



CHRISTIAN MEDICAL COLLEGE VELLORE
RANIPET CAMPUS - 632517
NEPHROLOGY UNIT III

MEDICAL REPORT

Consultants

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Name: GULAM NAVI AZAD
Age: 26 **Sex:** Male

Hospital number: AI45267
Visit date: 14-Feb-2026

Address: KISHUNPUR MOHAN
 PURUSHOTTAMPUR
 MUZAFFARPUR BIHAR **Pincode:** 844127

Diagnosis: AK report

Chronic kidney disease- eGFR 3ml/min/1.73m2
 -Native kidney disease
 - IgA nephropathy- IFTA 90%
 - Current access- Left RCF
 previous access: right IJV tunneled JVC

Complications

- Anemia of chronic disease
- Hyperuricemia
- Hyperphosphatemia
- Secondary hyperparathyroidism

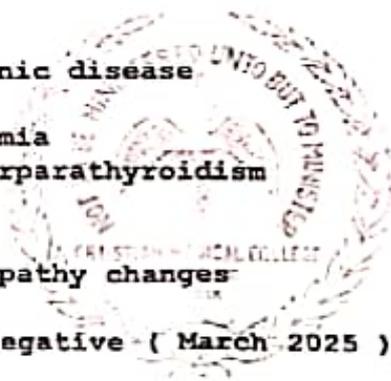
Hypertension

- Grade 1 retinopathy changes

CRBSI- culture negative (March 2025)

CRBSI- E.Faecalis- Completed oral antibiotics (t. Linezolid)

Current issue: Left RCF Wall hematoma



412323

History

Mr Gulam Navi Azad, a 26 year old gentleman, known case of CKD NFD - IgA Nephropathy on MHD 2/7 presented with complaints of swelling over the left RCF post cannulation on Wed

Screening done previously showed wall hematoma + branch veins

Patient was seen by Vascular Sx today and advised fistula rest

Currently on 2/7 MHD - last on Wed

PAST HISTORY

No diabetes mellitus, hypertension, ischemic heart disease, thyroid disorder
 No past surgeries

OUTSIDE REPORTS:

	11/2/25	13/2	3/3
Creatinine	13.1	9.56	18.8
Urea	179		234
Hb	6.8	6.8	9.8

Feb 2025
Urine protein **
TSH 13

3/3/25
USG abdomen
Right grade 3 and left grade 2 renal parenchymal disease

The patient was evaluated in the OPD and underwent a renal biopsy and was found to have IgA nephropathy with IFTA 90%. He was advised maintenance hemodialysis 2/7 along with permcath and AV fistula creation.

On Examination

Patient is conscious and oriented

BP - 150/90 mm Hg
PR - 87/min
SPO2 - 99% on RA
RR - 14/min
Afebrile

No pallor/edema
No icterus/cyanosis/clubbing/LN

CVS - S1S2 +
RS - NVBS +
P/A - Soft
CNS - NEMD

Investigations

16/01/2026 HAEMOGLOBIN
02/02/2026 PLATELET COUNT
02/02/2026 WBC TOTAL
02/02/2026 WBC DIFFERENTIAL



BLASTS
PRONYELOCYTES
MYELOCYTES
METAMYELOCYTES
BANDFORMS
NEUTROPHILS
EOSINOPHILS
BASOPHILS
LYMPHOCYTES
MONOCYTES
NUCL RED CELLS

