







BREACH CANDY HOSPITAL TRUST

CIN : U85100MH1946GAP005082

60- A, Bhulabhai Desai Road, Mumbai 400 026.

Phone : 2366 7830 / 2366 7838 / 2366 7788

Email : info@breachcandyhospital.org; www.breachcandyhospital.org

IMAGING DEPARTMENT : SONOGRAPHY / COLOR DOPPLER

DATE : 22ND MARCH 2016
NAME : MR. ANIMESH ASHOK DAMANI
REFERRED BY : DR. A. MEHTA
AGE : 26 YEARS

ULTRASONOGRAPHY OF THE ABDOMEN AND PELVIS :

Post surgical status.

The liver is mildly enlarged in size and reveals normal echotexture. No focal lesion is seen. Intra-hepatic biliary radicals are not dilated. Portal vein measures 11.7 mm.

The gall bladder is adequately distended. No evidence of any intraluminal calculi or polyps. Wall thickness appears normal. The CBD measures 4 mm.

Pancreas is normal in contour and echotexture.

Spleen is normal in size and echotexture.

Right kidney measures 10.2 x 4.6 cms and reveals marked hydronephrosis with thinned out cortex. Visualized proximal right ureter is dilated.

Left kidney measures 12.3 x 5.9 cms. It is relatively large in size and reveals mildly increased echogenicity of cortex.

Mild fullness of pelvicalyceal system of the left kidney.

No ascites is seen.

Urinary bladder is elongated normal with no abnormal internal echoes and wall of normal thickness. The pre-void volume measures 125 cc. Post void residue is 63 cc.

The prostate is normal in size and echotexture measuring 3.3 x 3.1 x 2.8 cms corresponding to 15 gms in weight.

IMPRESSION :

- Mild hepatomegaly.
- Right marked hydronephrosis and hydroureter. ✓
- Mild fullness of pelvicalyceal system of left kidney.
- Significant post void residual urine. ✓

PII/AKS/ak

dipta C. Hande
M.D.

Dr. Hemant Morparia
M.D., D.M.R.D.

Dr. Sabita Desai

Dr. Deepon

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DATE : 22ND MARCH 2016
NAME : MR. ANIMESH ASHOK DAMANI
REFERRED BY : DR. A. MEHTA
AGE : 26 YEARS

ULTRASONOGRAPHY OF THE GROIN :

Multiple enlarged lymph nodes are seen in both groins, more in right side as follows :

Right groin lymph node : 1.8 x 1.3 cm
2.9 x 1.7 cm
1.7 x 0.9 cm
1.8 x 0.9 cm
3.1 x 1.7 cm (hypoechoic)
Left groin lymph node : 1.4 x 0.9 cm
1.3 x 0.8 cm
1.0 x 0.5 cm

No inguinal hernia noted on either side.

IMPRESSION :

- **Bilateral enlarged inguinal lymph nodes as described.**

PH/AKS/ak



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Telephone : 2366-7788, 2367-1888 / 2888, Fax : 2367-2666

DEPARTMENT OF PATHOLOGY AND MICROBIOLOGY

Registration	: 4774579	Coll. Dt&Tm	: 22-Mar-2016
Patient ID	: 618170	Auth. Dt&Tm	: 22-Mar-2016
Name	: MR. ANIMESH ASHOK DAMANI	Print Dt&Tm	: 22-Mar-2016 03:44:02 PM
Age/ Sex	: 26 YEARS / MALE	Sample ID.	: 365126
Referred. By	: DR.RUSHIM MEHTA	Location	: OPD

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Test</u>	<u>Result</u>
Specific Gravity	: 1.005	Reaction	: pH 5.0
Colour	: Pale yellow	Appearance	: Clear
Deposit	: Absent		

CHEMICAL EXAMINATION

Albumin	: Absent	Bile Salts	: Absent
Sugar	: Absent	Bile Pigment	: Absent
Acetone	: Absent	Urobilinogen	: Normal
Occult Blood	: Absent		

MICROSCOPIC EXAMINATION

Red Blood Cells	: Absent	Pus Cells	: 2-3/hpf
Epithelial cells	: Occasional	Casts	: Absent
Crystals	: Absent	Amorphous Deposites	: Absent

—End of the Report—

ROHRA SEEMA NARESH
M.D.(Microbiology)

Digitally signed by ROHRA SEEMA NARESH
Date: 2016.03.22 15:44:18 +05:30
Reason: Microbiology
Location: Mumbai

Checked By : Head of the Department:
NGB Dr. LATA BHANDARKAR
M.D. (Path & Micro)
Tel : 23667822,23630501

Sr. Microbiologist:
Dr. ARUNA POOJARY
M.D, DNB (Micro)
Tel : 23667825

Jr. Microbiologist:
Dr. Seema Kukreja
M.D.(Micro)
Tel : 23667821



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Telephone : 2366-7788, 2367-1888 / 2888, Fax : 2367-2666

DEPARTMENT OF PATHOLOGY AND MICROBIOLOGY

Registration : 4774579
Patient ID : 618170
Name : ANIMESH ASHOK DAMANI
Age/ Sex : 26 YEARS MALE
Referred. By : RUSHIM MEHTA

Coll. Dt&Tm : 22/03/2016 11:52:15AM
Auth. Dt&Tm : 22/03/2016 02:34:10PM
Print Dt&Tm : 23-Mar-2016 10:38:59 AM
Sample ID. : 365126
Location : OPD

MICROBIOLOGY URINE C/S WITH MIC

Organisms Isolated

No Growth

Comments : Identification and Susceptibility tests are performed only on Positive Cultures.

—End of the Report—

ROHRA SEEMA NAREESH

Digitally signed by ROHRA SEEMA NAREESH
Date: 2016.03.23 10:39:13 +05:30
Reason: Microbiology
Location: Mumbai

Checked By :
NGB
M.D.(Microbiology)
Head of the Department:
Dr. LATA BHANDARKAR
M.D. (Path & Micro)
Tel : 23667822,23630501

Sr. Microbiologist:
Dr. ARUNA POOJARY
M.D, DNB (Micro)
Tel : 23667825

Jr. Microbiologist:
Dr. Seema Rohra
M.D.(Micro)
Tel : 23667821

Scanned by CamScanner



JASLOK HOSPITAL & RESEARCH CENTRE

DEPARTMENT OF NUCLEAR MEDICINE & PET - CT

PATIENT'S NAME: ANIMESH DAMANI

AGE : 26 YEARS

REFERRED BY : DR. M. H. KAMATH

DATE: 29/03/2015

CLINICAL HISTORY :

2005 – reimplantation of right ureter done.

Now with increased Serum creatinine – 2.4 mg/dl ↑.

Right hydronephrosis and hydroureter on USG. Mild fullness of left kidney.

Complains of pain in lower abdomen (left more than right).

RADIO-ISOTOPE RENOGRAM

Radio-Pharmaceutical used: ^{99m}Tc – EC

Dose: 3 mCi

Views Taken: Posterior

Lasix protocol – (F+0)

FINDINGS

	LEFT	RIGHT
% of Contribution	90.3%	9.69%
Size	11.8 x 6.2 cm	
Peaking time	3.11 min	-
Transit time	prolonged	-
EC clearance	100.13 ml/min	10.74 ml/min

Total EC Clearance = 110.87 ml/min (Normal Range = 250 - 350)

Left kidney: Appears normal in size. Shows mildly reduced cortical tracer extraction. Whole kidney peaking time and intrarenal transit time are ~~delayed~~. Renographic curve is of prolonged excretory pattern.

Parenchymal tracer retention seen at the end of dynamic images.

Right kidney: Is barely visualized.



JASLOK HOSPITAL & RESEARCH CENTRE
DEPARTMENT OF NUCLEAR MEDICINE & PET - CT

COMMENT :

- Normal sized left kidney with mildly reduced cortical function and non-obstructed drainage.
- Barely visualized right kidney with negligible cortical function.

