

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

Date	HTN ^o ; DM ^o ; CAD - Not Known; Hypertensive
3/12/19	<p>↓/0 Hematuria - Aug, Nov</p> <p>As USG. P/L Kidneys (N) - UB 2.3 x 7 cm SOL right lat wall P/L - Nil P/L stone 14 gm.</p> <p>Adv. - CSE, KFT, LFT, S.PSA - PT/APTT/INR, ECG - HbAg, HCV, HIV, CXR-PACE - T. LEVOFLOX 750mg OD. X 10 days.</p> <p>- CECT KUB (After seeing S.cr.).</p> <p>- Urine cytology (Fresh) (x3) <u>Adi</u></p>

Past H/O
 Aden Ca. Caecum
 resectum 1998.
 colostomy done.
 Ascending aorta.
 Right radical
 hemicolectomy 1999
 + Chemotherapy.
 Urine q.s. E.coli
 (C) Amikacin,
 Cefepime,
 Levoflox



Dr. ANIL KUMAR GULIA
 MS (AIIMS) MCh (Urology & Kidney Transplant)
 Park Cancer Institute, New Delhi
 Fortis Escorts Heart Institute
 Okhla Road, New Delhi - 110025

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

Kidney and Urology Institute

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HYPOTHYROIDISM

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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. Zocel 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:

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, FIMSA, FSCCT (USA)
Director

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

NR: 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



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**

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 block. 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

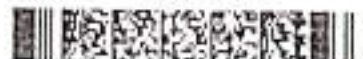
COMMENTS

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 :

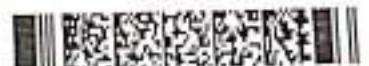
UHID:002049495 REQNO-1900980624
IPD-DL-OT

Test Report Status	Final	Results
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****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

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





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 tab. ant. nocturnal)

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

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

Dec 2019 TURBT done

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

Has come for follow up now.
Asymptomatic.

USG. R/L kidneys (N)
UR - (N) PVR ND
Prostate 18 gm

Adv. - Uro Day care
- Check CPE (Tig, Amitkaein
surgery)
Pres.

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

DEPARTMENT OF UROLOGY
Discharge Summary

Date : 03/Dec/2020

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

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

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

**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

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
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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 ^{am} , 10 ^{pm}
2	TAB SIGNOFLAM	1TAB	ORAL	TWICE DAILY	X 5 DAYS 10 ^{am} , 10 ^{pm}
3	TAB RABUIM DSR	1TAB	ORAL	ONCE DAILY	X 5 DAYS 7 ^{am} , 7 ^{pm}
4	TAB NIFTRAN	100MG	ORAL	TWICE DAILY	X 2 WEEKS 10 ^{am} , 10 ^{pm}
5	TAB A TO Z	1TAB	ORAL	ONCE DAILY	X 2 WEEKS 10 ^{am}

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:

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DEPARTMENT OF UROLOGY AND KIDNEY TRANSPLANT
Discharge Summary

Date : 08/Aug/2022

Patient Name	Mr. Ajoy Kumar	UHD Old UHD	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			

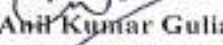
For OPD appointments please contact on following no:

+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 10:30

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
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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

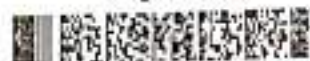
Muscularis propria is not included in the biopsy

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.0493534

CLIENT PATIENT ID :

ACCESSION NO : 0057VH005055

AGE : 67 years

SEX : Male

DATE OF BIRTH : 05/06/1959

DRAWN : 05/08/2022 00:00

RECEIVED : 05/08/2022 10:38

REPORTED : 06/08/2022 18:51

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

REFERRING DOCTOR : DR. ANIL KUMAR GULIA

CLINICAL INFORMATION :

0057VH002453

Test Report Status

Final

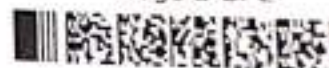
Results

End Of Report

Please visit www.srlworld.com for related Test Information for this accession

P. Jain

Dr. Priti Jain MD, FRCPATH
(LONDON), CCT (OXFORD) RSC
NO - DMC - 56936
Principal Consultant
Histopathology





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, hypokalemia, 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

HEMOGLOBIN	12.1	Low 13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	4.13	Low 4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL COUNT	8.80	4.0 - 10.0	thou/ μ L
PLATELET COUNT	80	Low 150 - 410	thou/ μ L

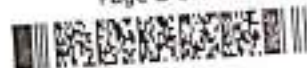
Comments

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

RBC AND PLATELET INDICES

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 : 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 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
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KFI

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/1.73m²

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

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 : 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 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	15.4	High	6.8 - 10.9	fL
* WBC DIFFERENTIAL COUNT - NLR				
NEUTROPHILS	80		40 - 80	%
ABSOLUTE NEUTROPHIL COUNT	7.04	High	2.0 - 7.0	thou/ μ L
LYMPHOCYTES	10	Low	20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT	0.88	Low	1.0 - 3.0	thou/ μ L
EOSINOPHILS	2		1.0 - 6.0	%
ABSOLUTE EOSINOPHIL COUNT	0.18		0.02 - 0.50	thou/ μ L
MONOCYTES	8		2.0 - 10.0	%
ABSOLUTE MONOCYTE COUNT	0.70		0.2 - 1.0	thou/ μ L
BASOPHILS	0		0 - 2	%

DIFFERENTIAL COUNT PERFORMED ON: AUTOMATED ANALYZER

Interpretation(s)

RBC AND PLATELET INDICES-

Menzies 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 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





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 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	Preliminary	Results	Biological Reference Range	Units
KET				
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 ²
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
METHOD : ISE INDIRECT				
POTASSIUM		4.11	3.5 - 5.1	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE		104	98 - 107	mmol/L
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
PROTHROMBIN TIME-TEST (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. 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 :

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)

Kanchan

DR. KANCHAN JAIN
MBBS, MD
CONSULTANT PATHOLOGIST

PATIENT NAME : MR. AJOY KUMAR SINGH	AGE : 63 Yrs.
LAB No. : 9812	SEX : Male
REFD.BY. DR. : FORTIS HOSPITAL	MOBILE :
SAMPLE DATE : 24/07/2022	Emp.Code :
CENTRE : PRATHAM DIAGNOSTIC CENTRE	

URINE EXAMINATION TEST

Test Name	Value	Unit	Normal Value
-----------	-------	------	--------------

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)

Kanchan
DR. KANCHAN JAIN
MBBS, MD
CONSULTANT PATHOLOGIST

PATIENT NAME : MR. AJAY KUMAR SINGH
LAB No. : 9890
REFD.BY. DR. : FORTIS HOSPITAL
SAMPLE DATE : 25/07/2022
CENTRE : PRATHAM DIAGNOSTIC CENTRE

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

URINE EXAMINATION TEST

Test Name	Value	Unit	Normal Value
-----------	-------	------	--------------

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