

△ Steroid Resistant Nephritic Syndrome

A Case Study

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Praise from the Conference:

Dr. Sahni B.S forwarded this paper in PDF format. It is impeccably presented. It includes the carefully scanned laboratory reports and prescriptions. He is to be congratulated. We thank him and the parents of the child for sharing this case with us.

Abstract:

A case of **Steroid Resistant Nephritic Syndrome** is presented, which was successfully cured with the help of homoeopathic medicines and till date the patient is free from all the complaints and **continuing well without any medicine(s) from the last 3 yrs**. The presentation of this case is possible only because the parents of the patient kept all the records intact and I'm very thankful to them for providing all the records and permission to share this case with other Homoeopaths.

Key Words:

1. **Nephritic syndrome** also called as **nephrosis**. A kidney disease marked by protein in the urine; abnormally low blood protein (albumin), and fluid gathering in the tissue.
2. **Glomerulonephritis**, term used for several related diseases in which the essential fault is damage to the **glomeruli**, the tiny filtering units in the kidneys. The damage is usually the result of **inflammation**, caused by abnormal proteins that become trapped in the glomeruli.
3. **Odema**, the swelling of the body tissue due to excess water contents. The swollen tissue may remain intended when you press it with a finger.

Introduction:

Nephritic syndrome is uncommon. It affects a slightly higher number of children than nephritis. The condition usually starts between the ages of 2 and 4 yrs and is slightly more common in boys. Like nephritis, Nephritic Syndrome is a form of Glomerulonephritis. For most children with nephritic syndrome, the cause is unknown. In Nephritic Syndrome, the glomeruli are damaged. One result is that protein leak from the blood through the glomeruli into the urine. One of the functions of the blood protein is to keep fluid inside the blood vessels. With the low blood proteins, fluid (water) leaks out of the vessels into the tissues. In addition, the volume of the urine is much reduced.

Symptoms:

There are two main symptoms of the nephritic syndrome. First is the gradual appearance, over several days of weeks, of **generalized swelling** throughout the child's body, from the accumulation of the fluid (**odema**). The swelling is especially **noticeable around the eyes and face**, and the **abdomen may be distended**.

Second main symptom is **a much-reduced output of urine**-perhaps as little as one-fifth of the normal output. The urine normally looks normal. But the **serum albumin** is low and there is **marked lipemia**, especially **elevation of the cholesterol**. **Urine sodium** is usually **low**.

Case Report:

Name of Patient: Miss Lubna Azmi

Date of Birth: 14/01/1981

Treatment History:

As per the available records, the patient was first seen by a child specialist on 11 November 1982 and was put on steroids for two days and again on 15 November for next 15 days.

The complete history of allopathic treatment is as under:

| <i>Year</i> | <i>Treatment</i> | <i>Clinical Reports</i> | <i>Duration</i> |
|-------------|------------------|-------------------------|-----------------|
| 1988 | 24 November | 24 November | 2 Weeks |
| 1989 | 15 December | 15 December | |
| | 16 December | Blood USG Urine | |
| 1990 | 1 January | | 6 Weeks |
| | 22 March | | 3 Months |
| | 18 September | | 6 Weeks |
| | 26 September | | 6 Weeks |
| | 6 November | | 6 Weeks |
| | 12 December | | 6 Weeks |
| 1991 | 4 February | | 6 Months |
| | 6 August | | 3 Weeks |
| | 2 October | | 5 Weeks |
| | 21 November | | 6 Weeks |
| 1992 | 20 May | | 6 Weeks |
| | 10 November | | 6 Months |
| 1993 | 5 April | Blood & Urine | 3 Weeks |
| | 26 April | | 1 Weeks |
| | 3 May | | 8 Weeks |
| | 12 July | | 10 Weeks |

| <i>Year</i> | <i>Treatment</i> | <i>Clinical Reports</i> | <i>Duration</i> |
|-------------|------------------|-------------------------|-----------------|
| 1994 | 20 January | | 2 Weeks |
| | 8 February | | 5 Weeks |
| | 20 July | | 3 Weeks |
| | 12 August | | 3 Weeks |

After not getting any satisfactory results from the modern system of medicine the patient was brought to ONGC Homoeopathic Clinic for the Homoeopathic Treatment, in the month of January 1995.

Homoeopathic Treatment:

After going through the History, urine report and the symptoms, the medicines were prescribed on 15.3.95 for three months. The same medicines were continued up to 23.8.95. The medicines were changed due to increased Albumen in urine on 24.8.95. Nevertheless, the urine report dated 31.8.95 and 15.9.95; 16.9.95 shows no signs of improvement. Keeping in view of the situation, the medicines were again changed on 21.10.95 and 9.1.96.

After this prescription patients urine report became normal on 24.2.96 and 4.4.96 respectively.

But again there was a relapse of symptoms and the urine report again start showing Albumin positive in the urine reports dated 6.6.96, 2.7.96, 31.7.96, 19.8.96, 2.9.96, 26.9.96 and 14.10.96. During this period, more or less the prescription remains the same. The patient's condition continued to be in zigzag condition up to May 1997. The condition became worse in the month of June 1997. The urine report on 10.6.97 shows Albumin +++++. During this period, the parents of the patient lost their patience and again admitted the child to Jaslok Hospital, Mumbai where they did clinical examination and biopsy and diagnosed this case of "**Steroid Resistant Nephritic Syndrome**". The patient was again put on steroid and continued the same on 17.7.97. The condition of the patient nevertheless remained the same i.e. sometimes the urine albumin was nil and some trace or present until 9.9.97.

The patient was again brought back to Homoeopathic Clinic, as there was no satisfactory progress. Accordingly, on 11.9.97 the new prescription was made in the light of the new diagnosis. This new prescription showed very dramatic results, afterwards there was no relapse of the symptoms, which is confirmed by Urine, and Blood reports dated 30.9.97, 13.10.97, 10.11.97, 22.12.97, 22.01.98, 19.02.98, 17.11.98, 25.10.99 and 24.05.01.