DR. V. R. LELE, MD D.R.M. D.N.B
DIRECTOR
DEPARTMENT OF NUCLEAR MEDICINE
& PET - CT

Dr. PARAG ALAND, DNB, DRM, FEBNM
CONSULTANT
DEPARTMENT OF NUCLEAR MEDICINE
& PET-CT



Patient Name: ANIMESH DAMANI

Patient Id: EC/136/16

JASLOK HOSPITAL

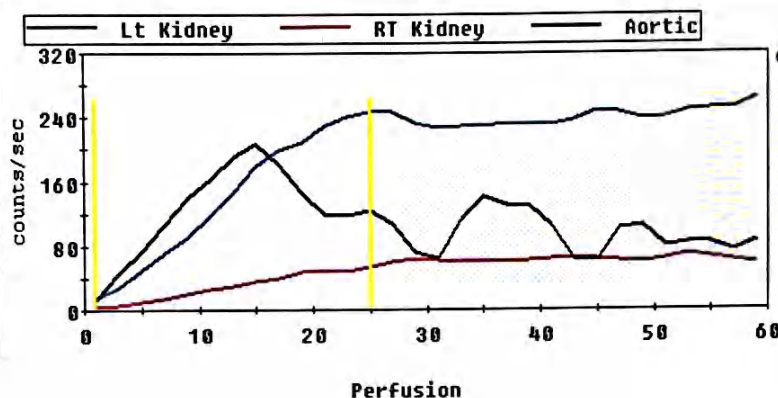
Study Name: Renal Dual Head

Date & Time: 3/29/2016

Manufacturer Model:



Perfusion 0-30s

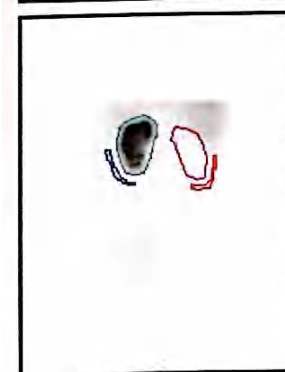
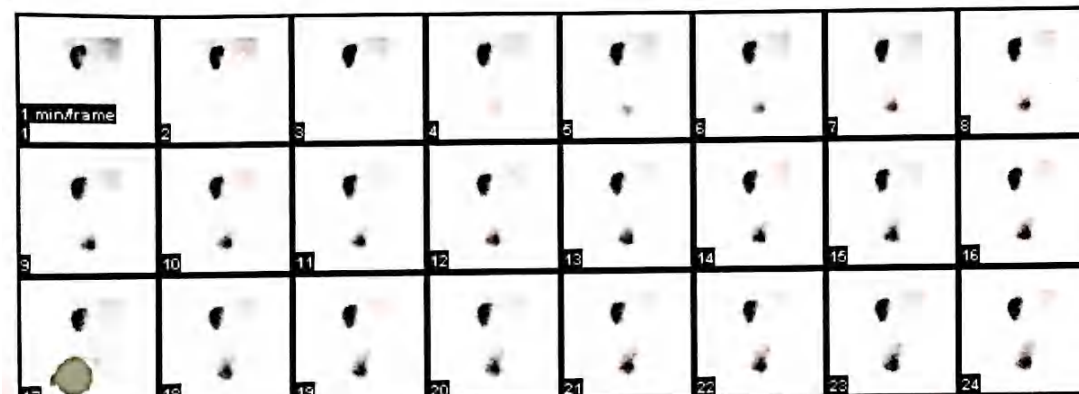


Gates ~~GFR~~ EC
Age: 26. Years
Height (cm): 176.
Weight (kg): 89.
Radiopharmaceutical: Tc-99m ~~EC~~
Diuretic: Yes
Diuretic dose (mg): 40.
Diuretic time (min):
BSA (m²): 2.06

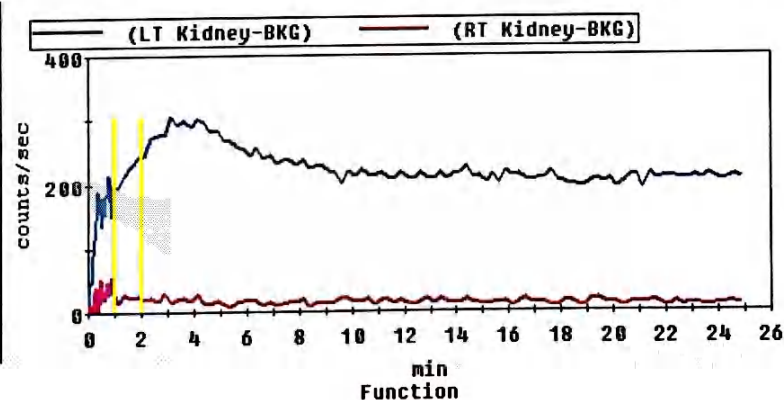
EC
GFR ml/min: 110.87
Scaled GFR ml/min: 93.33
Mean normal GFR for age: 115.
Lower limit of GFR for age: 88.

Kidney	Left	Right
Kidney Area (cm ²):	86.28	63.83
Kidney depth (cm):	7.38	7.43
Perfusion% (Int):	82.56	17.44
Perfusion% (Slo):	81.32	18.68
Uptake% (Int):	90.31	9.69
GFR:	100.13	10.74

Time to peak:	3.11	2.86
Peak to 1/2 peak:	NA	1.75
20min/peak ratio:	.66	.55
20min/3min ratio:	.75	.73
Diuretic T1/2:	NA	1.75



