

Cladmed with Bajaj Allianz General  
Insurance Co. Ltd

## SUYASHHOSPITAL

Behind Hotel Picadilli, Opp. Vivekanand Vidyapith, Kota Gudhiyari Road Raipur (C.G)

### DISCHARGE SUMMARY

Mr. Prakash Tawri

Patient name

House No-211 Ganjpara Satichoura Durg C.G.

Address

Contact no.

9425544402

Age/Sex

59yrs/male

Weight

94.5 kg

Date of admission

27/10/2023

Date of discharge

29/10/2023

IPD No.

IP005606-23

Consultant incharge

**Dr. Manoj Lahoti**

MD(Medicine) DM(Gastroenterology) Mumbai Gold medalist  
Gastroenterologist, Hepatologist & Therapeutic Endoscopist

**Dr. Amit Joshi**

MD(Medicine) DNB(Gastroenterology) Indore  
Gastroenterologist, Hepatologist & Therapeutic Endoscopist

**Dr. Gaurav Tripathi** MD, DM (Cardiology)

Final diagnosis-

CAD- ICMP with RWMA, EF-25%

Atrial fibrillation with fast ventricular rate  
Old CVA

Presenting complaints

Abdominal distension since 25 days

Shortness of breath

B/L pedal edema+

Uneasiness, restlessness

Mild right iliac fossa pain

Insomnia, loss of appetite

Decreased urine output

Cough, dyspnea on exertion & orthopnea since 7-8 days

Past medical history

K/C/O Diabetes mellitus-II with systemic hypertension

IHD 2 yrs back

H/O Lateral medullary syndrome

Personal history

Married

Addiction -Nil

Physical examination

Temp- afebrile

Pallor:-0

Icterus-0

Edema-+

Cynosis- Nil

Clubbing - Nil

JVP- N

Lymphadenopathy - Nil

Pulse:-144/min



(L)

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BP:-120/90 mmHg

Gastrointestinal examination-

P/A - soft  
Liver:- NP  
Spleen:-NP  
Bowel sound - present  
Free fluid:- absent

Cardio vascular examination-Central nervous system -

S<sub>1</sub> S<sub>2</sub>-NAD  
Higher function - N  
Sensory system- N  
Motor system- N  
Deep tendon reflex- N  
B/L basal crepts

Respiratory examination-

INV/DATE	27/10/23	28/10/23
Hb	12.4	
TLC	6950	
Platlate	2.26	
Sr. Creat	1.44	
Na <sup>+</sup>	138.0	138.0
K <sup>+</sup>	4.11	4.12
Calcium		8.4
Magnesium		1.9
Billi (T)	1.20	
Billi(D)	0.50	
Billi (I)	0.70	
SGOT	26	
SGPT	50	
Alk. Phos.	61	
T Protein	6.50	
Albumin	3.50	
Globulin	3.00	
RBS	123	
ESR	05	

Important investigation -

HBA1C	7.4
TSH	4.73
2D echo 27/10/23	ICMP /RWMA/LAD territory. Moderate mitral regurgitation. Severe TR/moderate PAH. Severe LV systolic dysfunction.
NT pro BNP	5795
HIV	Negative
HBsAg	Negative
HCV	Negative
Urine RM	PC-1-2, Protein+
CK-MB	4.20
Trop-I	23.9

Treatment given

Inj.Cardon, Inj.C-tri, Inj.Pan, Inj.Lasix, Inj.Clexan, Tab.Met XL, Tab.Dapacose, Tab.Exduo, Tab.Aldectone, Tab.Ruslar AC, Nebu with duolin+budecart.

**Hospital course**—A 59yrs old man came with c/o abdominal distension, shortness of breath, B/L pedal edema, uneasiness, restlessness, mild right iliac fossa pain, insomnia, loss of appetite, decreased urine output since 25days and cough, dyspnea on exertion & orthopnoia since 7-8days. He is k/c/o diabetes mellitus-II with systemic hypertension. On evaluation he was found to have e/o atrial fibrillation with



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apid ventricular rate. NT pro BNP was raised. Cardiologist opinion was taken and 2D echo showed EF-25%, ICMP, RWMA, LAD territory, moderate mitral regurgitation, severe TR, moderate PAH, severe LV systolic dysfunction. He was given carderon infusion, symptomatic & supportive treatment. At the time of discharge he was stable.

