

DEPARTMENT OF CARDIOLOGY  
BMRC, SMS MEDICAL COLLEGE & HOSPITAL, JAIPUR  
ANGIOGRAPHY & CATHETERIZATION REPORT

Name: Mrs. Vijay Laxmi Age/Sex: 49/F

Date/Cath. No.: 27/5/22 H Prof Dr. Rajcor

Date/Cath. No.: 22/5/22 #

Referred By: CMB/CSAP/SK/NOU/ET-SSA

Performed By: Prof Dr. Rajeev Bageri Kothu SM

Clinical Diagnosis: hypothyroidism / PC

CATHETER USED: JL / JR / PIGTAIL / NIH / COURMAND CONTRAST: IONIC / NON-IONIC

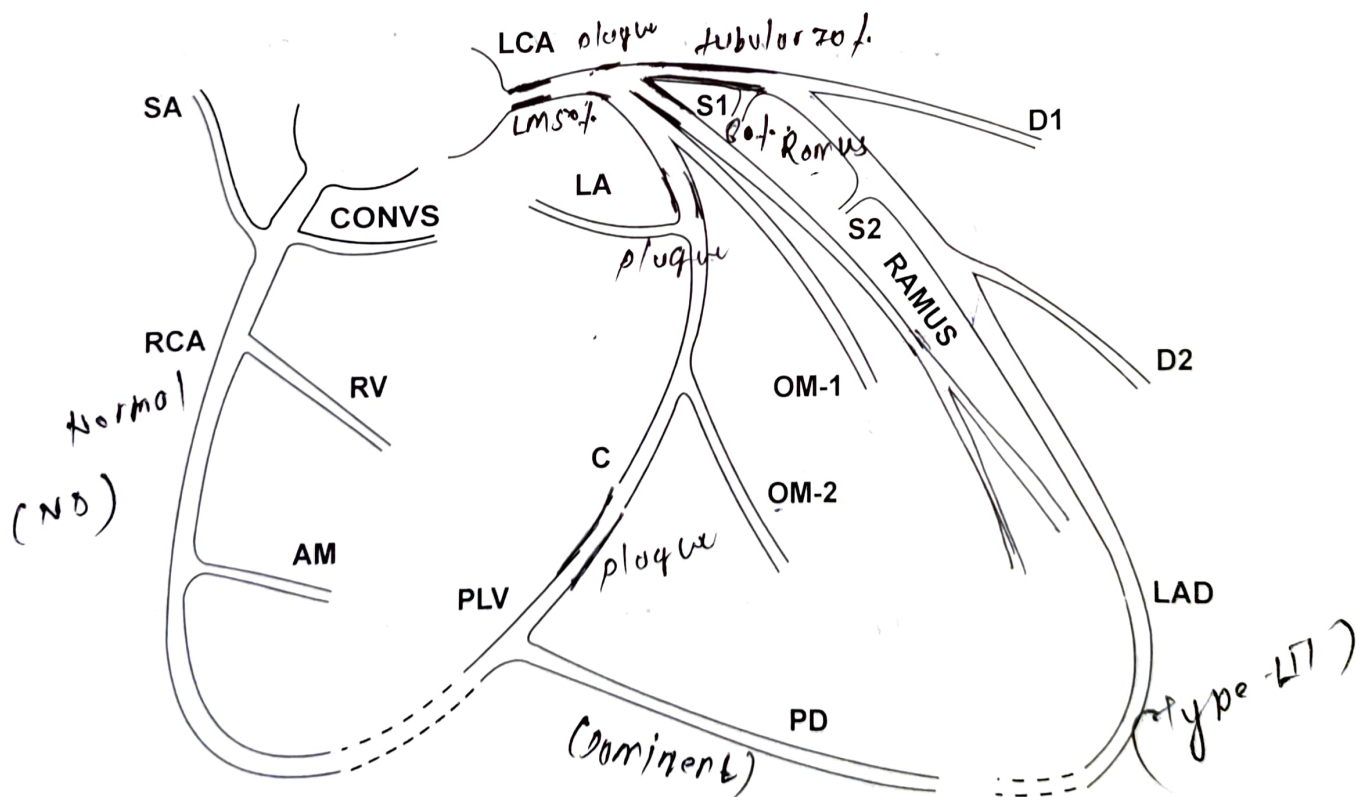
GUIDING flyer WIRE ..... BALLOON .....

