Health Care Imaging Centre

43,Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506
Helpline : 9760011538

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- ~~Digital Mammography~~

HCIC No. :	**012011001450**	**Reg. Date :**	**11-Nov-20**
Patient Name :	**Mrs. SHEELA RANI**	**Report Date :**	**11 Nov 2020**
Age/Sex :	**72 YRS/FEMALE**	**Referred By :**	**Dr. Alok Kumar Gupta M.D , D.M (Neuro)**

CEMRI LUMBO-SACRAL SPINE

PROCEDURE

Using the High Definition coil, High Resolution images of the L.S. spine acquired using twin gradient 16 channel 3.0 Tesla platform system with zoom gradient coil in T2, T1W Sagittal & STIR Coronal, followed by transaxial T1 and T2 at the I/V disk levels. Post Gadolinium - axial, coronal and sagittal T1 images are also acquired.

Follow up case of Pott's Spine

FINDINGS:

- There is loss of lumbar lordosis with kypho-scoliotic deformity of the lumbar spine with concavity towards right side.
- Fluid collection hyperintense on T2 & STIR images in the L5-S1 intervertebral disc with irregularity of apposing endplate erosion with fatty marrow signals & schmorl's nodes formation. No evidence of marrow edema is seen. No intra-diskal or adjoining vertebral enhancement is seen. No pre and paravertebral phlegmonous soft tissue is noted.
- There are degenerative spondylotic changes in the lumbar spine with marginal end plate osteophytes and desiccated intervertebral discs displaying hypointense signal on T2 weighted images. Type I Modic end plate degenerative changes noted at D11-12 level. The osseous elements in view show diffuse T1 / T2 hyperintensity suggestive of yellow marrow changes / osteopenia.
- Moderate fatty atrophy of paravertebral muscles is seen.
- There are diffuse disc bulges noted **at D11-12, D12-L1, L1-2 levels** indenting the anterior thecal sac without overt nerve root impingement.
- Diffuse disc bulge noted **at L2-3 level** indenting the anterior thecal sac, causing mild narrowing of neural foramina with mild impingement of bilateral exiting L2 nerve root.
- Diffuse disc bulge noted **at L3-4 level**, causing mild narrowing of neural foramina with mild impingement of bilateral exiting L3 nerve roots.
- Diffuse disc bulge noted **at L4-5 level** indenting the anterior thecal sac, mild narrowing of left neural foramina with impingement of left exiting L4 nerve root.
- Diffuse disc bulge noted **at L5-S1 level** along with facetal joint arthropathy and ligamentum flavum hypertrophy causing mild to moderate narrowing of neural foramina with impingement of bilateral exiting L5 nerve roots.
- **Spinal canal AP diameter at disc levels are L1/L2 11 mm, L2/L3 13 mm, L3/L4 11.5 mm, L4/L5 10 mm, L5/S1 8.5 mm.**

Dr. Sanjay Gupta,
MD (Radio-Diagnosis)
Mobile No. 9412201491

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)
Mobile No. 9997999516

Please correlate clinically

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Result Entered By : RUCHI

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HCIC No. :	**012011001450**	**Reg. Date :**	**11-Nov-20**
Patient Name :	**Mrs. SHEELA RANI**	**Report Date :**	**11 Nov 2020**
Age/Sex :	**72 YRS/FEMALE**	**Referred By :**	**Dr. Alok Kumar Gupta M.D , D.M (Neuro)**

– The visualized cord is normal in signal intensity and morphology. Conus is normal in position and signal intensity. STIR coronal sections of the sacroiliac joints appear unremarkable.

IMPRESSION:

