



# Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

## Discharge Summary

**CRNO:** 2021254994 **Name:** Rajeev Shukla 47/ Y/M **Department:** Gastroenterology  
**Unit:** UNIT-2 **Ward/Bed:** 1802 Gastroenterology Wing-A05(GEN) / PVT / 3  
**Admission No:** ADM-202109079 **Admitted on:** 27-03-2021 13:52 **Discharged on:** Apr 3, 2021 10:51 PM  
**Patient Type:** Priority **Consultant:** **Discharge Type:**  
**Correspond. Address:** E 111, **Distt.** **State** Uttar Pradesh **Pin No.** **Phone No** +91-

### Diagnosis:-

DCLD-Ethanol(L.à 2month back)  
PHTN/NB/Grade 1 esophageal esophageal varix ,Mild PHG,GAVE s/p 3 session of APC-1/4/21  
Decompensation-Ascites(High SAAG low Protein;SBP)  
CTP- 10 Child-C MELD-Na-25  
Comorbidities-Anemia

*Self Altered  
Shukla*

### Chief complain:-

Abdominal distention for the 20 days

### History:-

Mr Rajeev Shukla 47 yr diabetic for 2 yr on Insulin non- hypertensive , alcoholic (last intake – 2 month back). He evaluated for fatigue 2 yr back when he was diagnosed with CLD. He was admitted for breathlessness in December 2020 elsewhere where he was managed conservatively with antibiotics and steroids.

CT-Thorax- Multifocal area of alveolar as well as ground glass densities in bilateral right middle and left lingular lobe s/o subacute pneumonitis.

Then patient developed develop easy fatiguability and dyspnea on exertion. On evaluation he was found to have anemia . Occult blood was +ve. There is no h/o hematemesis and malena. He underwent UGIE elsewhere. UGIE s/o Grade 1 esophageal varix; mild PHG, GAVE present.,3 session of APC done outside (Last session-11/3/21). He received IV iron outside. Now he admitted to SGPGIMS with complain of Abdominal distension for the 20 days which was insidious in onset, gradually progressive, painless, non tender, not accompanied with pedal edema, and not associated with nausea, vomiting, colicky pain, constipation, obstipation, fever, diarrhea, passage of mucous or blood per rectum There is no h/o vomiting, cough, abdominal pain, altered bowel habits, hematemesis, malena, burning micturition, altered sensorium .. There is no h/o HTN/CAD/TB/COPD/Thyroid disorders.

### On examination-

Pt. was conscious, oriented, afebrile.

BP – 108/70 mm Hg Pulse – 86/min RR – 22/min

Pallor+, Icterus-, Cyanosis-, Clubbing-, Pedal edema-, LNP-, JVP normal

CVS – S1 S2 normal, no murmurs

Chest – B/Lnormal air entry & vesicular breathing, no adventitious sounds

CNS – Patient conscious, oriented, no sensorimotor deficit.

P/A – ON INSPECTION – distended ,umbilicus central and everted, no visible venous prominences, no visible pulsations.

ON PALPATION – soft, non tender, liver not palpable. Spleen palpable.No guarding, no rigidity, no rebound tenderness.

ON PERCUSSION – dull note, free fluid present.

**BED HAS NOT BEEN VACATED FROM SYSTEM**



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Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 2021254994

Name: Rajeev Shukla 47/ Y/M

Department: Gastroenterology

ON AUSCULTATION – normal bowel sounds present, no bruits.

Course:-

The patient admitted with mentioned complain. On evaluation Screat-0.8, Hb- 8.1, TLC-8.0 Ascitic fluid analysis is s/o High SAAG low protein, TLC-1800 with Neutrophil-60 %, s/o SBP. The patient was manage with iv antibiotics . The patient response tap showed treatment response to SBP. He underwent 2 session of LVP with Inj Albumin.

HPA Doppler-Liver 16cm , enlarged with coarse echotexture, surface irregular. PV-14mm; HV,IVC, patent; spleen 16cm. Moderate to gross ascites

UGIE(1/4/21)- Small esophageal varices without RCS. Mild PHG. Antral ulcers?post APC. Duodenal nodular lesion?nature. He recovered symptomatically following the management and Now the patient is being discharged in hemodynamically stable condition.

