intraabdominal fat planes appear clean.
- No ascites seen.
- A polypoidal enhancing soft tissue attenuating mass lesion seen arising from the right lateral wall of the urinary bladder reaching uptill the serosa. It measures 1.7 (CC) x 1.5 (TR) x 1.2 (AP) cm. Perilesional hyper-vascularity with fat stranding seen. The right vesicoureteric orifice is not involved. No evidence of any necrosis or calcification. No evidence of any adjacent lymphadenopathy. Left obturator lymphnode seen measuring 8mm.





(2)

- Prostate and seminal vesicles appear normal in size and attenuation.
- Aorta and its branches are normal.
- IVC is normal.
- Degenerative changes seen in spine.
- Visualized lung and pleural are normal.

**Impression: CT findings reveal:**

- A polypoidal enhancing mass lesion in the right lateral wall of urinary bladder with perilesional fat stranding and hyper-vascularity.
- Bosniak type I right renal cysts.

**Advice: Clinical and histopathological correlation.**

Dr. Parveen Kumar  
M.D.  
Radiologist

Dr. Shashank Jain  
DMRD, DNB, FSCCT (USA)  
Radiologist

Dr. Khemendra Kumar  
MD  
Consultant

Dr. Amit Garg  
MD, FSCCT (USA)  
Consultant

Dr. Ranju Agarwala  
MD  
Senior Consultant

Dr. Poonam Khurana MD  
MD, FIMSA, FSCCT (USA)  
Director

Dr. Mona Bhatia  
MD, FRCR (UK), FSCCT (USA), FSCMR (USA)  
Director & Head

NB: 1) Invalid for medico legal purposes. 2) Content of this report is only an opinion, not a diagnosis and should be correlated with the clinical findings, Lab and other radiological investigations. Transcribed by SD/



NABH Accredited

LABORATORY REPORT



PATIENT NAME : MR AJOY KUMAR

PATIENT ID : 002049495

CLIENT PATIENT ID : UHID:002049495

ACCESSION NO : 0057SL004629

AGE : 60 Years SEX : Male

DATE OF BIRTH : 05/06/1959

DRAWN : 09/12/2019 20:36

RECEIVED : 09/12/2019 20:40

REPORTED : 12/12/2019 14:16

CLIENT NAME : ESCORTS HEART INSTITUTE AND RESEARCH CENTRE - OKHLA (IPD)

REFERRING DOCTOR :

CLINICAL INFORMATION :

UHID:002049495 REQNO-1900980624  
IPD-DL-OT

Test Report Status **Final** Results

HISTOPATHOLOGY

TURBT (URINARY BLADDER) - HISTOPATH

SPECIMEN

- 1. Bladder biopsy tissue TURBT
- 2. Deep muscle

GROSS

B/2135/19

Received two containers.

Container - I,

Received multiple grey white tissue pieces all together measuring 1 x 1 x 0.5 cm. All processed in one blok. A.

Container - II,

Received multiple soft tissue pieces all together measuring 1.5 x 1 x 0.5 cm. All processed in one block. B.

MICROSCOPIC EXAMINATION

Section examined from the biopsy tissue show a papillary urothelial neoplasm with urothelium showing mild architectural and cytological atypia. Scattered mitosis noted usually limited to lower third of urothelium. No lamina propria or muscularis invasion seen.

DIAGNOSIS

TURBT -

- Papillary urothelial carcinoma, non invasive low grade
- Lamina propria invasion - Not seen
- Muscularis propria invasion - Not seen

COMMENTS

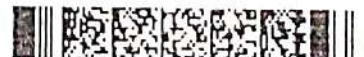
Conditions Of Laboratory Testing & Reporting

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 SRL Directory of services (DOS). 3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity. 4. A requested test might not be performed if: a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory b. Incorrect specimen type c. Request for testing is withdrawn by the ordering doctor or patient d. There is a discrepancy between the label on the specimen container and the name on the test requisition form

5. Result delays could be because of uncontrolled circumstances. e.g. assay run failure. 6. Slides & blocks for review will be issued to the patient / attendant after 3 days of submitting a request (Time - between 10 pm to 5 pm) (Slides are chargeable) 7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited), 8. Laboratory results should be correlated with clinical information to determine Final diagnosis. 9. Test results are not valid for Medico-legal purposes. 10. In case of queries or unexpected test results please call at histopathology Okhla (01147134973) SRL Limited Fortis Hospital, Okhla New Delhi - 110025

SRL LIMITED

ESCORTS HEART INSTITUTE AND RESEARCH CENTRE LTD, OKHLA ROAD  
OKHLA, 110025  
NEW DELHI, INDIA  
Tel : 47134972, 47135511,  
CIN - U74899PB1995PLC045956



ATORY REPORT



**Fortis Escorts**  
HEART INSTITUTE

**SRL**  
Diagnostics

PATIENT NAME : MR AJOY KUMAR

PATIENT ID : 002049495

CLIENT PATIENT ID : UHID:002049495

ACCESSION NO : 0057SL004629 AGE : 60 Years SEX : Male DATE OF BIRTH : 05/06/1959

DRAWN : 09/12/2019 20:36 RECEIVED : 09/12/2019 20:40 REPORTED : 12/12/2019 14:16

CLIENT NAME : ESCORTS HEART INSTITUTE AND RESEARCH CENTRE - OKHLA (IPD) REFERRING DOCTOR :

CLINICAL INFORMATION :

UHID:002049495 REQNO-1900980624  
IPD-DL-OT

Test Report Status **Final** Results

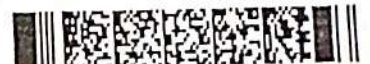
**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

Dr Nalini Bansal, M.D., DNB,  
PDCC  
Sr.Histopathologist

**SRL LIMITED**  
ESCORTS HEART INSTITUTE AND RESEARCH CENTRE LTD,OKHLA ROAD  
OKHLA, 110025  
NEW DELHI, INDIA  
Tel : 47134972, 47135511,  
CIN - U74899PB1995PLC045956

Page 2 Of 2





# Fortis Escorts

UROLOGY & KIDNEY INSTITUTE

Patient Name MR. AJAY KR Age 61 Sex: M/F M Date 3/12/22

UID 9.4.9.3.53.4 Height..... Weight..... BP..... Allergies.....

Co-morbidities Hypertension Medication Verapamil 240mg (1 am, ant. hypertensive)

**Dr. Anil Kumar Gulia**  
 MS, (AIIMS),  
 MCh (Urology & Kidney Transplant)  
 FSRs (Roswell Park, Cancer Institute,  
 New York)  
 Director & HOD  
 Urology, Robotic and Kidney Transplant

Dec 2019 TURBT done

HPE T a low grade urothelial ca.  
 (solitary 2 cm tumor)

Has come for follow up now.

Asymptomatic.

USG. B/L kidneys (N)  
 UB - (N) PVR ND  
 Prostate 18 gm

Adv.

