

DEPARTMENT OF GENERAL MEDICINE
DISCHARGE SUMMARY
LAMA



Name	: MRS. JYOTHI NAGA LAKSHMI	Date of Admission	: 01/DEC/2024
IP. No	: 651888	Date of Procedure	: 04/DEC/2024
Age	: 48 Year (s) Female	Date of Discharge	: 06/DEC/2024
Address	W/O MR LAXMAN . # PLOT NO 12 AND 13 FLAT G 1 S V TOWERS MALLA REDDY NAGAR LOTHKUNTA, SECUNDERABAD TELANGANA PHONE : 9182662739	Type	: STAR HEALTH AND ALLIED INSURANCE

YH. No : 116565665

CHIEF CONSULTANTS:

DR. SRI KARAN UDDESH TANUGULA
MBBS,MD(Internal Medicine)
Consultant General Physician
Reg No:90771
Email: karanuddesh@icloud.com

CRITICAL CARE TEAM & ECMO TEAM:

DR. MADHUSUDAN R. JAJU
DNB, IDCCM, EDIC
Head - Critical Care Medicine
Reg No. 73135
Email: madhu_jaju123@rediffmail.com

DR. SHASHIDHAR PULGAM
MD (Anae), FNB , EDIC
Senior Consultant Critical Care Medicine
Reg No: 53916

REFERRAL CONSULTANTS:

DR. MURALI MOHAN REDDY. K
M.S.(Gen),M.Ch.(Plastic, NIMS)
Sr.Consultant Plastic, Cosmetic & Hand Surgeon
Regd. No. 37322
Email: drmuralimreddy@yahoo.com

DR. C. RAGHU
MD, DM (Cardiology)
FACC, FSCAI, FESC
Sr. Consultnt Interventional Cardiologist & Clinical Director
Reg No: TSMC20412
Mobile: 9848155650
Email: raghu@drraghu.com



FOR EMERGENCY/QUERIES
040 6723 2320 (24 HRS)

FOR APPOINTMENTS
040 4567 4567 (24 HRS)



DIAGNOSIS:

HEART FAILURE WITH PRESERVED EJECTION FRACTION
INTRACARDIAC THROMBI – LARGE APICAL LV CLOT
ORAL LESION
COAGULOPATHY

PROCEDURE:

EXCISION WAS DONE ON 04/12/2024 (BIOPSY REPORT AWAITED)

**CHIEF COMPLAINT &
HISTORY OF PRESENT
ILLNESS:**

Mrs. Jyothi Naga Lakshmi, presented with history of multiple episodes of vomitings 3 days associated with diffused abdominal pain, chest pain and generalized myalgia since 3 days, Patient was admitted here for further management.

PERSONAL & FAMILY HISTORY:

Nothing contributory

Physical Examination:

General Examination:

Dehydrated

Polypoidal pedunculated growth from upper alveolus

Temp: 98.6°F

PR: 95/min

BP: 80 systolic

RR: 30/min

SPO₂: 97 percent at room air

Systemic Examination:

RS: Bilateral air entry adequate, bilateral fine basal crepts present

CVS: S1+, S2+

P/A: Soft, BS+

CNS: Drowsy, arousable

INVESTIGATIONS :