Plan:- Titrate and optimize diuretics

Advice:-

Low salt (<2gm/d)/Alcohol abstinence

Tab Norflox 400mg OD 1-0-0 → दिन में एक बार

Tab Lasilactone(20/50) 1 OD 1-0-0 → दिन में एक बार

Tab Alcomax 1 OD 1-0-0 → दिन में एक बार

Tab Zircovit 1 OD 1-0-0 → दिन में एक बार

Tab Orofer XT BD 1-0-1 → दिन में दो बार

Syp Lactihep 15 ml HS 0-0-1 → रात में

Self Suscept  
Shukla

Follow up in Gastro OPD (4th floor Naveen OPD) with CBC/LFT/KFT/INR report after 6weeks(14/5/21)

ER SOS-If Malena, UGI bleed, Altered sensorium

INVESTIGATION RESULTS:

2021-03-27 14:39:26.987	CR X Ray Chest PA		
2021-03-27 14:40:00.725	Doppler IVC/Hepatic/Portal		
2021-03-31 10:29:26.311	Upper GI Endoscopy Diagnostic		
29/03/2021 12:55 AM	01. HGB	7.8	
29/03/2021 12:55 AM	02. TLC	4.5	x1000/ul
29/03/2021 12:55 AM	01. Prothrombin Time(PT)	22.0s(c=13.5s)inr=1.65	
29/03/2021 12:55 AM	03. DLC		
29/03/2021 12:55 AM	05. S. Creatinine (Method: Jaffe Kinetic)	1.27	mg/dl
29/03/2021 12:55 AM	06. PLT	144	

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<b>Unit:</b> UNIT-2	<b>Ward/Bed:</b> 1802 Gastroenterology Wing-A05(GEN) / GEN / 24		
<b>Admission No:</b> ADM-202115067	<b>Admitted on:</b> 25-06-2021 15:13	<b>Discharged on:</b> 26-Jun-2021 12:14 PM	
<b>Patient Type:</b> Priority	<b>Consultant:</b> Amit Goel	<b>Discharge Type:</b>	
<b>Correspond. Address:</b> E 111,	<b>Distt.</b>	<b>State</b> Uttar Pradesh <b>Pin No.</b>	<b>Phone No</b> +91-

**Diagnosis:-**

DCLD-Ethanol

PHTN/NB/Grade 1 esophageal esophageal varix ,Mild PHG,GAVE s/p 4 session of APC-26/6/21

Decompensation-Ascites(High SAAG low Protein;SBP)

CTP- 10 Child-C MELD-Na-25

Comorbidities-T2DM

**Chief complain:-**

Abdominal distention for the 20 days

**History:-**

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*Self Assessed  
Rajeev Shukla*



Discharge Summary

CRNO: 2021254994

Name: Rajeev Shukla 47/ Y/M

Department: Gastroenterology

ON AUSCULTATION – normal bowel sounds present, no bruits.

Previous admission(27/3/21):-

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UGIE(1/4/21)- Small esophageal varices without RCS. Mild PHG. Antral ulcers?post APC. Duodenal nodular lesion?nature.

He recovered symptomatically following the management and Now the patient is being discharged in hemodynamically stable condition.

Current admission:

Admitted with complaints of fatigability ,no h/o jaundice,no h/o GI bleed patient was evaluated else where and diagnosed to have Hb of 4.3 and one BT was given else where.

UGIE(26/6/21) : APC for gave was done

Plan :

APC on OPD basis on 28/6/21 and 30/6/21

Advice:-

Low salt (<2gm/d)/Alcohol abstinence

Tab Norflox 400mg OD 1-0-0

Tab Lasilactone(20/50) 1 OD 1-0-0

Tab Alcomax 1 OD 1-0-0

Tab Zincovit 1 OD 1-0-0

Tab Orofer XT BD 1-0-1

Syp Lacti hep 15 ml HS 0-0-1

Inj.Insulin As per endocrinologist advice

Self Altested Shukla.

Follow up in Gastro OPD (4th floor Naveen OPD) with CBC/LFT/KFT/INR report after 6weeks(6/8/21)

ER SOS-If Malena, UGI bleed, Altered sensorium

ADVICE:

INVESTIGATION RESULTS:

2021-06-26 11:55:56.876 Upper GI Endoscopy Therapeutic or APC or Polypectomy

26/06/2021 11:55 AM Upper GI Endoscopy Therapeutic or APC or Polypectomy

BED HAS NOT BEEN VACATED FROM SYSTEM