

## DEPARTMENT OF NEUROLOGY

## DISCHARGE SUMMARY



<b>NAME</b>	: MRS SHANTHA BAI	<b>HOSPITAL NO</b>	: MH004851620
<b>Age/Sex</b>	: 76 Yr(s) / Female	<b>IP NO</b>	: I0000457052
<b>Admission Date</b>	: 12/12/2019	<b>Medical Discharge Date</b>	: 14/12/2019
<b>Consultant</b>	: Dr PRAMOD KRISHNAN	<b>Department</b>	: NEUROLOGY
<b>PayorName</b>	:	<b>Ward/Bed</b>	: 11 C MHB/1153UD-C

**DIAGNOSIS**

ACUTE CVA (ACUTE INFRACCT RIGHT POSTERIOR INSULA AND PARIETAL LOBE)  
 CAD WITH ATRIAL FIBRILLATION  
 HYPERTENSION

**LABORATORY INVESTIGATIONS****Complete Blood Counts (Automated)****Result Date & Time:** 12/12/2019 22:51

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
WBC Count (TC)	<b>22310</b>	/cu.mm	4400 - 11000
RBC Count	<b>5.83</b>	million/cu.mm	3.80 - 5.50
Haemoglobin	<b>14.3</b>	g/dl	12.0 - 15.0
Haematocrit [PCV]	<b>45.1</b>	%	34.0 - 48.0
MCV	<b>77.4</b>	fl	80.0 - 96.0
MCH	<b>24.5</b>	pg	27.0 - 31.0
MCHC	<b>31.7</b>	g/dl	32.0 - 37.0
Platelet Count	<b>631000</b>	/cu.mm	150000 - 400000
Neutrophils	<b>97.2</b>	%	40.0 - 75.0
Lymphocytes	<b>1.4</b>	%	20.0 - 45.0
Eosinophils	<b>0.1</b>	%	0.0 - 7.0
Basophils	<b>0.4</b>	%	0.0 - 1.0
Monocytes	<b>0.9</b>	%	2.0 - 10.0
RDW	<b>19.1</b>	%	11.6 - 14.0
IPF	<b>3.90</b>	%	0.70 - 9.10

**ESR ( Automated )****Result Date & Time:** 12/12/2019 23:43

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
ESR	<b>3.0</b>	/1sthour	0.0 - 35.0

**Renal Panel - I - Random****Result Date & Time:** 13/12/2019 08:31

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
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SERUM BICARBONATE(Enzymatic)	<b>19.0</b>	mmol/l	21.0 - 31.0
2SERUM SODIUM (Indirect ISE)	<b>140.0</b>	mmol/l	134.0 - 145.0
SERUM POTASSIUM (Indirect ISE)	<b>4.7</b>	mmol/l	3.5 - 5.2
SERUM CHLORIDE (ISE / IMT)	<b>103.0</b>	mmol/l	95.0 - 105.0
Blood Urea Nitrogen (Urease/GLDH)	<b>13.00</b>	mg/dl	8.00 - 23.00
SERUM CREATININE (mod.Jaffe)	<b>1.10</b>	mg/dl	0.60 - 1.40
GLUCOSE- Random (Hexokinase)	<b>203</b>	mg/dl	70 - 140
eGFR	<b>48.9</b>	ml/min/1.73sq.m	>60.0

**Vitamin B12****Result Date & Time:** 13/12/2019 08:31

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
VITAMIN B-12 (CLIA)	<b>473.20</b>		

**Urine Routine and Microscopy ( Qualitative Method)****Result Date & Time:** 13/12/2019 01:31

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
Crystals	NIL		
Colour	PALE YELLOW		
Epithelial Cells	2-4 /hpf		
Specific Gravity	1.010		
WBC	<b>2-4 /hpf</b>		
RBC	<b>NIL</b>		
Ketone Bodies	NIL		
Protein	Negative		
Glucose	NIL		
Bile Salts	NEGATIVE		
Bile Pigments	NIL		
Reaction[pH]	5		
Urobilinogen	NORMAL		
Casts	NIL		

**TSH (Thyroid Stimulating Hormone)****Result Date & Time:** 13/12/2019 08:37

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
Thyroid Stimulating Hormone (CLIA)	<b>1.810</b>	micIU/mL	0.340 - 4.250
TSHref1	<b>Non Pregnant Adult</b>		
TSHref2			

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	<b>Pregnancy</b>
	<b>TSH:1st</b>
	<b>Trimester:0.6</b>
	<b>- 3.4</b>
	<b>micIU/mL</b>
	<b>Pregnancy</b>
TSHref3	<b>TSH:2nd</b>
	<b>Trimester:0.37</b>
	<b>- 3.6</b>
	<b>micIU/mL</b>
	<b>Pregnancy</b>
TSHref4	<b>TSH:3rd</b>
	<b>Trimester:0.38</b>
	<b>- 4.04</b>
	<b>micIU/mL</b>