Homoeopathic Prescriptions:

The summary of the complete Homoeopathic prescriptions administered from time to time is as under:

| <i>Date</i> | <i>Prescription</i> |
|-------------------|--|
| 15.1.1995 | <ul style="list-style-type: none"> • Apis Mel 10M One Dram Pills Three Pills once empty stomach, weekly • Merc. Cor 30 1oz Pills • Pulsatilla 30 1oz pills Three pills from each, thrice in a day before meal • Ferrum Phos. 6x Biochemic 25 gms • Kali Mur 6x Biochemic 25 gms 2 Tablets from each thrice in a day after meals |
| 25.5.1995 | Repeat all |
| 19.7.1995 | Repeat all |
| 24.8.1995 | <ul style="list-style-type: none"> • Ars. Alb 200, 2 Dram pills • Kali Carb 30, 2 Dram Pills 3 Pills from each, thrice in a day before meals • Plumbum Met 10M 3 doses only One dose after the gap of every 10 minutes interval, empty stomach. |
| 1.9.1995 | Repeat all Add: <ul style="list-style-type: none"> • Solidage Q30 ml 10 drops with water twice in day before meals |
| 21.10.1995 | <ul style="list-style-type: none"> • Plumbum Met 1M One Dram Pills 3 pills empty stomach once in a week. • Kali Carb 30 1oz Pills • Ars. Alb 30 1oz pills 3 Pills from each thrice in a day before meals • Ferrum Phos 6x Biochemic 25 gms 4 Tablets thrice in day after meals |
| 9.1.1996 | Repeat All Add: <ul style="list-style-type: none"> • Solidage Q30 ml 10 drops with water twice in day before meals • Tuberculinum 1M One dose after the gap of every 10 Minutes interval, empty stomach |
| 1.3.1996 | Repeat All |
| 8.4.1996 | Repeat All |

| <i>Date</i> | <i>Prescription</i> |
|-------------------|--|
| 10.5.1996 | Repeat All |
| 7.6.1996 | <ul style="list-style-type: none"> • Kali Carb 200 2 Dram pills • Ars.Alb 200 2 Dram pills 3 pills from each twice in a day {empty stomach & Evening} • Ferrum Phos 6x Biochemic tablets 25gms • Kali Mur 6x Biochemic tablets 25gms 2 Tablets from each thrice in a day after meals • Solidage Q30 ml 10 drops with water twice in day before meals |
| 3.7.1996 | Repeat All |
| 2.8.1996 | Repeat All Add: <ul style="list-style-type: none"> • Cal Sulph 6x Biochemic Tablets 2 tablets once at bedtime. |
| 6.9.1996 | <ul style="list-style-type: none"> • Ferrum Phos 6x Biochemic tablets 25gms • Kali Mur 6x Biochemic tablets 25gms • Cal Sulph 6x Biochemic Tablets 2 Tablets from each thrice in a day after meals • Ars.Alb 1M One Dram pills • Thuja 1M One Dram pills Three pills from each empty stomach, once in a week • Tuberculinum 30 2 Dram Pills 3 Pills thrice a day before meals • Solidage Q30 ml 10 drops with water twice in day before meals |
| 16.10.1996 | Repeat All Add: <ul style="list-style-type: none"> • Apis Mel 10M 2 Dram pills 3 Pills once empty stomach, once a week |
| 10.11.1996 | Repeat All Add: <ul style="list-style-type: none"> • Koch Lymph 200 One Dram pills 3 Pills once empty stomach, once in a week |
| 30.12.1996 | Repeat All |
| 16.1.1997 | Repeat All |
| 6.5.1997 | Repeat All Add: <ul style="list-style-type: none"> • Chinum Sulph 200 2 Dram Pills 3 Pills twice a day before meals |

Patient left the Homoeopathic Treatment, was admitted in Jaslok Hospital, and was again put on Steroids.

After not getting any remarkable results patient was again brought back to Homoeopathic Clinic for Treatment. The Prescriptions of the treatment are:

| <i>Date</i> | <i>Prescription</i> |
|-------------------|--|
| 11.9.1997 | <ul style="list-style-type: none"> • Prednisolone 30 2 Dram Pills 3 Pills thrice a day before meals • Apis Mel 10M 2 Dram Pills 3 Pills empty stomach daily • Kali Clor 30 1oz Pills 3 Pills thrice in a day before meals • Ferrum Phos 6x Biochemic Tablets 25gms • Cal. Sulph 6x Biochemic Tablets 25gms 2 Tablets from each thrice in a day after meals • Solidage Q30 ml 10 drops with water twice in day before meals |
| 1.10.1997 | Repeat All |
| 14.10.1997 | Repeat All |
| 11.11.1997 | Repeat All |
| 23.11.1997 | Repeat All except Prednisolone |

Since 1998, the patient is without any medication. She has been advice to go for Urine examination once in a year to prevent any replace for another 2 yrs.

Urine Reports:

The summary of the Urine Reports is as under:

| <i>Date</i> | <i>Urine Report</i> | |
|------------------|---------------------|-----------------|
| 13.1.1995 | Albumin | Present (Trace) |
| | Pus Cells | 2 to 3 /HPF |
| | Epithelial Cells | 2 to 3/HPF |
| 20.4.1995 | Albumin | Trace |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 3 to 4 /HPF |
| 6.7.1995 | Albumin | Present(+) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 4 to 6 /HPF |
| 31.7.1995 | Albumin | Present (+) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 21.8.1995 | Albumin | Present (++) |
| | Pus Cells | 2 to 3 /HPF |
| | Epithelial Cells | 8 to 10 /HPF |
| 31.8.1995 | Albumin | Present (++) |
| | Pus Cells | 3 to 4 /HPF |
| | Epithelial Cells | 3 to 4 /HPF |

| <i>Date</i> | <i>Urine Report</i> | |
|-------------------|---------------------|-----------------|
| 15.9.1995 | Albumin | (++++) |
| | Pus Cells | Occasional |
| | Epithelial Cells | 1 to 2 /HPF |
| 25.9.1995 | Albumin | Absent |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 3 to 4 /HPF |
| 12.10.1995 | Albumin | Absent |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 3 to 4 /HPF |
| 11.12.1995 | Albumin | Present (+) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 3 to 4 /HPF |
| 1.1.1996 | Albumin | Present (Trace) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 24.2.1996 | Albumin | Absent |
| | Pus Cells | ----- |
| | Epithelial Cells | ----- |
| 4.4.1996 | Albumin | Absent |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 3 to 4 /HPF |
| 6.6.1996 | Albumin | Present (++) |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |
| 2.7.1996 | Albumin | Present (+) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |
| 31.7.1996 | Albumin | Present (++) |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 19.8.1996 | Albumin | Present (++) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |
| 2.9.1996 | Albumin | Present (++) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |
| 26.9.1996 | Albumin | Present (+) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |

| <i>Date</i> | <i>Urine Report</i> | |
|-------------------|---------------------|--------------|
| 14.10.1996 | Albumin | Present (+) |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |
| 25.11.1996 | Albumin | Present (+) |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 3 to 4 /HPF |
| 26.12.1996 | Albumin | Present (+) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |
| 25.2.1997 | Albumin | Present (++) |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |
| 1.5.1997 | Albumin | Present (+) |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 10.6.1997 | Albumin | ++++ |
| | Pus Cells | 4 to 6 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 24.6.1997 | Albumin | Trace |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 3.7.1997 | Albumin | Absent |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 9.7.1997 | Albumin | Trace |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 16.7.1997 | Albumin | Absent |
| | Pus Cells | 0 to 1 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 22.7.1997 | Albumin | Absent |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 29.7.1997 | Albumin | Faint Trace |
| | Pus Cells | 0 to 1 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 5.8.1997 | Albumin | Absent |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |

