

Dr. A. S. Vasudev

M.B.B.S., D.Ped. D.N.B., D.C.P., MNAMS, FIAP
Fellow International Medical Sciences Academy

CONSULTANT PEDIATRIC NEPHROLOGIST

(Children Kidney and Urinary Diseases)

From
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
New Delhi.

Presently : Sr. Consultant
Apollo Hospitals
Holy Family Hospital
Max Hospitals
New Delhi (India)

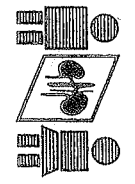
Visiting

Department of Pediatric Nephrology
Montefiore Children's Hospital
Albert Einstein University, New York (USA)

Deptt. of Pediatric Nephrology
Medical College of Wisconsin
Milwaukee, WI, (USA)

Life Member :

- Indian Academy of Pediatrics
- Indian Society of Nephrology
- Indian Society of Pediatric Nephrology
- International Pediatric Nephrology Assn.
- Delhi Nephrology Society
- Exec. Board Member, IAP (2009-2010)
- President IAP Delhi State (2011)
- Exec. Director IAP (H.Q.) 2011, 2012
- Joint Secretary IAP (H.Q.) 2014, 2015
- Convener, NCD, TAG, Asia Pacific Ped. Assn. (2016-2018)



A. Vasudev
Ginsik Agarwal

13/9/18

PMU 2 1/2 yrs. F.

21.65

Idiopathic Nephrotic Syndrome

11/6/80

Initial onset

(RAS 3")

No Hematuria Rbc 0-1

Amazant

BP. 110/80 (RAS 3")

S. Creat 1.1

CRc 13.2, 16, no, P63 L34

S. Creat 346

250/114 4.5/0.6

Clinic:
"SHAISHAV"

181, Pocket-A,
Mayur Vihar, Phase-II,
Delhi - 110091, India
Ph.: 011-22779484, 22778552
(Consultation by Appointment)

Abn

1. Xray chest PA view → NAD

2. US KUB area & all measurements. → NAD

R: Abn. Mgcr cv forte for 2 days, furosemide x 2 days

1. Sep. Phenylenhin 200 S ml RD 99 x 3 days

2. Sep Filucold AF 1 ml 2 9 pm x 3 days

3. Naze dpo saline 100.

4. Tel Dorix (40) 1 0 x 2d

5. Sep Ondem S ml 800
Eimset

AS

Rin

14/9/18 1. Penicillin 5ml - 4ml - 4ml after meals 0000

20.85 2. Tab Lanzet jr (15) 1 OD.

3. Urine for urine test & maintain diary.

Rin 17/9/18

4. T. Lanze (40) 1 OD x 2 days. more

17/9/18 Atk of Lanze (40) 1 800

Urine 3T
1. Continue Penicillin, Lanzet
2. Tab Envars (2.5) 1/2 OD

Rin 24/9/18

BP was checked in Basellily - found to be high

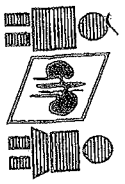
24/9/18. Envars 5 or 3D + Amlopim 2.5 or OD

Urine Urine
20/9/18. In view of a quick response to steroids and a high BP. the dose of Pred. is to be reduced (compromised situation)

BP 120/80 Atk 1. Penicillin 5ml 3D 00
(RAT 3rd) 2. Continue Envars, Amlopim
19.65 3. Lanzet to continue

28/9/18 Rin 2/10/18
BP 100/70 Take tablet added yesterday 25 or 3D ..
Urine Atk - High table for monitoring.

Ann Apollo



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Dr. Kirish Agarwal

Dr. Manick

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8/16/18

PTM

2 1/2 yr F

PUS

Partial.

Recd 14.9.18.

20 yr
Uriner

Bp 118/80 (RAS 3") (95th centile 106/63)

Taking Omeprazole 20 mg daily
+ Febuxostat (100) 1/3 BD 10 10

RD in Bareilly (5/16/18) 99/55

As the G. was of HT, the dose of Rosuvastatin can
be reduced marginally

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1. Sup Domacast forte (5 mg) daily & after breakfast.
2. T. Longol (15) 1 D.
3. Febuxostat (100) 1/2 BD oo if RD is higher.
4. Sup Caldikind - R 2x5 mg D.

Ric 2 weeks.

1. Omeprazole 5 mg daily till 26/11/18. (6 weeks)
→ Atk days

2. Longol, Caldikind, Febuxostat.

Ric 9/11/18

25/16/18
20.8 yr
Bp 116/60
Uriner

Dr

9/11/18 ✓ Urine ✓

21/5 Behavior better

PS 120/80 missed morning dose of Tobitrol.

