

AYUSHMAN CARDIAC AND DENTAL CARE

Dr. Manas Singhal

MBBS, MD, PGPC (Cardiology) USA
Consultant Cardiologist and Physician

Mb: 9634404999
फोन पर मंगवाने हेतु
सुबह 9:30 बजे सम्पर्क करें

①

Name: Pram Singh Age/Sex: 61h Address: Date: 24/11/22
11AM

Δ Ac IWT

Smoking

Wt: Kg

FH

SpO2: %

B.P: 90/60

Chest pain since 8 AM today

P.R: 54 Reg / IR

EDEMA

CLUBBING

ICTERUS

PALLOR

LN

JVP

CVS

R/S

P/A

CNS

RBS

No

① Cardiac Load due to

2 T4, Enoxib 60iv stat

Ref. to higher centre

• CBC

• HB

• TLC

• .PLT. COUNT

• WIDALI/TYPHI DOT

• MP

• RBS

• FBS

• PPBS

• HbA1c

• S. CREAT

• B. UREA

• Na+ / K+

• S. URIC ACID

• ALT/AST/ALP

• TSH

• T3

• T4

• URINE R/M

• SPOT UACR

• FASTING LIPIDS

✓ ECG Alc IWT

• CXR-P/A

• ECHO

• TMT

• USG

Facilities: ECG, ECHO, TMT, PFT

Available At: KOTHI LALAZAR, BI AMMA GATE, PHOTO CHUNGI, CIVIL LINES, RAMPUR
NOT FOR MEDICOLEGAL PURPOSE

Time : 10 AM to 2 PM and 5:30 PM to 7:30 PM
SUNDAY CLOSED



**DEPARTMENT OF INTERVENTIONAL CARDIOLOGY
CORONARY ANGIOGRAPHY REPORT**

Patient Name: MR. PREM SINGH Age /Sex: 61/M
IPD No. 2307167 Date of procedure: 24/11/2023
Procedure Done by: Dr. Geetesh Manik, DM

Coronary angiography was done via Right radial artery under aseptic precautions.

Acute IWMl

Left Main:

Normal.

Left anterior descending artery:

LAD is type III vessel it has 70-80% eccentric lesion at D2 level, distal LAD is normal. D1 is small. D2 is moderate size vessel; it has 60-70% ostial plaque.

Left circumflex Artery:

Left circumflex is continuing into small OM2, It has moderate distal plaque. High OM1 is small caliber, normal vessel.

Right Coronary artery:

RCA has 100% mid segment thrombotic occlusion.

Final Impression

CAD- DVD+ BVD

Advice:

PCI TO RCA FOLLOWED BY STAGE PCI TO LAD

Dr. Geetesh Manik
DM (Cardio CMC Vellore)
DNB, FESC

Dr. GEETESH MANIK
MD (MED)DM, DNB
(Card-CMC Vellore), F.E.S.C.
Interventional Cardiologist
Reg. No. TNMC-98456

DEPARTMENT OF INTERVENTIONAL CARDIOLOGY

CORONARY ANGIOPLASTY REPORT

Patient Name: MR. PREM SINGH	Age /Sex: 61/M
IPD No. 2307167	Date of procedure: 24/11/2023
Procedure Done by :Dr.Geetesh Manik DM	

Angioplasty to RCA was done under aseptic precaution via Right radial artery.

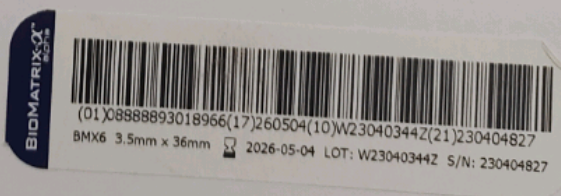
Lesion tackled	Guide Cath	Guide wire	Balloon/ Thrombuster	Stent	Result
RCA	6F JR 3.5	FIELDER FC	4.0x12MM NC AT 11-16ATM.	BIOMATRIX 3.5X36MM AT 12-14ATM	Good result.

