

सेवा में

श्रीमान राधकृष्ण महापात्र

श्रीसोई किराज सोशल वर्क केंद्र सासारही

A/1/75 फ्रीडम फाइटर्स इन्कलेव

जयसराय नई दिल्ली 110068

विषय: - मरीज ललित कान्त उम्र 15 वर्ष किडनी प्रत्यारोपण के सम्बन्ध में ?

महापात्र

निवेदन इस प्रकार है कि मैं प्रार्थी श्रीश्री कान्त पाण्डेय निवासी

जयसराय, जयसराय, आगरा पिन 203204 का रहने वाला हूँ मेरी पुत्री ललित कान्त को किडनी की बीमारी इसका इलाज एम्स अस्पताल में चला रहा है। जिसका किडनी प्रत्यारोपण सन् 2010 में कराया था जो कि ललित को ग्राफ्ट वरिष्ठ को प्रत्यारोपण शाली डॉक्टरों के द्वारा एम्स अस्पताल में

दिखाया तो वहाँ के डॉक्टरों के द्वारा किडनी प्रत्यारोपण करने के लिए नहीं किया गया। मैंने एम्स अस्पताल में अपने बच्चे को ललित कान्त एम्स अस्पताल में आसपास ही कृपया आप मेरे बच्चे ललित कान्त की किडनी प्रत्यारोपण करने में मेरी मदद करने की कृपा कर आपकी कृपा होगी,

धन्यवाद

प्रार्थी

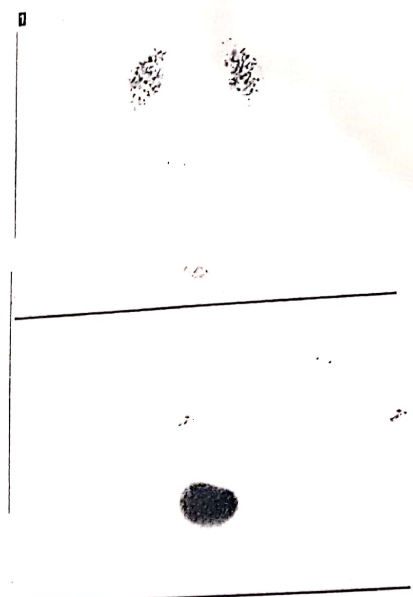
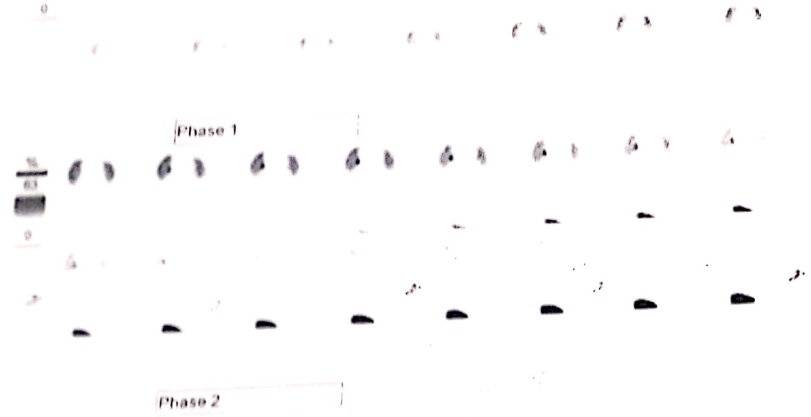
श्रीश्री कान्त

जयसराय, जयसराय, आगरा

पिन 203204

श्रीश्री कान्त

Renal Dynamic: 25/01/2019



25 7500
 500 1000
 1500 2000

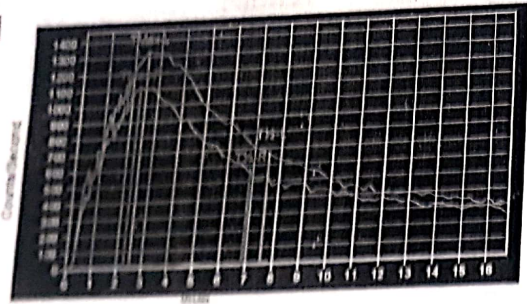


Table of Result Summary

Parameters	Left	Right	Total
Split Function (%)	54.0	46.0	
Kidney Counts (cpm)	77054	65716	142770
Time of Max (min)	2.501	2.251	
Time of 1/2 Max (min)	7.540	6.850	