(RAS 3^{1/2})
Abx

1. Omnicef 5 ml ABx to continue
2. Continue Tobitrol (100) 1/2 BD
3. Cefdinir, lowered to continue

Rin 28/11/18

4. Laxopeg setback 1/2 ser if resp.

27/11/18
wt. 215
BS 104/70
Urine ✓

1. Omnicef 2.5 ml ABx after meals
2. Tab Tobitrol (100) 1/2 QD
3. Cefdinir to continue

Rin 4/12/18

11/12/18

Urine 2+

22 yr.

No Edema

BS 116/70

27/12/18

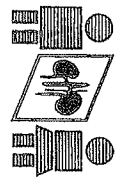
21/5

100/60

Urine 1+

Proteinuria x 1 wk. No obvious infection
 Taking Omnicef 39 mg daily x 3 days
 Abx Omnicef 13 ml daily till seen
 I. → RAS 7 ml ABx → 5 ml ABx
 2. Tab Dicen's (50) ABx
 3. Calcium, Tobitrol to continue
 Rin 27/1/19

DL



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Dr. Arindam Ghosal

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16/12/19
19/1/16 ~ 3yr
(Baranilly)

24.3.16

IXUS

Printed,

SDXUS

For 27.12.18

H T ⊕ .

Visiting
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Curriculum
22kr, Urine
Rd 110/70 (RAS 3")

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Urine R/Pn - WBC 60-70
qs E. coli.

1. Syp Oflox (100) 5 ml BD x 1wk
2. Syp fusidic acid x 5 days
3. Amnorfate 5 ml x 7d
4. Fi Dicort (50) x 7d
5. T. Dabicit (100) 1/2 Bd "
6. Syp Coldikind 2.5 ml OD .
7. Depura syp (60k Sm) 1/1wk x 4 → 1/ month.
16/4, 16/5, 16/6, 16/7.

Rt.

27/3/19

% Dysuria. Urine M/E WBC 65-70
Urine 2+ on Amnorfate 3 ml ATD since 6/3/19

(Home) BP 100/66 Ue 1. Syp Oflox (100) 5 ml BD x 1 wk.

22.9.15

BP 106/60 (clinic) 2. Syp Amnorfate 3 ml daily till norm → ATD

3. Continue Dicort, Celeston.

4. T. Dabicit (50) 1/2 OD . 8am.

5. Syp Seroform

2, 3, 4, 5, 6, 7, 8, 9, 10, 11

↓

22/11/19

22.2/5

Wine R/m - WBE 18-20

29.11/60

qs - No fresh

R/m

the Wine (pot) Protein, Leucine ratio

1. Carline Ornafate 3ml H₂O

2. Carline Dicar's, Calcium, Rabbit, Sytran

3. Carline Dicar's, Calcium, Rabbit, Sytran

Signature

4. Caught remaining vaccination

20/5/19

BB 11/1100 + 50-54

1st: 22.5/5

BB 100/60

Proteinuria 2+

1. Uria (SPT) Protein, Leucine Ratio

2. Urine PCR 5 ml BB fill room → 5 ml H₂O → 3 ml H₂O

3. Syng Argemutin DDS 5 ml BB → 5 ml BB → 5 day

4. Syng Accord Flu 2.5 ml BB

5. Carline Dicar's, Calcium, Rabbit, Sytran

Ric 15/6/19.

Signature

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Ph.: 011-22779484, 22778552
10.30 - 12.30 pm.
3.30 - 8.30 pm.
(day Closed)

Take Prior Appointments
to Save Time

Member:
International College of Pediatrics (USA)

Life Member:

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Indian Society of Nephrology
Indian Society of Pediatric Nephrology
Delhi Nephrology Society
Past President, IAP East Delhi Branch.
Executive Board Member Central IAP (2009-2010)
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Convener, TAG, Asia Pacific Pediatric Asso. (2016-2019)

St. Consultant:
Indraprastha Apollo Hosp.
Max Hospital
Holy Family Hospital
N. Delhi, India

④

26/1/19

Pihu

1. Symp Immunosuppr 10 mg daily
2. CP. doxibicy (100) 1/2 th BS
3. CP. Dicaris (50) 1 AD
4. Symp. Caldikind P 2.5 ml BS
5. Symp. Atex jr 5 ml AD ..
3-5 days
6. Surkey loganges
7. Immune NKIB 5 ml D.

8. Urine R/plm
(GPT) Paracetamol / Creatinine ratio

Note: All Emergency Patients Must Reach Max Balaji Hospital Patparganj. Casualty &
Simultaneously inform me. This will ensure Prompt & Effective Management of Emergency Cases.

