



**DEPARTMENT OF INTERNAL MEDICINE
DISCHARGE SUMMARY**

UHID	: AFB000095546	IP No.	: AFBIP2109448
Name	: MRS. SANGEETA SHARMA	Date of Admission	: 10-04-2021 09:07:42
Age /Sex	: 54 Yrs 2 Mth / FEMALE	Date of Discharge	: 19-04-2021
Ward / Bed	: 6th Single Rooms / 608	Type	: INSURANCE/TPA
Under Doctor	: DR. DEVINDER KUMAR SETH	Discharge Status	: NORMAL
Address	: 708, SEC 21 C, FARIDABAD, HARYANA, INDIA		

DIAGNOSIS

Diagnosis Code	Diagnosis	Remarks	Description
AFBICD200001317	Known case of Diabetes Mellitus		
106022	L40 Psoriasis		

ALLERGY

Allergy Type	Severity	Allergy	Remarks
NO KNOWN ALLERGY			

BRIEF HISTORY OF PRESENT ILLNESS

patient was admitted with complains of multiple black color patch, bleeding from patch with itching over bilateral upper and lower limb since 10 day. associated with on and off lower limb swelling, generalize body ache

HOSPITAL COURSE

patient was evaluated .and rbs series charting was done and inj mixtard and inj lantus were added as per scale and titrated. dermatology opinion was taken for itchy lesion over upper and lower limb and r skin biopsy was taken and it suggested of psoriasis
patient is better now and is being discharged.

LAB

Parameters	10-04-2021 11:02	10-04-2021 11:03	11-04-2021 01:35	11-04-2021 17:49			
U-PROTEIN				6.3			
24 HOURS URINARY VOLUME (PROT)				1800			
24 HOURS URINARY PROTEIN (CAL)				113.40			
IMMUNOGLOBULIN IGE			6.2				
FREE-TRI IODO THYRONINE (FT3)			2.78				
FREE -THYROXINE (FT4)			0.89				
THYROID STIMULATING HORMONE			6.31				
S-IRON		9.5					
UNSATURATED IRON BINDING CAPACITY		408.3					
TOTAL IRON BINDING CAPACITY (TIBC)		417.8					
% TRANSFERRIN SATURATION		2.3					
CHOLESTROL-TOTAL	92						
CHOLESTROL-HDL DIRECT	31						
CHOLESTROL-LDL,DIRECT	49						

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Under Doctor	: DR. DEVINDER KUMAR SETH	Discharge Status	: NORMAL
Address	: 708, SEC 21 C, FARIDABAD, HARYANA, INDIA		

Parameters	10-04-2021 11:02	10-04-2021 11:03	11-04-2021 01:35	11-04-2021 17:49			
TRIGLYCERIDES, SERUM	75						
NON-HDL CHOLESTROL	61.0						
TOTAL CHOLESTROL / HDL CHOLESTROL	3.0						
LDL CHOLESTROL / HDL CHOLESTROL	1.6						
CHOLESTROL-VLDL	12						
CALCIUM	10.6						
S.PHOSOROUS-INORGANIC	2.8						
VITAMIN D (25 - HYDROXY)	5.4						
BILIRUBIN-TOTAL	0.63						
BILIRUBIN-DIRECT	0.14						
BILIRUBIN-INDIRECT	0.49						
S.PROTEIN-TOTAL	7.8						
ALBUMIN-SERUM	4.0						
S.GLOBULIN	3.8						
AVG RATIO	1.05						
ALKALINE PHOSPHATASE	80.0						
ASPARTATE AMINO TRANSFERASE (SGOT)	20.0						
ALANINE AMINO TRANSFERASE (SGPT)	16.0						
GAMMA-GLUTAMYL TRANSPEPTIDASE	21.0						
LACTATE DEHYDROGENASE	128.0						

IMAGING

10-04-2021	USG-FOR WHOLE ABDOMEN
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Spleen: Measures ~13.0 cms in size- Mildly enlarged in size and normal in texture.