PROCEDURE : LH/RH/CART/ANGIOS/PTMC/PVBT/PTCA+STENTING

CATHETER COURSE:  $GF \rightarrow RPA \rightarrow Porto \rightarrow \begin{cases} LMC \\ RCA \end{cases}$

METHOD ..... SELDINGER/LOCAL ANAESTHESIA

## CORONARY ANGIOGRAM



LV EJECTION FRACTION ..... WMA ..... MVP ..... MR .....

AORTIC ROOT .....AR

SITE	PRESSURE	O <sub>2</sub> SATURATION
SVC		
IVC		
RA		
RV		
PA		
AO	110/20	74/
LV		
LA		

## CORONARY ANGIOGRAPHY/PTCA + STENTING

Left Main Stem : ostial LM soft stenosis + trifurcating

LAD : - 70% proximal LAD concentric tubular stenosis

Ramus Intermedius : ostial soft disease in RZ

Lt. Circumflex : plaque

RCA (Nondominant) : Normal

Collaterals :

Final Diagnosis : LM - ostial soft + SVD - LAD - 70%

Recommendation : CABG

Dr. Anshu

Consultant : .....

500

CSBY/RCIS/RCF/PAID  
NAME: Vijay Kumar.  
AGE/SEX: 49 Yr M

S-1 - 6 N/W

NEW UNIT 2

PROF DR RAJEEV BAGARIHATIA SIR

DIAGNOSIS

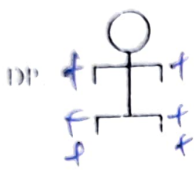
CAD/CSAP-II/BR/NO CLF/EF-55%

TMT +ve

METS - 6.2

Kidney - 540S

Hypothyroidism



- AGE: (+)
- DM: (+)
- HTN: (+)
- SMOKING: (+)
- CAD: (+)
- CVA: (+)
- FAMILY: (+)
- Obesity: (+)
- RA: (+)

CAD Sio Lm + RVD

LM 50% + LAD - 70%

DATE	20/5/25	21/5	23/5
BP	136/70	110/70	100/80
PP	98/min	70/1	70/1
HEST	Blade (+)	o/v	BlvN
VS	512 (+)	cr.	cr.
ECG	ADSR		
CHO	ADAXIS		

- T. Aspirin 75mg + Clopidogrel 75mg m
- T. Atorvastatin 40mg + HB
- T. Met XL 250mg m
- T. Telmisartan 40mg m
- T. ISDN 5mg 8x 50S
- T. GIN 2.5mg 1x 6X (8x - 4x)
- T. Pantop 40mg 8x
- T. fhyrox 100mg 1x/nc.

22/5

for  
main BP: 15/80  
L: 15/80

LS  
2R

Good

23/05/25

1st is conscious oriented to TPP

BP: 130/70

PR: 85

SpO<sub>2</sub>: 99% CAA

CVS: S1 S2

normal R/L

Last procedure

LS: (1)

12R (+)

Signature  
Σ

BP: 130/70

PR: 86

RR: 16

ECG: M4

S: 7m

V: 16m

DR: 2



27/09/2023

**S. MEDICAL COLLEGE & S.M.S. HOSPITAL, JAIPUR (RAJASTHAN)**  
**ADMISSION & DISCHARGE RECORD**  
**BED HEAD TICKET (BHT)**

**RGHS**

**WAI MAN SINGH HOSPITAL JAIPUR**

[BHT]

NO / TIME:  
SMNH/26/61011  
05/2025 11:30

110525251867255

NAME: Vijaylaxmi  
Name: Govind Singh  
CATEGORY: RGHS

AGE / SEX: 49Y / Female  
MOBILE: 9461643521  
AMT: 0

Ward TO: CARDIOLOGY / UNIT 2 / NEW CARDIOLOGY WARD

Ward BY: EMERGENCY:  
Ward FROM: MLC TYPE:

RESS: 100, Ward No-52, Bharatpur, Bharatpur  
DISTRICT: Bharatpur, - 321001, RAJASTHAN

**RGHS**  
Rajasthan Government  
Health Scheme

178247  
22/5/25

Code RGHS	RGHS TID No.			
Admission →	Routine (R)/ Emergency (E)/MLC (M)	Date of Discharge	Total Hospital Days (Stay)	
on Admission agnosis	592 + 601		ICD Code	
I Diagnosis rincipal Diagnosis First)	T-2025052013502265 A-2025200556719		Date & Time of Expiry	
re Procedure			Date	Time
(Please tick)	Discharge	LAMA	Absconded	Expired
expired	Autopsy Done	Autopsy not done		
e of Death				
Signature of Duty Doctor with seal	Name & Signature of Unit Head with seal		Name & Signature of Nursing Staff	

**IF MEDICO-LEGAL CASE (MLC) (FILLED BY FORENSIC MEDICINE)**

by Dr. of Department marks →	Date	Time
ed from Out- en details	Name & Signature of Dr. of Fore. Med.	
nce of MLC s, if fit for ge/Any Other emarks	Date	Time
	Name & Signature of Dr. of Fore. Med.	

**MEDICAL RECORD DEPARTMENT**

d By	Date	
d by	Sheets	

HT should be deposited in Medical Record Department within 24 hrs, after discharge & with 48 hrs. after death  
Phone No. 0141-2518222/2518422, Website :- [www.medicaleducation.rajasthan.gov.in](http://www.medicaleducation.rajasthan.gov.in)

RAJASTHAN MEDICAL COLLEGE & S.M.S. HOSPITAL, JAIPUR  
 EMERGENCY/OUT PATIENT DEPARTMENT (OPD) ADMISSION

diagnosed for / my / admission in	Sex	49/f
		Date & Time Admission
on →	Unit & Ward	CU-II / new.
Routine (R) / Emergency (E) / MLC (M)		

Diagnosis: CHD / CAD-IT / SK / noval/EF-

complaints :- TMT @ 100  
metes - 6.2 (poor tolerance)  
THR delivered!  
(ST-T changes in  
Inf & Lat leads)

136/70 mmHg	Pulse if req.	98/min	Respiratory Rate if req.	16/min
-------------	---------------	--------	--------------------------	--------

Physical Examination:-  
lungs @ SK  
@ anis

Examination :-

Advice :- plan → CATH  
well  
Admit in  
CU-II / new  
Dr Rakesh  
Baghelada

Signature of Doctor with Seal  
 DR. RACHA BAGARHATTA  
 SR CARDIOLOGY  
 S.M.S. HOSPITAL, JAIPUR

Name & Signature of Doctor with Seal

**S. MEDICAL COLLEGE & S.M.S. HOSPITAL, JAIPUR (RAJASTHAN)**  
**HISTORY AND PHYSICAL EXAMINATION SHEET**

Patient's Name		Sex/Age		C.R. No.	
Initial		Date of Admission		Adm. No.	
		Ward		Bed No.	

do at join 1 P 80g  
 north  
 retro sternal

rodrot to p/c hand.

o/w globroho k,  
 d/m

rdm c rest c' m  
 sm'n

k/d a Hypo Glycemia - 54 years  
 hypoxia 500 mg

k/d a RA - on Ay

dist. y

o/a Mohit @

Meup - m @

no H/a cubicle Aban

Name & Signature of Doctor with Seal



# S.M.S. MEDICAL COLLEGE & S.M.S. HOSPITAL, JAIPUR

## HISTORY AND PHYSICAL EXAMINATION

Patient's Name		Sex/Age		C.A. No.
Unit		Date of Admission		Adm. No.
Presenting Complaints :-		Ward		Bed No.