- **Kyphoscoliosis of lumbar spine noted with concavity towards right.**
- **Fluid collection hyperintense on T2 & STIR images in the L5-S1 intervertebral disc with irregularity of apposing endplate erosion with fatty marrow signals & schmorl's nodes formation. No evidence of marrow edema is seen. No intra-diskal or adjoining vertebral enhancement is seen. No pre and paravertebral phlegmonous soft tissue is noted --- *Appears to be Degenerative Pseudo-Discitis.*** DD. Post Injection Sequelae.
- **Moderate fatty atrophy of paravertebral muscles.**
- **Lumbar spondylotic changes & degenerative disc disease.**
- **Diffuse disc bulges noted at D11-12, D12-L1, L1-2 levels indenting the anterior thecal sac without overt nerve root impingement.**
- **Diffuse disc bulge noted at L2-3 level indenting the anterior thecal sac, causing mild narrowing of neural foramina with mild impingement of bilateral exiting L2 nerve root.**
- **Diffuse disc bulge noted at L3-4 level, causing mild narrowing of neural foramina with mild impingement of bilateral exiting L3 nerve roots.**
- **Diffuse disc bulge noted at L4-5 level indenting the anterior thecal sac, mild narrowing of left neural foramina with impingement of left exiting L4 nerve root.**
- **Diffuse disc bulge noted at L5-S1 level along with facetal joint arthropathy and ligamentum flavum hypertrophy causing mild to moderate narrowing of neural foramina with impingement of bilateral exiting L5 nerve roots.**

As compared to previous MRI dated 22nd July 2020, there is time interval improvement.

Dr. Sanjay Gupta,
MD (Radio-Diagnosis)
Mobile No. 9412201491

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)
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Age/Sex :	72 YRS/FEMALE	Referred By :	Dr. Alok Kumar Gupta M.D , D.M (Neuro)

MRI SCREENING OF BOTH HIP JOINTS

FINDINGS

Both hip joints are normal in morphology and signals. The articular margin of acetabuli and proximal femori are normal. No obvious joint effusion or intra capsular/ extra articular fluid collection seen. No obvious focal erosion or destruction seen.

The pelvic and gluteal musculature is normal.

The imaged pelvic viscera appear normal.

The imaged neurovascular bundles are normal.

Both sacroiliac joints are normal.

IMPRESSION: MR features are consistent with:-

- **Normal study of both hip joints**

Dr. Sanjay Gupta,
MD (Radio-Diagnosis)
Mobile No. 9412201491

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)
Mobile No. 9997999516

Please correlate clinically

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Result Entered By : RUCHI

Sheela 72 F   9643707691

D - Pott's spine (on ATT)
CHTN c CAD c Hypothyroidism.

C/o Rt hip pain & LBA
Numbness b/l LL

Rx
- Tab Pyridoxine 20mg OD
(1 - x - x)

- Tab Pregabalin + Nortryptyline
(75+10) (Pregadoc NT)
(1) HS

5 days

- Continue ATT & Rx for CAD, Hypothyroidism

Adv
Physiotherapy

- Tab Petril MD (0.25) SOS
(घबराहट, नींद)

Dr. [illegible]
20/11/2020

LOKPRIYA HOSPITAL
LOKPRIYA RADIOLOGY CENTRE
SAMRAT PALACE, GARH ROAD, MEERUT - 250003

PATIENT SAFETY & QUALITY OF CARE NABH PRE ACCREDITED

Patient Name	:	SHEELA	Patient ID	:	2386
Patient age / Sex	:	73 YRS / F	Ref Physician	:	-
Modality	:	MR	Date / Time	:	19-12-2020

MRI BRAIN

Protocol:

MR imaging of the brain was performed using phased Array Coil on 1.5-Tesla Scanner. High-resolution T1 and T2 weighted images were obtained in multiple planes using T1 and T2 TSE and Flair sequences. Diffusion weighted images at b0 and b1000 values and corresponding ADC maps were obtained.

Observations:

No evidence of acute infarct is seen.

Diffuse cerebral and cerebellar atrophy is seen.

Multiple T2W / FLAIR hyperintense foci with confluent periventricular hyperintensity seen in bilateral centrum semiovale, corona radiata and periventricular deep white matter- ? chronic end vessels ischemic changes (FAZAKA GRADE II)

Bilateral symmetrical blooming foci are seen on GRE images in bilateral globus pallidus.

Tiny hemosiderin residue foci seen in right thalamus.

Remaining brain parenchyma shows unremarkable morphology and attenuation values.

Rest of the ventricular system is normal.

The midbrain, pons and medulla are normal.

The cerebellar hemispheres are normal.

Visualized parts of the 5th, 7th and 8th nerve complexes are grossly normal on routine brain imaging.

Major flow voids are present.

Partially empty sella is seen.