- **Grade I hepatosteatorsis.**
- **Mild splenomegaly.**

DISCHARGE MEDICATION

S.N.	Brand Name	Generic Name	Dosage	Route of Admin	Timing	No. of Days	Remarks
Asian Institute of Medical Sciences (A unit of Blue Sapphire Healthcares Pvt. Ltd.) CIN: U74999DL2007PTC163674							

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Address	: 708, SEC 21 C, FARIDABAD, HARYANA, INDIA		

1	MIXTRAD 30/70 PENFILL (INJ)	INSULIN		SUBCUTANEOUS			30 units before breakfast
2	MIXTRAD 30/70 PENFILL (INJ)	INSULIN		SUBCUTANEOUS			25 units before dinner
3	LANTUS SOLOSTAR 100IU (INJ)	Insulin		SUBCUTANEOUS			12 units at 10 pm
4	APREZO 30MG(TAB)	Apremilast 30mg.		ORALLY	Once daily	7.00	half tablet after break fast
5	PAN-40MG(TAB)	Pantoprazole 40mg		ORALLY		7.00	
6	HALOVATE S OINT(PCS)	Halobetasol 0.05% +Salicylic Acid 3%		Local application	2 Times Per Day	7.00	
7	EBAST 10MG(TAB)	Ebastine 10mg		ORALLY	Once daily	7.00	morning
8	ALLEGRA 180MG(TAB)	Fexofenadine 180mg		ORALLY	Once daily	7.00	1 pm
9	TECZINE 5MG(TAB)	Levocetirizine 5 mg		ORALLY	At bed time	7.00	10 pm
10	AVEENO SKIN RELIEF MOISTURIZING 354ML (LOT)	Moisturizer		Local application	2 Times Per Day		

CONDITION AT DISCHARGE

stable

FOLLOW UP

Date	Doctor	Remarks	OPD Name	Extn. Number
26-04-2021 00:00:00	DR. AMIT BANGIA			

ADVICE ON DISCHARGE

diabetic diet
rbs charting pre breakfast and 2 hour post dinner
review in medicine opd after 7 days

PREVENTIVE STRATEGIES

Diet as advised


Do not discontinue regular medication without doctor's advise

URGENT CARE

In case of high grade fever, recurrent vomiting, profuse diarrhea, chest pain, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or any new relevant/alarming symptoms.

DR. DEVINDER KUMAR SETH
MBBS, MD (Medicine)
Visiting Consultant

60107
For Dr. D.K. Sethi



Asian Institute of Medical Sciences (A unit of Blue Sapphire Healthcares Pvt. Ltd.) CIN: U74999DL2007PTC159674



Mrs Sangeeta Sharma

95546

14/10/2014
~ 16-17 years.


for fundus.

ASB w/m

Fundus: Disc wNL
w/ slightly distorted }
No s/o Diabetic Retinopathy } Both Eyes

Adm

- Strict DM control
- Review @ 6 months.


 Dr. Aparna Darwal
 MBBS, MS (Ophthal)
 Consultant - Ophthalmology
 Asian Institute of Medical Sciences
 (A Unit of Blue Sapphire Healthcare Pvt. Ltd.)
 Badkhal Flyover Road, Sec-21A
 Faridabad - 121001.
 DMC - 28448

95546

Sayed
S.B.F

S.Y. 21

- Uncontrolled diabetes | 16-17 yrs
- Skin lesion. fr 16 yrs

DE

BP 130/80

NO CUF

Cem: Cem

Cm: Su +

Plan:

- 1 CBC
- 2 Blood Sugar F
- 3 HBA1C
- 4 Urine - ACE & URE
- 5 Microwallsumir
- 6 Lipid Profile
- 7 Free Fundus
- 8 ETC.
- 9 X-ray Chest Paria

① In Journal -
(120 + 120)
1-1

Dr. Devinder Kumar Seth
MBBS, MD (Medicine)
Visiting Consultant - Internal Medicine
Asian Institute of Medical Sciences
(A Unit of Blue Sapphire Healthcare Pvt. Ltd.)
Badkhal Flyover Road Sec-21A, Faridabad-121001
DMC-13945

Sapeta Sharma
53, F

95546

8/4/21

- Δ . Diabetes (7y12+)
- Uncontrolled
 - Nephropathy
 - Anaemic

Admission:

Admission

[Signature]
8/4/21

R

- ① Jds Janumet
(50+100)
1-1
- ② Jds Amaryl 200
B/B/F
- ③ Jds Ecosprin 75
1-1
afz me
- ④ Jds atorvastatin 20
1-1
- ⑤ Jds Atorvastatin
10mg
B/B/B
- ⑥ Jds Shellcal
1-1

all x 1120

[Signature]

9.4.21.