Procedure: -

Right coronary cannulated with 6F JR3.5. RCA crossed with fielder wire, Thrombus aspiration done with Thrombuster II catheter, Distal large RCA seen with 40-50% lesion at crux. Culprit lesion site stented with 3.5x36mm stent at 14atm. Post dilatation done with 4.0mm NC balloon. Good stent expansion with TIMI III flow seen.

NOTE: Risk of stent thrombosis, restenosis (5%) explained to relatives and explained not to stop antiplatelets without cardiologist opinion.

Dr. Geetesh Manik
DM (Cardio CMC Vellore)
DNB, FESC





NON INVASIVE CARDIOLOGY

Patient Name	: MR. PREM SINGH	IPD No.	: AVMIP2307167
Age	: 61 Yrs	UHID	: AVM000087472
Gender	: MALE	Bill No.	: AVMWR230088740
Ref. Doctor	: DR. GEETESH MANIKAsian Vivekanand Hospital	Bill Date	: 24-11-2023 16:12:33
Ward	: CCU	Room No.	: CC17_MBD
		Procedure Date	: 24-11-2023 16:13:21

2D ECHO REPORT

DIMENSIONS

LVIDd	50	LA	30
LVIDS	42	AO	28
IVSD	11	RV	
PWDd	11	LVEF	48+3 %

CHAMBERS

Left Atrium	: Normal
Right Atrium	: Normal
Left ventricle	: Normal
Right Ventricle	: Normal

VALVES

Mitral valve	: Normal
Aortic valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal

SEPTUM

IVS	: Intact
IAS	: Intact

GREAT ARTERIES

Aorta	: Normal
Pulmonary artery	: Normal

FINAL IMPRESSION-

- Normal Cardiac Chambers
- Hypo-kinetic basal inferior wall, LVEF 48+3 %
- Good RV Systolic function
- Grade - I Diastolic Dysfunction
- PASP - 28 mmHg
- No Clot / Mass / PE / Vegetation
- IVC 1.5 cm

Dr. WASIM KHAN
Associate Consultant Cardiology

Dr. GEETESH MANIK
DM (Cardio CMC Vellore)
DNB, FESC

FINAL REPORT

Bill No. : AVMWR230088710	Bill Date : 24-11-2023 13:33
Patient Name : MR. PREM SINGH	UHID : AVM000087472
Age / Gender : 61 Yrs / MALE	Patient Type : IPD If PHC :
Ref. Consultant : DR. GEETESH MANIK	Ward / Bed : CCU / CC17_MBD
Sample ID : AVM23080077	Current Ward / Bed : CCU / CC17_MBD
IP Case No : AVMIP2307167	Receiving Date & Time : 24-11-2023 14:10
	Reporting Date & Time : 24-11-2023 14:44

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		7.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	3.4	million/cumm	4.5 - 5.5
HAEMOGLOBIN (Si S Hb Detection)	L	11.6	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	34.5	%	40 - 50
MEAN CORPUSCULAR VOLUME	H	101.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	H	34.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.6	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	H	402	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.5	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		12.0	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS	H	85	%	40 - 80
LYMPHOCYTES	L	10	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS	L	0	%	1 - 5
BASOPHILS		0	%	0 - 1

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Manish Kumar

DR. MANISH KUMAR
MBBS, MD

FINAL REPORT

AVMWR230088710	Bill Date	: 24-11-2023 13:33	
MR. PREM SINGH	UHID	: AVM000087472	
61 Yrs / MALE	Patient Type	: IPD	If PHC :
DR. GEETESH MANIK	Ward / Bed	: CCU / CC17_MBD	
AVM23080079	Current Ward / Bed	: CCU / CC17_MBD	
AVMIP2307167	Receiving Date & Time	: 24-11-2023 14:10	
	Reporting Date & Time	: 24-11-2023 15:52	