IMPRESSION:

- ***No evidence of acute infarct is seen.***
- ***Diffuse cerebral and cerebellar atrophy with chronic end vessels ischemic changes (FAZAKA GRADE II)***
- ***Bilateral symmetrical blooming foci are seen on GRE images in bilateral globus pallidus.***
- ***Tiny hemosiderin residue foci seen in right thalamus.***

– *Please correlate clinically and with relevant further investigations.*

Dr. Ashish Kumar Jain
MD Radiology

Dr. P.D. Sharma
M.B.B.S., D.M.R.D. (VIMS & RC)
Consultant Radiologist and Head

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• 1.5 Tesla MRI • 64 Slice CT • Ultrasound
• Doppler • Dexa Scan / BMD • Digital X-ray

PRENATAL DETERMINATION OF SEX IS BANNED, PREVENT FEMALE FOETICIDE

Helpline Numbers : 0121-2792500, 2601901

Dr. Vijay Narain Tyagi
M.B.B.S (LKO), M.D. (Pulmonary Medicine),
F.C.C.S, F.C.C.P. (USA), E.A.R.D.M. (Swizerland)
ब्रोन्कोस्कोपिस्ट, टी.बी. सांस, छाती रोग
क्रिटिकल केयर एवं नींद रोग विशेषज्ञ
Formerly at : KG's Medical College, Lucknow.
S. N. Medical College, Agra.
L.R.S. Institute of TB & Respiratory DS, New Delhi.
UPMCI-41747, UP/CMO MRT/05/1900

Yash Chest Allergy & Rehabilitation Centre

13/2/2021

Mrs Sheela Rani 73 y/F

Δ Hypothyroidism ̄c HT ̄c ↓ D/T.R.
) Post Spine (ATT - 6 mo.) Sinds ... ws
̄c Hiatus Hernia (E) - 45 / (18/11/2020)
Post CABG

~~① Tab Zytamp ...OD~~

② Nebulize ̄c Nebzmart G ...
Formonide / Budesonide ... BD

x 10 day

C/O
Breathlessness
Dyspnea
Pedal edema

Spo2 96 / ... 98
BP 116/80 ...
Chest - ...
...
...

HRCT + CECT chest
- Supine
- Prone position

. Pentamarker
. ABG on Room air
Echo CD / ...

दोपहर 11 बजे से सायं 1 बजे तक

रविवार अवकाश

No Emergency Services

- एलर्जी टैस्ट
- विडियो थौरैकोस्कोपी (Thoracoscopy)
- फेफड़े की अल्ट्रासाउण्ड एवं दूरबीन द्वारा जाँच (EBUS)
- कम्प्यूटर द्वारा नींद की जाँच (Sleep Study)
- कम्प्यूटर द्वारा सांस की जाँच (Spirometery)
- दूरबीन द्वारा फेफड़े की जाँच (Bronchoscopy)
- FENO (For Asthma)
- DLCO
- Airwave Oscillometry (First time in India)
- Respiratory Muscle Testing

Website : www.meerutchestcentre.com
www.yashchestcentre.com

- एक पर्चा पाँच दिन तक मान्य है। (रविवार सहित)
- मरीज को दिया गया समय अनुमानित हैं।
- कृपया फोन पर चिकित्सीय परामर्श न लें।

143, (Durga Nagar) Opp. Gandhi Asram,
Garh Road, Meerut.
For Query 9258780100
For Appointment : 7617780100
0121-4052960, 9917220100

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29/06/21.

K/C/O TKR (2016) CABG (2016).

Mrs Sheela Devi
71/F.

Δs - K/C/O HYPOTHYROIDISM / HTN /
- ? Potts Spine (completed ATT 6 months).
- Hiatus Hernia
- Post CABG. (EF ~ 45%.)

C/O Shortness of Breath × 6d.

Adv.

- XRAY. Dorso Lumbar Spine.
  - AP
  - Lateral.

