

19th Nov 2021

TO WHOM IT MAY CONCERN

This is to certify that Mr. Mahendra Singh, 71 yrs male (UHID MM00090427) is a known case of coronary artery disease, post PTCA. He was admitted at Medanta on 18th Feb 2011 to 22nd Feb 2011.

Also certify that he was again readmitted on 7th Mar 2018 and underwent AVR (aortic valve replacement and got discharged in stable condition on 17th Mar 2018 and is under my constant treatment for the same.

Dr. Praveen Chandra
CHAIRMAN – Division of Interventional Cardiology

Dr. Praveen Chandra
MD, DM, FACC, FESC, FSCAI, FAPSC
CHAIRMAN
Division of Interventional Cardiology
Medanta-The Medicity
Sector-38, Gurugram-122001, Haryana
Regn. No. DMC - 6614

Accredited by



JCI Certificate
(CN 3628.2)



Certificate No
H-2011-0073



Certificate No
MC-2346

For Emergency & Ambulance: Dial @ 1068

Medanta - Gurugram

✚ Sector - 38, Gurugram, Haryana - 122 001, India
☎ +91 124 4141 414 Fax: +91 124 4834 111

Medanta - Mediclinic

✚ E-18, Defence Colony, New Delhi - 110 024
☎ +91 11 4411 4411 Fax: +91 11 2433 1433

Medanta - Mediclinic Cybercity


✚ UG Floor, Building 10C, DLF Cybercity, Phase II, Gurugram 122 002
☎ +91 124 4141 472

Regd. Office: Global Health Limited, E-18, Defence Colony, New Delhi - 110 024, India Tel: +91 11 4411 4411 Fax: +91 11 2433 1433

✉ info@medanta.org

www.medanta.org

Corporate Identity Number - U85110DL2004PLC128319


(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.

Padma Shri

FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA


Dr. Vandana Lal
M.D (PATH), IFCAP
Chief of Pathology
SHIROMANI AWARD WINNER

Name : Mahendra Singh Age/Sex : 65Yrs/M
Date : December 05, 2017 Lab No. : 137406850
Referred BY : Dr. M P Singh
Echogenicity : Parasternal: Good Apical : Good

DIMENSIONS NORMAL

NORMAL

AO (ed)	31mm (1.5cm/m ²)	IVS (ed)	11mm (0.6 - 1.2 cm)
LA (es)	27mm (1.5cm/m ²)	LVPW(ed)	10mm (0.6 - 1.2 cm)
RVID (ed)	N (0.9 cm/m ²)	LV Ejection Fraction	60% (0.62 - 0.85)
LVID(ed)	38mm (2.6 - 3.4cm/m ²)	%FD	33% (28% - 42%)
LVID (es)	mm		

MORPHOLOGICAL DATA

Mitral Valve:

AML: Normal

PML : Normal

Aortic Valve : Calcified
Likely bicuspid

Tricuspid Valve : Normal

Pulmonary Valve : Normal

Right Ventricle : Normal

Left Ventricle : Normal

Interatrial Septum : Normal


Interventricular Septum : Mild LVH

Pulmonary Artery : Normal

Aorta : Normal

Right Atrium : Normal

Left Atrium : Normal


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2-D ECHOCARDIOGRAPHY AND COLOR DOPPLER FINDINGS:

Mild LVH. Aortic valve is calcified, likely bicuspid. No RWMA. Good LV systolic function. LVEF-60%. Good RV function. No LV thrombus. No pericardial effusion.

COLOR FLOW MAPPING:

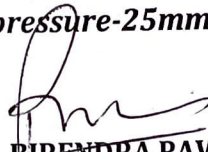
Moderate AR
Mild TR

DOPPLER STUDIES:

PA systolic pressure using the TR jet-25mmHg.
Peak instantaneous pressure gradient across the aortic valve-77mmHg. Mean pressure gradient -44mmHg. Effective aortic valve area using the continuity equation-0.7cm².

IMPRESSION:

Severe valvular AS based on thickened and calcified, likely bicuspid aortic valve. Peak instantaneous pressure gradient -77mmHg. Mean pressure gradient -44mmHg. Aortic valve area -0.7cm². Moderate AR. Mild LVH. Good LV systolic function.. LVEF-60%. Good RV function. No LV thrombus. Mild TR. PA systolic pressure-25mmHg.


DR. BIRENDRA PAWAR
MD (MEDICINE), FIMSA.MIAE
NON INVASIVE CARDIOLOGIST

THIS IS ONLY A PROFESSIONAL OPINION BASED ON INTERPRETATION OF VARIOUS IMAGES & NOT THE FINAL DIAGNOSIS. THE FINDINGS HAVE TO BE CORRELATED WITH CLINICAL AND OTHER INVESTIGATIONS. IN CASE OF ANY DISCREPANCY, PLEASE CONTACT THE LABORATORY IMMEDIATELY. REPORT/ OPINION ARE NOT VALID FOR MEDICO LEGAL PURPOSES.