Uro Day Care

- Check CPE (Fig. Amikacin 500mg)
- Uroflowmetry

Pr.

LFT - OK  
 S. Cr 0.7 mg/dL  
 Hb 16.6 g/l  
 PLT 85

For Appointments and Queries: +91-11-47135000, Mr. Prabhakar : 8376033833

**DEPARTMENT OF UROLOGY**  
**Discharge Summary**

Date : 03/Dec/2020

<b>Patient Name</b>	Mr. Ajoy Kumar	<b>UHID   Old UHID</b>	9493534   2049495
<b>Age / Gender</b>	61 Years / Male	<b>Episode No</b>	23256/20/1201
<b>Contact No</b>	9431072847	<b>Date of Admission</b>	03 Dec 2020
<b>Discharge Type</b>	NORMAL	<b>Date of Discharge</b>	03 Dec 2020
<b>Address</b>	s k 54 s k colony kankar bagh patna		
<b>Name of Consultant</b>	Dr. Anil Kumar Gulia		
<b>Doctor Team</b>			

**Final Diagnosis**

Ta LOW GRADE UROTHELIAL CARCINOMA + URETHRAL STRICTURE

**History Of Present Illness**

Patient presented with hematuria for 3 months in Dec-2019 for which patient underwent CPE + OIU + TURBT which revealed 2x 2cm papillary growth over right lateral wall of bladder

No history of recent fever / Pyuria / Dysuria

No history of Hypertension/ DM

Patient admitted for check cystoscopy

**Clinical Examination**

At the time of admission, the patient 's pulse was 70/minute and BP was 120/70mmHg. General: JVP was normal. No jaundice, pallor, clubbing, cyanosis or edema. CVS: S1, S2 normal. No murmur. Respiratory: Normal breath sounds. No added sounds. Abdomen: No hepatosplenomegaly. CNS: The patient is conscious and oriented to time, place and person. No neurological deficits.

**Procedure Notes**

URETHRAL DILATATION + CPE DONE WITH URETHROSCOPE (03/12/2020)

*Ureteroscope*

Findings:

Penobulbar urethral stricture

Proximal bulbar urethra ok

UB trabeculated bilateral ureteric orifices normal, no growth seen, anterior wall of bladder could not be properly seen

**Course In The Hospital**

The patient was admitted with above mentioned complaints. The patient underwent URETHRAL DILATATION + CPE DONE WITH URETHROSCOPE (03/12/2020).



**DEPARTMENT OF UROLOGY**  
**Discharge Summary**

Date : 03/Dec/2020

<b>Patient Name</b>	Mr. Ajoy Kumar	<b>UHID   Old UHID</b>	9493534   2049495
<b>Age / Gender</b>	61 Years / Male	<b>Episode No</b>	23256/20/1201
<b>Contact No</b>	9431072847	<b>Date of Admission</b>	03 Dec 2020
<b>Discharge Type</b>	NORMAL	<b>Date of Discharge</b>	03 Dec 2020
<b>Address</b>	s k 54 s k colony kankar bagh patna		
<b>Name of Consultant</b>	Dr.Anil Kumar Gulia		
<b>Doctor Team</b>			

**The procedure was uncomplicated and well tolerated. Now the patient is being discharged in a stable condition with following advice and medicines.**

**Medications During Hospital Stay**

Inj. Amikacin, Inj. Dynapar

**Condition At Discharge**

STABLE.

**Medications Advised On Discharge**

TAB. NORFLOX 400 MG TWICE DAILY FOR 5 DAYS

TAB. SILODAL D 8MG ONCE DAILY

TAB. SIGNOFLAM 1 TAB TWICE DAILY FOR 2 DAYS

TAB. PAN D 40 MG ONCE DAILY FOR 2 DAYS

**Discharge Advice On Follow Up**

PLAN: TO DO RGU + MCU AFTER 6 WEEKS

REVIEW WITH Dr.Anil Kumar Gulia (9650185336) IN UROLOGY OPD WITH PRIOR APPOINTMENT ON SATURDAY FOR PUC REMOVAL

**General Instruction**

• Urgent Care: Please inform emergency department if you have chest pain, breathlessness, palpitations, sweating, choking, giddiness, fainting, itching, skin rash, bleeding from any site, discharge from the wound or any other symptom. You should contact emergency department of Fortis Escorts Heart Institute at following number:

- 011-47134000, 47134001 or 011-41628428 (Direct Line).
- • Comprehensive Cardiac Check-up: Three months after cardiac surgery, a comprehensive cardiac check-up (CCC) is conducted at ground floor of the Rehabilitation Centre (OPD block). You should make a prior booking for CCC on a mutually convenient date by contacting the appointment section telephonically (see below). On the appointed day, please come in fasting state (WATER MAY BE TAKEN) and report at 08.30am.

Date : 03/Dec/2020

**DEPARTMENT OF UROLOGY**  
**Discharge Summary**

<b>Patient Name</b>	Mr. Ajoy Kumar	<b>UHID   Old UHID</b>	9493534   2049495
<b>Age / Gender</b>	61 Years / Male	<b>Episode No</b>	23256/20/1201
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<b>Address</b>	s k 54 s k colony kankar bagh patna		
<b>Name of Consultant</b>	Dr. Anil Kumar Gulia		
<b>Doctor Team</b>			

**For OPD appointments and general enquiries For EMERGENCY  
Department**

1. +91-11-4713-5000
2. +91-11-4713-5001 +91-11-4713-4000
3. +91-11-4713-4001 +91-11-26825013

**FOR AMBULANCE SERVICE DIAL 105010**

- General Lifestyle-Related Advice:
- Diet: Restrict salt, free sugar, refined carbohydrates and excess of dietary fat. Avoid hydrogenated fat and full cream milk and milk products. Ensure regular and adequate intake of fresh fruits, nuts and green leafy vegetables. Prefer whole grains, whole pulses and low fat mild and mild products. Non-vegetarians should avoid red meat, organ meats and egg yellow. Consult dietitian for further details and advice according to individual needs.
- Physical Activity: 30 to 45 minutes of brisk physical activity, preferably on all days of the week. Please discuss with your physician/cardiologist.
- Substance abuse: Smokers should quit smoking completely and abruptly. Tobacco chewing is equally harmful.
- Book your appointment through MyFortis Mobile App & get 10% Discount on your consult. Download on Apple App Store or Google Play Store.

Medical Officer/Resident

*Dr. Anil Kumar Gulia*  
Dr. Anil Kumar Gulia  
DIRECTOR  
UROLOGY

DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT

Date : 08/Aug/2022

Discharge Summary

Patient Name	Mr. Ajoy Kumar	UHID   Old UHID	9493534   2049495
Age / Gender	63 Years / Male	Episode No	129224/22/1201
Contact No	9431072847	Date of Admission	04 Aug 2022
Discharge Type	ROUTINE	Date of Discharge	08 Aug 2022
Address	s k 54 s k colony kankar bagh patna,Patna,Bihar,India,800020		
Name of Consultant	Dr.Anil Kumar Gulia		
Doctor Team			

**Final Diagnosis**

URETHRAL STRICTURE WITH RECURRENT BLADDER TUMOR

**Allergies**

Not known.