Rx

- 5d. × T. AUGMENTIN 625mg TDS
- T. ELTROXIN 150mg OD
- T. MOXOVAS 0.3mg BD
- T. TELMA 40 CT (1) OD
- T. AMTAS 5mg BD
- ~~C. NEXPRO-XT (1) BD~~
- ~~C. CYRA-D (1) OD~~
- ×15d. T. SOLOPOLSE 0.25mg HS
- T. ~~LASA~~ PREGABA M (1) HS
- Respirometer exercises.
- Syp POTKLOR-AB 2tsp c̄ 100ml water. alternate days.
- ~~Syp~~ C. VELOZ-D (1) BD
- T. RESODIUM (1) OD (alternate days).
- T. NUCOXIA 90 (1) SOS.

[signature]
JR Med.

Services : Ambulance Blood Bank

24 घण्टे इमरजेन्सी सेवा

Helpline Numbers - 0121- 2792500, 2601901, (M) 8194007414
•E-mail: lokpriya_hospital1@rediffmail.com

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LOKPRIYA RADIOLOGY CENTRE

SAMRAT PALACE, GARH ROAD, MEERUT - 250003

DATE	29.06.2021	REF. NO.	2497		
PATIENT NAME	SHEELA DEVI	AGE	60 YRS	SEX	F
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	DR. TANU RAJ SIROHI		

REPORT

- **Sternotomy suture seen in situ.**
- Trachea is central in position.
- **Both lung show mildly prominent broncho vascular marking.**
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- **Right dome is raised.**
- Left dome of diaphragm is normal in contour and position.

IMPRESSION

1. ***Both lung show mildly prominent broncho vascular marking.***
2. ***Sternotomy suture seen in situ.***
3. ***Right dome is raised.***

Dr. P.D. Sharma
M.B.B.S., D.M.R.D. (VIMS & RC)
Consultant Radiologist and Head

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• Doppler • Dexa Scan / BMD • Digital X-ray

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HCIC No. :	012108001660	Reg. Date :	10 Aug 2021
Patient Name :	Mrs. SHEELA RANI	Report Date :	11 Aug 2021
Age/Sex :	73 YRS/FEMALE	Referred By :	SELF

MRI LUMBO-SACRAL SPINE

PROCEDURE: Using the High Definition coil, High Resolution images of the L.S. spine acquired using twin gradient 16 channel 3.0 Tesla platform system with zoom gradient coil in T2, T1W Sagittal & STIR Coronal, followed by transaxial T1 and T2 at the I/V disk levels.

Follow up case of Pott's spine.
FINDINGS:

- Kyphoscoliosis of spine is noted with convexity towards right.
- T2/STIR hyperintense fluid collection noted at L5-S1 IV disc level with irregularity of contiguous endplates and schmorl's node. No definite altered signal intensity suggestive of Marrow edema noted. No definite pre & paravertebral collection is noted.
- STIR hyperintense signals are also seen in the IV disc spaces at L3-L4 & L4-L5 levels suggestive of discitis. However, no definite pre, paravertebral or anterior epidural collection is seen.
- Mild hyperintense signals are seen along bilateral facetal joints at L3-L4, L4-L5 & L5-S1 levels suggestive of facetal arthropathy.
- Mild edema is noted in posterior subcutaneous soft tissue.
- Anterior & posterior osteophytes are seen at multiple levels.
- Type I/II modic endplate changes with endplate irregularity are seen at multiple levels.
- Disc desiccation are seen at multiple levels.
- Reduced IV disc spaces are seen at D9-D10 to D12-L1 levels.
- **At D9-D10:** Diffuse disc bulge is seen indenting the thecal sac without definite nerve root compression.
- **At D10-D11:** Diffuse disc bulge is seen indenting the thecal sac with bilateral lateral recess narrowing with grade I compression on bilateral traversing nerve roots.
- **At D11-D12 & D12-L1 & L1-L2:** Postero-central disc bulges are seen indenting the thecal sac with bilateral lateral recess and neural foramina narrowing with grade I compression on bilateral traversing nerve roots.
- **At L2-L3:** Diffuse disc bulge is seen indenting the thecal sac with bilateral lateral recess narrowing with grade I compression on bilateral exiting nerve roots.Canal diameter is 13.1 mm.
- **At L3-L4:** Postero-central and right paracentral disc protrusion with annulus tear is seen indenting the thecal sac causing bilateral lateral recess & neural foraminal narrowing with grade I compression on bilateral traversing & exiting nerve roots. Canal diameter is 11.5 mm.
- **At L4-L5 & L5-S1:** Postero-central disc protrusion are seen indenting the thecal sac causing with bilateral lateral recess & neural foraminal narrowing with grade I compression on bilateral traversing & exiting nerve roots. Canal diameter is 10.2 & 8.5 mm respectively.

