

**DEPARTMENT OF UROLOGY
DISCHARGE SUMMARY**

UHID No.: 64171

Patient Name : Mr. Khargoo Lal Arya
Age/Sex : 79Yrs/M
Ward/Room/BedNo. : 210
DOA : 03/07/2023
Address : G- 35 B Patel Nagar -3 Gzb
Consultants : Dr. Pradeep Prakash MS, MCh Urologist

IPD No. : 23/7308
Sponsor : Pvt
Department : Urologist
DOD : 07/07/2023

DIAGNOSIS:

BPH WITH OAB

Operation Procedure:-

Cystoscopy + OIU + BNI + Bipolar TURP done Under SAB on 04/07/2023

CHIEF COMPLAINTS/BRIEF HISTORY OF PRESENT ILLNESS:

Patient was admitted with follow up case of BPH with overactive bladder. Now admitted for OIU + Bipolar TURP.

SIGNIFICANT PAST MEDICAL AND SURGICAL HISTORY:

No history of any chronic illness.

SIGNIFICANT FAMILY HISTORY AND ALLERGIES (if any):

Not significant

PHYSICAL EXAMINATION (at the time of admission):

PR : 109/min RR : 14/min
BP : 170/80 mmHg SPO2 : 96% on RA
Temp : Afebrile RBS : 133mg/dl

SYSTEMIC EXAMINATION (at the time of admission):

CVS : S1S2 (tachycardia) P/A : Soft, BS (+)
Chest : B/L AE (+) Clear CNS : Conscious, oriented

SIGNIFICANT DIAGNOSTIC INVESTIGATIONS:

S.No.	Investigation	Findings
1	Blood Group	Sodium - 127, Platelet count - 106, Hb - 11.60.
2	USG KUB	Prostatomegaly with significant postvoid residual urine.
3	ECHO	LVEF ~ 60%, Grade I LV Diastolic Dysfunction, Mitral, Aortic and

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4 X-ray Chest

Pulmonary Valves are normal.
Fibrocalcified pleural thickening seen
in left lower lobe, Left CP angle blunted.

COURSE IN THE HOSPITAL:

Patient was admitted with complaints of follow up case of BPH with overactive bladder. Now admitted for OIU + Bipolar TURP. All necessary investigations were done as per required. After initial treatment patient was shifted to ward for further management.

Patient shifted to OT after PAC Assessment and obtained informed consent.

OPERATION:-

- Cystoscopy + OIU + BNI + Bipolar TURP done Under SAB on 04/07/2023

Post op. period was afebrile and uneventful.

When patient was symptomatically better he was shifted to ward. During hospitalization patient was put on IV Fluid, IV Antibiotics, and other supportive treatment. Now patient is being discharge in stable condition with following medical advice.

CONDITION AT DISCHARGE:

At present, the patient is on room air, maintaining vitals.

DISCHARGE MEDICATION:

S.N.	Medicine	Mrng	Noon	Evng	Night	Days	Instructions
1.	Tab Podocyn CV 325mg (Twice a day)	1			1	5	After food
2.	Cap Coolest DP (Once a day)	1				5	Before breakfast
3.	Tab Revitrics (Once a day)	1				5	After food
4.	Tab Signoflam IF Needed					-	For Pain

DISCHARGE DIET PLAN:

Diet as advised by the dietician of Yashoda Hospital (copy handed over to the patient).

DISCHARGE PHYSIOTHERAPY PLAN:

Normal routine physical activity allowed.

FOLLOW-UP/APPOINTMENT:

Review with For appointment call 9810922042.

Dr. Pradeep Prakash after 5 days in Super OPD.

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WHEN TO OBTAIN EMERGENCY CARE:

"Please contact hospital helpline if patient develops following symptoms"
Fever | Giddiness | Vomiting | Excessive Pain | Seizure | Chest Pain | Breathlessness

IN CASE OF ANY REACTION/ALLERGY AFTER TAKING THE ABOVE MEDICINES, PLEASE STOP THE MEDICATION AND CALL: 0120-4182000, 98105 11756, 98109 22042.

"ONLY FOR PROFESSIONAL OPINION, NOT FOR MEDICO-LEGAL PURPOSE."

Consultant's Signature

Dr. Pradeep Prakash

MBBS, Mch Urologist

NOTE

- This is an important document. Please keep this for further reference.
- Please carry the document on your next visit.
- All medications and their dosage have been explained to the patient and attendants in detail.
- In case of any discrepancy due to any machine error or typing error, please get it rectified immediately.

