NABH

ilbs

Certificate No.:MC-2212

NSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Institute under Govt. of NCT of Delhi)

"Winner of FICCI Healthcare Excellence Award - 2013"

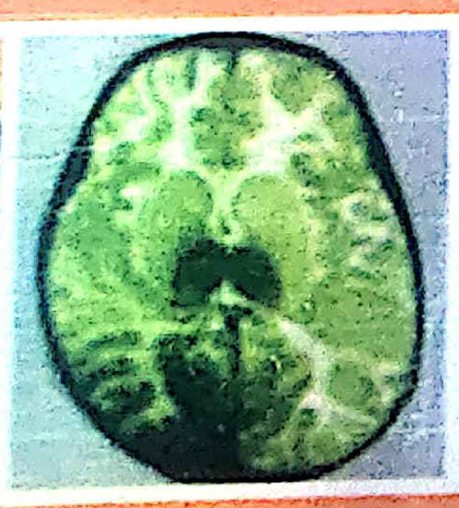
"Winner of AHPI Nursing Excellence Award 2016"

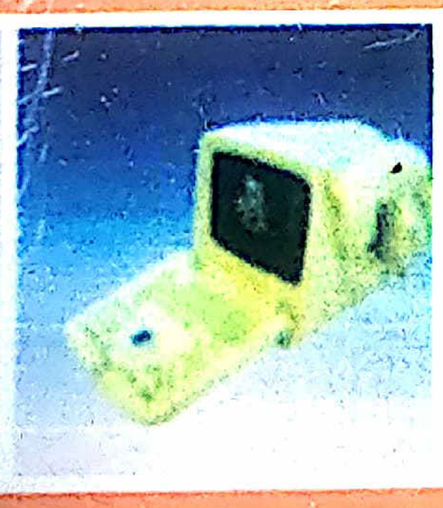
Dedicated to Excellence in Patient Care,
eaching & Research in Liver & Biliary Diseases & Allied Speciality



















14/11 USG Urgh

(3)

Wt = 22 Kg

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India
Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in

Out Patient Consultation Record

UHID	ILBS.0000258298	Date	12-Nov-2022 9:15 am
Patient Name	MASTER ISHANT MEHTA	Doctor Name	Amit Goel
Age/ Gender	12 Yr(s) 7 Mth(s) / Male	Designation	CONSULTANT Renal Transplant and Urology
Address	B-475 PREM NAGAR 2 KIRARI NANGLOI		
City and State	DELHI, DELHI	Payer Category	EWS

ILBS.0000258298

BP (mmHg) :	Pulse (per min):	Waist (cm) :
Height (cms) :	Weight (kgs) :	BMI (kg/m^2) :

Allergies :

Laboratory Tests
Amylase / Lipase / LDH
ANA / ASMA / Anti-LKM (1:80)
AMA(1:40) / AMA-M2
CBC / Hmg / Retic Count /
DCT / Iron Studies
Glucose (F / PP) / GTT
HbA1C / Serum Insulin
HIV I / II / HIV RNA
Kidney Function Test
LFT / LFT-Ar / Inflammatory markers' profile
Lipid Profile / Serum G-CSF
PT-INR /Autoimmune liver profile
AFP / AFP-L3 / PIVKA II
T3 / T4 / TSH / Serum Chromogranin
Total IgG / IgG4
Urine R / M | C / S / Urine NGAL
Vitamin B12 / D3 / RBC Folate

Hepatitis Panel
HBsAg / HBsAg(Q)/AntiHBs
HBeAg / AntiHBe / Anti HBc(T)
HBV DNA(Q) / Genotype /Resistance
Anti HCV / HCV RNA(Q) / HCV Genotype
IgM Anti HAV / IgM Anti HEV /HBc

Radiology and Imaging
X-ray Chest(PA) / Abdo / KUB
USG Upper / Whole Abdo / Pelvis / Doppler
CT Upper / Whole Abdo (Cont / Non-Cont)
MRI Upper Abdo / Whole Abdo / MRCP
(Contrast / Non Contrast)
Dexa Hip and Spine / Whole Body

Miscellaneous
Ascitic fluid Analysis (Cytology / Cell count /SAAG /Total Protein / Amylase /Triglycerides / ADA / PCR TB)
Fibroscan Liver / Fibroscan Spleen

Nutritional
Body Composition Analysis

Endoscopy
UGIE (Antral / D2 Bx) / Sig / Colonoscopy
Enteroscopy (Antegrade / Retrograde)
ERCP
EUS

Patient for SLK Primary Hyperoxaluria Type 1
Has CKD - 5 & on MHD
since 2 Years 3 times a Week
No HO Bleeding in Past.
P/A: Distention +
No c/o Pain or Abdomen.

Adv
- USG (Abdomen)
- Doppler Abdominal Vessels + Iliopelvic Vessels

Ref. Dr
R. P Mathur
for Prospective KTP

Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / Sat

11:30AM

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India
Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in

Out Patient Consultation Record

UHID	ILBS.0000258298	Date	12-Oct-2022 9:19 am
Patient Name	MASTER ISHANT MEHTA	Doctor Name	Vikrant Sood
Age/ Gender	12 Yr(s) 6 Mth(s) / Male	Designation	Associate Professor
Address	B-475 PREM NAGAR 2 KIRARI NANGLOI		Pediatric Hepatology
City and State	DELHI, DELHI	Payer Category	EWS

74398 83742

(D Tanagram) ILBS.0000258298*

BP (mmHg) 130/90	Pulse (per min): 112	Waist (cm) :
Height (cms) : 128	Weight (kgs) : 21.5	BMI (kg/m^2) :

Allergies :

Laboratory Tests

Amylase / Lipase / LDH
ANA / ASMA / Anti-LKM (1:80)
AMA(1:40) / AMA-M2
CBC / Hmg / Retic Count /
DCT / Iron Studies
Glucose (F / PP) / GTT
HbA1C / Serum Insulin
HIV I / II / HIV RNA
Kidney Function Test
LFT / LFT-Ar / Inflammatory markers' profile
Lipid Profile / Serum G-CSF
PT-INR /Autoimmune liver profile
AFP / AFP-L3 / PIVKA II
T3 / T4 / TSH / Serum Chromogranin
Total IgG / IgGH
Urine R / M / C / S / Urine NGAL
Vitamin B12 / D3 / RBC Folate

Hepatitis Panel

HBsAg / HBsAg(Q)/Anti-HBs
HBeAg / Anti-HBe / Anti HBc(T)
HBV DNA(Q) / Genotype /Resistance
Anti HCV / HCV RNA(Q) / HCV Genotype
IgM Anti HAV / IgM Anti HEV /HBc

Radiology and Imaging

X-ray Chest(PA) / Abdo / KUB
USG Upper / Whole Abdo / Pelvis / Doppler
CT Upper / Whole Abdo (Cont / Non-Cont)
MRI Upper Abdo / Whole Abdo / MRCP
(Contrast / Non Contrast)
Dexa Hip and Spine / Whole Body

Miscellaneous

Ascitic fluid Analysis (Cytology / Cell count
SAAG /Total Protein / Amylase
Triglycerides / ADA / PCR TB)
Fibroscan Liver / Fibroscan Spleen

Nutritional

Body Composition Analysis

Endoscopy

UGE (Antral / D2 Bx) / Sig / Colonoscopy
Enteroscopy (Anterograde / Retrograde)
ERCP
EUS

K/c/o CKD-5D c maintenance HD (thric weekly) (since Dec 2020)
Last HD on 10/10/22 → due today

Exon Sequencing
AG 07 (+) c.302 T>C (Homozygous)
(p. Leu 101 Pro)

Type 1 primary hyperoxaluria ; LVD (Severe) (EF 37%)
; MTR.

No H/o jaundice.

Recent Labs (3/9) (outside)
BUN/Cr 33/2.9
Na/K 133/4.8
CBC (9/9/22) 10.7/9.9/N 64/2.2
LFT (29/6/22) 0.25/0.25/28/6/633/-/5/2.3.

Ref

↓ Acute for evaluation

Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / S

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India
Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in

Out Patient Consultation Record

UHID	ILBS.0000258298	Date	09-Nov-2022 2:58 pm
Patient Name	MASTER ISHANT MEHTA	Doctor Name	Viniyendra Pamecha
Age/ Gender	12 Yr(s) 7 Mth(s) / Male	Designation	Professor HPB Surgery
Address	B-475 PREM NAGAR 2 KIRARI NANGLOI		
City and State	DELHI, DELHI	Payer Category	EWS

BP (mmHg) : 180/100	Pulse (per min): —	Waist (cm) : —	*ILBS.0000258298*
Height (cms) : 152	Weight (kgs) : —	BMI (kg/m^2) : —	**Allergies :**

Laboratory Tests
Amylase / Lipase / LDH
ANA / ASMA / Anti-LKM (1:80)
AMA(1:40) / AMA-M2
CBC / Hmg / Retic Count /
DCT / Iron Studies
Glucose (F / PP) / GTT
HbA1C / Serum Insulin
HIV I / II / HIV RNA
Kidney Function Test
LFT / LFT-Ar / Inflammatory markers' profile
Lipid Profile / Serum G-CSF
PT-INR /Autoimmune liver profile
AFP / AFP-L3 / PIVKA II
T3 / T4 / TSH / Serum Chromogranin
Total IgG / IgG4
Urine R / M ; C / S / Urine NGAL
Vitamin B12 / D3 / RBC Folate

Hepatitis Panel
HBsAg / HBsAg(Q)/AntiHBs
HBeAg / AntiHBe / Anti HBc(T)
HBV DNA(Q) / Genotype /Resistance
Anti HCV / HCV RNA(Q) / HCV Genotype
IgM Anti HAV / IgM Anti HEV /HBc

Radiology and Imaging
X-ray Chest(PA) / Abdo / KUB
USG Upper / Whole Abdo / Pelvis / Doppler
CT Upper / Whole Abdo (Cont / Non-Cont)
MRI Upper Abdo / Whole Abdo / MRCP
(Contrast / Non Contrast)
Dexa Hip and Spine / Whole Body

Miscellaneous
Ascitic fluid Analysis (Cytology / Cell count
/SAAG /Total Protein / Amylase
/Triglycerides / ADA / PCR TB)
Fibroscan Liver / Fibroscan Spleen

Nutritional
Body Composition Analysis

Endoscopy
UGIE (Antral / D2 Bx) / Sig / Colonoscopy
Enteroscopy (Antegrade / Retrograde)
ERCP
EUS

Primary hyperoxaluria type I
(AGXT — Homozygous mutation)

c/M — CKD (Stage-IV) on HD
since Dec 2020

Issues:
— Bed ridden → Metabolic Bone Disease
— Metabolic cardiomyopathy (EF: 35% → 50%)
— CKD on HD
— Secondary hyperPTH.
— Cerebral failure.

Adv
— PAC for SLK-transplant

Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / Sat

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India

ilbs Phone No: 011-46300000 Ext, 7055 & 7056, 011-26706700 - 02, 64703890

Fax No.46300010

Email : info@ilbs.in, Website: http://www.ilbs.in

Discharge Summary

Patient:	MASTER ISHANT MEHTA	UHID:	ILBS.0000258298
Age:	12 Yr(s) 7 Mth(s)	InpatientNo:	IPID.0084454
Gender:	Male	Admission Date	28 Oct 2022 04:09 PM
Ward:	Paediatric General Ward 2nd Floor (Ph-2)	Discharge Date:	4/11/2022
Speciality:	Pediatric Hepatology	Bed No:	2271-09
Consultant:	Dr Rajeev Khanna		

Diagnosis

Chronic kidney disease (Stage V) on maintenance Hemodialysis

- **Etiology**: Primary Hyperoxaluria Type 1 (Exome AGXT+c.302 T>G Homozygous), with suspected systemic oxalosis (cardiomyopathy, bony deformities, eye normal)
- With Cardiomyopathy(EF-45%) with hypertension
- Metabolic bone disease with osteodystophy
- With anemia of chronic disease
- With growth failure
- Advised for liver and kidney transplant→ listed in DDLT and DDKT list, recipient workup complete , Mother prospective donor→step 1 ongoing

Chief Complaints

Pallor since last 2 years

Joint pains and bony deformities since last 2 years

Easy fatiguability since last 2 years

Admitted For

Evaluation and management of Primary hyperoxaluria type 1

History

Ishant Mehta, 12year old male child was apparently well till 2.5 years ago when he developed complaints of pain in bilateral lower limbs, sudden in onset, severe in intensity, gradually progressive, associated with nocturnal pain symptoms, and associated with pain and deformities in joints. This was accompanied by decrease in appetite, nausea and multiple episodes of vomiting per day, which were generally non-projectile, non-bilious, containing mostly food particles, and associated with history of weight loss. The child was taken to a local doctor where routine investigations revealed a deranged KFT, and the child was started on dialysis since December 2020. In April 2021, the child developed respiratory distress requiring oxygen support, and workup showed presence of bilateral pleural effusion. With supportive treatment, the effusion gradually resolved but detailed evaluation during this time revealed that the child also had cardiomyopathy with diminished ejection fraction. There was history of multiple episodes of blood transfusion from various hospitals. In September 2022, the child developed sudden onset high grade fever with breathing difficulty, necessitating BiPAP support and treatment with intravenous antibiotics, following which the episode resolved. There was history of exertional breathless, pallor and easy fatiguability. There was no history of spontaneous fractures however the child had joint deformities and pain in both upper and lower limb joints.

