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AHIL.0001032061  
Mr. DHARMENDRA SINGH  
CHOUHAN  
33 Year(s) / Male



15/01/2019

Pain in left ~~bag~~ hand :: 2 hrs.

CRP & sw  
Outside tests.

ftn of peripheral arterial dy

Pulse = 80/mnt, regular.

Left side  $\rightarrow$  BP = 140/86 mm Hg

$\frac{1}{2}$  INAD

- \* Left hand slightly pale
- \* Left radial not palpable
- \* of popliteal palpable

ade inj clexane 0.6 ml S.C stat  
emergent.

- ade
- \* HbA1c
- \* HsCRP
- \* PPS, CRP
- \* S. creatinine
- \* Liver function test
- \* d-dimer level
- \* Pk upper limb arterial Doppler

dic radiology  $\rightarrow$  Ischemic to radial  
no flow  
Brachial artery  
to radial some  
low flow

ade - admission

\* ade CT angiogram both upper  
limbs & lower  
limbs as  
for peripheral arterial  
disease

\* ANA, ESR, CRP  
for Rheumatoid

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15/1/2015

(not willing for admission)

~~CT Peripheriography~~

- ① 1. pletog (50) 100m 100m
- ② 2. Euphoric 75 up 100 100m
- ③ 3. My clearance 0.6 ml/sec  
full review to be

for  
Dialysis

5-6 hr  
1.06

\* 7077  
\* 2 w days  
9971205722



Dhormendrasingh Chauhan  
32 (M)

Date: 16-1-2025  
BP: 124/84 mm/Hg  
Pulse: 86 /min  
Wt.: 77-6 Kg

A: Left UL ALT; (15 days old)  
Rest pain, Fontaine IIa,  
Brachial, Radial, Ulnar  
thrombosed.

Doppler: confirms clot  
↓

Adv.

CT Angio for Both  
Upper limb.

( kindly see for aTOS &  
UL )

A CTA & Confirms Bra. Thrombus.  
Radial Thrombus.  
No e/o aTos.

Ado 2  
Op: 1 It Brachial Thrombectomy. ↓  
Blas

Till then,

Op: 2  
Op. ~~Clearance~~

1) Tab. Xazito. 100 mg	x. 10 day
2) T. Escorin (75) 0 to 10	
3) T. Homocysteine 1 to 2	

T. Pletal NT 1/2 — 0 — 1/2	x 5 day
T. Aspirin - P 0 to 10	

Dr Nilam: 9898360837

Manish: 96723 32071



NAME: DHARMENDRASINGH CHAUHAN 33Y/M DT: 16-1-25  
 CONSULTANT: INDOVASC HOSPITAL

**384-SLICE MSCT ANGIOGRAPHY OF LEFT UPPER LIMB:-**

MSCT angio was performed after injecting non-ionic contrast through antecubital vein. These images were reviewed with MIP, SSD and Volume Rendering. Complex image reconstruction post processing was likewise performed as indicated to increase the sensitivity of detecting clinically relevant pathology.

Visualized ascending and descending thoracic aorta: appears normal in course and calibre. No evidence of stenosis or thrombus within it.

Arch of aorta: Left arch, normal branching.

Atheromaotus fibro-fatty plaques with subtle luminal irregularities & irregular surface noted in distal arch.

No e/o floating thrombus or significant luminal occlusion.

- No e/o bilateral bony cervical ribs.
- No abnormal scalene muscles insertion noted on either side.

ARTERY	RIGHT SIDE	LEFT SIDE
Subclavian artery	Patent.	Patent.
Axillary artery	Patent.	Patent.
Brachial artery	Patent.	Patent except for acute total thrombotic occlusion of distal most brachial artery at elbow.
Ulnar artery	Not evaluated.	Near total thrombus at origin, rest patent.
Radial artery	Not evaluated.	Near total thrombus at origin, rest patent.  Short segment severe thrombotic narrowing in distal segment.
Interosseous artery	Not evaluated.	Patent.
Digital arteries	Not evaluated.	Faintly visualized.

- Visualized veins appear normal.
- Visualized both lung fields: Normal.

**IMPRESSION:**

- Atheromaotus fibro-fatty plaques with subtle luminal irregularities & irregular surface in distal arch. No e/o floating thrombus or significant luminal occlusion.
- Acute total thrombotic occlusion of distal most left brachial artery at elbow → extending to origins of left ulnar and radial arteries.
- No e/o bony cervical ribs on either side.

