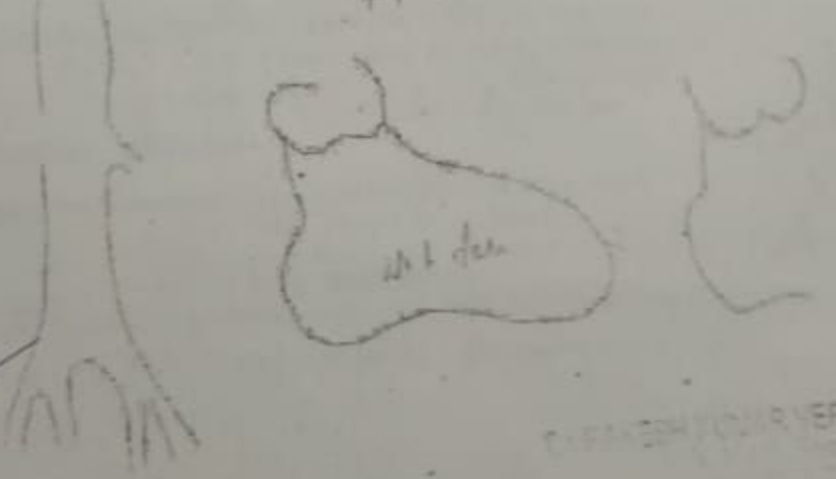
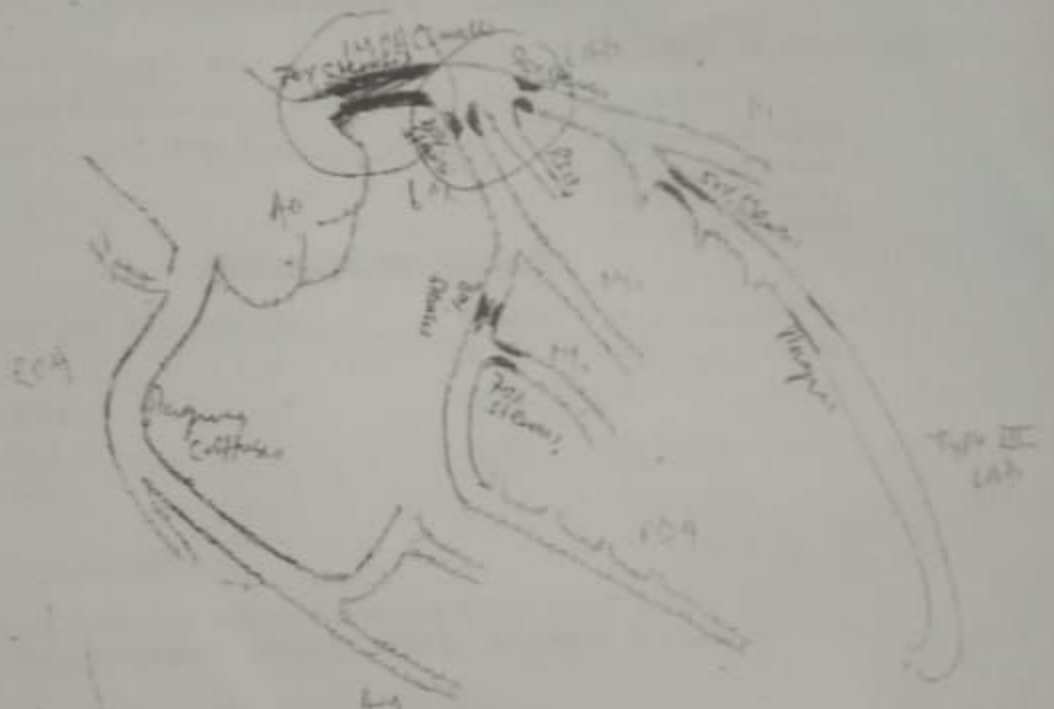


L.P.S. INSTITUTE OF CARDIOLOGY, KANPUR



*Handwritten note:* Admitted 2 days before

CONSULTANT

AW  
CABC

RESEARCHER

*Handwritten signature:* Yev

TREATMENT ADVISED AT DISCHARGE

P.