Dr. Sanjay Gupta,	Dr. Mukta Mital,	Dr. Annie Agarwal	Dr. MeenaBembi,	Dr. Shalabh Bansal,
MD (Radio-diagnosis)	MD	MD	DMRD	DMRD, FRCR (U.K.)

Please correlate clinically

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Patient Name :	Mrs. SHEELA RANI	Report Date :	11 Aug 2021
Age/Sex :	73 YRS/FEMALE	Referred By :	SELF

- Ligamentum flavum hypertrophy is seen at L5-S1 levels.
- Spinal canal stenosis is seen at L1-L2, L3-L4, L4-L5 & L5-S1 levels.
- The imaged portion of distal cord and conus medullaris are normal. Filum terminale is normal. Bilateral S.I.Joints are normal.

OPINION: MR features are suggestive of:

- **Kyphoscoliosis of spine with convexity towards right.**
- **T2/STIR hyperintense fluid collection at L5-S1 IV disc level with irregularity of contiguous endplates and schmorl's node. No definite altered signal intensity suggestive of Marrow edema noted. No definite pre & paravertebral collection is noted.**
- **STIR hyperintense signals also noted in the IV disc spaces at L3-L4 & L4-L5 levels.**

---Likely To be degenerative pseudo-discitis, however clinical correlation and close follow up is advised to rule out recurrent infection.

- **Degenerative changes in lumbosacral spine in form of anterior & posterior osteophytes, Type I/II modic endplate changes with endplate irregularity, disc desiccation and reduced IV disc spaces and multi-level osseo-faceto-ligamental hypertrophy.**
- **Diffuse disc bulge at D9-D10 level indenting the thecal sac without definite nerve root compression.**
- **Diffuse disc bulge at D10-D11 level indenting the thecal sac with bilateral lateral recess narrowing with mild compression on bilateral traversing nerve roots.**
- **Postero-central disc bulges at D11-D12, D12-L1 & L1-L2 levels indenting the thecal sac with bilateral lateral recess and neural foramina narrowing with mild compression on bilateral traversing nerve roots.**
- **Diffuse disc bulge at L2-L3 level indenting the thecal sac with bilateral lateral recess narrowing with mild compression on bilateral exiting nerve roots.**
- **Postero-central and right paracentral disc protrusion with annulus tear at L3-L4 level indenting the thecal sac causing bilateral lateral recess & neural foraminal narrowing with mild compression on bilateral traversing & exiting nerve roots.**
- **Postero-central disc protrusion at L4-L5 & L5-S1 levels indenting the thecal sac causing with bilateral lateral recess & neural foraminal narrowing with mild compression on bilateral traversing & exiting nerve roots.**
- **Spinal canal stenosis at L1-L2, L3-L4, L4-L5 & L5-S1 levels.**

As compared to previous scan dated 11.11.2020, hyperintense signals on STIR images at L3-L4, L4-L5 and L5-S1 discs is a new finding. Rest of the findings are same as of previous scan.

Dr. Sanjay Gupta, MD (Radio-diagnosis) | **Dr. Mukta Mital,** MD | **Dr. Annie Agarwal** MD | **Dr. MeenaBembi,** DMRD | **Dr. Shalabh Bansal,** DMRD, FRCR (U.K.)

Please correlate clinically

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- Digital Mammography

HCIC No. :	012108001661	Reg. Date :	10 Aug 2021
Patient Name :	Mrs. SHEELA RANI	Report Date :	10 Aug 2021
Age/Sex :	73 YRS/FEMALE	Referred By :	SELF

HRCT THORAX

Protocol: Thin sections were taken from thoracic inlet to the level of diaphragm without the administration of intravenous contrast on multislice. Thereafter sagittal and coronal reconstructions in the mediastinal and lung window were obtained for further references.

FINDINGS:

Post CABG status with sternotomy sutures in midline.

Few thin fibrotic bands are seen in apical basal segment of right lower lobe. Fibro-parenchymal opacities are also noted at right lung base. Right hemidiaphragm is elevated.