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Serum</i>				
Creatine Kinase-MB (AVM) (IFCC Plus Immuno-Inhibition)		18	U/L	0 - 24

T/RFT-KIDNEY/RENAL PANEL 1

UREA (Urease-GLDH)		35.0	mg/dL	17 - 43
CREATININE-SERUM (Modified Jaffe s Reaction)		1.0	mg/dL	0.67 - 1.17
SODIUM-SERUM (Indirect Ion-Selective Electrode)	L	131.0	m.mol/L	136 - 146
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		5.0	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)		98.0	m.mol/L	98 - 107

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL		0.84	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.19	mg/dL	0- 0.2
BILIRUBIN-INDIRECT		0.65	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	L	6.0	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		3.6	g/dL	3.5 - 5.2
S.GLOBULIN	L	2.4	g/dL	2.8 - 3.8
A/G RATIO		1.50		1.5 - 2.5
ALKALINE PHOSPHATASE (Kinetic Rate - GSOC/DEA Buffer)	L	63.0	IU/L	80 - 300
ASPARTATE AMINO TRANSFERASE (SGOT) (Kinetic UV- without PSP)		17.0	IU/L	0 - 50
ALANINE AMINO TRANSFERASE(SGPT) (Kinetic UV- without PSP)		16.0	IU/L	0 - 35
GAMMA-GLUTAMYL TRANSPEPTIDASE (IFCC)		43.0	IU/L	0 - 55
Lactate Dehydrogenase (IFCC; L-P)		175.0	IU/L	0 - 248

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Manish Kumar

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MBBS, MD

FINAL REPORT

Bill No	: AVMWR230088710	Bill Date	: 24-11-2023 13:33
Patient Name	: MR. PREM SINGH	UHID	: AVM000087472
Age / Gender	: 61 Yrs / MALE	Patient Type	: IPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. GEETESH MANIK	Ward / Bed	: CCU / CC17_MBD
Sample ID	: AVM23080078	Current Ward / Bed	: CCU / CC17_MBD
IP Case No	: AVMIP2307167	Receiving Date & Time	: 24-11-2023 14:10
		Reporting Date & Time	: 24-11-2023 15:53

COAGULATION REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Citrate Plasma</i>				
PROTHROMBIN TIME (Photo Optical Clot Detection)		14.30	secs	9 - 16
I.N.R		1.10		
MNPT		13.5	secs	

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Manish K. Singh

DR. MANISH KUMAR
MBBS, MD



FINAL REPORT

Sample ID	: AVMWR230088710	Bill Date	: 24-11-2023 13:33
Patient Name	: MR. PREM SINGH	UHID	: AVM000087472
Age / Gender	: 61 Yrs / MALE	Patient Type	: IPD If PHC :
Ref. Consultant	: DR. GEETESH MANIK	Ward / Bed	: CCU / CC17_MBD
Sample ID	: AVM23080081	Current Ward / Bed	: CCU / CC17_MBD
IP Case No	: AVMIP2307167	Receiving Date & Time	: 24-11-2023 14:10
		Reporting Date & Time	: 24-11-2023 15:55

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood, Serum

HIV - 1 AND HIV - 2 RAPID (Immunochromatographic Assay)		NON REACTIVE		
HBSAG RAPID TEST, QUALITATIVE (Immunochromatographic Assay)		NON REACTIVE		
HCV RAPID TEST, QUALITATI (Immunochromatographic Assay)		NON REACTIVE		
Troponin I (High Sensitive) (ELFA)		2112.40	ng/l	

RESULT	REMARKS
< 19 ng/L	The Upper reference limit (99 th percentile) for High Sensitive Troponin I (TNHS) in a healthy population.
≥100 ng/L	Suggestive of Myocardial Infarction (MI)

The High Sensitive Troponin I assay is intended to be used as an aid in the diagnosis of Myocardial Infarction (MI) and for the risk stratification of patients with Acute Coronary Syndrome (ACS).