Global Health Pvt Ltd
Medanta-The Medicity, Sec-38, Gurgaon
Radiology
CT Result Reports

Patient Name	Mr. Mahendra Singh H.j.s.	Encounter ID	14791821
Patient ID	MM00090427	Encounter Date	07/03/2018 13:11
Age/Gender	67Y/Male	Order No	RDIP00001321329
Nationality	India	National ID	
Service No		Order Date	07/03/2018 13:11
Order Location	Nursing Unit/8th Floor B2B3	Reporting Date	07/03/2018 23:38
Ordering Practitioner	Dr Naresh Trehan & Team	Reporting Practitioner	Dr Abhinav Sahu

Diagnosis	FOR CABG
Views	Posterior Anterior
Blood Urea	42 mg/dl
	As on 26/04/2011 09:20
Serum Creatinine	0.8 mg/dl
	As on 26/04/2011 09:20
Allergic To	NIL
High Risk/Vulnerable	Vulnerable
Diabetic	No
Patient on Metformin	No
Name of the Doctor raising the requisition:	DR VARSHA
Mobile number of the Doctor:	88091

Order Format

Clinical Comments:

Event Description	Results	Result Status
CT CHEST PLAIN	07/03/2018 23:38	

Radiology Report
HRCT CHEST

A plain study is performed using thin non-contiguous HR sections.

Imaging Findings :

Few small calcified plaques seen in arch of aorta & visualized descending aorta with calcifications in all coronary arteries seen.

Dense nodular calcification seen in aortic root region suggestive of aortic valve calcification.

No significant focal pulmonary parenchymal nodule or air space

Dr. Praveen Chandra
 MD, DM, FACC, FESC, FSCAI, FAPSC
 CHAIRMAN
 Director of Interventional Cardiology,
 Medanta The Medicity
 Sec-38, Gurgaon-122001, Haryana
 Regn. No. DMC - 6614

3/15/2018

consolidation is seen.

There is no evidence of any septal thickening. No evidence of any bronchiectasis is observed.

There is no significant pleural effusion.

There is no evidence of significant mediastinal adenopathy.

The major bronchi are normal.

Visualized part of upper abdomen shows mild bilateral perinephric fat stranding.

Impression:

Few small calcified plaques in arch of aorta & visualized descending aorta with calcifications in all coronary arteries seen.

Dense nodular calcification in aortic root region suggestive of aortic valve calcification.

DR. ABHINAV SAHU, MD
Consultant Radiologist

Exam Performed On : 07/03/2018 18:20 By : BAIJAL - Dr S S Baijal
 Report Prepared On : 08/03/2018 13:25 By : ABHINAV6 - Dr Abhinav Sahu
 Report Authorized On : 08/03/2018 13:25 By Radiologist : ABHINAV6 - Dr Abhinav Sahu

Dr. Praveen Chandra
 MD, DM, FACC, FESC, FSCAI, FAPSC

Medanta The Medical City
 Sector-38, Gurgaon-122001, Haryana
 Regn. No. DMC-6614

Patient Name	: Mr. Mahendra Singh H.j.s.	Patient UHID	: MM00090427
Age	: 67Y	Gender	: Male
Admission Date	: 07/03/2018 11:33	Discharge Date	:
Encounter Type	: Inpatient	Encounter ID	: 14791821
Consultant Incharge	: Dr Naresh Trehan & Team	Specialty	: CTVS
Location	: 8th Floor A1	Bed No	: 5840

ACITROM PROTOCOL
Prothrombin Time (PT) to be done every alternate day for one week, subsequently weekly for one month, fortnightly for three months at any standard laboratory (PT report and acitrom dose to be confirmed (Mob. No 8527191756), INR to be kept between 2.0 - 3.0)

Discharge Instructions

- Regular mild exercise as advised by the physiotherapist. You can walk at normal pace and also can climb stairs slowly
- Follow the chest physiotherapy protocol as taught in the hospital, like deep breathing exercise, spirometer etc
- Keep the foot end of the bed elevated and legs on a higher level during sitting/lying down, otherwise swelling in the leg will be more.
- Wear compression stockings/crepe bandages for at least 6 weeks after surgery in the daytime and take off at night.
- Keep a check on weight gain.
- Avoid lifting weights and driving for 3 months
- You will have discomfort or loss of sensation over the breastbone. This will disappear after 6-10 weeks
- Apply Wockadine Spray/ Betadine lotion at the wound site after dressings are removed after one-week check up
- For first 3-4 weeks after surgery one feels breathless and general weakness. This is generally due to low haemoglobin in the blood. Good nourishing food for a month will reduce this.
- Do not change medicines without medical supervision.

Activity

Symptoms Limited

Diet

As advised

WHEN TO OBTAIN URGENT CARE:

In case of any problem like:-

1. Fever
2. Loose stools/motions/vomiting or passing black stools like coal tar.
3. Bleeding from any site
4. Chest pain, breathing difficulty, profuse sweating, giddiness, pain in abdomen.
5. Reduced urine output.
6. Severe weakness/severe mouth ulcers.
7. Rash over skin, swelling over body.

Contact:- FOR ANY SURGICAL & MEDICAL PROBLEM CALL - ONCALL DUTY DOCTOR- 08527191756.