Dr. Devinder Kumar Seth
MBBS, MD (Medicine)

Visiting Consultant- Internal Medicine
Asian Institute of Medical Sciences
(A Unit of Blue Sapphire Healthcare Pvt. Ltd.)
Badkhal Flyover Road Sec-21A, Faridabad-121001
DMC-13945



DEPARTMENT OF BIOCHEMISTRY

Name : Mrs. SANGEETA SHARMA
UHID : APD1.0011471697 / DELIP393363
SIN \ LRN : 8915205 \ 8915206 \ 3888271
Specimen : Blood
Ref Doctor : Dr.Jatin Ahuja

Age : 55Yr 6Mth 24Days Gender : Female
W/BNo/RefNo : 5th Flr T2 Ward/3506



Printed on : 12-SEP-2022 12:42:31 PM Received on : 09-SEP-2022 11:37:57 AM Reported on : 09-SEP-2022 12:55:26 PM

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD (HPLC / Immunoassay)	6.9	Normal : Less than 5.7 % Pre-Diabetes : 5.7 % to 6.4 % Diabetes : 6.5 % or higher	%
LDH: LACTATE DEHYDROGENASE - SERUM (Spectrophotometric)	182	< 247	IU/L
FERRITIN - SERUM (ECL)	34	13 - 150	ng/ml
LIVER FUNCTION TEST			
BILIRUBIN TOTAL - SERUM (VANDATE OXIDATION)	0.2 *	0.3 - 1.2	mg/dl
BILIRUBIN CONJUGATED (DIRECT) - SERUM (VANDATE OXIDATION)	0.1	0.0 - 0.2	mg/dl
PROTEIN TOTAL - SERUM (Biuret)	8.1	6.4 - 8.3	gm/dl
ALBUMIN - SERUM (BCG)	4.3	3.5 - 5.2	gm/dl
GLOBULIN - SERUM (Calculated)	3.8 *	2.3 - 3.5	gm/dl
A/G - RATIO (Calculated)	1.1 *	1.3 - 2.0	
AST (SGOT) - SERUM (Modified IFCC Method)	21	< 34.0 U/L	U/L
ALT(SGPT) - SERUM (Modified IFCC Method)	12	10 - 49	U/L



MC-3482

DEPARTMENT OF BIOCHEMISTRY

Indraprastha
Apollo
HOSPITALS
TOUCHING LIVES

Name : Mrs. SANGEETA SHARMA
 UHID : APD1.0011471697 / DELIP393363
 SIN \ LRN : 8915205 \ 8915206 \ 3888271
 Specimen : Blood
 Ref Doctor : Dr.Jatin Ahuja

Age : 55Yr 6Mth 24Days Gender : Female
 W/BNo/RefNo : 5th Flr T2 Ward/3506



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ALKALINE PHOSPHATASE - SERUM (IFCC Modified AMP buffer)	84	25 - 125	U/L
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM (Modified IFCC Method)	28	< 38 U/L	U/L
LIPID PROFILE TEST (PACKAGE)			
CHOLESTEROL - SERUM (Enzymatic Method)	124	Desirable: <200(Adult)<170(Child) Borderline: 200 - 239(Adult) 170 - 199(Child) High Risk: >239(Adult)>199(Child)	mg/dl
TRIGLYCERIDES - SERUM (GPO-PAP)	107	Desirable: <150 Borderline High: 150-199 Hypertriglyceridemic: 200-499 Very High: >499	mg/dl
VLDL CHOLESTEROL - SERUM - CALCULATED	4	2 - 30	mg/dl
HDL CHOLESTEROL - SERUM (CHE-POD)	34	Low (Undesirable; High risk): < 40 mg/dl High (Desirable; low risk): ≥ 60 mg/dl	mg/dl
TOTAL CHOLESTEROL / HDL RATIO	3.6		mg/dl
LDL CHOLESTEROL (DIRECT) - SERUM (Direct Measurement)	86	Optimal: <100 Near/above optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: >=190	mg/dl



MC-2482

DEPARTMENT OF BIOCHEMISTRY

Name : Mrs. SANGEETA SHARMA Age : 55Yr 6Mth 24Days Gender : Female
 UHID : APD1.0011471697 / DELIP393363 W/BN/RefNo : 5th Flr T2 Ward/3506
 SIN \ LRN : 8915205 \ 8915206 \ 3888271
 Specimen : Blood
 Ref Doctor : Dr.Jatin Ahuja



Printed on : 12-SEP-2022 12:42:31 PM Received on : 09-SEP-2022 11:37:57 AM Reported on : 09-SEP-2022 12:55:26 PM