उत्तर प्रदेश / CONSULTATION RECORD

Name: Indevaran	Age: 40	Sex: Male	Medical Status: 104281016	Referral No.:
Service:	Ward: 05/4	Bed:	Occupation:	Religion:
Referred by Dr. P. Chaturvedi	Requesting Doctor		To Dr. G.	Consultant & Specialty

Findings : Date :

Potential donor (Kidney donor)

Prdy do 6/4

Cpr now admitted on 05/4 ward

Diagnosis or Impression :

Recommendations:

Consultant's Signature



रक्ताधान औषधि विभाग
मुख्य रक्त-कोष
अखिल भारतीय आयुर्विज्ञान संस्थान
अन्सारी नगर, नई दिल्ली-110029

DEPARTMENT OF TRANSFUSION MEDICINE
(MAIN BLOOD BANK)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

BLOOD BANK USE ONLY	
UHD:101274740 Mr. LALIT KANT	
BAR CODE	
DATE:	DS/Paediatrics/ 2019-R02509

lalit kanti UHID: 101274740
LABORATORY PHONE NO. : 011-26594438
INTERNAL : 4438

NAME: Santosh Kumar AGE: 47y SEX: M/F
C.R. NO.: wife of OPD/WARD: D/14 BED NO.:
UNIT: 1 lalit kanti → A+B he is a potential kidney donor
DIAGNOSIS & CLINICAL HISTORY: kindly do Blood group

SIGNATURE OF DOCTOR

NOTE : INCOMPLETE FORM WITHOUT DIAGNOSIS & HISTORY WILL NOT BE ACCEPTED

INVESTIGATIONS

Please tick mark (✓) the tests required.

1 BLOOD GROUP (BG)

RESULT B+

Signature

2. DIRECT COOMB'S TEST (DCT)

RESULT _____

Signature

3. ANTIBODY SCREENING

RESULT _____

Signature

Remarks : _____

4. INDIRECT COOMB'S TEST (ICT)

If done previously then write :

Previous ICT result with titer : _____

Dated : _____

Please mention the date of last dose of Anti-D if given

RESULT _____

Signature

5. OTHER

(Please specify)

RESULT _____

Signature

Instructions : For the test 1 & 2 please send 3-4 ml blood samples to be sent in EDTA Vacutainer.

For the test 4 please 3-4 ml clotted blood sample in plain vacutainer.



New Patient
 Name: [illegible]
 Age: [illegible]
 Sex: [illegible]
 Address: [illegible]
 Date: [illegible]
 Ref: [illegible]

Room No. [illegible]
 Bed No. [illegible]

Pre-diagnosis

Time/Date
 ACX - 9:15 am

उपचार/Treatment
 Potential kidney donor to his nephew

Adv
 Refer to Surg II/IV for
 workup

[Signature]

State Institute of Health, 111 South ...
Department of Health, ...
... ..

Case No.	1-23-1111	Age	10	Sex	Male	Referral	...
Diagnosis	

Referred by Dr. P. ...
Investigation ...
Date: 10/1/19

Progression in ...
... ..
... ..

Diagnosis or Impression:

... ..
... ..
... ..

...

Recommendations:

Consultant's Signature

एशिया भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली 110029
 All India Institute of Medical Sciences, New Delhi 110029

रिपोर्ट संख्या / CONSULTATION RECORD

नाम Indira	उम्र 20	लिंग Female	वैवाहिक स्थिति Marital Status	ग्रहण सं. सं. Group No.
पता D-10	शिक्षा B.Sc.	व्यवसाय Dancer	व्यवसाय Occupation	प्राणिक स्थिति Religion

Refered by Dr. *[Signature]* Requesting Doctor to Dr. *[Signature]* Consultant & Specialty

Findings : Date : 17/1/19

Indira potential donor of kidney
 to his child. kindly examine the donor
 & give a clearance for surgery

Diagnosis or Impression :

Dr. (Nephrologist) admitted in D5 ward
 for transplant work up

Thank you

[Signature]
 J. J.

