umr: 154T813.

KENYATTA NATIONAL HOSPITAL

ATTENDANCE CARD

UNIT No. _____

Name..... Protus Kakai .....

Address..... Mukhonge .....

.....

Other Number.....

This Card should be kept by the patient and produced at all revists to any health institution

INTERNAL DATA:LD462OHS5ZDKDE2NR53R6NNXP4
RECEIPT SIGNATURE:AE4ANNVDZKRI5QMI
SCU ID:KRACU0300001414
SCU INVOICE NO:KRACU0300001414/1076600

Sonar Imaging centre

Cash Invoice

INVOICE NO : NBI1076600
DATE: 29-8-2025 2:19:31PM
P051215992M

Bill To :	NBI Cash Customer	Patient No :	0717411083
		Patient Name :	PROTUS MUKHONGO KAKAI
		Membership No :	0717411083
		Next of Kin :	
Medical Plan :		C/o :	
Currency :	KES	Doctor Name :	BEN
Terms :			

No.	Description	Quantity	Unit Price (KES)	Disc(KES)	Amount (KES)
1	MCU	1	7,500.00	0.00	7,500.00

Total	**7,500.00**
Discount	**0.00**
Balance Due	**7,500.00**

Patient Sign Checked By: Felix Sindani ~~~Date: **8/29/2025** **2:19:31PM**

SONAR IMAGING CENTRE
P. O. Box 19433 - 00202, NAIROBI
Tel: 0721 550 654 / 0715 043 514
Email: info@sonarimagingcentre.com

KENYATTA NATIONAL HOSPITAL
KNH
Kenyatta, Nairobi, Kenya
020-2726300

Receipt

Due # : ORS077/4968 31-Mar-2026
UMR # : UM803880/8
Name : Mr.PROTUS MUKHONGO KAKAI
Age : 54Y(s) Gender : Male
Paid By : Mr.PROTUS MUKHONGO KAKAI
Created : JULIUS MULATI MUKONYOLE
Created On : 31-Mar-2026 03:01 PM
Printed : JM200031 31-Mar-2026 03:01 PM

S.No	Invoice #	Invoice Amt
1	CRE1147075	8,750.00
	Due Recovered :	8,750.00

Pay Mode	Amount	Ex Rate	Conv Amt
KSh			
M-Pesa	8,750.00	1.0000	8,750.00

Reference No : AVNYNQDD

THANK YOU

Patient/Receivers Signature

Request Courtesy Doctor

KENYATTA NATIONAL HOSPITAL KNH: 211
DIAGNOSTICS AND HEALTH INFORMATION
RAL LABORATORY REQUEST FORM

MUKHONGO	Hos No 388028	Date: 31/03/2026
To be sent to: Renal		Tel. No.
o:	Receipt No:	Specimen type:
ne: Dr	Tel:	Priority ☐ Urgent (*tick) ☐ Routine

Dx:

BIOCHEMISTRY		MICROBIOLOGY	IMMUNOLOGY
( )UEC	**Endocrinology**	( )Routine MC & S	( ) CD4
( )Liver function Tests	( )Thyroid Function Test	( ) CSF cell count MC&S	( ) CRP
( )Fasting Lipid Profile	( ) TSH	( ) Blood culture	( ) ANF
( )Amylase	( ) B-HCG	( ) Fungal M& C	( ) ASOT
( )Lipase	( ) FSH	( )Urine routine	( ) Toxoplasma
( )Total Bilirubin	( ) LH	( ) Urine MC& S	( ) RF
( )Direct Bilirubin	( ) Oestradiol (E2)	( ) Stool MC &S	( )Syphilis serology
( )Bone Chemistry	( ) Progesterone	TB Investigation	**PARASITOLOGY**
( ) Creatinine Kinase (CK)	( ) Prolactin	( ) Microscopy	( ) stool
( )Uric Acid	( ) Testosterone	( ) Culture	( ) Blood slide /mps
( ) CK-MB	( )AFP	( ) Sensitivity	( )PDT
( ) HbA1C	( ) PTH	**VIROLOGY**	( ) Urinalysis
( ) FBS	( ) Cortisol AM	HIV testing	**HAEMATOLOGY**
( ) RBS	( ) Cortisol PM	( ) HIV serology	( ) FBC & ESR
( ) Lactate	( ) CEA	( )HIV viral load	( ) PBF
( ) LDH	( ) CA 125	( ) PCR : HIV	( ) Reticulocyte count
( ) Fluid chemistry	( ) CA 15-3	Hepatitis serology	( ) Factor assays (VIII $ IX)
( ) CSF Chemistry	( ) CA 19- 9	Y Clinical hepatitis	( )Bleeding time test
( ) D-Dimers	( ) TPSA	( ) A ( ) B ( ) C	( )Platelet aggregation
( ) CRP	( ) FPSA	Other serology	( )Lupus anticoagulant
( )CSFMicroprotein	( ) FERRITIN	( ) CMV	( )D- dimer
( ) CSF Sugar	( ) VIT B12	( ) EBV	( ) INR
( ) Urine Microalbumin	( ) Folates	( ) HSV	( ) APTT
( )Blood Gas analysis	( ) TROPONIN I	( ) VZV	( ) Fibrinogen
( ) Electrolytes	( ) TROPONIN T	( ) Rubella	( ) Thrombin Time
( ) Neonatal Bilirubin	( ) TROPNONIN HS	( ) Measles	( ) Hb Electrophoresis
( ) Pcv / Hb	( ) Growth Hormone	( ) Mumps	( ) BMA cytology
( ) Procalcitonin	( ) Vitamin D	( ) VDRL	( ) Inhibitor Screen
( ) Cyclosporine	( ) DHEA-S	( ) Rotavirus	( ) L . E Cells
( ) Tacrolimus	( ) MYOGLOBIN		( ) KCT
			( ) FNA/CSF Cytology

