

DATED : 18.06.19  
PATIENT NAME : MR RAKESH KUMAR  
REFFERD BY : DR MUDIT MOHAN, MD.

AGE: 43

SEX: M

**X-RAY BOTH KNEE (STANDING) AP & LATERAL VIEWS**

There is no evidence of traumatic bony injury seen.

Small osteophytes formation seen in bones forming both knee joints with subchondral sclerosis suggestive of degenerative / osteoarthritic changes.

Tibial spiking is seen.

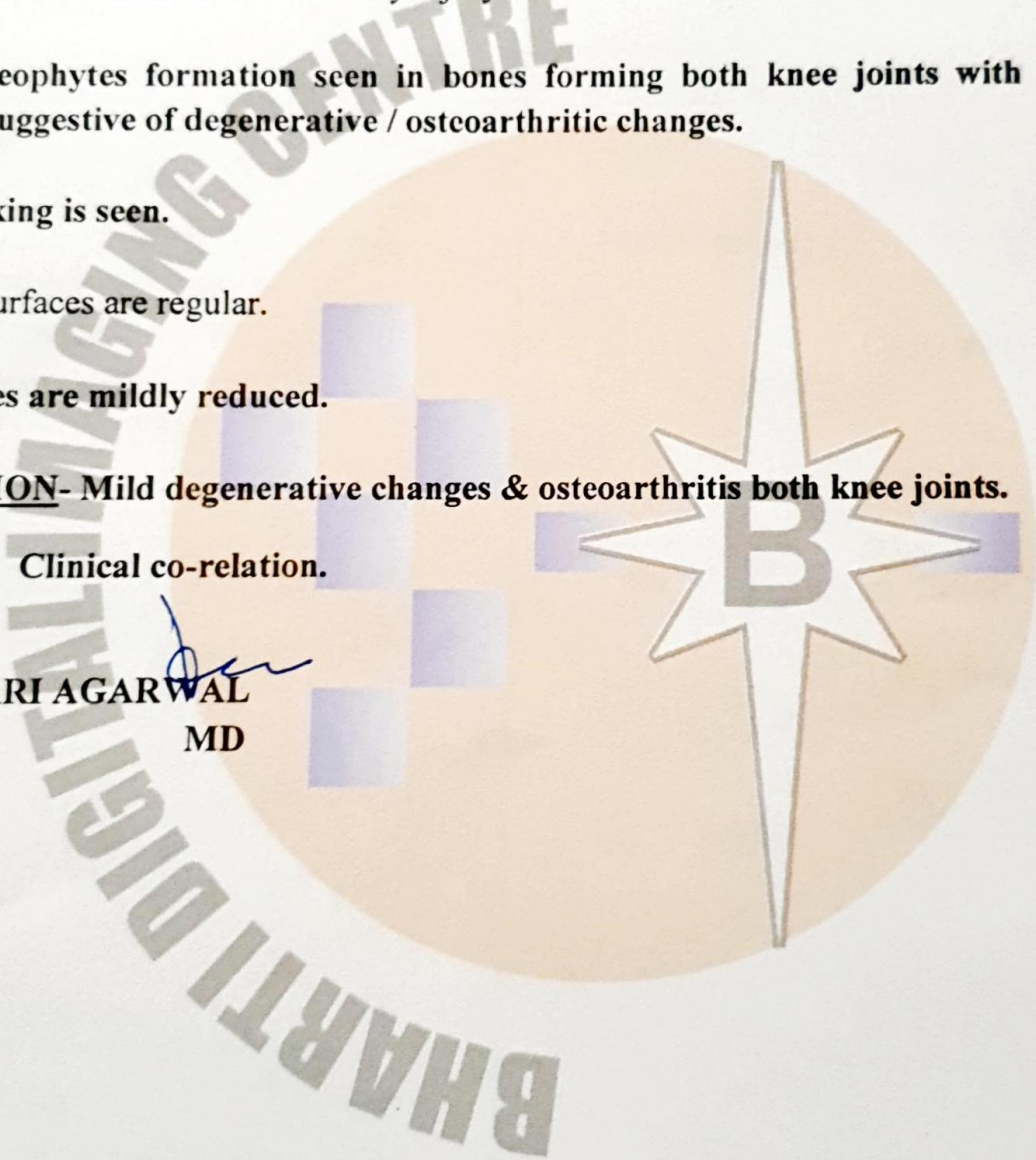
Articular surfaces are regular.

