

15

A-1

MANIPAL HOSPITAL BANGALORE

HEALTH CHECK SUMMARY

Hospital# : MH008919537
Name : RAVINDRA KUMAR
Age/Sex : 39 Yrs/Male

Episode# : H00000366395
Date : 07/11/2025 07:08

<u>Order Name</u>	<u>Location</u>	<u>Ord Status</u>
Recipient- Renal Transplant screening Panel MEN		
Blood Grouping & Rh Typing	BLOOD BANK MHB	V
Blood Grouping, Rh Type and Antibody Screen	BLOOD BANK MHB	V
Ferritin	BIOCHEMISTRY MHB	V
Iron	BIOCHEMISTRY MHB	V
Iron With TIBC	BIOCHEMISTRY MHB	V
Lipid Profile	BIOCHEMISTRY MHB	V
PSA (Prostatic Specific Antigen)	BIOCHEMISTRY MHB	V
Pth Intact With Total Calcium	BIOCHEMISTRY MHB	V
TSH (Thyroid Stimulating Hormone)	BIOCHEMISTRY MHB	V
CONSULTATION CARDIOLOGY → Dr. S. D. Shahar	CARDIOLOGY MHB	V
CONSULTATION DENTAL - MEDICINE → on call	DENTAL MEDICINE MHB	V
CONSULTATION INTERNAL MEDICINE → Dr. Ambani	INTERNAL MEDICINE MHB	V
CONSULTATION NEPHROLOGY	NEPHROLOGY MHB	V
CONSULTATION PSYCHIATRY → on call Govardhan	PSYCHIATRY MHB	V
CONSULTATION UROLOGY	UROLOGY MHB	V
ECG	HC ECG ECHO MHB	V
Echo-Cardiogram	HC ECG ECHO MHB	V
Ultrasound Abdomen	RADIOLOGY MHB	V
APTT (Automated / Clotting Assay)	HAEMATOLOGY MHB	V
Bleeding Time	HAEMATOLOGY MHB	V
Complete Blood Counts (Automated)	HAEMATOLOGY MHB	V
Prothrombin Time - PT (Automated/ Clotting Assay)	HAEMATOLOGY MHB	V
Urine Routine and Microscopy (Qualitative Method)	CLINICAL PATHOLOGY MHB	V
Anti Hbs Ag Antibody (Elisa)	MICROBIOLOGY MHB	V
CMV-IGG	MICROBIOLOGY MHB	V
Urine Culture	MICROBIOLOGY MHB	V
VDRL Test (Quantitative) - RPR	MICROBIOLOGY MHB	V
CONSULTATION ANAESTHESIA	ANAESTHROLOGY MHB	V
Renal Panel - II - Fasting	BIOCHEMISTRY MHB	V
Doppler carotid & Vertebral vessels	RADIOLOGY MHB	V
CT abdomen and pelvis	RADIOLOGY MHB	V
Xray chest AP	RADIOLOGY MHB	V
Total Vitamin D	BIOCHEMISTRY MHB	V
HCV Viral Load Assay (GeneXpert)	MICROBIOLOGY MHB	V
Human Immunodeficiency Virus 1 & 2 (serology)	MICROBIOLOGY MHB	V
Hepatitis C virus Antibody (HCV- Serology)	MICROBIOLOGY MHB	V
surface Antigen (HBsAg - serology)	MICROBIOLOGY MHB	V

Add On Orders

HC Appt

HC SERVICE MHB

Printed by: Anantha Raj
07/11/2025 07:09

--: 1 of 1 ;--



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Patient Name : RAVINDRA KUMAR
 Hospital No. : MH008919537
 Patient Mob. No. : 9021821098
 Consultant Name : DR. DEEPAK DUBEY (MBBS-89,MS-93,FRCS-94,MCh-01, FRCS(UROL)-02)

Age/Sex : 39 Yrs / Male
 Date : 2025-11-08 10:25
 E-mail ID : RAVINDRACUTE@GMAIL.COM

CMC Reg No. : 96878
 Dept : UROLOGY MHB

Weight: Height: BP: Pulse: Temperature: Allergies:

Doctor's Notes:

Prospective Renal Transplant Recipient

Mother → Son

Atve → Atve

- CKD since 2017
- MHD since 1 week 3/7

- Access → Permcath

- No H/o femoral cannulation

- NxD → unknown

- Native U/O - ~500 ml/day

- No H/o previous surgeries

- No H/o urological complaints

COMORBIDITIES

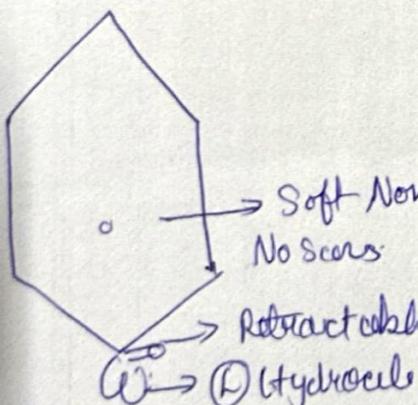
- DM
 HTN
 CVA
 CAD
 Anti-Platelets
 PSH
 Others _____

G1-886
 eGFR-675

USG → Prostate - 20cc.

NCCT Abd & Pelvis →

- Calcifications (++)
 in Aorta, B/L CIA,
 B/L EIA.



(R)

(D)

DPA

Fibbles

+

Adv →

ATA

+

PTA

+

FA

++

++

++

Case Discussed in DU NKR →

- Plan for (R) EIA/IIA
 anastomosis ++

- Final discussion to be
 taken in NU meet



Name Ravindra Kumar
Episode H00000366395
Age 39Y 29D
Sex Male

URN MH008919537
Ordered By HEALTH CHECK
Request Date 07/11/2025 07:08
Patient Location HC SERVICE MHB

Serology

Clinical Laboratory Report

Anti Hbs Antibody

AUTHORISED
07/11/2025 12:49

Specimen No: 2501263034-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:25

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
Anti Hbs Ab Test Value	0.0	mIU/ml	<8	Enhanced Chemiluminescence Immuno Assay
Anti Hbs Ab Test Result	Negative			

Technical note:

Disappearance of Hepatitis B surface antigen is normally followed by the appearance of anti-HBs, which is a sign of recovery. The detection of anti HBs is performed to monitor infected patients and also to check the efficacy of vaccination. A value of 10 mIU/ml is considered as the lowest titer indicating protective immunity against HBV infection.