In view of rise and falling pattern of cTnI, second measurements is recommended for patients with high sensitive Troponin I levels = 19ng/L to <99ng/L with the second blood samples drawn after 3 hours of the initial assessment. If the rise in the hsTnI values after 3hours of initial assessment is =10ng/L can be ruled in for suspicion of MI. If there is no significant change in the hsTnI values after 3hours of initial assessment, work up for differential diagnosis. Although cTnI is specific for cardiac injury, it is not specific for cardiac damage due to ischemic heart disease as it can also be elevated in conditions other than MI such as pulmonary embolism, heart failure, myocarditis, renal failure, severe infections, anxiety disorders and trauma.

The final diagnosis must be made in conjunction with the ECG and full clinical context of the patient.

MP

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Manish Kumar

DR. MANISH KUMAR
MBBS, MD

FINAL REPORT

IP Case No	: AVMWR230089338	Bill Date	: 27-11-2023 00:35
Patient Name	: MR. PREM SINGH	UHID	: AVM000087472
Age / Gender	: 61 Yrs / MALE	Patient Type	: IPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. GEETESH MANIK	Ward / Bed	: CCU / CC17_MBD
Sample ID	: AVM23080625	Current Ward / Bed	: CCU / CC17_MBD
IP Case No	: AVMIP2307167	Receiving Date & Time	: 27-11-2023 01:48
		Reporting Date & Time	: 27-11-2023 03:38

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.3	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	3.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	11.1	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	33.0	%	40 - 50
MEAN CORPUSCULAR VOLUME	H	103.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	H	34.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.6	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		358	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	47.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		12.3	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		65	%	40 - 80
LYMPHOCYTES		22	%	20 - 40
MONOCYTES	H	11	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Manish Kumar

DR. MANISH KUMAR
MBBS, MD

FINAL REPORT

No.	: AVMWR230089338	Bill Date	: 27-11-2023 00:35
Patient Name	: MR. PREM SINGH	UHID	: AVM000087472
Age / Gender	: 61 Yrs / MALE	Patient Type	: IPD If PHC :
Ref. Consultant	: DR. GEETESH MANIK	Ward / Bed	: CCU / CC17_MBD
Sample ID	: AVM23080626	Current Ward / Bed	: CCU / CC17_MBD
IP Case No	: AVMIP2307167	Receiving Date & Time	: 27-11-2023 01:48
		Reporting Date & Time	: 27-11-2023 03:36

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Serum				
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	L	3.2	g/dL	3.5 - 5.2
CREATININE-SERUM (Modified Jaffe's Reaction)		0.9	mg/dL	0.67 - 1.17
Urea (Urease-GLDH)		33.0	mg/dL	17 - 43

**** End of Report ****

IMPORTANT INSTRUCTIONS

Manish K. Singh

DR. MANISH KUMAR
MBBS, MD

**DEPARTMENT OF CARDIOLOGY
DISCHARGE SUMMARY**

UHID	: AVM000087472	IP No.	: AVMIP2307167
Name	: MR. PREM SINGH	Date of Admission	: 24-11-2023 13:05:49
Age /Sex	: 61 Yrs / MALE	Date of Discharge	: 27-11-2023
Ward / Bed	: CCU / CC17_MBD	Type	: PSU CASH
Under Doctor	: DR. GEETESH MANIK	Discharge Status	: NORMAL
Address	: Rampur, UTTAR PRADESH, INDIA	Prepared by	: MR. VIVEK SHARMA

DIAGNOSIS

D'agnosis Code	Diagnosis	Remarks	Description
AVMICD210000042	ACS - IWMI		
AVMICD210000530	MILD LV DYSFUNCTION LVEF 48 %		
AVMICD210002171	SINUS RHYTHM		
AVMICD210000353	CAG - DVD + BVD	24/11/2023	
AVMICD210000131	PTCA + STENT TO RCA	24/11/2023	
AVMICD210000274	DIABETES MELLITUS		

ALLERGY

Allergy Type	Severity	Allergy	Remarks
NO KNOWN ALLERGY			

BRIEF HISTORY OF PRESENT ILLNESS

Complaints of chest pain with sweating for last 3-4 days.

