

PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Vinod Chandra Pandey [Name] CMO/CMS, have perused the documents presented before me by Sri MAHENDRA SINGH [Name] of the Officer], ID No. . . . . Designation . BETA. ADJ . . . . . and place of posting . . . . . OR on his behalf by Sri . . . . . Relation with the officer . . . FATHER . . . . . Phone No. . . . 9953443018, 9411646030

- I. I have personally examined Sri/Smt./Sushri MAHENDRA SINGH who is suffering from the disease/syndrome/disability CAD. P.T. CA2AVR 2 MITRAL VALVE CALCIFICATION [Name of the disease] . . . . . and in my opinion he/she may require frequent hospitalization for treatment/management.
II. I also verify that Sri/Smt./Sushri MAHENDRA SINGH is suffering from the disease/syndrome/disability/disorder CAD. P.T. CA2AVR 2 MITRAL VALVE CALCIFICATION [Name of the disease] . . . . . and the disease(s) find(s) mention at paragraph no. NA of the Annexure-I enclosed herewith.
III. In my professional opinion and assessment, I am convinced that the treatment/management of the above mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
IV. The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely MEDANTA THE MEDICITY HOSPITAL, GURUGRAM OR ANY OTHER MULTISPECIALITY HOSPITAL
V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
VI. This document shall be valid only for . . . . . months only.

Sanil Katyal CONSULTANT - 23/2/24 District Combined Hospital Sanjay Nagar, Ghaziabad

Signature with seal (C.M.O./C.M.S.) 23/2/24 Name: . . . . . CMS . . . . . ID No.: . . . . . Designation: . . . 7905430314 Telephone No. Chief Medical Superintendent District Combined Hospital Mobile No. . . . . Sanjay Nagar, Ghaziabad

- 1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.

कार्यालय मुख्य चिकित्सा अधीक्षक, जिला संयुक्त चिकित्सालय संजयनगर गाजियाबाद।


पत्रांक: डीसीएच/2023-24 2818

दिनांक 23.02.2024

चिकित्सा परीक्षण प्रमाण पत्र

प्रमाणित किया जाता है कि श्री महेन्द्र सिंह पुत्र श्री स्व.श्री मुन्ना सिंह आयु लगभग 73 वर्ष निवासी प्लॉट नम्बर-22 आई.आर.एस. सोसाईटी अग्य खण्ड द्वितीय इन्द्रपुरम गाजियाबाद का CAD with Post PTCA उपचार हेतु 18.02.2011 से 22.02.2021 तक PTCA हेतु मेदांत दा मेडिसिटी अस्पताल में भर्ती रहे थे तथा उसके उपरान्त दिनांक 07.03.2018 से 17.03.2018 तक AVR (Aortic valve Replacement surgery through bypass Surgery) के उपचार हेतु भर्ती रहे।

दिनांक 12.02.2024 को मेदांत दा मेडिसिटी अस्पताल में हुई मेडिकल जांच के अनुसार इनकी रिपोर्ट में Mitral valve Calcification पाया गया, तथा इन्हे अस्पताल में नियमित रूप से की जांच एवं उपचार आवश्यकता है।

  
मुख्य चिकित्सा अधीक्षक  
जिला संयुक्त चिकित्सालय  
संजयनगर गाजियाबाद

Chief Medical Superintendent  
District Combined Hospital  
Sanjay Nagar, Ghaziabad

छोटा परिवार, सुख का आधार

लड़का लड़की एक समान तभी बनेगा देश महान



# जिला संयुक्त चिकित्सालय, संजय नगर, गाजियाबाद।



ओ० पी० डी० टिकट क्रम सं०

पंजीकरण सं० 3264

55264

आयुष्मान कार्ड है/नहीं है।

(एक रुपया केवल)

रोगी का नाम

Mahendra Singh

आयु 43

पु०/स्त्री

बच्चों की सं०

पुत्र

पुत्री

सबसे छोटे बच्चे की आयु

यह ओ०पी०डी० टिकट केवल 15 दिन के लिए मान्य है। प्रत्येक परामर्श से पूर्व दिनांक की मोहर अवश्य लगवाएँ।

## DATE PROVISINAL DIAGNOSIS

22 FEB 2018  
 E.C.G. Examined Mr. Mahender Singh  
 aged 73 years male.  
 At Present he is having complaint  
 of chest heaviness in case on exertion  
 On seeing his previous records  
 he is a known case of Post PTCA  
 and Coronary Artery Disease. He was  
 admitted in Medanta Hospital, GURUGRAM  
 from 18.2.2011 to 22.2.2011.  
 Again he was admitted on  
 7.3.18 and under went AVR surgery  
 and got discharged on 17.3.18  
 He consulted again on  
 12.2.24 in Medanta Hospital and

6085

एड्स का है यही समाधान जानकारी लें और रहे सावधान।

उपलब्ध सुविधाये:- (1) पुरुष नसबन्दी (बिना चीरा) आपरेशन प्रतिदिन। (2) एक्सरे, अल्ट्रासाउण्ड, टी०एम०टी०, ई०सी०जी०, आदि।



Dobutamine Stress Echo cardiography  
was done.

His Echo report shows  
Mitral Annular Calcification.

He has been advised regular  
check up and follow up treatment.  
and advised to consult super  
speciality hospital in DELHI/NCR and  
Medanta (GURUGRAM)

Date: 22/2/24

Diagnosis:

Fuc of CAD + PTCA +  
AVR + Mitral  
Valve Calcification

Dr. Sunil Kataria  
CARDIOLOGIST  
DIST. COMBINED HOSPITAL  
SANJAY NAGAR

GHAZIABAD  
Senior Consultant  
District Combined Hospital  
Sanjay Nagar, Ghaziabad




Dated 13<sup>th</sup> February 2024

To Whom It May Concern

On the basis of the medical documents of Medanta The Medicity Hospital, Gurugram regarding the treatment of Mr. Mahendra Singh aged about 74 years, This is to Certify that he is undergoing treatment for heart disease at Medanta The Medicity Hospital, Gurugram UHID MM00090427 . According to his Medical documents he has undergone PTCA and Coronary Artery Disease for which he was admitted in Medanta The Medicity Hospital, Gurugram from 18-02-2011 to 22-02-2011. Again he was admitted in Medanta The Medicity Hospital , Gurugram on 07-03-2018 and underwent AVR (Aortic Valve Replacement) Surgery and got discharged in stable condition on 17-03-2018. On the basis of his reports he is advised medical therapy under treatment of Dr. Parveen Chandra MD, Chairman, Division of Interventional Cardiology Medanta The Medicity Hospital, Gurugram.

