

Age/Gender

India

Claimed with Bajaj Allianz General Insurance Co. Ltd


**Platina**  
**Heart Hospital**


## DISCHARGE SUMMARY

Patient Name : MR. PRAKASH CHAND TAWRI  
 Age/Gender : 59 Yrs/ M  
 Consultant Incharge : Dr. Pramod Mundra  
 MD, DM (Cardiology), FESC  
 Bed Category : 305  
 Discharge Type : NORMAL

UHID : 101-023-73279-000  
 IP No : IP-023-015335  
 Admission Date : 30 OCT 2023 03:00:10 PM  
 Discharge Date : 04/11/23  
 Ref By : Self

## FINAL DIAGNOSIS

Ischemic dilated cardiomyopathy  
 - Congestive cardiac failure  
 - Atrial fibrillation with fast ventricular rate  
 - LVEF 20%

## Admitted For :

1) Coronary angiography : Single vessel disease (proximal LAD 90% stenosis, mid LAD 40% plaque, mid RCA 40% plaque)  
 2) D.C Cardioversion is given on 31/10/2023 - Reverted to normal sinus rhythm with 100 Joule

Procedure Performed : PTCA stenting to LAD (3.0 X 18 mm Xience Xpedition Stent) was done on 01/11/2023 with good result

## Associated Medical Problem :

Systemic Hypertension (Oct 2022),  
 Diabetes mellitus (Oct 2022)  
 CVE-Lateral medullary infarct (25/10/2022)

## Treatment :

Diet : Low salt, low fat, low cholesterol, low sugar diet, Restrict fluid intake 2 lit/24 hours

Physical Activity : Gradual increase in physical activity

Medicine	Frequency	Doses Time & Instructions	Days
1) TAB GLYCOMET SR 500 METFORMIN	Twice a Day 1 - 0 - 1	before breakfast and dinner (नाश्ते के पहले, रात के खाने पहले)	To be Continued
2) TAB SORBITRATE 5 MG ISOSORBIDE DINITRATE	As Needed 1	SOS if chest pain सीने में दर्द होने पर जीभ के नीचे रखें	
3) TAB ECOSPRIN 75 MG ASPIRIN	Once a Day 0 - 1 - 0	post lunch दोपहर के खाने के बाद	To be Continued
4) TAB BRILINTA 90 MG TICAGRELOR	Twice a Day 1 - 0 - 1	Post breakfast and dinner नाश्ते एवं रात को खाने के बाद	To be Continued
5) TAB ROZAT 40 MG ROSUVASTATIN	Once a Day 0 - 0 - 1	post dinner (रात के खाने के बाद)	To be Continued
6) TAB PROLOMET XL-50 METOPROLOL SUCCINATE	Once a Day 1 - 0 - 0	Morning ( सुबह )	To be Continued
7) TAB CORDARONE 100 MG AMIODARONE	Once a Day 1 - 0 - 0	Morning ( सुबह )	To be Continued
8) TAB DYTOR PLUS 10 MG TORSEMIDE+SPIRONOLACTONE	Once a Day 1 - 0 - 0	Morning ( सुबह )	To be Continued
9) TAB GABAPIN ME 100 METHYCOBALAMIN+GABAPANTIN	Once a Day 0 - 0 - 1	post dinner (रात के खाने के बाद)	10 Day(s)
10) TAB MUCOMIX 600 MG	Twice a Day 1 - 0 - 1	Post breakfast and dinner नाश्ते एवं रात को खाने के बाद	5 Day(s)
11) TAB PANROM 40 MG PANTOPRAZOLE	Once a Day 1 - 0 - 0	before breakfast (नाश्ते के पहले)	10 Day(s)
12) TAB TRIKA 0.25 MG ALPRAZOLAM	As Needed 1	SOS for lack of sleep(नींद ना आने पर)	
13) SYP CREMAFFIN PLUS MILK OF MAGNESIA+LIQUID PARAFFIN	As Needed 1	SOS for constipation कब्ज़ होने पर	
14) SYP KESOL	Three Times a Day	Morning, Afternoon, Evening सुबह दोपहर शाम	5 Day(s)