Dr. Praveen Chandra
MD, DNB, FEBD, FICCA, FICS
CHAIRMAN
In Hospital Level
The Medicity
Sector-38, Gurgaon, Haryana
122001
08527191756

Medical Record Department
Medanta-The Medicity
Sector-38, Gurugram-122001



Discharge Summary

Patient Name	: Mr. Mahendra Singh H.j.s.	Patient UHID	: MM00090427
Age	: 67Y	Gender	: Male
Admission Date	: 07/03/2018 11:33	Discharge Date	:
Encounter Type	: Inpatient	Encounter ID	: 14791821
Consultant Incharge	: Dr Naresh Trehan & Team	Specialty	: CTVS
Location	: 8th Floor A1	Bed No	: 5840

Or any other medical problem for which you think urgent attention is required report to emergency at Medanta-The Medicity at the earliest possible. (0124-4141414, Ext.No. 2404 & 2406).

For Ambulance Call [9560398953/0124-4141414, Ext.No. 2411 & 2197]

Follow up

Patient is advised to report in Dr. Naresh Trehan's OPD at 4th floor, Room No. 26 (OPD WING) for stitch removal /general review on 23/03/2018 at {12:20pm}. Unless advised specifically, patients are not required to report fasting for the stitch removal.

FOR GENERAL QUERIES - 9971698199, 9971698200, 9971698165, 9971698164, 9971698163

Review with Dr. Praveen Chandra in Cardiology OPD with prior appointment. (For appointment please contact 0124.4141414)

The patient is advised rest for three months.

The patient is advised to undergo Comprehensive Cardiac Check-up (CCC) & follow up with Dr. Naresh Trehan approximately three months after surgery. It is suggested that a prior booking be made for a mutually convenient day. On the appointed day come at 9.00AM for Comprehensive Cardiac Check-up patient should come fasting (NOT EVEN A CUP OF TEA)

for man
 DR. NARESH TREHAN
 HEAD CARDIOTHORACIC SURGERY
 CHAIRMAN & MANAGING DIRECTOR
 MEDANTA-THE MEDICITY

RESIDENT/ MEDICAL OFFICER
 Date _____

For Home healthcare assistance in form of Physiotherapist, Nursing, Attendant services at home, call Medanta **Homecare Number 0124-4855255.**

Access your medical reports and follow up with Doctors through video conferencing by downloading Medanta eCLINIC App or by visiting www.medanta.eclinic.org

Activate your eCLINIC account using Medanta Patient UHID (MM*****)

For any assistance or query call +124-4855017 or write to eclinic@medanta.org

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 Corporate Identity Number URS110012004

Global Health Pvt Ltd

 Medanta-The Medicity, Sec-38, Gurgaon
 Assessment Report

Patient ID	: MM00090427	Patient Name	: Mr. Mahendra Singh H.j.s.
Gender	: Male	Age	: 68Y
Encounter ID	: 150314240001	Encounter Type	: Outpatient
Visit Date	: 06/06/2018 09:52	Location	: Mr. Mahendra Singh H.j.s.
Specialty	: Executive Health Check	Attending Practitioner	: Dr Naresh Trehan & Team

TRANS THORACIC ECHO REPORT

LAB NO:	:	2626
INDICATION:	:	
P/PTCA + AVR.		
MEASUREMENTS:		
Aortic root diameter	:	3 cm
[N: 2.0-3.7cm <2.2cm/M sq]		
Aortic valve opening	:	
[N: 1.5-2.6cm]		
Left atrial dimension	:	3.2 cm
[N: 0.9-4.0cm <2.2cm/M sq]		
LEFT VENTRICLE		
ED Dimension	:	4 cm
[N: 3.7-5.6 cm <3.2 cm/M sq]		
ES Dimension	:	
[N: 2.2-4.0 cm]		
ED IVS thickness	:	1.2 cm
[N: 0.6-1.2cm]		
ED PW thickness	:	1.1 cm
[N: 0.5 - 1.0 cm]		
ES IVS thickness	:	
[N: 0.6 - 1.2 cm]		
ES PW thickness	:	
[N: 0.5 - 1.0 cm]		
RV Dimension	:	
[N: 2.0-2.8cm]		
RV free wall thickness	:	
[N: 0.3-0.9cm]		
LV Ejection Fraction	:	

2D Echo Findings**Medanta-The Medicity**

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Corporate Identity Number - U85110DL2005PTC08369

06/2018

Global Health Pvt Ltd

**Medanta-The Medicity, Sec-38, Gurgaon
Assessment Report**

Patient ID	: MM00090427	Patient Name	: Mr. Mahendra Singh H.j.s.
Gender	: Male	Age	: 68Y
Encounter ID	: 150314240001	Encounter Type	: Outpatient
Visit Date	: 06/06/2018 09:52	Location	: Mr. Mahendra Singh H.j.s.
Specialty	: Executive Health Check	Attending Practitioner	: Dr Naresh Trehan & Team

MITRAL VALVE

E Velocity	:	A Velocity	:
E (m)	:	E (I)	:
E/E	:		
Max PG(mmHg)	: 8	Mean PG(mmHg)	: 3
Mitral Regurgitation	: Mild		
Mitral Stenosis	:		

AORTIC VALVE

Max. Velocity	:	Mean Velocity	:
Max. PG	: 21 mm Hg	Mean PG	: 10 mm Hg
Aortic Regurgitation	:		
Aortic stenosis	:		

TRICUSPID VALVE

Max. Velocity	:	Mean Velocity	:
Max. PG	:	Mean PG	:
Tricuspid Regurgitation	: Trace	PASP(mmHg)	: 26
Tricuspid Stenosis	:		

PULMONARY VALVE

Max. Velocity	: 84 cm/sec	Mean Velocity	:
Max. PG	:	Mean PG	:
Pulmonary Regurgitation	:	PAEDP(mmHg)	:
Pulmonary stenosis	:		

Final Impression :

Heart Rate:-84/min (NSR).