01/12/2024 **Physical Examination**

Colour

Light yellow

Appearance

Hazy

Chemical Examination

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Specific Gravity	1.0160	
pH	5.0 (Acidic)	
Proteins	Present (+)	
Glucose	Nil	
Bile Salts	Absent	
Ketones	Present (+)	
Bilirubin / Bile salts	Negative	
Urobilinogen	Normal	mg/dL
Nitrite	Negative	
Leukocyte esterase	Nil	
Microscopic Examination		
Pus cells (WBC)	Nil	
Squamous epithelial cells	Nil	Cells/HPF
Red blood cells	2	Cells/HPF
Epithelial cells	Nil	Cells/HPF
Renal tubular epithelial cells	Nil	Cells/HPF
Granular casts	Nil	Cells/HPF
Hyaline casts	Nil	Cells/HPF
Crystals	Uric acid crystals present	Cells/HPF
Yeast	Nil	Cells/HPF
Bacteria	Nil	Cells/HPF
01/12/2024 CREATININE - SERUM		
CREATININE - SERUM	1.70	mg/dL
01/12/2024 Electrolytes - Serum		
Sodium	128	mmol/L
Potassium	5.50	mmol/L
Chloride	103	mmol/L
01/12/2024 Liver Function Test (LFT)		
Bilirubin - Total	0.90	mg/dL
Bc (Conjugated)	0	mg/dL
Bu (UnConjugated)	0.49	mg/dL
Alkaline Phosphatase (ALP)	59	U/L
Aspartate Amino Transferase (SGOT)	35	U/L
Alanine Amino Transferase (SGPT)	29	U/L
Total Protein	6.30	gms/dL
Albumin	3.30	gms/dL
Globulin	3	gms/dL
A/G Ratio	1.10	
G G T	19	IU/L
01/12/2024 GLUCOSE - RANDOM		
Glucose - Random	150	mg/dL
01/12/2024 Complete Haemogram (Hemogram & ESR)		
Haemoglobin	11.70	g/dl
Total RBC Count	4.67	million/cu mm
Packed Cell Volume (P C V)	37	%



RBC Indices			
(Calculated Parameters)			
Mean Corpuscular Volume (M C V)	79.20	fL	
Mean Corpuscular Hemoglobin (M C H)	25.10	pg	
Mean Corpuscular Hemoglobin Concentration (M C H C)	31.6	g/dl	
Red Cell Distribution Width (RDW-CV)	20.20	%	
Platelet Count	2.67	lakhs/cu mm	
Mean Platelet Volume (M P V)	10.90	fL	
Total WBC Count	14480	cells/cu mm	
Differential Count			
Neutrophils	79.20	%	
Lymphocytes	16.40	%	
Eosinophils	0.40	%	
Monocytes	3.90	%	
Basophils	0.10	%	
Absolute Counts			
Neutrophil	11460	cells/cu mm	
Lymphocyte	2370	cells/cu mm	
Eosinophil	60	cells/cu mm	
Monocyte	570	cells/cu mm	
Basophil	20	cells/cu mm	
Peripheral Smear			
RBC Morphology	Normocytic normochromic RBC		
W B C	Leucocytosis with normal distribution		
Platelets on Smear	Adequate		
Erythrocyte Sedimentation Rate (ESR)			
First hour	42	mm after 1 Hr	
01/12/2024 HEPATITIS C VIRUS ANTIBODY (ANTI HCV)			
Hepatitis C Virus Antibody (Anti-HCV)	Non-Reactive		
Test Value	0.08	S/CO	
01/12/2024 HIV 1 &2 AG/AB			
HIV 1 & 2 AG/AB	Non-Reactive		
Test Value	0.06	S/CO	
01/12/2024 HEPATITIS B SURFACE ANTIGEN(HBSAG)			
Hepatitis B Surface Antigen (HBsAg)	Non-Reactive		
Test Value	0.29	S/CO	
01/12/2024 TROPONIN I (ES)			
TROPONIN I (ES)	6.75	ng/mL	
01/12/2024 Prothrombin Time Test (PT) with INR			
Prothrombin Time Test (PT)	21.70	seconds	
Mean Normal Prothrombin Time (MNPT)	14.10	seconds	
International Normalised Ratio (INR)	1.58		
01/12/2024 BLOOD GROUPING ABO & RH TYPING			
<u>BLOOD GROUPING</u>	'O'		
<u>RH - TYPING</u>	<u>POSITIVE</u>		



01/12/2024 AEROBIC SAMPLE 1

Interim report 1

No bacterial growth on culture after Overnight Incubation. Further incubation in progress.

Interim report 2

No bacterial growth on culture after 48 hours of incubation. Further incubation in progress.

Final report

No bacterial growth on culture after 5 days of incubation.

01/12/2024 ANAEROBIC SAMPLE 2

Interim report 1

No Bacterial growth on culture after Overnight incubation , Further incubation in progress.

Final report

No bacterial growth on culture after 5 days of incubation

01/12/2024 Urea with BUN

Urea

117 mg/dL

Urea Nitrogen

54.67 mg/dL

01/12/2024 CORTISOL RANDOM

CORTISOL, RANDOM

>61.6 µg/dL

02/12/2024 NT PRO BNP

NT PRO BNP

>25000 pg/mL

02/12/2024 AEROBIC SAMPLE 1

Interim report 1

No bacterial growth on culture after Overnight incubation. Further incubation in progress.

