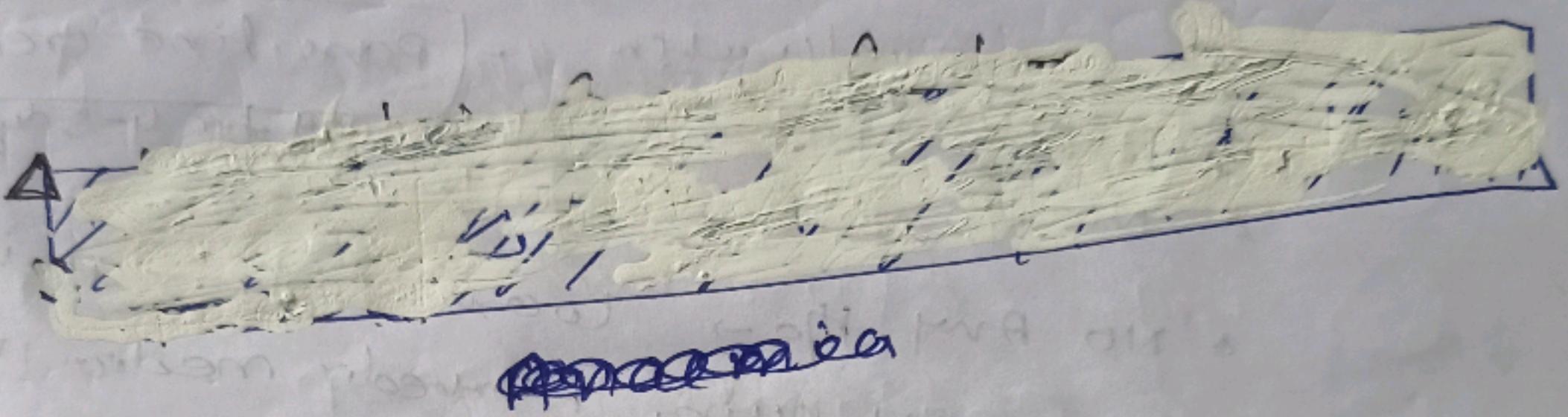


Saberuddin
271 M

90-Surman Ali
Kamrup Rural

DOD - 913124
DOD - 15/3124
HN - 8918424
IRN - A-25/24
MRD - 20667



△ CKD (~~+++~~) ??

Renal Bi - MGN tissue APLA 2R \oplus
77.7% Global Cuff sclevis.

- * Renal Biopsy done = 13/3/24, Report awaited.
- * 2 sessions IAPC (cont) :- 12/3/24
- * D2TC inserted on - 14/3/24
- * 2 unit PRBC Transfused

Dr. Pritam Kumar
SR nephro.

22/3/2019. For checkup.

H.O (1)

Selenite.

B.P. =

P.adene (-),

Adv

- CBC

+ve - Hb - 11.08 gm
TC - 26.04

Done TDS
12/3/24.

? CRP -

? RBS,

S/creat 81 mg/dl, BUN.

S/urea 81 mg/dl, S/crea 87 mg/dl

- RE veins

(16)

Du(CD, GA)

Dr. (Mrs.) Gayatri Pegu
MD(Med), DM Nephrology (GMCH)
Associate Professor
Dept. of Nephrology, GMCH

~~Observation.~~

Antibiotic lock.

I.V. Antibiotic

TDS

Blood \downarrow S.

To Admin. \downarrow ~~Sciro Logy~~

E

M.D.

16/08/24

alt - 57/60

B.P. → 107/67

In. (1078/m)

BSG - 61.8,

Blue - 58.7

Serat - 6.04.

Na^+ - 139

K^+ - 2.9,

Ca^{2+} - 9.2

PO_4^{3-} - 2.5

Cl^- - 6.5

4E min

Alt 2⑦

Play 6-7 hrs,

Qo - Rain ⑧ start.

To continue —

① T. somporas - S
osse.

② T. nodosa - 4st.
BD

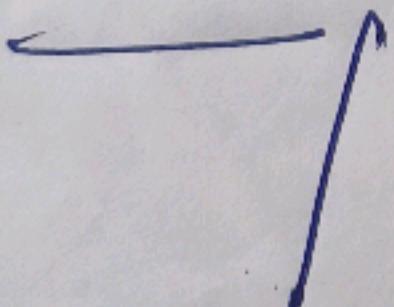
③ T. NEPHROUPE AM

④ T. ULTRACEST

$\frac{1}{2}$ tab AM
x 3 day

⑤ T. PROBITOP - XP
4S AM

Dos.