1. Normally functioning PHV seen at aortic valve position with peak gradient of 21mmHg and mean gradient of 10mmHg at heart rate-84/min (NSR). No valvular or paravalvular AR seen. No vegetation/thrombus seen.

2. Mitral Annular Calcification present with peak/mean gradient of 3mmHg with mild MR.

3. Trace TR (PASP-26mmHg).

4. Normal right ventricular systolic function.

5. Mild concentric LVH. Rest Cardiac chamber dimensions are

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Corporate Identity Number -- U85110DI2004PT000188

Department of Laboratory Medicine - HEMATOLOGY

Hemogram

Colors indicate: Abnormal | Reference | Normal

Test Name	15 Mar 2018 2150	06 Jun 2018 1001	29 Mar 2019 1008	Your Value	Reference Range
Hemoglobin, gm/dL Method: SLS Hb - colorimetric	10.0	13.6	16.7	Normal	13-17
WBC, 10³/μL Method: Fluorescence flow cytometry	13.29	13.93	13.40	High	4-10
Neutrophil, % Method: Fluorescence flow cytometry	74.4	62.8	57.9	-	Method: Fluorescence flow cytometry
Lymphocyte, % Method: Fluorescence flow cytometry	15.7	28.0	33.1	Normal	20-40
Eosinophil, % Method: Fluorescence flow cytometry	2.6	1.3	1.1	Normal	1-6
Monocyte, % Method: Fluorescence flow cytometry	7.1	7.8	7.8	Normal	2-10
Basophil, % Method: Fluorescence flow cytometry	0.2	0.1	0.1	Normal	0-2
Platelet Count, 10³/μL Method: DC Impedance/Hydrodynamic focusing	102	161	160	Normal	150-410
RBC Count, Miln/Cumm Method: DC Impedance/Hydrodynamic focusing	3.25	4.89	5.49	Normal	4.5-5.5
Hematocrit, % Method: DC Impedance/Hydrodynamic focusing	30.0	41.7	49.8	Normal	40-50
MCV, fL Method: Automated Calculation	92.3	85.3	90.7	Normal	83-101
MCH, pg Method: Automated Calculation	30.8	27.8	30.4	Normal	27-32
MCHC, % Method: Automated Calculation	33.3	32.6	33.5	Normal	31.5-34.5
RDW, % Method: Derived	14.90	14.70	14.10	High	11.6-14
Erythrocyte Sedimentation Rate, mm/hr Method: Optoelectrical Measurement	-	17	5	Normal	0-14

Peripheral blood Smear

RBC: Predominantly Normocytic Normochromic blood cells

WBC: Mild leukocytosis with absolute counts within normal reference range. No abnormal cells seen.

PLATELETS: Adequate.

No hemoparasites seen

Authorized by Dr Shalini Goel on 29 Mar 2019 14:26

Specimen No: 2019129195, Specimen Type: Blood (EDTA) | Ordered: 29 Mar 2019 09:58 | Collected: 29 Mar 2019 10:08 | Received: 29 Mar 2019 11:30 | Registered: 29 Mar 2019 11:30



JCI certificate
(CN 1683)



Certificate No
H-2011-0073



Certificate No.
MC-2346



Govt. of National Capital Territory of Delhi

011-23233001
011-23234242

गोविन्द बल्लभ पन्त
स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
9, जवाहरलाल नेहरू मार्ग, नई दिल्ली-110002

Govind Ballabh Pant Institute
of Post Graduate Medical Education & Research (GIPMER)
1, Jawahar Lal Nehru Marg, New Delhi - 110 002



OUT PATIENT REGISTRATION CARD

DEPARTMENT: **CARDIOLOGY** OPD NUMBER: **84236/CAG**
 DOCTOR NAME/ROOM NO.: **DR. S. TYAGI** 431 TUE/THURS/SAT
 Patient Name: **MAHENDER SINGH** AGE: **67**
 SEX: **Male** S/o,D/o,W/o Name: **MUNNA SINGH**
 ADDRESS: **NA** Mobile No.: **NA** Mobile / Ph. No. :
 Case History: **New** DATE: **16-12-2017**

DATED : PROVISIONAL DIAGNOSIS : Blood Group _____

INVESTIGATIONS :- EXAMINATION : TREATMENT :

- HAEMOGLOBIN
- TLC
- DLC
- ESR
- BLEEDING TIME
- CLOTTING TIME
- PLATELET COUNT
- PROTHROMBIN TIME
- URINE (R/M)
- URINE (C/S)
- STOOL (R/E)
- STOOL (OCCULT BLOOD)
- MISC.....
- LIVER FUNCTION TEST
 - S. BILIRUBIN T/D
 - AST /ALT.
 - ALKALINE PHOSPHATE
- S. PROTIEIN T/D
- S. AMYLASE
- HIV
- HBsAg
- ANTI HBc
- Anti HCV
- KIDNEY FUNCTION TEST
 - B. UREA / S. CREATININE
- LIPID PROFILE
 - TOTAL CHOLESTEROL
 - HDL / LDL / VLDL / TG
- BLOOD SUGAR
 - FASTING / RANDOM / PP
- S. ELECTROLYTE
- X-RAY.....
- ULTRASOUND.....
- CT SCAN.....
- MRI.....
- E.C.G.....
- 2D ECHO / DOPPLER.....
- T.M.T.....
- HOLTTER.....
- E.E.G./E.M.G.....
- Others.....