Joint spaces are mildly reduced.

**IMPRESSION-** Mild degenerative changes & osteoarthritis both knee joints.

**ADVISED:** Clinical co-relation.

  
DR JAI HARI AGARWAL  
MD





Patient Name	: Mr. RAKESH KUMAR	Age / Sex	: 40 Yrs Male/ M
OPD/IPD	: OPD	Reg. No.	:
Referred by	: Dr. AJAY PANWAR/ABHINAV SINGHAL	Receipt No.	: 54536
Sample Date	: 19/06/2019 05:00PM	Ref No.	: 1854466
Result Date	: 20/06/2019 11:38AM	Man.Lab No.	: 68746 (P)

**MRI**

**MRI L. S. SPINE**

\*

**PROCEDURE:**

Using the spine coil, images of the lumbosacral spine was acquired in Sagittal T1 & T2 followed by transaxial T1 and T2 at the level of IV disc.

**FINDINGS:**

Normal lumbar lordosis is seen.

Vertebrae are normal in height and MR signals intensity.

The intervertebral discs are normal in height.

Partial degenerative disc desiccation changes are seen at L4-L5 intervertebral discs seen as partial loss of bright signal intensity of nucleus pulposus on T2 weighted Images.

Diffuse disc bulge is noted at L4-L5 level indenting the ventral thecal sac and narrowing the neural foramina. Thickening of ligamentum flavum is noted at this level adding to the narrowing of thecal sac. The primary lumbar canal is adequate in diameter with no evidence of stenosis. The lower end of the spinal cord, conus medullaris and rest of the nerve roots of the cauda equina are normal. The thecal sac is normal and CSF demonstrates normal signal intensity. No intra spinal mass or pre/paravertebral collection seen.

**IMPRESSION:**

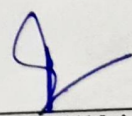
- **DISC DESSICATION WITH DIFFUSE DISC BULGE AT L4-L5 LEVEL AS DESCRIBED ABOVE.**

Please correlate clinically.

End Of Report

Dr.VANDANA SHASHI  
MBBS,DMRD  
CONSULTANT RADIOLOGIST

Dr.ALOK TRIPATHI  
MBBS,MD  
CONSULTANT RADIOLOGIST

  
Dr.PANKAJ AGARWAL  
DMRD,DNB(Radiology)  
CONSULTANT RADIOLOGIST

Page 1 of 3

Patient Name : Mr. RAKESH KUMAR	Age / Sex : 46 Yrs. / M
OPD/IPD : OPD	Reg. No. : 510022
Referred by : Dr. SELF	Receipt No. : 20552
Sample Date : 28/04/2021 07:17PM	Lab Ref No. : 2279769
S. Received in Lab : 28/04/2021 07:27PM	Specimen :
Result Date : 28/04/2021 10:46PM	Man.Lab No. : 914

**HAEMATOLOGY**

\*

**D-DIMER**

Method : Automated latex enhanced immunoassay.

Test Name	Result	Units	Ref. Range.
D-Dimer	18594	ng/mL	< 255

Elevated levels of D-Dimer are found in clinical conditions such as deep vein thrombosis (DVT), pulmonary embolism (PE) and disseminated intravascular coagulation (DIC). D-Dimer levels also rise during normal pregnancy but very high levels are associated with complications.

A negative D-Dimer result when combined with a clinical assessment of low pretest probability has been shown to have a high negative predictive value for DVT or PE.

The determination of D-Dimer is becoming a widespread tool for diagnosing thrombosis and monitoring thrombolytic therapy.