- CBC
- Hbctg / Anti. ser
- Serat, Na^+ , Blue
- Ca^{2+} , PO_4^{3-} , Cl^-

Dos (Q. 4h)

24/6/29

WT \rightarrow 58 KG

B.P \rightarrow 118/77

1) - sub PROMITOP XP (45)	1- 1 apt med	
2) - sub NEPHROCYTE	1- 1 apt med	med sub COO
3) - ad NODOSCE AST	1- 1 apt med	
4) - tub NEFFTA	1 sub dark apt med	

Review apt 2 months

22/7/2029

WT \rightarrow 58 KG

BD - 28/89

117/82

Adv. : min 43
24 hours min protein
rea abdomen

mead
min = 6.9
min = 8.4
24 hrs up = 7.5

contains some medicine
sub capal 500 mg ss-

21/6/29

T4 = 8140

THb = 13.5

AMC = 102.3

MCV = 37.7

MCH = 4.18

MCHC = 14.2

W = 3.6

Cv = 8.6

Pg = 3.5

Ug = 5.8

med sub COO

mp

22/7/29

T4 = 10550

THb = 14.7

AMC = 28.3

MCV = 43.9

MCH = 4.93

MCHC = 13.6

W = 3.0

Cv = 8.9

Pg = 3.6

Ug = 5.8

med sub COO

mp

DOA = 22/3/24

DOB = 30/3/24

MRD = 25132

TAN = 89184124

URN = C-447
24

A CKD - 5D

B4 ⇒ MGN, Tissue A PLA2R \oplus

77-1. Global Tuff

CRBSI ??.

- * 3 persons HD given LMT - 20/3/24
- * Accno. RT DL JC (1413124)

Clo - fever & chills an error \rightarrow 10 days
Mild cough.

Urin output $\approx 1.5 \text{ L/day}$

Pt is female $\text{MP} = \frac{140}{80} -$
Cough - SLC MBR①

\rightarrow few more person]
- w/ linorazepam

\rightarrow Antibiotic 100 mg/day HD

\rightarrow 3 pressin HD gives Comp $\rightarrow 30/31/23$

\downarrow After giving Antib 3-4 day.

Pt Asymptomatic

WBC = $26000 \rightarrow 10 \times 10^{23}$

Hb = 11 g

Plate = 303

ESR = 92

Correct - $8.42 \rightarrow 9.48$

Na⁺ = 140

K⁺ = 3.8

Cl⁻ = 9

PO₄ = 6.2

Protein = 4

uric Acid = 9

13/3/2024

BP - 109/68

wt - 58 kg

TR - 9410
IM - 7.7

9/5/2019

ABG - 119.1
Urea - 52.9
Creat - 44.4
Hb - 142
Hct = 3.6
CvR - 5.2
Pao₂ - 2.7
Va - 2.2
ABG all O2

- 1) Tab Tempoz D 1 tab daily morn
2) Tab PROB170F XP 45 1-1 apr morn
3) Tab NEUTROCYTE 1-1 apr morn
4) Tab NODOSIS 65Y 1-1 apr morn
5) Tab IROSOME

signed @ 28/3/24 2) Tab EPO 10 IU - 51 weekly (L) signed @ 28/3/24

1) digifiber - as directed

5) 1 Tab thecal 2x 1 tab daily apr morn
Review after 6 weeks.

ms

2/3 cells
urine sugar glucose
urine protein



Ad

- ① Tds menosure 3004 op - 1100
- ② Tu Linozolid 600 3rd - 10d
- ③ Tds Sompraz-B (1000) 10d BBF
- ④ Tds gentamycin (400) B'D
- ⑤ Tds Febtytum (70) 5D
- ⑥ Tds Prostone 5D
- ⑦ Tu Nicardic ① 20 3D

⑧ EPO 10000 SIC 1/week

⑨ Tds PCN(650) SOS

⑩ MHD Twice weekly ~~At~~ ^(unit-1 till next visit)
gentamycin 1000K & Cans 1 hr HD

RIV in CTUS OPP for Lt A.V. fistula
curet

RIV in nephroling 0PD after 20 day
CBC, RST, CRP, creat, BUN, uric acid
& on Monday week friday.

