



Department of Cardiology

Dr. Ram Manohar Lohia Institute of Medical Sciences

Vibhuti Khand, Gomti Nagar, Lucknow - 226010,

Ph. No. 0522-6692004, 05 Fax No. 0522-4918506

Discharge Summary

IP No. :	IP:2018 017415	Patient ID No:	PP:2018/026260
Patient's Name :	ASHA NIGAM	Admission Date:	26/09/2018
Age Sex :	68Y	Discharge Date:	27/09/2018 6:59:33 PM
Address :	M-1104 ROHITASHI PLUMERIA,	Phone No. :	
City :	LUCKNOW,	Mobile No. :	9839070015
Dis-charge Doctor :	Dr. Sudarshan K. Vijay (Assistant Professor)	Bed No. :	04 Cardiology ICCU Ward 3rd Floor

DIAGNOSIS:- HTN, CAD-CSA, POST PTCA (STENT to LAD&RCA (2013, OUTSIDE)), CAG(26/04/18)-NORMAL EPICARDIAL CORONARIES WITH PATENT LAD&RCA STENTS, CHECK CAG(27/09/18)-MILD CAD WITH PATENT LAD&RCA STENTS

HISTORY- K C O: Post PTCA (Stent to LAD&RCA in (12/03/2013), chest pain since 1 month

COURSE:- Patient was admitted to ICCU for evaluation and management. After written informed consent coronary angiography (CAG) was done through right radial route on 26/04/18, which revealed :NORMAL EPICARDIAL CORONARIES with patent LAD, RCA stent (Left main normal, dividing into LAD & LCX, LAD-Normal, Patent stent, DIAGONAL-Normal, LCX-Normal, OM-Normal, RCA-Dominant, patent stent, normal, PDA/PLV-Normal). Findings of CAG discussed with patient relatives and advised medical management. Course in the hospital was uneventful. Now the patient is being discharged in stable condition with following advice.

Patient was Readmitted to ICCU for check CAG. After written informed consent coronary angiography (CAG) was done through right radial route on 27/09/18, which revealed :MILD CAD with patent LAD, RCA stent (Left main normal, dividing into LAD & LCX, LAD-Normal, Patent stent, DIAGONAL-mild disease 50-70%, LCX mild disease, OM-Normal, RCA-Dominant, patent stent, normal, PDA/PLV Normal). Findings of CAG discussed with patient relatives and advised medical management. Course in the hospital was uneventful. Now the patient is being discharged in stable condition with following advice.

INVESTIGATIONS: Hb 12.3 g/dl, TLC 10410 cells/cumm, DLC : P65L24E01M10, PC- 2.01 Lakh/cumm, S. Creatinine- 0.66 mg/dl, S.Urea- 19 mg/dl, S.Na⁺ 141 mmol/l, S.K⁺ 3.87 mmol/l, S. bilirubin-0.63 mg/dl, SGOT- 20 U/L, SGPT- 17 U/L, SAP- 93 U/L, RBS- 95 mg/dl, HIV -VE, HBsAg -VE, Anti HCV -VE, PT- 13.7 sec, INR- 1.06, S.Trop T - not detectable.

ECG: Sinus bradycardia

2D ECHO: No RWMA, LVEF Normal, no TR, no MR, no AR, no PAI, no PE.

Treatment advised on discharge :-

REST FOR 15 DAYS.

TAB CLAVIX-AS (75/75) MG TDS

TAB POSIVAS 20 MG TDS

~~TAB CILACAR 7 (10/40) LOD~~ TAB CILACAR 7 (10/40) LOD

TAB LMBETA XR 05 MG LOD

12.5

~~TAB. MONIT GTN 2.6 MG 1 BD (8AM, 4PM)~~

TAB. MONIT GTN 2.6 MG 1 BD (8AM, 4PM)

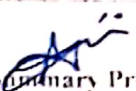
~~TAB. MONIT GTN 2.6 MG 1 BD (8AM, 4PM)~~

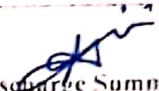
~~TAB. MONIT GTN 2.6 MG 1 BD (8AM, 4PM)~~

TAB. CIPLOX 500 MG 1 BD X 3 DAYS

CAP. PAN DSR 1 OD BBE.