नोट:

- यह एक महत्वपूर्ण दस्तावेज है। कृपया इसे आगे के संदर्भ के लिए रखें।
- कृपया दस्तावेज को अपनी अगली अपॉइंटमेंट पर अवश्य लाएं।
- सारी दिसचार्ज की दवाईयाँ मरीज एवं सम्बन्धियों को सही तरीके से समझा दी गई है।
- किसी भी मशीन या टाइपिंग त्रुटि के कारण विसंगतिके मामले में, कृपया तुरंत त्ठीक करवाएं।

Patient / Attendant's Signature

Enclosed By :- Yuganshu

Patient Name : Mr. Khargoo Lal Arya	Reg No. : 46867/OPDPB23HO	Lab No. : 46867/OPDPB23HO	 Collected : 29-Jun-2023 16.33 Received : 29-Jun-2023 17.35 Report : 29-Jun-2023 17.59 MC-3022
Age / Gender : 78Y / Male	Date : 29-Jun-2023		
Refd. By : Dr. PRADEEP PRAKASH	Specimen : URINE		
Uhid No. : 21727/UHID23HO	Manual No. : 996		
	Sample Id : 23104685		

TEST NAME	RESULT	UNIT	RANGE	LEVEL
CLINICAL PATHOLOGY				
URINE ROUTINE/MICROSCOPIC EXAM.				
Strip Method Light Microscopy				
Colour	Pale Yellow		Pale Yellow	
Appearance(Visual)	Clear		Clear	
pH(pH indicator)	6.5		4.6 - 8.0	
Specific Gravity (Acid ionic exchanger)	1.010		1.016-1.022	
Glucose (Glucose oxidase)	Nil		Nil	
Protein (Protein error of indicator)	Nil		Nil	
Nitrite (Tetrahydrobenzo(h) quinolin 3-phenol)	Nil		Nil	
Urobilinogen (Diazonium reaction)	Normal		Normal	
Pus Cell (Microscopy)	0-1/HPF		0-5/HPF	
RBC (Microscopy)	Nil		Nil	
Epithelial Cells (Microscopy)	0-1/HPF		Nil	
Cast (Microscopy)	Nil		Nil	
Crystal (Microscopy)	Nil		Nil	
Other (Microscopy)	Nil		Nil	

-----End of Report-----

Dr. BRIG. AJAY MALIK
CHIEF PATHOLOGIST

Dr. SHUCHI GHAI
CONSULTANT
PATHOLOGIST

Dr. TANVI ARORA
CONSULTANT
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Dr. SHREYA CHAUDHURI
CONSULTANT
MICROBIOLOGIST

Dr. MADHUSMITA DA
MICROBIOLOGIST

Prepared By :sonia

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info@yashodahealthcare.com

Yashoda Cancer Institutes
(A Unit of Vivekanand Nursing Home Pvt. Ltd.)

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Institute

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YH/HRM/LH/V2



Patient Name : Mr. Khargoo Lal Arya
Age / Gender : 78Y / Male
Refd. By : Dr. PRADEEP PRAKASH
Uhid No. : 21727/UHID23HO
Reg No. : 46867/OPDPB23HO
Date : 29-Jun-2023
Specimen : BLOOD
Manual No. : 996
Sample Id : 23104685
Lab No. : 46867/OPDPB23HO
Collected : 29-Jun-2023 16.33
Received : 29-Jun-2023 16.38
Report : 29-Jun-2023 18.38



TEST NAME	RESULT	UNIT	RANGE	LEVEL
IMMUNOLOGY				
HEPATITIS C ANTIBODY, HCV AB	0.08		< 1.00	WNL
Method: CMIA			< 1.00	Non-Reactive
Interpretation :			> = 1.00	Reactive
Index Value				

Note :

- False positive results are seen in autoimmune diseases, rheumatoid factor, hyper gamma globulinemia, paraproteinemia, passive antibody transfer, anti-idiotypes and anti superoxide dismutase.
- False negative results are seen in early acute infection, immunosuppression and immunoincompetence.

