

Patient ID : 10080000161496 **Disc Sum No.** : DS-15919900355
Name : Mr MUNNA LAL SINGH **Admission No.** : AD1008190200038
Age / Gender : 68 Years 6 Days / MALE
Address : Indus Inova Mahadevpura, ., Bangalore, Karnataka, INDIA
Admitting Consultant : Dr Gunal V

DOA : 03-02-2019

DOD : 09-02-2019

Clinical Discharge Summary

DIAGNOSIS

LEFT FRONTO TEMPORO PARIETAL CHRONIC SUB DURAL HEMATOMA

TYPE-II DIABETES MELLITUS

HYPERTENSION

SURGERY

LEFT FRONTAL AND TEMPORAL BURR HOLE AND EVACUATION ON 04/02/2019

ALLERGIES

Not Known

CLINICAL HISTORY

HISTORY OF PRESENT ILLNESS

Alleged history of fall 2 months back associated with headache since then. History of altered sensorium since 4 days. History of weakness of right upper and lower limb since 2 days. History of urinary retention 2 days back. History of stroke 2years back, details not known.

PREVIOUS HISTORY

Known case of hypertension and diabetes mellitus

FAMILY HISTORY

Nothing significant

CLINICAL EXAMINATION

GENERAL EXAMINATION

Pulse Rate : 82bpm
BP : 150/82mmHg
Pallor : Nil
Cyanosis : Nil
Clubbing : Nil
Icterus : Nil
Lymphadenopathy : Nil

Name : Mr MUNNA LAL SINGH

MRN : 10080000161496

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Narayana Hrudayalaya Limited

(Previously Narayana Hrudayalaya Pvt. Ltd.) CIN: L85110KA2000PLC027497

Plot No. 3 & 4, Sadaramangala Industrial Area, Whitefield, Bangalore 560066

Fax : +91 80 71112444. info.wf@nhhospitals.org. www.narayanahealth.org

Registered Office : 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Corporate Office : 261/A, 2nd Floor, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Patient ID : 10080000161496
 Name : Mr Munna Lal Singh
 Age / Gender : 68 Years 17 Days / Male
 Address : Indus Inova Mahadevpura, , Bangalore, Karnataka, INDIA
 Admitting Consultant : Dr Gunal V

Disc Sum No. : DS-15919000640
 Admission No. : AD1008190200190
 Unit of Narayana Health

DOA : 12-02-2019
 DOD : 20-02-2019

Clinical Discharge Summary

DIAGNOSIS

LEFT FRONTO-TEMPO PARIETAL RESIDUAL CHRONIC SDH.
 S/p LEFT FRONTAL AND TEMPORAL BURR HOLE AND EVACUATION ON 04/02/2019
 TYPE-2 DIABETES MELLITUS
 HYPERTENSION

SURGERY

BURR HOLE AND EVACUATION ON 13/02/2019

ALLERGIES

Not Known

CLINICAL HISTORY

HISTORY OF PRESENT ILLNESS

Patient presented with complaints of left FTP chronic SDH who had underwent burr hole and evacuation on 04/02/2019. Post operatively he improved initially, but later developed difficulty walking and memory disturbances since 2 days.

PREVIOUS HISTORY

S/p left frontal and temporal burr hole and evacuation on 04/02/2019
 Known case of hypertension, diabetes mellitus and old CVA.

FAMILY HISTORY

Nothing significant

CLINICAL EXAMINATION

GENERAL EXAMINATION

Pulse Rate : 82BPM
 BP : 150/80mmHg
 Pallor : Nil
 Cyanosis : Nil
 Clubbing : Nil
 Icterus : Nil

Name : Mr MUNNA LAL SINGH
 MRN : 10080000161496

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OP CASE SHEET

MRNO	: 10080000161496	Date	: April 20, 2019 11:26
Patient Name	: Mr MUNNA LAL SINGH	Department	: GENERAL MEDICINE
Sex / Age	: MALE/68 Years 2 Months	Consultant	: Dr Shilpa Singi, KMC-82464
Address	: INDUS INOVA, MAHADEV PURA, .. Bangalore, Karnataka - 560037	Ref. Hospital	: Self
Visit No	: OP-006	Ref. Doctor	: Self
Consultation Type	: FIRST VISIT	Sponsor Name	:
Mobile No	: 917022287048		

CASE HISTORY: B.P.: 151/78 Pulse: 83b/min Wt: 68.6kg RR: Temperature:
Chief Complaint: mmHg

GENERAL EXAMINATION:

Allergies:	Known/Unknown	Body Habitus:	Cachectic/ Thin Built/ Average Built/ Obese/ Normal
Pertinent Family History:		Psychological Assessment:	Normal/Any Psychological Problem

SYSTEMIC EXAMINATION:

• T2DM ; HTN
• FTP Chronic SDH

INVESTIGATIONS:

Adw
• FBS - 89
• PPBS - 148
• HBA1C - 6.4

TREATMENT SUGGESTED:

[Signature]

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One free consultation with the same doctor within next 6 days

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20/04/2019 11:26 AM

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OP CASE SHEET

MRNO	: 10080000161496	Date	: June 10, 2019 09:43
Patient Name	: Mr MUNNA LAL SINGH	Department	: NEURO SURGERY
Sex / Age	: MALE/68 Years 4 Months	Consultant	: Dr Gunal V
Address	: INDUS INOVA, MAHADEV PURA, , Bangalore, Karnataka - 560037	Ref. Hospital	: Self
Visit No	: OP-008	Ref. Doctor	: Self
Consultation Type	: REVISIT	Sponsor Name	:
Mobile No	: 917022287048		

C. HISTORY: B.P.: Pulse: Wt: RR: Temperature:
 Chief Complaint:

GENERAL EXAMINATION:

Allergies: Known/Unknown Body Habitus: Cachectic/ Thin Built/ Average Built/ Obese/ Normal
 Pertinent Family History: Negative/ Unknown. Psychological Assessment: Normal/Any Psychological Problem

SYSTEMIC EXAMINATION:

INVESTIGATIONS:

TREATMENT SUGGESTED:

Doing well.
Had 1 episode of ? sudden jerking when
he got up from bed.
Not associated w/ vomiting/
any movements of limbs.
OK, No neurological deficits
Baseline vitals - Senken.

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One free consultation with the same doctor within next 6 days

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