

Discharge Summary - To be completed by attending consultant

Note: Please press hard when writing

Admission date (dd/mm/yy):

2/10/17

Discharge date (dd/mm/yy):

4/10/17

Reason for admission:

MVA — 29/9/17 2 45 pm

Final diagnosis:

① Ankle # grade 2 injury

ICD code

(to be completed by hospital staff)

Physical findings:

② Ankle injury to
③ Swollen

Investigations:

④ X-ray ankle joint, views, LST

Co-morbidities:

8 - MMR

Surgery/Procedures:

Treatments:

① 7, castment 1st & 2nd
② 7, final 1st & 2nd

Patient's condition at the time of discharge:

☒ Well

☐ Others (Specify):

Follow-up Instructions:

☒ Outpatient clinic follow-up

☐ Others (Specify):

Take home medications:

☐ No

☒ Yes

* Pls list TTH drugs given)

DR. SUPPARAMANIAM A/L NARAYANAN
(MMC NO: 32767)
Consultant Orthopaedic Surgeon
MBBS(INDIA), M.MED.ORTHO(USM)
PANTAI HOSPITAL IPOH

(Signature)
(Attending Consultant)

Name

Date
(dd/mm/yy)

Time

AM/PM

SARVINDRAN NAIR A/L KRISHNAN KUTTY

(Patient's/Guardian's Name) I/C No:

870916 - 38 - 5115

I hereby acknowledge receipt of my discharge summary.



RADIOLOGY REPORT

Patient Name	: SARVINDRAN NAIR A/L KRISHNAN	MRN	: 17017198
Sex / DOB	: M / 16/09/1987	RN	: 17IP10000090
Accession No.	: 0001215552-01-01	Report Date	: 02/10/2017
Exam	: MRI LUMBO SACRAL SPINE	Exam Date	: 02/10/2017

MR Lumbar Spine

T1W, T2W and STIR sequences of MR lumbar spine.

Findings:

Spinal cord ends at L1 level. No spondylolisthesis seen. No scoliosis noted.

Loss of normal lumbar lordosis. The vertebral body heights are equal. No suspicious abnormal intensity of the vertebrae. No fracture.

Intact posterior longitudinal ligament.

Slight posterior discs bulges are seen at L4/L5 and L5/S1. Slight thickened ligamentum flavum and mild synovitis noted. No indentation of cauda equina. No compression of nerve roots at neuro-foramina.

No other significant disc bulge is seen.

No facet joint dislocation.

No epidural or para-spinal mass lesion.

Impression:

Slight posterior L4/L5 and L5/S1 discs bulges. No compression of nerve root.



RADIOLOGY REPORT

Patient Name	: SARVINDRAN NAIR A/L KRISHNAN	MRN	: 17017198
Sex / DOB	: M / 16/09/1987	RN	: 17IP10000090
Accession No.	: 0001215552-02-01	Report Date	: 02/10/2017
Exam	: MRI SHOULDER JOINT - RIGHT	Exam Date	: 02/10/2017

MR Right Shoulder
T1W, T2W, STIR, PD sequences of shoulder

Findings:

Acromio-humeral head distance is about 3.5mm.

The supra-spinatus tendon is thickened and increased signal intensity. It appears retracted. Fluid noted at subacromion and subdeltoid region. No significant atrophy changes of supra-spinatus muscle.

The infra-spinatus tendon also thickened and retracted. Few chips bones noted at posterior medial to humerus head.

Marrow signal changes are seen at the humeral head adjacent to greater tuberosity. Slight thickened and increased in signal intensity of long head of biceps tendon near glenoid attachment. Fluid around the tendon.

The subscapularis tendon is thickened and heterogenous in intensity.

The teres minor tendon appear normal in signal intensity.

Increased in intensity of anterior-inferior glenoid labrum suggestive of injury.

No dislocation of shoulder joint and acromio-clavicular joint. Synovial effusion is seen in glenohumeral joint posteriorly.