### **Glycated Hemoglobin ( Hba1C )**

**Result Date & Time:** 13/12/2019 09:12

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
HbA1c (Glycosylated Hemoglobin)	<b>6.1</b>	%	4.0 - 6.5
Methodology	(HPLC)		
Estimated Average Glucose (eAG)	<b>128</b>	mgs/dl	

### **Homocystine (Plasma)**

**Result Date & Time:** 13/12/2019 13:18

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
PLASMA HOMOCYSTEINE (CLIA)	<b>6.77</b>	mic.mol/L	4.70 - 15.00

### **Lipid Profile**

**Result Date & Time:** 13/12/2019 08:37

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
HDL- CHOLESTEROL (Direct)	<b>41</b>	mg/dl	30 - 60
TOTAL CHOLESTEROL (CHOD/POD)	<b>138</b>	mg/dl	<200
VLDL- CHOLESTEROL (Calculated)	<b>17</b>	mg/dl	10 - 40
TRIGLYCERIDES (GPO/POD)	<b>85</b>	mg/dl	<150
LDL- CHOLESTEROL	<b>80</b>	mg/dl	<100
LDL.CHOL/HDL.CHOL Ratio	<b>2.0</b>		
T.CHOL/HDL.CHOL Ratio	<b>3.4</b>		

### **Glucose - Fasting**

**Result Date & Time:** 13/12/2019 08:37

<b><u>Parameters</u></b>	<b><u>Value</u></b>	<b><u>Units</u></b>	<b><u>Reference Range</u></b>
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GLUCOSE - Fasting (Hexokinase)	<b>80</b>	mg/dl	70 - 100
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**TC (Total Count)( Automated )****Result Date & Time:** 13/12/2019 11:46

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
WBC Count (TC)	<b>21500</b>	/cu.mm	4400 - 11000

**Differential Count( Automated Cell Counter )****Result Date & Time:** 13/12/2019 11:45

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
Neutrophils	<b>88.9</b>	%	40.0 - 75.0
Lymphocytes	<b>6.1</b>	%	20.0 - 45.0
Eosinophils	<b>1.5</b>	%	0.0 - 7.0
Basophils	<b>0.5</b>	%	0.0 - 1.0
Monocytes	<b>3.0</b>	%	2.0 - 10.0

**Platelet Count ( Automated )****Result Date & Time:** 13/12/2019 11:46

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
Platelet Count	<b>574000</b>	/cu.mm	150000 - 400000
IPF	<b>2.90</b>	%	0.70 - 9.10

**C-Reactive Protein****Result Date & Time:** 14/12/2019 08:12

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
C-Reactive Protein (Quantitative)	<b>62.50</b>	mg/L	1.00 - 10.00
Method	Immunonephelometry		
CRP Result	<b>Positive</b>		

**Glucose - Post Prandial (Ppbs)****Result Date & Time:** 14/12/2019 08:45

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
GLUCOSE - P P (Hexokinase)	<b>177</b>	mg/dl	70 - 140

**OTHER INVESTIGATIONS REPORT**

12.12.19 : ECHO CARDIOGRAPHY REPORT :

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AF WITH FVR  
DILATED ATRIA  
NO REGIONAL WALL MOTION ABNORMALITIES  
FAIR LV SYSTOLIC FUNCTION (EF 54%)  
MILD CONCENTRIC LV HYPERTROPHY  
MILD MR  
SCLEROSSED AORTIC VALVE ; GRADE I AR ; NO AS  
GRADE II TR ; MILD PAH  
IVC NORMAL  
NO CLOT/PERICARDIAL EFFUSION

### RADIOLOGY INVESTIGATIONS

12.12.19: COLOR DUPLEX DOPPLER SONOGRAPHY OF THE CAROTID AND VERTEBRAL ARTERIES WAS PERFORMED

Mild diffuse intimal hyperplasia noted in bilateral carotid vessels .

A fibrocalcific plaque noted at left carotid bifurcation with extension to the left internal carotid artery

No stenotic jet

.Both Common Carotid Arteries are normal in course and caliber.

Normal flow separation seen at Carotid bifurcation.

Both Internal Carotid Arteries show normal flow and spectral profile.

Both Vertebral Arteries show Cranial flow with normal spectral profile.

DOPPLER PROFILE: RIGHT (PSV/EDV C/S) LEFT(PSV/EDV C/S)

Common Carotid Artery 45/10 44/13

Carotid Bifurcation 36/8 51/13

Internal Carotid Artery

Proximal 40/10 41/8

Distal 36/10 72/16

Vertebral Artery 43/17 29/9

#### IMPRESSION:

Bilateral mild diffuse intimal hyperplasia.

A fibrocalcific plaque at left carotid bifurcation extending to the left internal carotid artery with no stenotic jet

Both vertebral arteries show cerebro-petal flow

No haemodynamically significant carotid or vertebral artery stenosis.

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12.12.19: NCMRI BRAIN LIMITED

Procedure: FLAIR, DWI; 3D TOF MRImaging.

