



Date:- 29/03/2022

## CASE SUMMARY

**Name:** -Mr. Surya Bhan Singh

**Age/Sex:-** 72/M

**DOA:-** 21/03/2022

**Diagnosis:-** FibroticILD (UIP/NSIP) with HTN with Hypothyroidism.

A 72 years old male patient admitted in hospital with C/O Cough with Mild Expectorations, Dyspnea – 4 days, fever since 1 days, dry mouth.

**HISTORY OF PRESENT ILLNESS:-** Patient was asymptomatic 2 years back, when he developed cough which was intermittent, dry and progressive in nature. Patient also developed difficulty in breathing since last 6 months. Dyspnea progressed from MMRC Grade I to Grade IV.

Patient visited at our hospital first time on 3<sup>rd</sup> June, 2021. At that time patient vitals were SpO<sub>2</sub> – 96 % RA, RR – 32/min, PR – 81/min and on auscultation B/L Velcro crepts. He was diagnosed as FibroticILD and put on Antifibrotic and Seromune. His autoimmune profile was ANA 1+ (1:00), Anti CCP (-), ENA (-), SACE (-), ABPA (-). Patient is on our regular follow up and advised.

He is admitted in our hospital on 21/03/2022 with SpO<sub>2</sub> – 93 % RA, PR – 30/min, RR – 84/min. at present his saturation drops to 76 % on exertion and recovers on rest within 5 minutes up to 94 % @ RA.

Patient was managed conservatively with I.V. antibiotics, I.V. Steroids, Inj. LMWH, Antifungal, Diuretic, Nebulisation and other supportive treatment.

**HRCT Thorax (28/01/2022):-** ILD [CH. HSP/NSIP/ UIP (Fibrotic type) with secondary Pulmonary Hypertension].

**PFT (05/07/2021):-** Mild Restrictive Disease.

**6MWT (28/01/2022):-**

→ Total Distance:- 285 m

	Pre	Post	3 Min after Review
→ HR	70	94	70
→ RR	26	30	26
→ SpO <sub>2</sub>	97	84	99

**2D ECHO (21/03/2022):-**EF – 73 %, Trivial TR (RVSP = 28mmHg).



Mandir Marg, Mahanagar, Lucknow-226006, U.P. (INDIA)

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Consultation Timing : Monday To Saturday (12.00 Am To 10.00 Pm), Sunday Closed

E-mail : midlandlko@gmail.com, Website : www.midlandhealthcare.org

**RT-PCR (21/03/2022):-** Negative

**ESR Westergreen:-** 74 min/hr

**HbA1C:-** 7.1%.

**KFT:-** BUN – 10.63, S. Creat. – 0.68, Na<sup>+</sup> - 137.80, K<sup>+</sup> - 4.21, Total Prot. - 5.78, Albumin – 3.90, Chloride – 93.10.