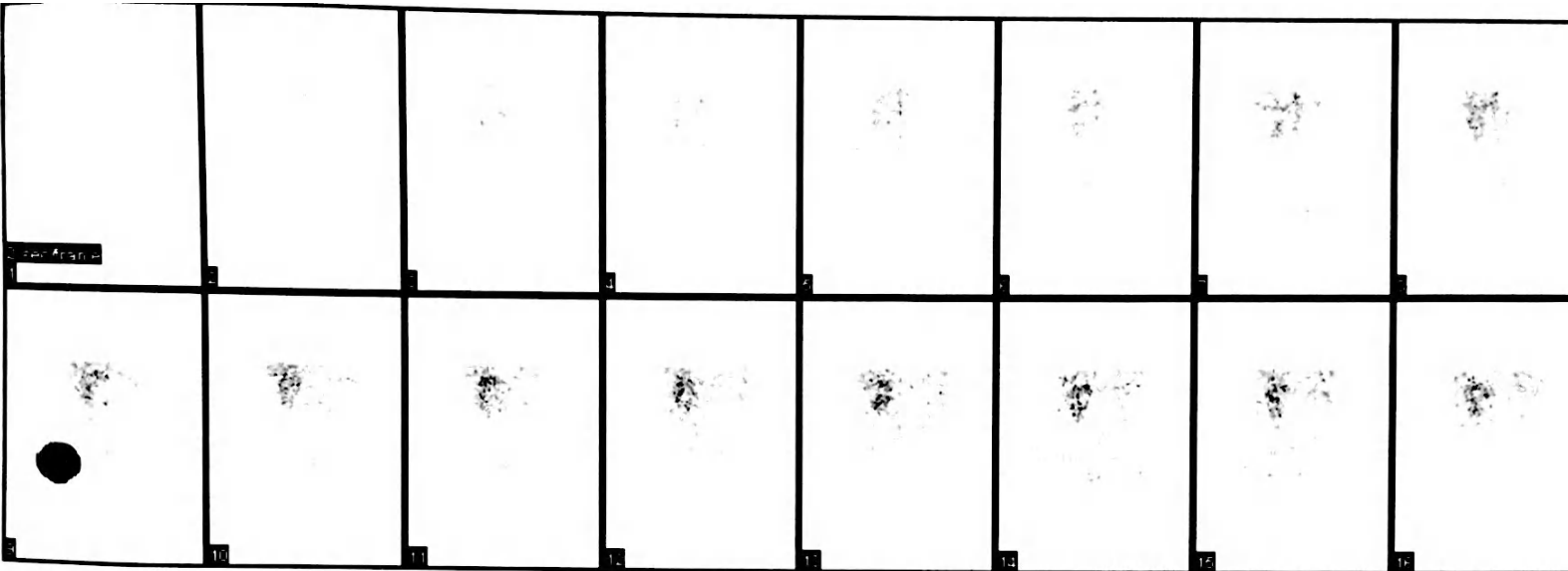
Uptake Interval



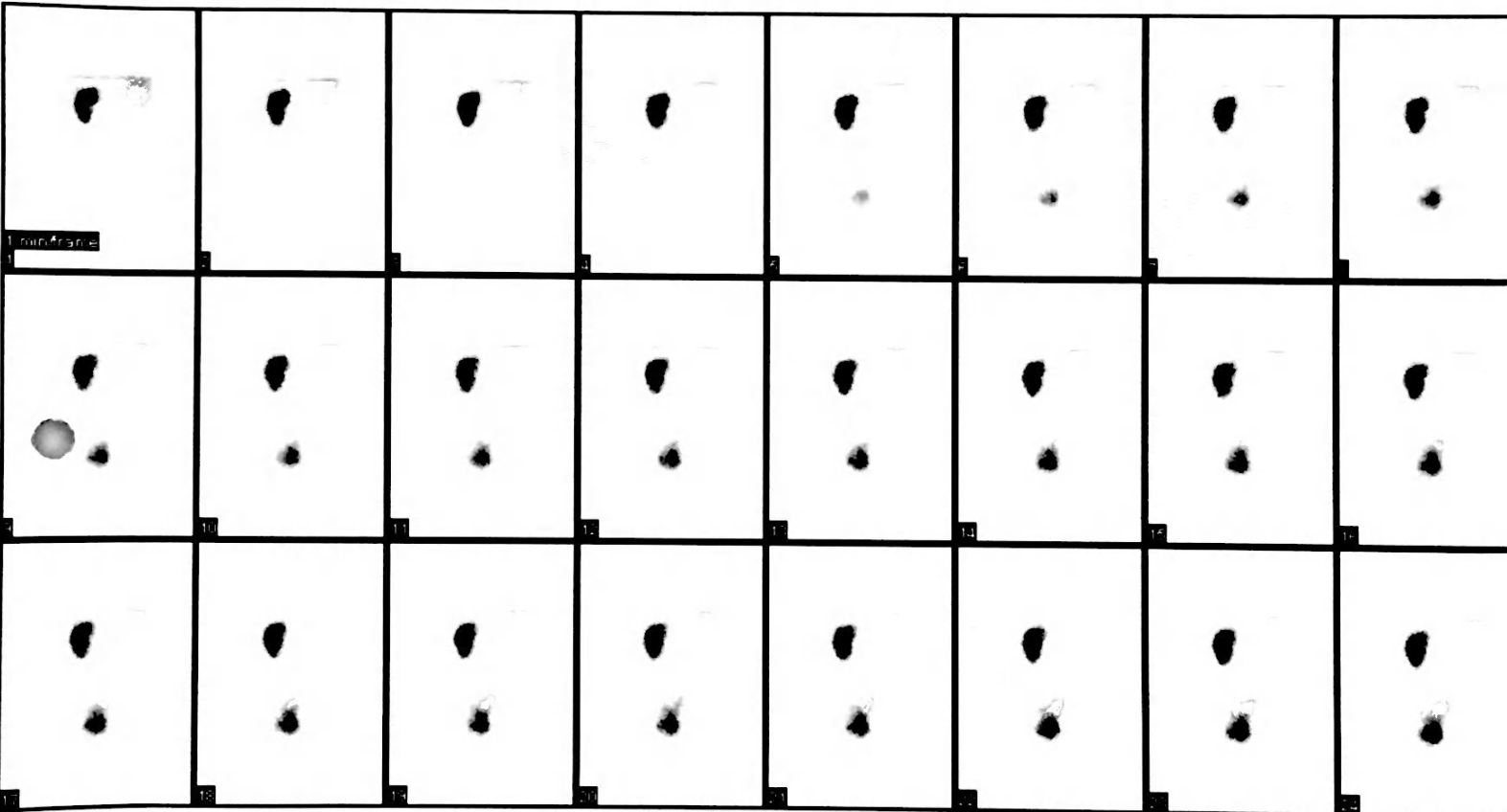
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Scanned by CamScanner





2 sec Frame Perturbation Image



1 min Frame Function Image



JASLOK HOSPITAL



POSTED
12 48 49 0

POST DELETED
14 07 2011



BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES
DEPARTMENT OF IMAGING,

SECTION OF MRI
12, New Marine Lines, Mumbai - 400 020
Tel 2205 60 75 / 2206 76 76 • Extn 499

Patient Name	: Mr ANIMESH DAMANI	Age	: 26	IP/OP No	: 9322731
Referred By	: Dr. KIRPALANI A.L.	Sex	: M	Bed No	:
Date	: 31/03/2016			Ref No	: 55532207
Ward	:				
User ID	: NLF 04/04/2016 3:24:26 PM				

MRI OF KUB

MRI of the KUB was performed.

Clinical details: Known case of retroperitoneal fibrosis with history of right ureteric implantation. Now complains of flank pain.

Imaging findings: Previous CT scans dated 24/12/2010 was available for comparison.

Persistent illdefined soft tissue appearing isointense to the surrounding muscles on T1 and T2 weighted images and minimally hyperintense on T2 fat saturated images is seen in the retroperitoneum encasing the distal most part of the aorta just before its bifurcation and distal most inferior vena cava which is contigulusly extending along the bilateral common iliac and internal iliac vessels with extension of the soft tissue seen along the right lateral pelvic wall and reaching posteriorly upto the presacral region. It is persistently encasing the right distal ureter at the level of the distal common iliac vessels just proximal to its bifurcation with resultant moderate to severe proximal obstructive right sided hydroureteronephrosis seen. There is moderate progression of the hydrouretero nephrosis on the right side with diffuse parenchymal atrophy of the right kidney.

There is mild progression of the soft tissue as compared to previous scan with evidence of new soft tissue seen along the left sided common iliac vessels extending along the left internal iliac vessels. This soft tissue is now encasing the left distal ureter at the level of the bifurcation of the left common iliac vessels with resultant new mild to moderate proximal obstructive left sided hydrouretronephrosis seen.

Postoperative changes are also noted in the right iliac fossa with thinning of the right rectus abdominus muscle and mild deformity of the right anterolateral urinary bladder wall, the latter is partially distended.

.. 2 ..

Dr. D
M



BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF IMAGING,

SECTION OF MRI

12, New Marine Lines, Mumbai - 400 020
Tel 2205 60 75 / 2206 76 76 • Extn 499

.. 2 ..

Multiple prominent venous collaterals are seen in the bilateral inguinal regions and in the pelvis and low anterior abdominal wall with few enlarged right inguinal lymph nodes noted.

Few tiny left para-aortic lymph nodes are also seen.

There is no evidence of ascites.

Both adrenals appear normal.

CONCLUSION: In this known case of retroperitoneal fibrosis, persistent illdefined soft tissue is seen encasing the distal most aorta and inferior vena cava which is contiguously extending along the bilateral common and internal iliac vessels as well as along the right lateral pelvic wall. There is progression of this soft tissue which is seen extending into the presacral region and is now encasing the left distal ureter with resultant mild to moderate proximal obstructive left sided hydroureteronephrosis seen.


DR. NEHA SHAH
MD
Consultant Radiologist.

Dr. J



JASLOK HOSPITAL

Jaslok Hospital and Research Centre. 15, Dr. G. Deshmukh Marg, Mumbai - 400 026.

Tel: (22) - 5657 3406/3277, Fax: (22) - 2352 0508

E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

DEPARTMENT OF HISTOPATHOLOGY

MRD NO. : 285397

FLOOR : 1613

DATE: 4.4.2005

PATIENT'S NAME : DAMANI ANIMESH A

AGE : 15 SEX : M

REF. DR. : DR KAMAT M H

JH-1229-30/2005

HISTOPATHOLOGY REPORT

SPECIMEN:

(A&B) RETROPERITONEAL LYMPH NODE

(C/o retroperitoneal fibrosis, D.J.stenting done Feb 2005. CT scan : soft tissue enhancing lesion in retroperitoneum encasing right common and internal iliac vessels)

GROSS:

(A) A 3.5x2.5x1.2 cm encapsulated node shows uniformly lobulated tan pink tissue on cut section. Half submitted for frozen section.

(B) A 2.5x2x0.8 cm oval Lymph node shows tan pink tissue in cut section. Bisected and entirely submitted.

FROZEN SECTION

(A) Marked reactive lymphoid hyperplasia. No T. B. or metastatic carcinoma.