Only Tests Marked With \* are Not Accredited by NABL

End Of Report

Technologist **Dr. KRITIKA JAIN**  
MD  
CONSULTANT PATHOLOGIST

**Dr. TANISH MANDAL**  
MD  
CONSULTANT PATHOLOGIST

**Dr. SHUCHI GHAI**  
MD  
CONSULTANT PATHOLOGIST

<b>Patient Name</b> : Mr. RAKESH KUMAR	<b>Age / Sex</b> : 46 Yrs./ M
<b>OPD/IPD</b> : OPD	<b>Reg. No.</b> : 510791
<b>Referred by</b> : Dr. ....	<b>Receipt No.</b> : 21977
<b>Collected</b> : 01/05/2021 08:05PM	<b>Lab Ref No.</b> : 2281905
<b>Received</b> :	<b>Specimen</b> : BLOOD
<b>Reported</b> : 01/05/2021 10:36PM	<b>Man.Lab No.</b> : 902

Test Name	With In Range	Out Of Range	Biological Reference Range	Unit
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**LIVER FUNCTION TEST**

SGOT, Serum (NADH)		60 (H)	0 - 46	IU/L
SGPT, Serum (NADH)		88 (H)	0 - 49	IU/L
ALKALINE PHOSPHATASE, Serum (PNPPAMP BUFFER)		174 (H)	53 - 128	IU/L
TOTAL PROTIEN, Serum (BIURET REAGENT BLANK)	7.7		6.7 - 8.7	g/dl
ALBUMIN, Serum (BCG Method)	4.7		3.5 - 5.0	g/dl
GLOBULIN, Serum (BCG Method)	3		2.0 - 3.5	g/dl
GAMA-GT, Serum (G-3,C-4,NITROANILIDE SUBSTRATE)		388 (H)	7 - 34	IU/L
<b>BILIRUBIN TOTAL DIRECT, SERUM</b>				
TOTAL (DIAZO REACTION)	0.9		0.2 - 1.0	mg/dl
DIRECT (DIAZO REACTION)	0.43		0 < 0.5	mg/dl
INDIRECT (DIAZO REACTION)	0.47		0.2 - 0.5	mg/dl

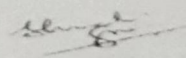
<b>Patient Name</b> : Mr. RAKESH KUMAR	<b>Age / Sex</b> : 46 Yrs./ M
<b>OPD/IPD</b> : OPD	<b>Reg. No.</b> : 510791
<b>Referred by</b> : Dr. ....	<b>Receipt No.</b> : 21975
<b>Collected</b> : 01/05/2021 07:58PM	<b>Lab Ref No.</b> : 2281900
<b>Received</b> :	<b>Specimen</b> : BLOOD
<b>Reported</b> : 01/05/2021 10:35PM	<b>Man.Lab No.</b> : 901

Test Name	With In Range	Out Of Range	Biological Reference Range	Unit
<b>KIDNEY FUNCTION TEST</b>				
BLOOD GLUCOSE, Serum <i>(Hexokinase)</i>		190 (H)	70 - 140	mg/dl
BLOOD UREA, Serum <i>(UREASE)</i>	34		10 - 50	mg/dl
CREATININE, Serum <i>(ALKALIN PICRATE KINETIC)</i>	0.86		0.72 - 1.25	mg/dl
URIC ACID, Serum <i>(URICASE)</i>		7.6 (H)	3.0 - 7.0	mg/dl
TOTAL PROTIEN, Serum <i>(BIURET REAGENT BLANK)</i>	7.8		6.7 - 8.7	g/dl
ALBUMIN, Serum <i>(BCG Method)</i>	4.6		3.5 - 5.0	g/dl
GLOBULIN, Serum <i>(BCG)</i>	3.2		2.0 - 3.5	g/dl
SODIUM, Serum <i>(ISE DIRECT)</i>	138		135 - 145	mmol/lt.
POTASSIUM, Serum <i>(ISE DIRECT)</i>	4.7		3.5 - 5.2	mmol/lt.
CALCIUM, Serum <i>(ARSENazo III)</i>	9.2		8.0 - 10.5	mg/dl
PHOSPHOROUS <i>(PHOSPHOMOLYBDATE REDUCTION)</i>	3.1		2.5 - 4.5	mg/dl
CHOLESTEROL, Serum <i>(ENZYMATIC)</i>		209 (H)	130 - 200	mg/dl
CHLORIDE, Serum <i>(ISE Direct)</i>	99.2		98.0 - 115	mmol/lt.
LDH, SERUM		191 (L)	240 - 480	IU/L