Past history:

Diangnosed as CKD in December 2020, started on HD in December 2020, H/o 2 -3 admissions for volume overload symptoms and pleural effusion .H/o multiple transfusions in past .

Discharge Summary

Patient:	MASTER ISHANT MEHTA	UHID:	ILBS.0000258298
Age:	12 Yr(s) 7 Mth(s)	InpatientNo:	IPID.0084454
Gender:	Male	Admission Date	28 Oct 2022 04:09 PM
Ward:	Paediatric General Ward 2nd Floor (Ph-2)	Discharge Date:	4/11/22
Speciality:	Pediatric Hepatology	Bed No:	2271-09
Consultant:	Dr Rajeev Khanna		

Advice

- Potassium depleted diet, High calorie/ protein diet as explained
- Dialysis Thrice /weekly sessions (Mon-wed-Friday) — 11 AM
- Continue physiotherapy as explained , Regular blood pressure monitoring at home
- Inj Darbepoetin 40mcg Subcutaneously once per week
- Tab Amlodipine (5mg) 1.5 tab PO BD at 8 am and 8 pm
- Tab Metoprolol (25mg) 1 tab -1/2 tab at 12am and 12 pm
- Tab Clonidine (0.1mg) 1tab PO BD at 4 am and 4 pm
- Tab Nefita ½ tab PO once a day
- Tab Benadion (40mg) 1 tab PO TDS
- Tab Folic acid 5 mg ½ tab PO once every day
- Tab Ferronia XT 100mg) 1 tab PO once a day HS
- Tab Calcium acetate (667mg) 1 tab PO TDS (twice with meals)
- Tab Sevelamer 800mg 1 tab PO TDS with meals
- Plan to do Bone scan in follow up
- Collect urinary oxalate levels
- Follow up with HPB surgery on Thursday for transplant workup
- Follow up with urosurgeon for renal transplant workup on Monday Saturday
- Review on follow up in Daycare after 3 days on 7/11/2022 (Monday). KFT to be checked every weekly.

WHEN TO OBTAIN URGENT CARE:

Vomiting of Blood / Blood in stool or black colour stool
Any alteration in state of consciousness
Severe dizziness or fainting spells
Fever, new onset or worsening of abdominal pain
Worsening of jaundice
Cough / shortness of breath
Any other_____

BP centiles

	SBP	DBP
50	→ 102	61
90	→ 114	75
95	→ 118	78
95+12	→ 130	90.

Senior Resident:

Dr. Kalpana Panda 9717133189	Dr. Arjun Maria 9871881858	Dr. Vipul Gautam 9990833154	Dr. Makkar Prabhsaran Kaur Mahender Paul 9833881739	Dr. Ashritha A 9535293798
Dr. Deshmukh Aniket Ashok 9890704680	Dr Tamoghna Biswas 7439983747	Dr Deepika Yadav 8929566711	Dr Snigdha Verma 7427872290	

Treating Faculty:

Dr. Seema Alam	Dr. Rajeev Khanna	Dr. Vikrant Sood	Dr. Bikrant Bihari Lal Raghuvanshi
Professor	Associate Professor	Assistant Professor	Assistant Professor

Note:- Albumin to be transfused in hospital setting under supervision.
In case of Emergency Contact - 011-46300000 Ext. 7049 | Pediatric Hepatology-8448884296 | Hepatology - 9540947080 | HPB Surgery - 9540947081 | Liver Helpline No. - 1-800-115354

ilbs

DIALYSIS UNIT TREATMENT SHEET

NABH

UHID: 255298/84454
PATIENT NAME: ISHANT MEHTA
PHYSICIAN: DR. R.P MATHUR
ASCULAR ACCESS: AVF

DATE: 4/11/22
AGE:
SEX: 12Y/M
BED NO:

LAST POST HD WT:
PRE HD WT: N/A
POST HD WT:

NITIAL ASSESSMENT- BP: PULSE :

DIALYZER: F4 (N)
Tx TIME: 4 HR

DIALYSATE
STD ☑ HCO3 ☐ SODIUM ☑
MODIFIED ☐ K+ 2L Na+ PROFILE: ☐ START Na+ ☐

HEPARIN
REGULAR
LOW ✓
LMWH
FREE
BOLOUS

UF GOAL: 2 Litre

HIV STATUS:
HBs Ag STATUS:
HCV STATUS:

DOCTORS NAME : SIGN : DATE: TIME:

IME	BP	PULSE	QB	HEP/HR	FLUID REMOVED	EVENTS DURING HD
1:50pm	124/66	98	180	0.6		
2:20pm	124/68	99	11	11		
3:50pm	122/65	100	180	0.6	118 ml	
4:20pm	122/62	99	—	—	222 ml	
5:50	130/81	90	—	—		
5:20	125/79	92	—	—	525 ml	
6:30	140/86	90		—		
0.20	145/88	91		—		
6.50pm	129/82	90		—	1000	Received IV pt. from R.V.

MEDICATIONS:

TIME	MEDICATION	DOSE	SIGN
	Inj. Dexa 4 mg IV		

PRE HD NOTES: HDX 4/11/22 Started at 2:50pm AVF

Vijay
STAFF NAME & SIGN

POST HD NOTES: HDX terminated without any complication. 6.30pm pt. vitals stable. Discharged clinically present. pt. shifted to ward via wheelchair 7.10pm.

STAFF NAME & SIGN

DISCHARGE NOTES

DOCTOR'S NAME & SIGN

ISHANT MEHTA
Patient Label
2T8298 | 84454

Clinical Progress Notes

Date & Time	Notes
9/11/22 G.16 m	CISIR UROLOGY Dr. Amil Goel. → Δ CKD-5 ε metabolic bone disease ε ~~cardiomyopathy~~ ε ~~Hypertension~~. → Primary hyperoxaluria Type 1 urology referral I/V/o Renal transplan) Adv. → ⊙ flw in Urology OPD I/V/o Renal Transplant workup. → mond - Sat. → prev SOS.
11/11/22 Su - 33 K - 2.06 Na+ - 141 K+ - 4.3	

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India

Phone No:011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02

Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No: MC-2212

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s)/Male	UHID	:	ILBS.0000258298
IP No	:	IPID.0084454	Patient's Phone	:	
Referred By	:	Rajeev Khanna	Requisition No.	:	3410716
Ward Name	:	Paediatric General Ward 2nd Floor (Ph-2)	Bed	:	2271-09
Date of Collection	:	02-Nov-2022 10:52 AM	Reporting Date	:	02-Nov-2022 12:46 PM
			Accession No.	:	22463379
Modified Date	:	02-Nov-2022 12:46 PM	User	:	RAVINDRA

BIO - CHEMISTRY

Na / K (Sodium Potassium) - SERUM**

Test	Result	Unit	Biological Reference Range
Serum Sodium (Na) -Indirect	139.3	mmol/L	136 - 145
Serum Potassium (K) -Indirect	4.53	mmol/L	3.5 - 5.1

Remarks :

kindly correlate clinically

Dr SHERIN SARAH THOMAS
(CONSULTANT)

End of report

The tests marked with ** is accredited by NABL

Result Reported By JAGRITIP

Printed Date & Time: 02-Nov-2022 1:14 pm

RADIOMETER ABL800 BASIC

ABL800 BASIC HDU
PATIENT REPORT — Syringe - S 195uL — 07:13 AM — 11/1/2022
Sample # 87974

Identifications

Patient ID	
Patient Last Name	
Sex	Unknown
Department (Pat.)	
Sample type	Arterial
T	98.6 °F
$FO_2(I)$	21.0 %
Report Layout	HDU

Blood Gas Values

	pH	7.361		[7.350 - 7.450]
	pCO_2	47.7	mmHg	[32.0 - 48.0]
↓	pO_2	30.7	mmHg	[83.0 - 108]

Temperature Corrected Values

	$pH(T)_c$	7.361	
	$pCO_2(T)_c$	47.7	mmHg
	$pO_2(T)_e$	30.7	mmHg

Electrolyte Values

	cNa^+	139	mmol/L	[136 - 146]
	cK^+	4.0	mmol/L	[3.4 - 4.6]
	cCa^{2+}	1.18	mmol/L	[1.15 - 1.29]
↑	cCl^-	110	mmol/L	[98 - 106]

Metabolite Values

↑	cLac	2.6	mmol/L	[0.5 - 1.6]

Oximetry Values

↓	ctHb	11.1	g/dL	[12.0 - 16.0]
↓	sO_2	46.7	%	[95.0 - 99.0]

Calculated Values

	$cHCO_3^-(P)_c$	26.4	mmol/L
	$cHCO_3^-(P,st)_c$	24.4	mmol/L
	ABE_c	1.1	mmol/L
	SBE_c	1.5	mmol/L
	Anion Gap_c	2.3	mmol/L
	$ctCO_2(P)_c$	62.3	Vol%
	ctO_{2e}	7.2	Vol%
	Hct_c	34.2	%
	$pH(st)_c$	7.414	
	$p50_e$	32.24	mmHg
	$pO_2(A\text{-}a)_e$	60.4	mmHg
	$pO_2(a/A)_e$	33.7	%

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)
e	Estimated value(s)

RADIOMETER ABL800 BASIC

ABL800 BASIC HDU
PATIENT REPORT — Syringe - S 195uL — 07:13 AM — 11/1/2022
Sample # 87974

Ishant Mehta 12y/m
Patient Label
95 829 8 | 84845 1

Clinical Progress Notes

Date & Time	Notes
1/11/22 10.15 Am	1/11/22 Dr AIC S 10 15 hrs Prospective DD-LT & DDRT. No past H/o cardiac disease --- CVS 3/6 E&M at LSB ECG – NA Echo Mild global LV hypo EF 45-50%. Mild MR to get ECG done cleared for surgery from cardiac point of view c normal cardiac note

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India

Phone No:011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02

Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No: MC-2212

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s)/Male	UHID	:	ILBS.0000258298
IP No	:	IPID.0084454	Patient's Phone	:	
Referred By	:	Rajeev Khanna	Requisition No.	:	3409410
Ward Name	:	Paediatric General Ward 2nd Floor (Ph-2)	Bed	:	2271-09
Date of Collection	:	01-Nov-2022 01:06 AM	Reporting Date	:	01-Nov-2022 10:05 AM
			Accession No.	:	22461053
Modified Date	:	01-Nov-2022 10:05 AM	User	:	LOVE

BIO - CHEMISTRY

Kidney Function Test (KFT)**

Test		Result	Unit	Biological Reference Range
BUN (Enzymatic)		17.7	mg/dl	
Serum Urea (GLDH Kinetic)		37.878	mg/dl	13 - 43
Serum Creatinine (Modified Jaffe Kinetic)	Modified Jaffe Kinetic	2.86 *H	mg/dl	0.2 - 1
Serum Uric Acid(Uricase PAP)		3.4 *L	mg/dl	3.5 - 7.2
Serum Sodium (Na) -Indirect		141.2	mmol/L	136 - 145
Serum Potassium (K) -Indirect		4.37	mmol/L	3.5 - 5.1
Serum Chloride-Indirect		103.3	mmol/L	98 - 107
Serum Bicarbonate(Enzymatic PEP-MD)		26.6	mmol/L	21 - 31
eGFR		33	ml/min/1.73 m^2	

Remarks :

KINDLY CORRELATE CLINICALLY

Dr SHERIN SARAH THOMAS
(CONSULTANT)

End of report

The tests marked with ** is accredited by NABL

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India0.00
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website:** http://www.ilbs.in

Certificate No M-0519

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**UHID**		ILBS.0000258298
IP NO	:	IPID.0084454	**Patient's Phone**		7982248613
Referred By	:	Dr Rajeev Khanna	**Requisition No.**		3408845
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Bed**		2271-09
Date of Collection	:	31/Oct/2022 14:10	**Reporting Date**		01/Nov/2022 11:11
Payer Name	:	EWS	**Accession No.**		22460172

LABORATORY

TEST	Result	Unit	Reference Range
BIO - CHEMISTRY			
AFP (Alfa Feto Protein)-serum [SERUM]			
Serum Alfa Feto Protein (CLIA)	2.3	ng/ml	

Remarks: KINDLY CORRELATE CLINICALLY

Dr SHERIN SARAH THOMAS
CONSULTANT

Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India
Phone No:011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No: MC-2212

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s)/Male	UHID	:	ILBS.0000258298
IP No	:	IPID.0084454	Patient's Phone	:	
Referred By	:	Rajeev Khanna	Requisition No.	:	3407070
Ward Name	:	Paediatric General Ward 2nd Floor (Ph-2)	Bed	:	2271-09
Date of Collection	:	29-Oct-2022 09:12 AM	Reporting Date	:	01-Nov-2022 12:26 PM
			Accession No.	:	22457407
Modified Date	:	01-Nov-2022 12:26 PM	User	:	KOMALCHHIKARA

VIROLOGY

Varicella Zoster Virus-IgG (VZV)**

Test	Result	Biological Reference Range
Method	ELFA	
Result.	Non-Reactive	
Interpretation		

A reactive result indicates presence of IgG antibodies to VZV as tested by this assay.
An indeterminate result signifies values in the grey zone between clear positive and clear negative results. It is advised to repeat the assay after 3-4 weeks.
A non-reactive result indicates absence IgG antibodies to VZV as tested by this assay.