Latest medical documents of Mr. Mahendra Singh regarding treatment at Medanta The Medicity Hospital, Gurugram are duly verified

  
13/02/24  
CIVIL SURGEON  
GURUGRAM

13<sup>th</sup> February 2024

**To whom it may Concern**

This is to certify that Mr. Mahendra Singh, 74 yrs old male, UHID-MM00090427 is a known case of Post PTCA and Coronary Artery Disease. He was admitted here in Medanta from 18.02.2011 to 22.02.2011. Again he was admitted here on 07.03.2018 and underwent AVR surgery and got discharged in a stable condition on 17.03.2018.

I have examined him today in the OPD with all his investigation reports. On the basis of his reports, he is advised medical therapy and he is under my 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-Gurugram  
Sector-38, Gurugram-122001, Haryana  
Regn. No. DMC - 6614

Accredited by



JCI certificate  
(CN - 3628.2)



Certificate No  
H-2011-0073

**For Emergency & Ambulance: Dial @ 1068**

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✉ [info@medanta.org](mailto:info@medanta.org)

[www.medanta.org](http://www.medanta.org)

Corporate Identity Number - L85110DL2004PLC128319

Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida\*



Medanta, Sec-38, Gurgaon  
Clinical Diagnostics

<b>Patient ID</b>	: MM00090427	<b>Patient Name</b>	: Mr. Mahendra Singh H.j.s.
<b>Gender</b>	: Male	<b>Age</b>	: 73Y
<b>Encounter ID</b>	: 210376130001	<b>Encounter Type</b>	: Outpatient
<b>Visit Date</b>	: 12/02/2024 13:16	<b>Location</b>	: Executive Health Check
<b>Specialty</b>	: Executive Health Check	<b>Attending Practitioner</b>	: EHC Doctor

### Dobutamine Stress Echocardiography-HS

**Lab No :** : 927  
**Date :** : 12/02/2024  
**Indication :** : P/AVR  
**Max Predicted Heart Rate (MPHR) :** : 147 bpm  
**85% MPHR (Target HR) :** : 124 bpm

#### Procedure

Dobutamine infusion was administered intravenously at a starting dose of 10 mcg/Kg/Min and incremental doses of 20 mcg/Kg/min, mcg/Kg/min, mcg/Kg/min were administered at 3 min intervals. Atropine injection (0.3mg) was given intravenously in 0.3mg boluses to achieve the desired heart rate. Inj. Metoprolol 1 mg IV stat.

Stage	Time (in minutes)	Heart Rate (bpm)	BP (mm Hg)	Symptoms
Baseline	0.00	67	140/80	Nil
Stage I (10 mcg/kg/min)	3	111	150/80	Nil
Stage II (20 mcg/kg/min)	3	141	160/80	Nil

**End Point :** : THR achieved  
**Heart Rate Achieved :** : 141 bpm  
**:** : 96 % of MPHR

#### ECG Findings

**Baseline ECG :** : WNL

ECG Stage	ST-T Changes	Arrhythmia
Baseline	No Significant ST-T Changes	Nil
Dobutamine Phases	No Significant ST-T Changes	Nil
Recovery	No Significant ST-T Changes	Nil

### Echocardiographic Findings

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Preliminary Report

Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida\*

2/13/2024





<b>Patient ID</b>	: MM00090427	<b>Patient Name</b>	: Mr. Mahendra Singh H.j.s.
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<b>Specialty</b>	: Executive Health Check	<b>Attending Practitioner</b>	: EHC Doctor

**PLAX**

	Rest	Low-dose	Peak-dose	Interpretation
<b>Basal ant septum</b>	Normal	Normal	Normal	Normal
<b>Mild ant septum</b>	Normal	Normal	Normal	Normal
<b>Basal posterior</b>	Normal	Normal	Normal	Normal
<b>Mid posterior</b>	Normal	Normal	Normal	Normal

**Apical 4-chamber**

	Rest	Low-dose	Peak-dose	Interpretation
<b>Basal Septum</b>	Normal	Normal	Normal	Normal
<b>Mid Septum</b>	Normal	Normal	Normal	Normal
<b>Apical Septum</b>	Normal	Normal	Normal	Normal
<b>Basal Lateral</b>	Normal	Normal	Normal	Normal
<b>Mid Lateral</b>	Normal	Normal	Normal	Normal
<b>Apical Lateral</b>	Normal	Normal	Normal	Normal

**Apical 2-Chamber**

	Rest	Low-dose	Peak-dose	Interpretation
<b>Basal Inferior</b>	Normal	Normal	Normal	Normal
<b>Mid Inferior</b>	Normal	Normal	Normal	Normal
<b>Apical Inferior</b>	Normal	Normal	Normal	Normal
<b>Basal Anterior</b>	Normal	Normal	Normal	Normal
<b>Mid Anterior</b>	Normal	Normal	Normal	Normal
<b>Apical Anterior</b>	Normal	Normal	Normal	Normal

**Other Findings**

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2/13/2024



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	Rest	Peak-dose
<b>LV ejection fraction (%)</b>	55	65
<b>Mitral inflow E/A vel (cm/s)</b>	102/86	144 (Single wave)
<b>Mitral annular E vel (cm/s)</b>	8	10
<b>Estimated LVEDP (mmHg)</b>	Normal	Normal
<b>Mitral Regurgitation</b>	Mild	Mild
<b>Tricuspid Regurgitation</b>	Trace	Trace
<b>Estimated RVSP (mmHg)</b>	22	25