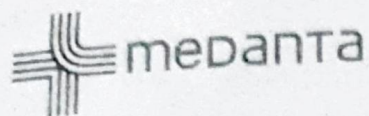
End Of Report

**Dr.SANJAY DEB**  
MD, CHIEF PATHOLOGIST

**Dr.TANISH MANDAL**  
MP CONSULTANT PATHOLOGIST



**Dr.SHUCHI GHAI**  
MD, CONSULTANT PATHOLOGIST



Patient: Saraswati Devi Age: 65 Sex: F  
UHID: MM00134091  
Dr. Dr. Anil Bhan

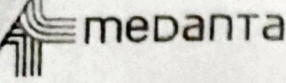
dedicated  
to  
life

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MM00134091

Mrs. Satyawati Devi

1



Medanta Heart Institute

Age - 65 yrs / F

Dr. Anil Bhan

MBBS (Gold Medalist), MS (General Surgery).

MCh (CTVS-AIIMS)

Chairman

Division of Cardiac Surgery

anil.bhan@medanta.org

Mob: +91 99109 29983

Whatsapp: +91 99584 89339

Regd. No. J&K - 2629

Haryana Medical Council - NH005058

F/U/c of CABG x3 (RSCVx - LAD,

Diag, LAA - cm) on 12/7/19

DM

EF - 55%

H/O Sx → Hysterectomy, cholecystectomy  
(2/12/19)

Dt: - 05/09/2021

G. 97.2 F

P. 74/min

R. 16/min

- Recurrent VRTI
- SOB on walking.
- cramps in B/L lower limbs.

BP 140/80 mmHg.

SpO<sub>2</sub> 96%

Dr Se wt: 47.3 kgs.

Ht: 135 cms.

Adv

Continue all medication

Hb - 10 ↓

Review After 1 Month With The Following Tests

CBC

Blood Sugar F/PP -

Lipid Profile -

Thyroid Function -

~~BETA FT -~~

Chest X-Ray PA View

ECG

Echo

Accredited by



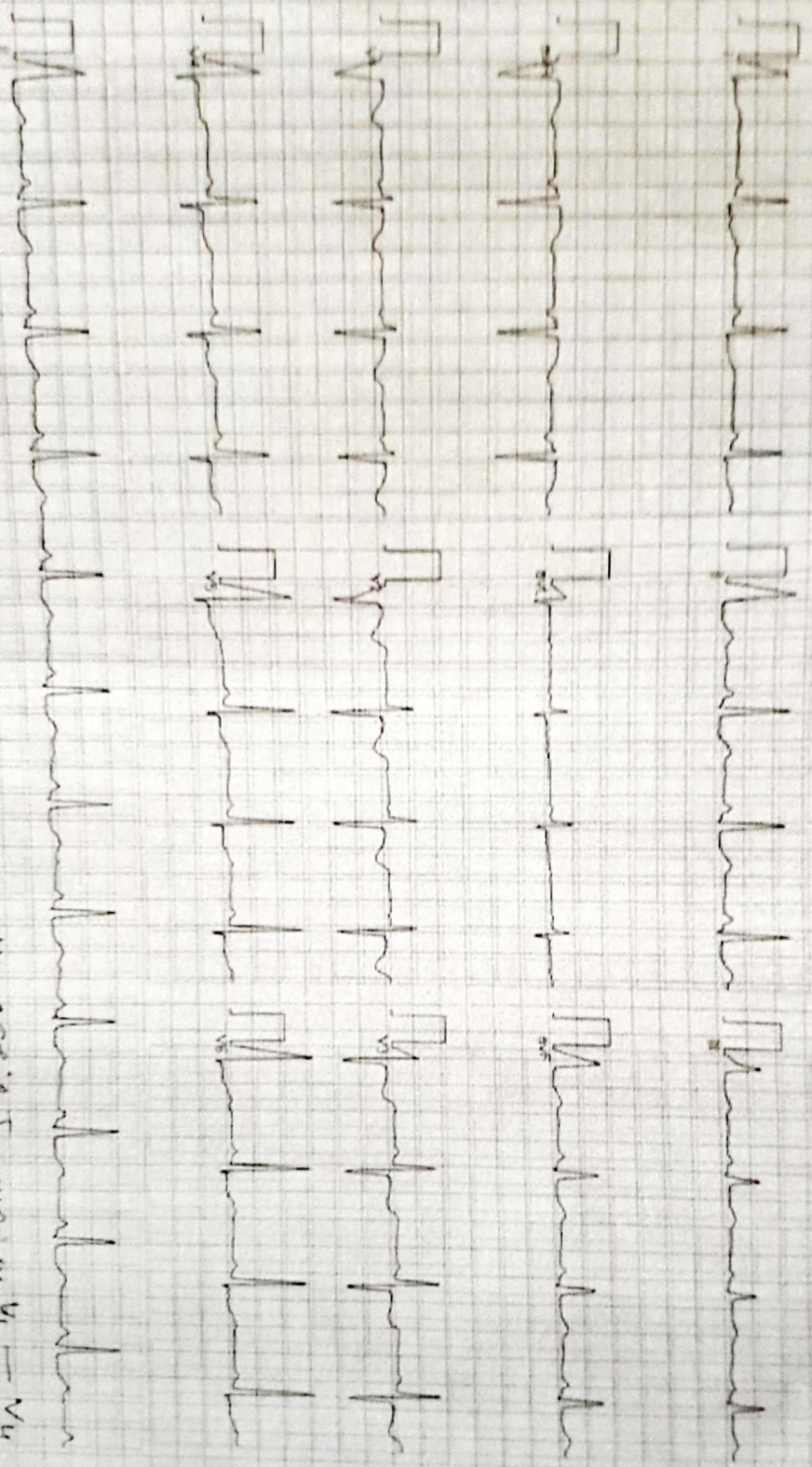
For Medical Queries: Dr Razia Ahmed +91 99991 43187