Subtle ground glass haze is seen in posterior segment of right upper lobe --- likely artefactual.

Rest of both lungs are normal in volume attenuation and bronchovascular pattern. There is no honey combing / septal thickening. There is no bronchiectasis.

Trachea and main stem bronchi are normal.
There is no significant mediastinal or hilar lymphadenopathy.

Atherosclerotic changes with multiple calcified plaques are noted in aortic arch and descending thoracic aorta.
There is evidence of large hiatus hernia producing retro-cardiac opacity.

Main pulmonary artery and aorta have normal caliber.
Heart size is mildly enlarged. There is no pericardial effusion. *Calcification is seen in coronary arteries.*

There is no pleural effusion.
No focal aggressive bony lesion is seen. *Degenerative osteoporotic changes are seen in visualized spine with vacuum phenomenon at multiple IV discs.*

UPPER ABDOMEN

Renal margins appear lobulated.
Liver, pancreas, spleen appear unremarkable.
Surgical clips are seen in gall bladder fossa.
Medial limb of both adrenal gland appear bulky (R>L).
Note is made of epigastric hernia with herniation of omental fat through it.

IMPRESSION:

- **Few thin fibrotic bands in superior segment of right lower lobe. Fibro-parenchymal opacities at right lung base—Post Infective Sequalae.**
- **Mildly elevated right hemidiaphragm.**
- **Large hiatus hernia.**

As compared to previous CT dated 13-Feb-2021, no significant change is seen.

Dr. Sanjay Gupta	**Dr. Annie Agarwal**	**Dr. Mukta Mital,**	**Dr. Meena Bembi**	**Dr. Shalabh Bansal,**
MD (Radio-diagnosis)	MD	MD	DMRD	DMRD, FRCR (U.K.)

Please correlate clinically

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Dr. Veerottam Tomer

MBBS, MD (Chest), EDARM (Italy), FCCP (USA)
Interventional Pulmonologist, Bronchoscopist,
EBUS, Sleep and Critical care expert.
European Diploma in Adult Respiratory Medicine

MCI No. : 013682
MRT Rg.: 01008

Dr. SHIVRAJ MEMORIAL
CHEST & ALLERGY CENTRE

A-1, Adarsh Nagar, Meerut-250 001 India
Ph. : 0121-2665900, 09690600463
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www.drveerottamtomer.com

3823 : MRS.SHEELA RANI (73y, Female) - 8750331133

Date: 14-Aug-2021

Notes: 14/8/21 FVC- 49% ,FEV1- 44% FEV1% -73% , +7%

BP 137 / 98* mmHg **Pulse** 100 bpm **Temperature** 97.7 F **SPO2** 97 %

[02-Jun-2021] Fasting Blood Sugar (FBS):113 **Blood Urea:**23 **Serum Creatinine:**0.8 **eGFR - Creatinine Clearance:**71.05 **SGPT (AST):**16 **TSH (Thyroid Stimulating Hormone):**4.6

[29-Jun-2021] X Ray - Chest PA:rt dome raised

[10-Aug-2021] HRCT Chest:rt dome of diaphragm with hiatus hernia , rt lower lobe fibrotic lesion

Complaints: BREATHLESSNESS ON MID EXERTION* 3 MONTHS. ORTHOPNEA. NO COUGH. NO FEVER. RESTLESSNESS, GHABRAHAT, BURPING, ABDOMINAL DISCOMFORT, NUMBNESS IN BOTH LEGS *, LBA

PAST HISTORY: HO CABG 2013 ef- 45% / cholycystectomy 2016 / RT TKR 2014/ ATT 2019 for 15 months for pott.s spine/ hypothyroidism / htn 1992
ho hemetamesis jan 2021 UGI - Hiatus hernia
no ho dm /br asthma

PERSONAL HISTORY: NON SMOKER ,NON ALCOHOLIC, NO TOBACCO CHEWER

CHEST EXAMINATION: B/L Vesicular breath sounds

Diagnosis: HYPERTENSION, CAD POST CABG 2013, POTT 'S SPINE TREATED CASE, HYPOTHYROIDISM, RIGHT DOME OF DIAPHRAGM RAISED CAUSE ?, HIATUS HERNIA, AN

