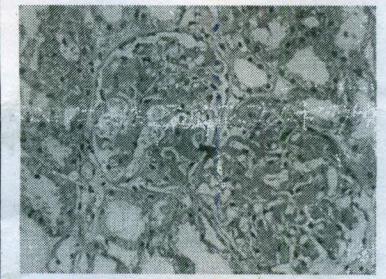


Name : Mr. RAJESH NAWAL  
Lab No. : 221172345 Age : 50 Years Gender: Male  
A/c Status : P Ref by : Dr. Bhavin Bhamrabhatt  
Collected: 25-04-2017 13:00:00  
Received: 26-04-2017 16:54:34  
Reported: 01/05/2017 15:27:21  
Report Status: Final

## RENAL PATHOLOGY REPORT @



- SPECIMEN** : Kidney biopsy panel 1
- CLINICAL HISTORY** : Adult onset nephrotic syndrome, Urine albumin 4+, UPCR 2.5, S. creatinine - Normal.
- GROSS** : 1. Received 1 linear tissue core measuring 0.7 cm in formalin.  
2. Received 2 linear tissue cores measuring 0.3 & 0.5 cm for DIF studies.  
[Entire tissue : 157639/17]
- MICROSCOPY** : Multiple sections stained with H&E, PAS, Silver methenamine, MT and Congo red include renal medulla and cortical parenchymal area containing up to 14 glomeruli, none is globally solidified/ sclerosed. The glomeruli exhibit diffuse irregular mesangial expansion consequent to deposition of a material that exhibits pale eosinophilic appearance with H&E stain, negativity with PAS stain, variable argyrophilia, Congophilia and greenish birefringence noted in Congo Red stained sections viewed under polarized light; suggestive of amyloid. Crescent formation or tuft necrosis are not observed.
- Tubular atrophy & interstitial fibrosis involve about 8-10% of sampled cortex. Viable tubules show prominent cytoplasmic vacuolar change. Scattered inspissated hyaline & few granular casts are seen in tubular lumina. Focal mild chronic interstitial inflammation is noted.
- Arteries & arterioles reveal thickened walls showing focal amyloid deposition.
- DIF** : Sections include renal cortical parenchyma containing up to 6 glomeruli. Following immunostaining pattern is observed:

**Note:** 1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.  
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.  
3. Contact histopathology department for any clarification.

Page 1 of 2

(Hony) Brig. Dr. Arvind Lal  
M.B.B.S., D.C.P.

*Padma Shri*

FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA

Vandana  
Dr. Vandana  
MD (PATH), IF  
Chief of Path  
SHRIOMANI AWARD

Name : Mr. RAJESH NAWAL  
Lab No. : 221172345  
Age : 50 Years  
Gender: Male  
A/c Status : P  
Ref by : Dr. Bhavin Bhamrabhatt  
Collected: 25-04-2017 13:00  
Received: 26-04-2017 16:54  
Reported: 01/05/2017 15:27  
Report Status: Final

## PARAMETER RESULT

IgA	Negative
IgG	Negative
IgM	Segmental entrapment in areas of amyloid deposition
C3	Negative
C1q	Negative
Kappa Light chains	Negative
Lambda Light chains	2+/3+: patternless corresponding to areas of amyloid deposition

IMPRESSION : Kidney, needle biopsy:

1. Renal Amyloidosis; featuring glomerular and vascular (arterial/ arteriolar) deposition of amyloid.\*
2. DIF studies reveal dominance of lambda light chain staining over kappa light chains along areas of amyloid deposits.\*

\*Please see comments below

COMMENTS : Present biopsy shows evidence of renal amyloidosis with evidence of lambda light chain dominance in DIF studies, raising the possibility of primary/ light chain (lambda) amyloidosis. Correlation with clinical features and relevant investigations including serum free light chain assays, urine/ serum immunofixation electrophoresis, haematological/ radiological evaluation etc. should be carried out.

HISTOPATH NO : [ 157639 : Entire tissue ]

Dr. Garima Garg  
MD (Pathology)  
Consultant Pathologist

Dr. Vandana Lal  
MD (Pathology); IFCAP  
Chief of Pathology

Dr. Pooja Maheshwari  
MD (Path); PDCC (Renal)  
Consultant Pathologist

Dr. Alok Sharma  
MD (Pathology)  
Chief of Renal Pathology

Dr. Hema Malini Aiyer  
MD(PATH)  
HOD Histopath & Cytopath

Note: 1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.  
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.  
3. Contact histopathology department for any clarification.

If test results are alarming or unexpected, Client is advised to contact the lab immediately for possible remedial action.  
© Tests conducted at National Reference Lab, New Delhi, a CAP (7171001), ISO (IS 60411) and NABL (M-0061) accredited lab

कृपया पूर्व अपॉइंटमेंट लेकर आये

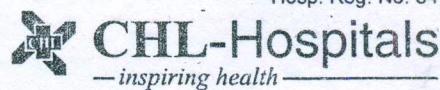
मोबाइल नं.: 89899-36935

**Dr. Bhavin Brahmbhatt**

M.D. (Medicine), D.N.B. (Nephrology), MNAMS  
Consultant Nephrologist & Transplant Physician  
Mobile : 99265 83509 • E-mail : bhavin\_4@yahoo.com  
Reg. No. : G-31025

समय : सुबह 10.00 से दोप. 100 बजे तक एवं शाम 5.30 से 7.00 बजे तक

CHLHI/0816/LH/99-V4  
Hosp. Reg. No. 84



बुधवार एवं रविवार अवकाश

For Mr. Rakesh Narwal 50 years / male

Date : 5/5/12 Time : 6:00 pm

Nephrotic syndrome

Kidney Biopsy report - Amyloidosis (Globular & vascular)  
TF - Lambda Chain 2+ to 3+

Probably Primary Amyloidosis (Lambda)

On steroids

BP - 100/70 mm Hg NO Oedema

Urine ab - +

FBS - 84

PPBS - 232

K<sup>+</sup> - 4.1

Advice

ECHO

• Serum Free Light-chain assay.

• Serum immunofixation Electrophoresis

Tab: Benix Long sand  
Tab: Atcocony 1 → X → 1  
Tab: Acilco RD 1 → X → 1

15 Dec

Q

(PHO).