**LFT:-** Bilrubin total – 0.41, SGPT – 15.30, SGOT – 18.30, Alk. Phosp. – 188.10.

**S.PCT:-** 0.15

HIV I & II – Negative

TLC – 8.1

HbsAg – Negative

Hb – 11.4

HCV – Negative

Plt – 213

N<sub>7.3</sub>, L<sub>0.3</sub>, M<sub>0.3</sub>, E<sub>0.1</sub>

**S.CRP –** 17.22,

**D – Dimer –** 583.1

**IL6 –** 25.64 Pg/ml (0.00 – 7.00)

**Bactec Blood C/S:-** There is no growth of any aerobic/pyogenic organism.

**26/03/2022:-** LFT – S. Bil. Total – 0.33, SGPT/SGOT – 28.70/18.10, Alk. Pho. – 179.13, S.CRP – 17.33.

**Vital at the time of admission**

**Spo<sub>2</sub> –** 93 % @ R/A

**PR –** 84 b/min

**RR –** 28/min

**BP –** 140/80 mmHg

**Temp –** 99° F

**Present Time**

**Spo<sub>2</sub> –** 96 % @ R/A

**PR –** 68 b/min

**RR –** 26/min

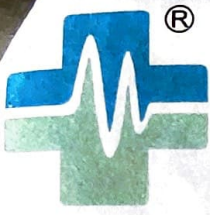
**BP –** 140/80mmHg

**Temp –** 97.2° F

**ON GOING TREATMENT-**

- 1) O<sub>2</sub> Inhalation to maintain 90 – 92 %.
- 2) Neb. LEVOLIN 0.63 mg 1 resp. QID  
FORACORT 0.5 mg 1 resp. BD
- 3) Inj. ORRO 3.0 gm I.V. x BD.
- 4) Inj. DALACIN 600 mg I.V. x TDS.
- 5) Inj. SOLUMEDROL 40mg I.V. x TDS.
- 6) Tab. FORCON 200 mg 1 x BD.
- 7) Tab. NINTENA 100 mg 1 x BD.
- 8) Inj. PAN 40mg I.V. x OD
- 9) Inj. CLEXANE 0.6 ml S/C x OD.





10) Tab. CALVIT	500 mg	1 x BD.
11) Cap. DV 60k		ONCE A WEEK
12) Tab. CILACAR	10 mg	1 x BD.
13) Tab. EMBETA	XR <sub>25</sub>	1 x OD (E).
14) Tab. LASILACTONE	50 mg	1 x OD (M).
15) Tab. GABAPIN	300 mg	1 x OD
16) Tab. EVION LC		1 x OD.
17) Tab. TELEKAST – L		1 x HS.
18) Tab. ALEX SF		2 x TDS.
19) Tab. Dytor	10 mg	1 x OD (10 AM).
20) Cap. MEGANEURON		1 x OD.
21) Tab. WETFAST		1 x TDS.
22) Syp. QEX – D	7.5 ml	x TDS.
23) Inj. Actrapid 12-10-8	S/C	x TDS.
RBS Monitoring		x TDS.

**MIDLAND HEALTH CARE & RESEARCH CENTER**

B-55, MANDIR MARG, MAHANAGAR, LUCKNOW-226006

Page 1 of 7

**Case Summary / Discharge Slip**

<b>Patient Name</b> : Mr. SURYA BHAN SINGH	<b>Age / Sex</b> : 72 Years / Male
<b>Guardian Name</b> : S/O LATE HARIHAR PRASAD SINGH	<b>IPD No.</b> : 3380 <b>UHID No.</b> : 201576499
<b>Address</b> : 1021 CIVIL LINE SULTANPUR	<b>Room No.</b> : Pvt-206 SD
<b>Mobile No.</b> : 9452298771	<b>Dt. of Admission:</b> 21/Mar/2022 <b>Time -</b> 12:39
	<b>Dt. of Discharge</b> : 30/Mar/2022 <b>Time -</b> 22:18
<b>Cons. Name</b> : Pulmonary Medicine & Critical Care	
<b>Other Cons. 1</b> : DR SWAPNIL PATHAK MD (MEDICINE) DM	
<b>Department</b> : Pulmonary Medicine & Critical Care	
<b>Mobile No.</b> :	
<b>MCI Reg. No.</b> :	

**Final Diagnosis**

Fibrotic ILD / Chronic HSP/NSIP/UIP With HTN with Hypothyroidism / DM Recently Diagnosed.

**Complaints**

A 72 yr.old male patient admitted in hospital with c/o cough with mild Expectorations since 4-5 days with Fever 1days.

**History of Present Illness**

Pt.was asymptomatic 2 yr.back,when he developed cough which was intermittent,dry and progressive in nature .Pt. also developed difficulty in breathing since last 6 month.Dyspnea progressed from MMRC Grade 1 to Grade 4.

Pt.visited at our hospital first time on 3rd june,2021.At that time patient vital was Spo2-96% RA,RR-32/min,PR-81/min and on auscultation B/L Veloro crepts.He was diagnosed as Fibrotic ILD and put on Antifibrotic and Seromune.His autoimmune profile was ANA 1+(1:00),Anti CCP (-),ENA (-),SACE(-),ABPA(-).Pt.is on our regular follow up and advised.

