Red Blood Cell: NIL HPF NONE

Trichomonad: ABSENT Calcium Oxalate: NIL Amorphous phosphate: NIL

Mucus: ABSENT Triple Phosphate: NIL

PTH (parathyroid hormone)Serum: 85.51

25-OH Vitamin D: 23.00 ng/ml

Calcium; total - Serum: 10.65 mg/dl

TIBC [Total Iron binding capacity]: 371.7

ug/dl

Blood smear, peripheral, inter:.

TSH [Thyroid Stimulating Hormo-Serum: 2.74

IU/ml

MCV-Blood: 73.3 fL MCHC-Blood: 33.8 g/dl

MPV-Blood: 8.8 fL BASO-Blood: 0.2 % Epithelial cells: OCCA Granular Cast: NIL Bacteria Urine: ABSENT Uric acid crystals: NIL

Yeast cells: NIL

Other sediment findings: NIL

CRP (C-reactive protein): 0.16 mg/L

Phosphorus inorganic (phosphate)Serum: 5.8

mg/dl

Ferritin -Serum: 59.17 ng/ml Iron - Serum: 61.9 ug/dl

T4 [Thyroxine] free-Serum: 1.28 ng/dl

RBC-COUNT-Blood: 5.81 M/uL

MCH-Blood: 24.8 pg RDW-Blood: 15.3 % MONO -Blood: 8.1 %

X- ray wrist: Bone age normal, No e/o rickets

X ray chest- normal

Ultrasound abdomen - LIVER- Normal size (7.7cm), shape and echotexture. No focal lesion/IHBRD. GB- Partially distended. Echo free lumen. Wall thickness is normal. CBD- Not dilated. PV - Patent. SPLEEN-Normal size(6.5cm) and echotexture. No focal lesion seen. PANCREAS- Not visualized. KIDNEYS- Right kidney measures 6.6cm. Left kidney measures 6.3cm. Bilateral kidneys appear echogenic with reduced corticomedullary differentiation. Multiple parenchymal micro and macro cysts seen in both cortex and medulla. No hydroureter / hydronephrosis. BLADDER- Minimally distended. Retroperitoneum not visualized.

Impression: Bilateral normal sized echogenic kidneys with parenchymal cystic changes findings compatible with inherited cystic renal disease

Neurosonogram - Sulci and gyri are normal. Brain parenchyma shows normal echotexture. No e ence of intracerebral/intraventricular bleed. No evidence of hydrocephalus. Corpus callosum is well formed. No evidence of vascular malformation. No extra axial fluid collection. Impression: Normal study.

ECG: Sinus rhythm.HR- 140 bpm. Normal Axis. Normal PR interval. No RVH/LVH. ECHO: Situs solitus, Levocardia.AV/VA concordance. Normal function. Left arch, No coarctation.SEQUENTIAL CHAMBER ANALYSIS :Situs And Looping :SDS. Systemic Veins: Normal.Pulmonary Veins: Normal. Atria: Normal. Atrial Septum: Intact. AV Valves: No MR/TR. Ventricles :Normal function. Ventricular Septum:Intact. Conotruncus incl Semilunar valves: NRGA, No RVOTO/LVOTONo AR/PR.Branch PAs: Confluent branch PAs. Aortic Arch: Left arch, No coarctation. PDA-Nil. Adv => Reassured/Review SOS.

Blood smear peripheral interpretation -

Normocytic Normochromic RBCs, No atypical cells or blasts. Reactive lymphocytes + Urine culture - No significant growth.

COURSE IN THE HOSPITAL AND DISCUSSION:

1 year old child, known case of antenatally detected bilateral polycsystic kidney disease and delay in attaining milestones presented to OPD for evaluation.

At admission, he had stable vitals. He has dysmorphic features like Broad nasal root. B/L epicanthic fold. Broad forehead. Plagiocephaly. Systemic examination was within normal limits. Initial lab

Principle on the Office Charles Act