Comments:

Hepatitis C Virus(HCV) is an envelope RNA virus which accounts for about 95% of Hepatitis Infection in recipients of blood transfusion & 50% sporadic cases of Non A Non B Hepatitis. HCV initially causes asymptomatic Hepatitis with progresses to chronicity and in some cases to cirrhosis & malignancy. The presence of anti HCV IgG antibody indicates that an individual may have been infected with HCV, may harbour the virus and may be capable of transmitting HCV infection.

Uses:

- To detect the presence of infection to HCV
- To detect the presence of carrier state

Recommendation:

- A nonreactive result does not exclude the possibility of exposure to HCV
- Non reactive results in individuals with known exposure to HCV may be due to antibody levels below detection limits of this assay.
- POR. Diagnostic purposes results should be used in conjunction with patient history and other Hepatitis markers for diagnosis of Acute or Chronic infection.

-----End of Report-----

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Prepared By : jds

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Patient Name : Mr. Khargoo Lal Arya	Reg No. : 46867/OPDPB23HO	Lab No. : 46867/OPDPB23HO
Age / Gender : 78Y / Male	Date : 29-Jun-2023	
Refd. By : Dr. PRADEEP PRAKASH	Specimen : BLOOD	Collected : 29-Jun-2023 16.33
Uhid No. : 21727/UHID23HO	Manual No. : 996	Received : 29-Jun-2023 16.38
	Sample Id : 23104685	Report : 29-Jun-2023 18.38



TEST NAME	RESULT	UNIT	RANGE	LEVEL
IMMUNOLOGY HEPATITIS B SURFACE ANTIGEN, HBSAg Method: CMIA Test for the qualitative detective of INTERPRETATION Index	0.14	IU/ML	< 1.00	WNL
			< 1.0 NON REACTIVE ≥1.0 REACTIVE	

Note :

- 1.Reactive results suggest acute / chronic infection / carrier state. **All reactive results should be confirmed with neutralization tests (HbsAg confirmatory test).**
- 2.Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HbsAg.
- 3.For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for diagnosis of acute or chronic infection.

Comments:

Hepatitis B Virus (HBV) is a DNA virus of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spreads sexually and from mother to baby. In most individuals, HBV hepatitis is self limiting, but 1-2% adolescents and adults develop chronic hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBSAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBSAg for more than six months indicates development of carrier state or chronic liver disease.

Uses:

- * Routine screening of blood products to prevent transmission of Hepatitis B Virus (HBV) to recipients.
- * To diagnose suspected HBV infection and monitor the status of infected individuals.
- * To evaluate the efficacy of antiviral drugs.
- * For prenatal screening of pregnant women.

-----End of Report-----

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Prepared By : jds

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Patient Name : Mr. Khargoo Lal Arya
 Age / Gender : 78Y / Male
 Refd. By : Dr. PRADEEP PRAKASH
 Uhid No. : 21727/UHID23HO

Reg No. : 46867/OPDPB23HO
 Date : 29-Jun-2023
 Specimen : BLOOD
 Manual No. : 996
 Sample Id : 23104685

Lab No. : 46867/OPDPB23HO
 Collected : 29-Jun-2023 16.33
 Received : 29-Jun-2023 16.38
 Report : 29-Jun-2023 18.36



MC-3022

TEST NAME	RESULT	UNIT	RANGE	LEVEL
BIOCHEMISTRY				
LIVER FUNCTION TEST				
SGOT, SERUM(AST) (UV with P5P)	24.00	IU/L	0-46	WNL
SGPT, SERUM(ALT) (UV with P5P)	10.00	IU/L	0-49	WNL
ALKALINE PHOSPHATASE, SERUM (PNPPAMP BUFFER)	75	IU/L	40-150	WNL
TOTAL PROTEIN, SERUM (BIURET REAGENT BLANK)	7.10	g/dl	6.7-8.7	WNL
ALBUMIN, SERUM (BCG)	4.30	g/dl	3.5-5.0	WNL
GLOBULIN, Serum (BCG Method)	2.80	g/dl	2 - 3.5	WNL
GAMA GT, SERUM (G-3,C-4,NITROANILIDE SUBSTRATE)	19.00	IU/L	4-25	WNL
BILIRUBIN TOTAL DIRECT, SERUM				
TOTAL (Diazonium salt)	0.36	mg/dl	0.2 - 1.2	
DIRECT (Diazotization salt)	0.18	mg/dl	0<0.5	WNL
INDIRECT (Calculated)	0.18	mg/dl		