END OF REPORT


Dr Anjana A , MD (AIIMS), DNB
 Consultant Microbiologist
 KMC : 170888

VDRL Test (Quantitative) - RPR

AUTHORISED
07/11/2025 14:00

Specimen No: 2501263034-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:25

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
VDRL Result	Non-reactive			Slide Flocculation

Technical Note:

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F-401B R2



Name Ravindra Kumar
Episode H00000366395
Age 39Y 29D
Sex Male

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Ordered By HEALTH CHECK
Request Date 07/11/2025 07:08
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VDRL Test (Quantitative) - RPR

AUTHORISED

07/11/2025 14:00

This is a screening test for syphilis and is also used to monitor the course of disease after therapy. This test detects the presence of antibodies to lipoprotein material from damaged cells and cardiolipin from Treponemes. False positive reactions(titre<1:8) may occur in viral infections, connective tissue disorders and pregnancy.

Reference: Clinical diagnosis and management by laboratory methods. Henry J.B. 20Edn.2001 pg1133.

-----END OF REPORT-----



Dr Anjana A , MD (AIIMS), DNB
 Consultant Microbiologist
 KMC : 170888

Human Immunodeficiency Virus 1 and 2

AUTHORISED

07/11/2025 12:31

Specimen No: 2501263034-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:25

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method	
HIV Test Value Method 1	0.07		<0.90	Enhanced Chemiluminescence Immuno Assay	
HIV Test Result Method 1		Non-reactive for anti HIV-1, anti HIV-2 and p24 antigen			

-----END OF REPORT-----



Dr Anjana A , MD (AIIMS), DNB
 Consultant Microbiologist
 KMC : 170888

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F-401B R2

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Episode H00000366395
Age 39Y 29D
Sex Male

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Patient Location HC SERVICE MHB

VDRL Test (Quantitative) - RPR

AUTHORISED

07/11/2025 14:00

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-----END OF REPORT-----



Dr Anjana A , MD (AIIMS), DNB
 Consultant Microbiologist
 KMC : 170888

Human Immunodeficiency Virus 1 and 2

AUTHORISED

07/11/2025 12:31

Specimen No: 2501263034-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:25

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
HIV Test Value Method 1	0.07		<0.90	Enhanced Chemiluminescence Immuno Assay
HIV Test Result Method 1	Non-reactive for anti HIV-1, anti HIV-2 and p24 antigen			

-----END OF REPORT-----



Dr Anjana A , MD (AIIMS), DNB
 Consultant Microbiologist
 KMC : 170888

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F-401B R2



Name Ravindra Kumar
Episode H00000366395
Age 39Y 29D
Sex Male

URN MH008919537
Ordered By HEALTH CHECK
Request Date 07/11/2025 07:08
Patient Location HC SERVICE MHB

Hepatitis C virus Antibody (HCV)AUTHORISED
07/11/2025 11:43

Specimen No: 2501263034-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:25

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
HCV Test Value Method 1	0.02		<0.90	Enhanced Chemiluminescence Immuno Assay
HCV Test Result Method 1	Negative			

Technical Note:

It is a screening test based on immunometric technique, using enhanced chemiluminescence for the qualitative detection of IgG antibodies to hepatitis C virus in human serum.

Antibodies to hepatitis C virus appear after variable periods of time in different patients. Other tests like PCR may be used for confirmation of results. A non-reactive result does not preclude the possibility of infection with HCV.

-----END OF REPORT-----



Dr Anjana A , MD (AIIMS), DNB
 Consultant Microbiologist
 KMC : 170888

Hepatitis B surface Antigen (HBsAg)AUTHORISED
07/11/2025 11:43

Specimen No: 2501263034-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:25

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
HBsAg Test Value Method 1	0.11		<0.9	Enhanced Chemiluminescence Immuno Assay

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F-401B R2



Name: Ravindra Kumar
 Episode: H00000366395
 Age: 39Y 29D
 Sex: Male

URN: MH008919537
 Ordered By: HEALTH CHECK
 Request Date: 07/11/2025 07:08
 Patient Location: HC SERVICE MHB

Hepatitis B surface Antigen (HBsAg)

AUTHORISED

07/11/2025 11:43

Test	Result	Units	Ref. Range	Method
HBsAg Test Result Method 1	Non-Reactive			

Technical Note:

It is a screening test for the qualitative detection of Hepatitis B surface antigen in human serum. A reactive result does not confirm diagnosis. The result should be interpreted in conjunction with clinical condition and other serological markers of Hepatitis B. A non-reactive result does not preclude the possibility of infection with HBV.



END OF REPORT



Dr Anjana A , MD (AIIMS), DNB
 Consultant Microbiologist
 KMC : 170888

CMV-IgG

AUTHORISED

07/11/2025 14:39

Specimen No: 2501263034-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:25

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
CMV IgG Test Value	19.00	# AU/mL	<4.00	ELFA
CMV IgG Test Result	Positive			

Technical Note:

Cytomegalovirus belongs to the family Herpesviridae. This assay detects the presence of IgG antibodies to CMV which is suggestive of a past infection.