Recommendations:

Consultant's Signature

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	व्याहिक स्थिति Marital Status	यू.एच.आई.डी. सं. UHID No.
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
Indira	13/4	Female	104251026	Status

Referred by Dr. *Pediatrics*
Requesting Doctor

to Dr. *Psychiatry*
Consultant & Specialty

Findings :

Date : 19/1/19

Respected Sir/Madam

This is c/o potential donor of kidney
to his child. kindly remind the pt
kindly give early date

Diagnosis or Impression :

Thankyou

Seem's
Soni

Recommendations:

Consultant's Signature

Investigation Name:

Date: MAY 22, 2018

Urine/Blood BK virus Negative
 Urine for Decoy cells Negative
 OIA Awaited

Renal biopsy- B/14, Tubulitis absent, PTCitis 1, IFTA 35%, C4d negative, CD3 positive

Investigation Name: lipid profile

Date: MAY 30, 2018

TRIGLYCERIDES 404 mg/dL 50.00-150.00
 LDL/HDL RATIO 4.5
 VLDL-CHOLESTROL 19 mg/dL
 HDL-CHOLESTROL 18 mg/dL
 LDL-CHOLESTROL 81 mg/dL
 TOTAL CHOLESTEROL 118 mg/dL

TREATMENT GIVEN:

Tab MMF (500-250), Tab Tacrolimus (1-1.5), Tab shelcal, Tab Pantop, Tab Amlodipine, Inj Ceftriaxone f/b Tab Cefixime, Tab Lumerax 1/4th tab for 3 days, Tab Primaquine, Inj Methylprednisolone 300 mg for 3 days.

CONDITION AT DISCHARGE

Active, alert

VITALS: Temperature- 98.6 F, HR: 88 /min, RR: 18 /min, CFT: 2 Sec, SpO2: 98 % room air

ANTHROPOMETRY: Weight: 33.8 kg, HC: cm, Length/Height: 147 cm

GENERAL PHYSICAL EXAMINATION : Pallor present, no ICLE, no rash/pigmentation, right iliac fossa surgical scar present

CHEST : B/L symmetrical, trachea central, B/L NVBS, air entry equal, No crepts or wheeze

CVS : Apex beat 5th ICS, JVP- Normal, S1 S2 normal, No S3, Ejection systolic murmur +.

P/A :

CNS : HMF intact, No CN palsy, Motor- Bulk- Normal, Tone- Normal, Power->4/5 in all limbs, Reflexes- 2+, No sensory deficits, No cerebellar or meningeal signs.

P/A: B/L symmetrical moving equally with respiration, Umbilicus central, Soft, non tender, Liver and spleen not palpable, no free fluid, BS present

ADVICE AT DISCHARGE :

1. Tab Tacrolimus 1.5 -1.5 mg PO BD
2. Tab MMF 500-250 mg PO BD
3. Tab Wysolone 30 mg OD to be given for 5 days f/b 20 mg OD to be given for 5 days f/b 15 mg OD to be given for 5 days f/b 10 mg OD to be given for 5 days f/b 5 mg OD to be continued
4. Tab Shelcal 500 mg PO OD
5. Tab Amlodipine 5-7.5 mg PO BD
6. Tab Primaquine 7.5 mg PO OD for 10 more days

Date: MAY 25, 2018

Investigation Name: Tac Level

15.05.18- 2.2
25.05.18- 4.3
29.05.18- 4.4
01.06.18- 2.5

Investigation No.:

Date: MAY 23, 2018

Investigation Name: ECH

Normal study, EF 55-60%

Investigation No.:

Date: MAY 26, 2018

Investigation Name: PS

Microcytic hypochromic RBC, Fragmented cells seen. Malarial parasites seen consistent with trophozoites of P. vivax.
Platelets: 60000

Investigation No.:

Date: MAY 25, 2018

Investigation Name: USG abdomen

Transplanted kidney- Normal in size and echopattern. No calculus/hydronephrosis. No free fluid or collection in abdomen.
Normal study

USG transplanted kidney (22.05.18): CMD maintained. RK- 9 cm, increased cortical echogenicity. Extracalyceal pelvic dilatation present. Segmental Arteries- PSV- 23cm/sec.
Anastomotic renal artery to EIA PSV- 33cm/sec. Good systolic peak with forward diastolic flow. EIA- Triphasic waveforms.