-----End of Report-----



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Patient Name : Mr. Khargoo Lal Arya
Age / Gender : 78Y / Male
Refd. By : Dr. PRADEEP PRAKASH
Uhid No. : 21727/UHID23HO

Reg No. : 46867/OPDPB23HO
Date : 29-Jun-2023
Specimen : BLOOD
Manual No. : 996
Sample Id : 23104685

Lab No. : 46867/OPDPB23HO
Collected : 29-Jun-2023 16.33
Received : 29-Jun-2023 16.35
Report : 29-Jun-2023 16.54



TEST NAME	RESULT	UNIT	RANGE	LEVEL
HAEMATOLOGY				
COMP.HAEMOGRAM(CBC)				
HAEMOGLOBIN (Spectrophotometry)	11.60	g/dl	13.0 - 17.0	Low
TOTAL LEUCOCYTE COUNT (TLC) (Impedence Method)	5.99	X10 ³ /mm ³	4.0 - 10.0	WNL
PLATELET COUNT (Impedence Method)	106.00	X10 ³ /mm ³	150 - 410	Low
HEMATOCRIT (HCT) (Numeric Intregation)	35.6	dl/dl	40.0 - 50.0	Low
RBC COUNT (Impedence Method)	3.76	x10 ¹² /μl	4.50 - 5.00	Low
MCV (Numeric integration)	95	fL	83.0 - 101.0	WNL
MCH (Calculated)	30.90	pg	27.0 - 32.0	WNL
MCHC (Calculated)	32.60	g/dl	31.5 - 34.5	WNL
RED DISTRIBUTION WIDTH (RDW) (Calculated)	14.9	%	11.5 - 14.5	High
MPV (Calculated)	11.6	fL	7.2-11.1	High
DLC (DIFFERENTIAL LEUCOCYTE COUNT)				
SEGMENTED NEUTROPHILS (Flow cytometry / Light Microscopy)	76.4	%	40.0 - 80.0	WNL
LYMPHOCYTES (Flow cytometry / Light Microscopy)	12.8	%	20.0 - 40.0	Low
MONOCYTES (Flow cytometry / Light Microscopy)	7.8	%	2.0 - 10.0	WNL
EOSINOPHILS (Flow cytometry / Light Microscopy)	2.9	%	1.0 - 6.0	WNL
BASOPHILS (Flow cytometry / Light Microscopy)	0.1	%	<1.0 - 2.0	WNL
#ATYPICAL LYMPHOCYTES (Flow cytometry / Light Microscopy)	0.9	%	0.5 - 2.8	WNL

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Prepared By : NSB001

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Name	Mr. K.I. Arya	78Y / Male	Lab. No.	7517/OPDPB23HO
Ref-by	Dr. PRADEEP PRAKASH		UHID	64171/UHID22HO
Manual			Bill Date	14-Apr-2023
IP/OP			Rep.Date	14-Apr-2023

ULTRASOUND OF KUB

Findings

Suboptimal scan due to excessive bowel gas and patient body habitus

Right Kidney is normal in size, outline and parenchymal echopattern. CMD is well preserved. PCS is compact with no evidence of hydronephrosis. No calculi seen.

Left Kidney is normal in size, outline and parenchymal echopattern. CMD is well preserved. PCS is compact with no evidence of hydronephrosis. No calculi seen.

Urinary Bladder is well distended with normal wall thickness. Lumen is clear. No calculi / mass lesion noted. No diverticulum noted.

Prevoid urinary bladder volume is 257 cc.

Postvoid residual urine volume is 110 cc. ✓

Prostate is enlarged in size measuring 43 x 52 x 41 mm with volume 49.4 cc.

Impression:

- Prostatomegaly with significant postvoid residual urine.

Advise: Further evaluation as per clinical acumen

Dr. Saurabh Maheshwari

MBBS, DNB (Radio-Diagnosis)

Consultant Radiologist

Note: (1) This report is NOT valid for medico-legal purposes. Encoded by: vidhi
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.
(3) Film to be collected from the department.