| <i>Date</i> | <i>Urine Report</i> | |
|------------------|---------------------|-----------------|
| 12.8.1997 | Albumin | Present (Trace) |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 3 to 4 /HPF |
| 19.8.1997 | Albumin | Absent |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |
| 20.8.1997 | Albumin | Faint Trace |
| | Pus Cells | 2 to 3 /HPF |
| | Epithelial Cells | 0 to 1 /HPF |
| 2.9.1997 | Albumin | Absent |
| | Pus Cells | 0 to 2 /HPF |
| | Epithelial Cells | 2 to 3 /HPF |
| 24.5.2001 | Albumin | Absent |
| | Pus Cells | 1 to 2 /HPF |
| | Epithelial Cells | 1 to 2 /HPF |

Homoeopathic Medicine:

The following are the details of the Homoeopathic Medicines used in the Prescription above.

- 1. Apis Mel:** Odema; bag-like, puffy swelling under the eyes [over the eyes Kali c]; of the hands and feet, dropsy, without thirst [with thirst, acet.ac.Apoc.]. Thirstlessness, Puffing or odema, with pitting upon pressure, is a general condition that may be present in any inflammatory state. There is a general amelioration from cold and aggravation from heat. "Urine scanty and foetid, containing albumin and blood corpuscles". Especially in acute albuminuria. The acute inflammatory affection of the kidney with albuminuria, afternoon aggravation, <touch, pressure>, in open air, uncovering and cold bathing.
- 2. Plumbum Met:** Chronic Interstitial Nephritis. Plumbum cures kidney affections with albumen and sugar in the urine. The urine is dark, scanty, and of high specific gravity. Retention of urine from lack of sensation that the bladder is full. (Kent)
- 3. Solidago:** "The herbs", says Rademacher, "is very old and good kidney medicine. It is specific to the Kidneys, and brings the patients back to the normal condition". Albuminuria, the grand keynote of this remedy lies in the condition and the action of the kidneys and the quality of the secretions. Diseases arising from or complicated with defective action of the kidneys are very likely to be benefited by *Solidago.
- 4. Chinum Sulph:** Symptoms of chronic Interstitial Nephritis.
- 5. Ferrum Phos (Biochemic):** Urine albuminous, inflammation of any organ, the patient is sensitive to the open air, and many symptoms are aggravated in the open air. Dropsical conditions, Symptoms worse after eating, from physical excretion.

6. **Kali Mur (Biochemic):** It usually follows Ferrum Phos. For the secondary conditions or states succeeding inflammation. Inflammation of the kidneys, Suppression of the urine. Urine albuminous.
7. **Ars.Alb:** Albuminous. Epithelial cells; cylindrical clots of fibrin and globules of pus and blood. After urinating, feeling weakness in abdomen. Great exhaustion after lightest excretion. Great anguish and restlessness. Changes place continually. Fear, of death, of being left alone. Great fear, with cold sweat. Thinks it useless to take medicine.
8. **Koch Lymph:** Acute and chronic parenchymatous nephritis.
9. **Tuberculinum:** Tuberculinum is indicated in renal affections. When symptoms are constantly changing and well-selected remedies fail to improve, and cold is taken from the slightest exposure.
10. **Prednisolone:** Nephritic Syndrome. Odema.
11. **Kali Chlor:** Chronic Nephritis. Urine, Albuminous, scanty and suppressed.
12. **Cal Sulph (Biochemic):** Calcarea sulphurica is useful generally in suppurations.
13. **Thuja:** Kidneys inflamed; feet swollen.
14. **Pulsatilla:** Ill effects of Suppressions (Infections), Thirstlessness, to antidote the effects of Steroids.
15. **Merc.Cor:** Intense burning in urethra. Urine hot, burning, scanty or suppressed, Albuminous urine, Suppression of urine.

Conclusion:

Proper Homoeopathic Medicines in a well-diagnosed case can give miraculous results. In follow up care, the patient should be clinically monitored regularly.

Back

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Dr,

Adv.

*. unilym...
protein.
BABY: LUBNA

11th Nov-1980

R Tan

Delta corti Forte (10mg)

WZ-21g

BP-110/80

M A E W Ed

*:

Dom..

INCRIMIN

- 1 - 1 -
ZITURTA

(Latah AR) X (A)

*:

Ed

Ed. Aldomate 1/2 - 1/2 th

M E W Ed

My 1st 100 gm
 Fe protein Electroph. 5.7 gm
 ATB = 2.49 gm
 Glob = 0.5 gm
 INVESTIGATIONS
 A-Cy 1.58

Blood Count: R. B. C. 4,37,000 Per c. mm

Hb. 11.6. Grm%

W. B. C. 11,600 Per c. mm

P. 80 E. 0 L. 18 B. 0 M 2

E. S. R. 17 mm mm hr. Urine

few cysts
Stool Glands
Lambda
 Sputum

Blood Sugar

Fasting

Post Lunch

Post Glucose

S. elect 142 3.0 102 C.S.F.

Nat kt cu -

Blood Urea 19 mgm

Serum Uric Acid

Serum Cholesterol

X-Ray Chest

Serological Test

Other X-Ray Studies

Urine Qu. T = 1040 cc.

24hrly @ 21 gm

M/E NO haematuria.
 NO Pus cells.

TP = 5.7 Ca⁺⁺ 8.3 P = 3.5 UA 2.9
 Creat 0.5

Chol = 214 ALK PHOS → 120 CPK = 48

LDH = 362 SGPT = 55 SGOT = 21 mymi.

Back

1) We were in cell, were there how
 - 24 days back

a. [PT IS A KID OF NEPHROS SPIND

CLINICAL NOTES:

→ Staining from face &

Spreading downwards.

last yr this was the 2nd attack

last yr - had the 1st attack

~~at~~ Now.

Date of Operation

NO H/O burny micturition

Operation feverish.

Op Pain (L) flank of 18m.

Anaesthesia: Spinal

General

at age 7.

Post H/O

H/O measles around 9-12 mths.

Operative procedure

OPH → BCG + OPV/DPT + + +

Measles vac given.

Operative Findings

Fam H/O - Mother had TB 3-4 yrs back
 Rx for 9 mths.

