



DMC : 3109

Dr. (Prof.) A. K. BHALLA

Awarded Padma Shri by the President of India
B.C. Roy National Awardee

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CLINICS : (Mon., Wed., Fri)
7 - 8 p.m.
R-804, New Rajinder Nagar,
New Delhi-110060
For Appointment : Santosh
Mobile : 9250903808

22/1/2024

Sadhna Tripathi 36y F

Hypertension x 2016

① Bmldn kidney.

② CKD III

③ 40 gm protein Salt
Restricted diet.
No juice

Wt 84 kg
BP 120/100
In

④ kidney 11.7 cm
echogenic kidney

⑤ kidney. Small in size
8.5 cm

⑥ Tab. Metolab x 2
50 mg @ 12 AM

echogenic kidney.

⑦ Cefaclor 10 mg

une RIE protein 1+

1-1-1

2-4 pus cells / HPF

⑧ Ferium x 1 L @ 2 PM

For Appointment Contact : 011-4225 4000, 2575 0000, YOGESH : 9212403807

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Kriti Scanning Centre (P) Ltd.

DUAL SOURCE CT SCANNER, 64 CHANNEL MRI WITH QUIET SUITE SYSTEM, COLOR DOPPLER, ULTRASOUND, 2D ECHO, DIGITAL X-RAY, DEXA BMD, CBCT, OPG, MAMMOGRAPHY

59/18-E Lowther Road, (In front of Medical College), Prayagraj (Allahabad)
Registered Office. : 55-B Lowther Road, Prayagraj (Allahabad)
e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com
Phones- Reception: 0532-2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100



NABH ACCREDITED
MIS-2018-0073

Name	: Sadhna Tripathi
Age/Sex	: 34 years / Female
Date	: 09 th August 2021
Referred by	: Dr. Vibhav Malaviya MS MCh DNB

DMSA Renal Scan

DMSA Renal scan was done after IV inj. of 99m Tc-DMSA and Multiple Static Views of both Kidneys were acquired from different angles after 2 hours. Scan images reveal:

Both Kidneys having:

- No Gross Anomaly in Size & Location *but* Suspicion of Dilated Renal Pelvis.
- Irregular Cortical Outline *with* Multiple Breach in Cortex.
- Suboptimal Tracer Uptake *with* Patchy Distribution in Functional Cortex.

<u>Parameter</u>	<u>Left Kidney</u>	<u>Right Kidney</u>
Split Function	48.5 %	51.5 %

*NOTE:- Significant Background Activity is indicative of overall Compromised Renal Status.
Liver & Spleen are Visualized on account of Compromised Renal Tracer Uptake.*

Impression:

Both Kidneys having Suboptimal Function with Multiple Cortical Scars.


Dr. A. Agrawal MD DNB

DISCREPANCIES DUE TO TECHNICAL OR TYPING ERRORS SHOULD BE REPORTED FOR CORRECTION WITHIN SEVEN DAYS. NO COMPENSATION LIABILITY STANDS. KDS.

