



METRO

HOSPITALS & HEART INSTITUTE

(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
Dist No: UD9900011093PTC022203
(NABL, NABL & ISO 9001:2008 Certified)

CARDIOLOGY

DATE : 27/08/2016
ANGIOPLASTY NO : 29855
NAME : Mr. Hans Nath Pandey
AGE/SEX : 72 Yrs. / Male
HOSPITAL NO : 7160
WARD : CCU
CONSULTANTS : DR. PURSHOTAM LAL
: DR. PANKAJ RANJAN

ANGIOPLASTY REPORT

PRE ANGIOPLASTY DIAGNOSIS

Coronary artery (Left Main with Triple Vessel) disease
Angina and breathlessness on exertion Grade III-IV
Essential hypertension

PROCEDURE : Rotational atherectomy with PTCA with stenting to Left Main to LAD and RCA (by using drug eluting stents) and plain balloon angioplasty to LCX and PDA with intravenous glycoprotein IIb/IIIa receptor blockade therapy by using progreat catheter.

DISCUSSION: Mr. Hans Nath Pandey, 72 yrs, male underwent coronary angiography on 08/08/2016 which revealed left main with triple vessel disease. The patient was found high risk for CABG because of advanced age and weak lungs. Therefore, less invasive and less risky method of myocardial revascularisation by angioplasty was preferred and a plan for PTCA to Left Main to LAD, LCX, RCA and PDA was made. Thus after obtaining an informed written consent he was taken for Procedure.

Cardiology Wing

X - 1, Sector - 12, Noida - 201301
Tel. : +91 120 2533 491, 2444 466, 4366 666
Fax : +91 120 2533 487

Multispeciality Wing

L - 94, Sector - 11, Noida - 201301
Tel. : +91 120 2522 959, 2442 666
Fax : +91 120 2442 555

E-mail : info@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi - 110024

MHHI/CL/0115/Rev. No. 01

REPORT:

Left Main to LAD: The LCA was engaged with 7F XB 3.5 guide catheter. Left Main to LAD lesion was crossed with 0.014" Run Through wire which was then exchanged for Rota wire with the help of Microcatheter (Progreat). A 0.009" Rota wire (Boston) was used to cross the Left Main to LAD lesion. 1.5 mm Rota burr advancer was used for atherectomy. Predilatation of Left Main to LAD lesion was done with 2.0 mm x 28 mm balloon inflated at 10 atmosphere for 30 seconds. Thereafter, a 3.5 mm x 32 mm Promus Element drug eluting stent was deployed in Left Main to LAD at 16 atmosphere for 30 seconds. Final check-angiography revealed no residual stenosis with brisk antegrade flow.


LCX: A 0.014" Run Through wire was used to cross the lesion. The LCX lesion was dilated by using 2.0 mm x 28 mm and 1.5 mm x 08 mm balloons inflated at 8 atmosphere for 10 seconds. Final check-angiography revealed no residual stenosis with brisk antegrade flow.

RCA and PDA: The RCA was engaged with 6F AL 1 guide catheter. A 0.014" Run Through wire was used to cross the RCA and PDA lesions. The lesions were predilated by using 2.0 mm x 28 mm and 1.5 mm x 08 mm balloons inflated at 8 atmosphere for 10 seconds. Thereafter, a 3.5 mm x 38 mm Promus Element drug eluting stent was deployed in RCA at 20 atmosphere for 30 seconds. Final check-angiography revealed no residual stenosis with brisk antegrade flow.

Patient tolerated the entire procedure very well without any significant angina or haemodynamic disturbances. He was later shifted to CCU for observation and monitoring.

IMPRESSION - Successful Rotational atherectomy with PTCA with stenting to Left Main to LAD and RCA (by using drug eluting stents) and plain balloon angioplasty to LCX and PDA with intravenous glycoprotein IIb/IIIa receptor blockade therapy by using progreat catheter.

Advice : Check angiography to be done after six months.


DR PURSHOTAM LAL MD AB FACM FACC FRCP(C) MBCIS FSCAI
DIRECTOR INTERVENTIONAL CARDIOLOGY

DR. PANKAJ RANJAN, MD, DM
CONSULTANT CARDIOLOGIST

TREATMENT :

Low salt, low fat diet

1. Tab. Ecosprin 75 mg once daily at 9 p.m.
2. Tab. Prax (Prasugrel) 10 mg once daily at 9 a.m.
3. Tab. Nitrocontin 6.4 mg twice daily at 9 a.m. and 9 p.m.
4. Tab. Nebistar 5 mg once daily at 9 a.m.
5. Tab. Ramistar - H (2.5) once daily at 9 a.m.
6. Tab. Rosuvas 10 mg once daily at 9 p.m.
7. Cap. Pan-D once daily at 7 a.m.
8. Foracort Inhaler (200) 2 puffs twice daily with spacer


Do not discontinue Ecosprin and Prax unless advised by the treating Cardiologist.

ADVICE :

1. Rest for one week.
2. Check angiography after six months.
3. Fasting & PP Sugar, KFT, Lipid profile (fasting), CBC to be done after two weeks.

FOLLOW-UP: In Cardiac OPD after two weeks with prior appointment.