- TA METAL SONG 60 <
- TA RESISTOR SONG 00 —
- TA RESISTOR SONG 60 <
- TA RESISTOR NR 60 <
- TA HT CAPACITOR SONG 60 <
- TA VOLTAGE 1/2 60 <
- TA RESISTOR SONG 00 —
- TA SUBSTRATE SONG 505 (H.C.)

- 
- TA THERMIST SONG 60 <
  - TA SPARK DISI 60 <

CP VACUUM 00 —

वृत्तमिति को इय-च-अ मे लिखे।

३

Self Attest  
Anil Kumar

--: निर्देश :-

1. इससे डाक्टरों सलाह के बिना न बंद करें।
2. Tal War/Acrome (पॉल/एसीटॉम) लिखी गयी मात्रा में नियमित रूप से खाएं व डाक्टरों सलाह के बिना न बंद करें।
3. PAINR को डॉक्टरों निर्देशानुसार समय पर बंद कराएँ।
4. डाक्टर से नियमित डॉक्टर कराते रहें।
5. रोज साफ़ लगाकर नहाएँ।
6. फसलों को बसना बतारी हुई विधि में तीन माह तक करें।
7. समक एवं पानी को मात्रा डाक्टरों सलाह के अनुसार लें।

L.P.S. INSTITUTE OF CARDIOLOGY

Department of Cardiology

CARDIAC CATHETERIZATION & ANGIOGRAPHY REPORT

Patient Name: N K Yadav Age/Sex: 64/M Cath No: AL-3588/18

Date: 06/03/18 Consultant In Charge: GTS

Procedure done by: Dr MM Bhatt Assisted by: Dr. Avinash Singh  
Dr. Jagjeet Singh  
Dr. Sunil Tripathi  
Dr. Anupam Singh

CORONARY ANGIOGRAPHY

Access: <u>Right/Left Femoral/Radial Artery</u>	LVEDP	-	_____ mmHg
Catheters: JL 3.4/4 _____ F	Aorta	-	_____ mmHg
JR 3.4/4 _____ F	Mean	-	_____ mmHg
Pigtail _____ F			
Others: <u>SFinger</u>			

Contrast: Non Ionic (IOHEXOL)

Left Main: Normal in size and caliber bifurcation in to LAD & LCX

Shoot - LMCA shows diffuse obscure maximum 70% stenosis

Left Anterior Descending: Type II LAD, gives rise to D1, D2, branches

Ostial LAD shows 50% obscure stenosis

mid LAD shows 50% stenosis

Distal LAD shows plaque

Ramus Intermedius: Present

Circumflex: ~~is~~ Dominant gives rise to OM1, OM2 Branches

Ostial LCX shows 80% stenosis

Distal LCX shows 20% stenosis

Ostial OM2 shows 70% stenosis

Right Coronary: <sup>NDW</sup> Dominant gives rise to RV, AM, PLV, PDA branches

RCA shows diffuse plaque

V Angio:

IMPRESS:

DVD + LMCA disease

*Self Attended  
Dr. Bhat*

SR/Cath Lab

**INVESTIGATIONS**

At the time of admission -

HB 109 TLC 11.5 Platelet Count 150,000 D/C R 100 L 100 E 100 M 100 B 100  
Blood Group B. Urea 2.5 S. Creatinine 1.0 B. Sugar 3.2  
S. Bilirubin 0.5 SGPT  
HbA1c 5.5 HbA2 3.5 HCV 1.0

At the time of discharge -

HB 109 TLC 11.5 Platelet Count 150,000 D/C R 100 L 100 E 100 M 100 B 100  
B. Urea 2.5 S. Creatinine 1.0 B. Sugar 3.2  
S. Bilirubin 0.5 SGPT PT 14.5

**X-RAY**

**ECG**

**ECHO CARDIOGRAPHY**

**PRE-OPERATIVE**

*Self Attended  
Fairly Good*

**POST-OPERATIVE**

**OTHERS -**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**कार्डियोवैस्कुलर एवं थोरेसिक सर्जरी विभाग,  
हृदय रोग संस्थान, मेडिकल कॉलेज, कागपुर**

**डिस्चार्ज सारांश**

Pt. Name **MR. YASHU**

Age **57**

Sex **M**

Address

Ward **B-1**

Room

**112 (4th Floor), N-Block  
KMC, KANPUR**

Phone No.

