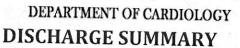
MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

PUDUVAI - CUDDALORE MAIN ROAD, PILLAIYARKUPPAM

PUDUCHERRY - 607 402 0413 - 2615449 - 456, EXT-200





NAME	MR. MASILAMANI			M.R.D NO.	22480405 A22064914
AGE/SEX 59/M				IP NO	
DOA	28/12/2022	CAG	29/12/2022	DOD	
				DOD	30/12/2022

DIAGNOSIS:

- 1. SEVERE ISCHEMIC HEART DISEASE
- 2. S/P CAG TRIPLE VESSEL DISEASE (29/12/2022)
- 3. NORMAL LV SYSTOLIC FUNCTION
- 4. TMT POSITIVE
- 5. SYSTEMIC HYPERTENSION
- 6. HYPOTHYROIDISM

BRIEF HISTORY & COURSE IN THE HOSPITAL:

A 59 years old male MR. MASILAMANI, euglycemic, hypertensive had presented with complaints of chest pain associated with palpitation, for which he initially went to outside hospital, where he underwent TMT which was strongly positive for inducible ischemia and he got referred here for coronary angiogram. He underwent CAG on 29/12/2022 which revealed CAD – TRIPLE VESSEL DISEASE (detailed report enclosed). He is advised for IVUS/DEBULKING STRATEGY ASSISTED MULTIVESSEL PCI Vs CABG. He is now discharged in a hemodynamically stable condition with the following advice.

ON EXAMINATION (AT DISCHARGE):

Afebrile, no pallor /no icterus / no pedal edema

Pulse: 88/min Blood Pressure: 120/70mmHg

CVS: S1, S2 (+)

RS: BAE (+) CNS: NFND

ECG: NSR, no significant ST-T changes.

<u>ECHO</u>: Concentric LVH, no RWMA, normal LV systolic function (EF-60%), Normal valves, DD+, PASP- 32mmhg, No Clot / No Vegetation/ PE.

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DEPARTMENT OF CARDIOLOGY DISCHARGE SUMMARY



ADVICE ON DISCHARGE:

- 1. PLAN: IVUS/DEBULKING STRATEGY ASSISTED MULTIVESSEL PCI Vs CABG
- 2. Strict adherence to medications

S.No.	Medicine	Dose	Morning	Afternoon	Night	Before/ Afte
1.	TAB. AXCER	90mg	1	0	1	food After food
2.	TAB.ECOSPRIN	75mg	0	1	0	After food
3.	TAB. ROZAVEL	20mg	0	0	1	After food
4.	TAB.PROLOMET XL	25mg	1	0	0	After food
5.	TAB.GTN SORB	2.6mg	1	1	0	After food
6.	TAB.K-ION	5mg	1	0	1	After food
7.	TAB. CARDACE	2.5mg	0	0	1	After food
/8.	TAB. THYRONORM	100mcg	1	0	0	Before food
9.	TAB. PANTOCID	40mg	1	0	0	before food
10.	TAB. SORB	5mg		S/L S.O.S		After food

TO REVIEW IN CARDIO OPD IN MON/WED/FRI AFTER 2 WEEKS.

DR. B. AMIRTHA GANESH., MD., DNB (CARDIO)

PROFESSOR& HOD OF CARDIOLOGY

DR. S. KARTHIKEYAN, MD, DM CONSULTANT INTERVENTIONAL CARDIOLOGIST

> Dr. KARTHIKEYAN S Reg. No.: TMC 83314

DR.SURYA PRAKASH., MD, DNB CONSULTANT INTERVENTIONAL CARDIOLOGIST

DR.V.PREMNATH, MD, DM CONSULTANT INTERVENTIONAL CARDIOLOGIST

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DEPARTMENT OF CARDIOLOGY



NAME:MR. MASILAMANI

DATE: 12/12/2022

Dr. B Amirtha Ganesh, MD, DNB (Cardio)
Dr. S Karthikeyan, MD, DM (Cardio)
DR. Surya Prakash, MD, DNB

AGE / SEX: 59/M

ACCESS: Right radial artery

DYE: OMNIPAQUE 20ml

MR.NO:22480405

IP.NO: A22064914

PRESSUREDATA: Aorta 131/74mmHg

MEAN:97

CLINICAL DIAGNOSIS:

- 1. SEVERE ISCHEMIC HEART DISEASE
- 2. NORMAL LV SYSTOLIC FUNCTION
- 3. TMT POSITIVE
- 4. SYSTEMIC HYPERTENSION
- 5. HYPOTHYROIDISM

LMCA: Mild disease distally. Bifurcates into LAD and LCX.