- For OPD appointment contact 9871124095
- For appointment contact Mr. Bhaskar - 9818754788 / Mr. Anurag - 9871369832 (from 9 a.m. to 6 p.m.)
- For any emergency contact 9810855136 / 9958905666

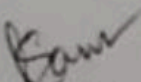

DR. PURSHOTAM LAL,
MD, AB(USA), FACM, FRCP(C), FACC, FSCAI (USA)
DIRECTOR INTERVENTIONAL CARDIOLOGY

DR. SAMEER GUPTA MD, AB (USA), FACC, FSCAI
CONSULTANT INTERVENTIONAL CARDIOLOGIST &
ENDOVASCULAR INTERVENTIONALIST

DR. NILKANTH C. PATIL, MD, DM
CONSULTANT CARDIOLOGIST

DR. P.T. UPASANI, MD DM FCCP FCSI
SENIOR INTERVENTIONAL CARDIOLOGIST

DR. PANKAJ RANJAN, MD, DM
CONSULTANT CARDIOLOGIST


DR. S. KANWAR, MD, PhD
CONSULTANT CARDIOLOGIST

TIRMAY EYE CLINIC

Enclave, Near Shahpur Thana, Rapti Nagar, Phase-3, Gorakhpur
 Contact : 9005739062, 9336403301, 8707075763
 Working : Monday to Saturday 9:30 am - 11:00 am, 5:00 pm to 7:00 pm
 Sunday : 10 am to 1:00 pm, Thursday Closed

DISCHARGE SUMMARY

UHID : JEC400 IPD No. : 53 Room Details :
 Name : H.N PANDEY Contact No. : 8707506301
 Gender : MALE Age : 78 yrs
 Address : SAHPUR GKP, GORAKHPUR, gorakhpur, Uttar Pradesh
 Date of Admission : 10.07.22 Date Of Surgery : 10.7.22 Date Of Discharge : 10.07.22

Reason for Admission : Left Eye Inj. Razumab Intravitreal
 Presenting Complaints : DOV
 Systemic History : HYPER TENSION
 Investigations : GBP WITH CBC, FBS, HBsAG, HIV, HCV, MEDICAL FITNESS BY PHYSICIAN
 Ocular Finding : NSII CATARACT
 Diagnosis : CNVM
 Procedure done : RAZUMAB Eye : LE
 Patient condition at the time of discharge : SATISFACTORY
 Type of discharge : 1 - Fit for Discharge
 Discharge to : Home
 Post Operative Diet : NORMAL DIET, DIABITIES DIET, LOW SALT DIET
 Intra Operative Outcome : UNEVENTFUL & SATISFACTORY
 Future Plan :
 Review follow up : 1 / Week

Dr. Incharge of the case : Dr. Anjum Jain

Anesthesiologist :

Anesthesia :

Patient Attendant Signature :

Staff Nurse Sign :

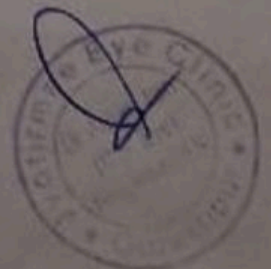
Name:

Time :

Discharging Doctor Sign :

Name:

Time :



व्योमय आई क्लीनिक

डाक्टर एन्क्लेव, निकट शाहपुर थाना
राष्ट्रीनगर फेज-3, गोरखपुर
सो: - 9005739062, 9336403301



डा० अंजुम जैन
(नेत्र विशेषज्ञ)

एम.बी.बी.एस., एम.एस. (नेत्र)
फेलो, शीकागो हास्पिटल, दिल्ली
ग्लोबल (सफलकार्य), आरविंद आई हास्पिटल, पॉन्डीचेरी
सेक्टर इन डायग्नोस्टिक रेटिनोपेथी, आरविंद आई हास्पिटल, मद्रास

Name: H.N. Pandey Age: 78y Sex: [M] Date: 23-04-22

Complaints:	<u>WAL</u>	H/o.	DM- CAD _____
			HT- _____
			Ch. Asthma/COPD _____
			BPH _____

	Right Eye	Left Eye
Vision without Glasses	<u>6/36 EPh 6/12</u>	<u>6/36 EPh 6/6</u>
Vision with Glasses	<u>6/36</u>	<u>6/6</u>

Lids	
Conjunctiva	
Sclera	
Cornea	
Anterior Chamber	
Iris	
Pupil	
Lens	
Ocular Movements	

Tension	NCT	<u>14</u>	<u>14</u>
	AT		
	Shiotz		
Ducts			

GONIOSCOPY _____
V HERRICK _____



25-04-22

Vn (RE) 6/9 r r 6/6p

B } Pancha Jambh E

 s } Karmas E

 s } Dhan E

 s } Tamas E

Date 30-04-22

$619E + 1.0 \times 100 \cdot 6/6$
 $619E - 0.75 \cdot 0.5 \cdot 0.6/6$
 $9M \cdot 0.5 \cdot 0.6 + 2.50 \cdot 0.5 \cdot 0.6$

NCT 17
19

(Pp)

B } Pancha Jambh E

 s } Karmas E

 s } Tamas E



Dr. A.K. MALL

MBBS, MD, General Medicine

Print Date: 06-Jun-2022 05:56 PM



Patient Id: 47220058971
 Name: MR. HANS NATH PANDEY (78 Y/M)
 Address: LATE AWADI BIHARI PANDEY
 Department: GENERAL MEDICINE
 Location: AWAS VIKAS COLONY SHAHPUR, POST- GEETA VATIKA, THANA- SHAHPUR, GORAKHPUR

fix of Acute Ischaemic Stroke 2-Hydroxypropylcholine cause of stroke with lead of PVT. PMA

150/80 mmHg
 84/min
 97%

F-132
 HIL 57-522
 Lipid - ⊕
 CRP - ⊕

for acute stroke
 as per BSL ⊕ | Head bleed in the CT
 advised with
 new medicine
 ⊕ aspirin
 new management
 - aspirin
 - aspirin

By
 diabetic diet for 1000

- ① cap lipidure - 600 mg
- ② to Ramelte - 1000 mg
- ③ to sintel - ~~1000 mg~~ AM duo
- ④ cap nikeram - 1000 mg
- ⑤ to concor - 5mg
- ⑥ cap sildenafil - 50 mg
- ⑦ to dhycomet - 1000 mg

AIA
 INDRS.

BSL F-132
 PD-186

Saturday and Sunday OPD will be closed.

☎ पूछताछ / Enquiry : +91 72340 06501

☎ नया उगाने हेतु / For Appointment : +91 72340 06501

रविवार OPD बन्दी

24 घण्टे इमरजेंसी सेवा उपलब्ध

Mogla, Medical College Road, Gorakhpur, Uttar Pradesh-273012

✉ cityhospital2016@gmail.com | 🌐 www.cityhospitalgkp.com



UHID No : 25776
 Name : M. HANSH NATH PANDEY
 Sex / Age : Male / 78 Years
 Address : ...