### Summary & Interpretation

<b>Chest Pain</b>	:	No
<b>ECG Changes During the Stress Test</b>	:	No
<b>Normal Hemodynamics</b>	:	Yes
<b>LV Systolic Function at Rest</b>	:	Normal
<b>Inducible Wall Motion Abnormality</b>	:	No
<b>Overall Echo Findings</b>	:	Mitral annular calcification present Normally functioning bio prosthesis at aortic position Peak & mean gradient - 30/16 mmHg at rest and peak & mean gradient = 45/25 mmHg at peak dose

### Final Impression

Dobutamine stress echocardiogram is negative for reversible myocardial ischemia

### Signature Line

DR. APARAJITA KUMAR  
MBBS, PG DIPLOMA CARDIOLOGY, PCAC (HARVARD)  
ASSOCIATE CONSULTANT CARDIOLOGY  
INTERNATIONAL ASSOCIATE- AMERICAN COLLEGE OF CARDIOLOGY

DR SANJAY MITTAL  
MD, DM (CARDIOLOGY)  
SENIOR DIRECTOR  
CLINICAL CARDIOLOGIST AND RESEARCH CARDIOLOGY

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Preliminary Report

Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida\*

2/13/2024





Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024

Department of Radiology -

XRAY CHEST

**Radiology Report**

MM00090427

**CHEST RADIOGRAPH (PA VIEW)**

Sternal sutures and clips are noted.

Bilateral lung fields are normal.

Bilateral hila are normal.

CP angles are normal.

Cardiac size is within normal limits.

*Please correlate clinically.*

Medical Transcriptionist: SN

Authorized by:

**Dr Alka Ashmita Singhal**

Associate Director

Authorized On: 12 Feb 2024 15:21, Ordered On: 12 Feb 2024 13:51

Note: Hospital policy mandates the films records to be maintained for the period of 3 months only. Kindly collect the films before this period.

Page No. 1 of 1

Printed By Yogesh Chandra Joshi on 13 Feb 2024 09:20 AM

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**Department of Laboratory Medicine - HEMATOLOGY**
**Hemogram**

Colors Indicate: Abnormal Borderline Normal

Test Name	06 Jun 2018 10.01	29 Mar 2019 10.08	12 Feb 2024 13.26	Your Value	Reference Range
<b>Hemoglobin, gm/dL</b>	13.6	16.7	16.2 ✓	Normal	13-17
Method: SLS Hb - colorimetric					
<b>WBC, 10<sup>3</sup>/μL</b>	13.93	13.40	11.47 ✓	High	4-10
Method: Fluorescence flow cytometry					
<b>Neutrophil, Percentage</b>	62.8	57.9	66.0	Normal	40-80
Method: Fluorescence flow cytometry					
<b>Lymphocyte, Percentage</b>	28.0	33.1	24.9	Normal	20-40
Method: Fluorescence flow cytometry					
<b>Eosinophil, Percentage</b>	1.3	1.1	1.0	Normal	1-6
Method: Fluorescence flow cytometry					
<b>Monocyte, Percentage</b>	7.8	7.8	7.9	Normal	2-10
Method: Fluorescence flow cytometry					
<b>Basophil, Percentage</b>	0.1	0.1	0.2	Normal	0-2
Method: Fluorescence flow cytometry					
<b>Platelet Count, 10<sup>3</sup>/μL</b>	161	160	151 ✓	Normal	150-410
Method: DC Impedance/Hydrodynamic focusing					
<b>RBC Count, Miln/Cumm</b>	4.89	5.49	5.31	Normal	4.5-5.5
Method: DC Impedance/Hydrodynamic focusing					
<b>Hematocrit, Percentage</b>	41.7	49.8	47.5	Normal	40-50
Method: DC Impedance/Hydrodynamic focusing					
<b>MCV, fL</b>	85.3	90.7	89.5	Normal	83-101
Method: Automated Calculation					
<b>MCH, pg</b>	27.8	30.4	30.5	Normal	27-32
Method: Automated Calculation					
<b>MCHC, g/dl</b>	32.6	33.5	34.1	Normal	31.5-34.5
Method: Automated Calculation					
<b>RDW, Percentage</b>	14.70	14.10	13.2	Normal	11.6-14
Method: Derived					
<b>Erythrocyte Sedimentation Rate, mm/hr</b>	17	5	2	Normal	0-14
Method: Optoelectrical Measurement					





Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024



Department of Laboratory Medicine - HEMATOLOGY

Peripheral blood Smear

RBC: Predominantly Normocytic Normochromic blood cells.

WBC: Leucocytosis with neutrophilic predominance. No abnormal cells seen.

PLATELETS: Adequate.







Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024

Department of Laboratory Medicine - HEMATOLOGY

Please Note

1. Test results are to be clinically correlated.
2. Storage and discard of biological specimen/materials shall be as per Medanta's specimen retention policy.
3. The biological specimen/ materials may be used for educational and research purposes.
4. Test results are not valid for medico-legal purposes.
5. In case of any query related to the test results, please contact [ 0124 4141414 ].

Authorized by

Dr Ritu Chadha  
Associate Director

Released by

Dr Ritu Chadha  
Associate Director

Specimen No: 2024063308, Specimen Type: Blood (EDTA)

Authorized: 12 Feb 2024 17:05, Released: 12 Feb 2024 17:05, Ordered: 12 Feb 2024 13:17, Collected: 12 Feb 2024 13:26,

Received: 12 Feb 2024 13:26, Registered: 12 Feb 2024 13:26





Executive Health Check

Name: **Mr. Mahendra Singh H.j.s.**

Gender: **M**

Doctor: **EHC Doctor**

UHID: **MM00090427**

DOB: **01 May 1950**  
**(73 years)**

Date: **12 Feb 2024**



**Department of Laboratory Medicine - HEMATOLOGY**

**PROTHROMBIN TIME & INR**

**Prothrombin Time**

**Result: 10.90, Sec**

Result Date: 12 Feb 2024 13:26

Reference Range : 9.3 - 12.1 seconds

MNPT : 10.7 seconds

Method : Clotting Method (Percentage Detection Method)

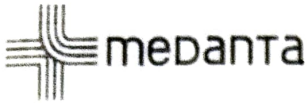
**INR**

**Result: 1.03**

Result Date: 12 Feb 2024 13:26

Method : Clotting Method (Percentage Detection Method)





Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024

Department of Laboratory Medicine - HEMATOLOGY

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3. The biological specimen/ materials may be used for educational and research purposes.
4. Test results are not valid for medico-legal purposes.
5. In case of any query related to the test results, please contact [ 0124 4141414 ].