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	Medicine	Dosage	Timing - Freq. - Duration
1)	**SERLIFT 25 MG TABLET** *Composition* : SERTRALINE 25 MG *Timing* : 1 - नाश्ते के बाद, 1 - रात - खाने के बाद	1 — 0 — 1	खाने के बाद - रोज - 5 दिन
2)	**DUOLIN INHALER** *Composition* : IPRATROPIUM BROMIDE 20 MCG + LEVOSALBUTAMOL 50 MCG *Timing* : 1 - नाश्ते के बाद, 1 - दोपहर - खाने के बाद, 1 - रात - खाने के बाद *Note* : WITH ZEROSTAT MINI SPACER	1 — 1 — 1	खाने के बाद - रोज - 5 दिन
3)	**DIGIHALER SF 250 INHALER** *Composition* : FLUTICASONE PROPIONATE 250 MCG + SALMETEROL 25 MCG *Timing* : 1 - नाश्ते के बाद, 1 - रात - खाने के बाद *Note* : WITH ZEROSTAT MINI SPACER	1 — 0 — 1	खाने के बाद - रोज - 5 दिन
4)	**DOXORIL 400MG TABLET** *Composition* : DOXOFYLLINE 400 MG *Timing* : ½ - नाश्ते के बाद, ½ - रात - खाने के बाद	½ — 0 — ½	खाने के बाद - रोज - 5 दिन

FACILITIES :

- **EBUS (Endo bronchial Ultrasound)** guided FNAC of mediastianl lymph nodes.
- **DLCO Test-(Diffusion Stud of Lungs)** for Complete Lung Function Test.
- **Computerized Pulmonary Function test** with 6 minute walk test, DLCO, FENO, FOT Test.
- **Video Bronchoscopy** both Flexible and Rigid.
- **Medical Thoracoscopy** for Pleural Diseases.
- **Sleep study** for snoring disorder and obstructive sleep apnoea syndrome.

Powered by HealthPlix EMR (www.healthplix.com)

For Appointment contact :
09690600463
SUNDAY CLOSED
Consultation Fees valid for one visit only.

Dr. Veerottam Tomer

MBBS, MD (Chest), EDARM (Italy), FCCP (USA)
Interventional Pulmonologist, Bronchoscopist,
EBUS, Sleep and Critical care expert.
European Diploma in Adult Respiratory Medicine

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Date: 14-Aug-2021

5) **DEFCORT 12MG TABLET** **1 — 0 — 0** खाने के बाद - रोज - 5 दिन

Composition : DEFLAZACORT 12 MG
Timing : 1 - नाश्ते के बाद
Note : AFTER IT

Advice: Rest continue same treatment as advised by cardiologist

निर्धारित परीक्षण : D-DIMER, PRO-BNP, PFT WITH DLCO, DIAPHRAGM INSPIRATORY MUSCLE STRENGTH TEST, ECHO

अगली तारीख : 19-Aug-2021 - Thursday

Dr. VEEROTTAM TOMER

FACILITIES :

- **EBUS (Endo bronchial Ultrasound)** guided FNAC of mediastianl lymph nodes.
- **DLCO Test-(Diffusion Stud of Lungs)** for Complete Lung Function Test.
- **Computerized Pulmonary Function test** with 6 minute walk test, DLCO, FENO, FOT Test.
- **Video Bronchoscopy** both Flexible and Rigid.
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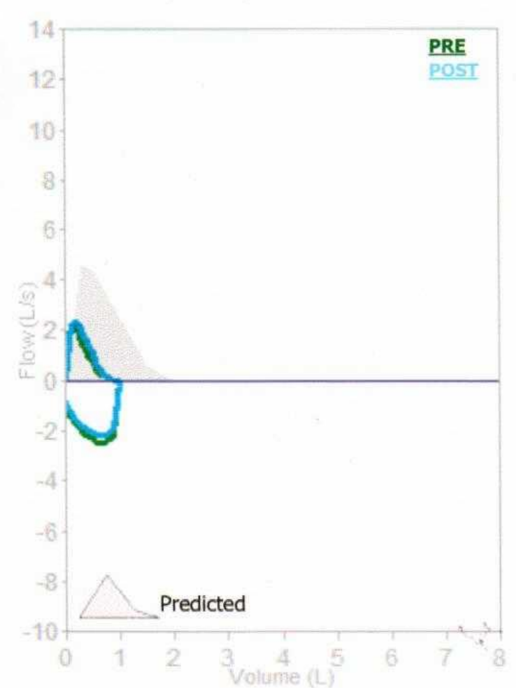
Pulmonary Function Test Results