PARAFFIN SECTION

(A&B) Sections show enlarged lymph nodes having preserved architecture reactive cortical lymphoid hyperplasia and sinus histiocytosis. No Reed Sternberg giant cells are detected. There is No evidence of tuberculosis or malignancy.

DIAGNOSIS:

(A&B) CHRONIC NON-SPECIFIC REACTIVE LYMPHADENITIS, RETROPERITONEAL.

DR.DHANANJAY A CHITALE,MD,DNB,DABP(USA)
ONCOPATHOLOGIST CONSULTANT

sr1(8/4/05)



JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. G. Deshmukh Marg, Mumbai - 400 026.

Tel.: 5657 3333 / 5657 3284 • Fax: 91-22-2352 0508 • Website: <http://www.jaslokhospital.net> • E-mail: info@jaslokhospital.net

DEPARTMENT OF HAEMATOLOGY

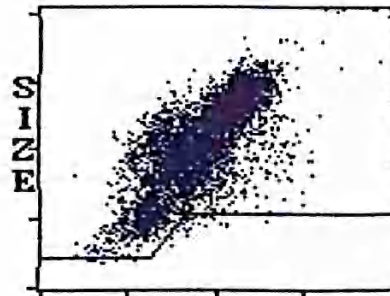
Specimen ID 35 [1613]
Patient DAMANI ANIMESH
Sex DOB
Dr KAMAT 285392
Param: 1 Limits: 1

07 Apr 2005 10:11
Operator ID 21
Sequence # 1953
Open Sampler

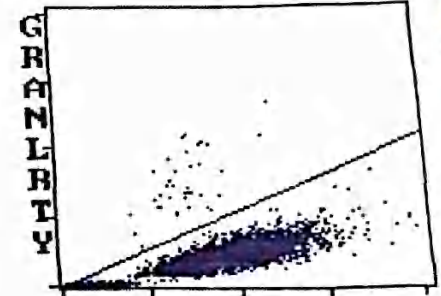
WBC 13.1 K/uL
NEU 10.4 79.5 %N
LYM 1.48 11.1 %L
MONO 1.05 8.02 %M
EOS .096 .729 %E
BASO .091 .689 %B

RBC 3.55 M/uL
HGB 9.89 g/dL
HCT 29.8 %
MCV 84.0 fL
MCH 27.9 pg
MCHC 33.2 g/dL
RDW 17.4 %

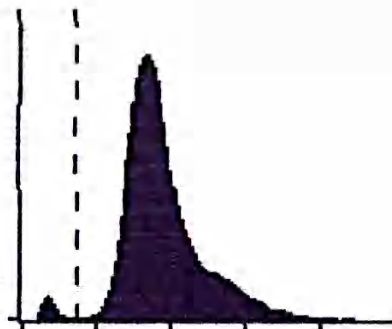
PLT 309 K/uL
MPV 7.86 fL
PCT .242 %
PDW 17.4 10(GSD)



COMPLEXITY



LOBULARITY



RBC



PLT

PATIENT LIMITS SET 1

WBC 4.00-10.0
NEU 1.60-3.00 40.0-75.0 %N
LYM .800-1.80 20.0-45.0 %L
MONO 0.00-1.00 1.00-10.0 %M
EOS 0.00-0.60 1.00-6.00 %E
BASO 0.00-1.00 0.00-1.00 %B

RBC 4.00-6.00
HGB 12.5-17.0
HCT 38.0-50.0
MCV 75.0-95.0
MCH 25.0-32.0
MCHC 30.0-35.0
RDW 12.0-16.4

PLT 140.-440.
MPV 7.30-9.30
PCT 0.00-9.99
PDW 0.00-99.9

MANUAL DIFFERENTIAL

MANUAL DIFFERENTIAL	RBC MORPHOLOGY
NEU	METAPOLYCHROM
BAND	MYELO
LYMPH	PRO
MONO	BLAST
EOSIN	VAR LYM
BASO	TOXIGRAN
	SPHERO
	NRBC

COMMENT:

DIFF BY

DATE

DR. V. P. ANTIA

M. D. Dipl. in Haematology [Lond]

Consultant Haematologist

JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr.G. Deshmukh Marg, Mumbai - 400 026.

①

ADMISSION RECORD

NAME OF PATIENT	AGE	SEX	MARITAL ST.					
MRD NO.	DOCTOR	ROOM NO.	BED NO.					
FATHER'S/HUSBAND'S NAME	ASHOK							
FULL ADDRESS:	GIVEN							
DISTRICT	TOWN	STATE	RE-ADMISS					
EMERGENCY ADDRESS				TEL NO. 1	400 026			
SPECIALITY OF DOCTOR				ADVANCE	2500			
STATUS ON ADMISSION				DIET				
NAME RELATIONSHIP AND ADDRESS OF NEXT-OF-KIN:	ASHER KUMAR DAMIAN (FATHER) 83 HISTRY PARK, Beach CANDY, OPP. AMERICAN CONSULANT							
DATE OF DISCHARGE/EXPIRED	16/1/07	HOSPITAL DAYS	17	TR TO DR	ON			
Provisional Admission Diagnosis	(R) lower lumbic structure + rib xeripitor			International code				
FINAL DIAGNOSIS Write Principal Diagnosis first	DO.							
Secondary Diagnosis & Complications								
OPERATIVE PROCEDURES	DATE 4/4/05 Cyst + (R) UT start in situ + (R) metax infiltration breast's flap + plus later.							
Consultations	Dr. Samdani							
RESULT	RECOVERED	IMPROVED	UNCHANGED	DIAGNOSIS	DAMA	WORSE	EXPIRED	DELIVERED/ABORTED.
CAUSE OF DEATH					AUTOPSY	YES	NO.	
CONCLUSIONS AT DEATH CONFERENCE								
I.C.U. DAYS	TRANSFERRED TO I.C.U. ON		TRANSFERRED TO WARD ON		TOTAL I.C.U. DAYS			
SIGNATURE OF HOUSE STAFF	[Signature]			SIGNATURE OF ATTENDING CONSULTANT				
FOR MEDICAL RECORD DEPARTMENT USE ONLY								
NO. OF SHEETS IN RECORDS	51	LAB REPORTS	4	X-RAY REPORTS		E.C.G.		
EEG/EMG/ECHO		BIOPSY	1	N.M.D.		PULMONAR		
TELEMETRY		AUDIOMETRY		ADMISSION ORDER	X	DISCHARGE NOTE	X	
HOSP MRD. NO		ADMISSION		DIAGNOSIS		HOSP/MRD. NO.		

MARG, MUMBAI - HISTORY

NAME AGE SEX
SERVICE ROOM BED MRD NO.

OCCUPATION

RELIGION STATE

(3)

PRESENT COMPLAINT
HISTORY OF ILLNESS
PAST HISTORY

Illness
Operations
Injuries
Allergies

FAMILY HISTORY
MARRIED
CHILDREN
FAMILY PLANNING
MENSTRUAL

HABITS
INVENTORY BY SYSTEMS
(Underline, if negative)
(Circle if positive)

NERVOUS

Headache
Giddiness
Vertigo
Syncope
Convulsions

E.N.T.

Eye trouble
Ear trouble
Epistaxis
Dysphagia
Hoarseness
Frequent Colds

CARDIO-RESPIRATORY
Chest Pain
Cough

Expectoration
Haemoptysis
Wheezing
Dyspnoea
Palpitation
Orthopnoea
Paroxysms, Nocturnal Dyspnoea
Ankle, Oedema

GASTRO-INTESTINAL

Appetite
Pain
Nausea or Vomiting
Hematemesis
Belching or Gas

Bowel Abnormality
Blood in stool
Haemorrhoids

GENITO-URINARY

Frequency
Nocturia
Dysuria
Haematuria
Discharge

CENERAL

Fatigue
Weight Change
Fever
Night Sweats
Tremor

15 yrs old male presented with H/o
pain in the @ Flank & back in last Dec '04.
it was continuous, moderate.
Not associated to Fever
Urinary complaints.

↓ Appetite

At gave tx - Leg swelling
which became alright on conservative
management.

~~Before~~ he underwent investigation

showed @ uratic obs & started Feb

at Bombay hospital on 21st '05.

Now the start in situ.