Tsf





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POTASSIUM  
CITRATE+CITRICACID ORAL

1 - 1 - 1

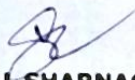
Tsf

**ADVICE**

Review at the end of 3 days / SOS with prior appointment  
Please do not stop medicines till next review  
Investigation on Follow up: CBC, KFT, Blood sugar fasting and post meal, ECG, 2 D Echo / Doppler  
Cardiac rehabilitation

Note : Tab. Ecosprin & Tab. Brillinta are very important medicines after angioplasty / stenting, please do not stop them  
without consulting Cardiologist / Physician

**Dr. Pramod Mundra**  
MD, DM (Cardiology), FESC  
Reg No. : 60885

  
**Dr. KHUSHAL SHARNAGAT**  
MD, DNB (Cardiology)  
Reg No. : 2014/07/3132

**Dr. SUMEDH RAMTEKE**  
MD, DNB (Cardiology)  
Reg No. : 2012/04/0814





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## HISTORY

### Presenting Complaints :

Mr. Prakash Chand Tawri, 59 years old male gave history of pain in umbilical area extending to right renal angle and right lower limb, burning in right lower limb present. History of abdominal fullness, swelling on both lower limbs, dyspnoea at rest as well as during exertion, PND. No history of cough, fever, cold, palpitation, giddiness and syncope. He was admitted at Suyog Hospital at Raipur from 27/10/2023 to 29/10/2023 and was diagnosed to have ischemic dilated cardiomyopathy with congestive cardiac failure for which he was advised to undergo coronary angiography. He was also detected to have atrial fibrillation with fast ventricular rate. He was admitted at Platina Heart Hospital for coronary angiography and further management.

### Past History :

H/o :  
Systemic Hypertension (October 2022), Diabetes mellitus (October 2022), CVE-Lateral medullary infarct (25/10/2022)

### History of Allergy & Drug Reaction :

No significant history of allergies, reaction to drug, food, latex contrast media and any other object

## ON EXAMINATION

### General Examination :

Height : 171 Cm	Weight : 81.9 Kg	BMI : 28.01
GC : Moderate	BUILT : Average	NUTRITION : Moderate
PULSE : 150 /Min (Irregular)	PALLOR : No	LYMPHADENOPATHY : No
BP : 130 / 80 mmHg	ICTERUS : No	
JVP : Not Raised	CYNOSIS : No	CALF TENDERNESS : No
OEDEMA : No	CLUBBING : No	
SPO2 : 99 %	TREMORS : No	OTHER FINDING :

### Systemic Examination :

CVS : Apex : Left 6th ICS, Just Lateral to MCL, S1 S2 Normal, LVS3 present  
RS : Clear  
P/A : Soft, Non Tender  
CNS : Conscious, Oriented



**Platina Heart Hospital**

(A Unit of Platina Hospital Pvt. Ltd.) CIN-U85110MH2008PTC183350

Dhanashree Commercial Complex, Near Hotel Hardeo, Sitabuldi, Nagpur-440 012. Tel. : 0712-2566555, 9767703032

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#### INVESTIGATION

ECG 30/10/2023 : HR : 120/min, Atrial fibrillation with fast ventricular rate, LAD  
ECG 31/10/2023 : HR : 118/min, Atrial fibrillation with fast ventricular rate, LAD  
ECG 31/10/2023 : HR : 83/min, NSR, Normal axis, Poor 'R' wave progression  
ECG 01/11/2023 : HR : 80/min, Atrial fibrillation with fast ventricular rate, LAD  
ECG 01/11/2023 (Post PTCA) : HR : 116/min, Atrial fibrillation with fast ventricular rate, LAD  
ECG 02/11/2023 : HR : 109/min, Atrial fibrillation with fast ventricular rate, LAD  
ECG 03/11/2023 : HR : 123/min, Atrial fibrillation with fast ventricular rate, PVC (Occasional)  
ECG 04/11/2023 : HR : 75/min, NSR, increased QTc (515 ms), LVH with strain