He is admitted in our hospital on 21/03/22 with Spo2-93% RA,PR-84/min,RR-30/min.At present his saturation drop to 76% on exertion and recover on rest within 5 min.upto 94% @RA.

**Clinical Findings On Admission**BP-140/80mmHg  
PR-84/min  
SPO2-93%R/A  
TEMP-99.1°F  
RR-30/min**Clinical Findings At The Time of Discharge**BP- 130/80mmHg  
PR-82/min  
SPO2-96%R/A  
TEMP-98.1°F  
RR-22/min**Hospitalization Summary**

Pt.was managed conservatively with IV Antibiotics,IV Steroids,Inj.LMWH,Antifungal,Diuretic,Nebulisation and other supportive treatment.Pt.discharge on improvement.

RT PCR Covid - 19 (-ve )on Date- 21/3/2022.

2D - ECHO Report on Date- 21/03/22

Final Impression -

- ALL CHAMBERS ARE NORMAL
- DIASTOLIC DYSFUNCTION GRADE - I
- TRIVIAL TR (RVSP=28mmHg )
- NO PAH
- NO RWMA
- LVEF = 73%
- NO CLOT / VEG / PERICARDIAL EFFUSION

COLOUR DOPPLER STUDY OF LEFT LOWER LIMBS & ARTERIES VENOUS -  
IMPRESSION -

-COLOUR AND PULSED DOPPLER FINDINGS DO NOT

REVEAL ANY SIGNIFICANT ABNORMALITY IN THE ARTERIAL AND VENOUS SYSTEM OF LOWER LIMB.

HRCT CHEST ON DATE- 28/1/2022.

IMPRESSION -

- F/S/O : INTERSTITIAL LUNG DISEASE [ LIKELY NSIP ] WITH

SECONDARY PULMONARY HYPERTENSION.

D/D INCLUDES- COMBINED PULMOARY EMPHYSEMA WITH FIBROSIS.

INCIDENTAL -

- ADVANCED DEGENERATIVE CHANGES IN D-L SPINE WITH SPONDYLODISCITIS AT MULTIPLE

LEVELS.



Patient Name : Mr. SURYA BHAN SINGH

Reg. No. : 201576499 | IPD. No. : 3380

Treatment given during Hospitalization

Inj. Orro 3gm IVXBD 10 Days  
 Inj. Dalacin 600mg IVXTDS 10 Days  
 Tab Azee 500mg 1XOD 3 Days  
 Inj Solumedrol 1gm IVXOD 3Days then 125mg IVXBD 3Days then 40mg IVXTDS 4 Days

Next Follow-up With Investigation Advised

After 10 days with report.

Treatment/Advised at the Time of Discharge

O2 Inhalation to maintain Spo2- 90-95%  
 BP & RBS Monitor and control.  
 Diabetic and Non oily Diet as Advice.  
 Pul.Rehab  
 CBC,S.CRP, KFT, LFT

Medicine Advice at The Time of Discharge

Neb Levolin 0.63 mg 1 resp	FOUR.TIMES.A.DAY For 10 Days Rinse mouth after it
Neb Foracort 0.5 mg 1RESP	TWICE A DAY For 10 Days Rinse mouth after it
Neb Nebzmart - G 1Resp	TWICE A DAY For 10 Days Rinse mouth after it
Tab Gudcef CV 200mg	TWICE A DAY For 7 Days
Tab Medrol 16 mg 2 tab OD <i>bedtime</i>	ONCE A DAY For 5 Days then dec . 4mg every 4th days
Tab Forcon 200 mg. - 8.00 pm	TWICE A DAY For 10 Days
Tab Nintena 150 mg	TWICE A DAY For 10 Days
Tab Seromun 500mg 2tab ( <i>Mycophenolate</i> )	TWICE A DAY For 10 Days
Tab Bayurab DRS	ONCE A DAY For 10 Days
Tab Calvit 500mg	TWICE A DAY For 10 Days
Cap DV 60 K 1tab <i>3/3</i>	ONCE A WEEK For 10 Days
Tab Cilacar 10mg	TWICE A DAY For 10 Days
Tab Embeta XR 25mg - <i>metoprolol</i>	ONCE A DAY For 10 Days 25 mg 1tab OD (evening 5pm)
Tab Gabapin 300mg	ONCE A DAY For 10 Days
Tab Evion LC 1tab	ONCE A DAY For 10 Days
Tab Telekast -L 1tab	AT BED TIME For 10 Days
Tab Alex SF 2tab <i>रवासी के लिए</i>	THRICE A DAY For 10 Days
Tab Dytor plus 10/50 mg 1/2 tab	ONCE A DAY For 10 Days MORNING 8 AM
Tab Mucinac 600mg <i>12घण्टी के साथ समान अंतर पर</i>	THRICE A DAY For 10 Days
Syp Qex-D 5ml	THRICE A DAY For 10 Days
Inj Actrapid s/c as acc per scale - <i>Insulin</i>	THRICE A DAY For 10 Days