Post Operative Course

afebrile PHLOS (+)

O/E 2 mild rashes face +

a. Pedal Oed + (min)
 PR = 88/min

Chest cln clear

PA - hyper 2cm.

Spleen HP

Kidneys Not Palpat
 No H/O fluid.

Back

15/12/81

Miss Lupna

6 wa

Tab Delta coloid into 100g
5 tabs at day
with breakfast

Syr D-gene
2 tabs 3 times a d

Beosule Syrup
2 tabs daily

Blainea Bivolan
2 tabs 3 times a d

Back

Dr. ASHOK L. KIRPALANI

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811 11 53 }

29 65 56 Resid.

2nd Floor, Backbay View,
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Opp. Charni Road Station,
BOMBAY-400 004.

Baby Lubna Azmi

Age - 9 yrs

15/12/89

H/O Recurrent attacks of
- swelling on face, feet - in April 88
- May 89
- Rx ed with steroids for 1 week -
every time

again - swelling on face since 8 days
- exertional dyspnea.

NO H/O oliguria
hematuria
hemoptysis

NO H/O fever, Jts pain

NO H/O Recurrent - URTI

NO H/O rashes

Family Hist - nothing particular

eye

afebrile

wt - 24 kg

BP - 110/90 OT

100/90 -

Edema +

pallor +

no nodes

Jts N

JVP - N

Back

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EXAMINATION OF BLOOD

Date : 15.12.89.

Name : Baby Lubna Azmi.

LAB NO. MJ 2559

Referred by: Dr. A.L. Kripalani., M.D.

ANTINUCLEAR ANTIBODY TEST (ANA)
(By Immunofluorescent Technique)

POSITIVE (1:40 dilution)

Diffuse pattern.



J. J. J.

SIAEPQ/100x500-9-89

bk



K. J. J.
M.D.
PATHOLOGIST.

Back

Miss Leelba Akwai

1/2/90 ✓

wt - 24 kg
BP - 110/70 or
110/70 ♀
no edema

Rx
Tab Delta cortyl Forte
10mg
4 1/2 tab alt day x 1 wk
4 ————— x 1 wk
3 1/2 ————— x 1 wk
3 ————— x 1 wk
2 1/2 ————— 1 wk
1 1/2 ————— x 1 wk
1 ————— x 1 wk

~~Urea urea - - -
Sigue 2-2-2 bi-
Protein 2-2-2 bi-~~

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29 93 34

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Back

Miss Lubna Asmi

22/3/90

wt - 25 kg

BP - 100/70/70
100/70/90

no edema

2

Delivered into

1/2 to altar

x 3 used

l

Dr. ASHOK L. KIRPALANI
M.D., M.C.P.S., M.N.A.M.S. (Nephro.)

Tel. Clinic : 24 31 36
Resi. : 29 65 56
29 93 34

Kidney & Blood Pressure Clinic,
108, Lady Ratan Tata Medical &
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Maharshi Karve Road,
Cooperage, Bombay-400 021.

Back

18/9

Diagnosis

relapse

Zolur
(5kg+)

Tab. Dettacol Forte 5
5 tabs alt day
x 6 wks

Tab. Tyrostatin 5
1-1-14

2
Prelinex 13R
3 No 4

Acemide 11
Syn Drganil
2 No skin a 13
K

Back

26/9.

Subra Agui

old MS.
responded
in Sup Guard
to reduce

25kg

90/60 → ↑
wound -
Joint well

Tas. Seltrotes fute
1/4 tub alt day
x 6 wk

Then Sops

So see me after
3 weeks

Concaveur Symp
At 1/2 at bed.

R

Back

Lubna Azmi

6/11/90

Tab. Deltacelene Forte
5 tabs alt day
x 6 wks

~~Tab Endoxan~~

~~1 tab daily~~

~~x 6 wks~~

Not
Used

Need check total wbc
count every 4 days.
To less than 5000,
omit Endoxan & reform
me.

Tab Mycostatin
1 tab

on steroid
6 wks.
appear well
nod.
100/60
u.s. -

The Jeldacolent
fute

1000

4 no alt day x live

3 " " " x live

2 " " " x live

1 " " " x live

3/4 " " " x live

1/2 " " " to continue

1/2 " " " for 6 wks

Agree also ship

Deerle

Mycentalen 1-1

~~10 days~~ 1 day
~~10 days~~ 1 month

Back

batry Lubna Azmi

Kidney & Blood Pressure Clinic,
108, Lady Ratan Tata Medical &
Research Centre,
Maharshi Karve Road,
Co-operative, Bombay-400 021.

4/2/91

wt 30kg. ht. 90/60cm → ↑

no edema

PP ↓

VS 120/80

Re.

TUB Delta Cotril forte
1/2 Act day

6 months
more

~~Becumle
Mycostatin 1-1
Digene 2 of 3 times~~

Tinadum
Lequid

+

Back

Baby Lubna Azmi

cpo kidney. acute - 3 days

Kidney & Blood Pressure Clinic,
108, Lady Ratan Tata Medical &
Research Centre,
Maharshi Karve Road,
Cooperage, Bombay-400 021.

wt 30 kg.

BP 110/70mm Hg

no edema

DRP ↓

no pallor

CUS

RS

P/A

NAD

bp

6/8/91

Tab Delta cortisol forte ✓

3 tabs →

~~1/2 tab day~~ 6 tabs all day

✓ Tab Avid 1/2 - 1/2 x 3 ✓

✓ Tab Mycostatin ✓

in lines

Diuretic

✓ 200 mg this ad

✓ Baccant-1 ✓

✓ Rantac 150 ✓

1 at bedtime

✓ Tab Pentid - 500 ✓
1 daily

on 6/2/91

24 hr urine

and → 0.29 gms

Back

Kidney & Blood Pressure Clinic,
 108, Lady Ratan Tata Medical &
 Research Centre,
 Maharshi Karve Road,
 Cooperage, Bombay-400 021.

Lubna 2/10/91

Deltacortril Fc

4 tab aet day x 1 wk

3 _____ 1 wk

2 _____ 1 wk

1 ³/₄ _____ 1 wk

1 ¹/₂ _____ 1 wk

1 ¹/₄ _____ 1 wk

then 1 tab day

Mycostatin 1-1-1

Argem 2 tabs 3 times

Prolixin 2 tabs 3 times

30 day

Doing well.

90
 60.

Back

Lakshmi Azmi
11/11/91

Minimal change

wt - 32.5 kg

BP - 100/70 of
100/70 G

no edema

crs / mtd
ro / mtd

R

- beta with folk
wyrdone (10mg)

* 1 tab all-day

* 6 weeks

~~sigene 2-2-2.5~~

prokinex 2-2.5

Wt

total = urea
cre - creat

p prot A

24 hours urine
alb

L

Dr. ASHOK L. KIRPALANI

M.D., M.C.P.S., M.N.A.M.S. (Nephro.)