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(10.00 AM - 6.00 PM)

TdL: Omnipaque 30mg Day  $\times$  3 days

✓ 20mg Day  $\times$  3 days

10mg Day  $\times$  3 days

5mg Day  $\times$  3 days

{  
Urine RIM  
Urine Protein: CEA  $\downarrow$  normal  
FBS  
PPBS

18/5/17

To consider

ECHO - Good LV fw

AL Amyloidosis

Kappa } marginal  
Lambda } elevation

WT - 60 kg

BP - 86/60 mmHg No symptoms  
of hypertension

Electrophoresis -

Advice

NO M Band

TdL: Atrocor 10mg

Urine aub - 3L

HES

Urine P:C : -

OD

1.5

FBS - 86

Mephalan + HCT 15%

PPBS - 217

ON

\* Bortezomib + Dexam / 2nd

① known

②

## Hem-Onc Associates

Date	: 22.05.2017
Name of Patient	: Rajesh S. Nawal
DOB	: 01.07.1966
Age/sex	: 50 Years/Male
Tel. No.	: 9826011277
Weight	: 64 kg
Height	: 169 cm
Referred By	: Dr. Umapati Hegade (MD, DM, Nephro)
Tel No	: 9426043141
Referred By	: Dr. Bhavin Brahmbhatt (MD, DM, Nephro)

### CLINICAL SUMMARY

Rajesh S. Nawal, 50 years old gentleman from Madhya Pradesh was evaluated at this Hematology Clinic with diagnosis of renal amyloidosis.

He was in his normal health till end of December 2016 when he developed bilateral pedal oedema. On investigation he was found to have high albumin in urine. He was also found to have dyslipidemia and high TSH. He was seen by a physician and was diagnosed to have mild early nephropathy with dyslipidemia and hypothyroidism. He was treated symptomatically and felt better. However was further investigated and was found to have renal amyloidosis with high B2microglobuline with mildly high kappa lambda ratio. IgG level was low. He was treated with steroid intermittently. He has been planned for treatment with Borviz and Dexamethasone and that prompted consultation at this clinic. He has history of 16kg weight loss over last 3 months.

He consumes normal vegetarian diet. He has been diagnosed to have transient diabetes since January 2017, however has not been initiated on anti diabetic treatment. He is non-hypertensive. He had habit of chewing tobacco, left 18 years back. He has donated blood once 20 years back. He is married and has two children. He has one elder sister and brother and one younger sister. His father passed away in his 60's and had MI and diabetes. Mother is healthy and well in her 70's and has hypertension and diabetes.

On examination, pulse rate is 97/min, blood pressure is 100/70mmHg, temperature is normal and O<sub>2</sub> saturation 98%. There is no pallor. There is no icterus, ecchymotic patches, and petechial/purpuric spots. There is no hepatosplenomegaly or lymphadenopathy. Pedal oedema is present.

### LABORATORY INVESTIGATIONS

Complete Blood Count, Reticulocyte count, Creatinine, SGPT, SGOT, Alkaline Phosphatase, LDH, Protein A/G ratio, Bilirubin, Uric acid, Calcium, Phosphorus, 24 Hours Urinary Protein, Bone Marrow Aspiration, Bone Marrow Biopsy

(PTO)

## DISCUSSION

Rajesh S. Nawal was evaluated with diagnosis of renal amyloidosis.

Currently his hemoglobin is 13gm%, WBC count is 9480/cumm and platelet count is 2,97,000/cumm. He was found to have renal amyloidosis with high B2microglobuline with mildly high kappa lambda ratio. IgG level was low. His bone marrow aspirate showed presence of 4% plasma cells. His x-ray skull and pelvis are normal and did not show any evidence of lytic lesion. He possibly has primary renal amyloidosis, however renal biopsy to rule out secondary cause should be checked for AA type of amyloidosis. He does not have any evidence of plasma cell dyscrasia. He can be treated with Borviz and Dexamethasone in consultation with nephrologist.

Dr. Eva Bhagat

Dr. Urmish Chudgar

Rajesh S. Nawal

Date: 24.05.2017

Rx

1. Injection Bortezomib (1.3/ m2 ) 2 mg Subcutaneously dilute in 1.4ml of 0.9% NS  
ये इंजेक्शन हफ्ते में एक बार लेना है
2. Tablet Dexamethasone 4mg 5 गोली दिन में 1 बार भोजन के बाद लेनी है  
Three cycle per month (From: Day1-4, 9-12, 17-20)
3. Tablet Facid 40mg ये 1 गोली दिन में 1 बार लेनी है रात को सोते वक्त  
(To be taken on the day of taking Dexamethasone)
4. Tablet Clogen Lozenges 1 गोली दिन में 3 बार चुसनी है  
(To be taken on the day of taking Dexamethasone)
5. Tablet Septran DS ये 1 गोली दिन में 2 बार लेनी है (हफ्ते में 2 बार सोमवार और गुरुवार )
6. Tablet Calinta 500mg ये 1 गोली दिन में 1 बार लेनी है रात को सोते वक्त चालू करनी है
7. Tablet Folic acid 5mg 1 गोली दिन में 1 बार लेनी है

Follow up

with Dr. Bhambhani @ Indee

Dr. Eva Bhagat

Dr. Urmish Chudgar



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Ph. : 079 40022800 / 801 / 802. Mobile : + 91 9558800100  
CIN No: U85195GJ2009PLC057059



**TEST REPORT**

Reg. No : 1705116707 Reg. Date : 24-May-2017 08:19 Collected On : 24-May-2017 08:14

Name : RAJESHBHAI NAWAL Report Date : 24-May-2017

Age : 51 Years Sex : Male Dispatch At : OPD PATIENT

Ref. By : DR. URMISH CHUDGAR M.D., M.D USA F.A.A.P

Location : Tele No: 7567703070

Parameter	Result	Unit	Biological Reference Interval
<u>URINE PROTEIN / CREATININE RATIO</u>			
Protein , Urine.	993.08	mg/dL	0 - 15
URINE CREATININE MODIFIED JAFFE KINETIC	137.62	mg/dL	30 - 125
URINE PROTEIN CREATININE RATIO	7.2161		Normal ratio Children <2 yr: <0.5 Children >2yr : <0.2 Adult : <0.2  Nephrotic ratio: >3.5

----- End Of Report -----

This is an electronically authenticated report. *S. S. Shah*

\* Denotes Test not in NABL Scope.

