

Self attested
[Signature]
22/11/19

DISCHARGE SUMMARY

NAME :	MR MAHENDERA PRATAP SINGH	DATE OF ADMISSION :	01/03/2015
SEX :	Male	DATE OF DISCHARGE:	07/03/2015
DOB/AGE :	61 Yrs	REGISTRATION NO	00581632
EPISODE NO	IP00321435		
CONSULTANT	DR. PRAVEER AGGARWAL		

FINAL DIAGNOSES :

1. TYPE 2 DIABETES MELLITUS
2. CORONARY ARTERY DISEASE
3. RECENT ANTERIOR WALL MYOCARDIAL INFARCTION (thrombolysed)- 01/03/2015
4. CAG: DOUBLE VESSEL DISEASE - 02/03/2015
5. PTCA WITH STENT TO LAD - 04/03/2015
6. LV DYSFUNCTION (EF 35-40%)

ALLERGIES :

BETADINE

HISTORY OF PRESENT ILLNESS :

The patient is normotensive, diabetic with positive family history of ischaemic heart disease. He had pain in both shoulder, radiating to both elbows on 28/02/2015 evening, for which he was admitted to Kailash Hospital on 01/03/2015, where he was diagnosed as AAMI and thrombolysed. He was shifted to FEHI for further management.

CLINICAL EXAMINATION :

At the time of admission, the patient's pulse was 94/minute and BP was 116/70mmHg. General: JVP was normal. No jaundice, pallor, clubbing, cyanosis or edema. CVS: S1, S2 normal. No murmur. Respiratory: Normal breath sounds. No added sounds. Abdomen: No hepatosplenomegaly. CNS: The patient is conscious and oriented to time, place and person. No neurological deficits.

PROCEDURE DONE :

CORONARY ANGIOGRAPHY (CAG) - Done on 02/03/2014 - DVD

CORONARY STENTING - Done on 04/03/2015 using Xience Xpedition (3.25 x 23mm) stent in LAD



PATIENT NAME :	MR MAHENDERA PRATAP SINGH	IPD NO :	IP00321435
REGISTRATION NO	00581632		

HOSPITAL COURSE :

The patient was admitted with above mentioned complaints. For the same, patient underwent coronary angiography on 02/03/2015, which revealed double vessel disease. Subsequently, patient underwent PTCA with stent to LAD on 04/03/2015. Both the procedures were uncomplicated and well tolerated. His general condition at the time of discharge is satisfactory.

DIAGNOSTIC STUDIES:

- 1. 2D ECHOCARDIOGRAPHY + COLOR DOPPLER 04/03/2015- 1. Akinetic mid anterior septum, mid Ventricular Septum, apex, (LVEF: 35-40%).
- 2. High normal Left Atrium.
- 3. Pseudonormal Mitral Inflow Pattern.
- 4. Mild Mitral Regurgitation.
- 5. Trace Tricuspid Regurgitation, (Normal PASP).
- 6. No intracardiac clot/vegetation/pericardial effusion.

CONDITION ON DISCHARGE :

Stable.

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