Reference-Infectious diseases. Gorbach SL.3rd Edn.2004.pg1950-1955

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F-401B R2



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Episode H00000366395
Age 39Y 29D
Sex Male

URN MH008919537
Ordered By HEALTH CHECK
Request Date 07/11/2025 07:08
Patient Location HC SERVICE MHB

Clinical Pathology

Clinical Laboratory Report

Urine Routine and Microscopy (Qualitative Method)

AUTHORISED
07/11/2025 13:07

Specimen No: 2501263038-1; Collection Date: 07/11/2025 07:34; Receive Date: 07/11/2025 11:57

Specimen: URINE;

Test	Result	Units	Ref. Range	Method
MACROSCOPIC DESCRIPTION				
Colour	STRAW YELLOW		Pale Yellow - Yellow	
Appearance	CLEAR			
Reaction[pH]	7.5		4.5-8.8	pH Indicator Method
Specific Gravity	1.013	#	1.015-1.025	Refractivity Method
CHEMICAL EXAMINATION				
Protein	DETECTED # +++		NIL-TRACE	Protein Error of pH Indicator
Glucose	DETECTED # ++		NIL	Enzymatic
Ketone Bodies	NOT DETECTED		NIL	Nitroprusside Method
Urobilinogen	NIL		NORMAL	Azo Coupling Method
Bile Salts	NEGATIVE		NEGATIVE	Azo Coupling Method
Bile Pigments	NEGATIVE		NIL	
MICROSCOPIC EXAMINATION				
WBC / Pus Cells	5	/HPF	0-6	
Red Blood Cells	0	/HPF	0-2	
Epithelial Cells	0.30	/HPF	0-4	
Casts	NIL		NIL	
Crystals Urine	NIL		NIL	

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Age 39Y 29D
Sex Male

URN MH008919537
Ordered By HEALTH CHECK
Request Date 07/11/2025 07:08
Patient Location HC SERVICE MHB

Transfusion Medicine

Clinical Laboratory Report

Blood Grouping and Rh Typing

AUTHORISED
07/11/2025 11:35

Specimen No: 2501263037-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:08

Specimen: WHOLE BLOOD;

Test	Result	Units	Ref. Range
Blood Group & Rh Typing	A Rh(D) Positive		
Blood Group Rh Typing (Column Agglutination by gel)			
Agglutination Pattern			
Anti A	Positive		
Anti B	Negative		
Anti-D	Positive	#	
Ctr	Negative		
A Cell	Negative		
B Cell	Positive	#	
Anti A1	Negative		
Anti H	Positive	#	
Antibody Screening	NEGATIVE		
Repeat ABO & Rh Type	A Rh(D) Positive		

Technical Note:

1. ABO grouping and Rh(D) typing is done by cell and serum grouping using column agglutination gel technique / micro plate and the results are cross verified by slide method. Two separate sets of Anti-D are used for D typing-One gel card / Microplate and another Anti-D serum.

References :

Milkins, C., Berryman, J., Cantwell, C., Elliott, C., Haggas, R., Jones, J., Rowley, M., Williams, M. and Win, N. (2013), Guidelines for pre-transfusion compatibility procedures in blood transfusion laboratories†. Transfusion Med, 23: 3-35. <https://doi.org/10.1111/j.1365-3148.2012.01199.x>

END OF REPORT



Keerthi Chinthapeta , MBBS,MD-Transfusion Medicine
Senior Registrar - Transfusion Medicine
KMC : 154801

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F-401B R2



Name: Ravindra Kumar
 Episode: H00000366395
 Age: 39Y 29D
 Sex: Male

URN: MH008919537
 Ordered By: HEALTH CHECK
 Request Date: 07/11/2025 07:08
 Patient Location: HC SERVICE MHB

Blood Grouping, Rh Type And Antibody Screen

Clinical Laboratory Report

AUTHORISED
 07/11/2025 11:36

Specimen No: 2501263037-1; Collection Date: 07/11/2025 07:35; Receive Date: 07/11/2025 09:08

Specimen: WHOLE BLOOD;

Test	Result	Units	Ref. Range
Method - Column Agglutination by gel			
Blood Group & Rh Typing	A Rh(D) Positive		
Antibody Screening	NEGATIVE		
Agglutination Pattern			
Anti A	Positive		
Anti B	Negative		
Anti-D	Positive	#	
Ctr	Negative		
A Cell	Negative		
B Cell	Positive	#	
Anti A1	Negative		
Anti H	Positive	#	
CP I	Negative		
CP II	Negative		
CP III	Negative		
Auto Control	Negative		
Repeat ABO & Rh Type	A Rh(D) Positive		

Technical Note:

1. ABO grouping and Rh(D) typing is done by cell and serum grouping using column agglutination gel technique / micro plate and the results are cross verified by slide method. Two separate sets of Anti-D are used for D typing-One gel card / Microplate and another Anti-D serum.

2. Screening for red cell antibodies g is done using a 3 cell panel of reagent red cells coated with known antigenic composition comprising of Rh, Kell, Duffy, Kidd, Lewis, P, MNS,Lutheran and Xg antigens.

References :

Milkins, C., Berryman, J., Cantwell, C., Elliott, C., Haggas, R., Jones, J., Rowley, M., Williams, M. and Win, N. (2013), Guidelines for pre-transfusion compatibility procedures in blood transfusion laboratories†. Transfusion Med, 23: 3-35. <https://doi.org/10.1111/j.1365-3148.2012.01199.x>

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F-401B R2



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Episode H00000366395
Age 39Y 29D
Sex Male

URN MH008919537
Ordered By HEALTH CHECK
Request Date 07/11/2025 07:08
Patient Location HC SERVICE MHB

Biochemistry

Clinical Laboratory Report

Ferritin

AUTHORISED
07/11/2025 10:04

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

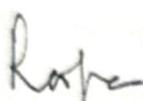
Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
Ferritin	694.00 #	ng/mL	30.00-400.00	ECLIA

Technical Note:

Ferritin is an acute phase reactant. Avoid testing for ferritin during infection/inflammation, as falsely high values maybe obtained.

At birth, ferritin levels average 100 ng/mL and rise to a peak of about 350 ng/mL at one month. During the next five months, ferritin levels fall to about 30 ng/mL.
 (Ref :Blood Journal; 43:581, 1974).