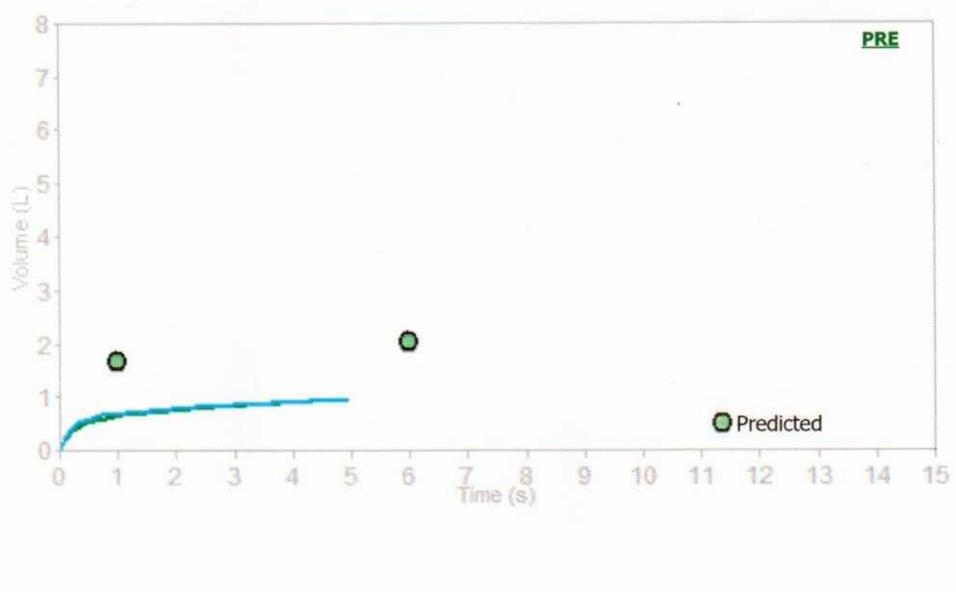
DR SHIVRAJ MEMORIAL CHEST & ALLERGY CENTRE

Dr Veerottam Tomar MD(Chest), EDRM, ITALY, FCCP(USA)
A-1, ADARSH NAGAR, MEERUT (UP). Ph: 9690600463.

Visit date 14-08-2021

Patient code 8750331133		Age	74
Surname	rani	Gender	Female
Name	sheela	Height, cm	148
Date of birth	01-09-1946	Weight, kg	71
Ethnic group	North indian	BMI	32.41
Smoke		Pack-Year	
Patient group			





PRE Trial date 14-08-2021 13:06:57

POST Bronchodilation with Salbutamol - 13:19:23

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	1.08	2.03	0.99*	49	-1.81	0.99			0.99*	49	0
FEV1	L	1.03	1.65	0.73*	44	-2.45	0.73			0.78*	47	7
FEV1/FVC	%	68.4	80.0	73.7*	92	-0.90	73.7			78.8*	98	7
PEF	L/s	2.03	4.67	2.36*	51	-1.44	2.36			2.38*	51	1
ELA	Years		74	100	135		100			98	132	-2
FEF2575	L/s	0.63	1.82	0.53	29	-1.79	0.53			0.73	40	38
FET	s		6.00	4.90	82		4.90			4.93	82	1
FIVC	L	1.08	2.03	1.22	60	-1.40	1.22			2.29	113	88
FEV1/VC	%	68.4	80.0									

*Best values from all loops - BTPS 1.073 29 °C (84.2 °F) - Predicted ERS (ECCS) / Knudson

Conclusion / Medical report

Moderate obstructive lung disease with poor/partial bronchodilator response [illegible]

Signature

Instruction used
Spirodoc S/N W10854

&

· DLCO

· [illegible] [illegible] [illegible]