

DISCHARGE SUMMARY

PATIENT NAME :	Mr. PRAKASH CHAND TAWRI	DATE OF ADM. :	02-02-2025 9:33AM
F/H NAME :	S/O LATE FATTELAL TAWRI	DATE OF DIS. :	12-02-2025 1:56PM
AGE / SEX :	60 Y / M	UHID NO :	5058019
CATEGORY :	Bajaj Allianz General Insurance Co.	IPD NO :	IP24013014
CONSULTANT :	Dr.NACHIKET S DIXIT	WARD	SEMI PRIVATE
REFERRED BY :	SELF	BED NO.	1

FINAL DIAGNOSIS :-

- Acute ischemic stroke (Left MCA)
- HT
- DM

CAD - Post PTCA (Jan 2024)

- Old stroke (2022)

CHIEF COMPLAINTS :-

- A 60 year old male came with the complain of:
- Sudden onset weakness in right upper and lower limb associated with inability to speak since today morning 8:20am (1 hour duration).
- H/O - CAD - Post PTCA in January 2024.
- H/O - HT and DM since 4 years.
- H/O - Stroke - Vertigo with gait ataxia in year 2022.
- Presently on Tab. Euprepa 1mg - BD, Tab. Ecosprin 75mg - OD, Tab. Brilinta 90mg - BD, Tab. Rozat 10mg - HS, Tab. Carderone X 200mg - OD, Tab. Dytor plus 5mg - 1/2 OD, Tab. Prolomet XL 50mg - BD, Tab. Gabapin ME 100mg - OD, Cap. Liqui D3 - Once in a week.

GENERAL EXAMINATION :-

BP - 200/120mmHg
PULSE - 94/min
TEMPERATURE - 99.6°F
RBS - 231mg/dl

NEUROLOGICAL EXAMINATION :-

- Conscious
- Follow commands

- Right hemiplegia - 0/5
- Spontaneous moving left upper and lower limb
- global aphasia
- NIHSS - 19

INVESTIGATION:-

CBC Hb : 14gm % TLC : 7,400/cumm DLC : N- 80, L- 16, E- 02, M- 02, B- 00, Platelet Count - 2.63

Renal Profile (RFT) : Blood Urea - 35, S. Creatinine - 1.84, Uric Acid - 6.43, S. Sodium - 140, S. Potassium - 3.89

Liver Function Test (LFT) : T. Bilirubin- 0.83 (Direct - 0.19, Indirect - 0.64), SGOT - 45, SGPT- 32, Sr. Protein - 7.24, Albumin - 4.51, Globulin - 2.73, Ca+ - 9.6, Mg+ - 2.27, TSH - 10.5

HIV I & II/ HBsAg/ HCV / VDRL - Non reactive

Lipid Profile : Cholesterol - 160, Tryglyceride - 159, HDL- 26, LDL- 102, VLDL- 31

Coagulation profile : PT time - 15, Test - 16.5, INR - 1.11

APTT : Control - 37 , Test - 33

HBA1C - 6.9%

ECG - With in normal limits

X-ray chest :

- Subtle haziness seen in left lower zones
- Mild bilateral hilar prominence seen.

CT scan Brain (02.02.2025) :

- Chronic lacunar infarcts seen in bilateral ganglio capsular region.
- Bilateral periventricular fronto parietal white matter chronic ischemic changes.
- Cerebral atrophy.

CT scan Brain (10.02.2025) :

- Hypodensity S/O non hemorrhagic infarct seen in left corona radiata, fronto temporo parietal lobe extending to left perisylvian region. Mass effect seen in adjacent to cortical sulci, left lateral ventricle

midline shift by 4.2mm towards right at level of 3rd ventricle.

Global hypokinesia of LV, LVEF - 45%

LVH present
diastolic dysfunction
t / Vege / PE

Doppler Neck:
thickening seen in bilateral CCA.