Authorized by

Dr Ritu Chadha  
Associate Director

Released by

Mohd Naushad

Specimen No: 2024063310, Specimen Type: Blood (Sodium Citrate 1:9)

Authorized: 12 Feb 2024 15:22, Released: 12 Feb 2024 15:07, Ordered: 12 Feb 2024 13:17, Collected: 12 Feb 2024 13:26,

Received: 12 Feb 2024 13:26, Registered: 12 Feb 2024 13:26

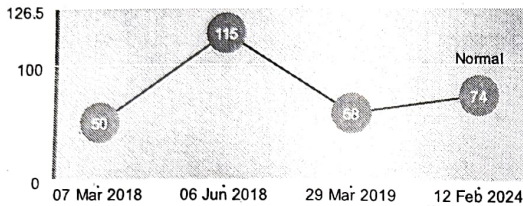
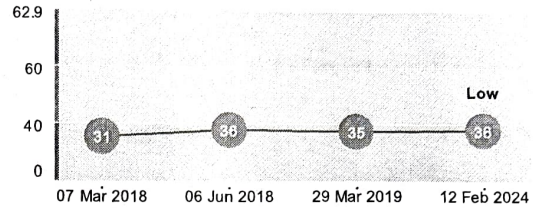




**Department of Laboratory Medicine - BIOCHEMISTRY**
**Lipid Profile**

 Colors Indicate: **Abnormal** **Borderline** **Normal**
**LDL - Cholesterol, mg/dL**

LDL transports cholesterol from liver to body tissues. Excess LDL can cause blockages in arteries & increase the risk of CVDs.


**HDL - Cholesterol, mg/dL**


Result Date: 12 Feb 2024 13:26 Reference Range: 40-60

 Method Used: Phosphotungstic Acid/ MgCl<sub>2</sub> - Enzymatic (CHE/CHO/POD)

Result Date: 12 Feb 2024 13:26 Reference Range: 0-100

Optimal &lt;100

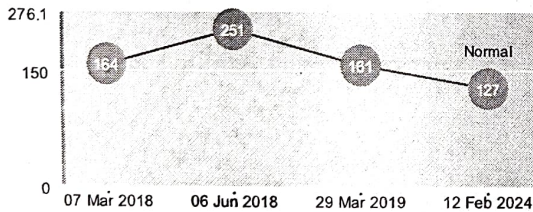
Near to above optimal 100-129

Borderline High 130-159

High 160-189

Very High &gt;190

Method Used: Enzymatic (Two Step CHE/CHO/POD &amp; Catalase)

**Triglycerides, mg/dL**


Result Date: 12 Feb 2024 13:26 Reference Range: 0-150

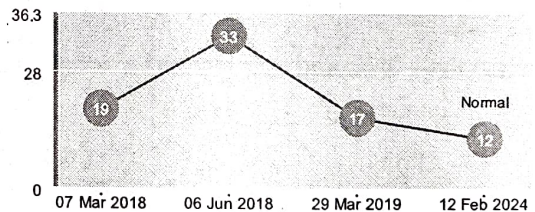
Normal &lt;150

Borderline High 150-199

High 200-499

Very High &gt;=500

Method Used: Enzymatic (Lipase/GK/GPO/POD) without correction for free glycerol

**VLDL - Cholesterol, mg/dL**


Result Date: 12 Feb 2024 13:26 Reference Range: 0-28





Executive Health Check

Name: **Mr. Mahendra Singh H.j.s.**

Gender: **M**

Doctor: **EHC Doctor**

UHID: **MM00090427**

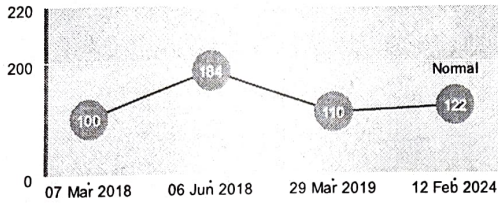
DOB: **01 May 1950**  
**(73 years)**

Date: **12 Feb 2024**

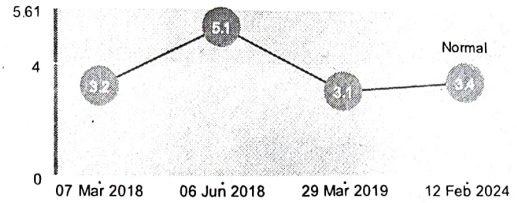


**Department of Laboratory Medicine - BIOCHEMISTRY**

**Total Cholesterol, mg/dL**



**Cholesterol/HDLC Ratio**



Result Date: 12 Feb 2024 13:26

Reference Range: 0-200

Result Date: 12 Feb 2024 13:26

Reference Range: 0-4

Desirable <200

Borderline High 200-239

High >240

Method Used: Enzymatic (CHE/CHO/POD)

**Non HDL Cholesterol**

**Result: 86, mg/dL**

Result Date: 12 Feb 2024 13:26

Range :

130 Desirable

130-159 Above desirable

160-189 Borderline high

190-219 High

>220 Very high





Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024

Department of Laboratory Medicine - BIOCHEMISTRY

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5. In case of any query related to the test results, please contact [ 0124 4141414 ].