Approved by: DR. JWALANT SHAH M.D

Approved On: 24-May-2017 10:12

Page 1 of 1

Generated On : 24-May-2017 15:07

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**Dr. Bhavin Brahmbhatt**

M.D. (Medicine), D.N.B. (Nephrology), MNAMS  
Consultant Nephrologist & Transplant Physician  
Mobile : 99265 83509 • E-mail : bhavin\_4@yahoo.com  
Reg. No. : G-31025

कृपया पूर्व अपॉइंटमेंट लेकर 3<sup>rd</sup>

मोदा. नं.: 83899-36935

CHLHI/0816/LH/99-V4  
Hosp. Reg. No. 84



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समय : सुबह 10.0 से दोप. 100 बजे तक एवं शाम 5.30 से 7.00 बजे तक

बुधवार एवं रविवार अवकाश

Pw Mr. Rakesh Naval 50 years/male

Date : 25/5/17 Time : 1:30 pm

Nephrotic syndrome

BSA - 1.75

BP - 90/60 mg

Biopsy - Amyloidosis (AL)

FBS

⑩ urine

Bone marrow - 6% Plasmacytoma

PPBS

Options of HCT & Bortezomib + Dexamethasone discussed.

Patient & relatives wish to know on Bortezomib & Dexamethasone tomorrow.

Complications related to Chemotherapy (Bortezomib)

Discussed.

Admission tomorrow

Td : Afocan 10g

HS x ① Dose

td. 9 AM 60,000 IU Oncolysen (VIT + D)

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(0731) 6621111

(10.00 AM - 6.00 PM)

**Dr. Vinay V. Bohara (Jain)**

M.D., D.M. (Clinical Hematology)  
Fellowship in Leukemia and BMT (CANADA)

**Consultant Hematology, Hemato-oncology & BMT**  
**Ex Consultant - Apollo Hospital, Ahmedabad**

Mobile : 91044 97595 • E-mail : drvinaybohara@gmail.com

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CHLCBCC/0517/LH/99-V4  
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Rajesh Nawal

Date : 25/5/2017 Time : .....

- Detailed case history, labs & drug chart noted
  - counselled in detail about amyloidosis, prognosis, different options → drug based transplant Based, cost of treatment,
  - family to decide
- Vijay K.*
- Recommended
- ① Once weekly Bortezomib
  - ② Once a week dexamethasone
  - ③ Lenalidomide
  - ④ Low BNP level

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Cert.No M-0557

ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAVAL  
 Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)  
 Drawn On : 31-May-2017 12:29  
 Accession No.: 1705114700

Age: 51 Years Sex : Male  
 Received On : 31-May-2017 12:30  
 Report Date : 31-May-2017 17:37  
 Reference No : 2002

**DEPARTMENT OF HEMATOLOGY**  
**HAEMOGRAHAM-CBC**

Parameter	Result	Unit	Biological Reference Interval
HAEMOGLOBIN	12.4	gm%	13.5 - 18.0
TOTAL RBC-COUNT	4.08	$\times 10^6$	4.5 - 5.9
HAEMATOCRIT (PCV)	37.9	%	41.5 - 50.4
MEAN CORPUS VOL (MCV)	92.7	fL	80 - 96
MCorpusHgb (MCH)	30.3	pg	27.5 - 33.2
MCorpusHgbCon (MCHC)	32.7	%	33.4 - 35.5
TOTAL WBC COUNT	9890	Cells/cu.mm	4400 - 11000
NEUTROPHILS	63	%	43 - 72
LYMPHOCYTES	30	%	18 - 43
EOSINOPHILS	01	%	1 - 6
MONOCYTES	06	%	3 - 6
BASOPHILS	00	%	0 - 2
PLATELETS COUNT	4.43	%	1.5 - 4.5
RDW	14.9	%	11.5 - 15.5
MPV	7.5		6.0 to 10.0 fL

Methods :

Haemoglobin by Cyanmeth haemoglobin method  
 Total RBC Count, Haematocrit(PCV), Total WBC Count, Platelets Count by Focussed Flow Impedance method  
 Mean Corpus Vol.(MCV), Mean Corpus Haemoglobin (MCH), Mean Corpus Haemoglobin Conc.(MCHC), RDW : Calculated  
 Neutrophils, Lymphocytes, Eosinophils, Monocytes, Basophils by Absorbance Cytochemistry

SAMPLE TYPE: (EDTA WHOLE BLOOD)

End Of Report

This is an electronically authenticated report.

Report ID: 122948

Generated On : 31-05-2017

Approved by: Dr.Satish Joshi

Approved On: 31-05-2017

**Disclaimer:** If tests results are alarming or unexpected, the patient is strongly advised to contact the laboratory immediately for possible remedial action and reconfirmation.

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ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAWAL

Age: 51 Years Sex : Male

Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)

Received On : 31-May-2017 12:30

Drawn On : 31-May-2017 12:29

Report Date : 31-May-2017 17:37

Accession No.: 1705114700

Reference No : 2002



Parameter	Result	Unit	Biological Reference Interval
-----------	--------	------	-------------------------------

## SGPT (Alanine Transaminase)

SGPT ; (ALT), Serum

22.51

U/L

</= 45

Method By IFCC method without PSP

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 122948

Approved by:

Dr.Satish Joshi

Generated On : 31-05-2017

Approved On:

31-05-2017

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Name : MR. RAJESH NAVAL      Age: 51 Years      Sex: Male  
 Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)      Received On : 31-May-2017 12:30  
 Drawn On : 31-May-2017 12:29      Report Date : 31-May-2017 17:37  
 Accession No.: 1705114700



## DEPARTMENT OF CLINICAL PATHOLOGY URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Reference Interval
Colour	Pale Yellow		Palè Yellow
Appearance	Slightly Turbid		Clear
Specific Gravity	1.030		1.003 - 1.030
pH (Reaction)	6.0		5.0 - 6.8
<b>Chemical Examination</b>			
Albumin	++		Nil
Sugar	Nil		Nil
Ketone	Nil		Nil
Bile Salt	Nil		Nil
Bile Pigment	Nil		Nil
Blood	Nil		Nil
Urobilinogen	<1.0	mg/dL	<1.0
<b>Microscopic Examination</b>			
RBCs	Nil	HPF	Nil
Leucocytes	8-10	HPF	0 - 5
Epithelial Cells	1-2	HPF	-
Crystals	Nil		Nil
Spermatozoa	Nil		Nil
Parasites	Nil		Nil
Cast	Nil		Nil

### Remark

Test method(s) : Urinalysis - Multiple Reagent Stip Method & Microscopy. Glucose oxidase- Peroxidase, Protein - Tetrabromophenol blue, Ketone-Sodium nitroprusside, Blood-Peroxidase activity of hemoglobin, Bilirubin - Diazotized dichloroaniline, Urobilinogen- Ehrlich Method.