**935 530 666**

Admission No. **2020/218**

Admission Date **10/11/19**

ECMO Date

Dis Admission	<b>6 : 11</b>	Dis Operation		Dis Discharge	<b>2 : 18</b>
Final Diagnosis	<b>CA, DVT+PE</b>				
Operation Performed	<b>FLW CABG</b>				

**PROSTHETIC VALVE**

Type \_\_\_\_\_ Sealing Ring Diam \_\_\_\_\_ mm  
 Orifice area \_\_\_\_\_ cm<sup>2</sup> Gradient \_\_\_\_\_ mmHg  
 Orifice Diam \_\_\_\_\_ mm

**CASE SUMMARY**

NYHA class \_\_\_\_\_ At Admission \_\_\_\_\_ At Discharge \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_ At Admission \_\_\_\_\_ At Discharge \_\_\_\_\_

The patient was admitted for a stroke condition with history of CA + DVT+PE. He underwent CABG and FLW CABG. He is now stable in a stroke condition.

*Self Attested*  
*Sanjiv Kumar*

कार्डियोवैस्कुलर एवं थोरेसिक सर्जरी विभाग  
(उ.प्र. शासन का एक्सीलेन्स हार्ट सेन्टर)  
हृदय रोग संस्थान

मेडिकल कॉलेज कागपुर



Self attested  
Rajendra

डिस्पार्च पुस्तिका

संख्या = 2655 / 18

नाम \_\_\_\_\_  
MR. Yash

पता \_\_\_\_\_  
12th/3rd Floor, Noida, Noida

दिनांक \_\_\_\_\_  
05/11/2018

Dr. N.K.S. Sharma  
MD, DNB, MCh (Ortho), FNB (Ortho)  
Trauma & Joint Surgery  
www.medanta.com  
Tel: 011-2611 1111

20-10-16

HAS TRAUMA?

Gly/F

CP Pain in R/L knee (R/L)

STN (L)  
DHL (L)

Xray - Osteoarthritis knee  
(R/L)

Self Attended  
Haibabu

Δ

Xray R/L knee - AP (Study)

R/L  
COG

Suggestion of  
OA R/L knee

Self  
Dr. G. S. S. S. S.  
2014

Δ

May benefit from R/L TKR  
after medical evaluation

20-10-16  
20-10-16

MDAIC

Self  
Dr. G. S. S. S. S.  
2014



For Appointments: 011-2611 1111 / 011-2611 1112

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Medanta - Mediclinic

• 1st Floor, Indraprastha, New Delhi - 110028  
• 2nd Floor, Indraprastha, New Delhi - 110028

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• 2nd Floor, Indraprastha, New Delhi - 110028



# अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department

अस्पताल में अन्दर धूम्रपान करना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

उपचार / Unit Physio  
विभाग / Dept Physio PDD

बहिरंग रोगी सं. / O.P.D. Regn. No. 102683628

नाम / Name	पिता/माता/पति/पत्नी F/S/W/D of	लिंग Sex	उम्र Age	पता / Address
Gayatri Yadav		F	63	Kanpur.

रोग / Diagnosis

B/L OA Knees

दिनांक / Date

22/3/18

उपचार / Treatment

Ch/O. pain in B/L Knees since 2 years  
 pain is gradual in onset  
 ↑ on walking, stairs climbing, getting up  
 ↓ on rest  
 from sitting

Self Assessed  
Joint Grades

अ/ए	R	L
ROM		
flex.	7° - 100°	3° - 110°
ext.	100° - 7°	110° - 3°
crepitus	+	-
patellar mobility	↓	↓