7. DM (CAD) P.P.T.C.A - LAD / ROBA 1 D / (2017)
 2D Echo. Severe AS, med AR
 Δ peak : 77 mm Hg
 EF: 60%

① 7. Aspirin / AV
 75 / 20 / 100 D / 100 S

② 7. Med XL 20 mg OD

Ref to CTVS 409 for AVR

	दवाई का नाम Name of Medicine	खाली पेट Empty Stomach	नश्ता Breakfast	दोपहर का खाना Lunch	रात का खाना Dinner
1					
2	AR				
3					
4					
5					
6					
7					
8					
9					
10					

DR. ABHIMANYU UPPAL
Senior Resident (D.M.)
Department of Cardiology
GIPMER, New Delhi-02

Case has to be referred by Consultant
Cardiologist for Surgery

DR. ANIL AGARWAL
Senior Resident
Department of CTVS
GIPMER, New Delhi-110002

शराब पीना एवं धूम्रपान स्वास्थ्य के लिए हानिकारक है

राष्ट्रीय स्वास्थ्य बीमा योजना-कार्ड धारक

केवल 15 दिन के लिए वैध छोटा परिवार सुख का आधार

बी०पी०एल०-कार्ड धारक अन्तोदय-कार्ड धारक

सेठ बलदेव दास बाजोरिया जिला चिकित्सालय सहारनपुर



2431

वाह्य योगी टिकट



नं० : रोगी का नाम महेन्द्र सिंह आयु 60y लिंग

दिनांक निदान CAD

1-4 JAN 2011

Rx

ECG P-Rou 140/90
Talsman 200-1
Ecton 100
Van 200 mg
Scom 250 mg
OR
Sp. Adv Hoops
Refu
Censur (let)
LPRM / uphu
Cuit
Jh. inu
further
manney

FBS
Blood U
uric
Surell
1-er

E.M.O.

चिकित्सालय परिसर में धूम्रपान करना दण्डनीय अपराध है. कृपया S.D. Hospital सहारनपुर में सहयोग करें।
Saharanpur

Department of Invasive and Interventional Cardiology

Percutaneous Coronary Angioplasty

Patient Name	: Mr. Mahendra Singh H.j.s.	PTCA No	: 1903
Age / Sex	: 68 / Male	PTCA Date	: 19-02-2011
UHID	: MM00090427	Admission Date	: 18-02-2011
IP No.	: 10229994		
Consultant Incharge	: DR. PRAVEEN CHANDRA		
Assisted By	: DR. NAGENDRA SINGH CHOUHAN		

Diagnosis :

- Coronary Artery Disease

Previous Interventions :

- Prior Angiography - Triple vessel disease (21.01.11)

Angiography Profile :

Lesion 1	: Left Main - Distal 50-60% stenosis
Lesion 2	: Diagonal -1 - Large vessel. 80% Stenosis
Access :	: RFA
Contrast :	: Non-Ionic
Hardware Used :	
Guiding Catheter	: XB 3.5 6F
Guide Wire	: BMW - 0.014" x 190 cm
Balloon	: Balloon 3 x 10, balloon 4 x 10, balloon 3.5 x 10, Balloon 2 x 10, Balloon 2.5 x 10 and Dior 2.5 x 15
Stent	: PROMUS - 3 x 38 mm(Left Main-LAD)

Patient Name : Mr. Mahendra Singh H.J.S.
UHIDNO : MM00090427

Procedure Detail :

FFR & IVUS to Left Main : LCA was hooked with XB 3.5 x 6F guiding catheter. LM lesion was crossed with FFR guide wire. After calibration, the FFR at maximum hyperemia 80 mcg of i/c Adenosine was 0.83 in left main, which signifies significant lesion. IVUS done to left main showed area = 11.7 & lesion area = 2.8

Stent to Left Main

: LCA was hooked with XB 3.5 6F guiding catheter. LAD & D1 were crossed with BMW - 0.014" x 190 cm guide wire and predilated with 2 x 10 balloon at 16 atm, with 2.5 x 10 balloon at 18 atm and with 3 x 10 balloon at 20 atm. POBA to D1 done with Dior 2.5 x 15 mm drug eluting balloon at 6 atm for 1 minute. Then Promus - 3 x 38 mm Stent was deployed across the Left Main-LAD at 7 atm. Instant balloon dilatation was done by 3.5 x 10 mm balloon at 18 atm and with 4 x 10 mm balloon at 20 atm. Kissing balloon dilatation done with 2.5 x 10 mm balloon in D1 & with 3.5 x 10 mm balloon in LAD at 10 atm each. The end result was good.

