

Discharge Summary / डिस्चार्ज कार्ड

Patient No. : 30014734	IP No. : 3212500
Name : SHEELA VERMA .	Consultant : Dr. Dhruv Goel
Father/Husband : Mr. C L VERMA	Date of Admission : 30/03/2021
Age & Sex : 67 Yrs / F	Date of Discharge-Status : 03/04/2021 - NORMAL
Ward/Bed : DELUXE WARD / DL2009	Unit Name & OPD Days : Ex. SR KGMU (Lko)
Department : ORTHOPAEDICS	
OPD Name : ORTHOPAEDICS OPD - 9	
Address :	

Diagnosis

OSTEOARTHRITIS B/L KNEE

Clinical Summary / Chief Complaints

PAIN IN BOTH KNEES SINCE SEVERAL YEAR

Clinical Findings

PATIENT CONSCIOUS AND ORIENTED , VITALS STABLE BP 130/80, PULSE 76, RR 20, SPO2 98 GCS E4V5M6 , INVESTIGATIONS- HB 12.10, BLOOD GROUP O POSITIVE, PLATELET 1.80, UREA 36, CREATININE 1.20, NA 139, K 4.40, VIRAL MARKER- NON REACTIVE

Operation / Procedure Done

Date of Operation : 02/04/2021

(MERIL GOLD) RT TKR MID LINE INCISION MADE MEDIAL PARAPATELLAR ARTHROTOMY DONE. ACL PCL AND MENISCUS EXCISED. TIBIA C ANTERIORLY CUTS MADE -F-9X6X3, F-B, T-9X3, T-3, P-8, I-9, P-28 TRIAL CHECKED, WASH DONE, CEMENTING DONE IN SINGLE STAGE, CLOSURE IN LAYERS. (L) TKR TIBIA D/L ANTERIORLY CUTS MADE , F-9X6X3, FC-B, T-9X3, T-2, P-8, I-9, P-28 TRIAL CHECKED. CEMENTING DONE IN SINGLE STAGE. CLDSURE IN LAYERS

Treatment Given

INJ ZOSTUM 1.5, INJ AMIKACIN 500MG, IV BD , INJ TRAMADOL, INJ EMSET, IV FLUID NS , 2 UNIT PRBC TRANSFUSED

Post Operative Course/ Progress During Hospital Stay

UNEVENTFUL

Condition @ Discharge

SATISFACTORY


Investigation Summary

Checked

Medicine Advise

S.No.	Item Name / Generic Name	Dosage	Frequency	Quantity	Remarks
1	ACECLOFENAC 100MG+PARACETAMOL 500MG+SERRATIOPEPTIDASE 15MG ZERODOL SP TAB		12 HOURLY	24	TILL STICH REMOVAL
2	PARACETAMOL 325MG+TRAMADOL HCL 37.5MG ULTRACET TAB	1/2 TAB	12 HOURLY	12	TILL STICH REMOVAL
3	DICLOFENAC SODIUM+LINSEED OIL+MENTHOL+METHYLSALICY PAINVOID 30 GM GEL		6 HOURLY	1	FOR L/A

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Dr. Dhruv Goel
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Joint Replacement Surgeon
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SRMS



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DEPARTMENT OF RADIO-DIAGNOSIS

Patient No (IP No.)	42205634 / ..	Age/Sex	67 yrs. 0 Mnths. 0 days , F
Name	SHEELA VERMA C/O KHINA SIR	Father's/Husband's Name	
Address	DCOMPOUND BAREILLY UTTAR-PRADESH		
Contact No.		Lab No.	9657371
Investigation Conducted On	05/01/2022	Report Prepared On	06/01/2022

Referred By : Dr. Amresh Kumar Agarwal

128 SLICE DUAL SOURCE CT CORONARY ANGIOGRAM

Calcium Score: 0

Dominance: Right

REMARKS:

- **Left Main-** Left main stem coronary artery appears normal and shows **bifurcation into LAD and LCX.**
- **LAD-** Irregular intimal thickening and plaque seen in proximal, mid and distal LAD causing maximum significant luminal narrowing of approximately 1.0cm segment of mid LAD upto 70-80 %. Mild to moderate narrowing of the distal LAD upto 50-60% and mild narrowing in proximal LAD upto 30-40%. The LAD extends beyond the cardiac apex (type III). **D1 & D2-** appears mildly narrowed, however shows intraluminal contrast opacification.
- **LCX-** Mild irregular intimal thickening is seen in mid LCX with mild luminal narrowing (upto 20%). Proximal and distal LCX appear normal in course, calibre and contrast opacification. **OM1** - Appear normal.
- **RCA-** Mild irregular intimal thickening seen in proximal RCA causing mild luminal narrowing, maximum upto 20-30%. Mid and distal RCA appear normal in course, calibre and contrast opacification. Acute marginal branches appears normal. **PDA and PLV-** arises from the RCA (right dominance) and appears normal in course, calibre and contrast opacification.

IMPRESSION: FINDINGS OF CORONARY ANGIOGRAPHY REVEALS-

- IRREGULAR INTIMAL THICKENING AND PLAQUE IN PROXIMAL, MID AND DISTAL LAD CAUSING MAXIMUM SIGNIFICANT LUMINAL NARROWING OF APPROXIMATELY 1.0CM SEGMENT OF MID LAD UPTO 70-80 %. MILD TO MODERATE NARROWING OF THE DISTAL LAD UPTO 50-60% AND MILD NARROWING IN PROXIMAL LAD UPTO 30-40%.
- MILD IRREGULAR INTIMAL THICKENING IN MID LCX CAUSING MILD LUMINAL NARROWING (UPTO 20%).
- MILD IRREGULAR INTIMAL THICKENING IN PROXIMAL RCA CAUSING MILD LUMINAL NARROWING, MAXIMUM UPTO 20-30%.

ADV- DSA CORRELATION.

Syha
Dr. Sangeeta Kumari
DMRD, DNB (Radiodiagnosis)
Assistant Professor
Reg. No. : 63385



*Not for Medicolegal Purposes

The science of radiological diagnosis is based on the interpretation of various shadows produced by normal and abnormal tissues and it is not always cooperative. This is a professional opinion and not a definite diagnosis. Further clinico-pathological correlation is necessary

24 HOURS HELPLINE : 0581-2582000

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