



### Department of Cardiology

Dr Ram Manohar Lohia Institute of Medical Sciences

Vidhata Khand, Gomti Nagar, Lucknow - 226010,

Ph. No.0522-6692004,0522-4918506

#### Discharge Summary

IP No. :	IP:2018 017415	Patient ID No:	PP:2018/026269
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 ROHILASHI PLEMERIA,	Phone No. :	
City :	LUCKNOW,	Mobile No. :	9839070015
Discharge 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 Re-admitted to ICCU to 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, HLC 10410 cells-cumm, DLC : P65L24E01M10, PC- 2.01 Lakh cumm, S. Creatinine- 0.66 mg/dl, S.Urea- 19 mg/dl, S.Na<sup>+</sup> 141 mmol/l, S.K<sup>+</sup> 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, LVFT Normal, no TR, no MR, no AR, no PAI, no PI.

Treatment advised on discharge :-

REST FOR 15 DAYS,

TAB CLAVIX-AS (75/75) MG TDS

TAB ROSUVAS 20 MG TDS

~~TAB CILACAR.7 (10/40) 10D~~

TAB LAMBETA XR 0.5 MG 1 OD

12.5

*Self*  
*Attested*  
*Nigam*

<http://192.168.47.120/healer/printdischargeemp.asp?ipatid=116913>

27/09/2018



TAB MONTELOCAST 2.6 MG 1 BD (AM, PM)

TAB 7 IP OX 500 MG 1 BD X 3 DAYS

CAP. PAN DSR 1 OD BBL

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

Discharge Summary Prepared By

Discharge Summary Checked By

Ph- NO- 8176007022

Self Att etcd  
Krigans





### Department of Cardiology

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Vibhuti Khand, Gomti Nagar, Lucknow - 226010,

Ph. No.0522-6692004,05 Fax No.0522-4018506

#### 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-1104 ROHITASH PLUMERIA,	Phone No. :	
City :	LUCKNOW,	Mobile No. :	9839970015
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/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 12.4 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<sup>+</sup> 140 mmol/l, S.K<sup>+</sup> 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 I HS

TAB. AZTOR 20 MG I HS

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

TAB. METOCARD XL 50 MG I OD - 0 -

TAB. TELMA 40 MG I OD - 0 -

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

TAB. FLAVIDON MB 35 MG I BD 00

TAB. NICOSTAR OD 10 MG I OD - 0 -

Self Attested  
Nigam



TAB. CIPLOX 500 MG 1 BD X 3 DAYS. 00

CAP. PAN DER 1 OD BBF. -0- खाली पेट Gen

To attend CARDIOLOGY OPD on WEDNESDAY after 15 DAYS with PMS, PPO5 reports.

Boh  
Discharge Summary Prepared By

Boh  
Discharge Summary Checked By

Self Attested  
Krigam