-----END OF REPORT-----



Dr ROOPA MURGOD , M.D Biochemistry
 Consultant Biochemist
 KMC : 44918

Iron

AUTHORISED
07/11/2025 10:04

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
IRON	356.00 #	µg/dl	33.00-193.00	Ferene

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Request Date 07/11/2025 07:08
Patient Location HC SERVICE MHB

Clinical Laboratory Report

Iron

AUTHORISED
07/11/2025 10:04

END OF REPORT



Dr ROOPA MURGOD , M.D Biochemistry
 Consultant Biochemist
 KMC : 44918

Iron With TIBC

AUTHORISED
07/11/2025 10:09

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
IRON	356.00 #	µg/dl	33.00-193.00	Ferene
Total Iron Binding Capacity	450.50	µg/dl	90.00-520.00	Ferene
TRANSFERRIN SATURATION	79.02 #	%	20.00-50.00	Calculation

Interpretation of iron status must be correlated with other parameters given below as a whole study rather than interpreting a single test.

- Measurements of serum iron, TIBC and the percentage of iron saturation of transferring are useful screening tests for iron
- However, serum iron exhibits significant diurnal variation and may transiently rise or reach reference values after dietary or
- The diagnostic specificity of a low serum iron for iron deficiency is lost in the presence of acute & chronic inflammatory processes as the concentrations of iron and transferrin in the serum are significantly affected, and fall rapidly as part of the acute phase response irrespective of the iron stores status in the body.

END OF REPORT



Dr ROOPA MURGOD , M.D Biochemistry
 Consultant Biochemist
 KMC : 44918

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Episode H00000366395
Age 39Y 29D
Sex Male

URN MH008919537
Ordered By HEALTH CHECK
Request Date 07/11/2025 07:08
Patient Location HC SERVICE MHB

PSA (Prostatic Specific Antigen)

Clinical Laboratory Report

AUTHORISED
07/11/2025 10:04

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
PROSTATE SPECIFIC ANTIGEN (PSA)	0.490	ng/mL	<2.000	ECLIA

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

END OF REPORT



Dr ROOPA MURGOD , M.D Biochemistry
Consultant Biochemist
KMC : 44918

PTH Intact With Total Calcium

AUTHORISED
07/11/2025 10:41

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
CALCIUM TOTAL PTH (PARATHYROID HORMONE)	9.34 417.00 #	mg/dL pg/mL	8.60-10.30 10.00-60.00	NM-BAPTA ECLIA

Technical Note:

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Instant 08/11/2025 09:17 Page: 3 of 8



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F-401B R2



Name: Ravindra Kumar
 Episode: H00000366395
 Age: 39Y 29D
 Sex: Male

URN: MH008919537
 Ordered By: HEALTH CHECK
 Request Date: 07/11/2025 07:08
 Patient Location: HC SERVICE MHB

PTH Intact With Total Calcium

Clinical Laboratory Report

AUTHORISED
 07/11/2025 10:41

Test	Result	Units	Ref. Range	Method
------	--------	-------	------------	--------

Parathyroid hormone (PTH) levels are falsely depressed in individuals on multi vitamin or biotin supplements. PTH level estimation is not advisable in post hemodialysis blood samples. The above PTH result was obtained with Elecsys PTH assay and cannot be used interchangeably with results of other assays.



-----END OF REPORT-----



Dr ROOPA MURGOD , M.D Biochemistry
 Consultant Biochemist
 KMC : 44918

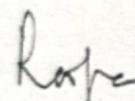
TSH (Thyroid Stimulating Hormone)

AUTHORISED
 07/11/2025 10:09

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
Thyroid Stimulating Hormone	5.860 #	μIU/mL	0.340-4.250	ECLIA



-----END OF REPORT-----



Dr ROOPA MURGOD , M.D Biochemistry
 Consultant Biochemist
 KMC : 44918

Renal Panel - II Fasting

AUTHORISED
 07/11/2025 10:09

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

Specimen: SERUM;

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F-401B R2



Name: Ravindra Kumar
 Episode: H00000366395
 Age: 39Y 29D
 Sex: Male

URN: MH008919537
 Ordered By: HEALTH CHECK
 Request Date: 07/11/2025 07:08
 Patient Location: HC SERVICE MHB

Clinical Laboratory Report

Renal Panel - II Fasting

AUTHORISED
07/11/2025 10:09

Test	Result	Units	Ref. Range	Method
Glucose - Fasting	158.00 #	mg/dL	70.00-100.00	Hexokinase
Bicarbonate	22.20	mmol/L	22.00-29.00	Enzymatic
Urea Nitrogen	41.00 #	mg/dL	6.00-20.00	Urease
CREATININE	8.86 ##	mg/dL	0.80-1.60	Modified Jaffe's
eGFR	6.75 #	ml/min/1.73sq.m	>60.00	Calculation
Sodium	139.00	mmol/L	136.00-145.00	Indirect ISE
Potassium	5.16 #	mmol/L	3.50-5.10	Indirect ISE
Chloride	100.80	mmol/L	98.00-107.00	Indirect ISE
URIC ACID	3.83	mg/dL	3.50-7.20	Uricase
CALCIUM TOTAL	9.34	mg/dL	8.60-10.30	NM-BAPTA
PHOSPHORUS	5.66 #	mg/dL	2.50-4.50	Molybdate UV
TOTAL CHOLESTEROL	133.00	mg/dL	<200.00	CHOD / POD

Reference Ranges:

Desirable: <200

Moderate Risk: 200-239

High risk: >240

BILIRUBIN - TOTAL	0.29	mg/dL	0.10-1.20	DIAZO
BILIRUBIN - DIRECT	0.13	mg/dL	0.00-0.20	DIAZO
TOTAL PROTEIN	7.2	g/dL	6.0-8.0	Biuret
ALBUMIN	4.2	g/dL	3.5-5.2	BCG
GLOBULIN	3.01	g/dL	Calculation	
ALB/GLOB (A / G) Ratio	1.40		Calculation	
SGPT/ALT	12.00	U/L	10.00-40.00	UV Without P5P
SGOT/AST	15.00	U/L	10.00-40.00	UV Without P5P
ALP	132.00	U/L	45.00-135.00	PNPP
Lactate Dehydrogenase - LDH	297.00 #	U/L	135.00-225.00	Lactate to Pyruvate