Date	Test Name	Observed Values
	<b>Hematology</b>	<i>M/W - Chlorhexidine - TDS</i>
21/Mar/2022	ESR WESTERGREEN	74
21/Mar/2022	<b>C.B.C.</b>	
21/Mar/2022	Hb%	11.40 gm%
21/Mar/2022	T.L.C.	8100.00 c/mm
21/Mar/2022	DLC	.
21/Mar/2022	Neutrophils	64.00 %
21/Mar/2022	Lymphocytes	30.00 %
21/Mar/2022	Eosinophils	4.00 %
21/Mar/2022	Monocytes	2.00 %
21/Mar/2022	Basophils	00 %
21/Mar/2022	Platelet Count	2.13 Lac/cu.mm
21/Mar/2022	<b>GBP</b>	
21/Mar/2022		

Patient Name : Mr. SURYA BHAN SINGH

Reg. No. : 201576499 | IPD. No. : 3380

**Remarks :-**

- RBC are Normocytic and Normochromic.
- Total And Differential as mentioned above.
- Platelates adeqaute in Number and normal in morphology.
- No immature cells seen and No Hemoparasites seen.

**Bio-Chemistry****21/Mar/2022 HbA1C (GLYCOSYLATED HAEM) 7.1 %**

21/Mar/2022

**21/Mar/2022 KFT**

21/Mar/2022 BUN	10.63	mg/dl
21/Mar/2022 CREATININE	0.68	mg/dl
21/Mar/2022 SODIUM	137.80	mEq/L
21/Mar/2022 POTASSIUM	4.21	mEq/dl
21/Mar/2022 TOTAL PROTEIN	5.78	gm/dl
21/Mar/2022 ALBUMIN	3.90	g/dl
21/Mar/2022 CHLORIDE	93.10	mmol/L

**21/Mar/2022 LFT.**

21/Mar/2022 BILRUBIN-Total	0.41	mg/dl
21/Mar/2022 SGPT	15.30	U/L
21/Mar/2022 SGOT	18.30	U/L
21/Mar/2022 ALK. PHOSPHATASE	188.10	U/L

**21/Mar/2022 S.PCT**

21/Mar/2022

0.15 ng/ml

**Serology****21/Mar/2022 H.I.V I&II.ANTIBODIES(CARD) NEGATIVE.**

21/Mar/2022

**Remarks :-**

The HIV-TRI-DOT Test is a visual, rapid, sensitive and accurate immunoassay for the differential detection of HIV-1 & HIV-2 antibodies {IgG} in Human Serum or plasma using HIV-1 & HIV-2 antigens immovlized on an immunofiltration membrane. This is only a screening test. All samples detected reactive must be confirmed by using Western Blot. Therefore for a definative diagnosis, the patient's clinical history, symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure

**21/Mar/2022 HbsAg (Card Test) NEGATIVE.**

21/Mar/2022

**21/Mar/2022 HCV (Card Test) NEGATIVE.**

21/Mar/2022

**Urine Examination****21/Mar/2022 Urine R/M**

21/Mar/2022

**Remarks :-**



Patient Name : Mr. SURYA BHAN SINGH

Reg. No. : 201576499 | IPD. No. : 3380

Color : Pale Yellow  
 Specific Gravity : 1.015  
 pH : 5.0 Acidic  
 Albumin : Trace  
 Sugar : Absent  
 Blood : Trace  
 Ketone : Absent  
 Bile Salt : Absent  
 Bile Pigment : Absent  
 Urobilinogen : Normal  
 Microscopic : Centrifuged Deposit of Urine Shows