Interim report 2

No bacterial growth on culture after 48 hours of incubation. Further incubation in progress.

02/12/2024 ANAEROBIC SAMPLE 2

Interim report 1

No Bacterial growth on culture after Overnight incubation , Further incubation in progress.

Interim report 2

No Bacterial growth on culture after 48 hours of incubation, Further incubation in progress.

02/12/2024 Electrolytes - Serum

Sodium

130 mmol/L

Potassium

5.30 mmol/L

Chloride

105 mmol/L

02/12/2024 GLYCATED HAEMOGLOBIN (HBA1C)

GLYCATED HAEMOGLOBIN (HBA1C)

9 %

02/12/2024 Haemogram

Haemoglobin

11.30 g/dl

Total RBC Count

4.51 million/cu mm

Packed Cell Volume (P C V)

36.60 %

RBC Indices

(Calculated Parameters)

.

Mean Corpuscular Volume (M C V)

81.20 fL

Mean Corpuscular Hemoglobin (M C H)

25.10 pg

Mean Corpuscular Hemoglobin Concentration (M C H C)

30.9 g/dl



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Red Cell Distribution Width (RDW-CV)	20.20	%
Platelet Count	2.67	lakhs/cu mm
Mean Platelet Volume (M P V)	11.70	fL
Total WBC Count	14770	cells/cu mm
Differential Count		
Neutrophils	86.50	%
Lymphocytes	9.70	%
Eosinophils	0	%
Monocytes	3.70	%
Basophils	0.10	%
Absolute Counts		
Neutrophil	12780	cells/cu mm
Lymphocyte	1430	cells/cu mm
Eosinophil	0	cells/cu mm
Monocyte	540	cells/cu mm
Basophil	20	cells/cu mm
Peripheral Smear		
RBC Morphology	Anisocytosis normocytic hypochromic	
W B C	Neutrophilic leucocytosis	
Platelets on Smear	Adequate	
02/12/2024 TROPONIN I (ES)		
TROPONIN I (ES)	6.63	ng/mL
02/12/2024 Protein/Creatinine - Spot urine		
Protein - Spot urine	49.229	
Creatinine - Spot Urine	33.50	mg/dL
Ratio	1.47	
02/12/2024 FREE TETRA IODOTHYRONINE (FREE T4)		
FREE TETRA IODOTHYRONINE (FREE T4)	1.66	ng/dL
02/12/2024 THYROID STIMULATING HORMONE (TSH)		
Thyroid Stimulating Hormone(TSH)	0.4180	μIU/mL
02/12/2024 ANTI DS DNA ANTIBODIES /		

Anti ds-DNA - ELISA (ELISA) 12.28 <100.0 : Negative Ratio
=100.0 : Positive

Test Observations:

Anti double stranded DNA (ds DNA) antibodies are specific for SLE observed in 40-90% of these patients with active disease. American Rheumatoid arthritis association considers the presence of ds -DNA antibody as a diagnostic criteria for SLE. These antibodies are directly involved in the disease process being deposited as DNA / Anti DNA immune complexes. This test is used for diagnosis and monitoring of SLE with high levels being associated with exacerbation of disease activity and lower levels correlating with remission. They may be raised in patients with Discoid lupus erythematosus. All SLE patients may not show elevated ds -DNA antibodies especially those at the peak of SLE exacerbation. In some cases the level may remain elevated even during the remission phase of the disease.

Note: The above mentioned test has been conducted in outsourced laboratory.