No suspicious bone marrow signal intensity to suggest fracture.

Mild contusions of deltoid muscle seen.

Impression:

1. Bone bruises and avulsion fractures at the humerus head adjacent to greater tuberosity with torn supra-spinatus tendon and infra-spinatus tendon.
2. Partial tear and contusions of the subscapularis and long head of biceps tendons.



HOSPITAL FATIMAH

Discharge Summary

Name: SARVINDRAN NAIR A/L KRISHNAN KUTTY

Sex : Male

Address:

NO. 13 JALAN BUNGA RAYA 7
TAMAN BUNGA RAYA
33000 KUALA KANGSAR

I / C No : 870916385115

Age : 30

Attending Consultant : DATO DR. SIVANANTHAN

Date of Admission: 20.10.17

Referring Doctor :

Date of Discharge : 21.10.17

Follow-up Appointment: 27.10.17

- Presenting History** : Admitted on 20.10.17
MVA 2 weeks ago
Patient was admitted to Pantai Hospital Ipoh
h/o back pain – less pain now
c/o pain in the right shoulder
- Clinical Findings** : Tenderness in the right shoulder
Movement of the right shoulder painful
- Diagnosis** : Supraspinatus tendon tear right shoulder
- Investigations** : XR-RIGHT SHOULDER-20.10.17
No significant bony abnormality seen
The shoulder and acromio-clavicular joints appear intact
- XR-LUMBOSACRAL SPINE
Impression: Mild spondylosis
- MRI-RIGHT SHOULDER
Impression: Supraspinatus tendon avulsion tear + partial involvement of infraspinatus tendon
- Management** : Physiotherapy
- Date & Surgery** :
- Comments** : Discharged with:-
Tab Arcoxia 120mg daily x 2 then 90mg daily x 5
Tab Controlloc 40mg daily x 7
Tab Frisium 10mg on x 7
IPMC given


DATO' DR. K. S. SIVANANTHAN

Date' (Dr) K. S. SIVANANTHAN D.P.M.P.
(MMC No: 2011)
MRCS(Ed), FRCGS(Edin),
MRCS(Col), FRCR(Liverpool), FICS
Consultant Trauma & Orthopaedic Surgery
HOSPITAL FATIMAH, IPOH

DATO' DR. K. S. SIVANANTHAN

MMC No: 2011 NSR No. 124457



POH MEDICAL DIAGNOSTIC & IMAGING CENTRE SDN. BHD.

GROUND FLOOR, HOSPITAL FATIMAH, IPOH GARDEN, 31400 IPOH, PERAK, MALAYSIA.

TEL : 05-5455777, 05-5465707 FAX : 05-5465707

REG. NO: 419219-A

REFERENCE : DATO' DR. K.S. SIVANANTHAN

ADDRESS :

Date: 20/10/2017

MAGNETIC RESONANCE IMAGING REPORT

PATIENT NAME : SARVINDRAN NAIR A/L KRISHNAN KUTTY

PCODE NO :

OPD NO :

NRIC PASSPORT : 870916385115

REPORT NO : 7566

Sex : M

Age : 30

RN NO :

MRI OF RIGHT SHOULDER

CLINICAL INFORMATION : Rotator cuff tear

TECHNIQUE : Axial, sagittal and coronal T1W, T2W, PDW SPAIR sequences of the shoulder were acquired.

FINDINGS : Focal hyperintense signal of the greater tuberosity associated with full thickness tear of the supraspinatus tendon. Retraction of supraspinatus tendon fibers seen. Partial involvement of the infraspinatus tendon is seen.
Other rotator cuff tendons are intact.
Reactive shoulder joint effusion seen.
Glenoid labrum is intact.

IMPRESSION : **Supraspinatus tendon avulsion tear + partial involvement of infraspinatus tendon**

DR ISHAK BIN ABU BAKAR (MMC NO 32897)

M.B.B.S(Adelaide)M.MED RADIOLOGY(USM)

CONSULTANT RADIOLOGIST