\*Pus Cells : 2-3/hpf  
 \*Epithelial Cells : 2-3/hpf  
 \*RBCs : occasinal  
 \*Cast : occasinal  
 \*Bacteria :

\*Other:-

**Immunology**

21/Mar/2022 C.R.P. TEST

17.72 mg/L

21/Mar/2022

**Remarks :-**

21/Mar/2022 D-Dimer: Quantitative

583.1 ng/ml

21/Mar/2022

**Remarks :-****OTHERS**

21/Mar/2022 IL-6

21/Mar/2022

**Remarks :-**

Patient Name : Mr. SURYA BHAN SINGH

Reg. No. : 201576499 | IPD. No. : 3380

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNIT</u>	<u>BIOLOGICAL RANGE</u>
IL-6 (Interleukin-6) (Serum ECLIA)	25.64	pg/mL	0.00-7.00

Medical Remarks: kindly correlate clinically

INTERPRETATION:

1. Interleukin-6 (IL-6) is a pleiotropic cytokine with a wide range of function.
2. IL-6 production is rapidly induced in the course of acute inflammatory reactions associated with injury, trauma, stress, infection, brain death, neoplasia and other situations.
3. IL-6 concentrations in trauma patients may predict later from additional surgical stress or indicate missed injuries or complications.
4. Sequential measurement of IL-6 in serum or plasma of patients admitted to the ICU showed to be useful in evaluating the severity of SIRS (Systemic inflammatory response syndrome), sepsis and septic shock and to predict the outcome of these patients.
5. IL-6 is also useful as an early alarm marker for the detection of neonatal sepsis.
6. IL-6 also plays a role in chronic inflammation eg. Rheumatoid arthritis (RA)

NOTE: Sample collected in red top plain tube non-sst can give excessively high result.

(REFERENCE-Pre-analytical effects of blood sampling and handling in quantitative immunoassays for rheumatoid arthritis by Crescendo Bioscience, Inc. 341 Oyster Point Blvd, South San Francisco, CA 94080, United States)  
Patient on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplement, at least 8-hour wait time before blood draw is recommended.

Ref: Arch Pathol Lab Med-Vol 141, November 2017

**PATHOLOGY**

21/Mar/2022 Blood culture

21/Mar/2022

21/Mar/2022 SARS COVID-19 (RT-PCR)

21/Mar/2022 E-Sarveco Gene

21/Mar/2022 N Gene

21/Mar/2022 Result

Negative

Negative

Negative

Negative

**Remarks :-**



Patient Name : Mr. SURYA BHAN SINGH

Reg. No. : 201576499 | IPD. No. : 3380

## Interpretation

Result	Remarks
Positive for E - Sarbeco, N, RdRP & IC	Positive for COVID-19 Virus
Only Internal Control(IC) positive	Negative for COVID-19 Virus

ICMR Registration number : MIDDIALUUP

## Note:

\* Negative results do not rule out the possibility of COVID-19 infection especially if clinical suspicion is high. The combination of clinical symptoms, typical CT imaging features and dynamic changes must be considered and test repeated after few days. Rates of positive PCR may be affected by the stage of the disease and /or its severity. Presence of Inhibitors, mutations & insufficient organism RNA can influence the result. False negative result may be seen in samples collected too early or too late in the clinical course of the infection.

\* A single negative test result does not exclude infection.

\* A Repeat sampling & testing of lower respiratory specimen is strongly recommended in severe or progressive disease. The repeat specimen may be considered after a gap of 2-4 days after the collection of first specimen for additional testing if required.

\* Covid-19 Test conducted as per protocol ICMR/GOI.

\* Test is performed by closed system Real time PCR.

\* kindly consult referring Physician/ Authorised govt Hospital For appropriate follow up.