Angiography:
infarct in left fronto parieto-occipital lobe & left insular cortex, predominantly in the left parietal

gliosis in right cerebellar hemisphere.

lacunar infarct in bilateral basal ganglia, right anterior periventricular white matter and
centrum semiovale.

atrophy and cerebellar atrophy with microvascular ischemic changes.

of cortical branches of left MCA.

visualization of flow signal in left vertebral artery with dolichoectatic course of right
basilar artery.

LOGY RESULT :-

	08-02-2025	07-02-2025	04-02-2025	03-02-2025	02-02-2025
HEMISTRY					
YSIS					
T			100.4		99.3
IDE					2.27
IESIUM					9.6
UM	138.9				

Junwani Road, Smriti Nagar, Bhilai (C.G.)

P : 0788-4056666, W : www.hitekhospitals.com, E : info@hitekhospitals.com

keep your prescriptions and reports carefully and bring them on next visit to our hospital.
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K+	3.77				
POTASSIUM		3.37 L	4.13		
LIPID PROFILE					3.89
VLDL CHOLESTROL			31.98		
CHOLESTROL TOTAL			160.7		
HDL CHOLESTROL			26.10 L		
LDL CHOLESTROL			102.62		
TRIGLYCERIDES			159.9		
LIVER FUNCTION TEST					
ALBUMIN					
GLOBULIN					4.51
A/G Ratio					2.73
ALKALINE PHOSPHATASE					1.65
Bilirubin Direct					55.89
Bilirubin Indirect					0.19
Bilirubin Total					0.64
SGOT (AST)					0.83
SGPT (ALT)					45.13 H
TOTAL PROTEIN					32.42
RENAL FUNCTION TEST					7.24
BLOOD UREA		40.2	39.6		35.60
CREATININE		0.81	1.08		1.84 H
SODIUM		136.1	138.3		140.0
URIC ACID		5.18	7.11		6.43
IMMUNOLOGY ASSEY REPORT					
TSH				10.5 H	
COMPLETE BLOOD COUNT REPORT					
HB.		14.3			14.9
Platelet Count		224000			263000

ant	4.20 L		4.46
ails	02		02
s	00		00
cytes	14 L		16 L
es	02		02
ails	82 H		80 H
	34.0 H		33.4 H
	36.1 H		35.6
	94.0		93.9
	13.1		13.1
	39.5 L		41.9
	9000		7400
CYTES			
DGY			
			NON-REACTIVE
CV SPOT			NON-REACTIVE
SPOT			NON-REACTIVE
II SPOT			NON-REACTIVE

conclusions :-

Date	Remark
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MENT GIVEN: Conservative
 nectase 7.5ml 15mg - IV STAT

IN HOSPITAL :-

factory

CONDITION AT THE TIME OF DISCHARGE :-

al stable

VICE :-

salt and diabetic diet

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ADVICE ON DISCHARGE :-

Discharge Medication:

Rx-

- | | | | |
|-----------------------|-----------|-----------------------------------|----|
| 1. Tab. Pantop | 40mg | - OD x 10 days | └ |
| 2. Tab. Beplex Forte | | - BD x 10 days | └└ |
| 3. Tab. Tonact | 40mg | - HS x 10 days | └ |
| 4. Tab. Caderone X | 200mg | - HS x 10 days | └ |
| 5. Tab. Prolomet XT | 50mg | - OD x 10 days | └ |
| 6. Tab. Cilacar | 20mg | - HS x 10 days | └ |
| 7. Tab. Telma H | (40/12.5) | - OD x 10 days | └ |
| 8. Tab. Glyciphage SR | 500mg | - OD (Before breakfast) x 10 days | └ |
| 9. Tab. Ecosprin | 75mg | - OD x 10 days | └ |
| 10. Tab. Abaxis | 2.5mg | - BD x 10 days | └└ |
| 11. Softovac SF | 2 TSP | - HS x 10 days | └2 |

Advice:

- In next visit, FBS, PPBS
- Physiotherapy
- Speech therapy

FOLLOW UP :-

Review in Neuromedicine OPD after 10 days.

NAME OF PT./RELATIVE

SIGN.....

NAME OF CONSULTANT

Dr.NACHIKET S DIXIT

SIGN.....

KAVITA SAHL