For Appointments: Hotal +91 88004 94246, Mahander +91 88004 94266 | For Emergency & Ambulance

BIHAR DIAGNOSTIC & RADIOLOGY CLINIC

401 / SARASWATI DEVI / 65 Yrs / F / 1580mm / 48kg  
Heart Rate 71 bpm / Temp: 36.8 C / BP 110/70 / SpO2 98%  
D. MEDANTA

ECG



Abnormal ST-T in V1-V4

2 weeks

Optim

VERT RATE : 71 bpm  
PR INTERVAL : 130 ms  
QRS DURATION : 98 ms  
QT/QTc INT : 412/433 ms  
P-QRS-T AXES : 53.00 • 52.00 • 96.00  
AAR: 005 ECG (Respa/K/152141/00021)



Patient Name : SARASWATI DEVI  
Com. No. : 9122559999  
Age/Sex : 65Y/FEMALE  
Ref. By Dr. : MEDANTA

Registered : 10/09/2021 13:21  
Reported : 10/09/2021 14:36  
Regno : BR/21304

Test Report

X-RAY

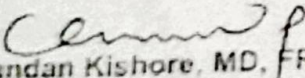
Thanks for referral

CHEST X-RAY- PA VIEW

Status post CABG. Sternal sutures seen in situ.  
Mild cardiomegaly seen.  
Both Hila are normal.  
Bilateral lung fields are clear.  
Both CP angles are clear.  
Both domes of diaphragms are normal.  
Rib cage is normal.

IMPRESSION:

1. Status post CABG. Sternal sutures seen in situ.
2. Mild cardiomegaly seen.
3. No air space opacification or evidence of pleural effusion seen.

  
Dr. Chandan Kishore, MD, FRCR (London)  
Senior Consultant- Clinical Radiology

PATIENT NAME: SARASWATI DEVI

AGE/GENDER: 65Y/F

REFD BY: MEDANTA.