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 122948

Generated On : 31-05-2017

Approved by: DR. NEELAM SHARMA DNB

Approved On: 31-05-2017

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Cert.No M-0557

ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAVAL

Age: 51 Years Sex : Male

Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB  
(NEPH)

Received On : 31-May-2017 12:30

Drawn On : 31-May-2017 12:29

Report Date : 01-Jun-2017 08:43

Accession No.: 1705114700

Reference No : 2002

## URINE FOR PROTEIN CREATININE RATIO

Parameter	Result	Unit	Biological Reference Interval
URINARY PROTEIN (RANDOM)	89	mg/dL	1 - 14
* Not in Scope of NABL			
URINARY CREATININE (RANDOM)	136	mg/dL	11 - 26
* Not in Scope of NABL			
PROTEIN : CREATININE RATIO	0.65	RATIO	

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 122948

Approved by: Dr.Satish Joshi

Generated On : 01-06-2017

Approved On: 01-06-2017

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Ph. : 02341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M.D.

Dr. Tushar Toprani M.D.

**Name** : MR. RAJESH NAWAL  
**Ref. by** : DR.BHAVIN BRAHMBHATT(INDORE)  
**Reg. Date** : 07/06/2017 09:07



**Pt. Id** :  
**Age / Sex** : 51 Year(s) / Male  
**Lab Ref No.** : **M159616**

NON FASTNG

## HAEMATOLOGY

**Specimen :** WHOLE BLOOD EDTA

**Coll.**  
07/06/2017 09:14: Lab Collection

**Test Parameter**

**Hb Indices**

Hb	12.9 gm %
RBC	4.36 mil/cmm
P.C.V.	39.8 %
M.C.V.	91.3 fl
M.C.H.	29.6 pg
M.C.H.C.	32.4 %
RDW - SD	52.9 fl
Total W.B.C.	16360 per cu mm

**Platelets**

Platelets 397000 per cu mm

**Biological Reference Interval (Adult)**

Male 14 - 17.4  
Female 12.3 - 15.3

Male 4.5 - 5.9  
Female 4.5 - 5.1

Male 41.5 - 50.4  
Female 36 - 45

80 - 96

27.5 - 33.2

33.4 - 35.5

Male : 35.1 - 43.9  
Female : 36.4 - 46.3

4000 - 12000

150000 - 400000 per cu mm

**W.B.C. differential count**

Polymorphs %	60 %	40 - 80
Lymphocytes %	34 %	20 - 40
Eosinophil %	1 %	1 - 6
Monocytes %	5 %	2 - 10
Polymorphs (Abs. Value)	9816 per cumm	1800 - 7000
Lymphocytes (Abs. Value)	5562 per cumm	1000 - 4800
Eosinophil (Abs. Value)	164 per cumm	upto 450
Monocytes (Abs. Value)	818 per cumm	Upto 800

**Peripheral Smear**

P.S. (Overview)

Anisocytosis, Leucocytosis,  
Mild Absolute neutrophilia,  
Polymorphs show mild left  
shift, Mild Absolute  
lymphocytosis, Needs  
clinical correlation & follow  
up

----- End Of HAEMATOLOGY Report -----

Dr. Mihir Bhalodia

Since 1979...

Test reports should be clinically correlated, lab. may be contacted whenever required.

Dr.Tushar Toprani

Reported On : 07/06/2017 16:28

Page 1 of 2

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Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Tooprani M. D.

Dr. Tushar Tooprani M. D.

Name : MR. RAJESH NAWAL  
Ref. by : DR.BHAVIN BRAHMBHATT(INDORE)  
Reg. Date : 07/06/2017 09:07



Pt. Id :  
Age / Sex : 51 Year(s) / Male  
Lab Ref No. : M159616

NON FASTNG

## URINE EXAMINATION

Specimen :	Coll.	
Urine	07/06/2017 07:45: Received at Lab	
<u>Test Parameter</u>	<u>Result(s)</u>	<u>Biological Reference Interval (Adult)</u>
<u>Urine examination by Automated analyzer</u>		

## Urine Analysis (Integrated with Automated Flow Cytometry)

Sample	Random	
Appearance	Clear	
Colour	Pale yellow	
pH	6.00	
Specific Gravity	1.024	1.005 - 1.030
Protein	3(+) (Rechecked)	Nil
Glucose	Nil	Nil
Ketones	Nil	Nil
Bilirubin	Nil	Nil
Occult Blood	Nil	Nil
Leucocytes	Nil	Nil

### Quantitative Microscopy (Manual+FCM)

White (Pus) Cells	Occasional / hpf	M:0 - 2; F:0 - 7
Red Cells	Nil / hpf	M:0 - 3; F:0 - 5
Epithelial Cells	2 - 5 / hpf	M:0 - 1; F:0 - 8
Crystals	Nil	Nil
Casts	Nil	0 - 0.5

### Approx Qty.

Protein (mg %) : Trace ~ 10 - 20      1(+) ~ 30 - 70      2(+) ~ 100 - 200      3(+) ~ 300 - 600      4(+) ~ > 600  
 Glucose (gm %) : Trace ~ <0.03 - 0.05      1(+) ~ 0.07 - 0.10      2(+) ~ 0.15 - 0.20      3(+) ~ 0.30 - 0.50      4(+) ~ > 1.0

----- End Of URINE EXAMINATION Report -----

*Ruchi*

SANJIVANI MAHANT

Dr. Ruchi Agrawal

Reported On : 07/06/2017 15:00

Since 1979... Test reports should be clinically correlated, lab. may be contacted whenever required. • Subject to Vadodara Jurisdiction.

RE2 Collection • Narmada Aptt; Navrang Complex, Raopura, Ph. : 2437860, 2437861  
Centres • Anand Arcade, 5 Juoti Park, Karelibawa, Ph. : 2495193

• 30, Silver Rock, Opp. Bhavan's School, Makarpura Road, Vadodara, 390 024  
• Souuz Apartment, Nizampura, Ph. : 2780342

# Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.  
Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukhi Toprani M. D.

Dr. Tushar Toprani M. D.