Acute small infarct in the right posterior Insula and Parietal lobe, showing slight hyperintensity on T2-weighted images. No mass-effect or ventricular compression.

3D TOF MR angiography suboptimal due to motion artefacts, no signal is seen in bilateral ICA is and part of the MCAs. Distal vessels are blurred.

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Old left lenticular capsular infarct extending to the Corona Radiata.

The periventricular white matter shows ischaemic changes.

Ventricles are normal; no hydrocephalus.

Basal cisterns and cortical sulci are widened.

No surface collection.

#### 13.12.19: MR ANGIOGRAM OF NECK AND INTRACRANIAL VESSEL

##### Findings:

Grossly arch of aorta is normal.

Common origin of right brachiocephalic and left common carotid artery. Left subclavian artery is normal.

Bilateral common carotid arteries are normal.

Bilateral ICA and its segments shows normal flow related enhancement. No occlusion.

Origin of both vertebral arteries is poorly visualised-motion artifacts.

Bilateral vertebral arteries shows normal flow related enhancement.

Bilateral MCA, ACA and its branches show normal flow related enhancement.

Bilateral PCA and its branches show normal flow related enhancement.

##### Impression:

Normal MR angiogram of neck and intracranial vessels.

### COURSE OF TREATMENT IN HOSPITAL

Mrs. Shantha Bai, 76 years old female was admitted with history of found fallen in washroom at 8:00 AM (12/12/2019). She was also complaining of difficulty in vision. No history of loss of consciousness/seizures/headache/vomiting. Patient was admitted to MHB for further evaluation and management.

On examination in ER her BP was 150/90 mmhg, pulse 88/min, afebrile. Neurologically she was conscious, alert, oriented. She was moving all 4 limbs. She had left hemianopia and mild left hand grip weakness.

MRI brain revealed acute infarct in right posterior insula and parietal lobe. MRA brain and neck vessels was unremarkable. 2D echocardiogram showed dilated RA, LA, mild AR, MR, TR, concentric LVH. Carotid doppler was unremarkable. Blood investigations were normal except raised TLC and CRP.

Patient treated with antiplatelet medications, statins and other symptomatic treatment. Cardiology reference was given in view of AF and 2D echo findings and they advised to start oral anticoagulants. Physician reference was given in view of raised TLC and advice followed.

The nature of illness, treatment plan, and need for oral anticoagulation / regular follow up has been explained in detail to patient and family members. At present patient is conscious, alert. Her left hemianopia and left hand grip weakness has been resolved completely. Now patient is discharged in stable condition.

### CONDITION ON DISCHARGE

Recovered / Improved

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**FURTHER ADVICE ON DISCHARGE**

REPORT IMMEDIATELY IN CASE OF LOC / SEIZURES / WORSENING OF WEAKNESS / BLEEDING FROM ANY SITE.

TAB ECOSPRIN 75 MG -----0-1-0 TO CONTINUE  
TAB ATORVASTATIN 40 MG -----0-0-1 TO CONTINUE  
TAB COLIHENZ P -----1-0-1 TO CONTINUE

REVIEW WITH DR.PRAMOD KRISHNAN IN NEUROLOGY OPD AFTER 2 WEEKS WITH PRIOR APPOINTMENT.  
FOR APPOINTMENT CONTACT 080-25023273.

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ADVICE FROM DR.PADMA KUMAR (CONSULTANT CARDIOLOGIST):  
TAB. NEBICARD 5mg 1-0-0  
TAB. CILACAR 10mg 1-0-1  
TAB. ELIQUIS 2.5mg 1-0-1

REVIEW IN CARDIOLOGY OPD AFTER 2 WEEKS WITH PRIOR APPOINTMENT.  
FOR APPOINTMENT CONTACT 080-25024320.

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ADVICE FROM DR.PANKAJ SINGHAI (CONSULTANT PHYSICIAN):  
TO REPEAT CBC AFTER 5 DAYS AND REVIEW IF TLC / PLATELET CONTINUES TO BE HIGH / IF ANY GROWTH ON CULTURES.

REVIEW IN MEDICINE OPD AFTER 2 WEEKS WITH PRIOR APPOINTMENT.  
FOR APPOINTMENT CONTACT 080-25023232

**Dr PRAMOD KRISHNAN**

MBBS, MD (Gen Med), DM (Neurology), Post Doctoral Fellowship in Epilepsy & EEG  
Department of NEUROLOGY, Reg No:62785

**Seek medical help if:**

- The initial symptoms get aggravated
  - Any new symptoms (like breathlessness , bleeding etc) is causing concern
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**For booking an appointment, call on 1800 102 5555. For any other enquiries, call on 080 2502 3344**

**For any Medical Emergency in Bangalore Dial 080 2222 1111. MARS 24 X 7 Manipal Ambulance Response Service**

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For further details please contact the HomeCare Hotline No: +91 95911 40000**

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