Varicella-Zoster virus (VZV) is a DNA virus belonging to the family Herpesviridae. It causes Varicella (also known as Chicken pox), a common childhood exanthem whose manifestations include fever, malaise, a maculopapular (later vesicular) rash on face, neck, trunk and the mucosae etc. In adults, it may rarely lead to primary viral pneumonia which has a high fatality rate. In both children and adults, VZV can cause CNS infection (encephalitis). VZV also causes latent infection and may reactivate if host immunity wanes .The disease then manifests as Herpes Zoster (or Shingles) and is characterized by painful eruptions in a particular dermatome of the skin. In the context of organ transplantations, a seronegative recipient [i.e. one who is Anti-VZV IgG negative] requires careful monitoring post-transplantation, especially if the donor is seropositive for VZV .
The above assay is an Enzyme Linked Fluorescent Assay (ELFA) for the detection of IgG antibodies to VZV.

Note: The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests.

Dr Reshu Agarwal
(Associate Professor)

Dr EKTA GUPTA
(Professor (Virology))

End of report

The tests marked with ** is accredited by NABL

Result Reported By : ARJUNB

Printed Date & Time: 01-Nov-2022 12:44 pm

RADIOMETER ABL800 BASIC

ABL800 BASIC 754R2758N0008 - SICU 03:12 PM 11/1/2022
PATIENT REPORT Syringe - S 195uL Sample # 15080

ABG

Identifications

Patient ID	
Patient Last Name	
Sex	Unknown
Department (Pat.)	
Sample type	Venous
$FO_2(I)$	21.0 %
T	37.0 °C

Blood Gas Values

pH	7.449		[7.350 - 7.450]
pCO_2	34.7	mmHg	[32.0 - 45.0]
↓ pO_2	82.2	mmHg	[83.0 - 108]

Temperature Corrected Values

$pH(T)$	7.449	
$pCO_2(T)$	34.7	mmHg
$pO_2(T)$	82.2	mmHg

Electrolyte Values

cNa^+	137	mmol/L	[136 - 146]
cK^+	4.3	mmol/L	[4.0 - 4.5]
↓ cCa^{2+}	1.09	mmol/L	[1.15 - 1.29]

Metabolite Values

cGlu	105	mg/dL	[90 - 120]
↑ cLac	2.4	mmol/L	[0.5 - 1.6]

Oximetry Values

↓ $ctHb$	9.5	g/dL	[12.0 - 17.5]
sO_2	95.5	%	[95.0 - 99.0]

Acid Base Status

$cHCO_3^-(P)_c$	23.7	mmol/L
$cHCO_3^-(P.st)_c$	24.8	mmol/L
ABE_c	0.4	mmol/L
SBE_c	0.2	mmol/L

Calculated Values

Hct_c	29.3	%

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)

Printed 3:12:12PM 11/1/2022

(9)

Ishant Mehta 1m/1m
Patient Label
Q5829818445H

Clinical Progress Notes

Date & Time	Notes
30/10/22 Nephro	

CKD - 5D

Basic diseases - Type I Hyperoxaluria

RUU-NIC

Dx - L/t BCF

DCDP / Global Hypokinesia

V.Vs

BP: 120/70 mm Hg

PR: 97/m

RR: 12/m

I/O: 570/25

Subjective:

CBC: 9.4/7.48/296

RFT: B.urea: 108.8

S.Cr: 5.98

Na+/K+: 138/4.91

Suggest:-

(1) Considers Simultaneous liver & Kidney transplant from Nephrology point of View.

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 110 070
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No M-0613

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**UHID**		ILBS.0000258298
IP NO	:	IPID.0084454	**Patient's Phone**		7982248613
Referred By	:	Dr Rajeev Khanna	**Requisition No.**		3407070
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Bed**		2271-09
Date of Collection	:	29/Oct/2022 02:10	**Reporting Date**		31/Oct/2022 11:10
Payer Name	:	EWS	**Accession No.**		22457407

LABORATORY

TEST	Result	Unit	Reference Range

HCV.

Hepatitis C virus (HCV) is an enveloped RNA virus belonging to the Family Flaviviridae. The principle modes of acquisition of the virus are transfusion of HCV contaminated blood and intravenous drug needle sharing. Less common / rarer modes of acquisition include sexual transmission and transfer of the virus from a pregnant mother to her fetus. About 15% of patients who acquire HCV are able to clear the virus completely and never develop clinical disease. The remaining 85% develop chronic infection (hepatitis), but most of these patients remain asymptomatic. A fraction (about 20%) of these chronically infected patients develop hepatic cirrhosis. Detectable antibodies to HCV develop in about 10-12 weeks after acquiring infection with HCV.

Note:The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests.

Anti HAV Total * [SERUM]**

Method	ELFA	
Result.	Non-Reactive	

Interpretation

A reactive result indicates presence of total antibodies to Hepatitis A virus (HAV) as tested by this assay, and indicates past infection with the virus.
Also indicates the presence of Immunity to infection
An indeterminate result signifies values in the grey zone between clear positive and clear negative. Kindly repeat the assay after 2-3 weeks.
A non-reactive result indicates absence of total antibodies to HAV as tested by this assay.
Uses of the assay:To screen for past infection, and immunity to HAV.

Hepatitis A virus (HAV) is an RNA virus belonging to the Family Picornaviridae. It is the causative agent for Hepatitis A, an enterically transmitted form of viral hepatitis. The principle mode of transmission of the virus is via the feco-oral route following consumption of contaminated food and/or water. HAV occurs throughout the world and is endemic in the developing world including India, where about 90 % of the population has detectable IgG antibodies to the virus by the age of 10 years. Infection may either be asymptomatic can or present as an acute hepatitis, and is rare after childhood. HAV does not cause chronic hepatitis or a carrier state.
The above assay is an Enzyme Linked Fluorescent Assay (ELFA) designed to detect total antibodies to HAV.
Note:The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests.

HIV 1 & 2 * [SERUM]**

Method	By Chemiluminescence	
HIV 1 and 2	Non-Reactive	

Interpretation

A **non-reactive** result indicates absence of antibodies to HIV 1 &2 as tested by this assay. However, such a result does not totally preclude the possibility of exposure to HIV.
Uses of the assay:1. To screen for current or past infection with HIV 1 &2.
2. blood units for evidence of HIV 1 &2 infection.
Causes of false-positive results:1. Autoimmune diseases / states
2. Multiple blood transfusions
3. Antibody to class II HLA Ag (HLA-DR4)
4. Hypergammaglobulinemia / Agammaglobulinemia
5. Antipolystyrene antibodies

* Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 110 070
Phone No:011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in Website: http://www.ilbs.in

Certificate No M-0519

Name	: MASTER ISHANT MEHTA	UHID	ILBS.0000258298
Age / Gender	: 12 Yr(s) 7 Mth(s) / Male	Patient's Phone	7982248613
IP NO	: IPID.0084454	Requisition No.	3407070
Referred By	: Dr Rajeev Khanna	Bed	2271-09
Ward	: Paediatric General Ward 2nd Floor (Ph-2)	Reporting Date	31/Oct/2022 11:10
Date of Collection	: 29/Oct/2022 07:10	Accession No.	22457407
Payer Name	: LWS		

LABORATORY

TEST	Result	Unit	Reference Range

Causes of false-negative results:

1. early acute hepatitis B
2. low antibody levels below the detection limit of the assay
3. immunosuppressive states

HBV core antigen (HBcAg) is a non-glycosylated protein which forms the nucleocapsid of the virus. IgM antibodies to HBcAg become detectable in serum shortly before the onset of symptoms of acute hepatitis by HBV. Over months, these are replaced by IgG type antibodies, the latter signifying past infection with HBV. The above is a chemiluminescence assay for the detection of anti-HBc (total) antibodies in the serum.

Note:The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests.

Anti HBS * [SERUM]**

Method	By Chemiluminescence
Result.	Reactive
Titer	595 mIU/ml

Interpretation

Anti-HBs (titers)		Interpretation
Less than 10 mIU/ml	-	Non-reactive for Anti-HBs antibodies
More than or equal to 10 mIU/ml	-	Reactive for Anti- HBs antibodies and protective.

A Non-reactive result indicates absence of anti-HBs antibodies by this assay.

A titer of more than or equal to 10 mIU/mLindicates protection to hepatitis B virus infection.

Anti-HBs antibodies

Anti-HBs antibodies develop in a person who has been successfully vaccinated against hepatitis B or following recovery from Hepatitis B infection. Post-vaccination testing is done **1-2 months** after the **third vaccine dose** for results to be meaningful.

Anti HCV * [SERUM]**

Method	By Chemiluminescence
Result.	Non-Reactive
Sample/Cut-off Ratio (S/Co)	0.06

Interpretation

Interpretation according to Signal sample/cut-off index (S/Co):

≥1.0 - Reactive

≥ 0.9 and <1 - Indeterminate

<0.9 - Non-reactive

A reactive result indicates the presence of antibodies to HCV as tested by this assay;these antibodies may have developed due to either a recent or past infection with HCV

An indeterminate result signifies values in the grey zone between clear positive and clear negative values. it is advised that the assay be repeated after 2 to 3 weeks

A non-reactive result indicates absence of antibodies to HCV as tested by this assay. However it does not rule out the possibility of of infection with

* Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 0.00
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website:** http://www.ilbs.in

Name	:	MASTER ISHANT MEHTA	**UHID**		ILBS.0000258298
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**Patient's Phone**		7982248613
IP NO	:	IPID.0084454	**Requisition No.**		3407070
Referred By	:	Dr Rajeev Khanna	**Bed**		2271-09
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Reporting Date**		31/Oct/2022 11:10
Date of Collection	:	29/Oct/2022 02:10	**Accession No.**		22457407
Payer Name	:	EWS			

LABORATORY

TEST	Result	Unit	Reference Range

and correlate clinically.
A non-reactive result indicates absence IgG antibodies to the viral capsid antigen (VCA) and Early antigens (EA) of EBV as tested by this assay.

Epstein-Barr virus (EBV) is a DNA virus belonging to the family Herpesviridae. The virus infects more than 90% of the population worldwide. Most infections are acquired either very early in childhood or in early adulthood, the virus transmitting from one person to the other via the saliva. Primary infection during early childhood is usually asymptomatic. If primary infection occurs in adolescence, it may manifests as Infectious mononucleosis, an acute lymphoproliferative disease characterised by fever, pharyngitis, posterior cervical lymphadenopathy etc. In the context of organ transplantations, a seronegative recipient [i.e. one who is Anti-EBV (VCA)/Anti EBV (EA) IgG negative] requires careful monitoring post-transplantation especially if the donor is seropositive for EBV.

The above assay is an Enzyme Linked Fluorescent Assay (ELFA) for the detection of IgG antibodies to the viral capsid antigen (VCA) and Early antigens (EA) of EBV
Note:The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests

Varicella Zoster Virus-IgG (VZV) * [SERUM]**

Method	ELFA	
Result.	Non-Reactive	

Interpretation

A reactive result indicates presence of IgG antibodies to VZV as tested by this assay.
An indeterminate result signifies values in the grey zone between clear positive and clear negative results. It is advised to repeat the assay after 3-4 weeks.
A non-reactive result indicates absence IgG antibodies to VZV as tested by this assay.

Varicella-Zoster virus (VZV) is a DNA virus belonging to the family Herpesviridae. It causes Varicella (also known as Chicken pox), a common childhood exanthem whose manifestations include fever, malaise, a maculopapular (later vesicular) rash on face, neck, trunk and the mucosae etc. In adults, it may rarely lead to primary viral pneumonia which has a high fatality rate. In both children and adults, VZV can cause CNS infection (encephalitis). VZV also causes latent infection and may reactivate if host immunity wanes .The disease then manifests as Herpes Zoster (or Shingles) and is characterized by painful eruptions in a particular dermatome of the skin. In the context of organ transplantations, a seronegative recipient [i.e.one who is Anti-VZV IgG negative] requires careful monitoring post-transplantation, especially if the donor is seropositive for VZV
The above assay is an Enzyme Linked Fluorescent Assay (ELFA) for the detection of IgG antibodies to VZV.

Note:The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests.