**Name** : MR. RAJESH NAWAL  
**Ref. by** : DR. BHAVIN BRAHMBHATT(INDORE)  
**Reg. Date** : 07/06/2017 09:07



**Pt. Id** :  
**Age / Sex** : 51 Year(s) / Male  
**Lab Ref No.** : **M159616**

NON FASTNG

## BIOCHEMISTRY

Specimen :	Coll.		
Urine	07/06/2017 07:45: Received at Lab		
Test Parameter	Result(s)	Biological Reference Interval (Adult)	
<u>Urine Protein - Spot sample</u>			
TCA Screen	3(+)	Nil	
Urine Protein Conc	630.7 mg/dL	0 - 15	(Benzethonium chloride)
	<i>Dilution used 1:3</i>		
Urine Creatinine	137.4 mg/dL		(Jaffe's / Enzymatic)
Urine Protein (mg/gm Creatinine)	4590.2 mg/gm creat	0 - 300	

----- End Of BIOCHEMISTRY Report -----

Bhumika Patel

*Tushar*  
Dr. Tushar Toprani

Reported On : 07/06/2017 15:18

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Collection • Narmada Aptt; Navrang Complex, Raopura, Ph.: 2437860, 2437861  
Centres • Anand Arcade, 5 Jyoti Park, Karelibaug, Ph.: 2495193

• 30, SilverRock, Opp. Bhavan's School, Makarpura Road, Vadodara-390 024  
• Soyuz Apartment, Nizampura, Ph.: 2780342



# Central lab

Central India's First and Largest Super-speciality reference laboratory  
For Free Home Collection, call - 786-99999-37



Cert.No M-0557

ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAVAL  
Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)  
Drawn On : 14-Jun-2017 12:14  
Accession No.: 1706105889

Age: Male  
Received On : 14-Jun-2017 12:15  
Report Date : 14-Jun-2017 19:34  
Reference No : 2003



## DEPARTMENT OF HEMATOLOGY HAEMOGRAM-CBC

Parameter	Result	Unit	Biological Reference Interval
HAEMOGLOBIN	12.1	gm%	13.5 - 18.0
TOTAL RBC-COUNT	4.03	$\times 10^6$	4.5 - 5.9
HAEMATOCRIT (PCV)	37.5	%	41.5 - 50.4
MEAN CORPUS VOL (MCV)	93.0	fL	80 - 96
MCorpusHgb (MCH)	30.0	pg	27.5 - 33.2
MCorpusHgbCon (MCHC)	32.3	%	33.4 - 35.5
TOTAL WBC COUNT	9860	Cells/cu.mm	4400 - 11000
NEUTROPHILS	57	%	43 - 72
LYMPHOCYTES	36	%	18 - 43
EOSINOPHILS	01	%	1 - 6
MONOCYTES	06	%	3 - 6
BASOPHILS	00	%	0 - 2
PLATELETS COUNT	3.04	%	1.5 - 4.5
RDW	15.3		11.5 - 15.5
MPV	9.3		6.0 to 10.0 fL

Methods :

Haemoglobin by Cyanmeth haemoglobin method  
Total RBC Count, Haematocrit(PCV), Total WBC Count, Platelets Count by Focussed Flow Impedance method  
Mean Corpus Vol.(MCV), Mean Corpus Haemoglobin (MCH), Mean Corpus Haemoglobin Conc.(MCHC), RDW : Calculated  
Neutrophils, Lymphocytes, Eosinophils, Monocytes, Basophils by Absorbance Cytochemistry

SAMPLE TYPE: (EDTA WHOLE BLOOD)

End Of Report

This is an electronically authenticated report.

Report ID: 121444

Generated On : 14-06-2017

Approved by: DR. SATISH JOSHI [Senior Pathologist]

Approved On: 14-06-2017



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# Central lab

Central India's First and Largest Super-speciality reference laboratory  
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ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name :	MR. RAJESH NAVAL	Age:	Male
Referred By :	DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)	Received On :	14-Jun-2017 12:15
Drawn On :	14-Jun-2017 12:14	Report Date :	14-Jun-2017 19:34
Accession No.:	1706105889	Reference No :	2003

**DEPARTMENT OF CLINICAL PATHOLOGY URINE ROUTINE EXAMINATION**

Parameter	Result	Unit	Biological Reference Interval
Colour	Pale Yellow		Pale Yellow
Appearance	Slightly Turbid		Clear
Specific Gravity	1.015		1.003 - 1.030
pH (Reaction)	6.0		5.0 - 6.8
<b>Chemical Examination</b>			
Albumin	++		Nil
Sugar	Nil		Nil
Ketone	Nil		Nil
Bile Salt	Nil		Nil
Bile Pigment	Nil		Nil
Blood	Nil		Nil
Urobilinogen	<1.0	mg/dL	<1.0
<b>Microscopic Examination</b>			
RBCs	Nil	HPF	Nil
Leucocytes	8-10	HPF	0 - 5
Epithelial Cells	1-2	HPF	-
Crystals	Nil		Nil
Spermatozoa	Nil		Nil
Parasites	Nil		Nil
Cast	Nil		Nil

**Remark**

Test method(s) : Urinalysis - Multiple Reagent Strip Method & Microscopy. Glucose oxidase- Peroxidase, Protein - Tetrabromophenol blue, Ketone-Sodium nitroprusside, Blood-Peroxidase activity of hemoglobin, Bilirubin - Diazotized dichloroaniline, Urobilinogen- Ehrlich Method.

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 121444

Generated On : 14-06-2017

Approved by: DR. SATISH JOSHI [Senior Pathologist]

Approved On: 14-06-2017

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# Central lab

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Cen. No. M-0557

ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAWAL      Age:      Sex : Male  
Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)      Received On : 14-Jun-2017 12:15  
Drawn On : 14-Jun-2017 12:14      Report Date : 15-Jun-2017 09:12  
Accession No.: 1706105889           Reference No : 2003

## URINE FOR PROTEIN CREATININE RATIO

Parameter	Result	Unit	Biological Reference Interval
URINARY PROTEIN (RANDOM)	198.5	mg/dL	1 - 14
* Not in Scope of NABL			
URINARY CREATININE (RANDOM)	87.53	mg/dL	11 - 26
* Not in Scope of NABL			
PROTEIN : CREATININE RATIO	2.26	RATIO	

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 121444

Approved by: Dr.Satish Joshi

Generated On : 15-06-2017

Approved On: 15-06-2017

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Cen. No. M-0557

ARYA SAMAJ MANDIR, MALHARGANJ -CC111

Name : MR. RAJESH NAWAL  
Referred By :  
Drawn On : 21-Jun-2017 11:49  
Accession No.: 1706109481



Age: 51 Years Sex: Male  
Received On : 21-Jun-2017 11:50  
Report Date : 21-Jun-2017 17:12  
Reference No : DR. RAVINDRA BHARMAKHATT(20)