DATE: 10/09/2021

**ECHOCARDIOGRAPHY**

	Patient Value	Normal Value
IVSd/IVSs	12/14	
LVIDd/S	35/25	4.5 - 5.0 Cm
LVPWd/S	12/13	0.8 - 1.1 Cm
Aorta	24	0.8 - 1.1 Cm
Left Atrium	32	3.5 - 4.0 Cm
ACS	16	
RWMA	NO	
MITRAL VALVE E/A	81/110	MR- MILD MVO- N
AV	173/12	AR - TRIVIAL
PV	119/5.7	
TRICUSPID VALVE	93/3.5	PR- TRIVIAL
LVEF	55%	TR- MILD
OTHERS / RVSP	38+RAP	
TAPSE	19	

IMPRESSION:

S/P CABG.  
 CONCENTRIC LVH. GRADE I DIASTOLIC DYSFUNCTION.  
 NO RWMA SEEN AT REST. MILD MR, MILD TR, TRIVIAL AR SEEN.  
 RV/LV FUNCTION NORMAL. EF 55% TAPSE = 19  
 NO CLOT/VEGETATION/PERICARDIAL EFFUSION

  
 DR. JAI PRAKASH  
 Consultant Cardiologist

OUT PATIENT RECORD

Name : MR. RAKESH  
 Department : Physical Medicine AND Rehabilitation  
 Dept No. : 2021/063/0035967  
 Date of Registration : 20-10-2021 09:22:17 AM  
 Unit : 1  
 Age : 46Y  
 Billing Type : General  
 Mobile No :  
 Address : GHAZIYABAD, South Delhi, DELHI, INDIA  
 Patient Type:NON MLC

Fee : 0.00  
 Sex : Male  
 S/O RAJESHWARI  
 Email :  
 Occupation : OTHER  
 Prepared by:Ms. SHALU DEO OPD

Hyperuricemia, fatigue, OA knee B/L, PVD L4-L5, L5-S1

C/O- Pain lowback, Radiation (R) lower limb  
 Pain B/L knee -  
 Recurrent sleep joint pain B/L Hand, foot

O/E Spinix span + at low back -  
 Low flexion, Extrem painful  
 Mark low back - B/L Sym

Tam - (N)  
 Rom - (N)  
 Pem - (R) Ext 4/5

DTRs - wnl

SLRT - 20 (R) L - ?

B/L knee - Crystals but tenderness over mid joint line  
 > Medial Slide

2 yrs  
 Apr 21  
 7.7 mg/dl  
 July - 8.92  
 mg/dl  
 HbA1c -

ईडबल्यूएस (आर्थिक रूप से कमजोर वर्ग) रोगियों के लिए महत्वपूर्ण सूचना

उच्च न्यायालय दिल्ली' के अनुसार-ईडबल्यूएस के व्यक्तियों जिनकी पारिवारिक आय 7254/- प्रतिमाह परिवार है, हेतु अभिचिह्नित  
 ालों द्वारा उपलब्ध करवाए जा रहे निःशुल्क उपचार का लाभ लेने के लिए संदर्भ सुविधा उपलब्ध है।  
 र कर रहे चिकित्सक से संपर्क करें वे संदर्भ किए जाने के तंत्र की शुरुआत करेंगे।  
 ारी के लिए कृपया नोटिसबोर्ड देखें अथवा प्रभारी-ओपीडी (बाह्य रोगी मामलों में) यथ पंजीकरण काउंटर के पीछे, दूरभाष संः  
 नोडल अधिकारी/सीएमओ-प्रभारी-कैज्युल्टी (भर्ती रोगियों के मामलों में), कक्ष सं. 107 (भूतल), आपातकॉलीन ब्लॉक, दूरभाष सं. 26707114

P. 7.0

Adm!.

Tab Ultracal-50s ————— 2 wks  
Tab Thio-calchecide 4mg BDO — 0 x 7 days  
Tab Pan 40 — 0 — 0 x day  
Tab Febuxostat-80mg — 0 — 0 x 1 month  
Sachet-vit D3 60k am wlx 1 month  
Tab Calcium 500mg BDO — 0 — 0 x 1 month  
Tab Gabapentin 300mg h.s — 0 — 0 x 4 wks  
- Sit vit D3, S. uric Acid, LFT - after 1 month  
Refer to Medicine/Endo. after 1 month of  
for Bld Sugar & HbA1c — (Monitor sugar 1 month)  
Take small meals - (5 times a day)

MWD — 0 — 0 x 7 sittings -

Rem - after 1 wk —

Avoid junk, Rummy, pool, sed /  
Silly in a party, Drinking for Dr  
Long distance -