02/02/2026 PT WITH INR
PATIENT 12.4
NORMAL RANGE 11.7-16.1
INR 0.91

02/02/2026 1/2Pt+1/2 Cont
APTT

INTERPRETATION SHOULD FACTOR IN SAMPLE COLLECTION

PATIENT 34.6 SECS
NORMAL RANGE 22-34 SECS
1/2Pt+1/2 Cont 29.1 SECS

09/02/2026 URINALYSIS ROUTINE

GM%
/ cumm 1,50,000-4,50,000
/ cumm 4,000-12,000

RBC:10 /hpf, WBC:4-5 /hpf, EC:0-1 /hpf, BACT:NIL,
 CRYSTAL:NIL, YEAST CELLS:NIL, PATH CAST:NIL, MUCUS:NIL

	GLUCOSE	++		
	BILIRUBIN	Negative		
	KETONE	Negative		
	SPEC. GRAVITY	1.013		1.015 - 1.025
	BLOOD	+		4.6 - 8.0
	PH	8.1		
	PROTEIN	+++		
	UROBILINOGEN	norm		
	NITRITE	Negative		
	LEUKOCYTES	+	MM/cumm	M
	RBC			
4.4-5.9:F	3.8-5.2			
02/02/2026	WBC			
	LFT		mg/dL	< 1.2
	BILIRUBIN TOTAL	0.47	mg ^l	
	DIPECT	0.22	g/dL	6.0-8.5
	PROTEIN TOTAL	8.1	g/dL	3.5-5.0
	ALBUMIN	5.0	U/L	< 40
	AST (SGOT)	55	U/L	< 41
	ALT (SGPT)	39	U/L	
	ALKALINE PHOSPHATASE	110	U/L	
Adult:40-125, Child<350, Adolescent:Upto 4 X Adult			g/dL	3.5-5.0
16/01/2026	ALBUMIN	4.5	mg ^l	M:3.4-7.0; F:2.4-
02/02/2026	URIC ACID	6.3	μIU/ml	0.3-4.5
02/02/2026	TSH	9.914	pg/ml	18.4 - 80.1
16/01/2026	PAPATHYROID HORMONE (PTH)	63.8		
01/02/2026	IPON		ug ^l	M 60-160;
	IPON	58		
F 40-145			ug ^l	M 300-400;
	TIBC	266		
F 250-350				
16/01/2026	SERUM ELECTPOLYTES		m mol/L	135-145
	SODIUM	143	m mol/L	3.5-5.0
	POTASSIUM	5.2	m mol/L	22-29
	BICARBONATE	22		
16/01/2026	CALCIUM AND PHOSPHATE		mg ^l	8.3-10.4
	CALCIUM	9.79	mg ^l	2.5-4.6
	PHOSPHORUS	3.1		
03/02/2026	LIPID PROFILE - FASTING		mg/dL	
	CHOLESTPOL - TOTAL	132	mg/dL	
<200(Normal), 200-239(Border line high), >=240(High)				
	TRIGLYCEPIDE SERUM	178	mg/dL	
<150(Optimal), 150-199(Border line high), 200-499(High), >=50			mg/dL	>60
	CHOLESTEROL - HDL	30	mg/dL	
(Negative risk factor), <40 (Risk factor)			mg/dL	<
	CHOLESTEROL - LDL	73		
100(Optimal), 100-129(near optimal), 130-159(borderline),			ng/ml	M 22-322;
01/02/2026	FEPPITIN	467.7		
F 10-291			ng/ml	> 30
02/02/2026	VITAMIN D(25 OH)	28.9		
03/02/2026	ECG(CARDIOLOGY)	REPORT UPLOADED		
02/02/2026	ANTI HBC	NEGATIVE		
02/02/2026	ANTI HBS	489.91	mIU/mL	<10
mIU/mL-Non reactive-NOT PROTECTIVE;>10 mIU/mL-Reactive-P				
16/01/2026	PAPID BLOOD BOPHE VIRUS SCREEN			
	HIV	NEGATIVE		
	HbsAg	NEGATIVE		
	HCV	NEGATIVE		
03/02/2026	STOOL ROUTINE PAPASITES	NO ENTERIC PARA		
	SITES SEEN			
06/02/2026	STOOL OCCULT BLOOD	NEGATIVE		
06/02/2026	STOOL OCCULT BLOOD	NEGATIVE		
03/02/2026	STOOL OCCULT BLOOD	NEGATIVE		
11/02/2026	UROFLOW AND POST VOID RESIDUE (UPOLOGY)	Report Uploaded		
	MAXIMUM FLOW RATE 8 ML/SEC; VOIDED VOLUME 52 ML; POST VOID			



RESIDUAL URINE 10 ML.
19/01/2026 IM / SUBCUTANEOUS INJECTION / ID

Discussion

Continue MHD 2/7, Tuesday/Friday

Dialyser: F6 Fresenius
Surface area: 1.3 sq. m

Access: Femoral; Left RCF
Blood Flow: 250 ml/min
Venous pressure: 46 mm Hg

Dialysate: Flow: 500 ml/min
Potassium: 1.5 Meq/l.
Sodium modelling: No
Dialysate conductivity: 14.0
Heparin Schedule: 3500 Bolus, 1000 units hourly infusion (Systemic)