**DEPARTMENT OF HEMATOLOGY**  
**HAEMOGRAM-CBC**

Parameter	Result	Unit	Biological Reference Interval
HAEMOGLOBIN	12.4	gm%	13.5 - 18.0
TOTAL RBC-COUNT	4.14	$\times 10^6$	4.5 - 5.9
HAEMATOCRIT (PCV)	38.7	%	41.5 - 50.4
MEAN CORPUS VOL (MCV)	93.4	fL	80 - 96
MCorpusHgb (MCH)	29.9	pg	27.5 - 33.2
MCorpusHgbCon (MCHC)	32.0	%	33.4 - 35.5
TOTAL WBC COUNT	9710	Cells/cu.mm	4400 - 11000
NEUTROPHILS	51	%	43 - 72
LYMPHOCYTES	42	%	18 - 43
EOSINOPHILS	01	%	1 - 6
MONOCYTES	06	%	3 - 6
BASOPHILS	00		0 - 2
PLATELETS COUNT	2.64		1.5 - 4.5
RDW	15.6	%	11.5 - 15.5
MPV	9.2		6.0 to 10.0 fL

**Methods :**

Haemoglobin by Cyanmeth haemoglobin method  
Total RBC Count, Haematocrit(PCV), Total WBC Count, Platelets Count by Focussed Flow Impedance method  
Mean Corpus Vol.(MCV), Mean Corpus Haemoglobin (MCH), Mean Corpus Haemoglobin Conc.(MCHC), RDW : Calculated  
Neutrophils, Lymphocytes, Eosinophils, Monocytes, Basophils by Absorbance Cytochemistry

**SAMPLE TYPE: (EDTA WHOLE BLOOD)**

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 115029

Generated On : 21-06-2017

Approved by: DR. SATISH JOSHI [Senior Pathologist]

Approved On: 21-06-2017



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Cen. No. M-0557

ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAWAL

Age: 51 Years Sex: Male

Referred By :

Received On : 21-Jun-2017 11:50

Drawn On : 21-Jun-2017 11:49

Report Date : 21-Jun-2017 17:12

Accession No.: 1706109481



Reference No : DR. RAVINDRA BHARMABHATT(20

DEPARTMENT OF CLINICAL PATHOLOGY URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Reference Interval
Colour	Yellow		Pale Yellow
Appearance	Slightly Turbid		Clear
Specific Gravity	1.020		1.003 - 1.030
pH (Reaction)	6.0		5.0 - 6.8
<b>Chemical Examination</b>			
Albumin	+++		Nil
Sugar	Nil		Nil
Ketone	Nil		Nil
Bile Salt	Nil		Nil
Bile Pigment	Nil		Nil
Blood	Nil		Nil
Urobilinogen	<1.0	mg/dL	<1.0
<b>Microscopic Examination</b>			
RBCs	Nil	HPF	Nil
Leucocytes	4-6	HPF	0 - 5
Epithelial Cells	1-2	HPF	-
Crystals	Nil		Nil
Spermatozoa	Nil		Nil
Parasites	Nil		Nil
Cast	Nil		Nil

Remark

Test method(s) : Urinalysis - Multiple Reagent Strip Method & Microscopy. Glucose oxidase- Peroxidase, Protein - Tetrabromophenol blue, Ketone-Sodium nitroprusside, Blood-Peroxidase activity of hemoglobin, Bilirubin - Diazotized dichloroaniline, Urobilinogen- Ehrlich Method.

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 115029

Approved by: DR. SATISH JOSHI [Senior Pathologist]

Generated On : 21-06-2017

Approved On: 21-06-2017



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Cen. No. M-0557

ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAWAL

Age: 51 Years Sex: Male

Referred By :

Received On : 21-Jun-2017 11:50

Drawn On : 21-Jun-2017 11:49

Report Date : 21-Jun-2017 17:12

Accession No.: 1706109481



Reference No : DR. RAVINDRA BHARMABHATT(20)

## URINE FOR PROTEIN CREATININE RATIO

Parameter	Result	Unit	Biological Reference Interval
URINARY PROTEIN (RANDOM) * Not in Scope of NABL	101.0	mg/dL	1 - 14
URINARY CREATININE (RANDOM) * Not in Scope of NABL	19.31	mg/dL	11 - 26
PROTEIN : CREATININE RATIO	5.23	RATIO	

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 115029

Approved by: DR. SATISH JOSHI [Senior Pathologist]

Generated On : 21-06-2017

Approved On: 21-06-2017



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ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAWAL

Age: 51 Years Sex : Male

Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)

Received On : 28-Jun-2017 10:59

Drawn On : 28-Jun-2017 10:59

Report Date : 28-Jun-2017 19:54

Accession No.: 1706112919

Reference No : 2012



**DEPARTMENT OF HEMATOLOGY**  
**HAEMOGRAM-CBC**

Parameter	Result	Unit	Biological Reference Interval
HAEMOGLOBIN	12.3	gm%	13.5 - 18.0
TOTAL RBC-COUNT	4.05	$\times 10^6$	4.5 - 5.9
HAEMATOCRIT (PCV)	37.2	%	41.5 - 50.4
MEAN CORPUS VOL (MCV)	91.9	fL	80 - 96
MCorpusHgb (MCH)	30.4	pg	27.5 - 33.2
MCorpusHgbCon (MCHC)	33.0	%	33.4 - 35.5
TOTAL WBC COUNT	11090	Cells/cu.mm	4400 - 11000
NEUTROPHILS	51	%	43 - 72
LYMPHOCYTES	47	%	18 - 43
EOSINOPHILS	01	%	1 - 6
MONOCYTES	01	%	3 - 6
BASOPHILS	00		0 - 2
PLATELETS COUNT	2.98		1.5 - 4.5
RDW	15.2	%	11.5 - 15.5
MPV	9.3		6.0 to 10.0 fL

**Methods :**

Haemoglobin by Cyanmeth haemoglobin method

Total RBC Count, Haematocrit(PCV), Total WBC Count, Platelets Count by Focussed Flow Impedance method

Mean Corpus Vol.(MCV), Mean Corpus Haemoglobin (MCH), Mean Corpus Haemoglobin Conc.(MCHC), RDW : Calculated Neutrophils, Lymphocytes, Eosinophils, Monocytes, Basophils by Absorbance Cytochemistry

**SAMPLE TYPE: (EDTA WHOLE BLOOD)**

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 105927

Approved by: DR. SATISH JOSHI [Senior Pathologist]

Generated On : 28-06-2017

Approved On: 28-06-2017

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# Central lab

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ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAWAL

Age: 51 Years Sex : Male

Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)

Received On : 28-Jun-2017 10:59

Drawn On : 28-Jun-2017 10:59

Report Date : 28-Jun-2017 19:54

Accession No.: 1706112919

Reference No : 2012



Parameter	Result	Unit	Biological Reference Interval
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## CREATININE

Creatinine, Serum

0.72

mg/dL

0.70 - 1.20

Method : By Jaffe.