P I U C L L  
e e v u u u

Present History :-

BP -- 130/70

HR - 90/min

Past History (Family/Drug/Any Operative History) :-

W.B / m

Qy. m

General Physical Examination :-

HR = 90/min

Systemic Examination :-

Respiratory :-

CVS :-

GIT :-

CNS :-

Provisional Diagnosis :-



# MEDICAL COLLEGE & S.M.S. HOSPITAL, JAIPUR (RAJASTHAN)

## NURSES DAILY RECORD

	Sex/Age		C.R. No.	
	Date of Admission		Adm. No.	
	Ward		Bed No.	

All instructions to be initiated by persons administering and witnessing

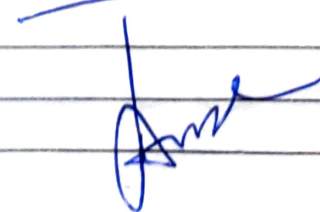
~~22/05/15~~

Chy note (Jan. Rajan  
Safarulla  
sa.)

6f → RFA → Ao → RFA  
LFA

Chy → Lm (PTV)  
go

Immediate sweat  
@ Lm/Phenol  
@ RFA



Name & Signature of Nursing Staff/Incharge



# RGHS

(राजस्थान सरकार स्वास्थ्य योजना)

## CONSENT FORM / सहमति पत्र

(To be filled by patient or his or her relative/ रोगी अथवा उसके संबंधी द्वारा भरे जाने के लिये)

### FOR TREATMENT

I am the beneficiary of The Rajasthan Government Health Scheme. Concerned Doctor and Hospital Staff have completely appraised me for myself/my above relative about diagnostic examination or tests/Biopsy/Blood transfusion/Surgery/Medical treatment/Cancer treatment/Drug to be used for Anesthesia etc & I/my relative agree for the same. I give complete consent in my full sense from myself/my above relatives without any condition/pressure for treatment according to the category /We belong to as per the rules applicable under RGHS.

### उपचार हेतु

मैं राजस्थान सरकार स्वास्थ्य योजना का लाभार्थी हूँ। संबंधित चिकित्सक एवं चिकित्सालय स्टाफ ने मुझे मेरे/मेरे उपरोक्त सम्बन्धी के नैदानिक परीक्षण अथवा जाँच/बायोप्सी/रक्त आधान/शल्य चिकित्सा/भेषज उपचार/कैंसर उपचार/चेतना शून्य के लिये उपयोग में ली जाने वाली औषधि इत्यादि के बारे में समझा दिया है। मैं अपने पूर्ण होश-हवास में बिना शर्त/दबाव के अपनी/अपने सम्बन्धी पर इस योजना के अन्तर्गत निर्धारित श्रेणी के आधार पर लागू नियमों के अनुसार उपचार के लिये पूर्ण सहमति देता/देती हूँ।

हस्ताक्षर / Signature: 

दिनांक / Date: 20/05/2015

नाम / Name: Satyaprasad Pachori

समय / Time: 1:30pm

रोगी से सम्बन्ध / Relation with patient: Son

मोबाईल नम्बर / Mobile No: 8619949322/9461643521

PID: GC FICTG/BJ/JPH/SMSCL/20

(DD/MM/YY)

(HH MM)/Lab ID

37024

Sample Collection

(DD/MM/YY)

2 PM

(HH MM)

20 MAY 2025

serum / Plasma / Whole Blood

Tested on

(DD/MM/YY)

8 PM

(HH MM)

OF HIV ANTIBODY TEST :

NON-REACTIVE

HIV Test Kit

MS

Batch No. :

Collected Sample Received

'D.B.' Sample Drawn at HIV Test Laboratory

The report is of the sample received / drawn. The identity (Name, Age and Sex) of the client is a per information given by client/referring doctor/referring center.

LAB TECHNICIAN  
Name & Signature  
MICROBIOLOGY LAB  
Laboratory Technician  
SMS HCL

RESIDENT  
Name & Signature  
MICROBIOLOGY LAB  
Laboratory In-charge  
SMS HCL

- End of report -