Dr Reshu Agarwal
Associate Professor

Dr EKTA GUPTA
Professor (Virology)

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

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 0.00
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No M-0519

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**UHID**		ILBS.0000258298
IP NO	:	IPID.0084454	**Patient's Phone**		7982248613
Referred By	:	Dr Rajeev Khanna	**Requisition No.**		3407070
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Bed**		2271-09
Date of Collection	:	29/Oct/2022 02:10	**Reporting Date**		31/Oct/2022 11:10
Payer Name	:	LWS	**Accession No.**		22457407

LABORATORY

TEST	Result	Unit	Reference Range

6. Chronic alcoholism
7. Immunization for HBV
8. Technical error etc.

Causes of false-negative results: 1. Early acute HIV infection (window period)
2. Late stage HIV disease / AIDS (immune collapse)
3. Technical error etc.

Human immunodeficiency virus (HIV) is a non-transforming human RNA virus belonging to the family *Reteroviridae*. v Genetically, the virus is of two types HIV 1 and 2, and both are the cause of Acquired Immune deficiency syndrome (AIDS). HIV is transmitted by sexual contact, exposure to blood/blood products, and prenatal infection of a fetus or perinatal infection of the newborn. The immune system is the main target of HIV, and the virus causes a progressive decline and eventually a failure, of the immune system of the host . The host is also at risk of certain tumors owing to the immunodeficient state caused by the virus.

Note:The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests.

CMV IgG * [SERUM]**

Method	ELFA
CMV IgG	Reactive
Titer	16 AU/ml

Interpretation

Interpretation according to titer in AU/ml.:
<4 - Non-reactive
≥4 to <6 Indeterminate
≥6 - Reactive

A reactive result indicates presence of IgG antibodies to HCMV as tested by this assay
An indeterminate result signifies values in the grey zone between clear positive and clear negative. Kindly repeat the assay after 2-3 weeks.
A non-reactive result indicates absence IgG antibodies to HCMV as tested by this assay.
Human Cytomegalovirus virus (HCMV) is a DNA virus belonging to the family Herpesviridae. The virus is ubiquitous and infects more than 90% of the population worldwide. Most infections are acquired either very early in childhood or in early adulthood, the virus transmitting from one person to the other via the saliva or other body secretions. HCMV causes infections in various patient populations - intrauterine, perinatal/postnatal infections, and infections in the immunocompromised patients eg. solid organ /hematopoietic transplant recipients and in those with HIV/AIDS. In solid organ transplant (SOT) recipients, HCMV is known to cause various manifestations/diseases including pneumonitis, leukopenia, thrombocytopenia, colitis, graft rejection/failure etc. In the context of organ transplantations, a seronegative recipient [i.e. one who is Anti-HCMV IgG negative] requires careful monitoring post-transplantation especially if the donor is seropositive for HCMV.
The above is an Enzyme Linked Fluorescent Assay (ELFA) for the detection of IgG antibodies to HCMV in serum and/or plasma samples.
Note:The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests.

EBV-IgG (Epstein Barr Virus) * [SERUM]**

Method	ELFA
Result.	Reactive

Interpretation

A reactive result indicates presence of IgG antibodies to the viral capsid antigen (VCA) and Early antigens (EA) of EBV as tested by this assay.
An indeterminate result signifies values in the grey zone between clear positive and clear negative results. Kindly repeat the assay after 3-4 weeks

* Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 110 070
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**UHID**		ILBS.0000258298
IP NO	:	IPID.0084454	**Patient's Phone**		7982248613
Referred By	:	Dr Rajeev Khanna	**Requisition No.**		3407070
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Bed**		2271-09
Date of Collection	:	29/Oct/2022 02:10	**Reporting Date**		31/Oct/2022 11:10
Payer Name	:	EWS	**Accession No.**		22457407

LABORATORY

TEST	Result	Unit	Reference Range
VIROLOGY			
HBsAg * [SERUM]**			
Method	By Chemiluminescence		
HBsAg	Non-Reactive		
Sample/Cut-off Ratio (S/Co)	0.25		

Interpretation

Interpretation according to Signal Sample/Cut-off ratio index (S/Co):
≥1.0 - Reactive
≥0.9 and ≤1 - Indeterminate
<0.9 - Non-reactive
A reactive result indicates presence of HBV surface antigen (HBsAg) as tested by this assay.
An indeterminate result signifies values in the grey zone between clear positive and clear negative. It is advised to repeat the assay after 2-3 weeks.
A non-reactive result indicates absence of HBsAg as tested by this assay.
However such a result does not totally preclude the possibility of exposure to HBV infection. The above assay is a chemiluminescent immunoassay (CLIA) for the qualitative determination of HBsAg in the serum and/or plasma. Hepatitis B virus (HBV) is a DNA virus belonging to the Family Hepadnaviridae. The principle modes of transmission of the virus include perinatal acquisition (from mother to the newborn) and sexual transmission. HBsAg is a complex antigen found on the surface of HBV and was formerly designated as the Australia antigen. It can be detected in acute as well as chronic infection with HBV. In acute viral hepatitis, it appears in the blood before the onset of symptoms, peaks during overt disease and then declines to undetectable levels in about 3 to 6 months. Presence of HBsAg for at least 6 months is indicative of progression to chronic hepatitis.
Note:The results of serological assays in themselves should not be the only reason for any therapeutic consequences. They should always be assessed in conjunction with the patient's history, clinical observations and other diagnostic tests.

Anti HB core (total) * [SERUM]**			
Method	By Chemiluminescence		
Result.	Non-Reactive		
Sample/Cut-off Ratio (S/Co)	0.06		

Interpretation

Interpretation according to Signal sample/cut-off index (S/Co):
≥1.0 - Reactive
≥ 0.9 and ≤1 - Indeterminate
<0.9 - Non-reactive
A reactive result indicates presence of antibodies (either IgM, or IgG or both) to Hepatitis B virus (HBV) core antigen (HBcAg) and indicate either current or past infection with the virus. An indeterminate result signifies values in the grey zone between clear positive and clear negative.It is advised to repeat the assay after 2-3 weeks. A non-reactive result indicates absence of antibodies (either IgM, or IgG or both) to Hepatitis B virus (HBV) core antigen.
Uses of the assay:To screen 1. for current or past infection with HBV.
2. blood units for evidence of HBV infection.
Causes of false-positive results:
1. autoimmune hepatitis, other autoimmune diseases
2. non-specific reactions associated with competitive anti-HBcore ELISA's
3. cross reactivity with IgA or IgM related molecules produced from non-specific HBV activated B lymphocytes.

* Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India 0.00

Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02

Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No M-0519

Name	: MASTER ISHANT MEHTA		**UHID**	ILBS.0000258298
Age / Gender	: 12 Yr(s) 7 Mth(s) / Male		**Patient's Phone**	7982248613
IP NO	: IPID.0084454		**Requisition No.**	3407070
Referred By	: Dr Rajeev Khanna		**Bed**	2271-09
Ward	: Paediatric General Ward 2nd Floor (Ph-2)		**Reporting Date**	31/Oct/2022 11:10
Date of Collection	: 29/Oct/2022 02:10		**Accession No.**	22457407
Payer Name	: EWS			

LABORATORY

TEST	Result	Unit	Reference Range
HAEMATOLOGY			
G6PD deficiency test * * [WHOLE BLOOD]**			
G6PD deficiency test	Non-Deficient		

Interpretation

COMMENTS:

G6PD deficiency is a sex linked genetically inherited RBC enzyme disorder making the cells vulnerable to oxidative denaturation of hemoglobin. G6PD levels are highest in young cells and decrease as cell age,hence incase of G6PD Deficiency,the older cells are preferentially destroyed.Hemolytic susceptibility in affected persons can increase greatly during intercurrent illness or upon exposure to various drugs that have oxidant properties like primaquin,Nalidixic acid,nitrofurantoin etc.Marked genetic heterogeneity has been reported in G6PD deficiency cases and >300 variants have been defined.This heterogeneity causes variability in the degree of deficiency,types of cells affected,types of drugs causing hemolysis and susceptibility to chronic hemolysis and neonatal jaundice.

Dr CHHAGAN BIHARI

Additional Professor

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 0.00
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in, **Website** http://www.ilbs.in

Certificate No M-0519

Name	:	MASTER ISHANT MEHTA	**UHID**	ILBS.0000258298
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**Patient's Phone**	7982248613
IP NO	:	IPID.0084454	**Requisition No.**	3407070
Referred By	:	Dr Rajeev Khanna	**Bed**	2271-09
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Reporting Date**	31/Oct/2022 11:10
Date of Collection	:	29/Oct/2022 02:10	**Accession No.**	22457407
Payer Name	:	EWS		

LABORATORY

TEST	Result	Unit	Reference Range
BIO - CHEMISTRY			
Ferritin-serum [SERUM]			
Serum Ferritin(Immunonephelometry)	**1610 *H**	µg/L	30 - 280

Interpretation

Sample type :serum
Instrument specification :Dade Behring BN ProSpec system.
Clinical importance:Serum ferritin is helpful in evaluation of anemia of microcytic hypochromic picture, useful in distinguishing iron deficiency anemia (serum ferritin levels decreased) from other causes. Decreased serum levels are seen in iron deficiency whereas increased levels are observed in iron overload, liver diseases, alcoholism, chronic inflammation and HIV. It is important to note that increase levels not always rule out iron deficient state.

Remarks: ------PLEASE CORRELATE CLINICALLY.

Vitamin D3 25-Hydroxy [SERUM]			
Method : CLIA Vitamin D3 25-Hydroxy(CLIA)	**28.62 *L**	ng/ml	30 - 100
Remarks: Please correlate clinically			
Calcium-serum * [SERUM]**			
Serum Calcium (Arsenazo III)	8.6	mg/dl	8.6 - 10.3
Remarks: PLEASE CORRELATE CLINICALLY.			
Phosphorus-serum * [SERUM]**			
Serum Phosphorus(Phosphomolybdate Complex)	**6.3 *H**	mg/dl	2.5 - 4.5
Remarks: PLEASE CORRELATE CLINICALLY.			
Magnesium-serum * [SERUM]**			
Serum Magnesium (Xylidyl Blue-Colourimetric-Tris-B	**2.8 *H**	mg/dl	1.7 - 2.4
Remarks: PLEASE CORRELATE CLINICALLY.			
PTH(Parathyroid Hormone)INTACT [SERUM]			
Parathyroid Hormone-INTACT (CLIA)	**538.5 *H**	pg/ml	2.5 - 25.4
Remarks: Please correlate clinically			
Ammonia-plasma [PLASMA]			
Ammonia(Enzymatic)	59.4	µg/dl	31 - 123
Remarks: PLEASE CORRELATE CLINICALLY.			
TSH [SERUM]			
TSH (CLIA)	**6.0 *H**	µIU/ml	0.34 - 5.6
Remarks: Please correlate clinically			
Free T4 [SERUM]			
Free T4 (CLIA)	0.8	ng/dl	0.58 - 1.64

* Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 110 070
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**UHID**		ILBS.0000258298
IP NO	:	IPID.0084454	**Patient's Phone**		7982248613
Referred By	:	Dr Rajeev Khanna	**Requisition No.**		3407070
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Bed**		2271-09
Date of Collection	:	29/Oct/2022 02:10	**Reporting Date**		31/Oct/2022 11:10
Payer Name	:	EWS	**Accession No.**		22457407

LABORATORY

TEST	Result	Unit	Reference Range
Remarks: Please correlate clinically			
Iron Studies(Serum Iron [SERUM]			
Method : NITROSO - PSAP			
S. Iron	**61.5 *L**	µg/dl	70 - 180
UIBC	**119.7 *L**	µg/dl	155 - 355
TIBC	**181.2 *L**	µg/dl	225 - 425
Transferrin Saturation	33.94	%	20 - 50

Remarks: PLEASE CORRELATE CLINICALLY.