BRIEF HISTORY OF PAST ILLNESS

Known case of DM

VITALS

| Pulse Rate : 67per minute | Temperature : 98 °F | Blood Pressure Sitting : 110/70 mmHg | RR : 20

HOSPITAL COURSE

Patient admitted with above mentioned complaints and treated conservatively with antibiotic, antacid, antiplatelets, statins, antiemetic and other supportive medicines. After informed and written consent coronary angiography was done on 24/11/23 which revealed DVD + BVD for which PTCA + stent to RCA was done on 24/11/23. Patient improved gradually and now being discharge in stable condition with following advice.

PROCEDURE DONE:-

- Coronary angiography was done on 24/11/23 which revealed DVD + BVD.
- PTCA + stent to RCA was done on 24/11/23.

LAB

Parameters	24-11-2023 13:33	27-11-2023 00:35				
Creatinine-Serum (AVM)		0.9				
Creatinine-Serum (AVM)	1.0					
TLC(TOTAL LEUCOCYTE COUNT)	7.4	6.3				
RBC COUNT (RED BLOOD CELL)	3.4	3.2				
HAEMOGLOBIN (HB)	11.6	11.1				
PCV (PACK CELL VOLUME)	34.5	33.0				
MCV (MEAN CORPUSCULAR VOLUME)	101.5	103.8				

**DEPARTMENT OF CARDIOLOGY
DISCHARGE SUMMARY**

UHID	: AVM000087472		IP No.	: AVMIP2307167	
Name	: MR. PREM SINGH		Date of Admission	: 24-11-2023 13:05:49	
Age /Sex	: 61 Yrs / MALE		Date of Discharge	: 27-11-2023	
Ward / Bed	: CCU / CC17_MBD		Type	: PSU CASH	
Under Doctor	: DR. GEETESH MANIK		Discharge Status	: NORMAL	
Address	: Rampur, UTTAR PRADESH, INDIA		Prepared by	: MR. VIVEK SHARMA	
Parameters	24-11-2023 13:33	27-11-2023 00:35			
MCH (MEAN CORPUSCULAR HAEMOGLOBIN)	34.1	34.9			
MCHC(MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION)	33.6	33.6			
PLATELET COUNT	402	358			
RED CELL DISTRIBUTION WIDTH (S.D - RDW)	45.5	47.6			
RED CELL DISTRIBUTION WIDTH (C.V - RDW)	12.0	12.3			
NRBC#					
NEUTROPHILS (NEUT)	85	65			
LYMPHOCYTES (LYMPH)	10	22			
MONOCYTES (MONO)	5	11			
EOSINOPHILS (EOS)	0	2			
BASOPHILS (BASO)	0	0			
Urea (AVM)		33.0			
Urea (AVM)	35.0				
Albumin-serum (AVM)		3.2			
Albumin-serum (AVM)	3.6				
Sodium-Serum (AVM)	131.0				
Potassium-Serum (AVM)	5.0				
Chloride-Serum (AVM)	98.0				
Creatine Kinase-MB (AVM)	18				
Troponin I (High Sensitive) (AVM)	2112.40				
PROTHROMBIN TIME	14.30				
PROTHROMBIN TIME	14.30				
I.N.R	1.10				
M'NPT	13.5				
HIV - 1 AND HIV - 2 RAPID TEST, QUALITATIVE	NON REACTIVE				
HCV RAPID TEST, QUALITATIVE	NON REACTIVE				
Bilirubin-Total (AVM)	0.84				
Bilirubin-Direct (AVM)	0.19				
Bilirubin-Indirect (AVM)	0.65				
S.Protein-Total (AVM)	6.0				
S.Globulin (AVM)	2.4				

