Aster
WHITEFIELD HOSPITAL

## OP Summary

| | | | | | |
|---|---|---|---|---|---|
| Patient Name | : | Mrs. Salima Hussain Laskar | Aster ID | : | 900048674 |
| Age/Gender | : | 45 Years/Female | Department | : | NEPHROLOGY |
| Doctor Name | : | Dr.SUNDAR SANKARAN | Visit Date | : | 13/11/2024 12:27PM |
| Payer | : | SELF PAY | Referred By | : | Self |

### Chief Complaint

RENAL ALLOGRAFT RECEPIENT--TX 16/10/2024--DONOR-BROTHER
FOR FOLLOWUP
INDUCTION--GRAFFALON 200MG
ON TRIPLE IMMUNOSUPPRESSION
DJ STENT REMOVAL DONE

AVFISTULA NOT FUNCTIONING

INV:

TACROLIMUS LEVEL--13.68
UREA-42.7
CREAT-1.2
UA-5.2
CA-9.7
PHOSP-2.7
K+4.69
HB-11.4
TC-10270
PLT--257000
FBS-87.8
TSH-1.86
URINE R--NORMAL
T.CHOL--227
TG'S-192
LFT-NORMAL

| Vital Date | BPS | HT | WT | P | BP | SpO2 | BPD | BMI | BSA |
|---|---|---|---|---|---|---|---|---|---|
| 13/11/2024 12:31PM | 122 mm/Hg | 155 cm | 47.5 kg | 100 Be./Min | 122 mm/Hg | 99 % | 82 mm/Hg | 19.77 | 1.44 |

### Plan Of Care

2.25
C.BIOMUS ~~2.5~~MG 1-0-1
B.BIOMYF 500MG 1-0-1
T.WSOLONE 20MG 1-0-0
T.SEPTRAN DS 0-1/2-0
T.VALNICHE 450MG 0-0-1
T.GLYCOMET 500MG 1-0-1
T.PAN 40MG 1-0-0

REVEIW AFTER ~~1WEEK~~ 3days WITH CBC/KFT REPORT

Tac level

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## TEST REPORT

| | | | |
|---|---|---|---|
| Lab. Id | : P2808467 Hosp. UHID : | Reg. Date | : 17-Nov-2024 / 06:30 AM |
| Name | : MRS. SALIMA HUSSAIN LASKAR | Collection | : 17-Nov-2024 / 08:20 AM |
| Age/Gender | : 45Y-25D / Female | Received | : 17-Nov-2024 / 11:02 AM |
| Collected At | : - Report Status : Preliminary | Report | : 17-Nov-2024 / 13:09 PM |
| Referral Dr | : - | Print | : 18-Nov-2024 / 10:18 AM |
| Bed | : | | |

| | | | | |
|---|---|---|---|---|
| Absolute Eosinophils<br>Method:Calculated | 8.77 | /cmm | 20-500 | EDTA WB |
| Absolute Basophils<br>Method:Calculated | 43.85 | /cmm | 0-220 | EDTA WB |
| **Platelet Parameters** | | | | |
| **Platelet Count**<br>Method:Electrical Impedance/Flowcytometry | 236000 | /cmm | 150000-400000 | EDTA WB |
| MPV<br>Method:Calculated | 5.1 | fl | 6-10 | EDTA WB |

**Comments:**

- A complete blood count (CBC) is a blood test which measures several cellular components of blood and is used to evaluate overall health and detect a wide range of disorders.
- It is used to determine one's general health status; to screen for, diagnose, or monitor a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer.
- A decrease in hemoglobin levels/ RBC count lower than the normal reference range for the given age can signify anemia. Further investigation with iron studies, vitamin B12 and folic acid levels will help in determining the cause and assist in further treatment. Red cell indices help in classification of anaemia and give a clue to their etiology. An increase in haemoglobin level may signify polycythemia, dehydration and is often seen in smokers.
- White blood cell (WBC) counts and their differential counts (DC) are used to diagnose infections(bacterial/viral), allergies, inflammatory conditions and leukemias.
- Platelets help in clotting of blood, any substantial decrease may increase the risk of bleeding

Note
The differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood as per the recommendation of International council for Standardization in Hematology.