Date: MAY 24, 2018

Investigation Name:

Investigation No.:

4.05.18- Blood c/s: Sterile
25.05.18- Urine c/s: Sterile

Investigation No.:

Date: MAY 26, 2018

Investigation Name: QBC for MP

BLOOD(EDTA) FOR ACRIDINE ORANGE STAINING FOR MALARIA PARASITE

Result: Plasmodium vivax seen
Count: <200/microlitre

Blood (EDTA) Giemsa staining for Malaria parasite
Result: Negative for Malaria Parasites
Count: /uL

BLOOD(EDTA) FOR MALARIA PARASITE ANTIGEN DETECTION
Result: POSITIVE

BLOOD(EDTA) FOR QUANTITATIVE BUFFY COAT FOR MALARIA PARASITE
Result: Negative for Malaria Parasites
Count: 200 /uL

Interpretation: Plasmodium vivax gametocytes and trophozoites seen with a count of <200/microlitre.

Date: MAY 26, 2018

Investigation Name:

Investigation No.:

Vit D- 23.7mg/ml
PTH- 13.6 pg/ml

:- OTHER INVESTIGATION :-

ANTHROPOMETRY: Weight: 33.8 kg, HC: cm, Length/Height: 147 cm

GENERAL PHYSICAL EXAMINATION: Pallor present, no icterus, no rash/pigmentation, right iliac fossa surgical scar present

CHEST: B/L symmetrical, trachea central, B/L NVBS, air entry equal, No crepts or wheeze

CVS: Apex beat 5th ICS, JVP: Normal, S1 S2 normal, No S3, Ejection systolic murmur +.

PIA: B/L symmetrical moving equally with respiration, Umbilicus central, Soft, non tender, Liver and spleen not palpable, no free fluid BS present

CNS: HMI intact, No CN palsy, Motor: Bulk Normal, Tone: No spastic, Power: 4/5 in all limbs, Reflexes: 2+, No sensory deficits, No cerebellar or meningeal signs.

WARD COURSE:

KTP/CKD: Child was admitted in view of asymptomatic rise of creatinine with possibility of allograft rejection/infective disease. He underwent Allograft renal biopsy on 23.05.18, uneventfully. Urine for DeCoxy cells, BK virus were negative. DSA is awaited. Renal biopsy showed IFTA 35% with chronicity and features of ACR, thus he was given 3 days of 10mg/kg Methylprednisolone. Creatinine values rose to 2.1 and currently stabilised at 2.0 (Last 4 values). Tac level was normal (4.3-4.4) on 25th and 29th May, However, levels sent on 1st June came out low (2.5), even on regular drug intake. Plan is to repeat Tac on Tuesday.

Malaria: On D3 of hospital stay, he developed high grade fever spikes upto 104F, with chills and rigors, intermittent (occurring every 3rd day). There was associated falling platelets with anemia and very high (>200) procalcitonin. Cultures were sent and child started on Inj Ceftriaxone in view of possibility of bacterial infection. Malaria card test was very faintly positive for Pan antigen, while peripheral smear showed gametocytes of P. vivax. Thus, he was started on Chloroquine, though shifted to Artesunate Combination Therapy (Aremether-Lumefantrine) in view of presence of P. falciparum gametocytes in repeat PS. Lowest platelet counts were 64000. ACT was given for 3 days, with Primaquine to be given for total 14 days. He became afebrile from D2 of starting ACT and remained so throughout hospital stay.

