

157 IM

- Allergies** : nil
- Examination** : BP (Systolic) 136
BP(Diastolic) 72
Temperature 98 F
Heart Rate 68
Respiratory Rate 16 /min
Pain Score
Examination Findings E4M6Vaphasic-(motor aphasia , comprehension intact)
Pupils-B/L 2mm RL
power-Rt UL+LL-3/5,Lt UL+LL-4/5
B/L air entry equal
S1S2 heard normal
P/A- soft,BS+
- Hospital Course** : Patient was admitted with above mentioned complaints and diagnosis of acute stroke was made on history and Clinical I examination . Stroke protocol imaging was performed . CT Angio Brain and neck showed thrombosis of left MCA , distal to M1 segment , no evidence of aneurysm or AVM seen .Patient was counselled about the diagnosis and further management . Prognosis about recurrence of ischemic stroke, hemorrhagic transformation, brain edema ,deterioration during the hospital stay and delayed recovery of neurological deficit in the stroke was also explained. The Patient was kept in neuro ICU and then shifted to ward. Patient was started on antiplatelets and statins. He was also evaluated for other risk factors of ischemic stroke including ECHO,Holter , HbA1C and lipid profile. Patient started gradually improving and is now discharged in stable conditions
- Significant Medication Given** : Analgesics
- Key Test Results** : ECHO- Findings indicate Trace AR, Trace TR, PASP 31 mmHg, no resting RWMA, LVEF 55%, No intra-cavitary clot/vegetation/pericardial effusion.
- Lab Results** : HbA1C- 5.6 Percent
- LDL-C- 99.7 mg/dl
- Radiology Results** : CT Angio Brain and neck showed thrombosis of left MCA , distal to M1 segment , no evidence of aneurysm or AVM seen .
- Condition at Discharge** : CNS E4M6V2
Pupil- b/l 2mmRL
Power- 4/5 in all 4 limbs
RS b/l AE+, equal
CVS S1S2+
GI Soft, BS+
- Medication on Discharge** : Tab Ecosprin 150mg P/O OD to continue 6-