20/10/2021

डॉ. सुमन कुं बादल / Dr. SUMAN K. BADHAL M.D.  
आचार्य / Professor  
रजि. नं. डी. एम. सी. 65710 / Reg. No. DMC 65710  
डी. एम. एम. सी. एवं सफदरजंग अस्पताल  
VMMC & Safdarjung Hospital  
नई दिल्ली / New Delhi-110029



# YASHODA

HOSPITAL & RESEARCH CENTRE  
OPD CONSULTATION



YHRC/PP/AAC4A (A)/32/V1

Dr. MUDIT MOHAN  
M.D. (Medicine)  
Regd. No. 42078  
Consultant Physician  
Yashoda Hospital, Ghaziabad

Patient Name Sh. Rakesh Kumar

Doctor's Name Dr. Mudit

Regn. No. 15/5/19  
Date & Time 15/5/19

1. Present Complaint

2. Past History

3. Family History

4. Allergy if any :

5. General Examination:

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_  
Temp: \_\_\_\_\_ R/R: \_\_\_\_\_

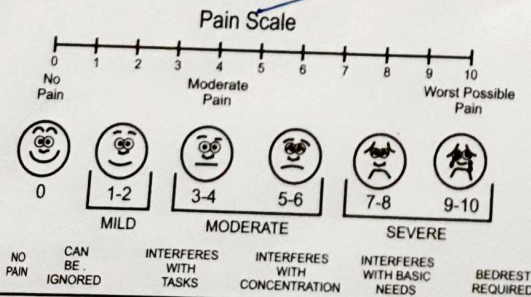
6. NUTRITIONAL SCREENING :

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Pallor/Koilonychia/Edema/Dermatitis

7. Systemic Examination :

- ↑ B. Sugar
- ↑ LDL, ↑ TG.
- ↓ Vit D3, ↓ B12
- ↑ uric acid
- ↑ LFT.

8. Pain:



9. Provisional/ Differential Diagnosis :

10. Investigation :

- CBC, LFT, RFT.
- Vit. D3, Vit. B12
- CXR PA view, USG abdomen
- F. Lipid profile, ECG.
- HbA1c, T3, T4, TSH.
- Uric acid - RM

11. Treatment Advised :

- C. Uprise D3 60k once weekly
- T. Tehafol plus 10.0 0<sup>M</sup>.
- C. Bilipssa 4mg 10.0 0<sup>M</sup>.
- T. Melmet SR 1gm before dinner.
- T. Febutaz 40 10.0 0<sup>M</sup>.
- C. Lecixin 1BD 0<sup>M</sup> - 0<sup>E</sup>
- T. Ursocol 300mg ITM ←

Mudit  
15/5/19

Mudit  
15/5/19  
Consultant Sign.

Patient Education (Patient is briefed on the following)

- Proposed Care Plan ( ) Yes ( ) No  
Expected Outcome ( ) Yes ( ) No  
Possible Complication ( ) Yes ( ) No

12. Next Follow up Visit:

WAR  
Replacement  
E (A) UK  
ship in Spine  
Age/Sex  
Ghaziabad

Dr. Abhinov Singha  
Consultant Orthopaed'cs  
Trauma Surgeon YHRC/PP/AAC4A (A)/32/V1  
MBBS, D.ortho (KGMC)  
DMC/R/07756



4/24/14

Date & Time

9. Provisional/ Differential Diagnosis :

Δ ? disc canal stenosis

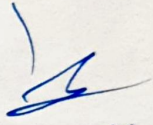
10. Investigation :

↓ vit D3  
hypocalcaemia

MRI L5-S1 spine

11. Treatment Advised :

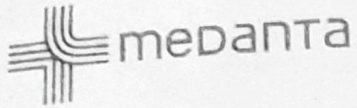
Rest & analgesia



- T. Pregabalin - m 1HS
- T. Zorodol - p 1BD
- T. Pan - D 1BBF

Abhinov  
Consultant Sign.

12. Next Follow up Visit:



Patient: Saraswati Devi Age: 65 Sex: F  
UHID: MM00134091  
Dr.: Dr. Anil Bhan

dedicated  
to  
life

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