Part II
S2me

13/3/2024

BP-5109/68

wt - 58 kg

TR - 9410

HB - 7.7

9/5/2024
RBC - 119.1
Hb - 52.9
Hct - 4.4
MCV - 162
MCH = 3.6
MCHC - 5.2
RDW - 2.7
Vc - 2.2
RDW all 0.0

- 1) tab tempeez D 1 tab daily morn
- 2) tab PROBITOL XP 45 1-1 apr morn
- 3) tab NEFROCYTE 1-1 apr morn
- 4) tab NODOSICS 6ST 1-1 apr morn

58 2) tab RIBOSOME

1 tab daily apr morn

45 6) 2 by EPO 10K or weekly (2) signed ②
13/3/24 20/5/24

1) digifiber - as directed

5) 1 tab shebaal 2x 1 tab daily apr morn

Review after 6 weeks

ms



3/1/2024

Received last ND on 30/3/2024

ob - ↓ sleep
- leg cramps
- occ pain

ut - adequate

BP - 110/70

Chest - clear

Adm: : RFT / ABS / TS4
: Urine RT / Blood RT

Review & repeats

med

4/4/24

Heart = 6-6

BPM = 94-8

HR = 4-0

CR = 8-8

ABG = 4-0

Po₂ = 5-1

NeO = 13-2

Hb = 4-3

Cr = 150

TG = 186

FBS = 84

TS4 = 4-0-1

Urt = 85

TSR = 6800

Urine pH 24

gfr - T

ABG 63

P 5-T

- ✓ tab Semipry D
 2) tab Tetan 20
 3) tab PROBIDOP XP (45)
 ✓ tab NEPHROCYTE
 ✓ tab IROSOME
 ✓ tab NO DОСІС 6 ST
 ✓ tab GARNISURE
 8) tab PERUNIA 40
 Meaf Creaty Nor 1Kg
 urine RT

, sub daily morn
 , tabs at 7am
 1-1 aft med
 1-1 aft med
 , sub daily aft med
 1-1 aft med
 1-1 aft med x 2 weeks.
 1 tab daily aft med

R-Nr: 16

med

1293

Hb = 8.1

TC = 8.18×10^3

platelet = 272

Iron = 69

Creatinine = 751

TIBC = 224

RBS = 95

Urea = 92 \rightarrow 60

Creat = 9.06 \rightarrow 4.62

Na = 135

K = 4.4

Ca = 8.1

Po4 = 6.6

Bilirubin = 20.5

Protein = 6.98

Albumin = 3.6

AST = 30

ALT = 36

Uric Acid = 29

USG of w/p
(231mg) $\angle RfK = 7.8\text{cm}$
 $LfK = 8.7\text{cm}$
CMD = maintain

813

HIV

HBSAg

HCV

} Negative

T.choles = 143

TG = 148

PT = 14 sec

INR = 0.07

cRP = 54

urine C/S \Rightarrow NO Growth

sputum = Non pathogen
C/S w/o Organism

C₃ & C₄ \Rightarrow N

ANA

ANCA

} Negative

AntiGBM

Chest x-ray = wNL

ECG \rightarrow Sinus Rhythm

RBC: Protein = 2+
RBC = 8.9
RBC = Ni

24hr Urine = 3.2g / l

Renal Rx (1413124)

- In 18 Glomeruli \rightarrow 14 are globally sclerotic (77.7%).
- 3 Glomeruli show segmental Tuft Sclerosis (16.6%)
- NO evidence of Tuft Necrosis, subendothelial deposit, intracapillary Thrombi or Crescent formation.
- IFTA \rightarrow 50% of sample cortex
- Aorta shows medial thickening and subintimal

Sclerotic.