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MC-2845

Name Ravindra Kumar
Episode H00000366395
Age 39Y 29D
Sex Male

URN
Ordered By
Request Date
Patient Location

MH008919537
 HEALTH CHECK
 07/11/2025 07:08
 HC SERVICE MHB

Renal Panel - II Fasting

AUTHORISED
07/11/2025 10:09

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

*New born: Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value

Rope

-----END OF REPORT-----



Dr ROOPA MURGOD , M.D Biochemistry
 Consultant Biochemist
 KMC : 44918

Total Vitamin D

AUTHORISED
07/11/2025 10:41

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
VITAMIN D (25 - Hydroxy)	31.60	ng/mL		CMIA

Reference ranges:
 Deficiency: < 20 ng/ml
 Insufficiency: 20-29 ng/ml
 Optimum level: 30-80 ng/ml
 Possible toxicity: > 150 ng/mL

Rope

-----END OF REPORT-----



Dr ROOPA MURGOD , M.D Biochemistry
 Consultant Biochemist
 KMC : 44918

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Name: Ravindra Kumar
 Episode: H00000366395
 Age: 39Y 29D
 Sex: Male

URN: MH008919537
 Ordered By: HEALTH CHECK
 Request Date: 07/11/2025 07:08
 Patient Location: HC SERVICE MHB

Lipid Profile

AUTHORISED

07/11/2025 10:09

Specimen No: 2501263035-1; Collection Date & Time: 07/11/2025 07:35; Receive Date & Time: 07/11/2025 08:41

Specimen: SERUM;

Test	Result	Units	Ref. Range	Method
TOTAL CHOLESTEROL	133.00	mg/dL	<200.00	CHOD / POD
Reference Ranges:				
Desirable: <200				
Moderate Risk: 200-239				
High risk: >240				
TRIGLYCERIDES	130.00	mg/dL	<150.00	GPO / POD
Reference ranges:				
Desirable: <150 mg/dL				
High: 200 - 499 mg/dL				
Very high: >500 mg/dL				
Borderline high: 151-199 mg/dL				
HDL - CHOLESTEROL	46.70	mg/dL	40.00-60.00	Enzymatic
VLDL - CHOLESTEROL	26.00	mg/dL	2.00-30.00	Calculation
LDL - CHOLESTEROL	60.00	mg/dL	<100.00	Enzymatic
Reference ranges:				
Optimal: <100 mg/dL				
Near/Above optimal: 100-129 mg/dL				
Borderline High: 130-159 mg/dL				
High Risk: 160-189 mg/dL				
T.CHOL/HDL.CHOL Ratio	2.85			Calculation
Reference ranges:				
Optimal - <4.0				
Borderline - 4.0-5.0				
High Risk - >6				
LDLCHOL / HDLCHOL Ratio	1.28			Calculation
Reference ranges:				
Optimal - <3				
Borderline - 3-4				
High Risk - >6				
Non HDL cholesterol	86.30			

LDL-Cholesterol treatment goals based on risk categories proposed by Lipid Association of India (LAI)

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F-401B R2



Name Ravindra Kumar
Episode H00000366395
Age 39Y 29D
Sex Male

URN
Ordered By
Request Date
Patient Location

MH008919537
 HEALTH CHECK
 07/11/2025 07:08
 HC SERVICE MHB

Clinical Laboratory Report

AUTHORISED
 07/11/2025 10:09

Lipid Profile

Risk categories Treatment Goals
 LDL-C in mg/dL (non HDL-C in mg/dL)

Extreme high risk - category A < 50 (optional <30) < 80(optional <60)
 (CAD with >=1 feature of high risk group)

Extreme high risk - category B <30
 (CAD with >1 feature of high risk group or recurrent ACS LDL-C <=50mg/dL)

Very high risk <50 <80
 (Pre-existing ASCVD, Diabetes with 2 other major ASCVD factors, Familial Homozygous Hypercholesterolemia)

High risk <70 <100
 (>=3 major ASCVD risk factors or any target organ damage or > 2 other major ASCVD risk factors >=1 other high-risk features)

Moderate risk <100 <130
 (2 other major ASCVD risk factors. Lifetime CVD risk >=30%

Low risk <100 <130
 (0-1 major ASCVD risk factor and lifetime CVD risk factor < 30%)

Reference:
 Lipid Association of India Expert Consensus Statement on Management of Dyslipidemia in Indians 2020: Part III

END OF REPORT

Dr ROOPA MURGOD , M.D Biochemistry
 Consultant Biochemist
 KMC : 44918



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 Instant: 08/11/2025 09:17 Page: 8 of 8
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Name: Ravindra Kumar
 Episode: H00000366395
 Age: 39Y 29D
 Sex: Male

URN: MH008919537
 Ordered By: HEALTH CHECK
 Request Date: 07/11/2025 07:08
 Patient Location: HC SERVICE MHB

Clinical Laboratory Report

Haematology

Bleeding Time

AUTHORISED
 07/11/2025 09:40

Specimen No: 2501263036-1; Collection Date: 07/11/2025 07:37; Receive Date: 07/11/2025 09:40

Specimen: BLOOD;

Test	Result	Units	Ref. Range
Bleeding Time	2.00	minutes	<5.00

9/8mm

-----END OF REPORT-----



Dr SHRINIVAS V , M.D Pathology
 Consultant Hematopathologist
 KMC : 19863

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F-401B R2



DEPARTMENT OF RADIOLOGY & IMAGING

NAME	RAVINDRA KUMAR	STUDY DATE	07/11/2025 7:54AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH008919537
ACCESSION NO.	R11933542	MODALITY	CR
REPORTED ON	07/11/2025 12:35PM	REFERRED BY	HEALTH CHECK

CHEST X-RAY AP

Right CV line noted

Lungs are clear.

No cardiomegaly. Pulmonary vasculature is normal.