RENAL PROFILE - SERUM

UREA - SERUM (UREASE-GLDH-UV)	29	13 - 43	mg/dl
CREATININE - SERUM (Jaffe Kinetic)	0.9	0.6 - 1.1	mg/dl
URIC ACID - SERUM (Uricase)	6.2 *	2.6 - 6.0	mg/dl
ALBUMIN - SERUM (BCG)	4.3	3.5 - 5.2	gm/dl
CALCIUM - SERUM (OCPC)	11.5 *	8.6 - 10.2	mg/dl
PHOSPHORUS INORGANIC - SERUM (Phosphomolybdate, UV)	3.1	2.5 - 4.5	mg/dl
SODIUM - SERUM (Ion-Selective Electrode:Indirect ISE)	136	136 - 145	meq/L
POTASSIUM - SERUM (Ion-Selective Electrode:Indirect ISE)	4.6	3.5 - 5.1	meq/L
CHLORIDE - SERUM (Ion-Selective Electrode:Indirect ISE)	102	98 - 107	meq/L

Consultants: Dr.SHARMILA VERMA

Comments : (Note : Kindly correlate the values with clinical findings)

Discharge Summary

Dept. of INFECTIOUS DISEASES

DISCHARGE ON REQUEST

General Information

UHID	APD1.0011471697	Patient Identifier	DELIP393363
Ward/Bed No	5th Floor Tower-II , 5th Flr T2 Ward, Bed no: 3506		
Name	Mrs. SANGEETA SHARMA		
Age	55Yr 6Mth 27Days	Sex	Female
Address	708 sector 21 c, Faridabad, Haryana		
Primary Consultant	Dr. Jatin Ahuja MD, DNB, DM (Infectious Diseases) INFECTIOUS DISEASES		
Admission Date	09-Sep-2022		
Discharge Date	12-Sep-2022		
Allergies	Not known		
Diagnosis	--		

Type II Diabetes mellitus, psoriasis
 FUO with lymphadenopathy
 Cervical LN (CBNAAT - TB MTB detected with rifampicin resistance not detected)
 Hypercalcemia (secondary to granulomatous pathology most likely)

Present Illness

History of Present Illness

Mrs. SANGEETA SHARMA, 55 years old female presented with complaints of high grade fever with chills / shivering on and off since 3 months. Patient is a known case of Type II DM along with psoriasis. Now admitted for

evaluation of fever and undocumented weight loss.

Clinical Examination

On Examination Conscious, oriented
 Afebrile
 Pulse Rate: 103/minute
 Blood Pressure: 139/94 mmHg
 Respiratory Rate: 22/minute
 No clubbing / cyanosis / pedal edema / icterus / pallor
 Lymphadenopathy + (right supraclavicular, lower cervical)
 Small swelling of size 3 x 3 cm at nape of the neck
 Chest: Bilateral clear
 Cardiovascular system: S1, S2 Normal / No murmur / rub / gallop
 Per abdomen: Soft, No tenderness, No distension
 Central nervous system: No focal neurological deficit

Course In The Hospital & Discussion

Patient was admitted under Dr Jatin Ahuja (Sr Consultant Infectious disease) with above mentioned complaints. All relevant blood and radiological investigations were sent. Reference was taken from Dr. N N Khanna in view of mild elevation in blood pressure and ruling out infective endocarditis and 2D Echo was done which showed no evidence of vegetation.

PET CT was done on 10.09.2022 is a case of PUO, the scan findings show FDG avid enlarged bilateral cervical, bilateral supraclavicular, left subpectoral and mediastinal nodes. suggested biopsy correlation. FDG avid hypodense nodule in left lobe of thyroid gland. suggested USG guided FNAC correlation. FDG avid hypodense liver lesion. FDG avid soft tissue nodules are seen in subcutaneous plane of right upper back. No other significant FDG avid lesion in the body surveyed.

After the PET CT FNAC was done by Dr. Rawat (Sr Consultant Radiologist) and FNAC was carried out from swelling over the nape of the neck, lower cervical lymph node, thyroid gland and liver. FNAC from swelling of the nape of the neck suggestive of CBNAAT TB MTB detected with rifampicin resistance not detected. In view of hypercalcemia (serum calcium and ionized calcium raised) PTH, calcitonin and other malignant markers were sent. Patient family education was done regarding need of lymph node biopsy after cytology report. Currently patient is discharge on request in stable and afebrile condition.

ADVICE ON DISCHARGE

Diet Diabetic diet

Physical Activity As tolerated