LAD: Type III vessel. Ostial LAD has 50% stenosis. Proximal to mid LAD has a long segment moderate calcium containing lesion maximum of 90-95% stenosis astride major septals. Distal LAD has mild myocardial bridging with mild disease. Diagonal- small calibered vessel.

LCX: Non-Dominant vessel. Ostial LCX has 40-50% discrete lesion. Distal LCX - normal. Major OM has tubular 70% stenosis.

RCA: Dominant vessel-normal. Mild disease noted in ostium. Mid RCA has 90% lesion. PLB - normal. Ostial PDA has 70% discrete lesion.

IMPRESSION: CAD - TRIPLE VESSEL DISEASE / RIGHT DOMINANT SYSTEM

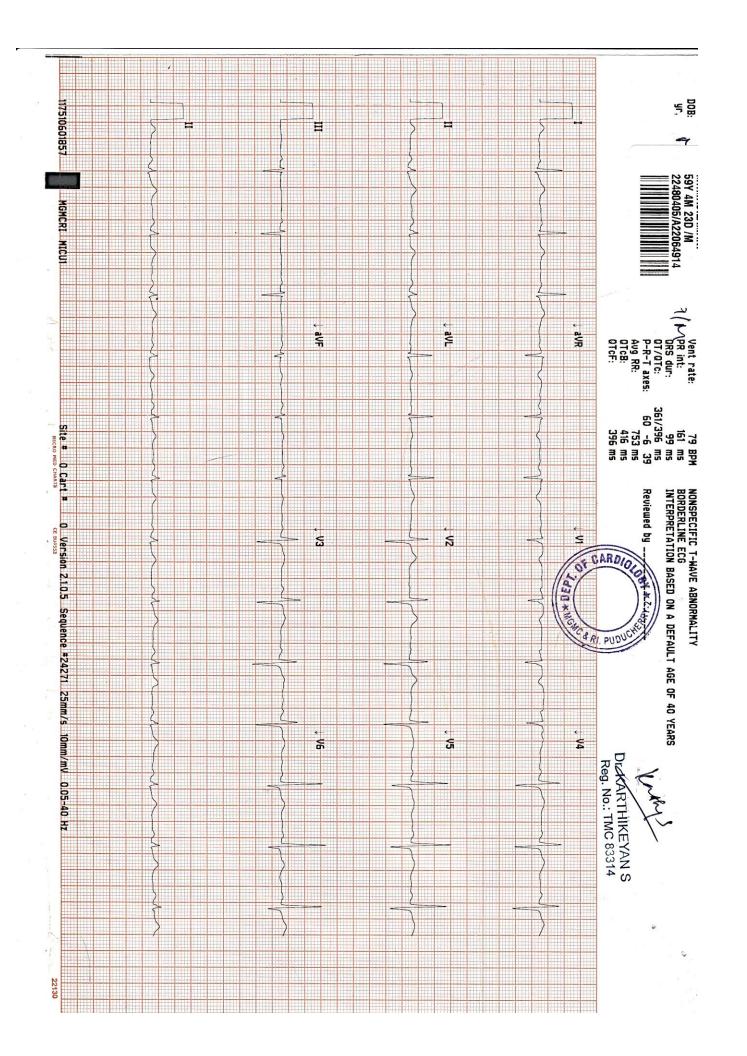
PLAN: IVUS/DEBULKING STRATEGY ASSISTED MULTIVESSEL PCI VS CABG

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DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

Name:	MR. MASILAMANI	Age/Sex	59/M
MR:NO	22480405	DATE	28/12/2022
Clinical D	Diagnosis: FOR LV FUNCTION	ş	

IMPRESSION:

- > CONCENTRIC LVH
- > NO RWMA
- > NORMAL LV SYSTOLIC FUNCTION EF- 60%,
- NORMAL VALVES
- DD+
- ➤ PASP 32mmhg
- > SPECK OF CALCIUM NOTED IN RCC
- > NO CLOT/ VEGETATION /PE



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