OTHER TESTS / REMARKS

ESRD on HD.
Hemodialysis after Coronary angiogram
S.

KENYATTA NATIONAL HOSPITAL

KNH: 206 *revised*

RADIOLOGICAL REQUEST / REPORT FORM

PATIENT NAME:	Pastus Mulchongo Kekai			Hosp. No.	2352156
D.O.B /AGE	54y	GENDER: M	WD / CLINIC/PVT	R/4	PT. TEL. No.
Appointment: Date.....Time.....			Portable:	X-RAY No:	
INT No.	Charges		INVOICE No.	RECEIPT / C/ S. No.	NHIF No.

Brief Clinical Summary:

Pt on hd kidney Reupent
HTN / ESRD on HD

Date of L.M.P.....

Type of Investigations Requested:

	Tick	Type of Investigations	Specification	Charge
1		General radiography		
2		Computerized Tomography (CT scan)	Coronary angiogram.	
3		Magnetic Resonance Imaging(MRI scan)		
4		Ultrasound (U/S)		
5		Fluoroscopy		
6		Interventional Radiology		
7		Mammography		
8		Others: (Specify).....		

Requested by: Doctor's Name.....Mayam.....Signature.....Date.....

Requesting Doctor's Tel. No.....

INSTRUCTIONS:

1. **Patients to avail previous Scans / X-Ray films during the procedure.**
2. **Pelvic Ultra Sound and early Obstetrics patients to have full bladder by taking (4 – 6) glasses of wat minutes before the procedure .**
3. **Barium Meal / Abdominal Ultra Sound Scan / CT Scan the patients should starve for 6 hours befor examination.**
4. **Preparation for other specific examinations will be advised on booking the exam**

For official use:

Radiographer Name.....Signature.....Date.....

Please Turn Over for report

No. of Films	

Dr. Kalebi Labs

Patient Name:	**Protus Kakai .**	Registration Location:	**DKL Central Referral Lab**
Phone:	**254717411083**	Destination Location:	**DKL Central Referral Lab**
Age/Gender:	**55 Yr(s) / M**	Reference:	**CASH**
Prescriber:	**Self**	Payer / Guarantor:	

KENAS MEDICAL LABORATORY ML/176

Dr. Kalebi Labs (DKL) is a KMLTTB Class G National & International Reference Lab, duly ISO 15189:2022 accredited by KENAS from 20-12-2024 (just three months post-launch) for the test scope under certificate ML/176.

Case ID: 1002-08-06
Patient No: 1001-26-103479

DKL Urine Tests

Registration Date: 08, Jun, 2026 | 08:16
Reporting Date: 08, Jun, 2026 | 09:44

DKL Urine Tests

Physical Examination

Colour:	Straw	**Turbidity:**	Clear
Deposit:	Nil	**Volume:**	Adequate

Chemical Examination

Parameter Name	Reference Value	Result
SP Gravity	1.005-1.030	1.012
pH	5.0-8.0	7.5
Leukocyte Estrases	Nil	2+
Nitrite	Negative	Negative
Proteins	Nil	2+

Parameter Name	Reference Value	Result
Sugar	Nil	Nil
Ketones	Nil	Nil
Urobilinogen	Normal	Normal
Bilirubin	Nil	Nil
Heamoglobin	Nil	1+

Microscopic Examination

Parameter Name	Reference Value	Unit	Result
Pus Cells	0-5	/HPF	1.0-5.0
Red Blood Cell	0-5	/HPF	0.0-1.0
Epithelial Cells	0-5	/HPF	1.0-5.0
Amorphous	Nil	/HPF	Nil

Parameter Name	Reference Value	Unit	Result
Organisms	Nil	/HPF	Nil
Yeast Cells	Nil	/HPF	Nil
Dead Sperms	Nil	/HPF	Nil
Misc	Nil	/HPF	Nil

Casts:

Crystals:

Significant findings include 2+ protein and 1+ blood, along with leukocyte esterase present. These results suggest possible renal pathology or urinary tract infection. Further evaluation with microscopy and culture may be warranted to confirm the diagnosis and guide appropriate treatment.