Authorized by

Dr. Anuj Parkash/Dr. Meenakshi  
Attending Consultant

Released by

Shailesh Kumar Pandey

Specimen No: 1024087941, Specimen Type: SERUM (Fasting)

Authorized: 12 Feb 2024 16:01, Released: 12 Feb 2024 15:59, Ordered: 12 Feb 2024 13:17, Collected: 12 Feb 2024 13:26,

Received: 12 Feb 2024 13:26, Registered: 12 Feb 2024 13:26







Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950 (73 years)

Date: 12 Feb 2024



Department of Laboratory Medicine - BIOCHEMISTRY

Multiple Test

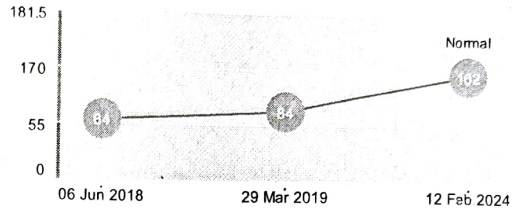
Colors Indicate: Abnormal Borderline Normal

Potassium (Serum), mmol/L



Result Date: 12 Feb 2024 13:26 Reference Range: 3.5-5.1  
Method Used: Direct Ion electrode

Creatine phosphokinase, U/L



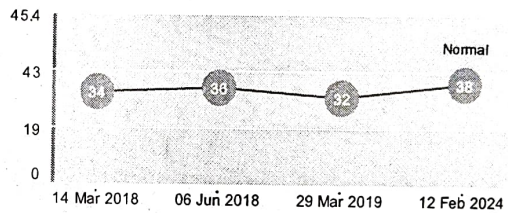
Result Date: 12 Feb 2024 13:26 Reference Range: 55-170  
Method Used: creatine phosphate/GK/GPO/POD

Serum Creatinine, mg/dL



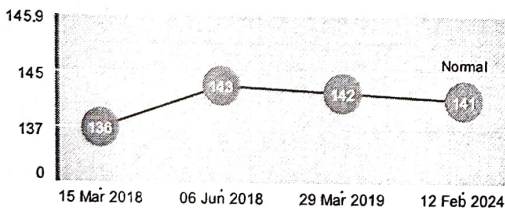
Result Date: 12 Feb 2024 13:26 Reference Range: 0.8-1.5  
Method Used: Enzymatic (creatinine amidohydrolase)

Blood Urea, mg/dL



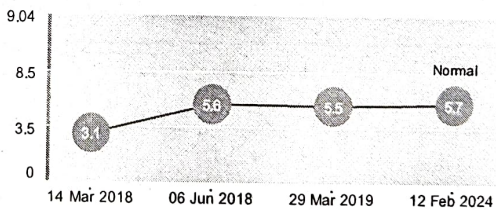
Result Date: 12 Feb 2024 13:26 Reference Range: 19-43  
Method Used: Urease with indicator dye

Sodium (Serum), mmol/L



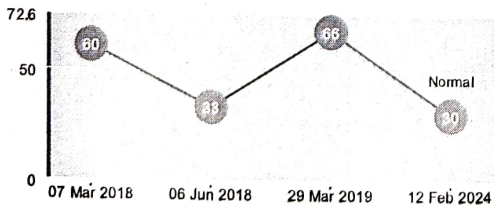
Result Date: 12 Feb 2024 13:26 Reference Range: 137-145  
Method Used: Direct Ion sel electrode

Uric Acid (Serum), mg/dL



Result Date: 12 Feb 2024 13:26 Reference Range: 3.5-8.5  
Method Used: Uricase/ peroxidase (colorimetric)

SGPT (ALT), U/L



Result Date: 12 Feb 2024 13:26 Reference Range: 0-50  
Method Used: Kinetic WITH PYRIDOXAL 5 PHOSPHATE - (Lactate dehydrogenase/NA)





Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024

Department of Laboratory Medicine - BIOCHEMISTRY

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4. Test results are not valid for medico-legal purposes.
5. In case of any query related to the test results, please contact [ 0124 4141414 ].

Authorized by

Dr. Anuj Parkash/Dr. Meenakshi  
Attending Consultant

Released by

Sumit Kumar Sharma

Specimen No: 1024087942, Specimen Type: Serum

Authorized: 12 Feb 2024 16:49, Released: 12 Feb 2024 16:45, Ordered: 12 Feb 2024 13:17, Collected: 12 Feb 2024 13:26,  
Received: 12 Feb 2024 13:26, Registered: 12 Feb 2024 13:26





Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024

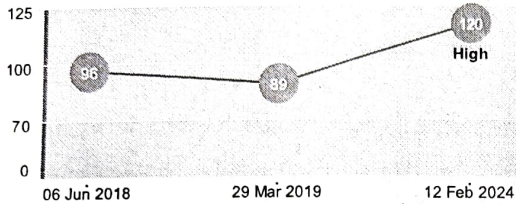


Department of Laboratory Medicine - BIOCHEMISTRY

Glucose (Fasting)

Colors Indicate: Abnormal Borderline Normal

Glucose (Fasting), mg/dL



Result Date: 12 Feb 2024 13:26 Reference Range: 70-100

<100 mg/dl Normal

100-125 mg/dl as PREDIABETES

> 126 DIABETES

\*In a person with diabetes, optimal  
Glucose value is as advised by your

Doctor

Method used : GOD/POD, colorimetric







Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024

Department of Laboratory Medicine - BIOCHEMISTRY

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5. In case of any query related to the test results, please contact [ 0124 4141414 ].