Dr SHERIN SARAH THOMAS
CONSULTANT

NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES
(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 110 070
Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in Website: http://www.ilbs.in

Certificate No M-0519

Name	: MASTER ISHANT MEHTA	UHID	ILBS.0000258298
Age / Gender	: 12 Yr(s) 7 Mth(s) / Male	Patient's Phone	7982248613
IP NO	: IPID.0084454	Requisition No.	3408298
Referred By	: Dr Rajeev Khanna	Bed	2271-09
Ward	: Paediatric General Ward 2nd Floor (Ph-2)	Reporting Date	31/Oct/2022 11:10
Date of Collection	: 31/Oct/2022 00:10	Accession No.	22459063
Payer Name	: EWS		

LABORATORY

TEST	Result	Unit	Reference Range
BIO - CHEMISTRY			
Kidney Function Test (KFT) * [SERUM]**			
Method : Modified Jaffe Kinetic			
BUN (Enzymatic)	50.8	mg/dl	
Serum Urea (GLDH Kinetic)	**108.8 *H**	mg/dl	13 - 43
Serum Creatinine (Modified Jaffe Kinetic)	**5.98 *H**	mg/dl	0.2 - 1
Serum Uric Acid(Uricase PAP)	7	mg/dl	3.5 - 7.2
Serum Sodium (Na)-Indirect	138	mmol/L	136 - 145
Serum Potassium (K)-Indirect	4.91	mmol/L	3.5 - 5.1
Serum Chloride-Indirect	100.8	mmol/L	98 - 107
Serum Bicarbonate(Enzymatic PEP-MD)	22.7	mmol/L	21 - 31
eGFR	14	ml/min/1.73 m^2	
Remarks: KINDLY CORRELATE CLINICALLY			
Calcium-serum * [SERUM]**			
Serum Calcium (Arsenazo III)	**8.4 *L**	mg/dl	8.6 - 10.3
Remarks: KINDLY CORRELATE CLINICALLY			
Phosphorus-serum * [SERUM]**			
Serum Phosphorus(Phosphomolybdate Complex)	**7.3 *H**	mg/dl	2.5 - 4.5
Remarks: KINDLY CORRELATE CLINICALLY			
Serum-NT-pro BNP [SERUM]			
NT-pro BNP	**6303 *H**	pg/ml	0 - 125

Interpretation

Technique: Sandwich chemiluminescent immunoassay
Instrument: Maglumi 2000
Interpretation:NT-proBNP is a naturally occurring antagonist of the rennin-angiotensin-aldosterone system and of the sympathetic nervous system.It promotes natriuresis and diuresis,acts as vasodilator and exerts anti-mitogenic effects on cardiovascular tissues. NT-proBNP is raised in various pathological conditions like increased ventricular wall tension and increased circulating blood volume(eg. Heart failure,renal failure,increased aldosterone.

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 0.00
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in, **Website** http://www.ilbs.in

Certificate No M-0519

Name	: MASTER ISHANT MEHTA	**UHID**	ILBS.0000258298
Age / Gender	: 12 Yr(s) 7 Mth(s) / Male	**Patient's Phone**	7982248613
IP NO	: IPID.0084454	**Requisition No.**	3408298
Referred By	: Dr Rajeev Khanna	**Bed**	2271-09
Ward	: Paediatric General Ward 2nd Floor (Ph-2)	**Reporting Date**	31/Oct/2022 11:10
Date of Collection	: 31/Oct/2022 00:10	**Accession No.**	22459063
Payer Name	: EWS		

LABORATORY

TEST	Result	Unit	Reference Range
Clinical Pathology			
Urine for routine and microscopy(Dipstick method) * [URINE]**			
URINE ROUTINE EXAMINATION:			
Macroscopy:			
Colour	Pale Yellow		
PH	**8.0 *H**	mmHg	5 - 6
Specific Gravity	1.025		1.015 - 1.025
Albumin	Nil		
Sugar	Nil		
Microscopy Examination:			
Red Blood Cells (RBC)	1-2	/HPF	
Leukocytes	10-12	/HPF	
Epithelial Cells	1-2	/HPF	
Bacteria	+		

Remarks: Amorphous Urates = 2+.

Dr CHHAGAN BIHARI
Additional Professor

* Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 110 070
Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in Website: http://www.ilbs.in

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	UHID		ILBS.0000258298
IP NO	:	IPID.0084454	Patient's Phone		7982748613
Referred By	:	Dr Rajeev Khanna	Requisition No.		3408298
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	Bed		2271-09
Date of Collection	:	31/Oct/2022 00:10	Reporting Date		31/Oct/2022 11:10
Payer Name	:	EWS	Accession No.		22459063

LABORATORY

TEST	Result	Unit	Reference Range
HAEMATOLOGY			
Complete Haemogram (Fully Automatic Haematology Cell Counter) * [EDTA Whole Blood]**			
HAEMOGRAM:			
Haemoglobin	**9.4 *L**	gm/dl	13 - 17
PCV / Haematocrit	**30.0 *L**	%	35 - 45
Total Leucocyte count (TLC)	7.98	10~9/L	4 - 11
Platelet Count	296	10~9/L	180 - 400
RBC Count	**3.51 *L**	10~12/L	4 - 5.2
MCV	85.5	fL	77 - 95
MCH	26.7	pg	25 - 33
MCHC	31.3	gm/dl	30 - 37
RDW	**16.2 *H**	%	11.6 - 14
Differential Leukocyte Count:			
Neutrophils	55.4	%	40 - 75
Lymphocytes	31.6	%	20 - 45
Monocytes	8.0	%	2 - 10
Eosinophils	4.3	%	1 - 6

Blood Picture:

RBC: Normocytic normochromic with microcytic hypochromic. WBC: No abnormal cells seen. Platelet: Adequate on smear.

Remarks: ESR QNS

Dr CHHAGAN BIHARI

Additional Professor

ilbs
INSTITUTE OF LIVER & BILIARY SCIENCES
(An autonomous society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi. Ph: 011 46300000
NABH

FIBROSCAN IN LIVER DISEASES

Liver Stiffness as measured by transient elastography correlates with advanced fibrosis in Patient with chronic hepatitis B,C, non alcoholic fatty liver disease (NAFLD) and many other causes of liver diseases and cut-offs vary according to the etiology of liver disease.

Liver Stiffness in normal adults is 4.5-6 kPa.

	Optimal cutoff for diagnosing significant fibrosis	Optimal cutoff for diagnosing significant cirrhosis
Chronic HBV infection	7-8kPa	10-11 kPa
Chronic HCV infection	7-8kPa	11-12 kPa
Non alcoholic fatty liver disease	6-7kPa	10-11 kPa

This technique works best for separating patients with minimal or no fibrosis from those with significant fibrosis. A linear correlation with increasing fibrosis does not occur, and 15-20% discordance between elastography scores and histologic fibrosis may occur.

Ultrasound elastography does not distinguish patients with no fibrosis from patients with minimal fibrosis, Advanced fibrosis may be underestimated and patients with macro nodular cirrhosis may be classified as non-cirrhotic.

Fibrosis may be overestimated in patients with extrahepatic cholestasis, acute hepatocellular injury or after heavy meals.

Liver Fat:

Controlled attenuation parameter (CAP) correlates with fat content of the liver.

Optimal cutoff values for detection of >33% and >66% fat in liver are 255-260 dB/m and 290-295dB/m respectively.

If the values of one or both liver stiffness and CAP are abnormal, the individual is advised to be under regular follow up.

Fibro

30/10/2022

02:21:13

MEHTA

ISHANT

(M)

258298

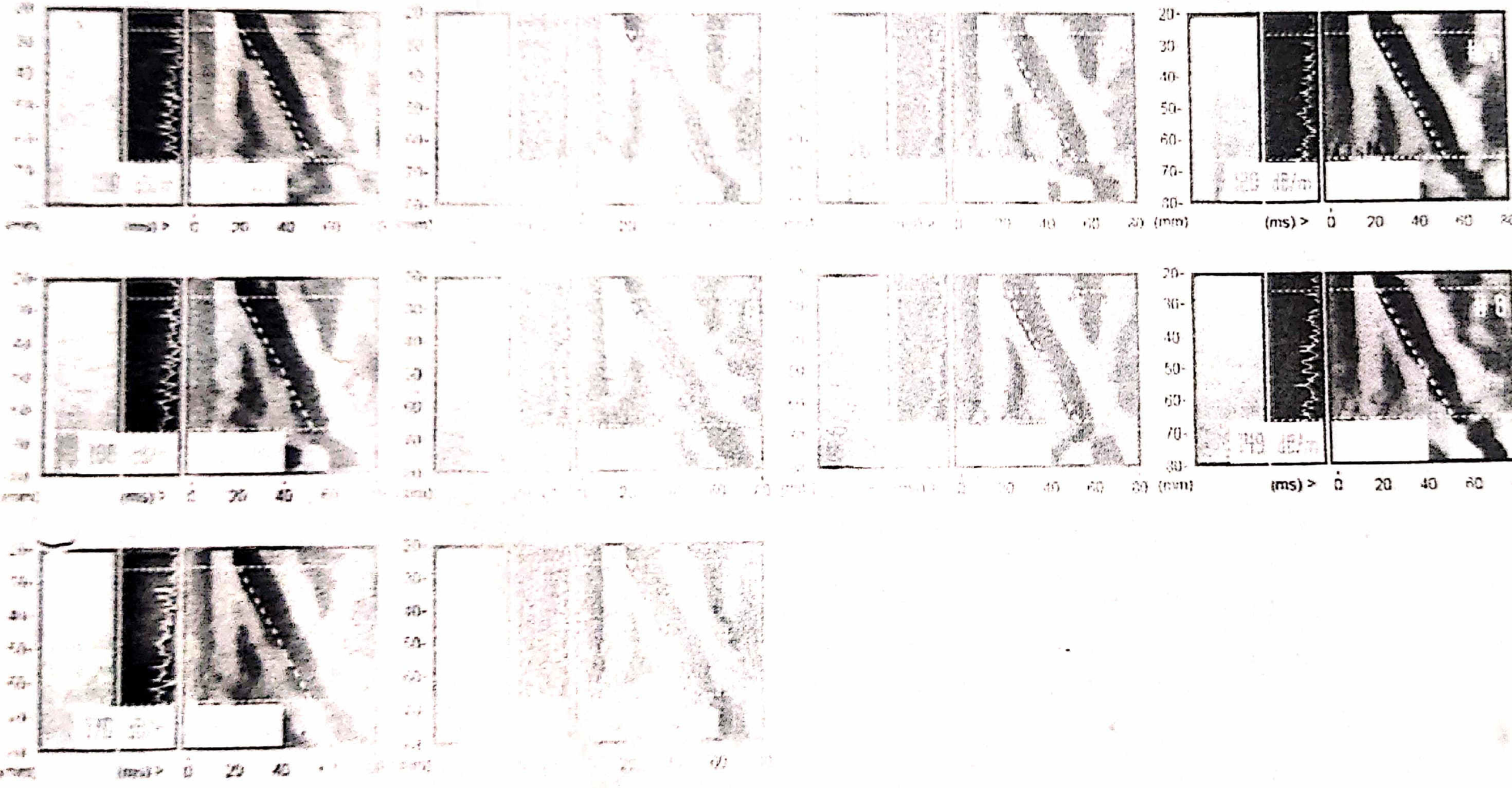
Referring physician : DR RAJEEV

Exam M (Liver)

Operator : RAM SAINI

Valid measurements : 10

Total measurements : 10



Comments :

FibroScan 502 Touch (SN:F611030015 Probe M (SN:) : 2

FibroScan® is a medical device intended for the assessment of an aid to the diagnosis of patients with liver disease. Measurements should be performed by a certified operator. The results obtained must be interpreted by a physician experienced in the management of patients with liver disease, taking into account the complete medical records of the patient. Only valid measurements should be used for discussion. Probes must be calibrated according to the manufacturer's recommendations.

echosens

ilbs

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India
Phone No:011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

ilac-MRA

Certificate No: MC-2212

NABH

Name	:	**MASTER ISHANT MEHTA**			
Age / Gender	:	**12 Yr(s) 7 Mth(s)/Male**	**UHID**	:	**ILBS.0000258298**
IP No	:	**IPID.0084454**	**Patient's Phone**	:	
Referred By	:	**Rajeev Khanna**	**Requisition No.**	:	**3407854**
Ward Name	:	**Paediatric General Ward 2nd Floor (Ph-2)**	**Bed**	:	**2271-09**
Date of Collection	:	**30-Oct-2022 07:07 AM**	**Reporting Date**	:	**30-Oct-2022 10:00 AM**
			Accession No.	:	**22458433**
Modified Date	:	**30-Oct-2022 10:00 AM**	**User**	:	**LOVE**

BIO - CHEMISTRY

Kidney Function Test (KFT)**

Test		Result	Unit	Biological Reference Range
BUN (Enzymatic)		37.3	mg/dl	
Serum Urea (GLDH Kinetic)		79.822 *H	mg/dl	13 - 43
Serum Creatinine (Modified Jaffe Kinetic)	Modified Jaffe Kinetic	4.71 *H	mg/dl	0.2 - 1
Serum Uric Acid(Uricase PAP)		6.1	mg/dl	3.5 - 7.2
Serum Sodium (Na) -Indirect		140.1	mmol/L	136 - 145
Serum Potassium (K) -Indirect		5.19 *H	mmol/L	3.5 - 5.1
Serum Chloride-Indirect		101.9	mmol/L	98 - 107
Serum Bicarbonate(Enzymatic PEP-MD)		24.1	mmol/L	21 - 31
eGFR		19	ml/min/1.73 m^2	

Remarks :

KINDLY CORRELATE CLINICALLY

Dr SHERIN SARAH THOMAS
(CONSULTANT)

End of report

Master Rishant Mehta

Patient Label 12yrs/Male

258298 | 844514

Clinical Progress Notes

Date & Time	Notes
(6)	Complete ⇒ Bil → 0.3. AST/ALT → 31/6 USG ⇒ Liver normal
29/10/22 12N	Noted by Dr. Bikram Sir → Renal cardiology / Nephrology / Neuro consult → GI workup → ENT Referral → Optical opinion → RD ECHO
	Noted by Dr. 29/10/22 at 12.30

Shant Mehta Pune
9158298 184454

Date & Time	Notes
29.10.22	Patient is Known CKD ST 5 on HD
12.25 PM	

N. K/C/O TB

C x R PA - No active pericardial lesion

Fit for Liver & Kidney recipient

Transplantation from Pulmonary medicine point of view

D. D Bhatt

Noted by Dr 29/10/22 at 12.30p.