Electronically Verified Report.

No Signature Required. Lab reports should be interpreted by a clinician in correlation with clinical, any other pathological and radiological findings. Specific details on samples and completeness of the report are available on the DKL online portal.

Approved By
Paul Ngala
Lab Technologist

Principal Pathologist	Chief Anatomical Pathologist	Lead Clinical Pathologist	Technical Director & CTO	Lab Superintendent (MLS)
Dr. Ahmed Kalebi	**Dr. Muthoni Kirimi**	**Dr. Swaleh Nyae**	**Dr. Rabia Mukadam PhD**	**Abdullahi Mohamed**

City Health

Odeon Building, Tom Mboya Street, Nairobi
Tel: +254204408298 | Email: info@cityhealth.co.ke

PHARMACY BILL RECEIPT

Bill No: PHARM-003211
Date: 24 Jun 2026, 10:32 AM
Cashier: Super Admin

Payment Method: Cash
Status: PAID
Print Time: 24 Jun 2026, 10:41 AM

Customer Information REGISTERED

Name: Protus M. Kakai
ID: CHH/202606/25465
Phone: 0717411083

#	Medicine Details	Qty	Unit Price	Amount
1	**AVAMYS NASAL SPRAY**	1	Ksh.1,800.00	Ksh.1,800.00
2	**LEVOLUCAST ADULT TABS**	7	Ksh.100.00	Ksh.700.00
3	**YESCORT 18MG**	1	Ksh.80.00	Ksh.80.00

Subtotal: Ksh.2,580.00

NET AMOUNT: **Ksh.2,580.00**

Payment Method: Cash
Amount Paid: Ksh.2,580.00

Notes: Bulk payment

CITY HEALTH HOSPITAL LTD. ★ P.O. BOX 31725 - 00100, NAIROBI ★
0794563471
24 JUN 2026
TEL:0204408298

Thank you for your business!

Keep this receipt for warranty and returns
All sales are final unless otherwise specified

Generated by City Health - 2026

KNH 304

KENYATTA NATIONAL HOSPITAL

IN-PATIENT / OUT-PATIENT
CONTINUATION SHEET

IP / OP No. UMR-0358028
Name. Protus Mukhongo
Age. (A) Sex. Male
Ward / Clinic. Transplant
Date. 27/01/26

To Whom it May Concern:

RE: Protus Mukhongo: Dialysis Instructions/ optimization:

- We currently evaluating Protus for potential Kidney transplant and we would like to recommend optimization of his dialysis given his creatinine levels have ranged above 1000 umol/L;

We recommend:

i) Blood flow rates 350-450 ml/min
ii) Dialysate flow 500-800ml/min
iii) High flux dialyzer (HIF 19-21)
iv) Dialysis time 4.5 hrs - x2 weekly
v) Target Single pool Kt/v 1.4
vi) Assess for recirculation
vii) Target UF; 2.5-3 Ltrs or as hemodynamically appropriate.

Regards

FOREST JAPAN MEDICAL CENTRE

Managed by Grand Forest Japan Hospital LTD

Nairobi office: Fortis Suites 2nd floor, Hospital Road, Upper hill
P.O. Box 23260-00100, NairobiE-mail: dx@grandforest.jp
Head office: SUWANOMORI HOSPITAL888-6 Tsumori, Oita City, Oita, 870-0945 Japan
Services: Radiology, Laboratory, Endoscopy and Rehabilitation

RADIOLOGY REPORT

Name:	PROTUS MUKHONGO		
PID:	FJ-25100203473	**Age:**	54Y
Study Date:	2025-10-02	**Gender:**	M
Ref. Doc:	AGNESS		
History:	COUGH AND WEIGHT LOSS		

CHEST RADIOGRAPH

Clinical History: Patient on dialysis with hx of cough and weight loss. Has been treated for pneumonia with no improvement. R/O PTB.

Findings:

Lung parenchyma is normal.

Normal pulmonary vascular distribution is maintained.

No hilar or mediastinal lesion is seen.

Bilateral cardiophrenic and costophrenic angles are clear.

The cardiac size and configuration are within normal limits. CTR = 12:28

The visualised bony thoracic cage and soft tissues are normal.

Conclusion:

Unremarkable chest radiograph findings.

No features of PTB seen.

(Consider CT Chest for further evaluation).

FOREST JAPAN MEDICAL CENTRE
P. O. Box 23260 - 00100
NAIROBI

Reported by: DR. OCHOLLA D.A.

Report signed time: 2025-10-02 16:31:15

>

Scan QR code or use the links to access your images.

Anonymized, login not required: https://radweb-tele.com:82/view.html?s=yURtPXjGulPaGJ8C