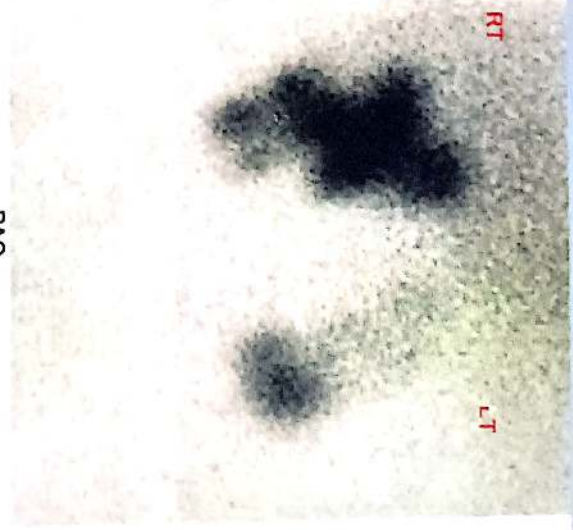
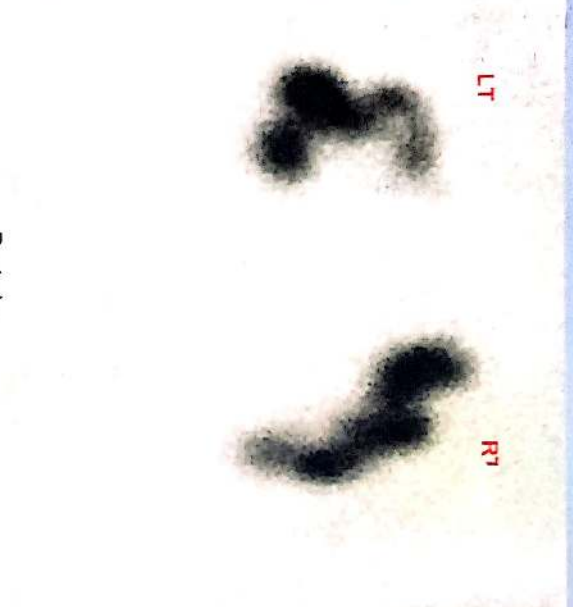
DMSA 8/9/2021
Patient Name: SADHANA TRIPATHI 34YRS

Patient ID: DMSA/02/12

Study Name: DMSA SCAN

Study Date: 8/9/2021

KRITI SCANNING CENTRE PVT LTD
SADHANA TRIPATHI 34YRS ID: DMSA/02/12
STUDY: DMSA SCAN STUDY DATE: 8/9/2021



DIFFERENTIAL FUNCTION

(% Ratios)	Left	Right
	48.47	51.53



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NABH ACCREDITED
MIS-2018-0073

Name	: Sadhna Tripathi	UHID : P1284478
Age/Sex	: 36 years / Female	
Date	: 24 th January 2024	
Referred by	: Dr. Prof. A. K. Bhalla MD, DM, MNAMS, FISH, FASN, FRCP, FISOT	

DTPA Renal Scan

Scan done (ensuring Adequate Hydration) with IV inj. of 99m Tc-DTPA (5 mCi) & Lasix (40 mg F+0. Dynamic images were acquired followed by delayed static images till 3 hrs.in Gamma Camera in posterior view). Scan images, derived data & curve pattern reveals:

Left kidney: Relatively Small size with **Inadequate Uptake – Small Inconspicuous Peak.**
Near Adequate tracer clearance & response to lasix – **Fall in Excretory Curve.**
Delayed images show **No significant tracer hold up.**

Right kidney: Suboptimal Tracer Uptake – **Small Parenchymal Peak.**
Near Adequate tracer clearance & response to lasix – **Fall in Excretory Curve.**
Delayed images show **No significant tracer hold up.**

<u>Parameter</u>	<u>Left Kidney</u>	<u>Right Kidney</u>
Split Function	44.4 %	55.6 %
T Peak	3 min.	3 min.
GFR (estimated by Gates Techq.)	23.3 ml/min.	29.2 ml/min. (Total: 52.5ml/min)

Note: Significant Background Activity is Indicative of Overall Compromised Renal Status.
GFR Value are Rough Approximate in Compromised Renal State.

Impression:

Left Kidney: Non-obstructed with Inadequate Function.

Right Kidney: Non-obstructed with Suboptimal Function.