**DEPARTMENT OF CARDIOLOGY
DISCHARGE SUMMARY**

UHID	: AVM000087472	IP No.	: AVMIP2307187
Name	: MR. PREM SINGH	Date of Admission	: 24-11-2023 13:05:43
Age /Sex	: 61 Yrs / MALE	Date of Discharge	: 27-11-2023
Ward / Bed	: CCU / CC17_MBD	Type	: PSU CASH
Under Doctor	: DR. GEETESH MANIK	Discharge Status	: NORMAL
Address	: Rampur, UTTAR PRADESH, INDIA	Prepared by	: MR. VIVEK SHARMA
Parameters	24-11-2023 13:33	27-11-2023 00:35	
A/G Ratio (AVM)	1.50		
Alkaline Phosphatase (AVM)	63.0		
Aspartate Amino Transferase (SGOT) (AVM)	17.0		
Alanine Amino Transferase(SGPT) (AVM)	16.0		
Gamma-Glutamyl Transpeptidase (AVM)	43.0		
Lactate Dehydrogenase (AVM)	175.0		
HBSAG RAPID TEST, QUALITATIVE	NON REACTIVE		

IMAGING

24-11-2023 XRAY-CHEST P.A.

X-RAY CHEST PA VIEW

Trachea central.
? Nodular opacities seen in left apical region
Emphysematous changes seen in both lungs.
Both C.P angles are clear.
Cardiac shadow is normally seen.
Bronchovascular markings are prominent.
Both hilar shadows are prominent.
Both domes of diaphragm are normally seen.
ADVISED- FURTHER INVESTIGATIONS

NON INVASIVE / NUCLEAR MEDICINE / NEURO

24-11-2023 2D ECHO

2D ECHO REPORT

FINAL IMPRESSION-

- Normal Cardiac Chambers
- Hypo-kinetic basal inferior wall, LVEF 48+3 %
- Good RV Systolic function
- Grade - I Diastolic Dysfunction
- PASP - 28 mmHg
- No Clot / Mass / PE / Vegetation
- IVC 1.5 cm

DISCHARGE MEDICATION

S.N.	Brand Name	Generic Name	Dosage	Route of Admin	Timing	No. of Days	Remarks
1	ECOSPRIN 75MG(TAB)	Aspirin 75mg	1.00	ORALLY	Once daily		
2	AXCER 90MG(NOS)	Ticagrelor 90mg	1.00	ORALLY	2 Times Per Day		6

DEPARTMENT OF CARDIOLOGY DISCHARGE SUMMARY


UHID	: AVM000087472	IP No.	: AVMIP2307167
Name	: MR. PREM SINGH	Date of Admission	: 24-11-2023 13:05:49
Age /Sex	: 61 Yrs / MALE	Date of Discharge	: 27-11-2023
Ward / Bed	: CCU / CC17_MBD	Type	: CASH_MBD
Under Doctor	: DR. GEETESH MANIK	Discharge Status	: NORMAL
Address	: Rampur, UTTAR PRADESH, INDIA	Prepared by	: MR. VIVEK SHARMA

3	ROSULIP 40MG(TAB)	Rosuvastatin 40mg	1.00	ORALLY	Once daily		
4	PANTOCID D()	PANTOPRAZOLE+DCM PERIDONE	1.00	ORALLY	Once daily		BBF
5	METAGARD CR 60MG(TAB)	Trimetazidine 60mg	1.00	ORALLY	Once daily		
6	TORSINEX PLUS (TAB)	TORSEMIDE+SPIRONO LACTONE		ORALLY	Half		HALF TABLET ONCE DAILY
7	CEFTUM 500MG(TAB)	Cefuroxime 500mg	1.00	ORALLY	2 Times Per Day		FOR 5 DAYS
8	CLONAFIT MD 0.5MG(TAB)	Clonazepam 0.5mg	1.00	ORALLY	At bed time		
9	SYP DUPHALAC 150ML (SYP)	Lactulose 2.5gm/5ml		ORALLY	At bed time		30 ML
10	DIAPRIDE M1(TAB)	Glimepride 1mg+Metformin 500mg	1.00	ORALLY	Once daily		