07-07-2022

DE
 PR 97/min
 BP 120/60 mmHg

Pallo 0

RIS
 CV
 PA

wt 70.4 kg

Antibiotic By
 do ~~Rendin~~
~~3 months~~
~~complaint~~

having dizziness & dyspnea
 on wakeup.

acc. report ⊕
 bad cold & 3rd day

dr for
 : Berceijunus

By
 Diabetic diet - SRD

① ② ③ ④ ⑤ ⑥ ⑦
 TB. Akerlix - Total HS
 x 7 day

hall

RIA
 H+M+I+R

↓ hall
 BIL PP - 133
 PP - 154

21/09/22

wt 69.8 kg

OIA

PR-78/min
 BP-120/70 mm

Pallo
 RIS
 CV
 81V

PT Metformin
 Co. F. ...
 7 TB. ...
 Gap ...

Re Diet as per 1SRD

- ① Cap Lipi Care Gold 1 tabts
- ② Rendin 3-1000 x 1400 AMT BF
- ~~③ ...~~
- ④ upnikoran - OD 10 x 1400 AMT BF
- ⑤ Concor - 5 mg x 1400 AMT BF
- ⑥ cap Silodal - D8 1 tabts
- ⑦ Glycomet - SR - 500 x 1400 AMT BF
- ⑧ TB Enitel - 400 mg HS, etc

RIA
 S+M+I+R

↓
 BIL PP

hall

Date - 22-5-22

vn 05/6
1160

Dikal (6)
15/0/0/0/0/0
40 - Suham/Pan ce

vn (6/9
1160

NCT (15
19

Maka 1000
2R

vn 05/6
1160
P. 10/0/0/0/0 =

- ① Dikal
- ② Lem komposisi (1/2) ke
- ③ 40/2/0/0
- ④ font type pake

At 10/0/0
D 11/0/0
A



all
Jalpa
ek@in@sadgurustrust.org

Dr. Alok Sen
Medical Superintendent
E-Mail: acesen@rediffmail.com

Dr. Elesh J
Admission
E-Mail: dr@esh@sadgurustrust.org

Date: 20/10/22

Case Summary

Hospital Registration No: P2161721

Patient Name: Mr. Hans Ram Pandey Age/Sex M

Date of Examination: 28/11/2022

Chief complaints: Diminution of vision in left eye
since 4 months.

Ocular examination:

	Right Eye	Left Eye
BCVA:	6/6	PL+RB
Anterior Segment:	K clear A.C.: quiet PC: OL	K: clear Blood: none A.C.: quiet PC: OL RB
Fundus Examination:	CDR: 0.3:1 FR: + color: normal	Vitreous: +

Investigations: B scan

Clinical Diagnosis: left eye High grade Proliferative Retinopathy

Treatment advised: Patient can be given Anti VEGF inj
Needs regular BP and sugar monitoring.

Dr. Alok Sen

Medical Officer

Ophthalmology
Dr. Pooja P. Agade

Children's Eye Care Centre
Dr. Pooja P. Agade (HOD)
Dr. Elesh Jain
Dr. Anil Mishra
Dr. Chiranjeev Shah
Dr. Eshu Ramawat

Cornea & Refractive Surgery:
Dr. Gaurav Singh Parmar (HOD)
Dr. Ashok Kumar
Dr. Sharmada Jaiswal

Glaucoma:
Dr. Rakesh Shukla (HOD)
Dr. Navin Singh Ahlawalia

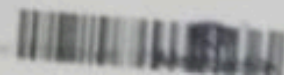
Oculoplasty:
Dr. Navendra Patidar (HOD)

Retina:
Dr. Alok Sen (HOD)
Dr. Shubhi Tripathi
Dr. Sachin B. Shetty
Dr. Pradyumn Tekwani
Dr. Tina Agrawal
Dr. Vanshi D. Athavale
Dr. Gaurav Mishra Kohli
Dr. Pratik Shetty

Cataract IOL Clinic:
Dr. Rajesh Joshi (HOD)
Dr. Ashish Bajaj
Dr. Devendra K. Sharma
Dr. Anandh Nimbhorkar

Centre for Community Ophthalmology:
Dr. Elesh Jain
Mr. Subroto Kanyaditya

Advisory Board:
Dr. Kalki Mehta, Mumbai
Prof. A.K. Grewal, New Delhi
Dr. Ranjit Mani, Mumbai
Dr. Rajiv Ramani, Chennai
Dr. Ramesh R. Shah, USA
Dr. Suresh J. Talya, UK





Retina Surgical Sheet

Hans Math

50/60 Anand Sharma

Male Female

M.R.D. No. PZ161725

Referral - Dr. Annu Chatur

Anesthetist

Operating Surgeon

OT Assistant - Mr. E. Jay

Diagnosis

Date Of Surgery - 25/11/22

No. 88

Starting Time - 01:00 pm Ending Time - 01:05 pm

Preparation

In Patient / Out Patient

Surgery

LE - my. Ranzurel 4/1A

Primary Break

Location

Cryo/Laser

Wedge (240 Band) Yes No

End to end at (Clock Hour)

180 hrs

Location Of the tyre (Clock Hour)

Eye Size

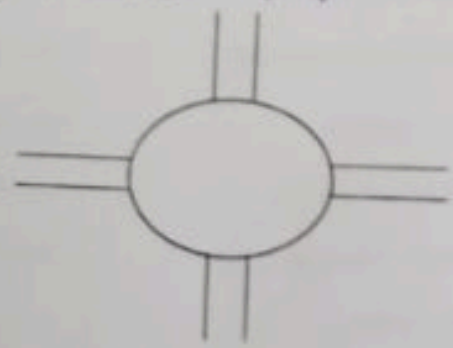
Position

Orientation

Drainage

Size

Distance From Limbus



Complication

Diagnosis - RNV 1B 22007

PLANA VITRECTOMY

Gauge: 20/23/27/35

P. USG Date

Finding

P. Fundus Picture Date

Finding

Surgical Steps:

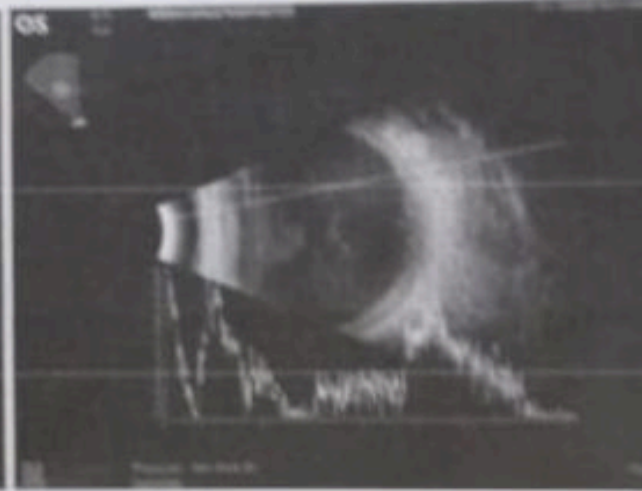
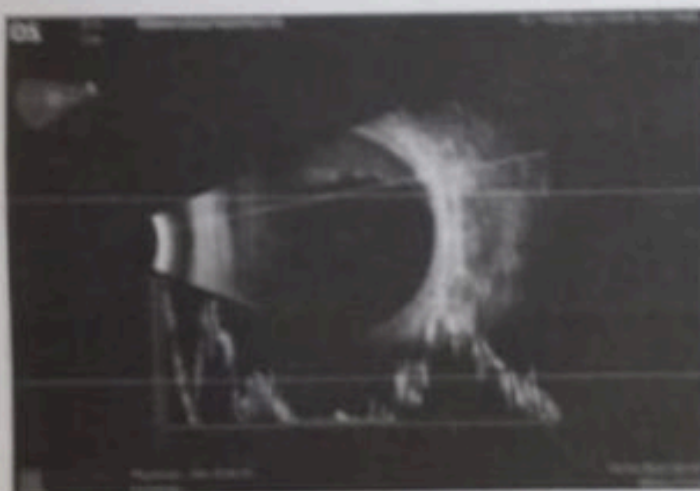
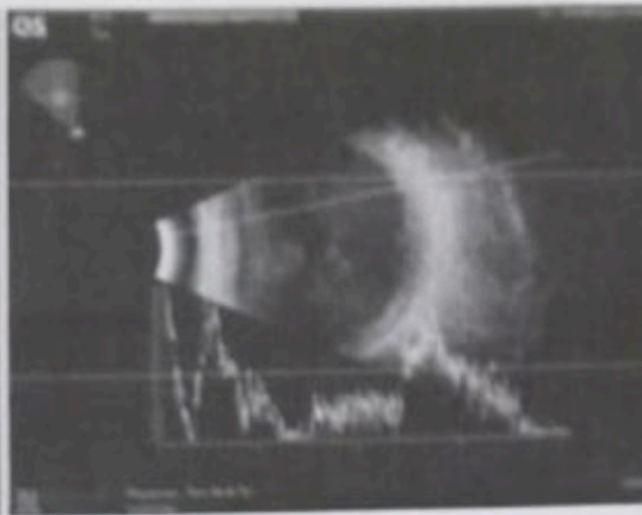
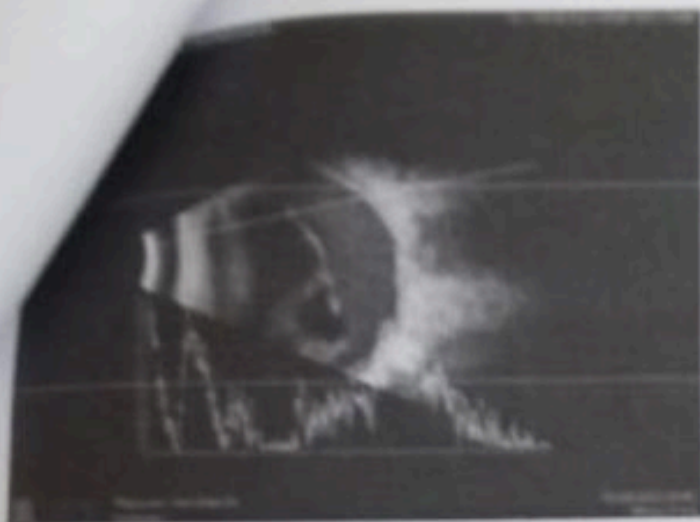
Sclerectomies

Plana Lensectomy

Vitrectomy

New Moh. Dr.
Najwan Fawzi Chelkhalan
Chelkhalan
Fawzi

Female
Date of birth
Case no
Phone



Comments

Empty box for comments on the right eye scans.

Comments

Empty box for comments on the left eye scans.

ACQUISITION INFORMATION

Session:

Patient Information:

Name: Test Subject

Age: 0

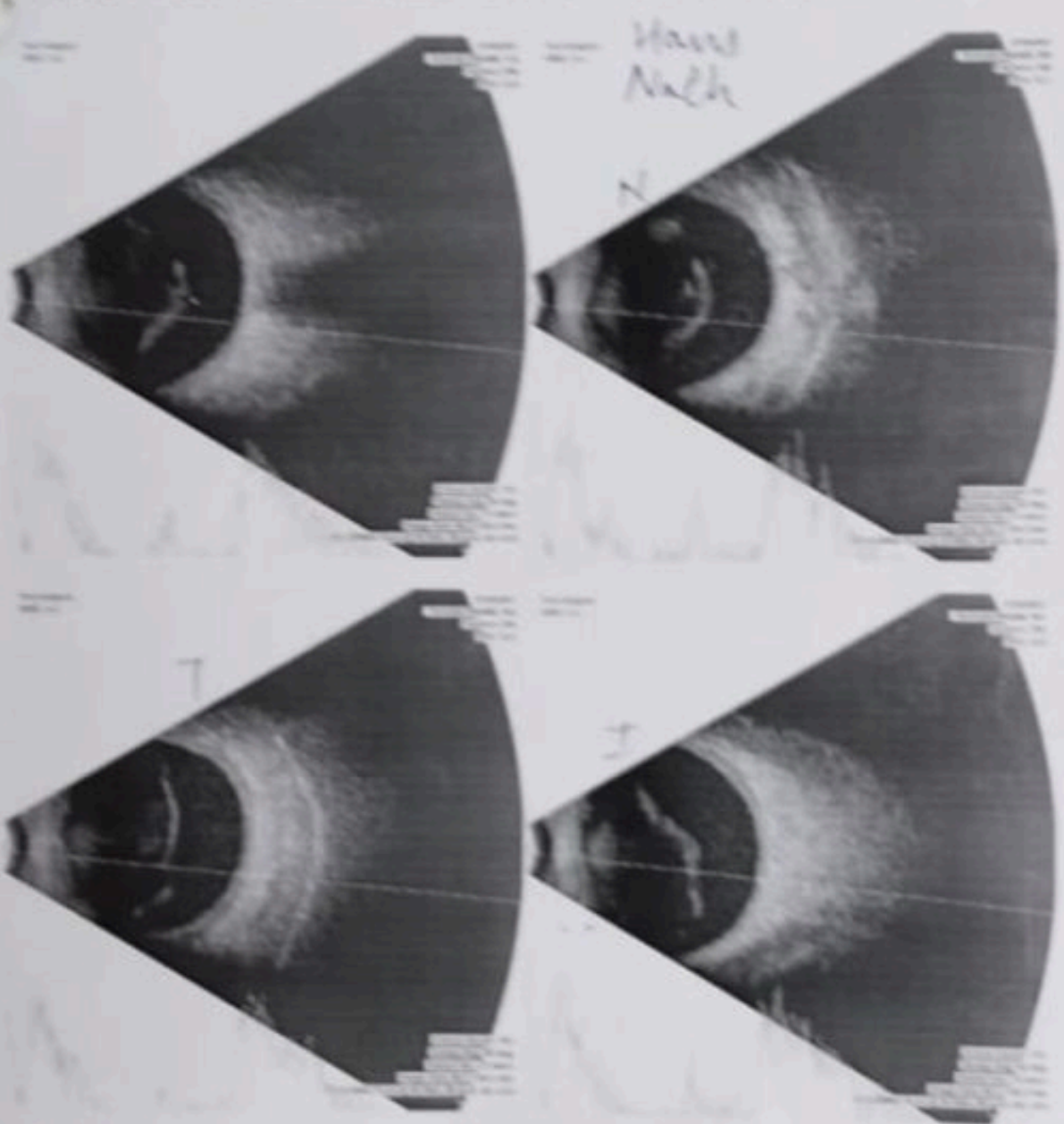
Exam Type: U2

Diagnosis:

HRD: 100

Number: 1000

12222 @ 05:57 Test Subject: 0112, 0000 Probe, 250 Hertz, Sample @ 20 MHz, Pulse @ 12 MHz, 80 gain, 20 width, 12.8 dB



sent: Hemant Pathak

Date 22/11/22

Physician: P. 2161725

requesting your collaboration in the management of this case with

- For anti-tuberculosis therapy
- Fitness for FFA
- For cardiac evaluation
- For diabetic control
- For hypertension control
- For General Anesthesia / MAC (Monitored anesthesia care) clearance for VR Surgery / diabetic vitrectomy
- Bleeding Diathesis
- Thyroid Disease
- For PEM (Pediatrician)
- Immune Status
- Fitness for immunosuppressive / Pulse Steroid therapy
- For Symptoms of (1) (2) (3)
- Any Other remarks

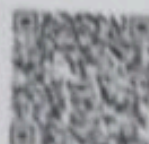
(R) PPV IELTIT

Ravish
05413

Thanking you for your kind support.

Kindly give opinion that Patient can undergo
① Antineop Injection or not
↓
3 days

① PPV IELTIT



SA/E

(R)

(L)



Account

Value

clear
PWL
Account

PWL, Blvd Behung

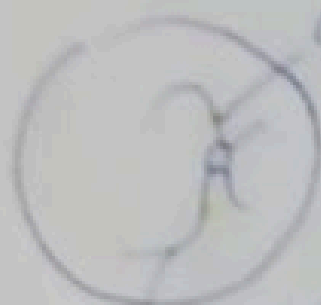
AC LEN ⊕, RB1's

NI - RBC

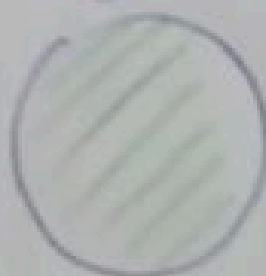
S/E Policy relating
Funding

(R)

(L)



(WSP)



WSP

(~~WSP~~)
RVO Squared

(DFO 3:1
TRF)

Adv

(L) us q B SLAN (Kad)
(To +/0 any horizon)

GR opinion TOX/O N/A/WVI

(103)

Finalists
05423

0/0 Flu case

NCT (R) 10 mmHg
(L) 10 mmHg

VA (R) 6/12P 204 0/6
(L) PL+PR

~~UD~~ (R) +1.00 x 170° -6/6
(L) PL+PR

N.A.D.V. +2.50 D (R) (L)

Near un (R) NB
(L) PL

P.G.P Comly

Retina clinic

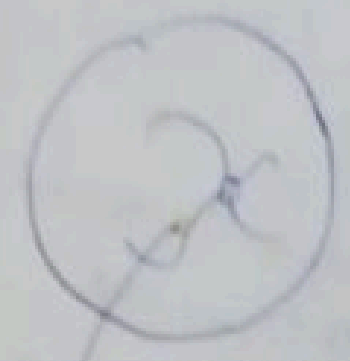
0/200
Gintock
22/11/2012
at 12:50pm

F/u/c/o (L) V4

was planned for (L) DV
+ Antinet

fundus

(1)