**History Of Present Illness**

Patient presented with complaints of blood clot in urine since 1 day, night time urination (2-3 times). Patient was admitted to Fortis Escorts Heart Institute for evaluation and further management.

CT KUB: Homogenously enhancing intra luminal soft attenuation lesion arising from superior wall of urinary bladder on right side size 3x2cm

**Past History**

Hypothyroidism

Post CPE + OIU +TURBT (2019)

**Clinical Examination**

At the time of admission, the patient 's pulse was 70/minute and BP was 110/70mmHg. General Physical: Pallor (-), Icterus (-), Cyanosis (-), Pedal Edema (-), Lymphadenopathy (-). CVS: S1, S2 normal, No murmur. Respiratory: Bilateral air entry present. Abdomen: Soft, non tender. CNS: Conscious, oriented.

**Procedure Notes**

Cystoscopy + Perineal Ureterostomy + TURBT done under CSE on 04/08/2022

**Findings:**

- Peno bulbar urethral stricture, proximal and middle bulbar urethra normal.
- UB bilateral ureteric orifice normal, 2.5 x 2.0cm, papillary growth over right superolateral wall.

**Course In The Hospital**

The patient was admitted with above mentioned complaints. The patient underwent Cystoscopy + Perineal Ureterostomy + TURBT done under



NABH Accredited



## DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT

Date : 08/Aug/2022

## Discharge Summary

Patient Name	Mr. Ajoy Kumar	UHID   Old UHID	9493534   2049495
Age / Gender	63 Years / Male	Episode No	129224/22/1201
Contact No	9431072847	Date of Admission	04 Aug 2022
Discharge Type	ROUTINE	Date of Discharge	08 Aug 2022
Address	s k 54 s k colony kankar bagh patna, Patna, Bihar, India, 800020		
Name of Consultant	Dr. Anil Kumar Gulia		
Doctor Team			

CSE on 04/08/2022. The procedure was uncomplicated and well tolerated. Now the patient is being discharged in a stable condition with following advice and medicines.

Diagnostic Study

ECHO (05/08/2022): Normal cardiac chamber dimension, No LV RWMA LVEF 60%, Cardiac valve normal. No TR seen, IVC normal in size with > 50% respiratory variation, No I/C clot or mass

Condition At Discharge

Stable.

Medications Advised On Discharge

S.No.	Drug	Dose	Route	Frequency	Duration
1	TAB OFLOX OZ	1TAB	ORAL	TWICE DAILY	X 5 DAYS 10 <sup>am</sup> , 10 <sup>pm</sup>
2	TAB SIGNOFLAM	1TAB	ORAL	TWICE DAILY	X 5 DAYS 10 <sup>am</sup> , 10 <sup>pm</sup>
3	TAB RABIUM DSR	1TAB	ORAL	ONCE DAILY	X 5 DAYS 7 <sup>am</sup> , 7 <sup>pm</sup>
4	TAB NIFTRAN	100MG	ORAL	TWICE DAILY	X 2 WEEKS 10 <sup>am</sup> , 10 <sup>pm</sup>
5	TAB A TO Z	1TAB	ORAL	ONCE DAILY	X 2 WEEKS 10 <sup>am</sup>

Discharge Advice On Follow Up

Review with Dr. Anil Kumar Gulia (9650185336) in OPD with prior appointment after 3 days with HPE report

General Instruction

• Urgent Care: Please inform emergency department if you have chest pain, breathlessness, palpitations, sweating, choking, giddiness, fainting, itching, skin rash, bleeding from any site, discharge from the wound or any other symptom. You should contact emergency department of Fortis Escorts Heart Institute at following number:

- 011-47134000, 47134001 or 011-41628428 (Direct Line).

**DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT  
Discharge Summary**

Date : 08/Aug/2022

<b>Patient Name</b>	Mr. Ajoy Kumar	<b>UHID   Old UHID</b>	9493534   2049495
<b>Age / Gender</b>	63 Years / Male	<b>Episode No</b>	129224/22/1201
<b>Contact No</b>	9431072847	<b>Date of Admission</b>	04 Aug 2022
<b>Discharge Type</b>	ROUTINE	<b>Date of Discharge</b>	08 Aug 2022
<b>Address</b>	s k 54 s k colony kankar bagh patna,Patna,Bihar,India,800020		
<b>Name of Consultant</b>	Dr.Anil Kumar Gulia		
<b>Doctor Team</b>			

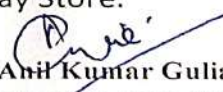
**For OPD appointments please contact on following no:**

**+91-11-4713-5000 & 5001 For EMERGENCY Department please contact on following no : +91-11-4713-4000 & 4001**

**FOR AMBULANCE SERVICE DIAL 105010**

- **General Lifestyle-Related Advice:**
- **Diet:** Restrict salt, free sugar, refined carbohydrates and excess of dietary fat. Avoid hydrogenated fat and full cream milk and milk products. Ensure regular and adequate intake of fresh fruits, nuts and green leafy vegetables. Prefer whole grains, whole pulses and low fat milk and milk products. Non-vegetarians should avoid red meat, organ meats and egg yellow. Consult dietician for further details and advice according to individual needs.
- **Physical Activity:** 30 to 45 minutes of brisk physical activity, preferably on all days of the week. Please discuss with your physician/cardiologist.
- **Substance abuse:** Smokers should quit smoking completely and abruptly. Tobacco chewing is equally harmful.
- **Book your appointment through My Fortis Mobile App & get 10% Discount on your consult. Download on Apple App Store or Google Play Store.**

Medical Officer/Resident

  
 Dr. Anil Kumar Gulia  
 UROLOGY AND KIDNEY  
 TRANSPLANT

**PATIENT NAME : AJAY KUMAR**

PATIENT ID : FH.9493534

CLIENT PATIENT ID :

ACCESSION NO : 0009VH008055

AGE : 63 Years

SEX : Male

DATE OF BIRTH : 05/06/1959

DRAWN : 04/08/2022 00:00

RECEIVED : 05/08/2022 10:38

REPORTED : 06/08/2022 18:51

CLIENT NAME : ESCORTS HEART INSTITUTE AND  
RESEARCH CENTRE - OKHLA (IPD)

REFERRING DOCTOR : DR. ANIL KUMAR GULIA

**CLINICAL INFORMATION :**

0057VH002493

Test Report Status

**Final**

Results

**HISTOPATHOLOGY**

**MEDIUM BIOPSY SPECIMEN, TISSUE**

**HISTOPATHOLOGY REPORT**

**SPECIMEN**

FS/5454/2022

Site of biopsy:-TURBT chips

**Gross examination:-**

Received in formalin are multiple grey brown soft tissue pieces altogether measuring 1.8 x 1 x .4 cm. Specimen is submitted entirely in 1 block.