Duration of dialysis: 4 hours thrice weekly

Virology Status:
HBsAg: Neg Anti HCV: Neg HIV: Neg

Anti HSCAb: Neg
HBeAg: Not applicable
HBV DNA: Not applicable
HCV RNA: Not applicable
Anti HBs titre

Intradialytic complications:
No Hypotension
Cramps - at weight less than 52 kg
No Hypoglycemia
No Headache
No Arrhythmias

Vaccination Schedule:
Inj. Hepatitis B vaccine 20 micrograms each deltoid AM for
0 dose given on: 4.9.2025
1st dose: 4.10.2025
2nd dose: 5.11.2025
Booster dose due on 5.4.2026

Erythropoietin brand - Inj Cresp 40 mcg s/c weekly once

Dry weight: 53 Kg

C/D/W Dr Manish (Nephro 3)

To follow up Urea, Potassium today --> If required to dialyze via JVC today

If not to plan for HD via Perm cath on Monday based on repeat Urea, electrolytes - To keep low threshold for JVC insertion --> Potassium elevated - Initiated on HD via temp JVC.

Screening done - No thrombus visualized.

Recommendations

Advise:

T Nocardia-R 20 mg BD, 9am-2pm-10 pm
T Iratoni-XI 2.5 mg BD, 9am-9pm
T Concor 5 mg OD, 10 am

Sevelamer 400 mg BD
Nedosia 500 mg BD
EidoFe Forte 1 tab once daily
Zincovit 1 tab once daily

GENERAL ADVICE

- >>>To Continue Thrice weekly (4 hourly) Hemodialysis
- >>>Please stick to the advised diet especially to fluid restriction
- >>>Avoid taking antihypertensive drugs prior to dialysis on HD days. Continue antihypertensives regularly on other days
- >>>To get an AV fistula made at the earliest
- >>>To complete Hepatitis B vaccination as per schedule given above

REGULAR MONITORING:

- >>>To monitor blood pressures regularly and titrate dose of antihypertensives in consult with the physician
- >>>To Monitor Hb once a month and initiate / adjust dose of / discontinue erythropoietin in order to maintain Hb b/w 11.5 and 13.5 mg/dl
- >>>To monitor renal functions once a month
- >>>To Monitor iron indices (Serum Ferritin / Serum Iron and Serum total iron binding capacity) once in 3-4 months or when indicated; and to replace iron if found necessary
- >>>To monitor serum calcium and phosphate once a month and adjust dose of calcium supplements and phosphate binders accordingly
- >>>To monitor PTH regularly (once in 3-4 months or when indicated) and initiate / adjust dose of / discontinue Vitamin D supplements for parathormone suppression to maintain for PTH levels around 250-350pg/ml

DIALYSIS ACCESS CATHETER CARE:

- >>>Keep the Catheter clean
- >>>Avoid soiling / wetting the catheter site
- >>>Regular shaving of the area (men)
- >>>Changing of dressing of the catheter site with every dialysis and every time it is soiled or wet
- >>>Fever / pus discharge or tenderness or redness at the catheter site should be brought to the notice of the doctor at the dialysis unit
- >>>If the Catheter is loose or the sutures have come off or if the catheter has come out kindly come at once to the dialysis unit and contact the doctor or sister on duty.
- >>>Long term dialysis is not advisable and has several problems. Hence it is important to get an AV Fistula made at the earliest

AV FISTULA CARE

- >>>Avoid using the arm on which AVF is made for giving blood or measuring blood pressure.
- >>>Do not wear any tight constricting bands or clothing on the side of the AV fistula.
- >>>Avoid lying down on the arm which has the fistula
- >>>Clean the area of the AV fistula with soap and water before coming for dialysis
- >>>Keep monitoring the thrill of the fistula every time before and after dialysis
- >>>Any time the thrill is not felt, come to the dialysis unit immediately and bring it to the notice of the doctor at once - meanwhile keep doing the hand exercises advised
- >>>If there is pain or chord like feeling of the vein, inform the doctor and apply Thrombophob ointment
- >>>In case of bleeding from the AVF site / increased swelling - keep the limb elevated and bring it to the notice of the doctor
- >>>Avoid injury to the limb with the AV fistula
- >>>Regular exercise of the arm with the fistula

for Dr. Nivin Daniel Stanley
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