

**Dr. GONDANE SHAILESH**  
CONSULTANT, NEPHROLOGY  
M.B.B.S. MD MEDICINE DNB. (Nephrology)  
**Medical Registration No :** 2002/02/0640

**Hospital :** RUBY HALL CLINIC - (HINJAWADI)  
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**Patient :** Mr. SHARFUDDIN MOHAMMAD, 63 Yrs, Male  
**UHID:** P00000507483 | **Mobile:** 8409239089  
**Consult Date / Time :** Fri, 21 Nov 2025 | 11:47 AM

**Address :** HINJEWADI, PUNE,, Pune, Maharashtra, India

**CHIEF COMPLAINTS & HPI**  
PT DEPENDANT ON HD  
GENERALISED WEAKNESS

**EXISTING CONDITIONS :** • Known DM, HTN, CAD, CKD(On tablet nicardia 30 TDS, arkamin 100 mg TDS , prazospress xl BD , on MHD )

**PHYSICAL EXAMINATION**  
CONSCIOUS ORIENTED AFEBRILE  
BP 154/84 MMHG  
OEDEMA FEET ++

**PAST MEDICAL HISTORY**  
DM, HTN ,CKD ON HD  
ADMITTED AT RUBYHALL CLINIC FROM 2 TO 3 SEPT FOR SEIZURES .

**CLINICAL NOTES**  
**12 Jul 2025** DM 20 YRS , HTN 20 , CKD .BILATERAL CATARACT OPERATED. PT WAS ADMITTED AT RHC FROM 14-4-23 TO 21-4-23 FOR HYPOGLYCEMIA, ACCELERATED HTN , CCF.  
(15-4-23) UREA 50.3 CREAT-3.5 NA138, K-3.7  
(15-7-24) PTH 37, HB 11.0 MCV 99 TLC 5840 , PLT133K CRP 13.28 HB A1C 5.70 BSL F76 CRP 11.50 VIT D 28 B 12 301  
UREA 155 CREAT-7.30 UA 4.02 NA 143, K-6.28 TP6.66 ALB 3.77 IRON 78 TIBC 291 URINE PROTEIN NIL PUS 3-4 RBC NIL  
CREAT-6.7 UREA- 155 NA-136, K-3.6  
(9-7-25) HIV, HBSAG, HCV NEGATIVE

**15 Jul 2025** (12-7-25) UREA 129 , CREAT 10.5 NA 141, K-4.3 .HB 9.7 TLC 8300 PLT-150 .CRP 5 CAL8.3 PHOSP4.4  
**31 Oct 2025** (18-10-25) HB 12.60 TLC 6260 PLT-215K UREA 27, CREAT, NA 133, K-5.99 , 2.07 UA 4.0 TP 7.59 ALB 4.06  
**21 Nov 2025** (19-11-25) HB 14.60 TLC 5650 PLT-310K. UREA 54, CREAT 5.48 UA 2.80 TP-7.18, ALB 3.88, NA 136, K7.47

- DIAGNOSIS**
- Other seizures (G40.89)
  - Chronic kidney disease, stage 5 (N18.5)
  - Type 2 diabetes mellitus with diabetic nephropathy (E11.21)
  - Essential (primary) hypertension (I10)

**MEDICINES PRESCRIBED**

S.NO.	NAME	DOSAGE	ROUTE	FREQUENCY	SCHEDULE	INSTRUCTIONS	DURATION
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1	TAB SOBISIS 500MG (SODIUM BICARBONATE 500MG)	1 Tablet	Oral Route	Twice Daily	Morning-Night	After meals	30 Days
<b>Remarks</b> OR TAB NODOSIS 500 MG							
2	TAB DYTOR 40MG (TORSEMIDE 40MG)	1 Tablet	Oral Route	Once a day	Morning	After meals	30 Days
3	TAB SHELICAL-CT 500 (CALCITRIOL 0.25+ CALCIUM 500 MG)	1 Tablet	Oral Route	Once a day	Afternoon	After meals	30 Days
4	TAB ISOLAZINE (ISOSORBIDE 20MG+HYDRALAZINE 37.5MG)	1 Tablet	Oral Route	Twice Daily	Morning-Night	As directed	30 Days
5	CAP PANTODAC DSR (PANTOPRAZOLE 40+ DOMPERIDONE 30 MG)	1 Capsule	Oral Route	Once a day	Morning	Before Breakfast	30 Days

#### INSTRUCTIONS

- TAB NICARDIA XL 60 ONE THRICE A DAY 1.....1.....1  
TAB ARKAMINE 100 MCG ONE THRICE A DAY  
1.....1.....1  
TAB MINIPRESS XL 5 MG TWICE A DAY  
1.....1

TAB SEVLAFIT 400 MG TWICE A DAY  
( WITH LUNCH ...WITH DINNER )

INJ ERYPRO 10000 UNITS SUBCUTANEOUS ONCE A WEEK ( TUESDAY ) HOLD TILL FURTHER ORDERS

INJ QRON 100 MG IN 100 ML N.S ONCE IN 15 DAYS POST HD ( FRIDAY)

INJ LACARNIT 1 GRAM POST HD ( FRIDAY)

SYP BEVON 10 ML.....10ML

HEMODIALYSIS TWICE A WEEK .(K FREE IN LAST HOUR)

FLUID UPTO 800 ML PER DAY .

TAB ZOLFRESH 5 MG 1 TABLET POST DINNER SOS ( FOR DECREASE SLEEP )

TAB LEVIPIL 500 MG TWICE A DAY (8AM....8PM) ON TUESDAY AND FRIDAY EXTRA TABLET AT 2PM

TAB ROSYCAP GOLD (75/75/20) ONCE A DAY AT NIGHT.

#### Follow up

REVIEW AFTER 1 MONTH

A handwritten signature in blue ink, appearing to read 'Gondane', is written over a horizontal line.

**Dr. GONDANE SHAILESH**  
**NEPHROLOGY**  
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