No H/o - DM, HTN, BA, Allergy.

At gave H/o - Chest pain on exertion

2D echo shows LVEF @ 55%.

OTE -> CC fair

P

Ref

At Uroile -

Ext Genitalia -

P/A

CNS }
CVS } WNL.
R/S

02-08

HISTORY
PHYSICAL EXAMINATION OVERLEAF

	Pulse	Resp.	B.P.	Weight
Temp.				
Underline, if negative Circle, if abnormal	<u>Investigation</u> : - 18/03/05 : - Hb. - 11.4 gmi. TLC - 10300 18/02/05 Hb. - 11.6 TLC - 10100 22/03/05 PT - 11/14" 1NR - 1.3 CT - 7mmir 30 Sec (5-11) PT - 11/14" 1NR - 1.3 APTT - 25/35.6 sec. 25/03/05 ESR : - 92 mm/hr. 18/03/05 : Wine : - RBC - 0-1 / hpf WBC - 0-1 12/12/04 S. Creat 1.1 mg/dl 18/08/05 S. Creat - 1.2 mg/dl 18/02/05 HIV ? negative. Hepatitis ? negative. Renal function test : -> Renal scan : - 21/01/05 : - (L) (R) I. function 65.2 34.8 C. FR 51.2 27.6 17/02/05 I. function (L) (R) 74.7 25.3 56.4 19.1 HN @ kidney & mod impaired parenchymal function & obs drainage pattern. (L) kidney - (N) HN @ kidney & mod impaired parenchymal function & obs drainage pattern. (L) Normal kidney 23/03/05 : - CT scan Abd/Pelvis : - As compared to last study (28/12/04) reveals size of the soft tissue lesion, seen in the retro-peritoneum, encasing partly the (R) common iliac origin. as well as (L) internal iliac v. The lower 3rd of the (R) ureter (now stented) is also completely encased. The soft tissue now touches the (L) lat wall of the UB. Extending inferiorly & anteriorly Represents progressive fibrosis. P.T - 0 No.			
Emotion				
Soars				
Skin				
Hair				
Nails				
Eyes				
Pupils				
Fundi				
Ears				
Nose				
Teeth				
Tongue				
Mouth				
Pharynx				
Tonsil				
Salivary glands				
Cranial nerves				
Neck				
Thyroid				
Lymph Nodes				
Thorax				
Breasts				
Hearts				
Lungs				
Abdomen				
Liver				
Spleen				
Kidney				
Genitalis				
Prostate				
Inguinal rings				
Rectum				
Extremities				
Joints				
Arteries				
Leg Veins				
Spine				
Reflexes				
IMPRESSION				
Date :	No & Signature of Doctor			
02-08	PHYSICAL EXAMINATION HISTORY OVERLEAF			

JASLOK HOSPITAL & RES

15, DR. G. DESHMUKH MARG, MUM

HISTORY

NAME AGE SEX
SERVICE ROOM BED MRD NO.

OCCUPATION

RELIGION STATE

PRESENT COMPLAINT
HISTORY OF ILLNESS
PAST HISTORY
Illness
Operations
Injuries
Allergies
FAMILY HISTORY
MARRIED
CHILDREN
FAMILY PLANNING
MENSTRUAL
HABITS
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(Underline, if negative)
(Circle, if positive)

NERVOUS

Headache
Giddiness
Vertigo
Syncope
Convulsions

E.N.T.

Eye trouble
Ear trouble
Epistaxis
Dysphagia
Hoarseness

CARDIO-RESPIRATORY

Frequent Colds
Chest Pain
Cough
Expectoration
Haemoptysis
Wheezing
Dyspnoea
Palpitation
Orthopnoea

Paroxysms, Nocturnal Dyspnoea
Ankle, Oedema

GASTRO-INTESTINAL

Appetite
Pain
Nausea or Vomiting
Hematemesis
Belching or Gas
Bowel Abnormality
Blood in stool
Haemorrhoids

GENITO-URINARY

Frequency
Nocturia
Dysuria
Haematuria
Discharge

GENERAL

Fatigue
Weight Change
Fever
Night Sweats
Tremor

C7 guided biopsy:- Fibrosis ?
Undetermined aetiology.

21/12/05:- USG:- Obstructed @ kidney
+ hydronephrosis & hypoechoic areas
over the lower end of ureter in the
pelvis ? Fibrosis ? mass.

19/03/05
19/03/05:- USG:- Both kidneys have

(n) ~~no~~ sonographic appearances
at this time
Stent in the @ & lower ureter
in bladder.

Post void bladder is
completely.

21/12/04:- HNE IIV on @ side kidney.

22/10/04

X-Ray lumbosacral spine - normal study

18/09/05:- CXR → @

CONSULTATION RECORD

Referred by Dr. M.H. Kamat

(Consultant)

To Dr. Sandani

Referred for: Thanks for Referral.

15 yr Eld. Mch operated on 4/4/05 ~~4/4/05~~
for Retroperitoneal fibrosis with obstruction of rt
the lower ureter - Cystoscopy with change of RT DJ stent
with Rt-sided hydronephrosis + RRP + rt ureteric transplants
in Boari's Flap. done.

Findings:

today presented with no pain in rt lumbar region &
back. Dec'04. No H/O fever, urinary complaints.
Investigated for the above ^{worsening} complaints. On Renal
(17/2/05) detected to be having h. Rt-sided Hydronephrosis
(latest) with ^{marked} impaired parenchymal funcⁿ & obstructive
Diagnosis Impression: drainage patch - DJ stent put on 21/2/05.

Still complaints persisted.

CT scan done on 23/3/05 - showed soft tis lesion
(abdo/pelvis) in retroperitoneum encroaching on rt common iliac,
rt internal iliac & lower 3rd of rt ureter (completely
encased)
Recommendation: ~~The~~ ^{enc} touching rt lat wall of urinary bladder.
representing progressive fibrosis.

Post Hist There is a history of post traumatic abscess
in the 1st lumbar region in 1997 which
was treated conservatively with antibiotics.

No.

Doctor's Signature:

Date:

02-03

pt was asymptomatic following that.

No H/O DM / HT / Jaundice.

O/E - today POD-1 ; Pth
Gr.C - stable

test ->

afebrile

P - 80/min

RR - 20/min

BP - 120/80 mm Hg

No pallor / cyanosis / icterus / lymphadenopathy

S/E - CVS - S, S, @
No murmur

RS - clear

P/A - tenderness @

Drain in situ

BS @

CMS - anxious, oriented.

I/O - 2000/1450.

Impression - Post-traumatic! Retroperitoneal fibrosis
resulting in obstruction of lower ^{1/3} of rt
ureter & 7th sided hydronephrosis.

HOSPITAL & RESEARCH CENTRE

G. Deshmukh Marg, MUMBAI - 400 026.

OPERATION RECORD

19

SERVICE ROOM BED STATUS

NAME OF SURGEON ATTENDING

PRE-OPERATIVE DIAGNOSIS

POST OPERATIVE DIAGNOSIS

OPERATIVE PROCEDURE PROPOSED

OPERATIVE PROCEDURE EXECUTED

MARITAL STATUS CASE/MRD NO.

OCCUPATION RELIGION

DATE OF OPERATION

4/04/15

② Retroperitoneal fibrosis 2 days of lower ureter.

Cyst + Change of @ DS +
Vesicostomy w/ catheter

TYPE OF
PROCEDURE

☐ MAJOR

☐ MINOR

Cyst + Change of @ DS + @ RST + atomy of Ureterolysis + Boari's flap +
reimplantation of @ Ureter No Boari's flap + procs. kitch

We the undersigned swear that this pre-operative diagnosis was entered before the operation commenced and we sign here below.

THEATRE SISTER

ANAESTHESIST

ASST SURGEON Dr. Anil

SURGEON

Dr. Galang

Dr. M. H. Kumar

MATERIAL FORWARDED TO PATHOLOGY
DEPARTMENT FOR EXAMINATION

② Iliac group of LV, pericystic LV for frozen

SKIN
PREPARATION

Parts painted, prepared & draped

Cystoscopy performed. Ureter ②

② DS stent seen.

Indentation of external man
seen on bladder mucosa.