24/9/19 Performers since 16/9/19. No obvious infections.
was on Prod 9 mg ATD + Dicaris.
Prod ↑ to 21 mg ATD

Wine 2+ Abu Ru
Found dead by 14.

24/5 (Honey) 24-7 (Clinic) 1. Amnorfate 7 mg daily till.
BQ 101/54 (Honey) 2 mg → 5 mg ATD x 2 wks.
102/60 (Clinic)

2. Antibiotics Dicaris, Jolibat, Cleavim, Vit D.
Immune by kid.
Ru

3 CFC, KFF, Cholesterol
P/S.

16/12/19 268 Chicken box (14.11.19) 8/8 & Monisth

100/65 Honey Acyclovir x 5 days
On Prod 15 mg ATD (9/11/19)

100/60 (Clinic) Droper started 25/9/19
Wine 1+ x 2 days
Chort oce Romethi

~~Abu~~ 90 cough/cold. No fever.

Abu 1. Acetylated Fentanyl (0.63) 2 mg x 5 days
3-4 days

2. Abu Alex Jr 5 mg & 3-4 days
5 mg Amnorfate 5 mg daily till rem

3. Abu 5 mg → 5 mg ATD → 4 mg → 3 mg.

4. Dicaris, Jolibat, Cleavim, Vit D to combis

Abu

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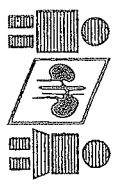
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Dr. Himish Agarwal



12/2/20

P1114 ~ 4y

24.3.16

(Barzilly)

IXS

SIXS

currently:

Peramuria x 3 days

Taking food 21 m daily x 3 days

For 27.12.18

wt 27 kg BP 110/70

Urine ✓

KFT WxL 750/4 7.0/4.0

S. Cr 1.88

Ob 13.8, T₁₂ 20.1

Abd
I Immature Fnd daily fillcom → 4 ml AB

2. T Dicam's (50) AB

3. T dobstct (100) 1/2 O

4. Sp Cellcom, Vit D to continue, Immature kid

5. Second flu 5 ml D x 3 days

Rin

6. Rashim is next cpa for



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Dr. Gervick, Dr. Manish Barwaha

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Hely Family Hospital
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New Delhi (India)

24/3/21
Teleconsult

PEEHU F 8 yr.
PEEHU

DOB
24.3.16

Waiting
Department of Pediatric Nephrology
Montefiore Children's Hospital
Albert Einstein University, New York (USA)

Urine, 80 kg,
ESR 97-92/50-57

PAS
SOWS

Dept. of Pediatric Nephrology
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Milwaukee, WI, (USA)

1. Ery Immunosup (5mg/5ml)
Send on alt days

Rec 27.12.18.

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3. Tab DICARIS (150) half tab on alt days
3. Sup Calcium, Vit D (monthly dose) to continue
as before

4. CBe on 24/4/21 and review.

UK

16/4/21
Teleconsult

98/55, 104/59 BP, 108-98/62-55
Disorder with mother

Urine
30 kg

Adv: Tab DICARIS (150) 1/2 tab on Thursday/Sunday

2. ~~Tab~~ Immunosup 5mg, Calcium, Vit D to continue
as before.

3. CBe on 24/4/21 and send report.

UK

14/5/21
Teleconsult

104/44 to 108/50

Urine
31.8 kg

Adv: Continue present treatment with ICARIS,
Immunosup, Calcium, Vit D as before

CBe not yet done due to lockdown and conditions.
To list the test done at earliest possible and send report.
Review 14/6/21

8/6/21

CBe (6.6.21) 12.4, 11500, P36 L58 M4 E2 R3.5

Teleconsult Urine B/M (6.6.21) Prot (-) LEC (+) RBC (-) WBC (3-4)
Adv continue same treatment

UK

Carried from previous page

PEETHU
F 5yr

14/9/21

Telcansault

CBc (10/2/21) 12.8, 10/10, 43, 53, 2, 1, PR 2.9

INS

SDXIS

Ken

27.12.18

32 kg
100/66
Urine

does as before

3 Runtin after one month 14/1/21 or earlier if reqd.

23/1/21
Telcansault

40 Cough, cold, Fever - 39.8 & Vijay Sathi in Rindurakal
Foley Angamudi, Chellan, Vinayak, Soto.

Adv 1. Continue present treatment as adv by S Sathi

2 Egg Amoxicil 5 ml daily for 5 days. Then
2.5 ml on AD

3. Continue Tears, Calcium, Vit D as before

4. Runtin after one month or earlier if required
(23.11.21)

5. Eye check up to R/O steroid induced changes esp
cataract, glaucoma

13/4/22 (Clinical) Seeing after 6 months.