:- HEMOGRAM :-

Date	Hb	TLC	DLC	PLT	ESR	PS	T.Chol
MAY 22, 2018	10.9	7900		194000			183
MAY 25, 2018	10.3	8800	75/12	90000			
MAY 26, 2018	10.4	5900	65/20	64000			
MAY 28, 2018	10.4	8600	50/37	122000			
MAY 30, 2018	10.1	15200	84/11	191000			
JUN 01, 2018	9.7	13600	82/10	320000			

:- BLOOD BIOCHEMISTRY :-

Date	Urt/Cr	Na/K	TSB	OTI/PTIALP	TP/Alb	Ca/PO4	Blood Sugar
MAY 22, 2018	71/1.7	142/4.8	0.3	19/13/741	6.9/4.0	8.9/5.6	
MAY 25, 2018	93/1.9	139/4.5	0.3	19/09/536	5.9/3.0	8.2/4.5	
MAY 26, 2018	108/2.1	138/4.4	0.2	18/14/574	6.5/3.5	8.5/4.9	
MAY 28, 2018	124/2.2	135/4.2	0.2	15/16/607	6.6/3.6	8.8/5.3	
MAY 30, 2018	126/2.0	137/4.3	0.3	14/12/523	6.6/3.9	8.9/5.1	
JUN 01, 2018	149/2.0	138/4.3	0.3	12/11/488	6.9/4.1	9.1/6.7	

DEPARTMENT OF PEDIATRICS
DISCHARGE SUMMARY

PATIENT DEMOGRAPHY DETAILS

Patient ID: [REDACTED] 101274040 Name: LAJTIKANT Father's Name: Satish Kant
DOB: 05/17/2003 Sex: MALE Age: 14 Years, 8 Months, and 15 Days
Address: JATOKIA PO AHARAN DISTT AGRA, UTTAR PRADESH Mobile No:
Status: NOT SIGNED Phone No:

PATIENT SUMMARY DETAILS :

Date Of Admission: MAY 22, 2018 Date Of Discharge: JUN 01, 2018
Specialty: PEDIATRICS Ward: D5 Bed: 01
Dr. IPD: PROF A BAGGA CR No: A-922784-18 Prev. CR No:

DIAGNOSIS :

Renal allograft recipient - native kidney disease unclear ?Chronic glomerulonephritis/sequelae to Acute kidney injury
follow up with non compliance
Plasmodium vivax malaria with thrombocytopenia

HISTORY AND EXAMINATION

PRESENTING COMPLAINTS:

Renal allograft recipient (Feb 2010) on triple immunosuppressants with poor compliance admitted for rising creatinine

HISTORY:

Child underwent allograft renal recipient on 15th Feb 2010 - native kidney disease unclear - ? sequelae of acute kidney injury, and currently was on Tacrolimus (1-1), MMF (250-250), Prednisolone (5) with amlodipine(5-5) with poor drug compliance history (due financial constraints). Last Tac levels (15.03.18) were low (2.2 ng/ml). Child had rising creatinine values to 1.7 mg/dl, but was otherwise asymptomatic.
No h/o headache/blurring of vision/increase urine output/burning micturition.
No h/o loose stools/fever/vomiting/rash/seizures/cough/cold/respiratory distress.
Admitted to allograft renal biopsy.

PAST HISTORY:

Disease onset at 2 years age (2004) with h/o anuria and AGE requiring PD. Treated at private hospital in Agra. Was on some oral medications. Didn't follow up as he was asymptomatic for 4 years after that episode.

In 2008 found to be in hypertensive encephalopathy, detected CKD and referred to AIIMS. He was admitted in AIIMS for HTN encephalopathy with CKD IV (etiology unclear ?AKI), kept on medical management. He was started on HD (Right IJV access) since Nov 2009. Baseline urine output 200 ml. HBsAg, HCV Ab, HIV- No reactive. CMV- IgM negative (1.077), IgG- 1.054 (Positive).

He underwent live related kidney transplant on 15.02.10 with donor father with Basiliximab induction (Lalit A-; father O-; PRA-0%). Kept on Tac, MMF, Wysolone. Post-op creatinine 0.4-0.5 mg/dl. In Sep 2010 had seizure (?HTN) CECT brain normal; kept on valparin.

In May 2015 his creatinine went upto 1.4 with Tac level 11.4; Tac dose was decreased from 1-1 to 1-0.5; renal vessel doppler being normal. baseline creatinine dropped down to 0.9-1.

Admitted in Sept 2016 with fever and diagnosed as P. vivax malaria, treated with ACT. MMF dose was decreased to 250-250 mg. Thereafter, child was again lost to follow up. Presented this time again with rising creatinine.

Creatinine:

- May 2012: 0.7
- Sep 2013: 1.0
- May 2015: 1.1-1.4
- Sep 2015: 1.3
- Dec 2015: 0.9
- Jun 2016: 0.9
- Sep 2016: 1.1
- May 2018: 1.7

TREATMENT HISTORY:

Was on Tac (1-1), MMF (500-250), Wysolone (5/day), Amlodipine (5-5)

FAMILY HISTORY:

NCM. Elder and younger siblings alive and healthy. No family h/o similar illness

IMMUNIZATION HISTORY:

Complete before transplant

BIRTH HISTORY:

FTNVD at home, CIAB, No adverse perinatal event

DEVELOPMENTAL HISTORY:

Passed class Xth this May with 68% marks.

OTHER HISTORY:

Lower SES. family has financial constraints.

EXAMINATION AT ADMISSION

Active, alert

VITALS: Temperature-98.4 F, HR: 90 /min, RR: 18 /min, CFT: 2 Sec, SpO2: 98 % room air



Cross Match Requisition Sheet

11/6/19

11 620T

Patient is being charged may be Exempted

Dadav

Important:

- 1. No results will be supplied if this form is not completed
- 2. Requisition must be sent a week before transplant

GENERAL INFORMATION

Recipient name: LALIT KANT Donor name: SATISH KANT
 S/o, W/o, D/o: SATISH KANT Age/Sex: 15 year / Male
 Age / Sex: 42y / M Caste: MAJ 9997159177 Relation with patient: Father

HLA Phenotypes	A	B	DR	DL
Patient:	1, 11	44, 62	Not tested	
Donor:	1, 33	44, -		

Last cross match date: 12 Feb 2010 Results: _____
 Last PRA: 0% Results: _____

BLOOD TRANSFUSION RECORDS

Transfusion dates	No. of unites	Type of blood
1. None		
2.		
3.		

CROSS-MATCH REQUESTED: DSA

PBL T-Cell B-Cell
 DIT Flowcytometry CxM Luminex (Virtual CxM)

IV
 -CV
 BsAg

Dr. Arvind Bagga
 Professor

Officer-In-Charge :
 Date: 2/6/19

Scanned by CamScanner



उत्तर प्रदेश शासन

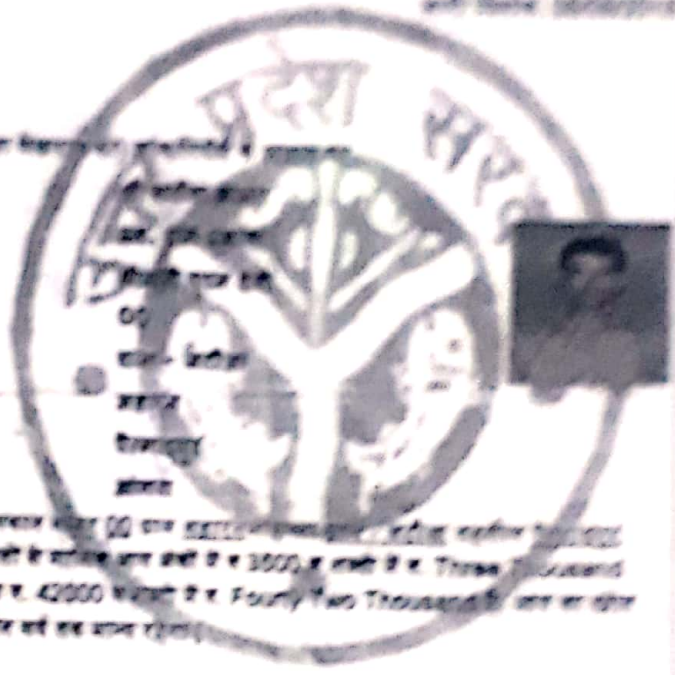
राष्ट्रीय जनसंख्या जनगणना विभाग एवं प्रशासन विभाग