Result :

: Successful PTCA + Stent to Left Main-LAD & POBA to D1 (FFR & IVUS to Left Main)

Advice :

: Diet, Exercise and Medicine as advised.

DR. NAGENDRA SINGH CHOUHAN
MD, DNB (Cardiology), FNB (Interventional Cardiology)
CONSULTANT
INTERVENTIONAL CARDIOLOGY

DR. PRAVEEN CHANDRA
MD, DM, FACC, FESC, FSCAI, FAPSIC
CHAIRMAN
DIVISION OF INTERVENTIONAL CARDIOLOGY



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life

Department of Invasive Cardiology

Coronary Angiography Report

Patient Name : Mr. Mahendra Singh H.j.s. **Cath Lab No.** : 6347
Age / Sex : 60 / Male **Study Date** : 26-04-2011
UHID : MM00090427 **Admission Date** : 26-04-2011
IP No. : 10289300
Consultant Incharge : DR. PRAVEEN CHANDRA
Assisted By : DR. NAGENDRA SINGH CHOUHAN



Indication :

- Coronary Artery Disease
- Unstable Angina

Previous Intervention :

- Post PTCA

Access :

Route - Right Radial Approach

Contrast : Non-Ionic



Pressure :

AO : 100 / 70 mmHg

Dominance : LCx

Medanta-The Medicity:

✚ Sector - 38, Gurgaon, Haryana - 122 001, India
☎ +91 124 4141 414 Fax: +91 124 4834 111

Medanta Mediclinic:

✚ E-18, Defence Colony, New Delhi - 110 024
☎ +91 11 4411 4411 Fax: +91 11 2433 1433

✉ info@medanta.org
www.medanta.org

Global Health Private Limited - Regd. Office: E-18, Defence Colony, New Delhi - 110 024, India Tel: +91 11 4411 4411 Fax: +91 11 2433 1433

Patient Name : Mr. Mahendra Singh H.J.5.
UHIDNO : MM00090427

Coronary Angiographic Profile :

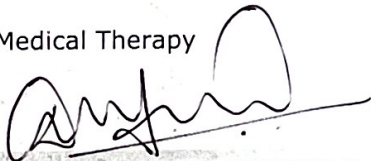
Left Main : Normal.
Left Ant. Desc. : Patent stent.
Diagonal-1 : Proximal minor plaquing.
Ramus Intermedius : Proximal minor plaquing.
Left Circumflex : Dominant. Ostial minor plaquing.
Obtuse Marginals-1 : Mid 70% stenosis.
PDA- LCx : Normal.
RCA : Non-dominant. Proximal minor plaquing.

Final Impression :

- Single vessel disease with patent LAD stent

Plan :

- Medical Therapy



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CHAIRMAN
DIVISION OF INTERVENTIONAL CARDIOLOGY



H J S SINGH MAHENDRA MR 60M
 CAG 6347/MM90427
 4/26/1951, M, 60Y

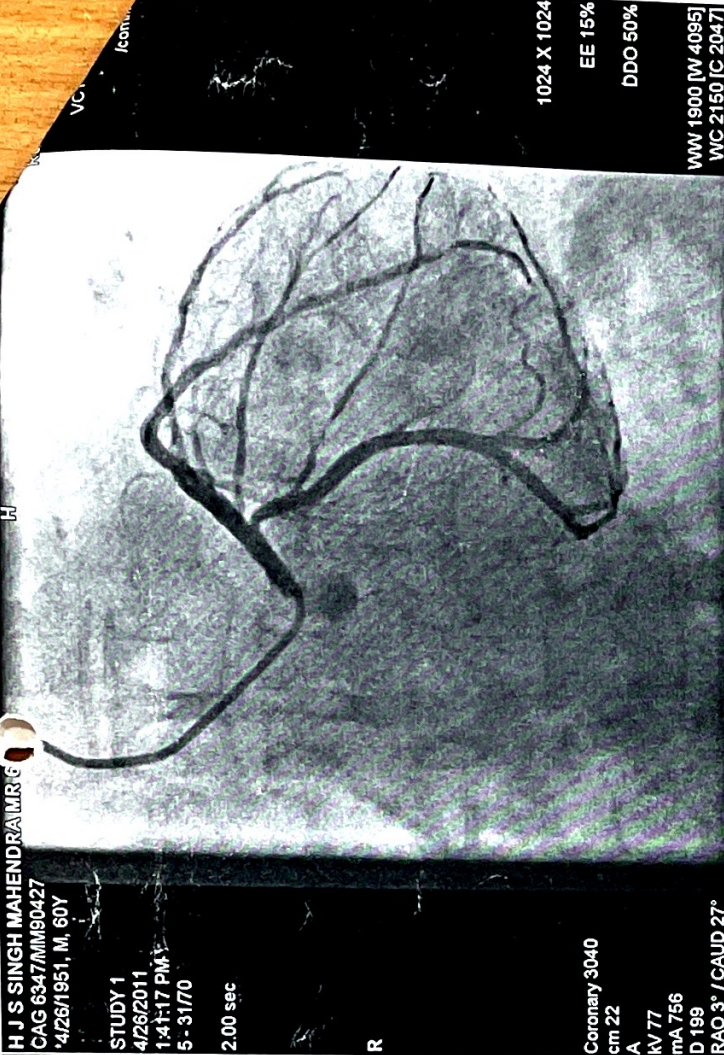
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 4/26/2011
 1:40:47 PM
 3 - 31/85