02/12/2024 COMPLEMENT C3

COMPLEMENT C3 75.20 mg/dL

02/12/2024 COMPLEMENT C4



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COMPLEMENT C4

21.20 mg/dL

02/12/2024 Anti Nuclear Antibody (ANA) By IF

Anti Nuclear Antibodies (ANA)	Negative
Baseline Titre	1:100

02/12/2024 ANA PROFILE

Strip-No	ANA-3/241-101
RNP/Sm	Borderline(+)
Sm	Negative
SS-A native (60 kDa)	Negative
RO - 52 recombinant	Negative
SS-B	Negative
Scl-70	Negative
PM-Scl 100	Negative
Jo-1	Negative
Centromere B	Negative
PCNA	Negative
ds DNA	Negative
Nucleosomes	Negative
Histones	Negative
Ribosomal-P-PROTEIN (RIB)	Negative
AMA - M2	Negative

03/12/2024 Electrolytes - Serum

Sodium	130	mmol/L
Potassium	4.60	mmol/L
Chloride	104	mmol/L

03/12/2024 CORTISOL RANDOM

CORTISOL RANDOM	33.8	µg/dL
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03/12/2024 Haemogram

Haemoglobin	10.90	g/dl
Total RBC Count	4.26	million/cu mm
Packed Cell Volume (P C V)	33.80	%

RBC Indices

(Calculated Parameters)	.	.
Mean Corpuscular Volume (M C V)	79.30	fL
Mean Corpuscular Hemoglobin (M C H)	25.60	pg
Mean Corpuscular Hemoglobin Concentration (M C H C)	32.2	g/dl
Red Cell Distribution Width (RDW-CV)	21	%
Platelet Count	2.34	lakhs/cu mm
Mean Platelet Volume (M P V)	10.90	fL
Total WBC Count	18180	cells/cu mm

Differential Count

Neutrophils	84.20	%
Lymphocytes	11.20	%
Eosinophils	0.60	%
Monocytes	3.90	%

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Basophils	0.10	%
Absolute Counts		
Neutrophil	15320	cells/cu mm
Lymphocyte	2040	cells/cu mm
Eosinophil	100	cells/cu mm
Monocyte	700	cells/cu mm
Basophil	20	cells/cu mm
Peripheral Smear		
RBC Morphology	Normocytic hypochromic with anisocytosis	
W B C	Neutrophilic leucocytosis	
Platelets on Smear	Adequate	
03/12/2024 CARDIOLIPIN IgM ANTIBODY	2.14	MPL U/ml
CARDIOLIPIN IgM ANTIBODY		
04/12/2024 CREATININE - SERUM	1	mg/dL
CREATININE - SERUM		
04/12/2024 Electrolytes - Serum		
Sodium	132	mmol/L
Potassium	3.90	mmol/L
Chloride	106	mmol/L
04/12/2024 GLYCATED HAEMOGLOBIN (HBA1C)	9	%
GLYCATED HAEMOGLOBIN (HBA1C)		
04/12/2024 Prothrombin Time Test (PT) with INR		
Prothrombin Time Test (PT)	25.30	seconds
Mean Normal Prothrombin Time (MNPT)	14.10	seconds
International Normalised Ratio (INR)	1.86	
04/12/2024 Activated Partial thromboplastin time Test (APTT)		
Activated Partial thromboplastin time Test (APTT)	27.8	
Mean Normal Activated Partial Thromboplastin Time	29.20	seconds
04/12/2024 Haemogram		
Haemoglobin	11	g/dl
Total RBC Count	4.39	million/cu mm
Packed Cell Volume (P C V)	34.50	%
RBC Indices		
(Calculated Parameters)	.	
Mean Corpuscular Volume (M C V)	78.60	fL
Mean Corpuscular Hemoglobin (M C H)	25.10	pg
Mean Corpuscular Hemoglobin Concentration (M C H C)	31.9	g/dl
Red Cell Distribution Width (RDW-CV)	21.70	%
Platelet Count	2.79	lakhs/cu mm
Mean Platelet Volume (M P V)	10.80	fL
Total WBC Count	14680	cells/cu mm
Differential Count		
Neutrophils	76.40	%
Lymphocytes	17.90	%



Monocyte
Basophil
Peripheral Smear

460 cells/cu mm
20 cells/cu mm

RBC Morphology
W B C
Platelets on Smear

Anisocytosis normocytic hypochromic with NRBC 2-3/100 WBC
Neutrophilic leucocytosis and activated lymphocytes +
+
Adequate

Radiology Reports:

01/12/2024

2D ECHOCARDIOGRAM REPORT (BEDSIDE)

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Left Atrium : 3.8 cms.

Left Ventricle : IVSD : 0.9 cms LVPWD : 0.9 cms.