**Microscopic examination:-**

Section reveal fragments of / from a high grade papillary urothelial carcinoma comprising atypical urothelial cells showing high N:C ratio, hyperchromatic nucleus and irregular nuclear membrane. Brisk mitotic activity is seen. Focal superficial lamina propria invasion seen. Muscularis propria is not included in the biopsy.

**Diagnosis:-**

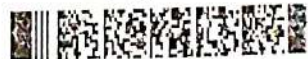
High grade papillary urothelial carcinoma.  
Focal superficial lamina propria invasion seen  
Muscularis propria is not included in the biopsy

**Comment:**

Recommend correlation with clinicoradiological and cystoscopy findings

**Comments**

Disclaimer: This report is not valid for incomplete/ divided specimens.



PATIENT NAME : AJAY KUMAR

PATIENT ID : PH.8493534

CLIENT PATIENT ID :

ACCESSION NO : 0005VH002493

AGE : 67 years SEX : Male

DATE OF BIRTH : 05/06/1959

DRAWN : 06/08/2022 00:00

RECEIVED : 05/08/2022 10:38

REPORTED : 06/08/2022 18:51

CLIENT NAME : ESCORTS HEART INSTITUTE AND RESEARCH CENTRE - OKHLA (IPD)

REFERRING DOCTOR : DR. ANIL KUMAR GULIA

CLINICAL INFORMATION :

0005VH002493

Test Report Status **Final** Results

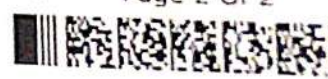
**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

Dr. Priti Jain MD, FRCPATH  
(LONDON), CCT (OXFORD) REG  
NO - DMC - 56836  
Principal Consultant  
Histopathology



Scan to View Details





Ref No.	PDC/USG	Date	23-Jul-22
Patient's	Ajoy Kumar	Age & Sex	63/M
Referred By	Fortis Hospital	Test Done	Urethrogram

**RETROGRADE URETHROGRAM WITH MICTURATING CYSTOURETHROGRAM**

Non ionic contrast was injected through plain catheter under aseptic conditions and subsequently, serial films were taken.

Study shows persistent smooth tight narrowing involving mid penile urethra. However passage of contrast is seen across the area of narrowing into posterior urethra and urinary bladder on RGU.

There is persistent smooth tight narrowing involving mid penile urethra on MCU with passage of contrast is seen across the area of narrowing into anterior urethra.

Urinary bladder appears normal in capacity with small filling defect along its right supero-lateral wall

Ureters are not visualized during micturition also.  
No vesicourteric reflux is seen.

**IMPRSSION :-**

- Persistent smooth tight narrowing involving mid penile urethra as described above - likely partial benign stricture involving anterior urethra
- Small filling defect along right supero-lateral wall of urinary bladder – likely residual /recurrent mitotic lesion. SUGGEST:- Cystoscopy and tissue diagnosis correlation.

Dr. Vikas Goyal  
MBBS, DMRD (Radio-diagnosis)  
HMC- 3243

Dr. Ashish Mahajan  
DNB (Radio-diagnosis)  
HMC- 008808



**PRATHAM**  
ISO 9001 : 2008 CERTIFIED

**ULTRASOUND**  
& Diagnostic Centre

TEST REPORT

Ref No.	PDC/CT	Date	Jul. 23, 22
Patient's Name	Ajoy Kumar	Age/Sex	63/M
Referred By	Fortis Hospital	Test Done	CECT KUB

**CECT KUB REGION**

Spiral CT Scan of KUB region done by taking 3/3mm cuts.

Both the kidneys are normal in size, shape and position and shows normal in density pattern. Bilateral kidney shows normal parenchymal enhancement with excretory function. **Two well defined upto centimeter simple renal cortical cysts are seen in inferpolar and inferior polar region of right kidney.**

No hydronephrosis / calculus seen on either side. No focal mass lesion seen. Peri nephric fat plane appear unremarkable. No collection/hematoma seen.

Bilateral pelvises are normal distended. Bilateral ureters are normal in course and calibre. No ureteric calculus/mass lesion seen.

Urinary bladder is well distended and shows homogeneously enhancing intra luminal soft attenuation lesion measuring 21 x 18mm in size arising from superior wall of urinary bladder on right side. No intra lesional calcification seen. No obvious extra vesical extension seen. Bilateral uretero-vesical junctions appear unremarkable.

No free fluid is seen in the abdominal cavity.

**IMPRESSION: CT Study reveals:-**

- Homogeneously enhancing intra luminal soft attenuation lesion arising from superior wall of urinary bladder on right side as described above – likely residual /recurrent mitotic lesion. **SUGGEST:-** Cystoscopy and tissue diagnosis correlation.
- Right simple renal cortical cysts (Bosniak type I).

Dr. Vikas Goyal  
MBBS, DMRD (Radio-diagnosis)  
HMC- 3243

  
Dr. Ashish Mahajan  
DNB (Radio-diagnosis)  
HMC- 008808



**PRATHAM**  
ISO 9001 : 2008 CERTIFIED

**ULTRASOUND**  
& Diagnostic Centre

TEST REPORT

Ref No.	PDC/X-RAY	Date	23-Jul-22
Patient's Name	Ajoy Kumar	Age & Sex	63/M
Referred By	Fortis Hospital	Test Done	X-Ray-chest

**SKIAGRAM CHEST PA VIEW**

Trachea is central.

Prominent broncho-vascular markings are noted in both lung fields.

Both domes are normally placed with clear c.p. angles.

Hila and mediastinum appears normal.

Cardiac size and silhouette appears normal.

Bony thoracic cage and soft tissues are unremarkable.

Bones in view are normal in density & trabecular pattern.

Dr. Vikas Goyal  
MBBS, DMRD (Radio-diagnosis)  
HMC- 3243

Dr. Ashish Mahajan  
DNB (Radio-diagnosis)  
HMC- 008808



**PATIENT NAME : AJAY KUMAR**

PATIENT ID : **FH.9493534**

CLIENT PATIENT ID : UID:9493534

ACCESSION NO : **0057VH002657**

AGE : 63 Years SEX : Male

DATE OF BIRTH : 05/06/1959

DRAWN : 05/08/2022 00:39

RECEIVED : 05/08/2022 04:51

REPORTED : 05/08/2022 10:09

CLIENT NAME : **ESCORTS HEART INSTITUTE AND RESEARCH CENTRE - OKHLA (IPD)**

REFERRING DOCTOR : DR. Anil Kumar Gulla

**CLINICAL INFORMATION :**

UID:9493534 REQNO-10385685  
 IPD-DL-ORTHO ICU SUBSTORE  
 IPID-129224/22/1201  
 IPID-129224/22/1201

Test Report Status	Final	Results	Biological Reference Interval	Units
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**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's
- Multiple Sclerosis

Nutritional tips to manage increased uric acid levels

- Drink plenty of fluids
- Limit animal proteins
- High Fibre foods
- Vit C Intake
- Antioxidant rich foods

**ELECTROLYTES (NA/K/CL), SERUM-**

Sodium levels are increased in dehydration, cushing's syndrome, aldosteronism & decreased in Addison's disease, hypopituitarism, liver disease. Hypokalemia (low K) is common in vomiting, diarrhea, alcoholism, folic acid deficiency and primary aldosteronism. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid K infusion. Chloride is increased in dehydration, renal tubular acidosis (hyperchloremia, metabolic acidosis), acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic saline or extremely high dietary intake of salt. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting.