Acharya

**Dr. Shital Ranjit Acharya**
**MD DNB (Pathology)**
**Specialist - Pathology**

**Verified By:** 175663

**--- End Of Report ---**

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- Test results are not valid for medico legal purposes.
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- Contact customer care 9680396803 for all queries related to test results

Patient/Client is advised to contact the laboratory immediately, for any possible remedial action, If test result is alarming or unexpected

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# TEST REPORT

| | | | |
|---|---|---|---|
| Lab. Id | : P2812474 | Hosp. UHID | : |
| Name | : MRS. SALIMA HUSSAIN LASKAR | | |
| Age/Gender | : 45Y-19D / Female | | |
| Collected At | : - | Report Status : Final | |
| Referral Dr | : - | | |
| Bed | : | | |

| | |
|---|---|
| Reg. Date | : 12-Nov-2024 / 06:30 AM |
| Collection | : 12-Nov-2024 / 11:00 AM |
| Received | : 12-Nov-2024 / 15:10 PM |
| Report | : 12-Nov-2024 / 15:31 PM |
| Print | : |

## Biochemistry

| Investigation | Observed Value | Unit | Biological Ref. Interval | Specimen |
|---|---|---|---|---|
| TACROLIMUS LEVEL<br>Method:LC-MS/MS | 13.68 | ng/ml | 5.0-20.0 | EDTA WB |
| Remarks | Kindly correlate clinically. | | | |

**COMMENTS:**

**Tacrolimus** is a macrolide antibiotic derived from the fungus *Streptomyces tsukubaensis* and used as immunosuppressive drug mainly after allogeneic organ transplant to lower the risk of organ rejection. Tacrolimus inhibits calcineurin to suppress T cells. Tacrolimus has a narrow therapeutic range, and adverse effects are common, particularly at high dose and concentrations (as it is nephrotoxic), making therapeutic drug monitoring (TDM) essential. Therapeutic ranges are based on samples drawn at trough (ie, immediately before a scheduled dose). Blood drawn at other times will yield higher results. When a person takes a dose, blood concentrations rise and peak within about 2 to 3 hours then begin to fall slowly. The blood test is usually measured as a "trough" level.

LC-MS/MS is considered as the gold standard method for TDM of immunosuppressants. Results by liquid chromatography with detection by tandem mass spectrometry are approximately 30% less than by immunoassay. Tacrolimus is used as a primary immunosuppressant and as secondary line of treatment for rejection following transplantation.

**Factors affecting Tacrolimus concentration in blood**

1. Nature of transplant and Clinical protocol followed
2. Time from transplant
3. Age, genetic factors and other comorbidities in the patient
4. Taking of Tacrolimus with meal
5. Other drugs administered

**Indications:**

1. Personalization of dosage
2. Avoidance/detection of toxicity
3. Investigation of non-response
4. Identification of non-compliance

**Verified By:** 166483

**Dr. Ashwin Kumar A S**
**MBBS, MD**
**Consultant Biochemist**

**--- End Of Report ---**

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OPPO Reno2 Z
2024/11/28 06:59

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| Patient Name: Mrs. Salima Hussain Laskar | UHID: 900048674 | IP No. 24/15135 |
|---|---|---|

**Course in the Hospital:**
Mrs. Salima Hussain Laskar admitted for ABO compatible live related renal transplantation with brother as donor. After obtaining clearance from competent authorization committee, She underwent renal transplant surgery on 16/10/2024, uneventfully donor being her brother. Total ischemia time: 135 minutes. No significant intra op blood loss. Immediate graft function was good. Induction immunosuppression was with Inj. Grafalon 200 mg and solumedrol 1500 mg. Maintenance immunosuppression was with Tacrolimus, MMF and steroids. MMF 500 mg twice daily, started on days -2. Tacrolimus (4 mg/day) started on days -2. Tacrolimus trough level was 3.04 ng/ml on POD 2, Tab. Tacrolimus then increased to 2.5 mg twice daily. Renal transplant doppler done on 17/10/2024 was normal. She was started on prophylaxis with Tab. BACTRIM DS and VALGAN was started on POD 4. She had post transplant hyperglycemia which was managed with insulin. Drain was removed on POD 4. Foley catheter was removed on POD 5. Repeat Tacrolimus level done on POD 6 was 7.83 ng/ml. At discharge she is hemodynamically stable, serum creatinine is 1.0 mg/dl, Hb 7.5 g/dl, TLC 14690 /cu.mm, platelets 355000 /cu.mm. She has been counselled about the need for regular monitoring of blood tests and about compliance with medications.