Authorized by

Dr. Anuj Parkash/Dr. Meenakshi  
Attending Consultant

Released by

Saurabh

Specimen No: 1024087940, Specimen Type: Sodium Fluoride(F)

Authorized: 12 Feb 2024 15:36, Released: 12 Feb 2024 15:33, Ordered: 12 Feb 2024 13:17, Collected: 12 Feb 2024 13:26,

Received: 12 Feb 2024 13:26, Registered: 12 Feb 2024 13:26





Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950 (73 years)

Date: 12 Feb 2024



Department of Laboratory Medicine - HEMATOLOGY

Urine Analysis

Colors Indicate: Abnormal Borderline Normal

Physical Examination

Test Name	Result	Test Name	Result	Test Name	Result
Colour	PALE YELLOW	Volume	30	Appearance	Clear
PH	6.0	Specific Gravity	1.005		

Chemical Examination

Test Name	Result	Reference	Test Name	Result	Reference
Protein	Absent	Absent: <15 mg/dl Trace: 15-29 mg/dl 1+: 30-99 mg/dl 2+: 100-299 mg/dl 3+: 300-999 mg/dl 4+: > 999mg/dl Method: Dual wavelength reflectance	Glucose	Absent	Absent: <50 mg/dl Trace: 50-99 mg/dl 1+: 100-249 mg/dl 2+: 250-499 mg/dl 3+: 500-1999 mg/dl 4+: > 1999 mg/dl Method: Dual wavelength reflectance
Nitrite	Negative	Method: Dual wavelength reflectance	Ketone bodies	Negative	Negative : <10 mg/dl 1+: 10-29 mg/dl 2+: 30-79 mg/dl 3+: > 79 mg/dl Method: Dual wavelength reflectance
Bilirubin	Negative	Negative: <0.5 mg/dl 1+: 0.5-0.9 mg/dl 2+: 1.0-1.9 mg/dl 3+: > 1.9 mg/dl Method: Dual wavelength reflectance	Erythrocytes	Negative	Negative: <0.03 mg/dl Trace: 0.03-0.05mg/dl 1+: 0.06-0.14 mg/dl 2+: 0.15-0.74 mg/dl 3+: > 0.74 mg/dl Method: Dual wavelength reflectance
Leukocyte Esterase	Negative	Negative: < 25 Leu/ul 1+: 25-74 Leu/ul 2+: 75-499 Leu/ul 3+: > 499 Leu/ul Method: Dual wavelength reflectance	Urobilinogen	normal	Normal : < 2.0 mg/dl 1+: 2.0-3.9 mg/dl 2+: 4.0-7.9 mg/dl 3+: 8.0-11.9 mg/dl 4+: > 11.9 mg/dl Method: Dual wavelength reflectance



**Department of Laboratory Medicine - HEMATOLOGY**

Test Name	06 Jun 2018 10:01	29 Mar 2019 10:08	12 Feb 2024 13:26	Your Value	Reference Range
<b>Pus Cells, /HPF</b>	0-1/hpf	0-1/hpf	0.0	Normal	0-8
06 Jun 2018 10:01 AM: 0-1/hpf 29 Mar 2019 10:08 AM: 0-1/hpf Method: Fluorescence flow cytometry					
<b>Epithelial Cells, /HPF</b>	0-1/hpf	0-1/hpf	0.1	Normal	0-4
06 Jun 2018 10:01 AM: 0-1/hpf 29 Mar 2019 10:08 AM: 0-1/hpf Method: Fluorescence flow cytometry					
<b>Red Blood Cells, /HPF</b>	0-1/hpf	0-1/hpf	0.3	Normal	0-4
06 Jun 2018 10:01 AM: 0-1/hpf 29 Mar 2019 10:08 AM: 0-1/hpf Method: Fluorescence flow cytometry					
<b>Casts</b>	Not seen	Not seen	0.00	Normal	0-2
06 Jun 2018 10:01 AM: Not seen 29 Mar 2019 10:08 AM: Not seen Method: Fluorescence flow cytometry					
<b>Crystals, /HPF</b>	Not seen	Not seen	0.0	Normal	0-1
Method: Fluorescence flow cytometry					







Executive Health Check

Name: Mr. Mahendra Singh H.j.s.

Gender: M

Doctor: EHC Doctor

UHID: MM00090427

DOB: 01 May 1950  
(73 years)

Date: 12 Feb 2024

Department of Laboratory Medicine - HEMATOLOGY

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Authorized by

Dr Ritu Chadha  
Associate Director

Released by

Sumit Kumar

Specimen No: 2024063309, Specimen Type: Urine

Authorized: 12 Feb 2024 15:24, Released: 12 Feb 2024 15:11, Ordered: 12 Feb 2024 13:17, Collected: 12 Feb 2024 13:26.

Received: 12 Feb 2024 13:26, Registered: 12 Feb 2024 13:26



19<sup>th</sup> 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 18<sup>th</sup> Feb 2011 to 22<sup>nd</sup> Feb 2011.

Also certify that he was again readmitted on 7<sup>th</sup> Mar 2018 and underwent AVR (aortic valve replacement and got discharged in stable condition on 17<sup>th</sup> 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 <sup>2</sup> )	IVS (ed)	11mm (0.6 - 1.2 cm)
LA (es)	27mm (1.5cm/m <sup>2</sup> )	LVPW(ed)	10mm (0.6 - 1.2 cm)
RVID (ed)	N (0.9 cm/m <sup>2</sup> )	LV Ejection Fraction	60% (0.62 - 0.85)
LVID(ed)	38mm (2.6 - 3.4cm/m <sup>2</sup> )	%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



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

*Padma Shri*  
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA

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

## 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-0.7cm<sup>2</sup>.

## 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 -0.7cm<sup>2</sup>. 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	<b>Mr. Mahendra Singh H.j.s.</b>	Encounter ID	<b>14791821</b>
Patient ID	<b>MM00090427</b>	Encounter Date	<b>07/03/2018 13:11</b>
Age/Gender	<b>67Y/Male</b>	Order No	<b>RDIP00001321329</b>
Nationality	<b>India</b>	National ID	
Service No		Order Date	<b>07/03/2018 13:11</b>
Order Location	<b>Nursing Unit/8th Floor B2B3</b>	Reporting Date	<b>07/03/2018 23:38</b>
Ordering Practitioner	<b>Dr Naresh Trehan &amp; Team</b>	Reporting Practitioner	<b>Dr Abhinav Sahu</b>

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

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







<b>Patient Name</b>	: Mr. Mahendra Singh H.j.s.	<b>Patient UHID</b>	: MM00090427
<b>Age</b>	: 67Y	<b>Gender</b>	: Male
<b>Admission Date</b>	: 07/03/2018 11:33	<b>Discharge Date</b>	:
<b>Encounter Type</b>	: Inpatient	<b>Encounter ID</b>	: 14791821
<b>Consultant Incharge</b>	: Dr Naresh Trehan & Team	<b>Specialty</b>	: CTVS
<b>Location</b>	: 8th Floor A1	<b>Bed No</b>	: 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](http://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](mailto:eclinic@medanta.org)