Institute of Liver & Biliary Sciences

ilbs

NABH

(5)

Ishant Mehta. (12y/m)

Patient Label

258298 / 84454

Clinical Progress Notes

Date & Time	Notes
29/10/22 2:30 PM	C/S/B Consultant Cardiology.
	D÷ CKD - stage V + CLD for LT 2° Type I Primary Hyperoxaluria.
	Functional class ÷ class II
	Comorbidity ÷ CKD HTN.
	Cardiomyopathy - EF ~ 35%.
✓	O/E - Conscious Oriented.
	BP - 138/92 HR - 92 bpm RR - 20/min SpO
	CVS - S_1 S_2 (N)
	2D-Echo - Mild LVH. Mild Pericardial
	effusion LVEF - 45-50%. Tapse-26
	Fetal showing improvement in LV function
	Over last time. Pericardial drainage
	Adv Pro BNP NT
	Notes by n/cdm/scs at 2.30 pm

Date & Time	Notes
~~29/10/22~~	
at 3pm	Send { Pro BNP NT } on Monday { Urinary oxalate level.
	Venesection SOS at 3pm on 29/10/22
29/10/22	→ Send KFT c/w BAM
at 4pm	Phlebotomy SOS at 4pm on 29/10/22
29/10/22	C/S/B & HLB & (↓ Prof. V. Pannelu LT team)
5pm	∆ Primary Hyperoxaluree ∈ CKD (Stage V on HD) CKF ∈ Metabolic Bone Disease Cardiomyopathy

*****

Date & Time	Notes
	~~Tab Cefixim 200mg 1+0+0 ~ 1+0+0 ~ 2+0+0~~
②	D/C Cap. ROCALTROL
④	Cap. Lumia 60K once weekly
⑤	Continue RRT till SLK
⑥	~~S.L.E.D~~ HD X 4hrs
	Access - Lt BCF
	UF - 1 litre
	Heparin Standard
	Q_B - 150 ml/m D_{Na^+} - 135
	Q_D - 300 D_{K^+} - 2
	Ty: 25% Reactive low i.v. during HD
	Tx: After every 1 op i.v. after HD
⑦	Monitor KFT, Electrolytes, I/O
⑧	Review

Noted by

Author 9/1

@ 21/1/2021

Page 2

'Ishant Mehta . (12y/m)
Patient Label
258298 / 84454

Clinical Progress Notes

Date & Time	Notes
	Patient relative counselled about Liver transplant, Donor criteria, morbidity and mortality in Detail.
	'At present No Suitable Donor' (in view of High MELD - 32)
	↓ Or.
	Donor advised for - DDLT listing
	- Diet and exercise - Review once Suitable Donor available
	Or
	Related Living Donor Transplant
	Or
	SLKT
	SPKT
	Or
	Split liver

ID: 17

Female Years

I Shant Mehta
25829814454.

29-10-2022 08:11:46

HR	:	5	bpm
P	:	102	ms
PR	:	149	ms
QRS	:	102	ms
QT/QTc	:	374/475	ms
P/QRS/T	:	50/41/74	°
RV5/SV1	:	2.342/1.398	mV

Diagnosis Informatic
Sinus Rhythm
Left Ventricular Hypertrophy
Subsequent T Wave Abnormality

Flat chest Inferolateral
WNL

Report Confirmed by:

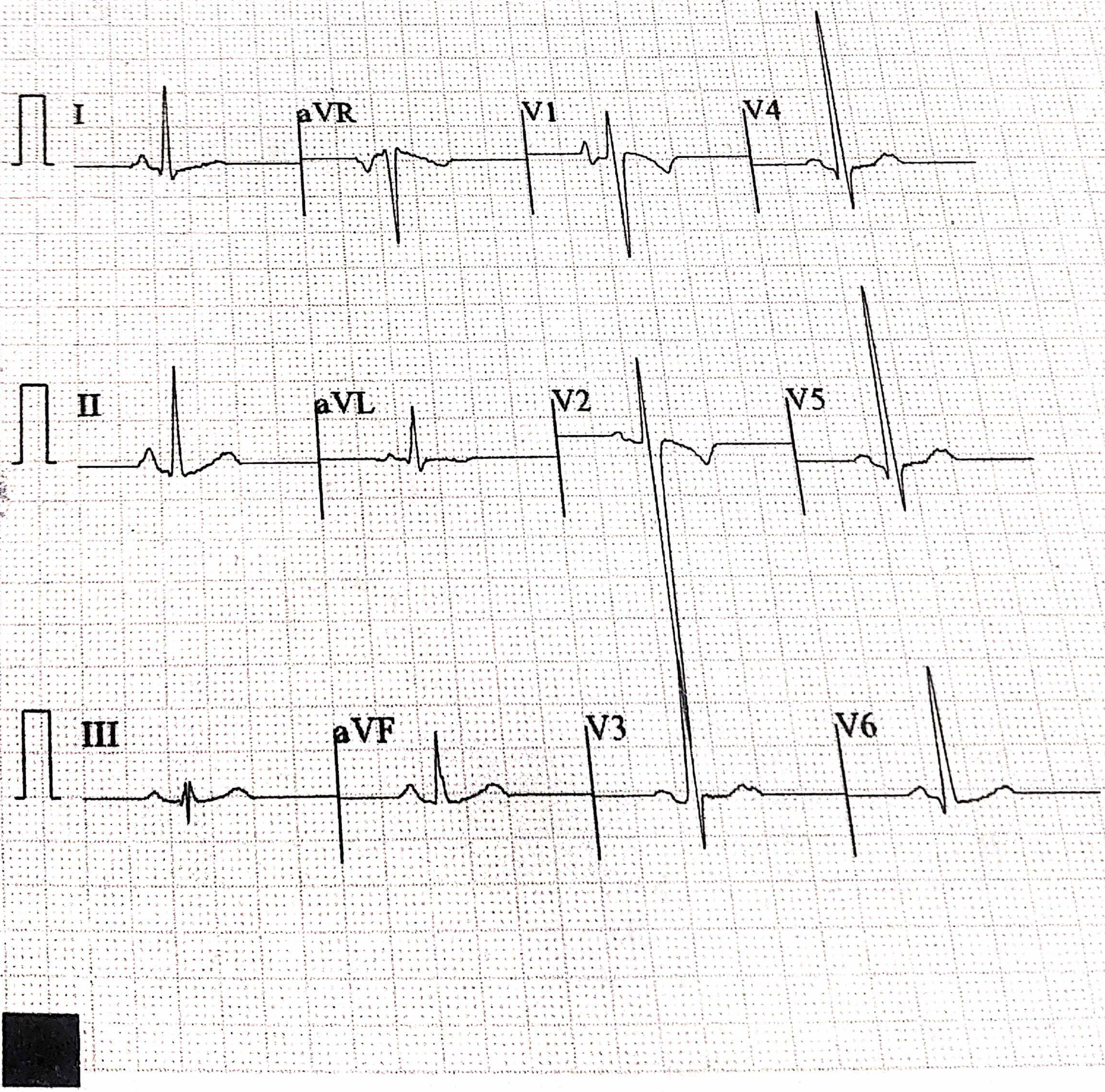
I
II
III
aVR
aVL
aVF
I
V1
V2
V3
V4
V5
V6

0.6 35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥96 SE-1200Express V2.21 SEMIP V1.81

ID: 17

Female Ye..

Average Template 25mm/s 10mm/mV



INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India
Phone No:011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in Website http://www.ilbs.in

Certificate No: MC-2212

Name	:	MASTER ISHANT MEHTA	UHID	:	ILBS.0000258298
Age / Gender	:	12 Yr(s) 7 Mth(s)/Male	Patient's Phone	:	
IP No	:	IPID.0084454	Requisition No.	:	3407105
Referred By	:	Rajeev Khanna	Bed	:	2271-09
Ward Name	:	Paediatric General Ward 2nd Floor (Ph-2)	Reporting Date	:	29-Oct-2022 09:29 AM
Date of Collection	:	29-Oct-2022 07:23 AM	Accession No.	:	22457285
Modified Date	:	29-Oct-2022 09:29 AM	User	:	RAVINDRA

BIO - CHEMISTRY

Kidney Function Test (KFT)**

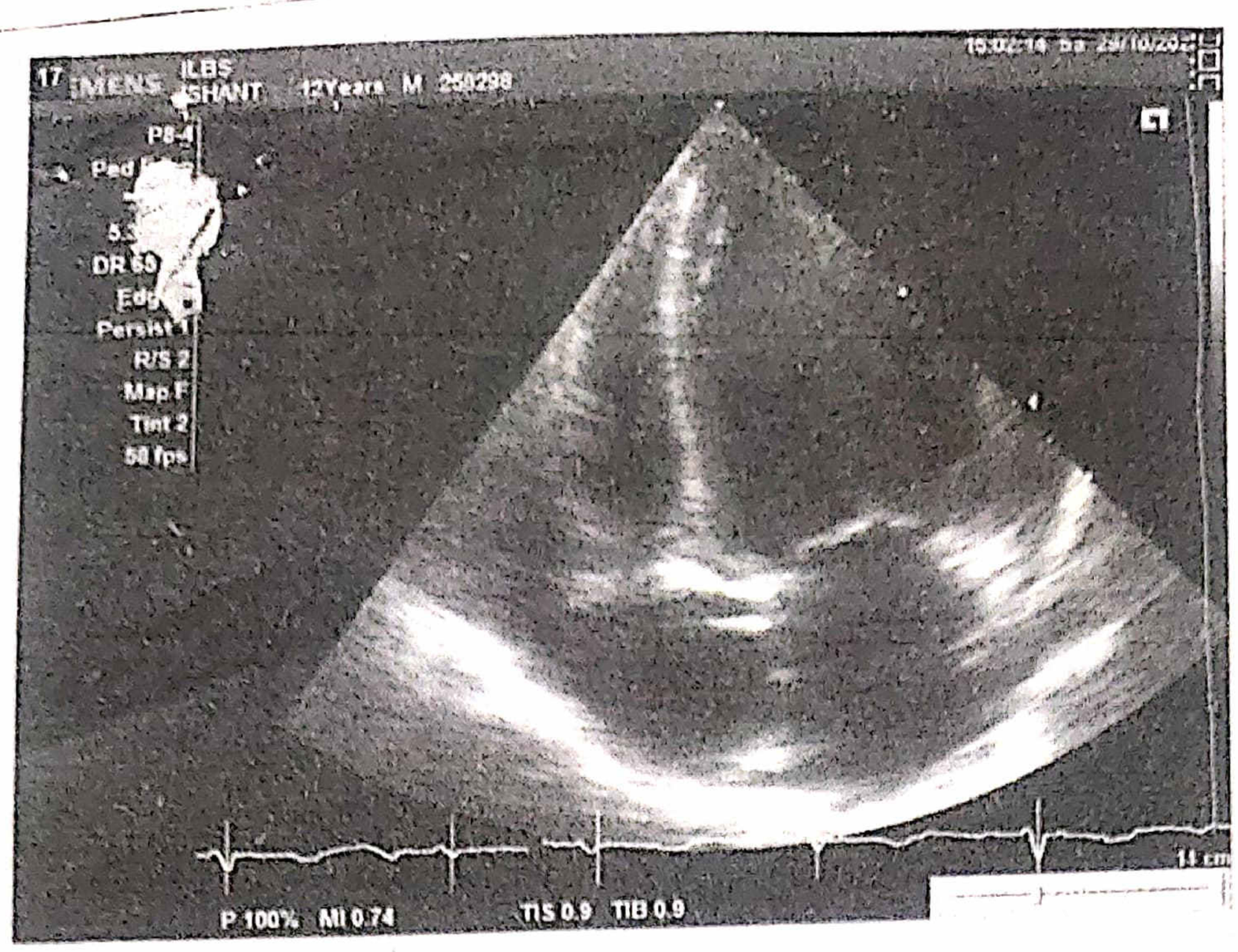
Test		Result	Unit	Biological Reference Range
BUN (Enzymatic)		22.4	mg/dl	
Serum Urea (GLDH Kinetic)		47.936 *H	mg/dl	13 - 43
Serum Creatinine (Modified Jaffe Kinetic)	Modified Jaffe Kinetic	3.11 *H	mg/dl	0.2 - 1
Serum Uric Acid(Uricase PAP)		3.8	mg/dl	3.5 - 7.2
Serum Sodium (Na) -Indirect		140.5	mmol/L	136 - 145
Serum Potassium (K) -Indirect		4.29	mmol/L	3.5 - 5.1
Serum Chloride-Indirect		102.8	mmol/L	98 - 107
Serum Bicarbonate(Enzymatic PEP-MD)		25.8	mmol/L	21 - 31
eGFR		30	ml/min/1.73 m^2	

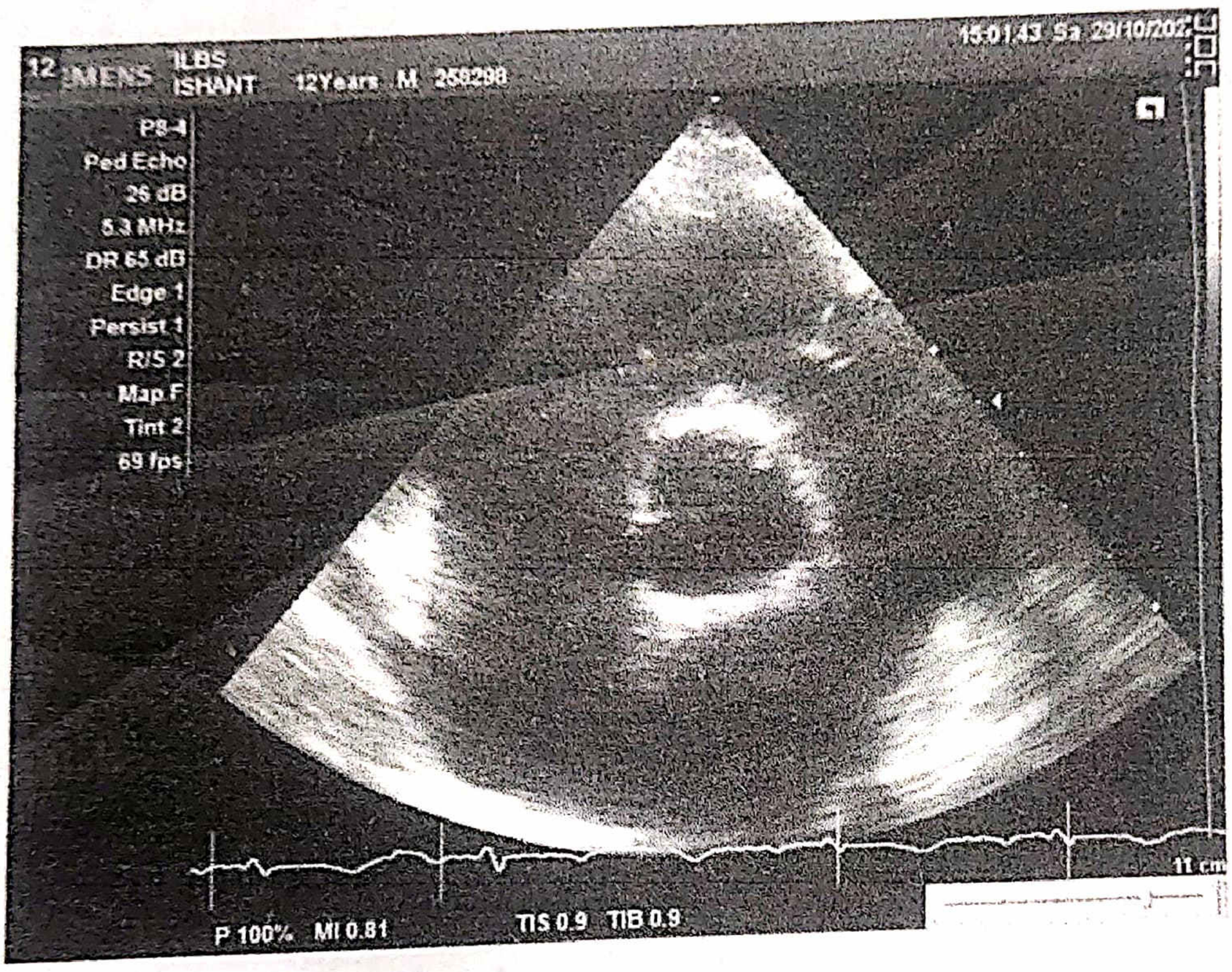
Remarks :

PLEASE CORRELATE CLINICALLY.

Dr SHERIN SARAH THOMAS
(CONSULTANT)

End of report


17 SIEMENS ILBS ISHANT 12Years M 250298
P8-4
Ped
DR 69
Edg
Persist 1
R/S 2
Map F
Tint 2
50 fps
P 100% MI 0.74
TIS 0.9 TIB 0.9


12 SIEMENS ILBS ISHANT 12Years M 250298
P8-4
Ped Echo
26 dB
5.3 MHz
DR 65 dB
Edge 1
Persist 1
R/S 2
Map F
Tint 2
69 fps
P 100% MI 0.81
TIS 0.9 TIB 0.9

2 SIEMENS ILBS ISHANT 12Years M 250298
P8-4
Ped Echo
30 dB
5.3 MHz
DR 65 dB
Edge 1
Persist 1
R/S 2
Map F
Tint 2
65 fps
P 100% MI 0.76
TIS 0.9 TIB 0.9

RADIOMETER ABL800 BASIC

ABL800 BASIC 754R2758N0008 - SICU 07:54 AM 10/29/2022
PATIENT REPORT Syringe - S 195uL Sample # 14955

Identifications			
Patient ID			
Patient Last Name			
Sex	Unknown		
Department (Pat.)			
Sample type	Venous		
$FO_2(I)$	21.0 %		
T	37.0 °C		
Blood Gas Values			
pH	**7.377**		[7.350 - 7.450]
pCO_2	**42.9**	mmHg	[32.0 - 45.0]
↓ pO_2	**34.9**	mmHg	[83.0 - 108]
Temperature Corrected Values			
$pH(T)$	**7.377**		
$pCO_2(T)$	**42.9**	mmHg	
$pO_2(T)$	**34.9**	mmHg	
Electrolyte Values			
↓ cNa^+	**130**	mmol/L	[136 - 146]
↓ cK^+	**3.9**	mmol/L	[4.0 - 4.5]
↓ cCa^{2+}	**1.02**	mmol/L	[1.15 - 1.29]
Metabolite Values			
↑ cGlu	**138**	mg/dL	[90 - 120]
↑ cLac	**3.3**	mmol/L	[0.5 - 1.6]
Oximetry Values			
ctHb	**16.1**	g/dL	[12.0 - 17.5]
↓ sO_2	**56.8**	%	[95.0 - 99.0]
Acid Base Status			
$cHCO_3^-(P)_c$	**24.6**	mmol/L	
$cHCO_3^-(P,st)_c$	**23.2**	mmol/L	
ABE_c	**-0.2**	mmol/L	
SBE_c	**0.1**	mmol/L	
Calculated Values			
Hct_c	**49.3**	%	

Ishant.

Notes
↑ Value(s) above reference range
↓ Value(s) below reference range
c Calculated value(s)

Printed 7:55:36AM 10/29/2022

Institute of Liver & Biliary Sciences

An Autonomous Society under Government of NCT,D1 Vasant kunj, Delhi
Phone No - +011 46300000, website: Http://www.ilbs.in

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

Patient Name	**MASTER. ISHANT MEHTA**	**AGE**	**12Y/M**
UHID	**258298**	**DATE**	**29/10/22**
Referred By	**IPD**	**Diagnosis**	**CKD,CLD**

EASUREMENTS	VALUE	NORMAL	INDICES OF LV FUNCTION		
Aortic root diameter	26	20 –37 mm	EPSS		< 9 mm
Left atrial dimension	40	19 –40 mm	LV Ejection fraction	45-50%	> 50 %
LV ED Dimension	50	37 –56 mm	**DOPPLER VELOCITY**		
LV ES Dimension	33	22 –40 mm	Mitral velocity	E – 1.2m/sec, A-0.9m/sec	0/4 MR
IVS ED Thickness	13	06 –12 mm	Tricuspid velocity	0.5m/sec	0/4 TR
LVPW ED Thickness	13	05 – 12mm	Aortic velocity	1.4m/sec	0/4 AR
RV Dimension	40	27 – 42mm	Pulmonary velocity	0.7m/sec	0/4 PR
RA Dimension	38	26 - 45mm	E/e ratio	12	
RV Thickness	N	03 –09 mm	TR velocity m/sec	Predicted PASP	mmHg
IVS / LVPW Ratio	N		RV (TDI) S'	11	> 9 cm/sec
IVC	13/06	mm	TAPSE	26	> 17mm

IMAGING:

- LV size normal. Mild concentric LVH. Reduced contractility .Global hypokinesia. No thrombus.
- LA normal size. No clot.
- RV & RA normal size. RV contractility normal.
- Mitral valve normal leaflets. PML motion normal. No annular calcification.
- Normal tricuspid & pulmonic valves.
- Aortic valve – tricuspid. Leaflets normal. Opening normal.
- Pericardium - Mild pericardial effusion seen posteriorly (2.7mm).

COLOUR FLOW MAPPING:

- Normal.

FINAL IMPRESSION:

- Normal LV size with mild LV systolic dysfunction.
- Mild global LV hypokinesia.
- Mild concentric LVH.
- Normal valves.
- No LA/LV clot.
- Mild pericardial effusion seen posteriorly (2.7mm).

Dr. A.K. Sood
MD, DM (Cardiology) AIIMS
Sr. Consultant Cardiologist

Dr. Balram Mishra
MD, DM (Cardiology)
Sr. Consultant Cardiologist

Note-: (Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medico legal purposes.

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India
Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in

Out Patient Consultation Record

UHID	ILBS.0000258298	Date	28-Oct-2022 10:20 am
Patient Name	MASTER ISHANT MEHTA	Doctor Name	Rajeev Khanna
Age/ Gender	12 Yr(s) 7 Mth(s) / Male	Designation	Associate Professor
Address	B-475 PREM NAGAR 2 KIRARI NANGLOI		Pediatric Hepatology
City and State	DELHI, DELHI	Payer Category	EWS

ILBS.0000258298

BP (mmHg) : 152/106	Pulse (per min): 112	Waist (cm) :
Height (cms) : 128	Weight (kgs) : 22kg	BMI (kg/m^2) :

Allergies :

Laboratory Tests
Amylase / Lipase / LDH
ANA / ASMA / Anti-LKM (1:80)
AMA(1:40) / AMA-M2
CBC / Hmg / Retic Count /
DCT / Iron Studies
Glucose (F / PP) / GTT
HbA1C / Serum Insulin
HIV I / II / HIV RNA
Kidney Function Test
LFT / LFT-Ar / Inflammatory markers' profile
Lipid Profile / Serum G-CSF
PT-INR /Autoimmune liver profile
AFP / AFP-L3 / PIVKA II
T3 / T4 / TSH / Serum Chromogranin
Total IgG / IgG4
Urine R / M | C / S / Urine NGAL
Vitamin B12 / D3 / RBC Folate

Hepatitis Panel
HBsAg / HBsAg(Q)/AntiHBs
HBeAg / AntiHBe / Anti HBc(T)
HBV DNA(Q) / Genotype /Resistance
Anti HCV / HCV RNA(Q) / HCV Genotype
IgM Anti HAV / IgM Anti HEV /HBc

Radiology and Imaging
X-ray Chest(PA) / Abdo / KUB
USG Upper / Whole Abdo / Pelvis / Doppler
CT Upper / Whole Abdo (Cont / Non-Cont)
MRI Upper Abdo / Whole Abdo / MRCP
(Contrast / Non Contrast)
Dexa Hip and Spine / Whole Body

Miscellaneous
Ascitic fluid Analysis (Cytology / Cell count
/SAAG /Total Protein / Amylase
/Triglycerides / ADA / PCR TB)
Fibroscan Liver / Fibroscan Spleen

Nutritional
Body Composition Analysis

Endoscopy
UGIE (Antral / D2 Bx) / Sig / Colonoscopy
Enteroscopy (Antegrade / Retrograde)
ERCP
EUS

1° Hyperoxaluria.
on HD 3 times a week for la
2 years.

gw

Urgent admission for CLKT evaluation.
Nephrology opinion — to get regular dialysis
at ILBS

Raj/W
28/10/22

Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / S

RADIOMETER ABL800 BASIC

ABL800 BASIC 754R2758N0008 - SICU 05:34 PM 10/28/2022
PATIENT REPORT Syringe - S 195uL Sample # 14929

Identifications		
Patient ID	41	Master Ishant Me12 Yr(s) 7 Mth(
Patient Last Name		2271-09 IPID.0084454
Sex	Unknowr	
Department (Pat.)		
Sample type	Venous	22456504
$FO_2(I)$	21.0 %	PLASMA COA
T	37.0 °C	

Blood Gas Values			
pH	7.355		[7.350 - 7.450]
↓ pCO_2	31.7	mmHg	[32.0 - 45.0]
↓ pO_2	50.8	mmHg	[83.0 - 108]
Temperature Corrected Values			
pH(T)	7.355		
$pCO_2(T)$	31.7	mmHg	
$pO_2(T)$	50.8	mmHg	
Electrolyte Values			
↓ cNa^+	129	mmol/L	[136 - 146]
↑ cK^+	5.4	mmol/L	[4.0 - 4.5]
↓ cCa^{2+}	1.05	mmol/L	[1.15 - 1.29]
Metabolite Values			
cGlu	96	mg/dL	[90 - 120]
↑ cLac	5.2	mmol/L	[0.5 - 1.6]
Oximetry Values			
↓ ctHb	9.4	g/dL	[12.0 - 17.5]
↓ sO_2	78.3	%	[95.0 - 99.0]
Acid Base Status			
$cHCO_3^-(P)_c$	17.2	mmol/L	
$cHCO_3^-(P.st)_c$	18.4	mmol/L	
ABE_c	-7.0	mmol/L	
SBE_c	-7.2	mmol/L	
Calculated Values			
Hct_c	29.1	%	

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)

Printed 5:35:48PM 10/28/2022

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 0.00
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No M-0519

Name	:	MASTER ISHANT MEHTA			
Age / Gender	:	12 Yr(s) / Mth(s) / Male	**UHID**		ILBS.0000258298
IP NO	:	IPID.0084454	**Patient's Phone**		7982248613
Referred By	:	Dr Rajeev Khanna	**Requisition No.**		3406627
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Bed**		2271-09
Date of Collection	:	28/Oct/2022 16:10	**Reporting Date**		28/Oct/2022 18:10
Payer Name	:	EWS	**Accession No.**		22456507

LABORATORY

IFST	Result	Unit	Reference Range
BIO - CHEMISTRY			
Liver Function Test / Profile-serum * [SERUM]**			
Serum Bilirubin Total{DPD}	0.35	mg/dl	0.3 - 1.2
Serum Bilirubin Direct{DPD}	0.1	mg/dl	< 0.2
Serum Bilirubin Indirect (Calculated)	0.25	mg/dl	0.2 - 0.8
Serum AST/SGOT {IFCC-Without P-5P}	31	IU/L	5 - 40
Serum ALT /SGPT (IFCC-Without P-5P}	6	IU/L	< 30
Serum Alkaline Phosphatase{IFCC Amp Buffer}	**710 *H**	IU/L	30 - 120
Serum GGT {IFCC}	**176 *H**	IU/L	< 55
Serum Total Protein{Biuret}	**4.61 *L**	g/dL	6.4 - 8.3
Serum Albumin {BCP Bromocresol Green}	**2.27 *L**	g/dL	3.8 - 5.4
Serum Globulin (Calculated)	2.34	gm/dl	
A\G Ratio (Calculated)	**0.97 *L**		1.5 - 2.5
Remarks: Please correlate clinically			
Kidney Function Test (KFT) * [SERUM]**			
BUN (Enzymatic)	54.9	mg/dl	
Serum Urea (GLDH Kinetic)	**117.486 *H**	mg/dl	13 - 43
Serum Creatinine (Modified Jaffe Kinetic)	**6.26 *H**	mg/dl	0.2 - 1
Serum Uric Acid(Uricase PAP)	7	mg/dl	3.5 - 7.2
Serum Sodium (Na)-Indirect	136.1	mmol/L	136 - 145
Serum Potassium (K)-Indirect	**5.69 *H**	mmol/L	3.5 - 5.1
Serum Chloride Indirect	99.7	mmol/L	98 - 107
Serum Bicarbonate(Enzymatic PEP-MD)	**17.1 *L**	mmol/L	21 - 31
eGFR	14	ml/min/1.73 m^2	

Remarks: Please correlate clinically

Dr SHERIN SARAH THOMAS
CONSULTANT

* Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 0.00
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No M-0519

Name	:	MASTER ISHANT MEHTA		
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**UHID**	ILBS.0000258298
IP NO	:	IPID.0084454	**Patient's Phone**	7982248613
Referred By	:	Dr Rajeev Khanna	**Requisition No.**	3406627
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Bed**	2271-09
Date of Collection	:	28/Oct/2022 16:10	**Reporting Date**	28/Oct/2022 18:10
Payer Name	:	EWS	**Accession No.**	22456507

LABORATORY

TEST	Result	Unit	Reference Range
HAEMATOLOGY			
CBC (Fully Automatic Haematology Cell Counter) * [EDTA Whole Blood]**			
Sample Type : EDTA Whole Blood			
Haemoglobin(Photometric Measurement)	**9.1 *L**	gm/dl	11.5 - 15.5
PCV / Haematocrit (Computed Value)	**28.8 *L**	%	35 - 45
Total Leucocyte count (TLC)	8.49	10~9/L	5 - 13
Platelet Count	250	10~9/L	180 - 400
Differential Leukocyte Count: -			
Neutrophils	69.8	%	40 - 75
Lymphocytes	**19.6 *L**	%	20 - 45
Monocytes	8.6	%	2 - 10
Eosinophils	1.3	%	1 - 6

Dr CHHAGAN BIHARI
Additional Professor

* Use of NABL symbol is subject to scope of accreditation

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India-110 070
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website:** http://www.ilbs.in

Name	:	MASTER ISHANT MEHTA		
Age / Gender	:	12 Yr(s) 7 Mth(s) / Male	**UHID**	ILBS.0000258298
IP NO	:	IPID.0084454	**Patient's Phone**	7982248613
Referred By	:	Dr Rajeev Khanna	**Requisition No.**	3406627
Ward	:	Paediatric General Ward 2nd Floor (Ph-2)	**Bed**	2271-09
Date of Collection	:	28/Oct/2022 16:10	**Reporting Date**	28/Oct/2022 18:10
Payer Name	:	EWS	**Accession No.**	22456507

LABORATORY

	Result	Unit	Reference Range
MICROBIOLOGY			
Serum Procalcitonin Assay [SERUM]			
PCT Level:	0.88	ng/ml	
Note;	Please read the following comments carefully.		

PCT <0.5 ng/ml- Local bacterial infection is possible, Systemic infection (sepsis) is not likely.
Caution:PCT levels below 0.5 ng/ml do not exclude an infection, because localised infections (without systemic signs) may be associated with such low levels. Also if the PCT measurement is done very early after following bacterial challenge (usually <6 hours), these values may still be low. In this case, PCT should be re-assessed 6 - 24 hours later. Low risk for progression to severe systemic infection (severe sepsis).
PCT >0.5 and <2 ng/ml- Systemic infection (sepsis) is possible, but various conditions are known to induce PCT as well .
Caution: Moderate risk for progression to severe systemic infection (severe sepsis).The patient should be closely monitored both clinically and by re-assessing PCT within 6 - 24 hours.
PCT>2 and <10 ng/ml- Systemic infection (sepsis) is likely, unless other causes are known.
Caution: High risk for progression to severe systemic infection (severe sepsis). PCT >10 ng/ml- Important systemic inflammatory response, almost exclusively due to severe bacterial sepsis or septic shock.High likelihood of severe sepsis or septic shock.
PCT>10ng/ml- Important systemic inflammatory response, almost exclusievly due to severe bacterial spesis or septic shock. High likelihood of severe sepsis or septic shock.

Limitation Of PCT

Increased PCT levels may not always be related to systemic infection:There are a few situations described where PCT can be elevated by non-infectious causes. These include, but are not limited to ·the first days after a major trauma, major surgical intervention, burns, treatment with OKT3 antibodies and other drugs stimulating the release of pro-inflammatory cytokines, small cell lung cancer, medullary C-cell carcinoma of the thyroid, neonates <48 h of life. ·patients with prolonged or severe cardiogenic shock, prolonged severe organ perfusion anomalies. Normal Subjects:Serum or plasma PCT concentrations of healthy persons measured with this assay are <0.5 ng/ml, thus below the detection limit of the assay.

Aerobic C&S Blood (Paediatric &Neonatology) * [WHOLE BLOOD]

Nature of Specimen	Blood
Culture After 24 hrs	No bacterial growth
Culture After 48 hrs	No bacterial growth
Culture After 5 days	No bacterial growth

Pratibha

Dr Pratibha R Kale
Assistant Professor

Dr VIKAS KHILLAN
Professor

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India 110.00
Phone No: 011-46300000 **Ext:** 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, **Email:** info@ilbs.in **Website** http://www.ilbs.in

Certificate No M-0579

Name	: MASTER ISHANT MEHTA		
Age / Gender	: 12 Yr(s) 7 Mth(s) / Male	**UHID**	ILBS.0000258298
IP NO	: IPID.0084454	**Patient's Phone**	7982248613
Referred By	: Dr Rajeev Khanna	**Requisition No.**	3406646
Ward	: Paediatric General Ward 2nd Floor (Ph-2)	**Bed**	2271-09
Date of Collection	: 28/Oct/2022 17:10	**Reporting Date**	28/Oct/2022 19:10
Payer Name	: EWS	**Accession No.**	22456528

LABORATORY

TEST	Result	Unit	Reference Range
BLOOD BANK			
Blood Grouping (ABO & Rh)	O Positive		
Indirect Anti Human Globulin Test (IAT/ICT)	Negative		
Direct Anti Human Globulin Test (DAT/DCT)	Negative		

Dr MEENU BAJPAI

Professor

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

* Use of NABL symbol is subject to scope of accreditation

12:30pm

23029

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)
D-1, Vasant Kunj, New Delhi, India
Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in

UHID	ILBS.0000258298	Date	04-Oct-2022 11:26 am
Patient Name	MASTER ISHANT MEHTA	Doctor Name	Bikrant Biharilal Raghuvanshi
Age/ Gender	12 Yr(s) 6 Mth(s) / Male	Designation	Associate Professor Pediatric Hepatology
Address	B-475 PREM NAGAR 2 KIRARI NANGLOI		
City and State	DELHI, DELHI	Payer Category	EWS

ILBS.0000258298

BP (mmHg) : 130/82	Pulse (per min): 90	Waist (cm) :
Height (cms) : 128	Weight (kgs) : 21.9	BMI (kg/m^2) :

Allergies :

Laboratory Tests
Amylase / Lipase / LDH
ANA / ASMA / Anti-LKM (1:80)
AMA(1:40) / AMA-M2
CBC / Hmg / Retic Count /
DCT / Iron Studies
Glucose (F / PP) / GTT
HbA1C / Serum Insulin
HIV I / II / HIV RNA
Kidney Function Test
LFT / LFT-Ar / Inflammatory markers' profile
Lipid Profile / Serum G-CSF
PT-INR /Autoimmune liver profile
AFP / AFP-L3 / PIVKA II
T3 / T4 / TSH / Serum Chromogranin
Total IgG / IgG4
Urine R / M | C / S / Urine NGAL
Vitamin B12 / D3 / RBC Folate

Hepatitis Panel
HBsAg / HBsAg(Q)/AntiHBs
HBeAg / AntiHBe / Anti HBc(T)
HBV DNA(Q) / Genotype /Resistance
Anti HCV / HCV RNA(Q) / HCV Genotype
IgM Anti HAV / IgM Anti HEV /HBc

Radiology and Imaging
X-ray Chest(PA) / Abdo / KUB
USG Upper / Whole Abdo / Pelvis / Doppler
CT Upper / Whole Abdo (Cont / Non-Cont)
MRI Upper Abdo / Whole Abdo / MRCP
(Contrast / Non Contrast)
Dexa Hip and Spine / Whole Body

Miscellaneous
Ascitic fluid Analysis (Cytology / Cell count
/SAAG /Total Protein / Amylase
/Triglycerides / ADA / PCR TB)
Fibroscan Liver / Fibroscan Spleen

Nutritional
Body Composition Analysis

Endoscopy
UGIE (Antral / D2 Bx) / Sig / Colonoscopy
Enteroscopy (Antegrade / Retrograde)
ERCP
EUS

SP-02-91H.

K/C/o CKD-5D on maintenance HD (thrice weekly).

Exome Sequencing

AGXT(+) c.302T>C (Homozygous)
(P. Leu101Pro)

Type I primary hyperoxaluria.

Blood group : B positive.

Adv (CISIB Dr. Bikrant Sir)

- Admit in Pediatric Hepatology ward
- DDLT Listing for liver & kidney.
- Pretransplant workup.

Bikrant
Dr Bikrant

Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / S

1.OMNIPAQUE 350 MG / IOMERON ~~400 MG 100 ML~~ ...01 (1)

2. CT SINGLE COILED 155cm/ VEIN O LINE 1

~~3. CT MEDRAD SYRINGE 190 ML(ZY6322) /.CT MEDRAD 'Y' EXT. 150 CM(ZY5154)~~ / CT MEDRAD SINGLE EXT. 150 CM(ZY5151) (0)

4. I V ~~CANNULA~~ 20G / 18G.....1p (1)

5. SYRINGE 10 ML / 20ML/50 ML/ 5 ML/ 02 ML....1

6. NS 100 ML / NS 500 ML / WATER FOR INJECTION 2

7 .NEEDLE 18G 2

8. GASTROVEDIO 30 ML...

9 .INJ.VISIPAQUE 320 MG/100ML....1P

10. UNSTERILE GLOVES 6.5....2

Priyanka
29510

11. RYLES TUBE 12 / 14.....1

12. I V TEGADERM.....1

13. THREE WAY EXTENSION....1

14. PEGLEC.....1

15. OMNISCAN 10mL.....1

16. MULTIHACE. . .. . 20 ML.....1

17.INJ.DOTAREM.... 10ML