Dr. A. Agrawal MD, DNB

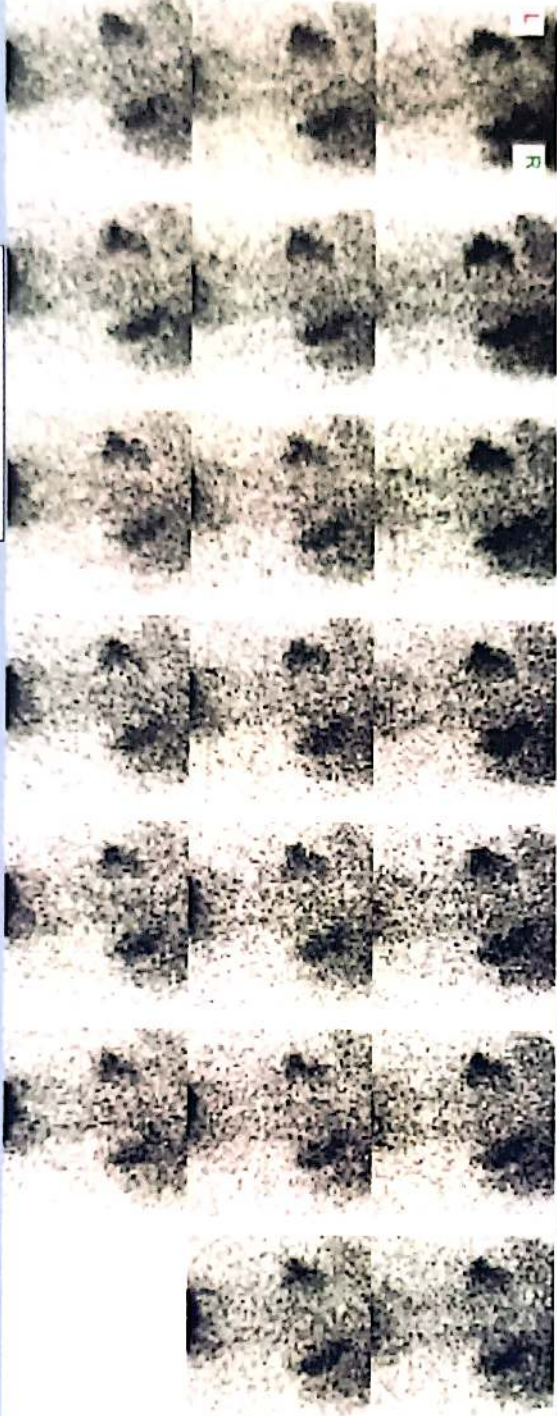
DISCREPANCIES DUE TO TECHNICAL OR TYPING ERRORS SHOULD BE REPORTED FOR CORRECTION WITHIN SEVEN DAYS. NO COMPENSATION LIABILITY STANDS. KDS.