INTERPRETATION : Increased creatinine levels occur in conditions which decrease the glomerular filtration rate. These may be pre-renal (eg, hypovolaemia, hypotension), renal or post-renal (eg, obstruction). An artefactual increase in creatinine is seen with some methods in the presence of ketones and some cephalosporins. Levels are lower in patients with a reduced muscle mass (e.g. Elderly) and this may conceal impairment of renal function.

## POTASSIUM

POTASSIUM

3.80

mmol/L

3.5 - 5.3

Method : By ISE Direct Potentiometry method on blood gas analyzer.

Reference: Wallach's Interpretation of Diagnostic Tests ; ninth edition ,295

\* Not in Scope of NABL

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 105927

Approved by: DR. SATISH JOSHI [Senior Pathologist]

Generated On : 28-06-2017

Approved On: 28-06-2017

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ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name : MR. RAJESH NAWAL      Age: 51 Years      Sex: Male  
Referred By : DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)      Received On : 28-Jun-2017 10:59  
Drawn On : 28-Jun-2017 10:59      Report Date : 28-Jun-2017 19:54  
Accession No.: 1706112919      Reference No : 2012

## URINE FOR PROTEIN CREATININE RATIO

Parameter	Result	Unit	Biological Reference Interval
URINARY PROTEIN (RANDOM)	98	mg/dL	1 - 14
* Not in Scope of NABL			
URINARY CREATININE (RANDOM)	123.5	mg/dL	11 - 26
* Not in Scope of NABL			
PROTEIN : CREATININE RATIO	0.79	RATIO	

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 105927

Generated On : 28-06-2017

Approved by: Dr. Satish Joshi

Approved On: 28-06-2017

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Central India's First and Largest Super-specialty reference laboratory

For Free Home Collection, call - 786-99999-37



ARYA SAMAJ MANDIR, MALHARGANJ - CC111

Name :	MR. RAJESH NAVAL	Age:	51 Years	Sex :	Male
Referred By :	DR. BHAVIN BRAHMBHATT MD (MEDI), DNB (NEPH)	Received On :	28-Jun-2017 10:59		
Drawn On :	28-Jun-2017 10:59	Report Date :	28-Jun-2017 19:54		
Accession No.:	1706112919	Barcode	Reference No :	2012	

**DEPARTMENT OF CLINICAL PATHOLOGY URINE ROUTINE EXAMINATION**

Parameter	Result	Unit	Biological Reference Interval		
Colour	Pale Yellow		Pale Yellow		
Appearance	Slightly Turbid		Clear		
Specific Gravity	1.020		1.003 - 1.030		
pH (Reaction)	6.0		5.0 - 6.8		
<b>Chemical Examination</b>					
Albumin	++		Nil		
Sugar	Nil		Nil		
Ketone	Nil		Nil		
Bile Salt	Nil		Nil		
Bile Pigment	Nil		Nil		
Blood	Nil		Nil		
Urobilinogen	<1.0	mg/dL	<1.0		
<b>Microscopic Examination</b>					
RBCs	Nil	HPF	Nil		
Leucocytes	6-8	HPF	0 - 5		
Epithelial Cells	1-2	HPF	-		
Crystals	Nil		Nil		
Spermatozoa	Nil		Nil		
Parasites	Nil		Nil		
Cast	Nil		Nil		

**Remark**

Test method(s) : Urinalysis - Multiple Reagent Strip Method & Microscopy. Glucose oxidase- Peroxidase, Protein - Tetrabromophenol blue, Ketone-Sodium nitroprusside, Blood-Peroxidase activity of hemoglobin, Bilirubin - Diazotized dichloroaniline, Urobilinogen- Ehrlich Method.

----- End Of Report -----

This is an electronically authenticated report.

Report ID: 105927

Generated On : 28-06-2017

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**NORMAL DISCHARGE**

Reg. No.	: 499844	Discharge Id	: 54795 \ 1115
Patient	: MR. RAJESH NAWAL	IPD No.	: [I000128787]
F/H Name	: LATE MR.SATYANARAYAN NAWAL	Bed No.	: 208
Age	: 50 Y Sex : MALE	Admission Date Time	: 01/07/2017 8:54:00PM
Consultant	: BRAMHABHATT DR. BHAVIN DM DNB NEPHRO	Discharge Date Time	: 05/07/2017 1:01:00PM
Ref. By	: BRAMHABHATT DR. BHAVIN DM DNB NEPHRO	Address	: 46/2 CHHATRIBAGH NEAR RAMDWARA INDORE

**PRESENT DIAGNOSIS:** Viral Fever  
Hypoalbuminemia

**PAST DIAGNOSIS:** Nephrotic Syndrome  
AL - Myeloidosis  
Type 2 DM

**HISTORY:** Mr. Rajesh Nawal, 50yrs, male, known case of Type 2 DM, Nephrotic Syndrome, AL-Amyloidosis on Brotizomib and Dexamethasone Therapy. Now presented with complaints of fever with chills, generalized oedema, generalized weakness, flank pain and severe backache since 3 days. Presently admitted here for further management.

**CLINICAL FINDINGS ON ADMISSION:** Anasarca +, Febrile 102 degree F, Pulse 134/min, BP 120/70 mmHg, CVS : S1+S2, RS : Chest : Clear, PA - Soft, CNS - Normal.

**HOSPITAL COURSE (INCLUDING MEDICATION DURING HOSPITALISATION):** Patient was admitted for fever under evaluation and volume overload. Problems, plans and prognosis was explained to patient, son and wife. Evaluation showed hypoalbuminemia and leucocytosis. He was managed with I/V antibiotic (Pipracillin, Tazobactum and Lévofoxacin), and I/V albumin therapy. Neuro surgeon opinion was taken in view of backache. X-Ray DL Spine was done which did not reveal any major abnormality. Neuro surgeon advised for conservative management. Fever subsided and patient improving clinically. Patient is now being discharged in stable condition with an advice of regular followup.