PROF. OF NEPHROLOGY,
Bombay Hospital Institute of Medical Sciences,
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Tel. Clinic : 285 20 13

Res. : 29 65 56

29 83 34

Kidney & Blood Pressure Clinic,
108, Lady Ratan Tata Medical &
Research Centre,
Maharshi Karve Road,
Cooperage, Bombay-400 021.

Back

20/5/79

Lubna Azmi

Dr

Detrolololide Pate

1/2 to all day
x6 ~~times~~ ^{month}

h

34

wood.

90

70

hr

my house
Lubna

5 miles
near
near

Dr. Kirpalani

Dr. ASHOK L. KIRPALANI

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Research Centre,

Maharshi Karve Road,

Cooperage, Bombay-400 021.

Miss. Lubna Azmi

10-11-92

and one of minimal change disease

no oedema

35 $\frac{1}{2}$ h

hues 80/m

Bp. 100/60 mm Hg \rightarrow \uparrow

R.S.

ur

and

neg

completed a course of

5mg Prednisolone AD x 6 months

Advised - CBC

13-11-92

seen by Dr. Ashok

• Urea

• Creatinine

• Routine Urine \rightarrow

• Serum Protein \rightarrow ~~0.34 g/day~~ Albumin 2.5 g

• 24 hr. urine protein 0.25 gm/day

Advised to

5mg Prednisolone

\checkmark

- Follow up after 3 months

\checkmark

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Kidney & Blood Pressure Clinic,

108, Lady Ratan Tata Medical &

Research Centre,

Maharshi Karve Road,

Cooperage, Bombay-400 021.

Back

5/4/93.

Lubia Azui

~~Tab~~ Delta control
fute

4. tab daily
x 3 wks

Do Larix
7 days

Do Furoid 400
1 day

potassium

2 No 3lis
a 2

✓

WT 42

MS.

Relapse

short. tab
d/T.

ESR 104

Hb 11.9

S. Pr 4.4

Alb 2.4

Urea 26

Creat 0.8

Uric alb + + +

Red cell +

Uric uric alb
3 gm

Dr. C. B. Bhat

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

CONSULTANT PATHOLOGIST &
MICROBIOLOGIST

Dr. BHAT'S LABORATORY

102, Shree Krishna Apts.,
Deendayal Nagar, Navghar
Vasai Road (West).

PIN : 401 202

Timings : 8 a.m. to 7 p.m.

Back

Patient's name : Mrs. Lubna Azami 12yrs

Date : 5.4.93

Ref. by : Dr. R. Desai MD; DCH

: EXAMINATION OF BLOOD AS REQUESTED :

: PROTEIN ELECTROPHORESIS :

| | | | |
|-------------|----|----------|--------------------|
| TOTAL | .. | 4.32 gm% | (NV:6.0 - 7.8 gm%) |
| ALBUMIN | .. | 2.21 gm% | (NV:3.2 - 5.6 gm%) |
| GLOBULINE : | | | |
| Alpha 1 | .. | 0.10 gm% | (NV:0.1 - 0.4 gm%) |
| Alpha 2 | .. | 0.82 gm% | (NV:0.4 - 1.2 gm%) |
| Beta | .. | 0.48 gm% | (NV:0.5 - 1.1 gm%) |
| Gamma | .. | 0.71 gm% | (NV:0.5 - 1.6 gm%) |

NO ABNORMAL BANDS DETECTED.

Dr. C. B. Bhat

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

CONSULTANT PATHOLOGIST &
MICROBIOLOGIST

Dr. BHAT'S LABORATORY

102, Shree Krishna Apts.,
Deendayal Nagar, Navghar,
Vasai Road (West).

PIN : 401 202,

Timings : 8 a.m. to 7 p.m.

Patient's Name : Miss Lubna Azami 12yrs

Date : 5.4.93

Ref. by : Dr. R. Desai MD; DCH

: QUANTITATIVE ESTIMATION OF ALBUMIN IN URINE :

REPORT :

24 hours volume of urine 260 ml.

Quantity of Albumin 0.78 gm/litre.

Albumin excreted in 24 hours equal to 3.0gm/litre

METHOD : ESBACH'S.

Dr. ASHOK L. KIRPALANI

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Kidney & Blood Pressure Clinic,
108, Lady Ratan Tata Medical &
Research Centre,
Maharshi Karve Road,
Cooperage, Bombay-400 021.

Back

Miss Sabana Azmi.

26/4/93.

NS \bar{c} relapse. (Min change)

steroids restarted

5/4/93

of E- Wt = 35 kg (↓)

BP = 100/60 ← ↑

No edema

Chest clear.

R

T. Deltacortril

forte
1 daily x 1 wk

T. Famocid

1 daily

Proteinex Powder

2 tsf thrice daily

z

DR. ASHOK L. KIRPALANI

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Back

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Kidney & Blood Pressure Clinic,

108, Lady Ratan Tata Medical &

Research Centre,

Maharshi Karve Road,

Cooperage, Bombay-400 021.

3/5/92

Lubao Azmi

Tab Deltacortril forte

WT 37 kg

BP - $\frac{100}{70}$ -
 $\frac{110}{70}$ t

no edema

no pallor/haemsh.

3 1/2 daily x 1 week

3 daily x 1 week

2 1/2 daily x 1 week

2 daily x 1 week

1 1/2 daily x 1 week

1 daily x 1 week

1/2 daily x 2 weeks

and then stop.

Famocid (20mg) i daily
at night

~~Cap Becosulte~~

Proteinex powder

npa

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Kidney & Blood Pressure Clinic,

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Maharshi Karve Road,

Cooperage, Bombay-400 021.

12/7/93

Ms. Lubna Azmi

Minimal change

steroids tapered

to 1/2

no edema

Wt: 44kg ↑↑

BP - $\frac{100/70}{110/70}$ → ↓

edema +

no thrush

Proteinuria -

at 1/2 ~~3~~ 3 hrs
a day

Hydrocortisone/Delta 10mg
1/2 daily.

5 days
[
 2
 Jas Tapered.
 6.0
 1-1
 Cap Dexam 500
 1-1

DR. ASHOK L. KIRPALANI

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Back

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29 93 34

Kidney & Blood Pressure Clinic,
108, Lady Ratan Tata Medical &
Research Centre,

Maharshi Karve Road,

Cooperage, Bombay-400 021.

20/1/94

Ms Lubna Azmi

• Steroid responsive NS

• Multiple relapses

- 1989.

- 1990

1991

April 93

o/bb & since 9/12/93

% edema feet

Bp- 110/80 → 6

wt 46kg ↑ 3kg

Lungs clear

15/12/93

24hrs albumin
0.9 gm/day

Hydrocortisone / Deltacortril
10mg
5 tabs daily
x 2 wks.

Tab Kanbac
150
1 at bed time

Protinex
powder

2 tabs 5 times a day
Tab Mycostatin
h - 4 - 4 - 4 - 4 - 4

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Back

Tel. Clinic : 285 20 13

Res. : 29 65 56

29 93 34

Kidney & Blood Pressure Clinic,

108, Lady Ratan Tata Medical &

Research Centre,

Maharshi Karve Road,

Cooperage, Bombay-400 021.

8/2/94

Lebna Azmi.

Lab negative
10up.

| | | | | | |
|-----|-----|-----|-----|---|--------|
| 4 | Tar | alt | den | x | 1 ur |
| | | | | | x 1 ur |
| 3 | " | " | " | " | x 1 ur |
| | | | | | x 1 ur |
| 2 | " | " | " | " | x 1 ur |
| | | | | | x 1 ur |
| 1 | " | " | " | " | x 1 ur |
| | | | | | x 1 ur |
| 1/2 | " | " | " | " | x 1 ur |
| | | | | | x 1 ur |

then stop.

Rantec.

1 at bed hr

↙

4/1 up
110
50
wood
driper

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Bombay.

Tel. Clinic : 285 20 13

Res. : 203 65 56

203 93 34

Kidney & Blood Pressure Clinic,
108, Lady Ratan Tata Medical &
Research Centre,
Maharshi Karve Road,
Cooperage, Bombay-400 021.

Back

20/7/94

Lubna Asmi

Steroids restarted
23/7/94

- T. Deltacortril forte
(10mg) 5 tabs
daily.
- T. Rantac
150mg 1-1
- Dig. Digene 2 tsf tds
- T. Mycostatin
4-4-4-4
- Candid Mouth Wash
- Cap Becosule 1

in
- Reunion
- New Ed. 1/2/83

4/7/94

1/50
90
10/3
80

Ad H.

Net R

On 2/8

RTC after
3 weeks.

J

DR. ASHOK L. KIRPALANI

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PROF. OF NEPHROLOGY,
Bombay Hospital Institute of Medical Sciences.
Bombay.

Back

Tel. Clinic : 285 20 13

Res. : 203 65 56

203 93 34

Kidney & Blood Pressure Clinic,

108, Lady Ratan Tata Medical &

Research Centre,

Maharshi Kerve Road,

Cooperage, Bombay-400 021.

19/8/94

Subna Azai

Delta colin Puli

5 days x 300g

WT. = 42.5 kg

B.P. - 120/80 →

130/90 ↑

No edema

Throat - slight
congestion +

Chest - B/L clear.

~~Rantac 150 T-X~~

~~Digain 2/1/300~~

~~Hydrocortisone 4-4-4-4~~

Candid Mouth wash

Beconase 1.

~~Cap Droxy 500mg 1 x 5d.~~

~~Syp Clistin DMR 25% TDS
w - w - w K~~

7/4/94

45

120
44

Out →

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B.Sc. D. M. L. T.

102, BLDG, 'C' 1st Floor,
Roshan Apartment, Near Catholic Bank,
Opp. Papdi Talao,
Papdi, Vassal - 401 207.

Back

Patient's Name : Miss Lubna Azmi Age : _____ Date : 13/1/95

Reference : Dr.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Hazy
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (Trace)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

(Qty. 10 ml., 2000 r.p.m., 10 mins.)

Red Blood Cells : Absent
Pus Cells : 2 to 3 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr.


Medical Technologist

k-134

ONGC HOSPITAL, PANVEL 32

HSS NO.

Date

Name

Age

Diagnosis

Rx

~~As is Mel ton = one day
sp end med. (v)~~

~~steroid 100 = 100 (100)
Institute~~

~~100 = 100 (amp) (100)
M.O.S.~~

WISH YOU A SPEEDY RECOVERY

Back

24/1/45

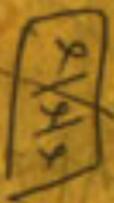
An. set
20

Kah) Carl / wind
20/

3. 1/2

~~Number set~~

(10/1/45) (3)



11/2/45

~~Set def $\phi = 2$~~

~~(2) number 2~~

1/2

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG, 'C', 1st Floor,
Roshan Apartment, Near Catholic Bank,
Opp. Papdi Talao,
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 21/8/95.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 20 ml.
Colour : Yellow
Appearance : Hazy
Deposit : Present
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : ~~Present (++)~~ /r
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : 0 to 1 /HPF ✓
WBCs : 2 to 3 /HPF ✓
Epithelial Cells : 8 to 10 /HPF ✓
Casts : Occasional Granular Cast Seen
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.


Medical Technologist

PRATIK PATHOLOGICAL LABORATORY

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102, BLDG, 'C', 1st Floor,
Roshan Apartment, Near Catholic Bank,
Opp. Papdi Talao,
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 31/8/95.

Reference : Dr. Ramakant Desai M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 50 ml.
Colour : Yellow
Appearance : Hazy
Deposit : Present
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (++)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : 0 to 2 /HPF
WBCs : 3 to 4 /HPF
Epithelial Cells : 3 to 4 /HPF
Casts : Granular Casts Seen
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.


Medical Technologist

Rashmi Pathological Laboratory (Computerised)



Dr. Rashmi Basrur Consulting Pathologist & Microbiologist

Back

M.D. (Bom.)

Flat No. 11, Bldg. No. 3, Mariam Nagar,
Near Railway Station, Naigaon (West),
Tal. - Vasai, Thane 401 207.

Time:
8 a.m. to 7 p.m.

Name of Patient : LUBNA AZMI
Referred by : Dr. RAMAKANT DESAI
Investigation : EXAMINATION OF URINE

Date : 15/09/95
Lab : 259

PHYSICAL EXAMINATION

| | | | |
|------------|---------------|------------------|--------------|
| Quantity | : 5cc | Reaction | : Neutral |
| Colour | : Pale Yellow | Specific Gravity | : 1.015 |
| Appearance | : Clear | Odour | : Ammoniacal |
| Deposit | : Absent | | |

CHEMICAL EXAMINATION

| | | | |
|---------------|----------|---------------|-----------------|
| Albumin | : (++++) | Occult Blood | : Positive (++) |
| Sugar | : Absent | Bile Pigments | : Absent |
| Ketone Bodies | : Absent | Bile Salts | : Absent |
| Phosphates | : Absent | | |

MICROSCOPIC EXAMINATION OF CENTRIFUGED DEPOSIT

| | | | |
|------------------|--------------------------|--------------------|----------|
| Red Blood Cells | : 3 - 4 / hpf | Amorphous Material | : Absent |
| Pus Cells | : Occasional | Spermatozoa | : Absent |
| Epithelial Cells | : 1 - 2 / hpf | Candida | : Absent |
| Crystals | : <u>Occ. Ca.oxalate</u> | Trichomonads | : Absent |
| Casts | : Absent | Bacteria | : Absent |

Dr. RASHMI BASRUR

Rashmi Pathological Laboratory (Computerised)



Dr. Rashmi Basrur Consulting Pathologist & Microbiologist

Back

M.D. (Bom.)