To attend CARDIOLOGY OPD on WEDNESDAY after 15 DAYS with FBS, PPBS reports.

Discharge Summary Prepared By 

Discharge Summary Checked By 

Ph-no - 8176007022



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Discharge Summary

IP No. :	IP:2018/007337	Patient ID No:	PP:2018/026260
Patient's Name :	ASHA NIGAM	Admission Date:	25/04/2018
Age/Sex :	68Y	Discharge Date:	26/04/2018 5:10:09 PM
Address :	M-1164 ROHITASH PLUMERIA,	Phone No. :	
City :	LUCKNOW,	Mobile No. :	9839070015
Discharge Doctor :	Dr. Sudarshan K. Vijay (Assistant Professor)	Bed No. :	05/Cardiology Ward 3rd Floor

DIAGNOSIS:- HTN, CAD-CSA, POST PTCA+STENT to LAD&RCA (2013,OUTSIDE), CAG(26/04/18)-NORMAL EPICARDIAL CORONARIES WITH PATENT LAD& RCA STENTS

HISTORY- K/C/O: Post PTCA (Stent to LAD&RCA in (12/03/2013), chest pain since 1 month

COURSE- Patient was admitted to ICCU for evaluation and management. After written Informed consent coronary angiography (CAG) was done through right radial route on 26/04/18, which revealed :NORMAL EPICARDIAL CORONARIES with patent LAD, RCA stent (Left main normal, dividing into LAD & LCX. LAD-Normal, Patent stent, Diagonal-Normal, LCX-Normal, OM-Normal, RCA-Dominant, patent stent, normal, RDA/BLV-Normal). Findings of CAG discussed with patient relatives and advised medical management. Course in the hospital was uneventful. Now the patient is being discharged in stable condition with following advice.

INVESTIGATIONS: Hb12.4 g/dl, TLC 10410 cells/cumm, DLC : P65L24E01M10, PC- 2.01 Lakh/cumm, S. Creatinine- 0.67 mg/dl, S.Urea- 30 mg/dl, S.Na⁺ 140 mmol/l, S.K⁺ 5.14 mmol/l, S. bilirubin-0.63 mg/dl, SGOT- 20 U/L, SGPT- 17 U/L, SAP- 93 U/L, RBS- 95 mg/dl, HIV -VE, HBsAg -VE, Anti HCV -VE, PT- 13.2 sec, INR- 1.02, S.Trop-I - not detectable.

ECG: NSR.

2D ECHO: No RWMA, LVEF Normal, no TR, no MR, no AR, no PAH, no PE.

Treatment advised on discharge :-

REST FOR 15 DAYS.

TAB. CLAVIX 75 MG 1 HS

TAB. AZTOR 20 MG 1 HS

TAB. S-NUMLO 2.5 MG 1 OD - 0 -

TAB. METOCARD XL 50 MG 1 OD - 0 -

TAB. TELMA 40 MG 1 OD - 0 -

TAB. MONIT GTN 2.6 MG 1 BD (8AM, 4PM) 00

TAB. FLAVIDON MR 35 MG 1 BD 00

TAB. NICOSTAR OD 10 MG 1 OD - 0 -

TAB. CIPLOX 500 MG 1 BD X 3 DAYS. OD

CAP. PAN DSR 1 OD BBF. - 0 - स्वामी पेट Gen

To attend CARDIOLOGY OPD on WEDNESDAY after 15 DAYS with FBS, PPBS reports.

R. S. N.

Discharge Summary Prepared By

Dr. S. H.

Discharge Summary Checked By