**HAEMATOLOGY**

**CBC-5, EDTA WHOLE BLOOD**

**BLOOD COUNTS, EDTA WHOLE BLOOD**

Parameter	Result	Reference Range	Units
HEMOGLOBIN	12.1	Low 13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	4.13	Low 4.5 - 5.5	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	8.80	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	80	Low 150 - 410	thou/ $\mu$ L

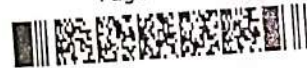
**Comments**

NOTE :- FEW GIANT PLATELETS SEEN ON PERIPHERAL BLOOD SMEAR.  
 PLATELET COUNT CONFIRMED BY PERIPHERAL BLOOD SMEAR EXAMINATION.

**RBC AND PLATELET INDICES**

Parameter	Result	Reference Range	Units
HEMATOCRIT	36.4	Low 40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME	88.2	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN	29.4	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.3	31.5 - 34.5	g/dL
MENTZER INDEX	21.4		%
RED CELL DISTRIBUTION WIDTH	14.6	High 11.6 - 14.0	%

SRL Ltd  
 ESCORTS HEART INSTITUTE AND RESEARCH CENTRE  
 LTD, OKHLA ROAD  
 OKHLA, 110025







**PATIENT NAME : AJOY KUMAR**

PATIENT ID : **FH.9493534** CLIENT PATIENT ID : UID:9493534  
 ACCESSION NO : **0057VH002657** AGE : 63 Years SEX : Male DATE OF BIRTH : 05/06/1959  
 DRAWN : 05/08/2022 00:39 RECEIVED : 05/08/2022 04:51 REPORTED : 05/08/2022 10:09  
 CLIENT NAME : **ESCORTS HEART INSTITUTE AND RESEARCH CENTRE - OKHLA (IPD)** REFERRING DOCTOR : DR. Anil Kumar Gullia

**CLINICAL INFORMATION :**

UID:9493534 REQNO-10385685  
 IPD-DL-ORTHO ICU SUBSTORE  
 IPID-129224/22/1201  
 IPID-129224/22/1201

Test Report Status	Final	Results	Biological Reference Interval	Units
<b>KFT</b>				
<b>SERUM BLOOD UREA NITROGEN</b>				
BLOOD UREA NITROGEN		8	8 - 23	mg/dL
METHOD : UREASE - UV				
<b>CREATININE EGFR- EPI</b>				
CREATININE		0.76	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE-KINETIC				
AGE		63		years
METHOD : MANUAL				
GLOMERULAR FILTRATION RATE (MALE)		97.10	Refer Interpretation Below	mL/min/1.73m <sup>2</sup>
<b>URIC ACID, SERUM</b>				
URIC ACID		6.7	3.4 - 7.0	mg/dL
METHOD : URICASE, COLORIMETRIC				
<b>ELECTROLYTES (NA/K/CL), SERUM</b>				
SODIUM		138	136 - 145	mmol/L
METHOD : ISE INDIRECT				
POTASSIUM		4.11	3.5 - 5.1	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE		104	98 - 107	mmol/L
METHOD : ISE INDIRECT				

**Interpretation(s)**

**SERUM BLOOD UREA NITROGEN-**

**Causes of Increased levels**

- Pre renal
  - High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
- Renal Failure
- Post Renal
  - Malignancy, Nephrolithiasis, Prostatism

**Causes of decreased levels**

- Liver disease
- SIADH.

**CREATININE EGFR- EPI-**

GFR— Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test. Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decreases, less creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.

A GFR of 60 or higher is in the normal range.

A GFR below 60 may mean kidney disease.

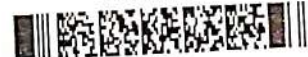
A GFR of 15 or lower may mean kidney failure.

Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.

The CKD-EPI creatinine equation is based on the same four variables as the MDRD Study equation, but uses a 2-slope spline to model the relationship between estimated GFR and serum creatinine, and a different relationship for age, sex and race. The equation was reported to perform better and with less bias than the MDRD Study equation, especially in patients with higher GFR. This results in reduced misclassification of CKD.

The CKD-EPI creatinine equation has not been validated in children & will only be reported for patients = 18 years of age. For pediatric and childrens, Schwartz Pediatric Bedside eGFR (2009) formulae is used. This revised "bedside" pediatric eGFR requires only serum creatinine and height.

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 ESCORTS HEART INSTITUTE AND RESEARCH CENTRE  
 LTD,OKHLA ROAD  
 OKHLA, 110025





**PATIENT NAME : AJAY KUMAR**

PATIENT ID : **FH.9493534** CLIENT PATIENT ID : UID:9493534  
ACCESSION NO : **0057VH002657** AGE : 63 Years SEX : Male DATE OF BIRTH : 05/06/1959  
DRAWN : 05/08/2022 00:39 RECEIVED : 05/08/2022 04:51 REPORTED : 05/08/2022 10:09

CLIENT NAME : **ESCORTS HEART INSTITUTE AND RESEARCH CENTRE - OKHLA (IPD)** REFERRING DOCTOR : DR. Anil Kumar Gulla

**CLINICAL INFORMATION :**

UID:9493534 REQNO-10385685  
IPD-DL-ORTHO ICU SUBSTORE  
IPID-129224/22/1201  
IPID-129224/22/1201

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEAN PLATELET VOLUME		<b>15.4</b>	High 6.8 - 10.9	fL
<b>* WBC DIFFERENTIAL COUNT - NLR</b>				
NEUTROPHILS		80	40 - 80	%
ABSOLUTE NEUTROPHIL COUNT		<b>7.04</b>	High 2.0 - 7.0	thou/ $\mu$ L
LYMPHOCYTES		<b>10</b>	Low 20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT		<b>0.88</b>	Low 1.0 - 3.0	thou/ $\mu$ L
EOSINOPHILS		2	1.0 - 6.0	%
ABSOLUTE EOSINOPHIL COUNT		0.18	0.02 - 0.50	thou/ $\mu$ L
MONOCYTES		8	2.0 - 10.0	%
ABSOLUTE MONOCYTE COUNT		0.70	0.2 - 1.0	thou/ $\mu$ L
BASOPHILS		0	0 - 2	%