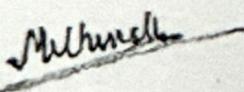
Hila are not enlarged.

No mediastinal widening.

CP angles are clear.

Diaphragm is normal in position.

No abnormality in the rib cage.



Dr. MITHUN SHETTY

CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY & IMAGING

NAME	RAVINDRA KUMAR	STUDY DATE	07/11/2025 10:13AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH008919537
ACCESSION NO.	R11933543	MODALITY	US
REPORTED ON	07/11/2025 11:24AM	REFERRED BY	HEALTH CHECK

Nw/bc

COLOR DUPLEX DOPPLER SONOGRAPHY OF THE CAROTID AND VERTEBRAL ARTERIES
WAS PERFORMED

Suboptimal assessment of right sided vessels.

Both Common Carotid Arteries are normal in course and caliber.

Normal flow separation seen at Carotid bifurcation.

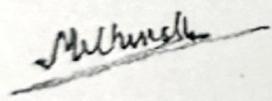
Both Internal Carotid Arteries show normal flow and spectral profile.

No plaques visualized.

Both Vertebral Arteries show Cranial flow with normal spectral profile.

IMPRESSION:

No haemodynamically significant carotid or vertebral artery stenosis.



Dr. MITHUN SHETTY

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NAME	RAVINDRA KUMAR	STUDY DATE	07/11/2025 10:20AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH008919537
ACCESSION NO.	R11933541	MODALITY	US
REPORTED ON	07/11/2025 11:24AM	REFERRED BY	HEALTH CHECK

Nw/bc

REAL TIME ULTRASONOGRAPHY OF THE ABDOMEN AND PELVIS WAS PERFORMED

LIVER: Normal in size, shape and outline. Parenchymal texture normal. No focal cystic or solid mass lesion. No intrahepatic biliary dilatation. Intrahepatic portion of IVC is normal. Portal vein is normal. Porta hepatis is normal.

GALL BLADDER: Wall thickness normal. Luminal echoes are normal. No calculi.

C.B.D: Not dilated.

PANCREAS: Head and body appears normal. Tail obscured.

SPLEEN: Normal texture and measures 11.5 cm.

AORTA: Obscured.

KIDNEYS: Bilateral raised cortical echogenicity with maintained corticomedullary differentiation. Right kidney measures 8.7 cm with a parenchymal thickness of 1.3 cm. Small in size. Left kidney measures 9.6 cm with a parenchymal thickness of 1.7 cm. Normal in size, shape and outline.

URINARY BLADDER: Partially distended.

PROSTATE: Volume 20 cc, not enlarged.

No free fluid in peritoneal cavity.

IMPRESSION:

Small sized right kidney with bilateral grade I renal parenchymal changes.
No other significant abnormality detected.

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NAME	RAVINDRA KUMAR	STUDY DATE	07/11/2025 10:02AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH008919537
ACCESSION NO.	R11933586	MODALITY	CT
REPORTED ON	07/11/2025 1:50PM	REFERRED BY	HEALTH CHECK

NCCT ABDOMEN AND PELVIS

INDICATION: CKD

Report:

There is mild pericardial effusion up to 1 cm.

Calcifications are seen in the vessels including aorta and iliac arteries. No renal ostial calcification. However, calcifications are seen near the hilum in the branches.

Right kidney measures 7.8 cm. Left kidney measures 8cm. Both kidneys are smaller in size with bilateral mild perinephric fat stranding. No calculi/hydronephrosis

Few subcentimetre para-aortic lymph nodes are noted.

Bladder is minimally distended with prominent wall. Left hydrocele is partly visualised.

Liver is normal.

Gall bladder is not dilated; no calcifications. No wall thickening.

No biliary dilatation.

Pancreas is normal in size. No duct dilation or calcifications.

Prostate is not enlarged. Seminal vesicles are normal.

No bowel thickening or dilatation.

No ascites or collection.

IMPRESSION:

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Name	: RAVINDRA KUMAR	Hospital No	: MH008919537
Age / Sex	: 39 yrs / Male	Episode No	: H00000366395
Doctor	: HEALTH CHECK	Episode Date	: 07/11/2025
Department	: HC SERVICE MHB	Execute Date	: 07 Nov 2025

ECHO CARDIOGRAPHY REPORT**DIMENSIONS**

M-MODE MEASUREMENTS	TEST VALUES	NORMAL VALUES
AORTA	28	20-37 MMS
LA	36	24-40 MMS
LVIDD	50	37-53 MMS
LVIDS	34	24-36 MMS
IVSD	14	6-12 MMS
LVPWD	13	6-12 MMS
EF	60%	>50%
FS	32%	
RVIDD		6-23 MMS

VALVES

MITRAL VALVE	NORMAL
TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL
PULMONARY VALVE	NORMAL

CHAMBERS

LEFT ATRIUM	NORMAL
RIGHT ATRIUM	NORMAL
LEFT VENTRICLE	CONCENTRIC LVH
RIGHT VENTRICLE	NORMAL

SEPTAE

IVS	INTACT
IAS	INTACT

GREAT VESSELS

AORTA	NORMAL
	NORMAL

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7-11-2025

Name	: RAVINDRA KUMAR	Hospital No	: MH008919537
Age / Sex	: 39 yrs / Male	Episode No	: H00000366395
Doctor	: HEALTH CHECK	Episode Date	: 07/11/2025
Department	: HC SERVICE MHB	Execute Date	: 07 Nov 2025

PULMONARY
ARTERY

PERICARDIUM TRACE PE NEAR RA/RV & 14mm PE SEEN
 ANTERIOR TO LA/LV

DOPPLER DATA

MITRAL VALVE TRIVIAL MR, E/A:0.8
AORTIC VALVE NORMAL
TRICUSPID VALVE TRIVIAL TR, PASP:30mmHg
PULMONARY NORMAL
VALVE

WALL MOTION ANALYSIS NO REGIONAL WALL MOTION ABNORMALITIES

CLOTS.VEGETATIONS NIL

OTHERS FINDINGS NIL

FINAL DIAGNOSIS >

CONCENTRIC LV HYPERTROPHY
NORMAL LV SYSTOLIC FUNCTION
NO REGIONAL WALL MOTION ABNORMALITIES
TRIVIAL MR/TR
NO PAH
NORMAL IVC
NO CLOT
TRACE PE NEAR RA/RV & 14mm PE SEEN ANTERIOR TO LA/LV