38.8 kg CBc (14-3-22) 11.6, 8300, 40, 57, 3,
6 yrs. KFT: 30/10.5, 8.6, 10/4.4, 139/4.6/112, Vit 44 (30-100)

125 cm Adv. 1. STOP ICARIS

2. Continue Amoxicil 2 ml AD.

3. Eye check up -> Send report.

4. Diet modification, Exercise for weight control

5. Runtin after month

6. Syp Alex Jr., 5 ml, oo x 3 days

7. Narsolan nasal drops

ds

94/1832121

7

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13/5/22

Peethu

24.3.16

Telconsent

R S 2/24

IXIS

Had RTI, S/B Dr Rakul Mittal

SDXIS

At Bhandarkher. on 7/5/22

Teu

27-12-18
to 13.4.22

to 13.4.22

Discussed with mother.

Adv 1. Continue Ennacetyl 2 ml BID

2. Eye check up report.

3. Review after one week 20/5/22

23/7/22

CBC (23.7.22) 12.6, 8180, 61, 32, 22, Rf 3.4

LFT : 0.26, 28/29, 6.9/4.6

RFT : 24/0.4, 2.9, 10.9/4.5/336, 138/4.8/103

c/o Running nose, sneezing. No Cough No Fever

Eff. commenced for last 1 1/2 months.

Discussed with mother

Adv 1. Tab ALLERA (220) 1 tab tid daily x 3 days

2. Eye check up to R/o steroid induced ocular

change esp cataract / glaucoma.

3. Review after 3 months 28/9/22 or earlier
if reqd.

7/8/22 Adv 1. Diet and Exercises as adv for weight

gain of 2.6m management.

35.15 2. Rev. after one month 9/9/22

Shree

Signature

Signature



9411832121

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14/9/22
(Elsie)

Peehu (Pratishtha)
F 6 1/2 yr

DOB
24.3.16

Wt 33 kg

Keeping well.

Feeding Immune up kid + Depura (60k)

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Also
1. Continue Depura 5mg (60k 5ml) one per week
2. Immune up kid 5 ml OD
3. Run 2 months 14/11/22

Eye check up (19.9.22) NAD

11/11/22 **Also**
1. Diet as discussed. Give one egg daily
2. Continue physical activity as before

21/11/22 Urine R/O (21.11.22) Pot(-), Nit(-), LE ±+, WBC 9.0

26/11/22 **Also**
1. Spp Zincovit 5ml OD x 1wk

36k 2. Depura (60k) monthly dose

128cm 3. Dose of CT both x 1wk

4. Run 27/1/23

Signature



(2)

↑

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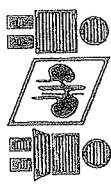
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Exec. Director IAP (H.O) 2011, 2012
Joint Secretary IAP (H.O.) 2014, 2015
National Vice President IAP (2020)
Convener, NCD, TAG, Asia Pacific Ped. Asso. (2016-2018)
Advisor, Indian Pediatrics (Official Journal of IAP) 2017-2019



14/9/22 Rehman (Pratishtha)
F 6 1/2 yr.

This is to certify that Pratishtha
(DOB 24.3.16) is suffering from a
Kidney disease, Nephrotic Syndrome,
since September 2018.

She is on regular follow up
for her illness and requires frequent
visits to the clinic for her check up
and management.

The family is advised to follow up
regularly in person at clinic as and
when advised.

Dr. A. S. VASUDEV
MB.B.S., D. Ped, D.C.P, D.N.B. (Ped)
MNAMS FIMS, FIAP Consultant
Pediatrician and Nephrologist
DMC : 9340

Typ

Parish
F Typ

8/4/23

(Clone)

1. Diet Modifications, Exercises.

39.8g

2. Cushing's Signs (60K monthly)

130 cm

3. Run after 2 months. 8/6/23

Have not recd vac after 8 1/2 yr of age.

2x15

MMR/C300/P2/Flu

✓ MMR 8/4/23

Next due e. Pop 8/5/27

6/5/23 Vaccines (Parish's vac) ✓

Next Flu

12/5/23

Influenza shots 2023 ✓

13/5/23
40 g

Next B-2
Tetanus

8/6/23, 9/8/23 [Tetanus] ✓

Next vac . Dolo sup (250) 10 ml etc

Flu May 2024.

Run after 3 mo or earlier if reqd. 8/9/23

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