CDRO 3:1
F ⊕
CWS
2.11.65

(2)



VH ⊕

AHV

(2) USG B scan

USG ⊕

BP- 120/70 mmHg

Pavnech
OS-423

- Medium Ray Multiple Membranes seen
S/O V.H ⊕ C.C.U.U ⊕

- No Fracture

- Retina on



Repeat USG done

No traction ⊕

Pavnech
OS-423

DR. D. GURU / S...
MVA LANCHI / ...
PENT NAME

Progress Sheet

ADGURU | Sadguru
VA SANGH | Netra Chikitsalaya

SNC/QF/020

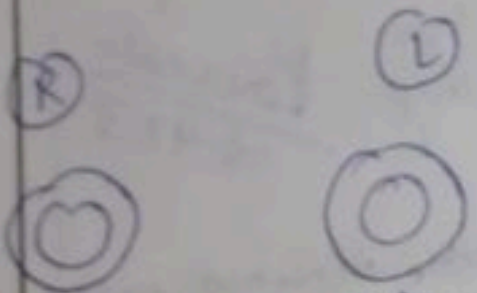
Patient Name: Yans Nath Pandey Reg. No. 12161225

20/10/22 Retina clinic

20/10/22

12:50 PM - 6/12
in - PL (+)

S/L/E



K clear
~~POWL~~
AC quiet

K clear
POWL
AC - ~~quiet~~ + RBC's
Cells
~~AVF~~ - cells (+)
+ RBC's (+)

DDV @ eye X4 numbers
NO H/O trauma
Syst - HTN / BDM / CAD (2014)
X4 months on TH started

H/O @ eye Anterior
4 months on 10/2/22
H/O B/E Cat surgery
(R) April 2022
(L) 2014 } with 8000 in

H/O red BS level
May 2022

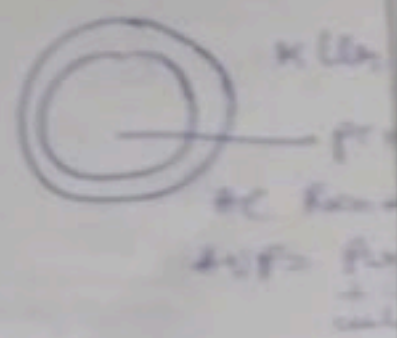
Dr. Anand

Patient Name: Hare Nath Pandey Reg. No. 12161225

28/11/22
20 C/G
m L 20 PL + PAT

BP - 150/90 mmHg
① VU

qf = ① anti V & C/F (25/11/22)

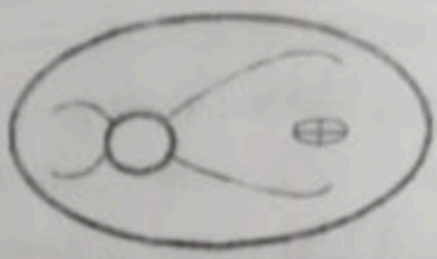
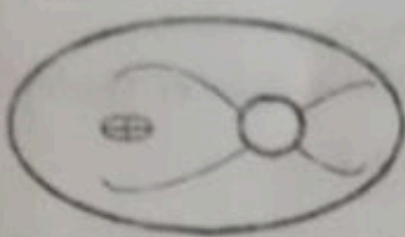


Fr 2/2

[Signature]

INTRA OPERATIVE FINDINGS

(Please draw Iatrogenic break)



Please Mention

- | | |
|--|--|
| 1. Phakic / Pseudophakic / Aphakic <input checked="" type="checkbox"/> | 10. FAX / PFCL Oil Exchange <input checked="" type="checkbox"/> |
| 2. Lensotomy Done <input checked="" type="checkbox"/> | 11. Internal Tamponade <input checked="" type="checkbox"/> Yes / No |
| 3. Staining of Vitreous <input checked="" type="checkbox"/> Yes / No | C3F8/Silicon Oil _____ |
| 4. PVD Status <u>(PVD)</u> | 12. % of Gas / Volume of Silicon _____ |
| 5. Post Hyaloid Removal <input checked="" type="checkbox"/> Yes / No | 13. Epithelium Debrided <input checked="" type="checkbox"/> Yes/No |
| 6. Use of PFCL <input checked="" type="checkbox"/> Yes / No | 14. BCL Applied <input checked="" type="checkbox"/> Yes/No |
| 7. ERM/ILM Peeling <input checked="" type="checkbox"/> Yes / No | 15. Subconjunctival Injection <input checked="" type="checkbox"/> Yes/No |
| 8. Base Dissection <input checked="" type="checkbox"/> Yes / No | 16. Any Complication: _____ |
| 9. Site of DR <input checked="" type="checkbox"/> | |

Post Operative Treatment: Posture :

Plan for Permanent oil fill: 1
Medication: _____

Head end
Elevation

Adv
① Pt B today.

~~T. LYSEER D BO~~
~~T. Pan Yony ON~~

Previous tap report and sensitivity
(if done and available):
Instruction For OT Sterilization:

Adv
01/30/20
28/11/20

Ophthalmic Surgeon Code

Minimal
leak blood
in VC

H/V



Plaque
of dehemoglobinised
blood

S/B Dr Ashwini Sir

Head end
Elevation

Adv

- Etd Predf etc-ctid
- Etd Moxi ctid
- Etd Houide TDS

FP

discharge

3 days

- T. Myser D RD
- T. Pan 4 ong OD

ⓓ

HA inches

Adv
05301
29/11/22



Patient Name: Reg. No.

29/11/22

OS 6/6
OS 1FFC

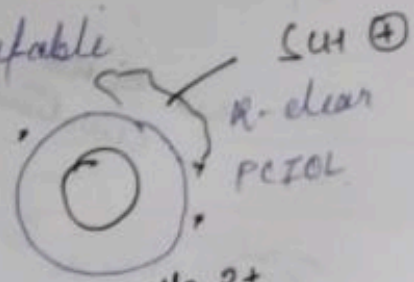
BP - 130/90 mm/Hg

O-A-12/1
Dr. [Signature]

NCT R- 31
L- 10

Ⓛ PPU + EL (POB-1)

At comfortable



cells 2+
+ pigment Dilate



R/U in OPD

[Signature]
OS-389

Follow-up / Review Date & Place : 06/12/2022, SNC
Advise / Notes :

Dr. Anil S...