\* Inconclusive result specimen will be repeated.

## Comments

Nasopharyngeal sample : This is the most practical and readily means of confirming covid-19 diagnosis, with positive rates of -75% during the first 2 weeks of illness in patients with to have severe disease. For patients with mild covid-19, a positive PCR rate of 72% has been reported during the 1st week ,dropping to 54% during the 2nd week.

Oropharyngeal sample : lower positive PCR rates have been observed with Throat swabs as low as 30 % in mild Covid-19 during the 2nd week of the illness and 60% in severe disease during the first week of illness.

All report to be clinically correlated.

## 21/Mar/2022 Sample &amp; Handling Charge

1

21/Mar/2022

## Hematology

## 26/Mar/2022 C.B.C.

Date	Parameter	Value	Unit
26/Mar/2022	Hb%	.	gm%
26/Mar/2022	T.L.C.	%	c/mm
26/Mar/2022	DLC	%	
26/Mar/2022	Neutrophils	%	
26/Mar/2022	Lymphocytes	%	
26/Mar/2022	Eosinophils	%	
26/Mar/2022	Monocytes		Lac/cu.mm
26/Mar/2022	Basophils		
26/Mar/2022	Platelet Count		

## Bio-Chemistry

## 26/Mar/2022 LFT.

Date	Parameter	Value	Unit
26/Mar/2022	BILRUBIN-Total	0.33	mg/dl
26/Mar/2022	SGPT	28.70	U/L
26/Mar/2022	SGOT	18.10	U/L
26/Mar/2022	ALK. PHOSPHATASE	179.13	U/L

## Immunology

## 26/Mar/2022 C.R.P. TEST

17.33 mg/L

26/Mar/2022

## Remarks :-

## Bio-Chemistry

## 28/Mar/2022 KFT

Date	Parameter	Value	Unit
28/Mar/2022	BUN	26.03	mg/dl
28/Mar/2022	CREATININE	0.74	mg/dl
28/Mar/2022	SODIUM	132.20	mEq/L
28/Mar/2022	POTASSIUM	3.29	mEq/dl
28/Mar/2022	TOTAL PROTEIN	6.12	gm/dl
28/Mar/2022	ALBUMIN	3.79	g/dl



28/Mar/2022 CHLORIDE

93.40

mmol/L

**Immunology**

28/Mar/2022 C.R.P. TEST

76.36 mg/L

28/Mar/2022

Remarks :-

**Hematology**

30/Mar/2022 C.B.C.

30/Mar/2022 Hb%

gm%

30/Mar/2022 T.L.C.

c/mm

30/Mar/2022 DLC

.

30/Mar/2022 Neutrophils

%

30/Mar/2022 Lymphocytes

%

30/Mar/2022 Eosinophils

%

30/Mar/2022 Monocytes

%

30/Mar/2022 Basophils

%

30/Mar/2022 Platelet Count

Lac/cu.mm

**Bio-Chemistry**

30/Mar/2022 SODIUM & POTASSIUM

meq/L

30/Mar/2022 SODIUM

131.70

meq/L

30/Mar/2022 POTASSIUM

4.10

meq/L

**Immunology**

30/Mar/2022 C.R.P. TEST

21.81 mg/L

30/Mar/2022

Remarks :-

**Please Bring All Reports for Review**

WHEN AND HOW TO OBTAIN URGENT CARE/INSTRUCTIONS:

If fever/pain/dyspnea/Allergy  
PHONE NO. 0522-2333333, 2977777, 4042888  
EXT.NO. 100 (CASUALTY)

THE ABOVE DETAILS AND INSTRUCTION HAVE BEEN EXPLAINED TO ME IN A LANGUAGE I UNDERSTOOD TO MY SATISFACTION BY Meenu Gupta.....(DMO/IN CHARGE NURSE). I HAVE ALSO RECEIVED ALL RELAVENT REPORTS.

SIGNATURE OF DMO

SIGNATURE OF ATTENDENT

SIGNATURE OF CONSULTANT

Prepared By : mhrc1 31/03/22  
A Dataman Software (0512) 2376505,2317191

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