CONSULTANT

SONOGRAPHER



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Txp

Patient Name : RAVINDRA KUMAR Age/Sex : 39 Yrs / Male Episode No.: O00011491413
Hospital No. : MH008919537 Date : 2025-11-10 10:04
Patient Mob. No. : 9021821098 E-mail ID : RAVINDRACUTE@GMAIL.COM *Attle*
Consultant Name : DR. VYJAYANTHI BONANTHAYA (MBBS-88, MD(PSY)-97)
KMC Reg No. : 27296 Dept : PSYCHIATRY MHB

Pj-o/o

Pulse: - 77 bpm BP: 140/82 Allergies: NO Weight: 63.2 kg Height: 164 cm.
SpO2 - 99% *well*
Any Known Health conditions:

Doctor's Notes:

Has CKD, planning for transplantation, within being the prospective donor.
Psychological assessment done today & appears psychologically fit to undergo renal transplantation.

MH008919537 3BY M
PUNK0000133904
RAVINDRA KUMAR
000011490306 08/11/2025



Patient Name:

Hospital No.:

Consultant Name:

Dr. Vinayak.

ANESTHESIA EVALUATION FORM

Age/Sex:

Date: 8/11/2025

Informant: Self Relation: _____ Location: Ward ER PAC Room ICU

Date of Surgery: _____ Surgeon's Name: Dr. Deepak Deherf

Height: 164 cm Weight: 63.2 kg BMI: _____

Mother Tongue: Hindu Interpreter: Yes No

Diagnosis: ESRD.	Proposed Surgery: Prospective Renal transplant recipient
------------------	--

Respiratory Systems			CNS Musculoskeletal			Endocrine	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dyspnoea	<input type="checkbox"/> Orthopnoea	<input type="checkbox"/> CVA/Stroke	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid : Hypo
<input type="checkbox"/> ILD	<input type="checkbox"/> Cough	<input type="checkbox"/> Recent URI	<input type="checkbox"/> Seizures	<input type="checkbox"/> Paraplegia	<input type="checkbox"/> Others	<input type="checkbox"/> Pituitary	<input type="checkbox"/> Hyper
<input type="checkbox"/> COPD	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Smoker	<input type="checkbox"/> Neuromuscular Disorder			<input type="checkbox"/>	<input type="checkbox"/> Adrenals
Cardio Vascular Systems			Hepatic / Renal			Others	
<input type="checkbox"/> Hypertension	<input type="checkbox"/> CAD/MI	<input type="checkbox"/> Angina	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Hepatic Failure		<input type="checkbox"/> Anaemia	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> RHD/Valvular	<input type="checkbox"/> Pace Maker	<input type="checkbox"/> Dysrhythmias	<input type="checkbox"/> Renal Failure : Acute / Chronic			<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Cancer Chemotherapy
<input type="checkbox"/> NYHA	<input type="checkbox"/> Congestive Heart Failure		<input type="checkbox"/> Hepatitis			<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Radiotherapy

History: Keto c/o : 2017. Started on NID from 4/11/2025 (since a L.D - 31/11/25 week) ⑧ IJV HD catheter. Keto HbA1c, DM (diabetic retinopathy s/p VEGF injection). macular edema.	Previous Anaesthesia / Hospitalisation / ICU: NIL.
EI - Moderate. Non-Smoker.	Allergies: NKDA.
	Current Medication: T. Ondansetron 1mg 1-0-0 T. Prazosin XL 2.5mg 1-0-1 T. Probenecid XL 250mg 1-0-1 T. Colace 10mg 1-0-1 T. Nodose 50mg 1-0-1 T. Shilajit 1-0-0 T. Insulin 1-0-0

Respiratory Systems SpO ₂ : 98% RR: 16	CNS / PA: N	Airway Assessment: Mouth Opening Adeq - NC: _____ Neck Movements Adeq - NC: _____ Mallampatti Score II NC: _____ TMD > 1.5cm NC: _____ Dentures: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Fixed <input type="checkbox"/> Removable <input type="checkbox"/> Partial <input type="checkbox"/> Complete
Cardio Vascular Systems HR: 89 bpm BP: 150/100mmHg	Spine: N	

PTH - 417
Sr Ca - 9.34

3/11/25 TIC-H-H3

INVESTIGATIONS:		ANAESTHESIA PLAN:	RISK SCORE	DONE	SP
3/11 Hb / HCT 9.3		<input type="checkbox"/> Fibre Optic Intubation		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
RBS / FBS		<input checked="" type="checkbox"/> GA <input type="checkbox"/> MAC <input type="checkbox"/> Sedation			
BT / CT		<input type="checkbox"/> SAB <input type="checkbox"/> EPIDURAL <input type="checkbox"/> CSE			
PT / PTT		<input type="checkbox"/> Regional Block			
INR		<input type="checkbox"/> Invasive Monitoring			
Blood Group A Pos		<input type="checkbox"/> PCA			
Platelets 1.36 Lakh					
BUN / Sr. Creat. 41 18.86					
LFT - WNL					
TFT 5.86 (TSH) Cuti. 6.75					
Na+ 13.9					
K+ 5.16					
		Post OP ICU required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Chest X-Ray NAD		Carotid doppler - N.			
ECG NSR, LAD					
Echo EF - 60%. Conc. LV +, NORWMA, trivial MRTR. PFT No PAH, trace perivascular effusion CT/US/MRI		No PAH, trace perivascular effusion trace PAH & cut to LA/LV			
COMBINED ANASTHESIA - SURGERY RIS					
			Green	Yellow	Red
SPECIFIC ANTICIPATED PROBLEMS / RISK FACTORS:					
GA Major surgery invasive monitoring HTN DM CAD. Postoperative SSV					
INVESTIGATIONS REQUIRED:		CROSS REFERENCES SUGGESTED:			
- Rpt CBC, RP, post dialysis after admission.		Cardiology - advised CAU.			
NPO:	6 hrs.	Blood / blood products required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CONSENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
MEDICATIONS & ORDERS:					
- To be reviewed after CAU & Cardiology clearance. - Arrange adequate blood/blood pools - P					
Review / Follow Up		Dr. Vinayak Pujari MD, DNB (Anesthesiology) Consultant Department of Anesthesiology Manipal Hospital, Bangalore KMC No. 55205 <i>Dr Sandhya</i>			