RBSL : 138 mg/dl  
HB : 13.80 gm/dl  
PCV : 40.80 %  
TLC : 6400 cells/cu mm  
DLC : N 70 %, L 21 %  
S creatinine : 1.46 mg/dl  
Sodium : 136 mmol/l  
Potassium : 3.70 mmol/l  
Blood Group : "AB" Rh Positive  
Australia antigen : Negative  
Anti Retrovirus I & II : Negative

**2D Echo Doppler (30/10/2023)** : Dilated LA, global LV hypokinesia more in LAD territory, LVEF 20%, GLS=-2.6%, normal valves, grade I LV diastolic dysfunction, intact IVS, IAS, mild MR, mild TR, mild pulmonary hypertension, no clot or vegetation, no coarctation of aorta

**Transeophageal Echocardiography Report (30/10/2023)** : Finding of transthoracic echo are confirmed, atrial fibrillation with fast ventricular rate during study, global LV hypokinesia, severe LV systolic dysfunction, mild MR, mild TR, IAS/IVS intact, no LA/LAA clot, spontaneous echo contrast in LA, grade II atheroma in descending aorta

#### HOSPITAL STAY

Mr. Prakash Tawri, 59 years old male was admitted at Platina Heart Hospital with the above mentioned complaints. After explaining need of diagnostic coronary angiography, discussing option of alternative methods, cost, risk, benefit and taking consent, his coronary angiography was done on 30/10/2023 by right radial route which revealed Single vessel disease (proximal LAD 90% stenosis, mid LAD 40% plaque, mid RCA 40% plaque). His Transeophageal Echocardiography was done on 30/10/2023 which reveals reverted spontaneous echo contrast in LA, grade II atheroma in descending aorta With global LV Hypokinesia. After confirming absence of LA or LA appendage clot his D.C Cardioversion was done on 31/10/2023 - his rhythm reverted to normal sinus rhythm with 100 Joule DC shock. After explaining disease process, need of revascularisation, option of PTCA v/s CABG, alternative option of medical treatment, risk of procedure, cost of treatment, taking consent, his PTCA stenting to LAD (3.0 X 18 mm Xience Xpedition Stent) was done on 01/11/2023 with good result He had recurrence of atrial fibrillation which got converted to NSR with medication. His dose of Amiodarone was tapered rapidly due to prolonged QTc. The procedure and his rest of the stay in the hospital was uneventful. He is being discharged in a stable condition with an advice to continue medical management and review after 3 days for QTc monitoring.



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### CONDITION ON DISCHARGE

Weight : 81.9 Kg  
Pulse : 81 /Min (Regular)  
BP : 141 / 106 mmHg  
JVP : Not Raised  
CVS : Apex : Left 5th ICS, Just Lateral to MCL, S1 S2 Normal  
RS : Clear  
P/A : Soft, Non Tender  
CNS : Conscious, Oriented  
OTHER : No rest angina  
SPO2 : 97 %

### FINAL DIAGNOSIS WITH ICD CODE :

I25.5 Ischemic cardiomyopathy  
Z95.5 CAG  
Z95.8 PTCA  
I10 Hypertension  
E11 Diabetes type 2

### WHEN TO OBTAIN EMERGENCY CARE AFTER DISCHARGE.

- If you are having chest pain, breathlessness, palpitation, giddiness, syncope.
- If you are having undue fatigue.
- If you are having vomiting, rash, itching after strating new drug.
- If you are having black stools / coffee colored vomiting.
- If you are having swelling, pain at site of angiography / angioplasty needle insertion site.
- If you are having swelling at site of surgery, Oozing from surgical / procedural site.

### HOW TO OBTAIN EMERGENCY CARE ?

- You can contact RMO on duty on 0712-2566555 (Extension- ICCU) / Mobile No 8806896555
- You can come to ICCU on second floor and contact RMO on duty.
- You can contact physician / cardiologist near your place of stay

### NOTE

उपरोक्त जानकारी मुझे हिन्दीमें बताई गयी है और मैंने पूर्णरूपसे समझ लिया है।

मरीज / रिश्तेदार

Prateek Tawri

नाम एवं हस्ताक्षर :

Prateek Tawri

Dr. Pramod Mundra  
MD, DM (Cardiology), FESC  
Reg No. : 60885



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