EDD : 5.0 cms. EF : 31 %

ESD : 4.3 cms. FS : 15 %

RWMA: Global Hypokinesia of LV

I A S : Intact

I V S : Intact

Aorta : 2.8 cms

Right Atrium : Dilated

Right Ventricle : Dilated

Pulmonary Artery : Normal

Pericardium : Mild pericardial effusion +

SVC , IVC : IVC plethora (1.9 X 1.6 cms)

Pulmonary Veins : Normal

Intracardiac Masses : Nil

Doppler : MVF: E > A E/A: 0.8 /0.3 m/sec, EDT: 115 m/sec

AV: AJV: 1.0 m/sec, TAPSE: 1.1 cms

PV: PJV: 0.8 m/sec, TRJV: 3.3 m/sec, RVSP: 53 mmHg

250K09-24

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YASHODA HEALTHCARE SERVICES PVT. LTD, SECUNDERABAD
S.P. Road, Secunderabad, Telangana - 500 003
Registered Office: 16-10-29, Nalgonda 'X' Roads, Malakpet,
Hyderabad, Telangana - 500 036
Corporate Identity Number (CIN): U45200TG1993PTC016175
email: secunderabad@yashoda.in | www.yashodahospitals.com



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Colour Flow Imaging: Moderate TR, Mild MR, Mild PR,

Conclusion :
 Global Hypokinesia of LV
 Severe LV Dysfunction
 Dilated RA/RV
 Moderate TR/PAH
 RV Dysfunction+
 Mild MR/PR
 Mild PE+/No Clot

03/12/2024

2D ECHOCARDIOGRAM REPORT (BEDSIDE)

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Left Atrium : 4.0 cms.

Left Ventricle : IVSD : 0.9 cms LVPWD :0.9 cms.

EDD : 5.0 cms. EF : 30 %

ESD : 4.0 cms. FS : 15 %

RWMA: Global Hypokinesia of LV

I A S : Intact

I V S : Intact

Aorta : 3.0 cms

Right Atrium : Dilated

Right Ventricle : Mildly Dilated

Pulmonary Artery : Normal

Pericardium : No pericardial effusion

SVC , IVC : IVC plethora +

Pulmonary Veins : Normal

Intracardiac Masses : Large LV&RV Apical clot+

Doppler : MVF: E > A E/A: 1.0 / 1.4 m/sec

AV: AJV: 1.0 m/sec, TAPSE:0.9 cms

25/12/2024

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 S.P. Road, Secunderabad, Telangana - 500 003
 Registered Office: 16-10-29, Nalgonda 'X' Roads, Malakpet,
 Hyderabad, Telangana - 500 036
 Corporate Identity Number (CIN): U45200TG1993PTC016175
 email: secunderabad@yashoda.in | www.yashodahospitals.com



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PV: PJV: 0.9 m/sec, TRJV: 2.6 m/sec, RVSP: 43 mmHg

Colour Flow Imaging: Trivial MR, No AR, Moderate to Severe TR.

Conclusion :
 RWMA of LV+
 Severe LV Systolic Dysfunction
 RV Dysfunction+
 Moderate to Severe TR/PAH
 Large LV&RV Apical Clot+

05/12/2024

REAL TIME ULTRASONOGRAPHY OF ABDOMEN AND PELVIS PERFORMED

Liver is 17.5 cms, enlarged in size with normal echotexture. No focal lesions. No IHBR Dilatation. Portal vein is normal.

Gall bladder partially distended.

Spleen is 10.2 cms, normal in size and echotexture. No focal lesions seen.

Pancreas : Head and body normal. Rest obscured.

Right kidney measures : 10.7 x 3.5 cms Left kidney measures : 11.0 x 4.6 cms
 Both kidneys are normal in size and echotexture. Cortico-medullary differentiation is made out. No evidence of hydronephrosis or calculi noted.
 Bilateral simple cysts noted, largest measuring 2.8cm in lower pole of left kidney.

Urinary bladder is empty with foley's bulb insitu.

Mild free fluid in the abdomen and pelvis.

Mild right pleural effusion.

Abdominal aorta not visualize throughout the coarse due to bowel gases.

Visualized sections of abdominal aorta appear normal.