OPD CONSULTATION

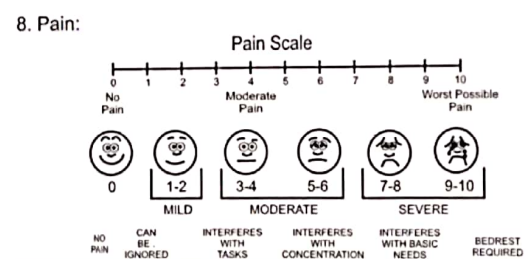
Patient Name Mr. K.L. Arya Age/Sex 78/M Regn. No. _____
 Doctor's Name Dr. Pradeep Date & Time 2/12/22

1. Present Complaints:-
BPH & OAB symptoms
USG KUB
 2. Past History
Prostate - 36 cc
Provoid - USG
PWR 310cc
 3. Family History
 4. Allergy if any : PSA - 3.15
 5. General Examination:
 BP: unrise 140/90
 Temp: R/R: CR 30.73

9. Provisional/ Differential Diagnosis :
 10. Investigation :
USG KUB & PWR After
uroflowmetry 1mlk

6. NUTRITIONAL SCREENING :
 Height _____ Weight _____
 Pallor/Koilonychia/Edema/Dermatitis
 7. Systemic Examination :

11. Treatment Advised:
Adv
T. Silofast - D 5mg x 1mlk
(219E)
T. (Mirago 25mg) ODX 1mlk
(219E) (MIRAGO 25)



12. Next Follow up Visit:
 Dr. PRADEEP PRAKASH
 MCh (AIIMS), MS (AIIMS), MCh Urology (AIIMS Delhi)
 Fellowship in Robotic Surgery (AIIMS, Delhi)
 Consultant Urology & Uro-oncologist
 Reg. No. OMC/R/4675
 Yashoda Hospital & Research Centre
 I.I.M. Nehru Nagar, Ghaziabad - 201003

Patient Education (Patient is briefed on the following)

Proposed Care Plan	() Yes	() No
Expected Outcome	() Yes	() No
Possible Complication	() Yes	() No

Nehru Nagar : I.I.M, Nehru Nagar, Ghaziabad-201 001 (U.P.)
 Ph. : 0120-4182000 (30 Lines), Fax : 0120-2752168
 Sanjay Nagar: B-1&2, Sector-23, Sanjay Nagar, Ghaziabad - 201 003 (U.P.)
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YH/AAC/PP/V2

REGN. NO. 67177 DATE 2/12/22
 PART SCANNED U.S.G. KUB
 PATIENT'S AGE 78 M
 PATIENT'S GENDER M

OPD CONSULTATION

Patient Name Mr. K.L. Arya Age/Sex 78/M Regn. No. _____

Doctor's Name _____ Date & Time 18/5/23

1. Present Complaints:-

BPH + OAB

2. Past History

mild BPH on Sofos-D + Miro

3. Family History

but significant ↑ in PVR

4. Allergy if any :

5. General Examination:

BP :

Pulse :

Temp :

R/R: PVR 110cc

6. NUTRITIONAL SCREENING :

Height

Weight

Pallor/Koilonychia/Edema/Dermatitis

7. Systemic Examination :

Plan

Cystoscopy + OLV + BNP
+ Bipolar TURP
on 4/7/23 8AM
NPO after 6AM 4m

9. Provisional/ Differential Diagnosis :

10. Investigation :

CBC, KFT, LFT, PT, INR, TSH, TTI Panel
Unine R/M C/S
ECG, Chest, X-Ray
PAC & Physician Fitness
Covid 19 RT.PCR

HIV
H1R19S
HCV

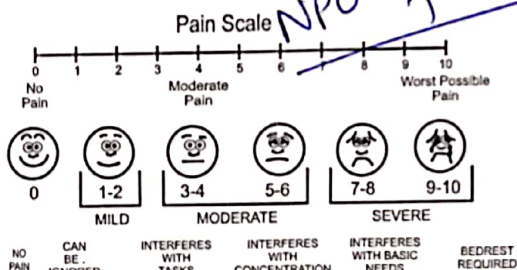
Echo Cardiogram

11. Treatment Advised :

Act
Continue T. Sofos-D by 4m
T. Mirofo 25mg QD

Review

8. Pain:



12. Next Follow up Visit:

Patient Education (Patient is briefed on the following)

Proposed Care Plan	() Yes	() No
Expected Outcome	() Yes	() No
Possible Complication	() Yes	() No

Dr. PRADEEP PRAKASH
MBBS (AIIMS) MS (AIIMS) M Ch Urology (AIIMS)
Fellowship in Robotic Surgery (AIIMS)
Consultant Urologist & Uro-Oncologist
Reg. No. DMC/R/46280