**Condition at the time of Discharge: Satisfactory.**

**NORMAL DISCHARGE**

Reg. No. : 499844 Patient : MR. RAJESH NAWAL Discharge Date Time : 05/07/2017 1:01PM

**Investigation**

INV DATE	PARTICULAR	Test Item	RESULT VALUE	UNIT
01/07/2017	HAEMOGRAM / CBC (\$)		HB=10.9, PCV=33.2, MCV=90.1, TLC=15.35, PLATELETS=397	
01/07/2017	MP (MALARIA PARASITE)	MP (MALARIA PARASITE)	NOT SEEN.	
01/07/2017	SGPT(\$)		12	U / L
01/07/2017	ALBUMIN(\$)		1.10	G / DL
02/07/2017	DORSAL SPINE AP/LATERAL			
02/07/2017	URINE ROUTINE (\$)		ALBUMIN=PRESENT (+), SUGAR=NIL, KBODY=NIL, PC=4-5 / HPF, RBC=NIL, EPC=1-2 / HPF, OccultBlood=NIL	
03/07/2017	POTASSIUM(\$)		4.30	MMOL/L
01/07/2017	CHEST PA			



Certificate No.: M-0111

H-2015/0343

IPD/OPD : [I000128787]

PATIENT NAME : MR. RAJESH NAVAL

SPECIMEN NO. : 170701239

DOCTOR NAME : BRAMHABHATT DR. BHAVIN DM DNB NEPHRO

REQUESTED : 01/07/2017 9:22PM

GENDER : MALE

COLLECTED : 01/07/2017 9:31PM

SPECIMEN : WHOLE BLOOD

RESULTED : 02/07/2017 11:37AM

REG NO. : 499844

VERIFY. TIME : 02/07/2017 11:37AM

BED No. : 208

MOBILE NO. : 9826011277

**HAEMOGRAM/CBC \$****OBSERVED VALUE BIOLOGICAL REFERENCE RANGE**

Haemoglobin	<b>10.9</b>	13.5 - 17.5 g/dL
Tot. RBC Count	<b>3.68</b>	4.32 - 5.72 x 10 <sup>6</sup> /uL
Haematocrit (PCV)	<b>33.2</b>	38.8 - 50.0 %
Mean corpus Vol (MCV)	90.1	81.4 - 95.1 fL
MCorpusHgb(MCH)	29.6	27.5-33.2 pg
MCorpusHgbCon(MCHC)	32.8	32.0-36.0 g/dL
Tot. WBC Count	<b>15.35</b>	3.5 - 10.5 x 10 <sup>3</sup> /uL

**DIFFERENTIAL COUNT (IN %)**

Blast Cell		
Promyelocytes		
Myelocytes		
Metamyelocytes		
Band Form		
Neutrophils	<b>80</b>	43 - 78 %
Lymphocytes	<b>15</b>	14 - 45 %
Eosinophils	<b>03</b>	0 - 6 %
Monocytes	<b>02</b>	0 - 10 %
Basophil	<b>00</b>	0 - 1 %
RBC Morphology		
Platelets	<b>397</b>	150 - 450 x 10 <sup>3</sup> /uL
ESR		M:1-13mm; F: 1-20mm at end of 1 hr.
RDW	<b>15.5</b>	11.5 - 15.5 %

Method: By Colorimetric, SF cube cell analysis, Sheath fluid impedance method on fully automated haemotology analyzer.

REMARK (IF ANY):

THE RESULT(S) CO-RELATE(S) WITH THE SAMPLE TESTED \$ TEST IN THE SCOPE OF NABL.

\*\*\*\* END OF REPORT \*\*\*\*

 MAHAJAN DR. ARUN, M.D.  
 PATHOLOGIST

 GUPTA DR. NIRAJ, DCP  
 PATHOLOGIST

 CHAHWALA DR. QUTBUDDIN, MD  
 PATHOLOGIST



H-2015/0343



Certificate No.: M-0111

IPD/OPD : [I000128787]

PATIENT NAME: MR. RAJESH NAVAL

DOCTOR NAME: BRAMHABHATT DR. BHAVIN DM DNB NEPHRO

GENDER : MALE

AGE : 50 Y

SPECIMEN : URINE

REG NO. : 499844

MOBILE NO. : 9826011277

SPECIMEN NO. : 170702234

BED No. : 208

REQUESTED : 02/07/2017 8:30PM

COLLECTED : 02/07/2017 8:44PM

RESULTED : 03/07/2017 12:18AM

VERIFY. TIME : 03/07/2017 12:19AM

**URINE ROUTINE (\$)****PHYSICAL EXAMINATION**

Quantity : 30.00 ml

Colour : PALE YELLOW

Appearance : CLEAR

S. Gravity : 1.010

**CHEMICAL EXAMINATIONS**

Reaction : PH - 6.00

Albumin : PRESENT (+)

Sugar : NIL

Ketone Body : NIL

Bile Salt : NIL

Bile Pigment : NIL

Blood : NIL

**MICROSCOPIC EXAMINATION**

Leucocytes : 4-5 / HPF

RBC : NIL

Epithelial Cells : 1-2 / HPF

Crystals : NIL

Spermatozas : NIL

Parasites : NIL

**CAST**

WBC : NIL

Granular : CAST PRESENT

Hyaline : NIL

Waxy : NIL

**URINE EXAMINATIONS:NORMAL FINDINGS**

Volume : 50 - 200 ml

Colour : Pale Yellow

Appearance : Clear

Leucocytes : 0 - 5 / hpf

Reaction : Acidic, pH 4.8 - 7.5

S.Gravity : 1.010 - 1.030

**URINE EXAMINATIONS:NORMAL FINDINGS**

Albumin : Absent

Sugar : Absent

Ketone Body : Absent

Bile Pigment : Absent

Epithelial Cells : 0 - 4 / hpf

Blood : Absent

Chemical Examination - By strip method and Microscopy.

Interpretation: There are many factors and constituents that can alter the normal urine colour. These include diet, medicines and various chemicals. The urine may appear cloudy if amorphous phosphates are present in alkaline urine or amorphous urates are present in acidic medium. Urine contaminated with bacteria may give pungent smell due to formation of ammonia.

(1) THE RESULT(S) CO-RELATE(S) WITH THE SAMPLE TESTED.

(2) \$ TEST IN THE SCOPE OF NABL.

\*\*\*\* END OF REPORT \*\*\*\*

MAHAJAN DR. ARUN, M.D.  
PATHOLOGISTGUPTA DR. NIRAJ, DCP  
PATHOLOGISTCHAHWALA DR. QUTBUDDIN , MD  
PATHOLOGIST(Sv. By : RAKESH KOLHAPURE , Pr. By : RAKESH Note : This is an electronically authenticated report Page 1 of 1  
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