Impression:

* No significant abnormality detected.

25810332 05/12/2024 ABG ANALYSIS - 3 (ABG, ELECTROLYTES, BLOOD GLUCOSE & LACTATE)
 25783404 01/12/2024 ABG ANALYSIS (POCT) - 4 (ABG,, ELECTROLYTES,, LACTATE,, GLUCOSE ,,CREATININE)
 25806224 04/12/2024 HISTOPATHOLOGY BIOPSY (HP II) - MEDIUM

PROCEDURE:

EXCISION WAS DONE ON 04/12/2024

Findings:

Glubular, peduculated ulcerative growth arising from right upper alveolar mass

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SUMMARY OF HOSPITAL COURSE:

The patient presented with above-mentioned history. On initial examination ER patient was hypotensive the patient was started on 2 ml/hr Inj. Norad. Treatment was initiated with Inj. Piptaz 4.5 g IV thrice daily, Inj. Metrogyl 500 mg IV thrice daily, Inj. Dytor 5 mg IV twice daily, Inj. Pan 40 mg IV 1-0-0, Tab. VSL3 1 tablet per oral 1-0-0. Initial lab evaluation revealed leukocytosis, coagulopathy, elevated Sr. Creatinine, hyponatraemia, hypokalaemia, elevated NT-proBNP, Trop I' was positive. CUE showed proteinuria, Complement C3 and C4 were within normal limits. On day 2 of hospitalisation patient improved clinically and weaned off ionotrope support and shifted to Stepdown Intensive Care Unit. Autoimmune workup was negative. 2D Echo showed severe LV dysfunction, RV Dysfunction, Dilated RA/RV, Mild PE+ hence patient was subjected to CT pulmonary angiogram on day 3 of hospitalisation which showed intracardiac thrombi, flap like intraluminal hypodensity seen from the wall of the descending aorta - floating thrombus, right pleural effusion with passive basal atelectasis, smooth interstitial septal thickening in both lungs. Repeat 2D Echo showed Large LV & RV Apical Clot+. Cardiologist's was involved in the care of the patient and advice was followed. APLA workup was done, reports awaited. On day 4 of hospitalisation plastic surgeon was involved in the care of the patient in view of oral lesion and patient underwent excision and biopsy was sent for HPE analysis, report awaited. Procedure was uneventful. On day 5 of hospitalization, patient has severe generalized weakness. Patient was started on Lasix infusion @ 2ml/hr. Repeat USG abdomen was done which showed hepatomegaly, mild right pleural effusion, mild ascites. Serial monitoring of CBP, PT INR were done. Patient attenders were clearly explained about patient condition, need for Cardiac MRI, angiogram and need for further hospital stay, but unwilling so is hence being discharge against medical advice.



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Condition at the time of discharge:

Vitals: Temp: 98.6°F

PR: 120/min

BP: 90/60mm Hg

RR: 25/min

SPO2: 97% at room air

ON GOING TREATMENT:

1. Tab. PAN 40 mg per oral once a day 30 min before breakfast for 7 days - 7am D - -
2. Tab. GEMER DAPA 10/1mg per oral once a day 10 min before breakfast - to continue O - -
3. Tab. GLYCIPHAGE - SR 1gm per oral once a day 10 min before dinner - to continue - - - C
4. Tab. DYTOR PLUS 10/25mg per oral once a day at 9am after breakfast - to continue O - -
5. Tab. APIXABAN 5mg per oral twice daily at 8am, 8pm after food - to continue O - -

REVIEW:

* Review after 7 days with CBP, FBS, PLBS, Pending Biopsy, APLA reports in OPD with Dr. Sri Karan Uddesh Tanugula with prior appointment

In case of fever, vomitings, pain abdomen, loose motions and rashes, please report to emergency room in ground floor of this Hospital (or) call Emergency room Telephone No.040-67232320.

For **Note:** Please collect all the pending reports from the dispatch counter (Ground Floor) prior to review with your consultant Doctor

For Review visits contact 040-4567 4567 (24hrs) for prior appointments.


**DR. SRI KARAN UDDESH
TANUGULA**

MBBS,MD(Internal Medicine)
Consultant General Physician
Reg No:90771
Email: karanuddesh@icloud.com



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