DIFFERENTIAL COUNT PERFORMED ON: AUTOMATED ANALYZER

**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 diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT - NLR-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession  
TEST MARKED WITH '\*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

Dr. Shaloo Kapoor, MD  
Pathology  
Chief Pathologist & MRQA

Dr. Sonia Vij, DCP  
Sr.Consultant Pathologist





Cert. No. MC-2120

**Fortis**  
HOSPITAL

**PATIENT NAME : AJOY KUMAR**

PATIENT ID : **FH.9493534**

CLIENT PATIENT ID : UID:9493534

ACCESSION NO : **0057VH002657** AGE : 63 Years SEX : Male DATE OF BIRTH : 05/06/1959  
DRAWN : 05/08/2022 00:39 RECEIVED : 05/08/2022 04:51 REPORTED : 05/08/2022 07:10

CLIENT NAME : **ESCORTS HEART INSTITUTE AND RESEARCH** REFERRING DOCTOR : DR. Anil Kumar Gulia  
CENTRE - OKHLA (IPD)

**CLINICAL INFORMATION :**

UID:9493534 REQNO-10385685  
IPD-DL-ORTHO ICU SUBSTORE  
IPID-129224/22/1201  
IPID-129224/22/1201

Test Report Status	Preliminary	Results	Biological Reference Range	Units
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**KFT**

**SERUM BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN	8	8 - 23	mg/dL
METHOD : UREASE - UV			

**CREATININE EGFR- EPI**

CREATININE	0.76	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE-KINETIC			

AGE	63		years
METHOD : MANUAL			

GLOMERULAR FILTRATION RATE (MALE)	97.10	Refer Interpretation Below	mL/min/1.73m <sup>2</sup>
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**URIC ACID, SERUM**

URIC ACID	6.7	3.4 - 7.0	mg/dL
METHOD : URICASE, COLORIMETRIC			

**ELECTROLYTES (NA/K/CL), SERUM**

SODIUM	138	136 - 145	mmol/L
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METHOD : ISE INDIRECT

POTASSIUM	4.11	3.5 - 5.1	mmol/L
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METHOD : ISE INDIRECT

CHLORIDE	104	98 - 107	mmol/L
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METHOD : ISE INDIRECT

**HAEMATOLOGY**

**CBC-5, EDTA WHOLE BLOOD**

RESULT PENDING

**BLOOD COUNTS, EDTA WHOLE BLOOD**

RESULT PENDING

**RBC AND PLATELET INDICES**

RESULT PENDING

**\* WBC DIFFERENTIAL COUNT - NLR**

RESULT PENDING

**DIFFERENTIAL COUNT PERFORMED ON:**

AUTOMATED ANALYZER

**\*\*End Of Report\*\***

TEST MARKED WITH '\*' ARE OUTSIDE THE ACCREDITED SCOPE OF THE LABORATORY.

PATIENT NAME : MR. AJOY KUMAR SINGH

LAB No. : 9760

REFD.BY. DR. : FORTIS HOSPITAL

SAMPLE DATE : 23/07/2022

CENTRE : PRATHAM DIAGNOSTIC CENTRE

AGE : 63 Yrs.

SEX : Male

MOBILE :

Emp.Code :

### HAEMATOLOGY

Test Name	Value	Unit	Normal Value
<b>PROTHROMBIN TIME-TEST</b> (Electromechanical Clot Detection)			
Mean Normal Prothombin Time (PT)	12.5	sec	
Patient value	15.4	sec	10.4-15.6
Prothrombin Ratio (PR)	1.23		
International Normalized Ratio (INR)	1.16		< 1.27

#### Note

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy.  
Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

#### Recommended Therapeutic range for Oral Anticoagulant therapy

INR 2.0-3.0:

- \* Treatment of Venous thrombosis & Pulmonary embolism
- \* Prophylaxis of Venous thrombosis ( High risk surgery)
- \* Prevention of systemic embolism in tissue heart valves,AMI,Valvular heart disease & Atrial fibrillation
- \* Bileaflet mechanical valve in aortic position

INR 2.5-3.5:

- \* Mechanical Prosthetic valves
- \* Systemic recurrent emboli

#### Comments

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VIII (VIII), Tissue factor and Protein of the common pathway (Factor X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

PARTIAL THROMBOPLASTIN TIME, ACTIVATED; APTT/PTTK  
(Electromechanical Clot Detection)

PATIENT NAME : MR. AJAY KUMAR SINGH  
LAB No. : 9760  
REFD.BY. DR. : FORTIS HOSPITAL  
SAMPLE DATE : 23/07/2022  
CENTRE : PRATHAM DIAGNOSTIC CENTRE

AGE : 63 Yrs.  
SEX : Male  
MOBILE :  
Emp.Code :

Patient Value	33.20	sec	28.69-41.89
Control Value	30.00	sec	

Note:

1. Degree of prolongation of PTT/APTT is neither predictive of bleeding risk nor underlying diagnosis
2. Result should be clinically correlated
3. Test conducted on Citrated plasma

#### Comments

Partial Thromboplastin time (PTT / APTT) measures the proteins of the intrinsic coagulation pathway which consists of Factor XII, Prekallikrein, High molecular weight kininogen, Factors VIII, IX & XI. It also measures proteins of the common pathway namely factors II, V, X & Fibrinogen. PTT is prolonged when Factor VIII level is <35-40 % of normal and Factor XII & High molecular weight kininogen <10-15 % of normal

#### Abnormal Partial Thromboplastin Time

- \* Associated with bleeding: Defects of factors VIII, IX, XI
- \* Not associated with bleeding: Defects of factors XII, Prekallikrein, High molecular weight kininogen & Lupus anticoagulants

#### Causes of prolonged PTT / APTT

- \* Liver disease
- \* Consumptive coagulopathy
- \* Circulating anticoagulants including Lupus Anticoagulant
- \* Oral Anticoagulant therapy
- \* Factor deficiencies

\*\*\* End of the Report \*\*\*

TECHNOLOGIST  
(Signature)

Page No. 2 of 2

*Kanchan*  
DR. KANCHAN JAIN  
MBBS, MD  
CONSULTANT PATHOLOGIST

PATIENT NAME : MR. AJOY KUMAR SINGH	AGE : 63 Yrs.
LAB No. : 9760	SEX : Male
REFD.BY. DR. : FORTIS HOSPITAL	MOBILE :
SAMPLE DATE : 23/07/2022	Emp.Code :
CENTRE : PRATHAM DIAGNOSTIC CENTRE	

URINE EXAMINATION TEST

Test Name	Value	Unit	Normal Value
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URINE FOR CYTOLOGY

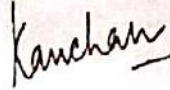
Urine cytology :-

Smears show few inflammatory cells along with mature squamous cells.

No malignant cells seen in smears examined.