दिनांक: 04/08/2018
 स्थिति: प्रमाणित
 संकेत सं.: 121/4000/100000/18
 प्रशासन सं.: 101/18/1007280

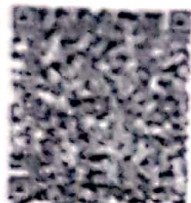
आदि अधिकारी: जनसंख्या विभाग

यहां निम्नलिखित (अर्थात् राष्ट्रीय जनसंख्या जनगणना) के संबंध में सूचना दी जाती है।

- पुनर्गठन
- संस्था का नाम
- संस्था का पता
- संस्था का प्रकार
- संस्था का स्तर
- संस्था का स्वरूप
- संस्था का स्तर



इस संकेत वाली प्रतिलिपि में उल्लेख किया गया है कि प्रमाणित संकेत (QR कोड) का उपयोग करके प्रमाणित प्रतिलिपि का पता लगाया जा सकता है। प्रमाणित संकेत का उपयोग करके प्रमाणित प्रतिलिपि का पता जानने में 3000 से अधिक में ₹. Three Thousand Five Hundred है। प्रमाणित प्रतिलिपि का पता 42000 से अधिक में ₹. Forty Two Thousand है। यह एक और प्रमाणित है। यह प्रमाणित एक आदि अधिकारी के द्वारा जारी किया गया है।



आदि अधिकारी: जनसंख्या विभाग

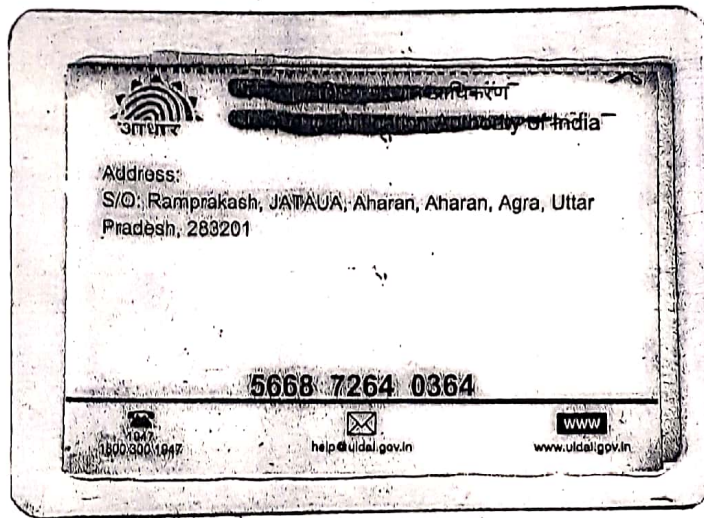
आदि अधिकारी: जनसंख्या विभाग

दिनांक: 04/08/2018
हस्ताक्षर एवं मुहर

PREM PAL SINGH

आदि अधिकारी: जनसंख्या विभाग
 दिनांक: 04/08/2018

यह प्रमाणित एक प्रमाणित प्रतिलिपि है। इस प्रमाणित प्रतिलिपि का उपयोग करके प्रमाणित प्रतिलिपि का पता जानने में 3000 से अधिक में ₹. Three Thousand Five Hundred है। प्रमाणित प्रतिलिपि का पता 42000 से अधिक में ₹. Forty Two Thousand है। यह एक और प्रमाणित है। यह प्रमाणित एक आदि अधिकारी के द्वारा जारी किया गया है।