2.00 sec

Coronary 3040
 cm 22
 A
 KV 83
 mA 756
 D 200
 RAO 3° / CRAN 36°

1024 X 1024
 EE 15%
 DDO 50%
 WW 1900 [W 4095]
 WC 2150 [C 2047]

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 HFS
 /com/llll



H J S SINGH MAHENDRA MR 60M
 CAG 6347/MM90427
 4/26/1951, M, 60Y

STUDY 1
 4/26/2011
 1:41:17 PM
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2.00 sec

Coronary 3040
 cm 22
 A
 KV 77
 mA 756
 D 199
 RAO 3° / CAUD 27°

1024 X 1024
 EE 15%
 DDO 50%
 WW 1900 [W 4095]
 WC 2150 [C 2047]

MEDANTA, The Medicity
 Ref.: DR P CHANDRA
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 VC14H 100914
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 /com/llll



H J S SINGH MAHENDRA MR 60M
 CAG 6347/MM90427
 4/26/1951, M, 60Y

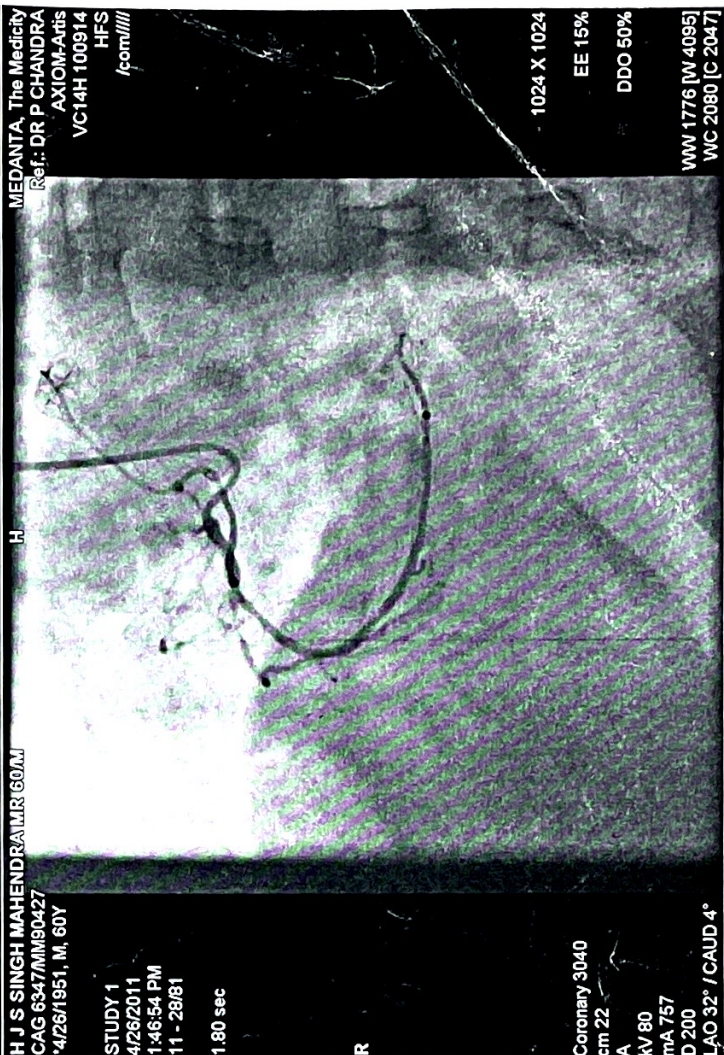
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 4/26/2011
 1:46:54 PM
 11 - 28/81

1.80 sec

Coronary 3040
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 A
 KV 80
 mA 757
 D 200
 LAO 32° / CAUD 4°

1024 X 1024
 EE 15%
 DDO 50%
 WW 1848 [W 4095]
 WC 2150 [C 2047]

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 Ref.: DR P CHANDRA
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 /com/llll



H J S SINGH MAHENDRA MR 60M
 CAG 6347/MM90427
 4/26/1951, M, 60Y

STUDY 1
 4/26/2011
 1:46:54 PM
 11 - 28/81

1.80 sec

Coronary 3040
 cm 22
 A
 KV 80
 mA 757
 D 200
 LAO 32° / CAUD 4°

1024 X 1024
 EE 15%
 DDO 50%
 WW 1776 [W 4095]
 WC 2080 [C 2047]

MEDANTA, The Medicity
 Ref.: DR P CHANDRA
 AXIOM-arts
 VC14H 100914
 HFS
 /com/llll



PHYSICAL EXAMINATION:

On Admission patient's pulse was 70/min, BP 130/80mmHg and general, physical examination and systemic examination were unremarkable.

COURSE IN THE HOSPITAL:

Patient was admitted here for stabilisation and evaluation for which investigations done. He underwent coronary stenting (PTCA) to Left main + LAD and POBA + DEB to D1. On 19.02.2011 and IVUS & FFR to LM. The procedure was uncomplicated and well tolerated. Patient's general condition at the time of discharge is satisfactory.

ACTIVITY:

Symptom Limited

DIET: AS ADVISED

MEDICATIONS ADVISED:

7 days — Contact to be 3 r.