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## Global Health Pvt Ltd

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

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

**TRANS THORACIC ECHO REPORT**

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

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

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06/06/2018

## Global Health Pvt Ltd

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

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

**MITRAL VALVE**

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

**AORTIC VALVE**

<b>Max. Velocity</b>	:	<b>Mean Velocity</b>	:
<b>Max. PG</b>	: 21 mm Hg	<b>Mean PG</b>	: 10 mm Hg
<b>Aortic Regurgitation</b>	:		
<b>Aortic stenosis</b>	:		

**TRICUSPID VALVE**

<b>Max. Velocity</b>	:	<b>Mean Velocity</b>	:
<b>Max. PG</b>	:	<b>Mean PG</b>	:
<b>Tricuspid Regurgitation</b>	: Trace	<b>PASP(mmHg)</b>	: 26
<b>Tricuspid Stenosis</b>	:		

**PULMONARY VALVE**

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

**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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**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
<b>Hemoglobin, gm/dL</b> Method: SLS Hb - colorimetric	10.0	13.6	16.7	Normal	13-17
<b>WBC, 10<sup>3</sup>/μL</b> Method: Fluorescence flow cytometry	13.29	13.93	13.40	High	4-10
<b>Neutrophil, %</b> Method: Fluorescence flow cytometry	74.4	62.8	57.9	-	Method: Fluorescence flow cytometry
<b>Lymphocyte, %</b> Method: Fluorescence flow cytometry	15.7	28.0	33.1	Normal	20-40
<b>Eosinophil, %</b> Method: Fluorescence flow cytometry	2.6	1.3	1.1	Normal	1-6
<b>Monocyte, %</b> Method: Fluorescence flow cytometry	7.1	7.8	7.8	Normal	2-10
<b>Basophil, %</b> Method: Fluorescence flow cytometry	0.2	0.1	0.1	Normal	0-2
<b>Platelet Count, 10<sup>3</sup>/μL</b> Method: DC Impedance/Hydrodynamic focusing	102	161	160	Normal	150-410
<b>RBC Count, Miln/Cumm</b> Method: DC Impedance/Hydrodynamic focusing	3.25	4.89	5.49	Normal	4.5-5.5
<b>Hematocrit, %</b> Method: DC Impedance/Hydrodynamic focusing	30.0	41.7	49.8	Normal	40-50
<b>MCV, fL</b> Method: Automated Calculation	92.3	85.3	90.7	Normal	83-101
<b>MCH, pg</b> Method: Automated Calculation	30.8	27.8	30.4	Normal	27-32
<b>MCHC, %</b> Method: Automated Calculation	33.3	32.6	33.5	Normal	31.5-34.5
<b>RDW, %</b> Method: Derived	14.90	14.70	14.10	High	11.6-14
<b>Erythrocyte Sedimentation Rate, mm/hr</b> 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

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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  
DOCTOR NAME/ROOM NO.: DR. S. TYAGI  
Patient Name: MAHENDER SINGH  
SEX: Male  
ADDRESS: NA  
Case History: New

OPD NUMBER: 84236/CAG  
431 TUE/THURS/SAT  
AGE: 67  
S/o,D/o,W/o Name: MUNNA SINGH  
Mobile No.: NA  
DATE: 16-12-2017

DATED: PROVISIONAL DIAGNOSIS: Blood Group

INVESTIGATIONS :-

- 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.....

EXAMINATION :

7. DM (CAD) PPTICA - LAD / POBA 1 D (2012)  
2D Echo: Severe AS, med AR  
Delta peak: 27 mm Hg  
EF: 60%  
① 7. Aspirin / AV  
② 7. Med XL 2ly OD  
Rfn to CTVS 409 for AVR

TREATMENT :

	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 रोगी 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 / wphu  
Cuit  
Jh. inu  
Foster  
Mansury

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

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

#### Diagnosis :

- Coronary Artery Disease

#### Previous Interventions :

- Prior Angiography - Triple vessel disease (21.01.11)

#### Angiography Profile :

<b>Lesion 1</b>	: Left Main - Distal 50-60% stenosis
<b>Lesion 2</b>	: Diagonal -1 - Large vessel. 80% Stenosis
<b>Access :</b>	: RFA
<b>Contrast :</b>	: Non-Ionic
<b>Hardware Used :</b>	
<b>Guiding Catheter</b>	: XB 3.5 6F
<b>Guide Wire</b>	: BMW - 0.014" x 190 cm
<b>Balloon</b>	: 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
<b>Stent</b>	: 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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## 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

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

### Coronary Angiographic Profile :

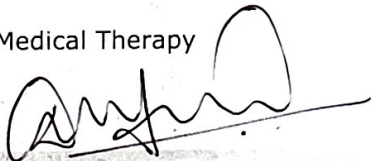
**Left Main** : Normal.  
**Left Ant. Desc.** : Patent stent.  
**Diagonal-1** : Proximal minor plaquing.  
**Ramus Intermedius** : Proximal minor plaquing.  
**Left Circumflex** : Dominant. Ostial minor plaquing.  
**Obtuse Marginals-1** : Mid 70% stenosis.  
**PDA- LCx** : Normal.  
**RCA** : Non-dominant.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