Flat No. 11, Bldg. No. 3, Mariam Nagar,
Near Railway Station, Naigaon (West),
Tal. - Vasai Thane 401 207.

Name of Patient : LUBNA AZMI
Referred by : Dr. RAMAKANT DESAI
Investigation : ESTIMATION OF SERUM PROTEINS

Time:
8 a.m. to 7 p.m.
Mon. to Sat.
Date : 16/09/95
Lab : 264

| | OBSERVED VALUES | NORMAL RANGE |
|--------------------------|------------------------|----------------|
| Total Proteins | : <u>3.50</u> g/dl ✓ ↓ | 6.6 - 8.3 g/dl |
| Albumin | : <u>1.60</u> g/dl ✓ | 3.5 - 5.0 g/dl |
| Globulins | : <u>1.90</u> g/dl ✓ | 2.3 - 3.5 g/dl |
| Albumin / Globulin Ratio | : <u>0.84</u> | |

Investigation : ESTIMATION OF SERUM CHOLESTEROL

Serum Cholesterol : 478 mg / dl ↑
Normal Range : 130 - 220 mg / dl

Investigation :

ESTIMATION OF BLOOD UREA

Blood Urea : 16.8 mg / dl ✓
Normal Range : 15 - 40 mg / dl

Investigation : ESTIMATION OF SERUM CREATININE

Serum Creatinine : 1.00 mg / dl ✓
Normal Range Males : 0.9 - 1.4 mg / dl
Females : 0.8 - 1.2 mg / dl

BIOCHEMICAL TESTS DONE ON COMPUTERIZED AUTO-ANALYZER

Dr. RASHMI BASRUR



6-12-77

Oil & Natural Gas Corporation Ltd.

Bombay Regional Business Centre
ONGC Hospital, Parnes-410 221, New Bombay
☎ 745 1089/745 1070 Extn.: 8020

Vasudhara Bhawan, Bandra (E), Bombay-400 051.
☎ 842 9901/842 9983 Extn.: 2024

Dr. B.S. SAHNI Sr. M.O.

Formerly Registrar OISM - Pb.
AD Homoeopathic Dept. Pb.

6-12-77

By Delhina Arora
& Nephthali Goshwami



PRATIK PATHOLOGICAL LABORATORY

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Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 4/4/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : ~~Absent~~
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBCs : 1 to 2 /HPF
~~Epithelial Cells~~ : 3 to 4 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Fungal Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

BLDG, 'C' 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 6/6/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (++)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBCs : 0 to 2 /HPF ✓
Epithelial Cells : 2 to 3 /HPF ✓
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

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B. Sc. D. M. L. T.

BLDG, 'C' 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 2/7/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit :
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (+)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBCs : 1 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

BLDG, 'C' 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Luban Azmi. Age : _____ Date : 19/8/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (++)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBCs : 1 to 2/HPF
Epithelial Cells : 2 to 3/HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
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Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 2/9/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 30 ml.
Colour : Pale Yellow
Appearance : Hazy
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (++)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBCs : 1 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / ~~Post Prandial~~ / Random

Report with compliments to Dr. Ramakant Desai.



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Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 26/9/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 80 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (+)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : 0 to 2 /HPF
WBCs : 1 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

sample collected : Morning / ~~Post Prandial~~ / Random

Report with compliments to Dr. Ramakant Desai.



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Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 14/10/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 60 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (+)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Leucocytes : 0 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.





JASLOK HOSPITAL & RESEARCH CENTRE

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

Tel.: 493 9595 / 493 3333, Cables : Jaslok, Mumbai - 400 026. Telex 011-75743 JASH IN, Fax : 91-22-4950508

DEPARTMENT OF BIOCHEMISTRY

Back

V.NO. : O.P./M.R.D. NO. : 173409 DATE: 10/06/97
PATIENT'S NAME : AZMI LUBNA CLASS: E AGE: 16 SEX: F
REFERRED BY : DR. BULCHAND SUSHILA FLOOR: 091403

ROUTINE URINE ANALYSIS

COLOUR : YELLOW
REACTION : ALKALINE
SPECIFIC GRAVITY : 1.028
ALBUMIN : (+)(+)(+)(+)
SUGAR : ABSENT
ACETONE : ABSENT
BILE PIGMENTS : ABSENT
RED BLOOD CELLS : ABSENT
PUS CELLS : 4-6/HPF
EPITHELIAL CELLS : 1-2/HPF
CASTS : GRANULAR CASTS OCCASIONAL.
CRYSTALS : ABSENT

REMARKS :

DR. VARSHA VADERA
CONSULTANT PATHOLOGIST

DR.M.G.DEO, MD, Ph.D.FAMS, FASC, FNA
CHIEF HOSPITAL LABORATORIES AND
DIRECTOR RESEARCH

JASLOK HOSPITAL & RESEARCH CENTRE

15, DR. G. DESHMUKH MARG, MUMBAI - 400 026.

| | | | | |
|------------------|-----------------|-----------------|------------|---------|
| PATIENT'S NAME : | AZMI LUBNA | AGE/SEX : | 16/F | CLASS : |
| REFERRED BY : | DR. S. BULCHAND | DATE (RECEIVED) | | |
| | 914 | M. R. D. No. | 173409 | |
| | | BIOPSY No. : JH | 1650-51/97 | |

HISTOPATHOLOGY - REPORT

SPECIMEN : RENAL BIOPSY ✓

(In a case of Nephrotic syndrome with frequent relapses)

GROSS : Linear whitish cores measure to 1.5 cm.

MICROSCOPIC : The kidney biopsy includes 25 glomeruli showing focal mesangial widening and mesangial cellularity patent capillary lumina and thin basement membranes. The interstium and tubules are unremarkable. No large vessel is noted.