\*\*\* End of the Report \*\*\*

TECHNOLOGIST  
(Signature)



DR. KANCHAN JAIN  
MBBS, MD  
CONSULTANT PATHOLOGIST

PATIENT NAME : MR. AJOY KUMAR SINGH

LAB No. : 9812

REFD.BY. DR. : FORTIS HOSPITAL

SAMPLE DATE : 24/07/2022

CENTRE : PRATHAM DIAGNOSTIC CENTRE

AGE : 63 Yrs.

SEX : Male

MOBILE :

Emp.Code :

### URINE EXAMINATION TEST

Test Name	Value	Unit	Normal Value
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#### URINE FOR CYTOLOGY

Urine cytology :-

Smears show squamous cells and few superficial urothelial cells .

Background show Rbc .

No atypical cells seen in smears examined.

\*\*\* End of the Report \*\*\*

TECHNOLOGIST  
(Signature)

Page No. 2 of 2

*Kanchan*  
DR. KANCHAN JAIN  
MBBS, MD  
CONSULTANT PATHOLOGIST

PATIENT NAME : MR. AJOY KUMAR SINGH

AGE : 63 Yrs.

LAB No. : 9890

SEX : Male

REFD.BY. DR. : FORTIS HOSPITAL

MOBILE :

SAMPLE DATE : 25/07/2022

Emp.Code :

CENTRE : PRATHAM DIAGNOSTIC CENTRE

### URINE EXAMINATION TEST

Test Name	Value	Unit	Normal Value
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#### URINE FOR CYTOLOGY

Urine cytology :-

Smears show squamous cells and few superficial urothelial cells .

Background show Rbc .

No atypical cells seen in smears examined.

\*\*\* End of the Report \*\*\*

TECHNOLOGIST  
(Signature)

Page No. 1 of 1

*Kanchan*  
DR. KANCHAN JAIN  
MBBS, MD  
CONSULTANT PATHOLOGIST



PATIENT NAME : MR. AJOY KUMAR SINGH  
LAB No. : 9812  
REFD.BY. DR. : FORTIS HOSPITAL  
SAMPLE DATE : 24/07/2022  
CENTRE : PRATHAM DIAGNOSTIC CENTRE

AGE : 63 Yrs.  
SEX : Male  
MOBILE :  
Emp.Code :

URINE CULTURE & SENSITIVITY

Date of Sample Collection

24/07/2022

Date of Reporting

26/07/2022

CULTURE RESULT

No pathogenic organism is grown in culture after 48 hrs incubation at 37 degree centigrade.

\*\*\* End of the Report \*\*\*

TECHNOLOGIST  
(Signature)

Page No. 1

*Kanchan*  
DR. KANCHAN JAIN  
MBBS, MD  
CONSULTANT PATHOLOG



Escorts Heart Institute and  
Research Centre Ltd.  
Okhla Road, New Delhi-110 025 (India)  
Tel. : +91-11-47135000  
Emergency Tel. : +91-11-105010  
Fax : +91-11-2682-5013  
Email : contactus.escorts@fortishealthcare.com  
Website : www.fortisescorts.in  
A NABH Accredited Institute

**DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT****Discharge Summary**

Date : 01/Nov/2022

Patient Name	Mr. Ajoy Kumar	UHID   Old UHID	9493534   2049495
Age / Gender	63 Years / Male	Episode No	182819/22/1201
Contact No	9899667121	Date of Admission	29 Oct 2022
Discharge Type	ROUTINE	Date of Discharge	29 Oct 2022
Address	s k 54 s k colony kankar bagh patna,Patna,Bihar,India,800020		
Name of Consultant	Dr.Anil Kumar Gulia		
Doctor Team			

**Final Diagnosis**

1. FOLLOW UP CASE OF HIGH GRADE URETERAL CANCER OF BLADDER WITH URETHRAL STRICTURE
2. TURBT + OIU (DEC -2019)
3. PERINEAL URETHROSTOMY + TURBT (AUG 2022) HPE TIGER<sub>2</sub>
4. RESTAGING TURBT (22/09/2022) NO MUSCLE INVASION.
5. HYPOTHYROIDISM

**Allergies**

Not known

**History Of Present Illness**

Patient presented for intravesical BCG 80mg instillation. Patient was admitted to Fortis Escorts Heart Institute for evaluation and further management.

**Procedure Notes**

1st Dose of 80mg BCG (ONCO BCG) instilled intravesical done on 29/10/2022.

**Course In The Hospital**

The patient was admitted with above mentioned complaints and was evaluated both clinically and with proper investigations. The patient underwent 1st Dose of 80mg BCG (ONCO BCG) instilled intravesical on 29/10/2022. The procedure was uncomplicated and well tolerated. Now the patient is being discharged in a stable condition with following advice and medicines.

**Condition At Discharge**

Stable

**Medications Advised On Discharge**

S.No.	Drug	Dose	Route	Frequency	Duration
1	TAB ZOCEF	500 MG	ORAL	TWICE DAILY	X 3 DAYS



Date : 01/Nov/2022

DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT  
Discharge Summary

Patient Name	Mr. Ajoy Kumar	UHID   Old UHID	9493534   2049495
Age / Gender	63 Years / Male	Episode No	182819/22/1201
Contact No	9899667121	Date of Admission	29 Oct 2022
Discharge Type	ROUTINE	Date of Discharge	29 Oct 2022
Address	s k 54 s k colony kankar bagh patna, Patna, Bihar, India, 800020		
Name of Consultant	Dr. Anil Kumar Gulia		
Doctor Team			

**Discharge Advice On Follow Up**

Review with Dr. Anil Kumar Gulia in OPD with prior appointment after 1 week for 2nd dose of 80mg ONCO BCG.

**General Instruction**

- Urgent Care: Please inform emergency department if you have chest pain, breathlessness, palpitations, sweating, choking, giddiness, fainting, itching, skin rash, bleeding from any site, discharge from the wound or any other symptom. You should contact emergency department of Fortis Escorts Heart Institute at following number:
  - 011-47134000, 47134001 or 011-41628428 (Direct Line).

For OPD appointments please contact on following no:

+91-11-4713-5000 & 5001 For EMERGENCY Department please contact on following no : +91-11-4713-4000 & 4001

FOR AMBULANCE SERVICE DIAL 105010

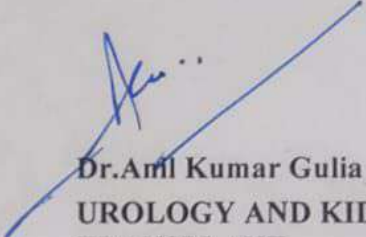
- General Lifestyle-Related Advice:
- Diet: Restrict salt, free sugar, refined carbohydrates and excess of dietary fat. Avoid hydrogenated fat and full cream milk and milk products. Ensure regular and adequate intake of fresh fruits, nuts and green leafy vegetables. Prefer whole grains, whole pulses and low fat milk and milk products. Non-vegetarians should avoid red meat, organ meats and egg yellow. Consult dietician for further details and advice according to individual needs.
- Physical Activity: 30 to 45 minutes of brisk physical activity, preferably on all days of the week. Please discuss with your physician/cardiologist.
- Substance abuse: Smokers should quit smoking completely and abruptly. Tobacco chewing is equally harmful.
- Book your appointment through My Fortis Mobile App & get 10% Discount on your consult. Download on Apple App Store or Google Play Store.

**DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT**  
**Discharge Summary**

Date : 01/Nov/2022

Patient Name	Mr. Ajoy Kumar	UHID   Old UHID	9493534   2049495
Age / Gender	63 Years / Male	Episode No	182819/22/1201
Contact No	9899667121	Date of Admission	29 Oct 2022
Discharge Type	ROUTINE	Date of Discharge	29 Oct 2022
Address	s k 54 s k colony kankar bagh patna,Patna,Bihar,India,800020		
Name of Consultant	Dr.Anil Kumar Gulia		
Doctor Team			

Medical Officer/Resident

  
Dr. Anil Kumar Gulia  
UROLOGY AND KIDNEY  
TRANSPLANT

Escorts Heart Institute and Research Centre Ltd.  
Okhla Road, New Delhi-110 025 (India)  
Tel : +91-11-47135000  
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Email : contactus.escorts@fortishealthcare.com  
Website : www.fortisescorts.in  
A NABH Accredited Institute

**DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT**  
**Discharge Summary**

Date : 05/Nov/2022  
Patient Name  
Age - Gender  
Contact No  
Discharge Type  
Address  
Name of Consultant  
Doctor Team

Mr. Ajoy Kumar                      UHID | Old UHID                      9493534 | 2049495  
63 Years / Male                      Episode No                      187207/22/1201  
9899667121                      Date of Admission                      05 Nov 2022  
ROUTINE                      Date of Discharge                      05 Nov 2022  
s k 54 s k colony kankar bagh patna,Patna,Bihar,India,800020  
Dr.Anil Kumar Gulia

**Final Diagnosis**

- 1. FOLLOW UP CASE OF HIGH GRADE URETERAL CANCER OF BLADDER WITH URETHRAL STRICTURE
- 2. TURBT + OIU (DEC -2019)
- 3. PERINEAL URETHROSTOMY + TURBT (AUG 2022) HPE TIG3.
- 4. RESTAGING TURBT (22/09/2022) NO MUSCLE INVASION.
- 5. HYPOTHYROIDISM

**Allergies**

Not known.

**History Of Present Illness**

Patient presented for intravesical BCG 80mg instillation. Patient was admitted to Fortis Escorts Heart Institute for evaluation and further management.

**Clinical Examination**

At the time of admission, the patient 's pulse was 70/minute and BP was 120/70mmHg. General Physical: Pallor (-), Icterus (-), Cyanosis (-), Pedal Edema (-), Lymphadenopathy (-). CVS: S1, S2 normal, No murmur. Respiratory: Bilateral air entry present. Abdomen: Soft, non tender. CNS: Conscious, oriented.

**Procedure Notes**

80mg (ONCO BCG) instilled to bladder on 05/11/2022

**Course In The Hospital**

The patient was admitted with above mentioned complaints and was evaluated both clinically and with proper investigations. The patient underwent 80mg (ONCO BCG) instilled to bladder on 05/11/2022. The procedure was uncomplicated and well tolerated. Now the patient is being discharged in a stable condition with following advice and medicines.

**Condition At Discharge**

Stable.

**Medications Advised On Discharge**

DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT  
Discharge Summary

Date: 05 Nov/2022  
Patient Name  
Age: Gender  
Contact No  
Discharge Type  
Address  
Name of Consultant  
Doctor Team

Mr. Ajoy Kumar UHID | Old UHID 9493534 2049495  
63 Years / Male Episode No 187207/22/1201  
9899667121 Date of Admission 05 Nov 2022  
ROUTINE Date of Discharge 05 Nov 2022  
s k 54 s k colony kankar bagh patna, Patna, Bihar, India, 800020  
Dr. Anil Kumar Gulia

S.No.	Drug	Dose	Route	Frequency	Duration
1	TAB. ZOCEF CV	500 MG	ORAL	TWICE DAILY	X 3 DAYS

Discharge Advice On Follow Up

Review with Dr. Anil Kumar Gulia in OPD after 1 week for 3rd dose of ONCO BCG instilled.

Plan for 80 mg ONCO instillation once a week for 6 doses, after 2 month of completion of BCG doses to do check CPE.

General Instruction

\* Urgent Care: Please inform emergency department if you have chest pain, breathlessness, palpitations, sweating, choking, giddiness, fainting, itching, skin rash, bleeding from any site, discharge from the wound or any other symptom. You should contact emergency department of Fortis Escorts Heart Institute at following number:

\* 011-47134000, 47134001 or 011-41628428 (Direct Line).

For OPD appointments please contact on following no:

+91-11-4713-5000 & 5001 For EMERGENCY Department please contact on following no : +91-11-4713-4000 & 4001

FOR AMBULANCE SERVICE DIAL 105010

\* General Lifestyle-Related Advice:

\* Diet: Restrict salt, free sugar, refined carbohydrates and excess of dietary fat. Avoid hydrogenated fat and full cream milk and milk products. Ensure regular and adequate intake of fresh fruits, nuts and green leafy vegetables. Prefer whole grains, whole pulses and low fat milk and milk products. Non-vegetarians should avoid red meat, organ meats and egg yellow. Consult dietician for further details and advice according to individual needs.

DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT  
Discharge Summary

05/Nov/2022

Patient Name

Gender

Contact No

Discharge Type

Address

Name of Consultant

Doctor Team

Mr. Ajoy Kumar

63 Years / Male

9899667121

ROUTINE

s k 54 s k colony kankar bagh patna, Patna, Bihar, India, 800020

Dr. Anil Kumar Gulia

UHID | Old UHID

Episode No

Date of Admission

Date of Discharge

9493534 | 2049495

187207/22/1201

05 Nov 2022

05 Nov 2022

- Physical Activity: 30 to 45 minutes of brisk physical activity, preferably on all days of the week. Please discuss with your physician/cardiologist.
- Substance abuse: Smokers should quit smoking completely and abruptly. Tobacco chewing is equally harmful.
- Book your appointment through My Fortis Mobile App & get 10% Discount on your consult. Download on Apple App Store or Google Play Store.

Medical Officer/Resident

**Dr. ANIL KUMAR GULIA**  
**MS (AIMS), MCh (Urology & Kidney Transplant)**  
**FSRS (Rowell Park Cancer Institute, New York)**  
**DIRECTOR & HOD**  
**UROLOGY, ROBOTICS & KIDNEY TRANSPLANT**  
**DMC Reg. No. 44726**  
**Fortis Hospital, Oldis Road**  
**New Delhi 110 025 Kumar Gulia**

UROLOGY AND KIDNEY  
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