Signature / O...
Eye Surgeon

Operator Code : 370

This is Computer generated Discharge.

ITEC CORPORATION

Patient Information:

Name: Test Subject

Age: 0

Exam Type: OD

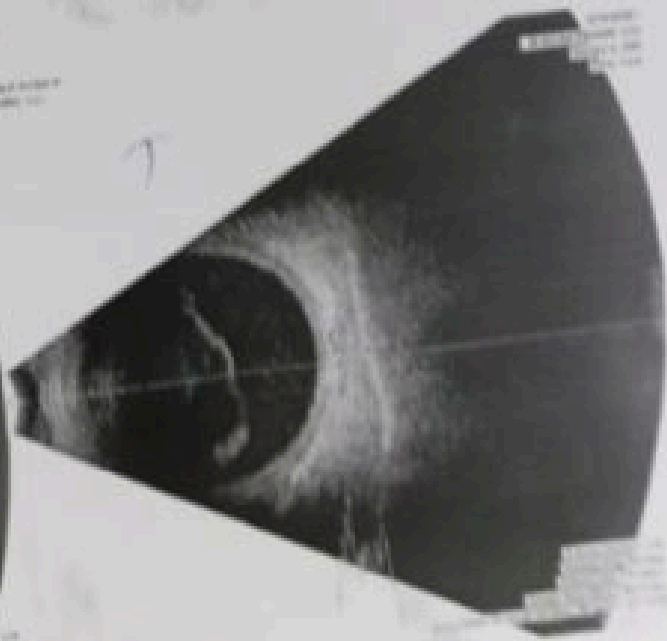
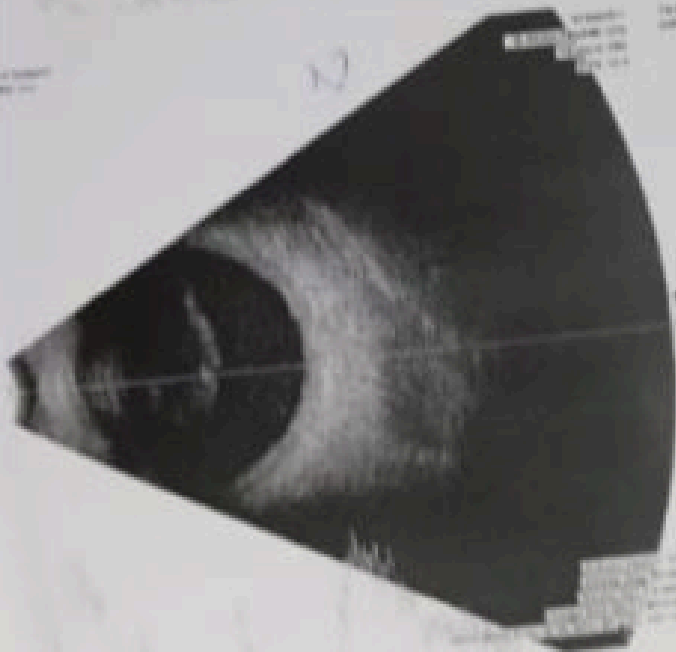
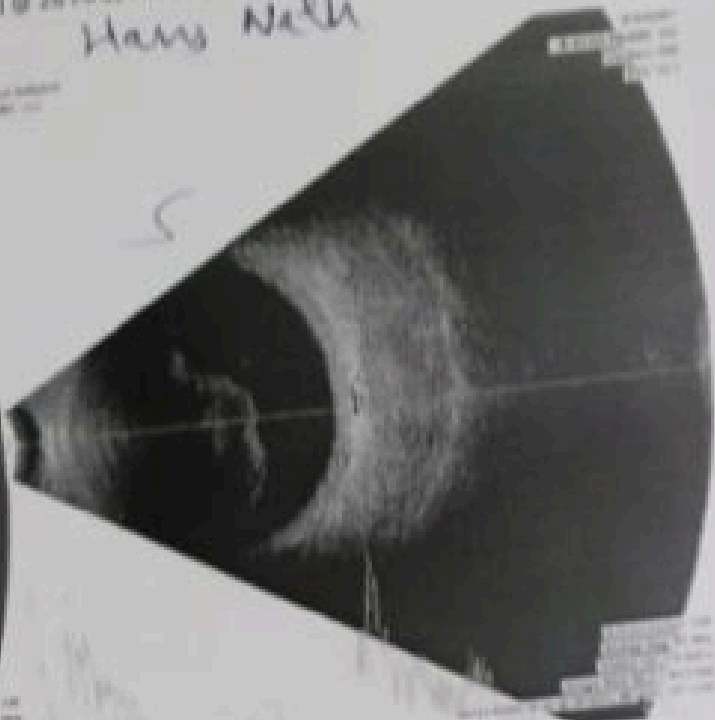
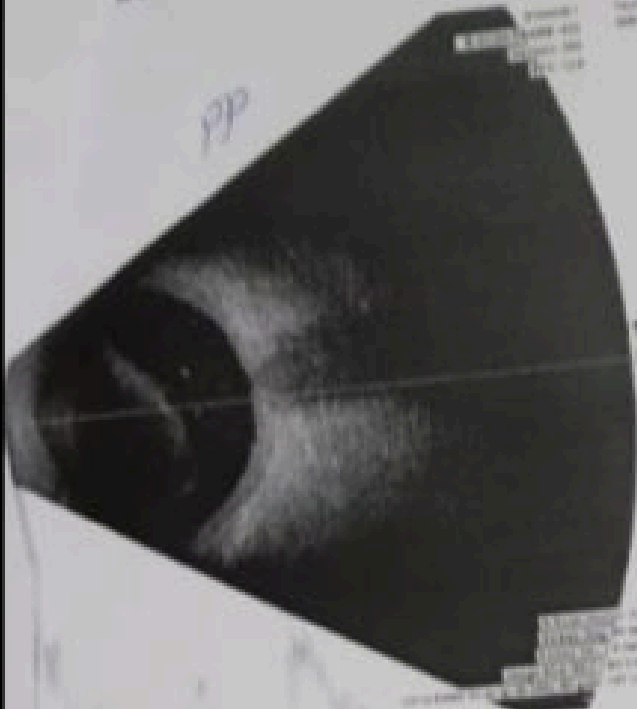
Diagnosis:

MRD: 000

22/11/22

A Subject: CPL2 5000 Probe, 256 Vectors, Swept @ 25 MHz, Polar @ 12 MHz, 80 spots, 127 volts, 12.8 fps

Harry Neth





○ Retina Surgical Sheet

Patient Name: Hans Nath Pandey SOWO: Avadh Bihari Pandey

Sex: Male Female M.R.D. No. P2161725

Surgeon: Dr. Abhiram Anesthetist: _____

Assisting Surgeon: Dr. Aditi Agaswal Assistant: Dr. Ankur

Diagnosis: _____ Date Of Surgery: 28/11/22

OT No.: 08 Starting Time: 09:30 PM Ending Time: 05:30 PM

Skin Preparation: Dr. Ankur InPatient/Out Patient: IP

RD Surgery

Primary Break:

Position: Cryo Laser

Encirclage (240 Band): Yes No

Tide end to end at (Clock Hour):

276/280 tyre:

Position Of the tyre (Clock Hour):

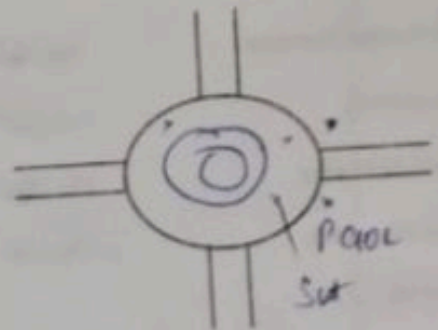
Sponge: Size: _____ Position: _____

Orientation: _____

SRF drainage: Size: _____ Distance From Limbus: _____

Any Complication

LE - PPV + EL



PARS PLANA VITRECTOMY

Gauge: 20/23/27/35

Pre OP. USG: Date: _____ Finding: _____

Pre OP. Fundus Picture: Date: _____ Finding: _____

Surgical Steps:

Site Of Sclerectomies:

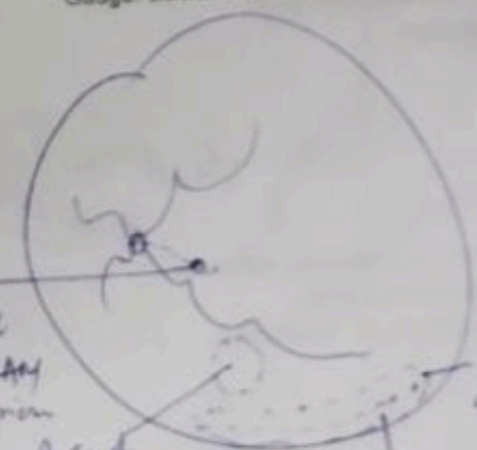
Pars Plana Lensectomy:

Core Vitrectomy:

Periphery checked with CW

Plaque vent - 1.5mm (lens)

(Plaque) Area of disc not seen in pigmentation



* vitreous could not be dissected beyond it.

use / Notes:

ator Code: 370

This is Computer generated Discharge.

Signature / Code of Eye Surgeon

Adv

- 9 hadfelle 640
- 9 maxi DID } L
- bl monitoring
- Plan: ① PPV
- ① B: scan
- ① PP → 3/ possible date

Actual
02/12

28/11/22

VSL ①

- CPVD ①
- VH ①
- No fraction
- Retina in 02/12

Date - 28/11/22

Time - 12-PM

B.P. - 150/90 mmHg

Eye. Distilled at 5:25h

AP - 170/95 mmHg


HR - 74/min

Reflex to JAC for Dr. Deepak &

Dr. Ch. At hand

R. Muffin

I CLUSTERING 10am, 1
MON - A 6T



Ado:

- 3 mesi old
- 9 Products used } (C)
- BP monitoring → Physician referral
- Plan = (C) PRN
- (C) B Scan

(C) JC

Date 23/11/22

B.P 149/87 mmHg

11:AM

CHIA Dr. Setiadi

Ado 2 no on NICLODANIL / RANMOZING
To start all Protein Supp on
for previous schedule

Ashish
cur2

(Signature)
28/11/22

Reg No - 218

Progress Sheet



SADGURU | Sadguru
SEVA SANGH | Netra Chikitsalaya

SNC/QF/020

Patient Name: Hanumanth Pandey Reg. No. 2161225
27/11/22

UN \leftarrow 496/6
OS P2 + PR $\frac{3}{2}$

BP - 190/120 mm Hg
O.A - 4/12/1

Δ = (L) UN

S/P = (L) antiVF GF on 25/11/22
↓ 3 days

Plan = (L) PIV ± EC ± IT



KCLL
PIL
ACR
I+
AIF-
A

ix n/v

Notes / Remarks

Printer Code : 370

This is Computer generated Discharge.

Dr. Anil Kumar
SNC-04218

12/11/22

Signature / Code of
Eye Surgeon

Student Name: Hans Nath Reg. No.

C/S/B Ashram Sir

② Asymmetric OR - Adv

- Prothetic profile

Plan-Date ② DV ± Antivegf
for
→ +102 reports for

Dr Shashi Kumar's
opinion

Ravish

Dr Kumar Ravish
DMC-10025

DV Date
10/11/22

Adv

29/10/22

CBC - WNL

UBMC - 6.3

BS - 104

PP - 122

Lipid profile - WNL

KCT 7 WNL
LFT 7 WNL

DV ± Antivegf