- ✓ Tab. Ecosprin 150mg once daily. 10pm
- Tab. Effient 10mg once daily. 10pm — x
- Tab. Concor 2.5 mg once daily 10Am — x
- ✓ Cap. Ramy 24 2.5 mg once daily 10pm — x
- ✓ Tab. Angispan TR 2.5mg twice daily. 8^{Am} - 4^{pm} — x
- Tab. Rosuvastatin 40 mg once daily (at night) 10pm — x
- Cap. Raz plus twice daily 6-6 x (Before food) — 0 Am — 0 pm
- Cap. XLA once daily 10am x
- Tab. Glimy 1mg once daily. 8 AM x
- Inj. LMWX 0.6ml twice daily. X 3 days then stop 10-10. x

28/2
Adv
Urine R/M
Renov with reports.

o/freq. of midmorning
Booming, yellow discoloration of
urine
No fever.

Rx
To continue the same
x 1 month

[Signature]



DISCHARGE SUMMARY

NAME	MR MAHENDRA SINGH H.j.s		BED NO: 4004
AGE	60 YRS	SEX	MALE
UHID	90427	IP	229994
DATE OF ADMISSION	18.02.2011	DATE OF DISCHARGE	22.02.2011
CONSULTANT IN CHARGE UNIT	DR. NIRAJ GUPTA CARDIOLOGY		

REASONS FOR ADMISSION:

For Stabilisation and management

DIAGNOSIS:

TYPE II DIABETES MELLITUS
CORONARY ARTERY DISEASE
RECENT ACS
LM + TRIPLE VESSEL DISEASE
LVEF 50%
UNSTABLE ANGINA

PROCEDURE DONE:

CORONARY STENTING TO LEFT MAIN + LAD & POBA + DEB TO D1 + FFR & IVUS TO LM WAS DONE ON 19.02.2011- REPORT TO BE COLLECTED

CLINICAL SUMMARY:

History of Presenting Illness

Mr. Mahendra Singh 60 years old non hypertensive, diabetes male patient presented here with rest pain on & off. He had acute coronary syndrome on 05-Jan- 2011. On 21/01/2011 his CAG was done in Apollo Hospital which revealed LM with triple vessel disease & he was advised CABG but he refused. Now the patient admitted in Medanta for PCI after expalning the risk & prognosis.





DISCHARGE SUMMARY

NAME	MR. MAHENDRA SINGH H.J.S.		CRR
AGE	60YRS	SEX	MALE
UHID	90427	IP	289300
DATE OF ADMISSION	26/04/11	DATE OF DISCHARGE	26/04/11
CONSULTANT INCHARGE UNIT	DR. PRAVEEN CHANDRA CARDIOLOGY		

REASONS FOR ADMISSION:

For Stabilisation and management

DIAGNOSIS:

TYPE II DIABETIC MELLITUS
CORONARY ARTERY DISEASE
POST PTCA IN 19.02.2011

PROCEDURE DONE:

CORONARY ANGIOGRAPHY : WAS DONE ON 26.04.2011 WHICH REVEALED SINGLE VESSEL DISEASE

CLINICAL SUMMARY:

History of Presenting Illness

Patient is non hypertensive, diabetic male. He is a known case of coronary artery disease, underwent PTCA on 19.02.2011. Now he presented with complaint of breathlessness on exertion since 4-5 days. He was admitted here for further evaluation & management.

ALLERGY : NOT KNOWN

PHYSICAL EXAMINATION:

On Admission patient's pulse was 78/min, BP 110/70mmHg and general, physical examination and systemic examination were unremarkable.



COURSE IN THE HOSPITAL:

He underwent coronary angiography on 26.04.2011 which revealed single vessel disease. The procedure was uncomplicated and well tolerated. Patient's general condition at the time of discharge is satisfactory.

ACTIVITY:

Symptom Limited

DIET: AS ADVISED

MEDICATIONS ADVISED:

- Tab. Ecosprin 150 mg once at bed time 10 PM
- Tab. Prasita 10 mg once daily 10 AM
- Tab. Concor 2.5mg once daily 10 AM
- Tab. Rosuvas 20 mg once daily at bed time 10 PM
- Tab. Glimy 1 mg once daily 7 AM
- Tab. Tredaptive 1 gm once daily at bed time 10 PM

Cap Zwick 1 daily =
OTHER ADVICES

To see Dr. Praveen Chandra in OPD with prior appointment

Handwritten notes:
✓
Dr. Arun Chandra
26/04/11
x 3 mths

DR. PRAVEEN CHANDRA
CHAIRMAN – DIVISION
INTERVENTIONAL CARDIOLOGY

For any cardiac emergency or cardiac related problem, please contact on the following numbers:

- Dr. J.N Jha – 9899769234
- Dr. Rohit Tiwari – 8800967770
- Dr. Niraj Gupta – 9971698196
- Dr. Nagendra Singh Chouhan – 9971382999

For appointment and other queries, please contact at 9958872855 (Tajinder Singh) & 9717289363 (Trishna Arora)

Handwritten notes:
1/8/11
- 60 (P)
✓ Tab. Pregalalin 01 1 daily → x 3 mths
✓ Ibuprofen 1 daily
Antibiotics as before x 3 mths