पात्रता सूची की पूर्ण विवरण				
1.	डिजिटल राशन कार्ड संख्या			214640688118
2.	कार्ड का प्रकार			पात्र गृहस्थी
3.	दुकानदार का नाम			श्री रिषीपाल कटका
4.	दुकान संख्या			20151604
5.	धारक का नाम			श्रीमती विनीता देवी/VINITA DEVI
6.	धारक के पिता/पति का नाम			श्री सतीश कांत/Mr. SATISH KANT
7.	धारक की माता का नाम			श्रीमती श्रीमती/SHRIMATI
8.	सदस्यों की कुल संख्या			5
सदस्यों का पूर्ण विवरण				
	नाम	लिंग	धारक से सम्बन्ध	पिता का नाम
1.	विनीता देवी/VINITA DEVI	महिला	स्वयं	मुरारी लाल/MURARI LAL
2.	सतीश कांत/SATISH KANT	पुरुष	सौहर/पति	रामप्रकाश/RAMPRAKASH
3.	विवेक कांत/VIVEK KANT	पुरुष	बेटा	सतीश कांत/SATISH KANT
4.	ललित कांत/LALIT KNAT	महिला	बेटा	सतीश कांत/SATISH KANT
5.	पुष्पत/PUSHPANT	पुरुष	बेटा	सतीश कांत/SATISH KANT



Discharge

Name: Lalit Kant

Age/sex: 16Y/M

Complication: none

Diagnosis: Post AKI

Blood group: A Negative

Medication Advice:

Cap Cobadex forte OD

Tab Shelcal 500mg 1-1-1

Inj. Epotrust 2000IU 4000IU weekly ✓

Tab Amlodipine 7.5mgBD

Tab Sevbait 800mg with lunch and dinner

Tab Minipress XL 7.55 mg BD

Tab Labetalol 100mg TDS

Cap Pangraf 1mg BD

Tab Wysolone 5mg OD

Pre Weight: 33.38

Post weight: 30.92

Pre BP: 119/84

Post BP: 120/90

UF: 2400ml

Dialyzer: F5

Date: 02/02/2019

Next Dialysis due on:
05/02/2019@7:30 am


Signature

DEPARTMENT OF PEDIATRICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Kidney Transplant Estimate Certificate

This is to certify that Lalit, 15 year-old boy (UHID- 101274740), s/o Satish Kant, Agra, UP, India, was suffering from End Stage Renal Disease (ESRD) and has undergone live related kidney transplant on February 2010. He requires maintenance immunosuppressive medicines for long

Cost of Post transplant medications

Immunosuppressive medications:

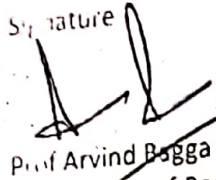
Tacrolimus
Mycophenolate

Approx Rs 14,000/ month
(Approx Rs 1,68,000/year)
Rs 8000/ month
Rs 6000/ month

Total cost (Estimated for duration of each year post transplantation) - Rs 1,68,000/-

Required for 2 years and estimated cost = $168,000 \times 2 = \text{Rs } 336,000/-$

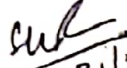
Signature



Prof Arvind Bagga
Department of Pediatrics
AIIMS, New Delhi

डॉ. अरविंद बग्गा
Dr. Arvind Bagga
अधीनस्थ/Professor
पिडियाट्री/Department of Pediatrics
ए.आई.एम.एस. नई दिल्ली/A.I.I.M.S. New Delhi-110029

Date:

prepared by: 
Dr Sumantra
SR, Pediatric Nephrology

3/1/18

01/10/18
2:10pm

Seen in Dr Ward

Read all graphs
kept
(lib 2010)

6b nausea. x today.
? fever perceived today
No pain abdo / vomiting / weight

EC Hctable

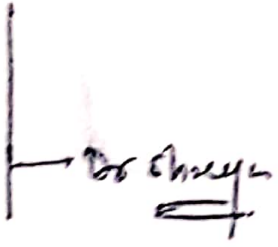
HR - 100/min
RR - 19/min
CFT - 25%
RF - 140/90 mmHg
chest clear
No rales (resp.)

Imp Acute febrile illness (possibly viral / admitted hx) - ind. relapse

Plan

Inv

- Cbc
- LFT/RFT
- MP - DR
- VRS/US



- Tab Paracetamol 2mg stat
- Tab Paracetamol 1mg stat
- To Rx



Tab Augmentin 625mg 1-1-1 x 5 days