Renal Dynamic 1/24/2024



Phase 1

Renal Dynamic 1/24/2024

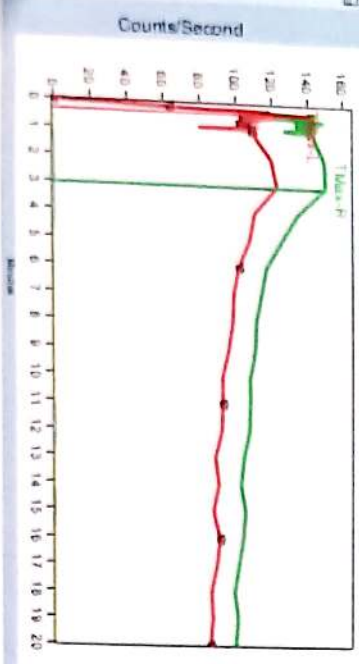


Phase 2

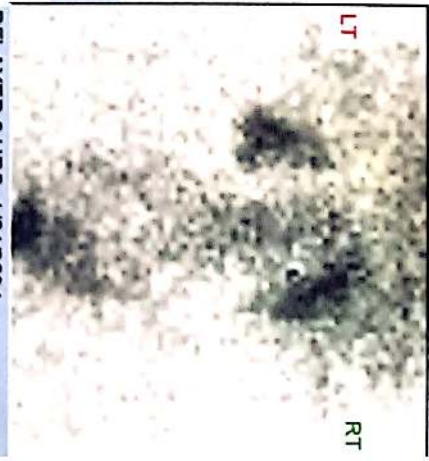
Kidney

Table of Result Summary

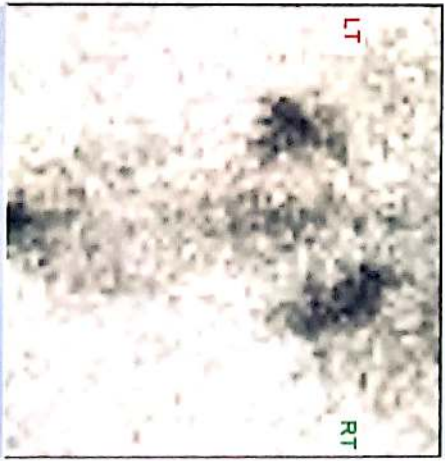
Parameters	Left	Right	Total
Split Function (%)	44.4	55.6	
Kidney Counts (cpm)	22938	28724	51662
Kidney Depth (cm)	7.557	7.609	
Uptake (%)	2.684	3.361	6.046
GFR (ml/min)	23.3	29.2	52.5
Normalized GFR (ml/min)			48.3
GFR Low Normal (ml/min)			84.0
Mean GFR (ml/min)			109.0
Time of Max (min)	0.367	3.001	
Time of 1/2 Max (min)			



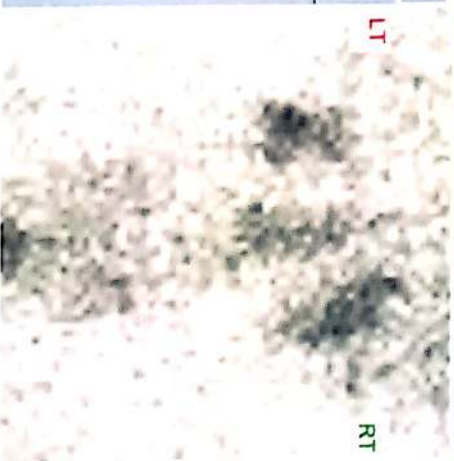
DELAYED 1 HR. 1/24/2024



DELAYED 2 HRS. 1/24/2024



DELAYED 3 HRS. 1/24/2024



Issued to :

Name	: Mrs. SADHNA TRIPATHI	Registration No.	: 4021303714 / UPPDC343
Gender/Age	: Female : 37 Years	Sample Drawn On	: 25-Feb-2024 08:21
Referred by	: SELF	Sample Registered On	: 25-Feb-2024 08:21
Requested Code	:	Reported On	: 25-Feb-2024 13:35
Requested Name	:	Reported Printed On	: 25-Feb-2024 14:02
Client Name	: Kriti Lab, Prayagraj-UPPDC343		
Sample Type	: Serum		

BIOCHEMISTRY

Test Description	Value Observed	Unit	Biological Reference Interval
RENAL FUNCTION TEST			
Urea <i>Method : Kinetic with Urease & GLDH</i>	29.3	mg/dL	12.8 - 42.8
Creatinine <i>Method : Jaffe's kinetic</i>	H 1.8	mg/dL	0.42 - 1.09
Uric Acid <i>Method : Uricase/Peroxidase</i>	4.0	mg/dL	2.6 - 6.0
Inorganic Phosphorus (PO4) <i>Method : Phosphomolybdate</i>	2.9	mg/dL	2.5 - 5.1
Calcium Total <i>Method : Arsenazo III</i>	9.3	mg/dL	8.1 - 10.4
Sodium (Na+) <i>Method : Ion selective electrode, Indirect</i>	138	mmol/L	136 - 145
Potassium (K+) <i>Method : Ion selective electrode, Indirect</i>	5.1	mmol/L	3.5 - 5.1
Chloride (Cl-) <i>Method : Ion selective electrode, Indirect</i>	104	mmol/L	98 - 107

Remarks: Kindly correlate clinically.

— End Of Report —

Note: Assay results should be interpreted only in the context of other laboratory findings and the total clinical status of the patient. For test performed on specimens received or collected from non-VLL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.
Test Marked with # are referred to our accredited Partner Lab.



Vimta
DR VISHWADEEP
KESARWANI, MD, Pathology