8

Patient Name : RAVINDRA KUMAR
 Hospital No. : MH008919537
 Patient Mob. No. : 9021821098
 Consultant Name : Dr Ambanna Gowda (MBBS,
 MD (Internal Medicine) PGDIP Diabetes Cardiff UK Fellow Diabetes M.V Diabetes Centre Chennai)

KMC Reg No. : 72833 Dept. : INTERNAL MEDICINE MHB Rx :

Height: 164 cm Weight: 62 kg BP: 149/82 SPO2: 99% Pulse: 94/min Temp.: 100.1 Allergies: No

Doctor's Notes:

- Admission Advised
- Surgery Advised

Rtx proposed Recipient

MHD - on going Denial of motor

GCS 15/15 c 7 c

No DM/HED None

no tyned

Bwd work up

Condæ work up

FIT for Rtx by

prospective Recipient

Dr. Ambanna Gowda
 MBBS, MD (Internal Medicine) PGDIP Diabetes
 Cardiff UK Fellow Diabetes M.V Diabetes
 Centre Chennai
 Consultant Physician & Diabetologist
 Dept of Internal Medicine Manipal Hospital
 KMC No - 72833

PROCEDURES

- ECG ECHO TMT EEG HOLTER NCV ENMG CAG
- Physiotherapy
- Others

TxP

Patient Name : RAVINDRA KUMAR
 Hospital No. : MH008919537
 Patient Mob. No. : 9021821098
 Consultant Name : Dr Darshan.B.S

Age/Sex : 39 Yrs / Male
 Date : 2025-11-08 11:49
 E-mail ID : RAVINDRACUTE@GMAIL.COM



KMC Reg No. :

Dept : CARDIOLOGY MHB

Doctor's Notes:

PS - O/10

Prep. Renal Tx Recipient
 2017
 EGD - MHD - Recently,
 (P) ptm GtM.
 NKA.

ECG - NR, WNL
 Echo - LVM +, EF 60%
 Creat = 8.86

Kf = 5.16
 Na = 139
 TSH = 5.86

Donor - Mother
 A+

DM +
 HbW +

not taken
 med.

CT - MD
 - Calcific Aorta/
 Iliac.

(P) kidney smaller than O today

Type - Day Care CAG
 (R) radial

- anti-HB - to continue
 as before.
 Monitor Bp regularly.

Height:	165 - cm
Weight:	62.5 kg
Pulse rate:	65 bpm
BP:	170/96 mmHg
SpO2:	100 %
Allergies:	ND
Blood group:	A+
Diet:	Diabetic
<input checked="" type="checkbox"/> Admission Advised <input type="checkbox"/> Surgery Advised <input checked="" type="checkbox"/> Procedure Advised	

INVESTIGATIONS

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> ECG- Adult | <input type="checkbox"/> HOLTER | <input type="checkbox"/> Contrast Echo | <input type="checkbox"/> AMBULATORY BP |
| <input type="checkbox"/> Echo-Cardiogram | <input type="checkbox"/> STRESS ECHO | <input type="checkbox"/> ECHO-SCREENING | <input type="checkbox"/> MULTIDAY ECG (HOLTER) MONITOR - 3DAYS |
| <input type="checkbox"/> Tread Mill Test | <input type="checkbox"/> 3D - ECHO | <input type="checkbox"/> TEE | <input type="checkbox"/> MULTIDAY ECG (HOLTER) MONITOR - 7 DAYS |



OUT-PATIENT RECORD

Kindly get your OPD Sheet scanned by PCC after each consultation

Patient Name : RAVINDRA KUMAR
 Hospital No. : MH008919537
 Episode No. : O00011489699
 Consultant Name : DR K. SRINIVAS (BDS, MDS (Oral Medicine & Radiology), FDSRCPs (Glasgow))
 KMC Reg No : 5619-A

Age/Sex : 39 yrs /Male
 Date : 08 Nov 2025 02:03PM
 Dept : DENTAL ORAL MEDICINE OP MHB

HISTORY, EXAMINATION, INVESTIGATIONS, TREATMENT AND PROGRESS

CHIEF COMPLAINT:

pt has come for clearance for Renal transplant.

O/G: Mild dental deposits present.
 - Cat St+



ON EXAMINATION:

1. DECAY:
2. MISSING: OPG shown mild-moderate bone loss.
3. FILLED/CROWN/BRIDGE:
4. GROSSLY DESTRUCTED/ROOTSTUMPS/WISDOM TEETH/OTHERS::

Pg E NO 67 x 1

Pg E NO 17 x 1
 Pg E NO 85 x 1

HISTORY OF PAST ILLNESS/MEDICAL HISTORY:

INVESTIGATIONS:

PROVISIONAL DIAGNOSIS:

TREATMENT PLAN:

generalized

OPG shown mild-moderate

bone loss.

Achi: Oral prophylaxis.

oral hygiene instructions given

Oral Prophylaxis done.

open spaces no

MANIPAL HOSPITAL HAL AIRPORT ROAD

#9B HAL Airport Road, Bangalore 560017

Phone: For booking an appointment, call on 1800 102 5555, for any other enquiries, call on 080 2502 4444/3344

*facile SIC
socum*

Rx. QUADRAGEL (A/F) — ① tube 1-0-1 x 1 week.

for

pt cleared for transplant.