**Treatment advise**

1. Tab. Esorej 40mg 1 BD (1) — (1) खाली पटे
2. Tab. Domgut 10mg 1 TDS (1) — (1) — (1) खाने के 15 मि पहले
3. Tab. Met XL 25mg 1 OD (1) ] जारी के बाद
4. Tab. Aldectone 25mg 1 OD (1)
5. Tab. Dapacose 10mg 1 OD (1) टोपदर
6. Tab. Carderon 200mg 1 BD (1) — (1) ] खाने के बाद
7. Tab. Exduo 50mg 1 BD (1) — (1)
8. Tab. Ruslar AC (20/75/75) 1 HS (1) रस्त में
9. Syp. Eva-Q 30ml HS (1) रस्त में

Diet— Diabetic diet

Next follow-up: R/A 15days with prior appointment with Dr. Gaurav Tripathi

Dr. Amit Joshi  
DNB (Gastroenterology)  
Reg. No.: WMC/1041465

Dr. Manoj Lahoti  
DM (Gastroenterology) Mumbai Gold medalist

Please take prior appointment for follow-up

If any emergency contact us: 9926386660, 8602069906, 9300668838, 0771-2572222

Urgent obtain care if you have: fever/vomiting/abdomen pain

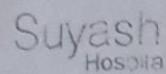
Signature of staff

Signature of patient / relative



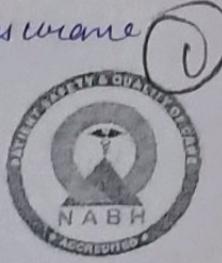
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CO. LTD



## SUYASH HOSPITAL

(A Unit of Suyash Institute of Medical Science Pvt. Ltd)  
Kota Gudhiyari Road, Raipur, C.G 492001



### Admission Slip

UHID No	SH59996	Admission No.	IP005606-23
Name	Mr PRAKASH TAWRI	Category	GENERAL
Father/Husb and	S/O LATE. FATEH LAL TAWRI	Admission Date	27-10-2023 3:24PM
Consultant	Dr.MANOJ LAHOTI,MBBS, MD, DM(GASTROENTEROLOGY), Dr.AMIT D JOSHI,MD, DNB(GASTROENTEROLOGY), Dr.GAURAV TRIPATHI,MBBS, MD, DM(CARDIOLOGY)		
Age/sex	59 Y/M	Mobile No	9425244402
Referral	SELF	Marital Status	YES / NO
Relative		Ward/Room/ Bed	1st Floor,(UNIT-II) MICU10
Address	HOUSE NO. 211,GANJPARA,SATICHOURA,,DURG	Billing Category	GENERAL
MLC	YES/NO		
Card No			

### Declaration

Above category has been opted by us and all expenses involved in the course of treatment during admission have been explained to us. We agree to make all the payments before discharge as per rules of the Hospital. In case of we change to higher category of bed, we undertake to pay the charges as per higher category for the entire stay. Also we shall be responsible for whatever money or valuables we bring to the hospital and keep the same entirely at our own risk. I/we hereby, give consent to the hospital for carrying out treatment of my illness including investigations, medications and operations under my kind of an aesthesia at my/our risk

उपरोक्त श्रेणी को हमारे द्वारा चुना गया है और उपचार के दौरान शामिल सभी खर्चों के बारे में हमें समझाया गया है। हम अस्पताल के नियमों के अनुसार छुट्टी से पहले सभी भुगतान करने के लिए सहमत हैं। यदि हम विस्तर को उच्च श्रेणी में बदलते हैं, हम पूरे प्रवास के लिए उच्च श्रेणी के अनुसार शुल्क का भुगतान करने का वचन देते हैं। हम अस्पताल में जो भी पेसा या कीमती समान लाते हैं, उसके लिए हम जिम्मेदार होंगे और इसे पूरी तरह से अपने जोखिम पर रखेंगे।

मैं/हम इसके द्वारा, मेरे/हमारे जोखिम पर अपनी तरह के एनेस्थीसिया के तहत जांच, दवाएं और ऑपरेशन सहित अपनी बीमारी का इलाज करने के लिए अस्पताल को सहमति देते हैं।

नाम Praakash Tawri

पता

मोबाइल नं 7800 75 34 06

रोगी के साथ संबंध

हस्ताक्षर:

SON