DIAGNOSIS : Minimal change Disease. ✕

S. R. Khubchandani

SURIGICAL PATHOLOGIST : DR. S. R. KHUBCHANDANI, MD

No. 7702

DATE 16.6.97

EM- 248/97

4. Brief review of treatment in Hospital

Back

T. basix 800m 1000
Kidney Biopsy

JASLOK HOSPITAL & RESEARCH CENTRE

AMPAMMENT'S FOLLOW-UP CARDS 345648

273409 Dr. S. Bulchand (1896) 914 25

AYAS NAMED 16.25 9/6/97 DME

114 PIPPOO MANSI PIPPOI

Dr. in-Charge: Asstt.

Diagnosis: Steroid Resistant Nephrotic syndrome
Suggestion for the treatment

T. basix 800m 1000.

Diet - Salt free Normal Diet

Remarks unchanged.

| | | |
|-------|--------------------|---------|
| No. | Doctor's Signature | Date |
| 01-06 | B. Prasad | 13/6/97 |

PATIENT'S FOLLOW-UP CARD

Follow-up Instructions: To come for followup on Tuesday with Biopsy Report.

Back

04-07

JASLOK HOSPITAL & RESEARCH CENTRE

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

Date...17/6/92....

R

Mrs Lubna Azam

Reduisolone Compound.

Shulchand

Back

04-07

JASLOK HOSPITAL & RESEARCH CENTRE

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

Date.....12/2/92.....

Rx

Sulhano Azmi

beduisolone

55 mgm od.

S. Pantaleo

Back

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B. Sc. D. M. L. T.

102, BLDG, 'C' 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Patient's Name : MISS LUBNA AZMI Age : _____ Date : 9/9/97

Reference : _____

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 50 ml.
Colour : Pale Yellow
Appearance : Hazy
Deposit : Present
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Trace ✓
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 1 to 2 /HPF
Epithelial Cells : 1 to 2 /HPF
Casts : Absent
Crystals : Ca-Oxalate Seen, 1 to 2 /HPF
Amorphous Deposit : Present
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr.



Back

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
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Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Patient's Name : MISS LUBNA AZMI Age : _____ Date : 30/9/97

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ML
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 1 to 2/hpf
Epithelial Cells : 1 to 2/hpf
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : ---

Sample collected : Morning / ~~Post Prandial~~ / Random

Report with compliments to Dr.



PRATIK PATHOLOGICAL LABORATORY

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Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : MISS LUBNA AZMI Age : _____ Date : 13/10/97

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent ✓
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 0 to 1/hpf ✓
Epithelial Cells : 1 to 2/hpf
Casts : Absent
Crystals : Calcium oxalate 3 to 4/hpf ✓
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : ---

Sample collected : Morning/Post Prandial / Random

Report with compliments to Dr.



PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

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Roshan Apartment, Opp. Papdi Talao.
Behind Prince Medical Stores.
Papdi, Vasal. 401 207.

Back

Patient's Name : MISS LUBNA AZMI Age : _____ Date 10/11/ 97

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 30 ml
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent ✓
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 1 to 2/hpf ✓
Epithelial Cells : 2 to 3/hpf ✓
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : --

Sample collected : Morning/Post Prandial / Random

Report with compliments to Dr.



Back

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao.
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Patient's Name : MISS LUBNA AZMI Age : _____ Date : 22/12/97

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ML
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 0 to 1/hpf
Epithelial Cells : 2 to 4/hpf
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : --

Sample collected : Morning/Post Prandial / Random

Report with compliments to Dr.



Back

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao.
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Patient's Name : MISS LUBNA AZMI Age : _____ Date : 22/1/98

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

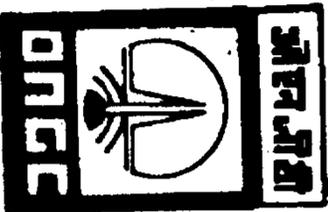
MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 1 to 2/hpf
Epithelial Cells : 1 to 2/hpf
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : --

Sample collected : Morning/Post Prandial / Random

Report with compliments to Dr.





Back

PAY CLINIC
OIL & NATURAL GAS CORPORATION
MUMBAI REGIONAL BUSINESS CENT
MEDICAL SECTION

D. N. S. G. JOSHI,
PANCH. DEPT.
PANVEL.

12/02/78
014-014
MS MUMBA

Qo. S. 134

| TEST | UNIT | RESULT | REFERENCE RANGE |
|-------|-------|--------|-----------------|
| UREA | MG/DL | 16 | (10/ 50) |
| CREAT | MG/DL | 0.6 L | (0.70/ 1.40) |
| UA | MG/DL | 4.4 | (2.4/ 7.0) |
| CA | MG/DL | 9.9 | (8.0/ 12.4) |
| PHOS | MG/DL | 4.8 | (2.7/ 4.5) |
| TP | G/DL | 7.8 | (6.6/ 8.1) |
| ALB | G/DL | 4.29 | (3.5/ 5.4) |
| GLUC | | 2.6 | (1.0/ 3.0) |
| AVG | | 1.8 | (1.2/ 2.5) |

PRATIK PATHOLOGICAL LABORATORY

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102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores,
Papdi, Vasai. 401 207.

Patient's Name : MISS LUBNA AZMI Age : _____ Date : 17/11/98

Reference : _____

EXAMINATION OF URINE**GENERAL EXAMINATION**

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 0 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning/Post Prandial / Random

Report with compliments to Dr.



Back

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
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102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores,
Papdi, Vasai. 401 207.

Patient's Name : BABY LUBNA AZMI Age : _____ Date : 25/10/99

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 0 to 2 /HPF
Epithelial Cells : 3 to 4 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -----

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr.



Back



OIL & NATURAL GAS COMMISSION

BOMBAY REGIONAL BUSINESS CENTRE

ONGC HOSPITAL, PANVEL



Tel. : 3671, 3683

Name *Mrs Lubna Azmi*

Date : *24/5/01*

Identification No.

Lab. No.

EXAMINATION OF URINE

PHYSICAL EXAMINATION

Quantity : *23 ml*

Colour ; *Pale yellow*

Appearance : *Clear*

Deposit ; *Absent*

pH. : *Acidic*

Sp gravity : *Q No*

CHEMICAL EXAMINATION

Albumin : *N.I*

Sugar : *N.I*

Ketone bodies : *Absent*

Blood test : *Negative*

Bile Pigments (Bilirubin) *Absent*

Bile Salts : *Absent*

Rothera's test :

Urobilinogen :

Gerhardt's test ;

MICROSCOPIC EXAMINATION

RBC ; *0-0*

Pus cells : *1-2*

Epithelial cells ; *1-2*

Others ;

Remarks ;

Casts : *-*

Crystals : *-*

Amorphous material : *-*

"WISH YOU A SPEEDY RECOVERY"

Chyoshi
Signature