DR YASHPAL RANA  
 MD

DR RAJENDRA SOLANKI  
 MD

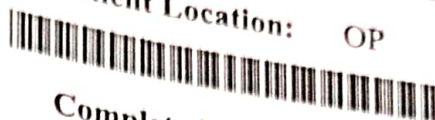
DR BRIJESH GAJJAR  
 MD

DR HIREN PATEL  
 MD

# RADIOLOGY

**Patient Details :** Mr. DHARMENDRA SINGH CHOUHAN | Male | 33Yr 0Mth 0Days  
**UHID :** AHIL.0001032061  
**Patient Identifier:** AHILOPP1441957  
**DRN :** 225003266  
**Ref Doctor :** Dr. LAL DAGA

**Patient Location:** OP



**Completed on :** 15-JAN-2025 13:40

## DOPPLER UPPER LIMB ARTERIAL BOTH

### FINDINGS :

**TECHNIQUES:** All the arteries were studied with B-mode, colour doppler and correlated with pulsed doppler study.

### FINDINGS:

#### LEFT UPPER LIMB:

Brachial artery in cubital fossa shows thickened walls and partially filling up of lumen with reduced PSV ~ 31 cm/s. Radial artery in proximal and mid part shows diffusely thickened walls with no colour uptake.  
 Distal part of radial artery shows reduced PSV with absent diastolic flow.  
 Possibility of stenosis at the level of proximal radial artery needs to be ruled out.  
 Biphasic waveform in ulnar artery with mildly reduced PSV.

#### RIGHT UPPER LIMB:

Right Brachial, radial and ulnar arteries show normal luminal morphology. No evidence of thickening, calcification or plaque seen.  
 On color doppler study, there is normal flow in above mentioned vessels and spectral doppler shows normal peak systolic velocity.

TO...



## Discharge Summary

IPD No.: IP000537/2425/1

UHID: 031256

Patient: Dharmendrasingh Chouhan

Admission On: 27-Jan-2025 10:00 AM

Sex/Age: Male / ~32 Y

Discharge On: 31-Jan-2025 12:00 PM

Mobile: 7009168120

Attending Doctor: Dr. Srujal Shah

Address: NIWAS, RAJPUT SABHA BHAWAN KE PASS  
VIJAIPURA, PO-KHAMLIGHAT, DIST-RAJSAMAND.,  
RAJASTHAN, Deogarh-313331, RAJASTHA

Admitting Doctor: Dr. Srujal Shah

### Diagnosis at Discharge:

(1) LEFT UPPER LIMB ALI WITH BRACHIAL & PROXIMAL RADIAL-ULNAR THROMBOTIC OCCLUSION (SUBACUTE)  
CLASS IIa

### Surgical Management

Operation/Procedure: LEFT TRANSBRACHIAL THROMBECTOMY UNDER REGIONAL BLOCK

Performed On: 28-Jan-2025

Surgeon(s): Dr. Srujal Shah (Vascular and Endovascular Surgeon), Dr. Rishabh Gadhavi (Vascular and Endovascular Surgeon)

Anaesthetist(s): Dr. Bhavin Shah

Anaesthesia: Regional Anaesthesia

### Hospital Course:

MR. DHARMENDRASINGH CHOUHAN WAS ADMITTED WITH CHIEF COMPLAINTS OF PAIN IN LEFT UPPER LIMB, REST PAIN, DISCOLORATION. CT ANGIO S/O-BRACHIAL & PROXIMAL RADIAL & ULNAR OCCLUSION. SO IN VIEW OF ALI & POOR DISTAL FLOW & REST PAIN PLANNED FOR THROMBECTOMY. ON 28/01/2025 TRANS BRACHIAL THROMBECTOMY DONE, WHEN ARTERY OPENED UP THROMBUS WAS SUBACUTE TYPE, RADIAL ARTERY ALSO OF SMALL CALIBRE, PROXIMAL & DISTAL THROMBECTOMY DONE UNDER REGIONAL ANESTHESIA. POST PROCEDURE GOOD DISTAL FLOW PRESENT. RADIAL & ULNAR PALPABLE, DRAIN REMOVED. PATIENT IS BEING DISCHARGED WITH STABLE HEMODYNAMIC CONDITION.

### Investigations:

1. Hb: 14.9G/DL dated 27-Jan-2025
2. TC: 8900/CMM dated 27-Jan-2025
3. PC: 258000/CMM dated 27-Jan-2025
4. CREAT: 1.0MG/DL dated 27-Jan-2025
5. HIV, HCV & HBSAG: NEGATIVE dated 27-Jan-2025
6. CT ANGIO LEFT UPPER LIMB - ACUTE TOTAL THROMBOTIC OCCLUSION OF DISTAL MOST LEFT BRACHIAL ARTERY AT ELBOW. dated 16-Jan-2025

### Treatment on Discharge:

Drug	Generic Content	Frequency	Instruction	For
1. TAB.AUGMENTIN DUO1 GM	AMOXYCILLIN + POTASSIUM CLAVULANATE	1-0-1	AFTER FOOD	5 DAY