DIF

IgA \rightarrow Neg
IgG \rightarrow 1+
Igm \rightarrow Neg
C3 \rightarrow Neg
C1q \rightarrow Neg
Kappa \rightarrow 1+
Lambda \rightarrow 1+

\Rightarrow Screening of IgG sub class could not be performed due to limited No of glomeruli available

\Rightarrow IHC \rightarrow Anti PLA2R \oplus

Impression :-
(i) Membranous Patterns Glomerulopathy (MGN)
 \rightarrow Tissue Anti PLA2R stain positive

- Ad
- ① Tab Rennogaine BD
 - ② Tab Nodostics 5000 BD
 - ③ Tab Isoniazide BD
 - ④ Tab Somporaz-D BD
 - ⑤ inj. EPO 10,000 UIC weekly
 - ⑥ Tab cefuroxime (250) on - 7 days
 - ⑦ Tab Sevlamex (900) BD
- ⑧ R/V after 1 week in nephrology OPD
- Renal Biopsy Report, CBC, ESR, Na⁺, K⁺,
G.R.B. Cate⁺⁺, M/B urine, on Monday |
Wednesday | Friday |
-
- ⑨ ~~ambulatory~~ HD a.Till further review
at local centre, on SOS basis

R/V next
SN ✓

5/8/24

B.P. → 122/80

WT → 57 kg

5/8/2024

WT → 57 kg

B.P. → 102/67

Clo chest pain (4)

BT - 130/80

Adv. n. ECG

: P-A view exp

1) Tab Raxatil 0.5g 1-1 before meal

2) Tab Sorbitrate 5mg s/c stat + sos

3) Tab Colpal 500 tab stat after meal

Cardiology opinion

1) Tab CARVISURE

1-1 ap meals x 2 weeks

Tab

WT

WT 100 gm / day

↑ evidence of segmental tuft sclerosis

(16.6%) of glomeruli, \oplus some peritubular fibrosis seen.

→ Global tuft sclerosis noted on 14/18 (77%)

→ multi focal chronic interstitial inflammation
and marked increase in tubulointerstitial
chronic injury are observed.

Fig. 6A

+1 < NPI

Fig. 6B

+1 (mod)

60% ESR

+1 P13

+1 (mod)

60% ESR

Fig. 6C

+1 (mod)

60% ESR

T₂Dm (-) Fever on 1/4 - 2 months
H-TW (-) Cough on 1/4 - 2 Mo
Pain in both foot sole
↓
H_o- (frenulum sprd)
- 3 day

Recallation Cement, molicin dept
OPD Basis (4/3/24)

- one volunteer - [Base line creat = 9.1]
- * urine output initial (1, 10, 800) for 4-5 day then improve
 - & NO H_o - High count in urine
 - & NO Any H_o → Localized skin infec^t
Joint pain, Ayurvedic medicine intake,
photosensitivity
 - & H_o - frothing of urine on 1/4 - 1 yes
 - * H_o → one sporadic episode of
swelling of legs & face for 1 Y
(in 2010-2011)

↓
* NO Any ~~dermatological~~ at present time.
& ~~NO~~ NO any document-pulse
(took medicine for 6 months)
(22 N S)

* iug MPS (pulse) not given

- Blood C/S \leftarrow Periphery \rightarrow No growth
center \rightarrow WBC count
- Urine C/S \rightarrow NO growth
- viral markers \rightarrow Negatives
HIV, HBsAg, HCV

(*) RBC count = $\frac{\text{Pct}}{20} \times 10^6$
 $\text{RBC} \rightarrow 8.9$
 $\text{RBC} \rightarrow \underline{\text{NHL}}$

Chest x (PA) - WNL

Colour Doppler of upper limb
 \rightarrow Normal vessel

CTUS, coil given for Lt AV fistula.

Transplantation Counselling given to Attending Party
 Shweta next visit call to factors.

8/4/2024

do palpation

AP = 131/80 - BB & for 2 day

8/4/24
HR = 99-
SBP = 6-2-
NBP = 142
PA = 3-6
BPM ab CO

- obj. : Sensors DLJC (Analyze Unit 1)
obj. : AVF creation

Review after 2 weeks :
1. RBS / Meas Creat 160/160 -
2. Calcium / PON / Meas and -
3. Meas PA -

ABP

Blood PC - NBP: 29

meas

8/4/2023 AP = 104 Meas Creat 74.2/59

NBP/10 = 140/3.5

Cat PA = 9.0/2.3

UA = 6.1

do few

do TAKS or 0' and

do Calpol 500

Review ap 2 weeks

1-1 ap mead x 5 day

1 sub say ap mead

weekly

mead

Gut clear syrup 3ty at bed time

mp

13

BP

Wt

SSD
Issued
13/24

Review