**Relevant Investigation Findings:**
Enclosed

**Condition at Discharge:**
Stable

**Home Medications/Pre-existing Medications:** Yes

**Medications advised at Discharge:**
TAB. TAXIM-0 200 mg 1-0-1 x 3 days
TAB. GLYCOMET (METFORMIN) 500 MG 1-0-1
TAB. WYSOLONE 20 mg oral 1-0-0
CAP. BIOMUS 2.5 mg- 0 - 2.5 mg oral at 7 am and 7 pm
TAB. BIOMYF 500 mg oral 1-0-1
TAB. BACTRIM DS 0-1/2-0
TAB. VALGAN 450 MG 0-0-1
TAB. PAN 40 mg 1-0-0 ( Half an hour before food)
TAB. DOLO 650 mg oral SOS for pain

**Medications Administered:**
INJ. GRAFALON 200 MG IV
INJ. SOLUMEDROL IV total 1.5G
INJ. PAN 40 mg IV 1-0-0
INJ. EMESET 4 mg IV SOS
INJ. PARACETAMOL 1g IV 1-1-1 followed by SOS
INJ. MAGNEXFORTE 1.5 G IV 1-0-1
CAP. BIOMUS 2.5 mg oral 1-0-1
TAB. BIOMYF 500 mg oral 1-0-1
TAB. BACTRIM DS 0-1/2-0
TAB. VALGAN 450 MG 0-0-1
TAB. CILACAR 20 MG 1-0-1
TAB. ARKAMIN 0.1MCG ONCE
TAB. WYSOLONE 20 mg 1-0-0
TAB. DOLO 650 MG ORAL SOS
INJ. CRESP 40 MCG S/C TWO DOSE
INJ. HUMAN ACTRAPID AS PER GRBS
DULCOLAX SUPPOSITORY ONCE

**Specific Dietary Advice:**
Fluid intake 3-4 liters per day
Normal diet

**Wound Care/Management Advice:**
Keep the area clean and dry
Regular dressing at urology OPD

Page: 2 Print Date: 22-10-2024 12:38 Printed By:209382 Page: 3 Of 4

* This is a computer generated document. No signature required.

Page 1 Of 2

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| | | | |
|---|---|---|---|
| NAME | **Salima Hussain Laskar** | STUDY | **12-11-2024** 09:37:09 |
| AGE/GENDER | **45Y 6M 3D / F** | UHID | **900048674** |
| ACC NO | **90119962** | MOD | **US** |
| REFERER | **Dr. SUNDAR SANKARAN** | REPORT | **12-11-2024 09:55:10** |

## Renal Transplant

**Transplant kidney:**
Transplant kidney noted in right iliac fossa. Measures 11.2 Parenchymal thickness 1.2cm. Normal echotexture. Corticomedullary differentiation maintained. No calculi/ hydronephrosis. No perinephric fluid collections seen. Global vascularity maintained.
Renal veins appear normal.

| Arteries | RI | PSV (cm/sec) | EDV (cm/sec) | Waveform |
|---|---|---|---|---|
| Upper pole | 0.7 | 21 | 7 | Normal |
| Interpolar region | 0.65 | 26 | 9 | Normal |
| Lower pole | 0.7 | 24 | 7 | Normal |
| Arcuate artery | 0.7 | 29 | 8 | Normal |
| Hilum | 0.7 | 40 | 12 | Normal |
| Anastomosis | 0.76 | 51 | 12 | Normal |

Renal arteries and its parenchymal branches appear normal from anastomotic to arcuate regions.

**Impression:**
Normal transplant renal doppler.

Dr Roshan Philip Thomas
Specialist Radiology
Reg No : KMC - 146927

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| Bed | : | | |

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|---|---|
| Reg. Date | : 12-Nov-2024 / 08:30 AM |
| Collection | : 12-Nov-2024 / 11:00 AM |
| Received | : 12-Nov-2024 / 11:23 AM |
| Report | : 12-Nov-2024 / 12:39 PM |
| Print | : |

## Biochemistry

| Investigation | Observed Value | Unit | Biological Ref. Interval | Specimen |
|---|---|---|---|---|
| **THYROID STIMULATING HORMONE** | | | | Serum |
| THYROID STIMULATING HORMONE (TSH) Method: ECLIA | 1.86 | µIU/mL | 0.27 -4.20 | |

**Comments:** The thyroid-stimulating hormone (TSH) test is often the test of choice for initially evaluating thyroid function and/or symptoms of a thyroid disorder, including overactive or underactive thyroid (hyperthyroidism or hypothyroidism).

**Increased Levels:** Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance

**Decreased Levels:** Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

Factors such as Stress, sleep deprivation, dieting and different time of the menstrual cycle may impact the thyroid results.

The best way to avoid false fluctuations in lab test results is to have your thyroid levels checked under same conditions.

**Verified By:** 175663

**Dr. Sreedhar Murthy T S**
**MBBS, MD PATHOLOGY**
**DHHM**
**Lead Consultant - Pathology**

**--- End Of Report ---**

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