### Final Impression :

- Single vessel disease with patent LAD stent

### Plan :

- Medical Therapy



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CHAIRMAN  
DIVISION OF INTERVENTIONAL CARDIOLOGY





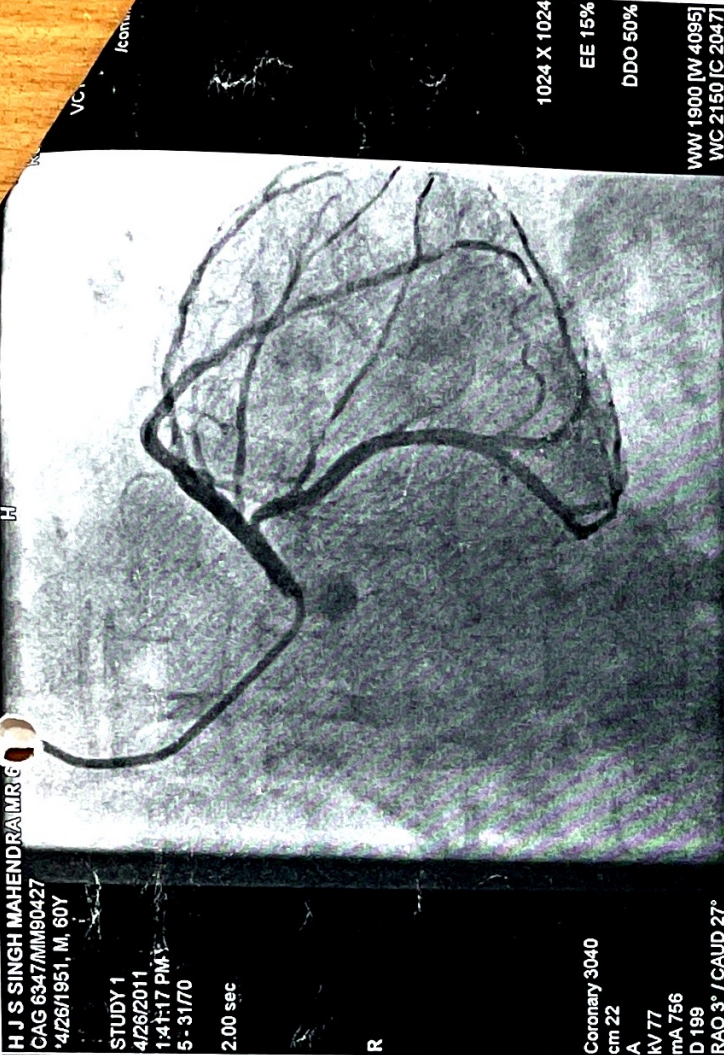
H J S SINGH MAHENDRA MR 60M  
 CAG 6347/MM90427  
 4/26/1951, M, 60Y

STUDY 1  
 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]



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

STUDY 1  
 4/26/2011  
 1:41:17 PM  
 5 - 31/70

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]



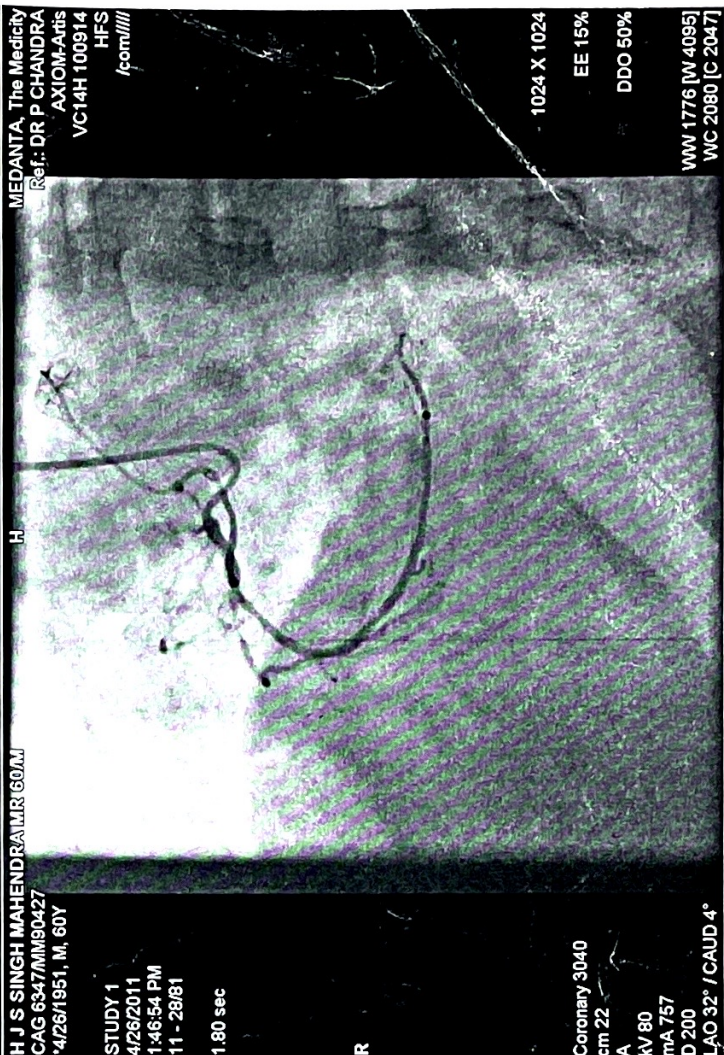
H J S SINGH MAHENDRA MR 60M  
 CAG 6347/MM90427  
 4/26/1951, M, 60Y

STUDY 1  
 4/26/2011  
 1:41:03 PM  
 4 - 28/63

1.80 sec

Coronary 3040  
 cm 22  
 A  
 kV 96  
 mA 689  
 D 199  
 LAO 41° / CAUD 24°

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



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]





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.

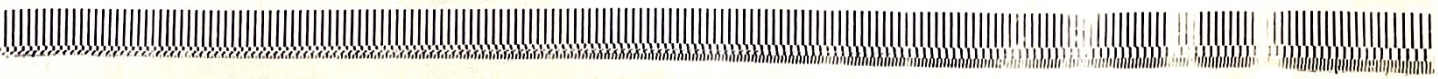
- ✓ Tab. Ecosprin 150mg once daily. 10pm
- Tab. Effient 10mg once daily. 10pm — x
- Tab. Concor 2.5 mg once daily 10Am — x
- ✓ Cap. Ramy 24 2.5 mg once daily 10pm — x
- ✓ Tab. Angispan TR 2.5mg twice daily. 8<sup>Am</sup> - 4<sup>pm</sup> — x
- Tab. Rosuvastatin 40 mg once daily (at night) 10pm — x
- 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.

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