Bladder bigness gr. II tuberculated

② Ureterolysis

DS removed & GU pass

5fr open ended ureteric cath.
pr RST done

Stricture approx. lower 5cm ②

Proximal dil. ②

System draining well.

6/26 DS stent left.

Pr given position of Open surgery.

PROCEDURE

INCLUDE

INCISION

LIGATURES

SUTURES

SPECIMEN

REMOVED

BRAINAGE

SPONGE

COUNT

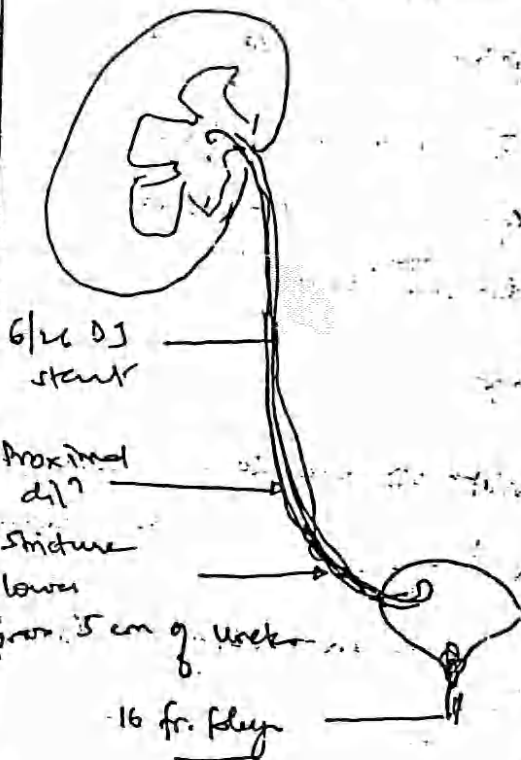
CLOSURE

BLOOD

LOSS

OPERATING

TIME



OPERATION RECORD

PROCEDURE
(Continued)

INCLUDE

INCISION

LIGATURES

SUTURES

SPECIMEN

REMOVED

BRAINAGE

SPONGE

COUNT

CLOSURE

BLOOD

LOSS

OPERATING

TIME



② iliac fossa incision taken, deepened. retroperitoneum reached.

• Dense fibrosis (+)

• Peritoneum adherent

• Iliac vessels encased in fibrosis. Released

• LN (+) → sent for frozen → reactive hyperplasia → no malignancy no TB.

• Uterus & ovaries encased in fibrosis

• attempt to release it made. Unsuccessful

• decision to do Boari's flap & ureter Boari's flap anastomosis taken.

• Ureter disconnected above the fibrosis layer in a relatively normal portion & good vascularity

• Anastomosis done in 3-4 way interrupted suture & antiseptic procedure. DS kept across anastomosis

• Ureter placed in bladder wall

• Bone hitch taken

• Drain kept. Wounds achieved. Instruments &

• Incision closed in layers. may count clamps & sponges

• Uterus & ovaries in 3-4 monocyte subcutaneous

• CBD gone

• Pathology unsatisfactory

[Handwritten signature]

No.

Doctor's Signature

Date

SUMMARY & DISCHARGE RECORD

ADMITTED 31/4/05
 15115215
 DAY 15115215
 A TELUK 03/04/201

Presenting Sysmptoms

Admitted on : 31/4/05

Discharged on : 14/5

Physical Findings

(R) flank pain → 4 months since Dec 04
 H/o (R) DYSKINESIA done 21/2/05

Medical Impression

S.C - sent P 82 B.P - 130/80 CURTAIN
 P/A Soft R31 Bat Granuloma - VM

Investigations

(R) lower ureteric stricture

Hb - 11.4 T/C - 10300 S-Creat 1mg/l INR - 1.3

Treatment

Unresectable WNL UCA → obstructed @ kidney & ureter
 hypodense over near the lower
 end of ureter in the pelvis.

Operative Findings

CT Scan - Soft tissue lesion seen in
 the retroperitoneum encasing partly
 (R) common iliac & (R) internal iliac
 lower (R) Ureter also encased in fibrosis

Biopsy Report

→ Cysto + (R) RLP + Attempted Ureterolysis + Boin flap + Reimplanted
 of (R) Ureter

Course in Hospital Including Post-Operative

Reactive Hyperplasia No malignancy / TB

Family Planning Action

unsuccessful

Final Diagnosis

(R) lower ureteric stricture & Retroperitoneal fibrosis

Condition at Discharge

- Better

Recommendations

FTO qth 1 month

No. 42561

Signature of Doctor Incharge

Date :

Treatment advised on discharge

- Tab Ceftum 500mg 1-0-1 x 3 days.
then
Tab Bactrim DS - 1 tab once
daily x 3 wks.
- neosporin powder to apply
locally.

Follow up instructions

F.U on Thu day OPD at 2 pm
Dr M. H. Karnat
prior appointment

Doctor's Signature

[Signature]

Reg No.

Doctor's Name

TRIBHES

Date 16/4/05

Please preserve this discharge card carefully

FOR MORE INFORMATION
VISIT OUR WEBSITE

www.jaslokhospital.net

Ⓡ DJ Street Institute



JASLOK HOSPITAL

DISCHARGE CARD

Name of Patient: DAMANI ANJESH

M.R.D. (Hosp.) No. 285397

15/S/F/PP/16/301
83 Mistrey Park 77. B D. Desai Rd
Mumbai - 26
28697637

Diagnosis:

Ⓡ lower ureteric stricture &
retroperitoneal fibrosis

Date of Admission: 02/04/05

Date of Discharge: 16/04/05

Consultant: Dr. M. H. Karnat

References - Dr. Samdani

Jaslok Hospital and Research Centre, 15, Dr. G. Deshmukh Marg, Mumbai
Tel (22) 5657 3333, Fax (22) 2352 0508 Email: info@jaslokhospital.net

History & Clinical Findings:-

15 yrs old boy presented with pain in the @ flanks & back in the last Dec 04. It was continuous, mod & not associated with fever. Urinary complaints & ↓ Appetite.

PT gave H/O leg swelling which became alright on conservative treatment. He underwent investigation & revealed @ hydronephrosis & @ DJ Stenting done at Bombay Hospital. Now the stent is in situ.

No H/O - DM, HTN, BA
Drug allergy.

PE: → C/O fair
P - 80
BP - 130/80
A/B - 100/60
P/A - 80/60.

CNS }
CVS } HNL.
Resp }

Ext Genitalia - HNL.

Hb - 11.1, TLC - 10300, ESR - 92 mm/hr
S. Creat - 1.0 mg/dl.

HIV }
HBS }
INR - 1.3

WBC - 12.5
WBC - 12.5

USG: - 21/12/04: - Obstructed @ Kidney & hydronephrosis. Areas near the lower end of ureter in the pelvis? fibrosis? Mass.

USG 19.3.05: - Both kidneys have @ Sonographic appearance at this time. Insignificant PVR.

CXR - @
Renal Scan: - 21/1/05: - @ @
GFR 65.2 34.8
GFR 57.6 27.4

Hr @ Kidney & Mod Impaired

Laboratory & Special Investigations

(ECG, USG, CT, MRI, Endoscopy, Angiogram, Isotope studies etc.)

parenchymal function, obs drainage pattern. @ Kidney - @.

CT Scan 23/03/05: - As compared to the last study (21/12/04) revealed sig ↑ in the size of soft tissue lesion seen in the retroperitoneum encasing partly the @ common iliac as well as @ internal iliac & the lower third of ureter (now stented) is also completely encased. The soft tissue does not touch the @ l/wall of the urinary bladder extending inferiorly & anteriorly as well represent progressive fibrosis.

Summary of treatment given including operation/ invasive procedure with dates. - Not mentioned

Uro + change of @ DJ stent + attempt at urethralysis + Boari flap + reimplantation @ Ureter into boari flap + Psoas hitch.

Uroscopy: - Urethra - N
Bladder: - @ DJ seen. Indentation of ext orms seen in bladder. Ureteral orifice. Bladder Grade II trabeculated. @ - lateralized.

Ureteral catheter passed - 5 ft open ended ureteric catheter passed R/L down → structure approximately 5 cm at lower ureter & proximal dilatation of @ ureter. Ureteral dilatation. 6/86 DJ s kept in situ.

@ H/L Gibson incision taken. Dense fibrosis present in retro - peritoneum. Iliac vs encased in fibrosis - released. Ureter - sent for frozen → Reactive hyperplasia.

Lower ureter also encased in fibrosis. Attempt to release was unsuccessful. Decision to do boari's flap taken. Ureter dissected above the fibrotic area. Uretero boari flap anastomosis done & 3-0 vicryl interrupted suture & antireflux procedure. DJ kept across the anastomosis. Psoas hitch taken. Drain kept. Incision closed in layers.

Doctor's Signature

Date 16/4/05



BOMBAY HOSPITAL AND MEDICAL RESEARCH CENTRE

DISCHARGE SUMMARY

LABORATORY INVESTIGATIONS

No 063374

NAME : Animesh Damani AGE/SEX m/15yrs
IP NO. 5203670 DOA 22/2/05 DOD 23/2/05
(8:20am) (10:56 am)

ADDRESS : Warden Rd
Mumbai Tel# : 23697632

DEPARTMENT Urology

HONORARY Dr. S. W. Thakre BLOOD GROUP

HISTORY & EXAMINATION/FINDINGS

H/O (R) pelvic hematoma.

(R) ind. Hydronephrosis + hv.

RADIOLOGY

(X-RAY, CT SCAN, MRI, ANGIOGRAMS, USG)

epf

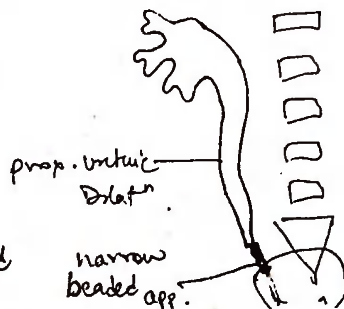
OTHERS (ECG, SCOPY ETC.)

COURSE IN HOSPITAL (OPERATION DATE & NOTES)
Vital stable
Post op.

C'scopy (R) R&P + (R) DJ stenting. 22/2/05

Urinary
Bldr (R)

(R) Uro lateralized.



FINAL DIAGNOSIS

TREATMENT GIVEN

(R) HN due to pelvic hematoma.

(R) DJ stenting.

ADVICE AT DISCHARGE

SIGNATURE MO

T. Gadhoke (400) op NAME x 21 days

T. Vally (20) op 10 days

for Dr. S. W. Thakre

PATIENT'S COPY



BOMBAY HOSPITAL AND MEDICAL RESEARCH CENTRE

DISCHARGE SUMMARY

LABORATORY INVESTIGATIONS

NO 370952

NAME: Mr Animesh Damani AGE/SEX 26/Male
IP NO. 1606393 DOA 3/3/16 DOD 4/4/16.
ADDRESS:

DEPARTMENT Nephrology

HONORARY Dr A. C. Karpalan BLOOD GROUP

HISTORY & EXAMINATION / FINDINGS - No previous

medical-comorbidities, admitted with
H/O flank pain L+ > Rt on int
to - creat - 2.8: CT was showing

COURSE IN HOSPITAL retroper fibrosis encasing

(OPERATION DATE & NOTES) 1st ureter.

ig to Dr Sw thatte - cysto + Lt DT
done on 1/4/16.

Creat 2.8 → 2.1 → 2.1 → 1.9 →

Pt Hemodynamically stable.

Urine c/s - No growth.
Pt discharged, advised to
do a DTPA renal scan on
6/4/16 and follow-up as advised

RADIOLOGY
(X-RAY, CT SCAN, MRI, ANGIOGRAMS, USG)

OTHERS (ECG, SCOPY ETC.)

FINAL DIAGNOSIS obstructive uropathy. due to
TREATMENT GIVEN at retroperitoneal fibrosis
encasing lower 1/3 of Lt ureter.
Cysto + Lt DTS done on 1/4/16.
AKI on cddl Recovery 2° to NSAIDs.
ADVICE AT DISCHARGE

P.T.O

SIGNATURE MO
NAME

PATIENT'S COPY



BOMBAY HOSPITAL & MEDICAL RESEARCH CENTRE

12, New Marine Lines, Mumbai - 400 020.

TEL: 2206 7676
025033

Memo No: Counter Pathlab - OP Cash/CREDIT/BANK
Patient No: 6000609 Date: 05/04/2016
Age: 9325272 Mr ANIMESH DAMANI
26 Yrs Mths Days Free Slip No:
Doctor: CMD BOMBAY HOSPITAL Authorised By:
Class: REFERRED E-Mail: a_damani@live.com
Bank Name: Mobile No. 9930837462
Card/Cheque No: Slip No:

Dept.	Test Description	Rate	Unit	Conc	Net Amt.	Lab No
	CLINICAL COMPLETE BLOOD COUNT (C.B.C)	330	1		330	397866
	BIO-CHEM SERUM CREATININE	270	1		270	397867
	BIO-CHEM BLOOD UREA	240	1		240	397868
	MICROBIO BACTEC ANTIBIOTIC TREATED SAM	1550	1		1550	
	MICROBIO URINE FOR CULTURE SENSITIVITY	1100	1		1100	
Total Amount					3490	

Amount In Words : RUPEES THREE THOUSAND FOUR HUNDRED NINETY ON
Payment Details : Rs. 3490/-
Operator ID : VJ Time 05/04/2016 17:25

- No Duplicate Bills or Reciepts Issued For Bombay Hospital Trust
1. Please collect the hard copy of your lab report within seven days.
 2. Please ensure correctness of your Email.ID. & Mobile.No. before leaving lab
 3. Please check your spam folder also, as this mail is autogenerated.



BOMBAY HOSPITAL & MEDICAL RESEARCH CENTRE

TEL: 2206 7676
025034

Chrg 12, New Marine Lines, Mumbai - 400 020.

35	35 COMPLETE BLOOD COUNT (C.B.C)	397866 VJ
38	38 SERUM CREATININE	397867 VJ
38	38 BLOOD UREA	397868 VJ
40	40 DRUG SENSITIVITY-NEW 1	397869 VJ
40	40 TEST CARD CULTURE AS SPECIFIC	397870 VJ
40	40 DRUG SENSITIVITY NEW-2	397871 VJ
40	40 DRUG SENSITIVITY-NEW 1	397873 VJ
40	40 TEST CARD (URINE CULTURE)	397874 VJ
40	40 DRUG SENSITIVITY NEW-2	397875 VJ

For Bombay Hospital Trust



BOMBAY HOSPITAL & MEDICAL RESEARCH CENTRE

TEL: 2206 7676

38191

Counter OP- 12, New Marine Lines, Mumbai - 400 020.

No: 6267132

Date: 05/04/2016

Pat No: 9325297 Mr. ANIMESH
Age: Yrs Mths Days

Free Slip No :

Authorised By:

E-Mail :

Mobile No. 98

Doctor: CMD BOMBAY HOSPITAL

Class: OPD PTNS.

Bank Name:

Card/Cheque No:

Slip No:

Dept.	Test Description	Rate	Unit	Conc	Net Amt.	Lab No
MINOR SU	CASUALTY EXAMINATION	220	1		220	
MINOR SU	IV FLUID ADMINISTRATION	330	1		330	
Total Amount					550	

Amount In Words : RUPEES FIVE HUNDRED FIFTY ONLY

Payment Details : Rs. 550/-

Operator ID : AB Time 05/04/2016 18:35

No Duplicate Bills or Receipts Issued

For Bombay Hospital Trust

COMPLETE BLOOD COUNT

TEST	RESULT	NORMAL RANGE
Erythrocytes	4.32	4.5 - 5.5 (Mill/C.mm.)
Haemoglobin	11.40	13 - 17 (g/dl)
Haematocrit	36.40	40 - 50 (Percent)
M.C.V.	84.30	83 - 97 (fl)
M.C.H.	26.50	27 - 32 (pg)
M.C.H.C.	31.40	31 - 35 (g/l)
R.D.W.	13.60	11.6 - 14 (percent)
Total Leucocyte Count	15400	4000 - 10,000/C.mm
Differential Leucocyte Count		
Neutrophils	94 %	40 - 80%
Segmented forms	92 %	
Band Forms	02 %	
Eosinophils	00 %	01 - 06%
Basophils	00 %	00 - 02%
Lymphocytes	04 %	20 - 40%
Monocytes	02 %	02 - 10%
Metamyelocytes	%	
Myelocytes	%	
Promyelocytes	%	
Blasts	% %	
Abnormalities of Erythrocytes:-	Mild Hypochromasia	

Abnormalities of Leucocytes:- Nil

Platelets:- Adequate
Platelets Seen In Groups.

Remarks:-

Entered By : Mr DAMANI ANIMESH ASHOK
Date : Dr. KIRPALANI A.L.
User ID : 01/04/2016
SRD 01/04/2016 16:00

Age : 26 Yrs
Sex : M
Ward : 7 FL NW

IP/OP No : 1606393
Bed No : 7077
Lab No : 682971

TEST

URINE SODIUM (SPOT)

RESULT

27.00 m.eq/L

Patient Name : Mr DAMANI ANIMESH ASHOK
Referred By : Dr. KIRPALANI A.L.
Date : 31/03/2016
User ID : BMK 01/04/2016 07:03

Age : 26 Yrs
Sex : M
Ward : 7 FL NW

IP/OP No : 1808393
Bed No : 7077
Lab No : 682484

NATURE OF SPECIMEN : BLOOD

TEST FOR HEPATITIS "B" VIRUS SURFACE ANTIGEN (HBsAg)

NON-REACTIVE

Method: By VITROS (ECi)

ATURE OF SPECIMEN : BLOOD

TEST FOR ANTIBODY TO HHPATITIS "C" VIRUS (Anti-HCV)

NON-REACTIVE

Method: By VITROS (ECi)

NATURE OF SPECIMEN : BLOOD

TEST FOR ANTIBODIES TO HUMAN IMMUNODEFICIENCY VIRUS (HIV 1/2)

NON-REACTIVE

Method: By VITROS (ECi)

NOTE:-

A Non-Reactive test does not exclude the possibility of exposure to or infection with HIV-1 &/or HIV-2



MEDICAL RESEARCH CENTRE
Bombay Hospital Trust
12, New Marine Lines, Mumbai - 400 020
DEPARTMENT OF PATHOLOGY

Tel: 2206 7676

Dr. (Mrs.) Atina G. Desai
M.D. (Path & Bact), D.C.
Dy. Chief Pathologist

Patient Name : Mr DAMANI ANIMESH ASHOK
Referred By : Dr. KIRPALANI A.L.
Date : 04/04/2016
Ref ID : SMITA 05/04/2016 17:37

Age : 26 Yrs
Sex : M
Ward : 7 FL NW

IP/OP No : 18063
Bed No : 7077
Lab No : 68505

CREATININE

1.70

0.6 to 1.3 mg %



MEDICAL RESEARCH CENTRE
Bombay Hospital Trust
12, New Marine Lines, Mumbai - 400 020
DEPARTMENT OF PATHOLOGY

Tel 2206 7676

Dr. (Mrs.) Aina S. Desai
M.D. (Path & Bact), D.C.P.
Dy. Chief Pathologist

Patient Name :	Mr DAMANI ANIMESH ASHOK	Age : 26 Yrs	IP/OP No : 1606393
Referred By :	Dr. KIRPALANI A.L.	Sex : M	Bed No : 7077
Date :	04/04/2016	Ward : 7 FL NW	Lab No : 685051
User ID :	SMITA 05/04/2016 17:38		685053

137 to 150 mEq/litre.

<u>TEST</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
SODIUM	140	137 - 150 mEq/L
POTASSIUM	4.50	3.5 - 5.3 mEq/L
CHLORIDE	106	99 - 111 mEq/L

RENAL PROFILE BY DIMENSION RXL

TEST	RESULT	NORMAL RANGE
TOTAL PROTEINS	8.50	6.4 - 8.2 gm%
ALBUMIN	3.60	3.4 - 5.0 gm%
GLOBULIN	4.90	2.8 - 3.6 gm%
A/G RATIO	0.74	0.9 - 2.0
CALCIUM	8.70	8.8 - 10.5 mg%
INORGANIC PHOSPHORUS	3.80	2.5 - 4.9 mg%
ALKALINE PHOSPHATASE	85	46 - 116 mU/ml
CHOLESTEROL	185	125 - 200 mg%
URIC ACID	7.30	2.6-7.2 mg%
CREATININE	2.10	0.6-1.3 mg%
UREA	55	15 - 40 mg%
SODIUM	137	137 - 150 m.Eq/L
POTASSIUM	4.30	3.5 - 5.3 m.Eq/L
CHLORIDES	103	99 - 111 m.Eq/L
BICARBONATE	22.30	21 - 30 mmol/L

d by:

TESTRESULTPROTHROMBIN TIME
(Quick's Method)

CONTROL:

11.00 Secs.

PATIENT:

11.50 Secs.

INR

1.05

Remarks:

1) Kindly note that we use Thromboplastin of Human origin with I.S.I. Value of 1.05. This is very sensitive reagent and therefore it is advisable to follow up I.N.R. value rather than P.T. in seconds

2) The recommended I.N.R. is 2-3 for all conditions except mechanical valve replacement and prevention of Myocardial Infarction where the I.N.R. should be maintained between 2.5-3.5.

3) Please stop anticoagulant therapy if the I.N.R. is > 4.5

TESTRESULTACTIVATED PARTIAL THROMBO.TIME
(A.P.T.T.)

CONTROL:

28.00 Secs.

PATIENT:

29.30 Secs.



MEDICAL RESERVA
Bombay Hospital Trust
12, New Marine Lines, Mumbai - 400 020.
DEPARTMENT OF PATHOLOGY

Surgeon Capt. Dr. M.K. Gupta (Retd.)
M.D., D.C.P.
Head of Department

Patient Name : Mr DAMANI ANIMESH ASHOK
Referred By : Dr. KIRPALANI A.L.
Date : 01/04/2016
User ID : SRD 01/04/2016 17:23

Age : 26 Yrs
Sex : M
Ward : 7 FL NW

IP/OP No : 1606393
Bed No : 7077
Lab No : 682970

NATURE OF SPECIMEN : URINE

URINE PROTEINS/CREATININE RATIO

Urine Proteins	:	4.00	mg. per 100 ml
Urine Creatinine	:	23.60	mg. per 100 ml
Urine Proteins / Creatinine Ratio	:	0.17	

Checked by:
Counter-Checked by:

M.D.
PATHOLOGIST

**Bombay Hospital Trust**

12, New Marine Lines, Mumbai - 400 020.

DEPARTMENT OF PATHOLOGY*Dr. (Mrs.) Nina G. Desai*

M.D. (Path & Bact.), D.C.P.

Dy. Chief Pathologist

Patient Name : Mr DAMANI ANIMESH ASHOK
Referred By : Dr. KIRPALANI A.L. ,
Date : 31/03/2016
User ID : MPJ 01/04/2016 16:05

Age : 26 Yrs
Sex : M
Ward : 7 FL NW

IP/OP No : 1606393
Bed No : 7077
Lab No : 682499

EXAMINATION OF URINE**PHYSICAL EXAMINATION**

	RESULTS
QUANTITY	: 180 ml.
COLOUR	: Pale Yellow
APPEARANCE	: Slightly Hazy
DEPOSIT	: Nil
pH	: 6.0
SP. GRAVITY	: 1005

CHEMICAL EXAMINATION

ALBUMIN	: Absent
SUGAR	: Absent
KETONE BODIES	: Absent
BLOOD TEST	: Weakly Positive
BILE PIGMENT	: Absent
BILE SALTS	: Absent
UROBILINOGEN	: Normal

MICROSCOPIC EXAMINATION

RED BLOOD CELLS	: Occasional
PUS CELLS	: 1-2/High Power Field.
EPITHELIAL CELLS	: Occasional Squamous
CASTS	: Absent

CRYSTALS	: Absent
----------	----------

AMORPHOUS MATERIAL	: Absent
YEAST	: Absent
TRICHOMONAS VAGINALIS	: Not Seen
GRAM STAIN	: Gram Negative Bacilli..Occassional

ZIEHL-NEELSEN STAIN	: --
---------------------	------

REMARKS:- --

Checked by:
Counter-Checked by:


M.D.
PATHOLOGIST