CONDITION AT DISCHARGE
Stable

FOLLOW UP

Date	Doctor	Remarks	OPD Name	Extn. Number
02-12-2023 00:00:00	DR. GEETESH MANIK	AFTER 5 DAYS	CARDIOLOGY	7500822152


DR.
Resident Medical Officer

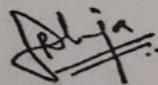
DR. GEETESH MANIK
MBBS, MD, DM- Cardiology
CONSULTANT

Center Name	: SHRI KRISHNA COLLECTION CENTER	Barcode	: B0290034
Patient Name	: PREM SINGH 8894571198	Sample Collected On	: 07/Sep/2023 12:40PM
Age/Gender	: 60Y 0M 0D /Male	Sample Received On	: 08/Sep/2023 01:02AM
Order Id	: 8894571198	Report Generated On	: 08/Sep/2023 07:32AM
Referred By	: DR ASEEM SHARMA	Sample Temperature	: Maintained ✓
Customer Since	: 08/Sep/2023	Report Status	: Final Report
Sample Type	: SERUM		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: ABELL KENDALL	312.0	mg/dl	Desirable : <200 Borderline: 200-239 High : >=240
Serum Triglycerides Method: GPO-POD	307.6	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : >= 500
Serum HDL Cholesterol Method: ENZYMATIC IMMUNOINHIBITION	58.8	mg/dl	40 - 60
Serum LDL Cholesterol Method: ENZYMATIC SELECTIVE PROTECTION	201.7	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>=190
Serum VLDL Cholesterol Method: Calculated	51.5	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	5.31	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	3.43	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio Method: Calculated	0.29	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	253.2	mg/dl	0.0 - 160.0

Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following: Total Cholesterol, low density lipoprotein (LDL) and/or triglyceride concentrations. Dyslipidemia also includes a decrease in the "good" cholesterol or high-density lipoprotein (HDL) concentration in the blood. Cholesterol is a steroid carried in the bloodstream as lipoprotein, necessary for cell membrane functioning and as a precursor to bile acids.



DR. RACHNA KALANI
MBBS, MD(BIOCHEMISTRY)
CONSULTANT BIOCHEMIST



Partner Name : SHRI KRISHNA COLLECTION CENTER
 Patient Name : PREM SINGH 8894571198
 Age/Gender : 60Y 0M 0D /Male
 Order Id : 8894571198
 Referred By : DR ASEEM SHARMA
 Customer Since : 08/Sep/2023
 Sample Type : Serum

Barcode : B0290034
 Sample Collected On : 07/Sep/2023 12:40PM
 Sample Received On : 08/Sep/2023 01:02AM
 Report Generated On : 08/Sep/2023 07:32AM
 Sample Temperature : Maintained ✓
 Report Status : Final Report

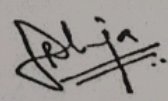
DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: CLIA	0.26	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA	<0.3	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA	207.1390	μIU/ml	0.55-4.78
Result Rechecked in Dilution			

Pregnancy interval	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

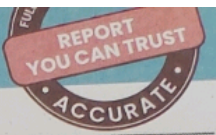
Healthians recommends that the following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 AM. Minimum levels seen between 6-10 AM. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal even in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduction in TBG, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones.
9. Various drugs influence the levels of thyroid hormones such as L-Dopa, Lithium, Glucocorticoids, Phenytoin etc.
10. Healthians recommends evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.


