

7/24/24 12:46 PM



RUBAN MEMORIAL HOSPITAL

(A Unit of Ruban Patliputra Hospital Pvt. Ltd.)

Patliputra Colony, Near Patliputra Golambar, Patna-800013
 Tel.: 0612-2271020, 2271021, 8406003102, 8406003103
 info@ruban.org.in, www.rubanpatliputrahospital.com



H-2017-1176

TOLL FREE NO.: 1800 120 2216
 (Only for Patient's Registration)

DISCHARGE SUMMARY

IP No.	: 147625	UHID	: RMHP.241504
Patient Name	: Mrs. ANITA KUMARI	Age/Sex	: 52 Year(s) /Female
Admission Date	: 15/07/2024 12:50 PM	Discharge Date	: 24/07/2024 11:23 AM
Doctor Name	: Dr. SHYAM KISHORE (ENDOCRINOLOGY & DIABETOLOGY)		
Ward/Bed No	: PVT 3RD FLOOR-17 306 (17)	Company	: ICICI LOMBARD
Patient Address	: A-30MITRA MANDAL COLONY PHULWARI . PATNA BIHAR 0 INDIA		

Diagnosis

TYPE II DM
 HTN
 PTH IN DEPENDANT
 HYPERCALCEMIA
 HYPOTHYROIDISM
 SCARCODOSIS ?? LYMPHOMA ???

Presentation / History

C/O B/L Pedal edema, knee pain R>L
 H/O Hypercalcaemia

Past History

P/M/H - TYPE II DM / HTN / HYPOTHYROIDISM / ? CKD
 P/S/H - LAP. CHOLECYSTECTOMY (MARCH, 2023)

OT Notes

OPERATIVE NOTES

DATE : 23/07/2024
 PREOP DIAGNOSIS
 POST OPERATIVE ? sarcoidosis
 DIAGNOSIS
 NAME OF SURGERY EXCISION BIOPSY(23-07-2024)
 SURGEON DR.SANJEEV KUMAR
 ANAESTHESIST Dr.Chitra
 TYPE OF ANESTHESIA: LA
 OPERATIVE NOTES excision biopsy of left inguinal node done in LA.

Hospital Course

Patient admitted with above mentioned complaints under Dr. Shyam Kishore on 15.07.2024.
 All relevant investigation done.
 Cross consultation done with Dr. Prashant Kumar Singh (Pulmo)& Dr. Sanjeev Kumar (Onco Surgeon) in view of ? Sarcodosis.
 EXCISION BIOPSY OF LEFT INGUINAL NODE DONE ON 23-07-2024 under LA by Dr. Sanjeev Kumar.
 Patient treated specifically with specific measures including Antidiabetic, Antiemetics, PPI, Analgesics and other supportive measures. Now patient condition on discharge is hemodynamically stable and is being discharge with following advice.

Investigations

All investigation reports attached.

Radiology Report

COLOUR DOPPLER BOTH LOWER LIMB (ARTERY+VENOUS)

Bilateral SSV and left GSV shows mild diffuse wall thickening with patent color flow - S/o Chronic thrombophlebitis.

Common femoral vein, superficial femoral vein, popliteal and anterior as well as posterior tibial veins show normal flow pulsatility, phasicity and normal distal augmentation.
 No significant reflux seen on valsalva.
 No evidence of any thrombus is seen.

Note : Please ensure that your primary physician reviews medications prescribed by all other specialist consultants, so as to avoid drug overdose repetition.

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Veins are compressible.

Arterial system appears normal and shows normal triphasic flow.

Mild diffuse atherosclerotic changes seen in lower limb arteries without any significant hemodynamic changes.

CT SCAN OF WHOLE ABDOMEN (IV Contrast)

IMPRESSION:

Mild hepato-splenomegaly. Extensive homogeneous periportal , retroperitoneal, mesenteric and pelvic lymphadenopathy with vascular encasement as detailed above - Likely neoplastic (? Lymphoma). Advise - HPE Cor

HRCT OF LUNGS

IMPRESSION:

Mild patchy ground glass opacity noted in bilateral lung field---Acute inflammatory changes. Advise-Clinical correla
No obvious nodular densities seen in either field. Tiny calcified focus noted in left lingula — sequelae of old infectio

Multiple small to medium sized peri-vascular, bilateral axillary and cardiophrenic round to oval shaped lymphnod
-? Infective/? Lymphomatous etiology.

Few small left hilar and para tracheal calcified foci — likely healed nodes/old infection.

Marginal osteophytosis of visualized dorsal vertebrae.

USG - NECK

IMPRESSION:

Normal sized thyroid gland with few tiny colloid cysts.

Multiple subcentimeteric cervical lymph nodes.

DISCHARGE MEDICATION

1. T. DOTZIDE 40 mg 1 tab once daily before breakfast
2. T. DOTZIDE M (80+500) 1 tab once daily before lunch
3. T. GLYCOMET SR 500 mg 1 tab once daily after dinner
4. T. THYROX 50 mcg 1 tab once daily in empty stomach
5. T. CETANIL (10+40) 1 tab once daily for 1 month
6. T. WYSOLONE 40 mg 1 tab once daily after breakfast for 1 month
7. T. NEXPRO 40 / PAN 40 - 1 tab once daily before breakfast
8. T. AUGMENTIN 1 gm 1 tab twice daily for 5 days
9. C. VIZYLAC 1 tab thrice daily for 5 days
10. T. ULTRACET 1 tab thrice daily 3 days / as and when required
11. T. LIMCEE 1 tab once daily
12. T. B-COMPLEX 1 tab once daily

Discharge Advice

Remove dressing after 5 days.

Follow up

- Review after 1 week in Endocrine OPD (Dr. Shyam Kishore) with Biopsy report PET CT report, CBC, SR. CALCIUM, PHALBUMIN
- Review after 1 month / as and when required in Pulmo OPD under Dr. Prashant Kumar Singh

24, 12:47 PM



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Instruction About When And How To Obtain Urgent Care

If patient develops rashes, fever, severe pain, abnormal swelling or discharge at surgical site, consult in Emergency (24x7) or visit Consultant in OPD with prior appointment. Contact numbers are available on the top right corner of the discharge summary page or you may call on 0612-2271020/21,8406003102, 8406003103& 0612-3503100.

Prepared by Dr. Ashish

Verified By :

Dr. SHYAM KISHORE
DM(ENDO),AIIMS(DELHI)
CONSULTANT
ENDOCRINOLOGIST
ENDOCRINOLOGY &
DIABETOLOGY