 DR. RACHNA KALANI
 MBBS, MD(BIOCHEMISTRY)
 CONSULTANT BIOCHEMIST



Specialised
the-art labs
sample



Partner Name	: SHRI KRISHNA COLLECTION CENTER	Barcode	: B0290034
Patient Name	: PREM SINGH 8894571198	Sample Collected On	: 07/Sep/2023 12:40PM
Age/Gender	: 60Y 0M 0D /Male	Sample Received On	: 08/Sep/2023 01:00AM
Order Id	: 8894571198	Report Generated On	: 08/Sep/2023 02:04AM
Referred By	: DR ASEEM SHARMA	Sample Temperature	: Maintained ✓
Customer Since	: 08/Sep/2023	Report Status	: Final Report
Sample Type	: Flouride Plasma		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Fasting Blood Sugar			
Glucose, Fasting Method: Hexokinase	170.2	mg/dl	70 - 100

American Diabetes Association Reference Range :

- Normal : < 100 mg/dl
- Impaired fasting glucose(Prediabetes) : 100 - 125 mg/dl
- Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include:

- Diabetes mellitus ,Hemochromatosis ,Cushing syndrome ,Acromegaly and gigantism.
- Increased circulating epinephrine such as in pheochromocytoma and adrenalin injections
- Acute pancreatitis
- Chronic pancreatitis

Conditions that cause low blood glucose level include :

- Pancreatic disorders : Islet cell tumor , pancreatitis
- Hepatic disease (diffuse severe disease)
- Endocrine disorders : hypopituitarism, Addison's disease ,hypothyroidism
- Alcoholism
- Malnutrition

DR. RACHNA KALANI
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CONSULTANT BIOCHEMIST





~~OPD Assessment Form~~

OPD Assessment Form (First Visit Follow-up)



Name : MR. PREM SINGH
SON : NITIN KUMAR
Age / Gender : 61 Yrs / MALE
CPG : PSU CASHICGHS_MEERUT

UHID No. : AVM000087472
Date : 02-12-2023 15:16:05
Doctor / Unit : DR. GEETESH MANIK /
Department : CARDIOLOGY

Inst. Name : Provincial Armed Constabulary
Presenting Complaints : Rampur, UTTAR PRADESH, INDIA

BP (mm Hg) 90/60
Pulse HR 74
RR 18
Ht/Length 155
Wt 73 kg
Pain Score (1-10) 0

RBS 202 mg/dl

Any Known Allergies

Past / Family History :

History Given By :

Clinical Findings :

Thrombocytopenia

*ANCA +ve
Mucositis
CRP +ve + AVO
SH: Bone to Ren
Dm2
Cry lupin*

Provisional Diagnosis :

DR. GEETESH MANIK, MBBS, MD, DM- Cardiology, CONSULTANT-CARDIOLOGY,

Note : Card is valid for seven working days

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom



OPD Assessment Form (First Visit Follow-up)



Name : MR. PREM SINGH
 SON : NITIN KUMAR
 Age / Gender : 61 Yrs 1 Mth / MALE
 CPG : PSU CASHCGHS_MEERUT
 Inst. Name : Provincial Armed Constabulary
 Address : Rampur, UTTAR PRADESH, INDIA

UHID No. : AVM000087472
 Date : 27-12-2023 10:51:34
 Doctor / Unit : DR. GEETESH MANIK /
 Department : CARDIOLOGY

Present Complaints :

BP (mm Hg) 130/80
 Pulse HR - 74. Mildly
 RR 12
 Ht/Length 93
 Wt- 71 Kg
 Pain Score (1-10)

Past / Family History :

Any Known Allergies

History Given By :

Clinical Findings :

Pls. refer to ICD

Dr. Geetesh Manik

Provisional Diagnosis :

DR. GEETESH MANIK, MBBS, MD, DM- Cardiology, CONSULTANT-CARDIOLOGY,

Note : Card is valid for seven working days

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom