

# DR. R. S. K. SINHA

M.D.; F.I.C.P.; F.L.A.C.M.; F.G.S.I.

FMR. VICE-CHAIRMAN, ASSOCIATION OF PHYSICIANS OF INDIA (DSC)  
SENIOR CONSULTANT PHYSICIAN

- Moolchand Medicity, New Delhi
- Bensus Hospital, Sector-12, Dwarka, New Delhi
- Indira Gandhi National Open University (IGNOU)
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Bensus Hospital  
(T. No. : 45550000)  
Thursday : 5:00 p.m. - 8:00 p.m.

## SPECIALIST IN THYROID DISEASES, DIABATES, HYPERTENSION

### FORMERLY:

- Head, Medical Unit, Safdarjung Hospital, New Delhi
- Head, Endocrinology Clinic, Safdarjung Hospital, New Delhi
- Head, Dept. of Nuclear Medicine, Safdarjung Hospital, New Delhi
- Post Graduate (M.D.) Teacher and Supervisor, Delhi University
- Member Faculty, University College of Medical Sciences, New Delhi
- Personal Physician to Prime Minister of India

Date : 17-01-14

K/c of DM > 20 yrs

CABG - 15 yrs  
(1998)

SMBG

↓  
Befu & 2 hrs  
afn each  
meal

Dr. Harish Sharma  
58y

Δ = IFUC of T2DM & CAD & HT

adv. ? Sec. failure OAD

1) Tab. Diamicon XR (60)  
. 2 tabs. x daily  
1/2 hr. bef. BF

2) Tab. Glycomet SR (1g)  
. 1 tab. x twice  
a day afn meal

3) Tab. Trajenta (500)  
. 1 tab. x ~~afn~~ daily  
afn lunch

[Regn. No. : DMC - 11354]

Wt. : 68.6 kg  
P - 54/ml  
B.P - 185/81 mm Hg

Spor BS - 295  
(4 hrs. post. BF)

(8.01.14)

B.I. Urea - 41

Sr. Cr. - 1.14

FBG - 172

EGFR - 70.5 n

Clinic : Delhi Institute of Functional Imaging, 14, Kaushalya Park (near Syndicate Bank),  
Hauz Khas, New Delhi - 110 016 T. No. : 011-43112233

f.t.

**DISCHARGE SUMMARY**

Name: Dr. Harish      Age: 52years      Sex: Male      Admission No: 2834584  
 Date of admission: 01/09/2008      Date of Discharge: 02/09/2008  
 Consultant's name: Dr. Sunil Kathuria  
 Diagnosis: Leukoplakia right vocal cord / ?Malignancy

**History:** Patient presented to hospital with the complain of-  
 Hoarseness of voice  
 No difficulty in swallowing or breathing  
 known case of diabetes, CABG done 9 yrs back.

**No History of:**  
 Hypertension, TB,  
 Asthma

**Examination:** General examination-- Normal, Systemic Examination --Normal

**Local exam. :** Leukoplakic patch seen over the right vocal cord extending to the ventricle

**Investigations:** As per enclosed master chart.

**Treatment:** Done U/GA on 01/09/2008      Microlaryngeal Laryngeal Surgery.  
 Suspension laryngoscopy done; patch seen involving the right vocal cord extending to the ventricle excised and sent for HPE. Hemostasis achieved

**Progress during Hospital Stay:**  
 Condition improved gradually.

**Condition on Discharge:**  
 On Satisfactory condition, patient is being discharged.

**Advice on discharge:**

T Augmentin duo 1gm 1 tab	Twice Daily	7 days.
T. Enzoflam 1 tab	Twice Daily	3 days.
T Rablet D 20 mg 1tab	Twice Daily	7 days.
C Becosules	Once Daily	7 days.
Voice rest		

**Follow up:** Review in ENT OPD - as advised

*Set 2/09*

*[Signature]*  
 Dr. Sunil Kathuria  
 Senior Consultant  
 E.N.T. Department

\*Laboratory reports to be collected from room No.17(Old Block) between 8AM to 5PM  
 \*X-Ray/CT/MRI/USG reports to be collected from countr no.8(old block,ground floor) between 9AM to 5PM

*Biopsy Report - Mod. diff sq. cell carcinoma.*

*Plan - CECT Neck → Radiotherapy.*

*D. Ghosh*

HARISH SHARMA

Referral

**ASHOK PATHOLOGY & RESEARCH CENTRE**  
GANDHI PARK CHAURAHA, NEAR AKASHDEEP HOTEL, ALIGARH, U.P. - 202001  
Phones (+) 2407560

Customer Care No. 8477051651 / ISO 9001 : 2015 CERTIFIED LAB

Date	29/06/2019	Srl No	1003	Sex	M
Name	Dr. HARISH SHARMA	Age	64 Yrs.	Company	APRC
Ref. By	SELF				
Address					

Test Name	Value	Unit	Reference Value
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**ENDOCRINOLOGY**

**INSULIN FASTING**

(Tech : Eclia)

3.84 uU/mL 2.60 - 24.90

**NOTE :**

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

**Clinical Utility :**

1. Evaluation of fasting hypoglycemia.
2. Evaluation of Polycystic Ovary syndrome
3. Classification of Diabetes mellitus.
4. Predict Diabetes mellitus
5. Assessment of Beta cell activity.
6. Select optimal therapy for diabetes.
7. Investigation of insulin resistance.
8. Predict the development of Coronary Artery Disease.

## DEPARTMENT OF IMAGING

NAME OF THE PATIENT : MR.HARISH SHARMA  
REFERRED BY : DR.SUNIL KATHURIA  
DATE : 06/09/2008

### CECT OF THE NECK

Status : A known case of Carcinoma larynx

Bilateral pterygoid plates and pterygoid group of muscles are unremarkable.

Bilateral parotid and submandibular glands are normal.

Nasopharynx, oropharynx and parapharyngeal spaces are normal.

There is evidence of soft tissue lesion seen in subcutaneous fat of right vocal cord causing mild bulging of mucosa of medial aspect.

Few about a centimeter sized lymph nodes are seen along jugular chain on both sides.

Epiglottis, pyriform sinuses and subglottic spaces are normal.

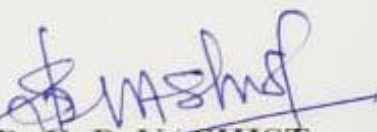
Thyroid cartilage, cricoid cartilage and cricoarytenoid joints are normal.

Jugular and carotid vessels are normal.

Cervical musculature and fascial planes are normal.

Subcutaneous fat is clear.

Impression: CT findings reveal soft tissue lesion seen in subcutaneous fat of right vocal cord causing mild bulging of mucosa of medial aspect consistent with clinical diagnosis. Few about a centimeter sized lymph nodes are seen along jugular chain on both sides. Laryngeal cartilages appear intact.



DR. G. P. VASHIST

Escorts  
Heart Institute  
And  
Research Centre

(2)

NAME OF PATIENT : DR. HARISH SHARMA

PERTINENT CLINICAL INVESTIGATIONS  
HAEMOTOLOGICAL - >

Hb	:	13.4 gm%	PCV	:	38.1%
TLC	:	6800 /cumm	TRBC	:	4.43 million/cmm
DLC	:	P 60 L 37 E 03 M 00%	ESR	:	10 mm during 1st hr.
Platelets	:	1.15 Lakh/cumm	PT	:	C 11.5 T 12.1 sec
PTTK	:	C 22.8 T 30.1 SEC	BT	:	1 MIN 35 SEC
CT	:	6 min 20 sec	Blood Group	:	A Negative

BIOCHEMICAL ->

Na	:	143 mEq/L	K	:	4.8 mEq/L
Cl	:	97 mEq/L	Creatinine	:	1.0 mg%
Blood Sugar 'R'	:	252 mg%			
Urea	:	25 mg%			
T. Bilirubin	:	0.4 mg%	Conjugated	:	0.1 mg%
T. Protein	:	6.5 gm%			
SGOT	:	26 IU/L	SGPT	:	35 IU/L

LIPID PROFILE

TOTAL CHOLESTEROL	:	175 mg/dl	TRIGLYCERIDES	:	173 mg/dl
HDL	:	31 mg/dl	LDL	:	109 mg/dl
VLDL	:	35 mg/dl			

NON INVASIVE CARDIOLOGICAL INVESTIGATIONS

PFT done on 18/09/98 revealed normal expiratory flow rates.

ECHO done on 19/09/98 revealed no segmental LV wall motion defects in the resting state. Mod AR. All other cardiac valves are normal. Normal dimensions of all cardiac chambers. Good LV function. EF 60%. Aortic valve cusps are thickened. No clot/PE.

CAROTID DOPPLER done revealed bilateral normal carotids.

CONDITION AT DISCHARGE

His post operative recovery was satisfactory .

His general condition at the time of discharge was satisfactory .  
Incision line healed by primary union. No instability.

HAEMOTOLOGICAL - >

Hb	:	10.1 gm%
TLC	:	6100 / cumm
DLC	:	P 76 L 22 E 02 M 00%
Platelets	:	1.27 lakh/cumm



Escorts  
Heart Institute  
and  
Research Centre

## HEART STATION

Phone: 6844820  
6921520  
6838889

### CAROTID COLOR DOPPLER REPORT

Duplex - Scanning

NAME : HARISH SHARMA

AGE : 42

SEX : M

LAB. NO. : 14523

EHIRC. NO. : 98/100442

DATE : 19.09.98

TAPE NO. :

CLINICAL DIAGNOSIS :

### REPORT

High resolution duplex 2D Doppler scanning of right carotid arterial system revealed normal origin of innominate artery from the aortic arch. It goes up and bifurcates into the right common carotid and right subclavian arteries. The right common carotid artery has a normal luminal diameter of 7.1mm and Peak flow velocity of 85/17 cm/sec with normal color flow pattern. No evidence of atherosclerotic plaque or an area of stenosis or aneurismal dilatation is seen. The carotid bulb and bifurcation of right common carotid was well visualized, and was found to be free of plaque and stenosis.

The right internal carotid artery(Luminal diameter) 5.8mm;Peak flow velocity(46/18cm/sec) and right external carotid artery(Luminal diameter) 4.6mm;Peak flow velocity(144/11cm/sec)was found to be free of disease. The left common carotid artery was scanned cephalad from its origin and was found to be free from any disease (Luminal diameter) 7.3mm;Peak flow velocity(61/14 cm/sec). The left carotid bulb and bifurcation was well visualized. No obstructive plaque or stenosis was seen. Left internal carotid (Luminal diameter) 6.5 mm; Peak flow velocity(61/16 cm/sec) and left external carotid artery (Luminal diameter) 5.7 mm; Peak flow velocity(66/10cm/sec) found to be normal with no evidence of obstructive plaque or stenosis.

22/9/08. by placenta 1up 1m ODX5 →  
 Syp mucaine 2tbl } 1/2 glass of water  
 + } before meals  
 Tab disprin 1/2 OD  
 (upto 6 times / day)

27/9/08. by placenta 1up 1m alt days  
 - Candid mouth paint 2 drops TDS  
 - Tab disprin + Syp mucaine

4/10/08. Completed RT. Cap ricoria 100x20  
 Voce rest  
 Betadine n/w 7DS  
 Singrel F kollypast. HS  
 Salt + sodabiears galyn BD  
 Prolerax 2tbl in milk OD  
 by placenta 1up 1m alt days x 3  
 Tab fluconazole 150y ODX5  
 Belinostat ointment ODX7  
 Tab disprin + Syp mucaine 2tbl in 1/2 glass of water  
 Lencin x 3 weeks



**BATRA HOSPITAL & MEDICAL RESEARCH CENTRE**  
OF CH. AISHI RAM BATRA PUBLIC CHARITABLE TRUST  
1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110 062  
Phones : 29052170, 29958747, Extn. : 2225, 2224, 2218



## HISTOPATHOLOGY REPORT


Name : DR. HARISH . SHARMA      Age/Sex : 52 Yrs / M  
Referred By : DR. SUNIL KATHURIA      Ward/OPD : IV-C  
Reference No: I-2834584      Lab. No : S3086/08  
Received On : 01/09/2008 04:19 PM      Reported On : 05/09/2008 01:09 PM  
Material : Right vocal cord biopsy

GROSS: Greywhite tissue 0.4x0.3x0.3 cm. All submitted.

MICROSCOPY: Sections show infiltrating trabeculae of moderately differentiated Squamous cell carcinoma.

IMPRESSION: Right vocal cord biopsy: Moderately differentiated squamous cell carcinoma.

End of Report

  
Dr. Usha Rajshekhar, MD  
Consultant  
Histopathology & Cytology

Dr. Vikas Kashyap, MD  
Jr. Consultant  
Histopathology & Cytology



29/10/08

Dr. Harish Sharma

- Betadine m/n TDS
- Serquel F. loolipastin
- Salt + sodabicarsh gargles
- Protonex 2tbl in milk OD
- Inf placentease 1amp 1m OD x 3 days
- Tab aspirin 150mg + Syp mucaine before meals

- 
- Tab phenazone 25mg BD x 7
  - Zylocaine viscous 2tbl / Zylocaine nebulizat<sup>th</sup> SOS x 7
  - Mitecodeine cough mixture 2tbl TDS x 5-7
  - Tab dulcolax 2.5 x 5

ops

- 11/11/08
- Syp mucaine 2tbl in gargle DS twice & swallow
  - Salt + sodabicarsh gargles

10/9/08

Dr. Kavish Sharma

Ca glottis 12 No. Mo

Radical neck dissection 67.5 kg / 30# @ 225 Gy / #  
started

- Adv.
- Betadine m/w TDS
  - Sargol F toothpaste HS
  - Insulin 2sf in 1 glass of milk / resource  
diabetic -
  - Ice chips TDS
  - Lng placenterum large 1m Mon/Wed/Fri
  - Avoid chillies hot benign soap,  
crean + shaving
  - Q Daily RT Mon - Fri



Dr. S. Kaupia

## ANGIOGRAPHY REPORT

I.D. No. : APD1.10672767 Cath No:72776/16 Bed No: CLR  
 Name : Dr Harish Sharma Age/Sex:60/M Date: 27/10/2016  
 Done by : DR. SUBHENDU MOHANTY

### CARDIAC CATHETERISATION REPORT

#### Clinical diagnosis:

- DM type II
- Coronary artery disease
- Hypertension
- Angina

#### Indication for Catheterisation

- Same

#### Catheter used:

- JL 4 x 5F
- JR4 x 5F

#### SUMMARY OF FINDINGS:

##### Haemodynamics:

Chamber	Pressure		O2 Saturation %
	Pre-angio (mm Hg)	Post-angio (mm Hg)	
AO	190/100		

ABF/AD

4) Tab. Amdepin (5mg) 2 sup  
1 x twice a day

ABF/AD

5) Tab. Cardace (2.5mg) sup  
1 x twice a day

बुखे ABF

6) Tab. Ecosprin (150)  
1 x daily

तलने AD

7) Tab. Razel - 5 mg  
1 x daily ✓

बुखे नशिलकेरत

8) Tab. Antoxid -  
1 x daily

तलने AD

9) Cap. Meganeuron OD Plus  
1 x daily

Review after 2 wks

10) P. Primagontin 60 mg 10mg

20s 8/11/15

11) Inj Ryzodeg Penfills <sup>2.2</sup> 24 1.4 s/c BBF  
15 1.4 s/c Before Dinner

Note Amdepin 5 sup

Cardias 5 sup

After Dinner

After Breakfast

20/10/15

Sukhdev Kumar

96194000

Escorts  
Heart Institute  
And  
Research Centre

(3)

NAME OF PATIENT : DR. HARISH SHARMA

BIOCHEMICAL - >

Na.	: 159 mEq/L	K.	: 4.3 mEq/L
Cl.	: 107 mEq/L		
Urea	: 26 mg%	Creatinine	: 0.9 mg%
Blood Sugar	: 157 mg%		

PLAN FOR CONTINUED CARE

DIET : low fat, low cholesterol, diabetic diet.

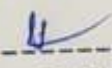
ACTIVITY: Normal.

MEDICATION

Tab Rantac 150mg twice daily	10 - 10 pm
Tab Dilzem 30mg thrice daily	8 - 2 - 10 pm
Tab ASA 50mg once daily after breakfast	
Tab FrusAmine once daily	6am
Tab Cifran 500mg twice daily x 5 days	10 - 10 pm
Tab Combiflam thrice daily x 5 days	8 - 2 - 10 pm
Inj Human Mixtard Insulin 36 U sub cut before breakfast & 28 U before dinner	
Liquid Digene 4 tsf thrice daily	8 - 2 - 10 pm
Naturolax 2 tsf thrice daily x 7 days	8 - 2 - 10 pm
Steam Inhalation twice daily	
Betadine lotion locally	

To see Dr. V.M.Kohli in OPD2 at 2PM on 3.10.98 with prior appointment.  
(Please confirm your all appointments with appointment Desk)

To see Dr. Ashok Sharma in OPD2 with prior appointment for further management of Diabetes Mellitus along with fasting blood sugar report done 1 day prior to the visit.

Signature   
(DR. R GUPTA)  
(RES. SURGEON)

-----  
(DR. V M KOHLI)  
(SR. CONSULTANT)

Patient is advised for 3 months rest and subsequent appointment for follow up after 3 months for CCC, on 28/12/98 at 8.30 AM with empty stomach and for Dr. V M KOHLI's Cardiac Clinic and CCM Clinic on 29/12/98 at 2 pm

All appointments may be taken from the appointment section (Direct 6831317 & 6844820 / 6833641 Extn. 4031).  
IN CASE OF EMERGENCY CALL IN Emergency - 6830258, Information 6833641, 6838889 - Ext. 4007, 4032, 4033, Fax No. 6832605

Patient is advised to visit the referring doctor with the discharge summary.

ESCORTS HEART INSTITUTE AND RESEARCH CENTRE  
OKHLA ROAD, NEW DELHI - 110025

TELE : 6844820  
FAX : 011-6832605

DISCHARGE SUMMARY

-----  
NAME OF PATIENT : DR. HARISH SHARMA AGE 42 YRS SEX: M  
EHIRC NO : 100442/98 INPATIENT NO: 57653  
DATE OF ADMISSION : 17/09/98 DATE OF DISCHARGE : 29/09/98  
CONSULTANT : DR. V M KOHLI/DR.A.K.OMAR  
-----

DISCHARGE DIAGNOSIS

OPERATIVE PROCEDURES INCLUDING DATES

- \* Coronary artery disease
- \* Triple vessel disease
- \* Recent non Q AAMI
- \* NIDDM

Coronary artery bypass grafting x 4 was done on 23/09/98. Left internal mammary artery was used to anastomose to left anterior descending artery. Radial artery was used to anastomose to 1st obtuse marginal artery. Reversed segment of saphenous vein grafts were used to bypass 2nd obtuse marginal artery right coronary artery.

RESUME OF HISTORY

Dr. Harish Sharma is a 42 year old gentleman who is a normotensive, known diabetic, non smoker with pleasing personality. He had chest discomfort on 12.9.98, diagnosed as non Q anterior wall myocardial infarction. He was admitted in heart command centre for stabilisation and evaluation.

INVASIVE CARDIOLOGICAL INVESTIGATIONS

CART done on 15/09/98 at Metro Hospital, revealed triple vessel disease (LAD, LCX, RCA) with right dominant system. Normal left ventricular function. LVEF 60%.

In view of his symptomatic status and CART findings he was advised surgery.

WEIGHT ON ADMISSION 75 KG WEIGHT ON DISCHARGE 72 KG



# BATRA HOSPITAL & MEDICAL RESEARCH CENTRE

OF CH. AISHI RAM BATRA PUBLIC CHARITABLE TRUST

1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062

Phone : 29958747/2026



## DEPARTMENT OF IMAGING

NAME OF THE PATIENT : MR.HARISH SHARMA  
REFERRED BY : DR.SUNIL KATHURIA  
DATE : 06/09/2008

### CECT OF THE NECK

Status : A known case of Carcinoma larynx

Bilateral pterygoid plates and pterygoid group of muscles are unremarkable.

Bilateral parotid and submandibular glands are normal.

Nasopharynx, oropharynx and parapharyngeal spaces are normal.

There is evidence of soft tissue lesion seen in subcutaneous fat of right vocal cord causing mild bulging of mucosa of medial aspect.

Few about a centimeter sized lymph nodes are seen along jugular chain on both sides.

Epiglottis, pyriform sinuses and subglottic spaces are normal.

Thyroid cartilage, cricoid cartilage and cricoarytenoid joints are normal.

Jugular and carotid vessels are normal.


Cervical musculature and fascial planes are normal.

Subcutaneous fat is clear.

Impression: CT findings reveal soft tissue lesion seen in subcutaneous fat of right vocal cord causing mild bulging of mucosa of medial aspect consistent with clinical diagnosis. Few about a centimeter sized lymph nodes are seen along jugular chain on both sides. Laryngeal cartilages appear intact.

  
DR. G. P. VASHIST

Betadine M/W 7DS  
Cap rionia  
Tab chymoral forte 17DS x 7

  
DIS Maysia

Review x 6 weeks E FOL

Voice rest

16/12/08 - Betadine M/W  
- Singuel F totalpasth  
- Review x 6 weeks

Augmented  
ATS billin @

- Start Cap antioxed from mid Jan '09

29/1/09 Cap antioxid 10DS  
Betadine M/W



Singuel F  
Review x 6 weeks E FOL



15/1/09

Month late artificial saliva DIS Maysia

Xero tablet 17DS



lrc

CA RA vocal cords

DL Propag done in lrc.

Pr Received 80 cycles of RT

cord was mobile pre-op.

Map 1  
f L

Both vocal cords  
normally mobile

mild Post R.T. congestion  
of Both True v. cords.

No evidence of growth  
at present.

- Review after 3 months?

Dr. T. S. Srinivasan

16/11/61

Dr. T. S. Srinivasan  
Consultant  
Department of  
Otorhinolaryngology  
Madras General Hospital  
Dr. T. S. Srinivasan



**BATRA HOSPITAL & MEDICAL RESEARCH CENTRE OF CH. AISHI RAM BATRA PUBLIC CHARITABLE TRUST**

1, Tughlakabad Institutional Area, Mehrauli Badarpur Road  
New Delhi-110062 Phone : 29958747, 29957486

**Dr. Sunil Kathuria**

M.S. (E.N.T.)  
Senior Consultant & Head of the Department  
Department E.N.T.  
Mob. : 9811215999  
E-mail : kathurias1@rediffmail.com

Date ..... 24/11/15 .....

*Dr. Sharma*

Follow up case *Adams*  
Congestive RT - 7 yrs back.

FOUR L L



RT con. on femur

Adv MLC ↓ Cf'A

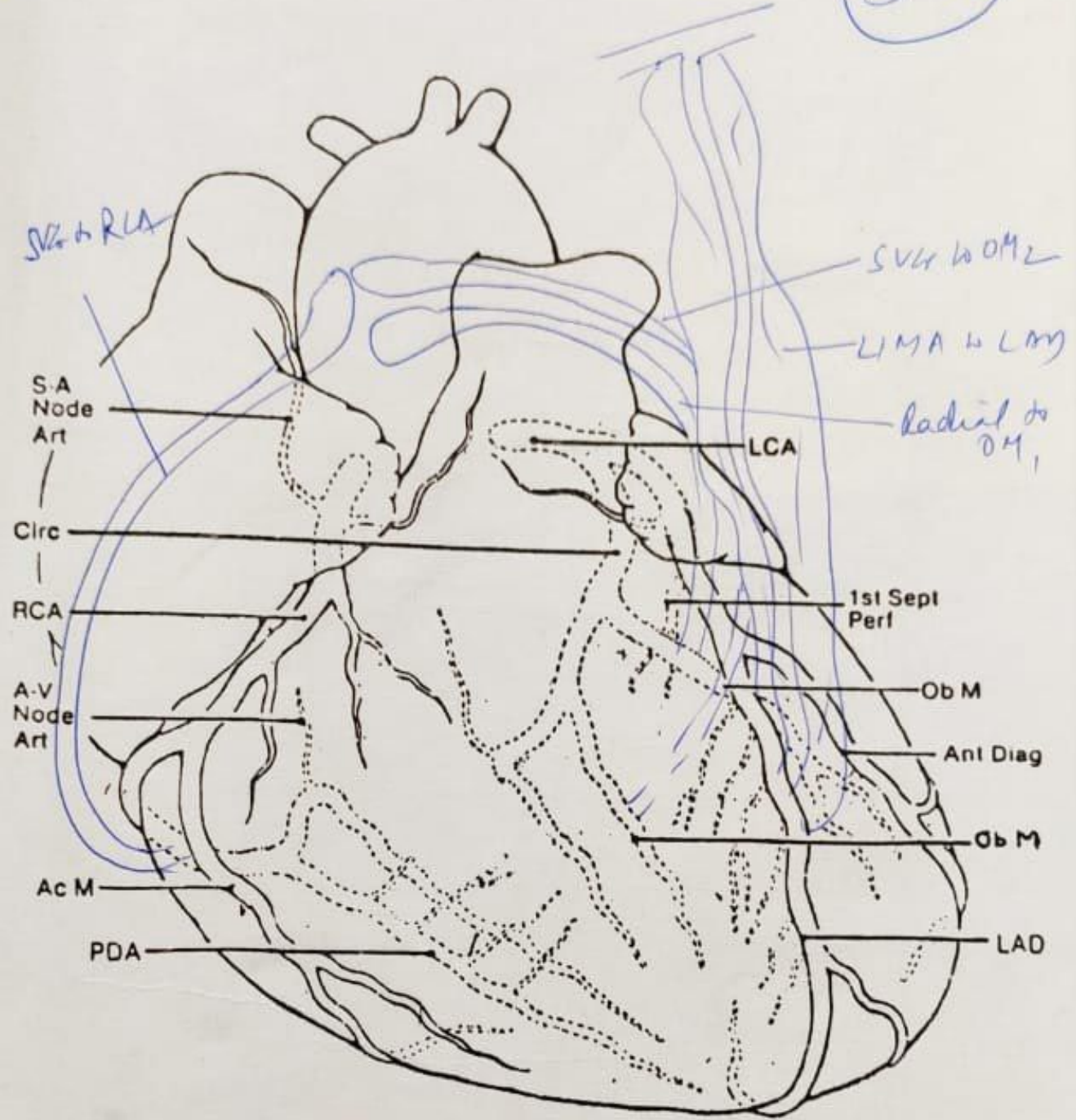
Adams 25.11.15

- Adv
- CBC
  - PT/PTTK
  - urine  $\leftarrow \begin{matrix} R \\ M \end{matrix}$
  - Blud Sugar (R)
  - Blud urea
  - Serum  $\leftarrow \begin{matrix} Sod. \\ Pot \end{matrix}$
  - X Ray chest & Abdom
  - ECG



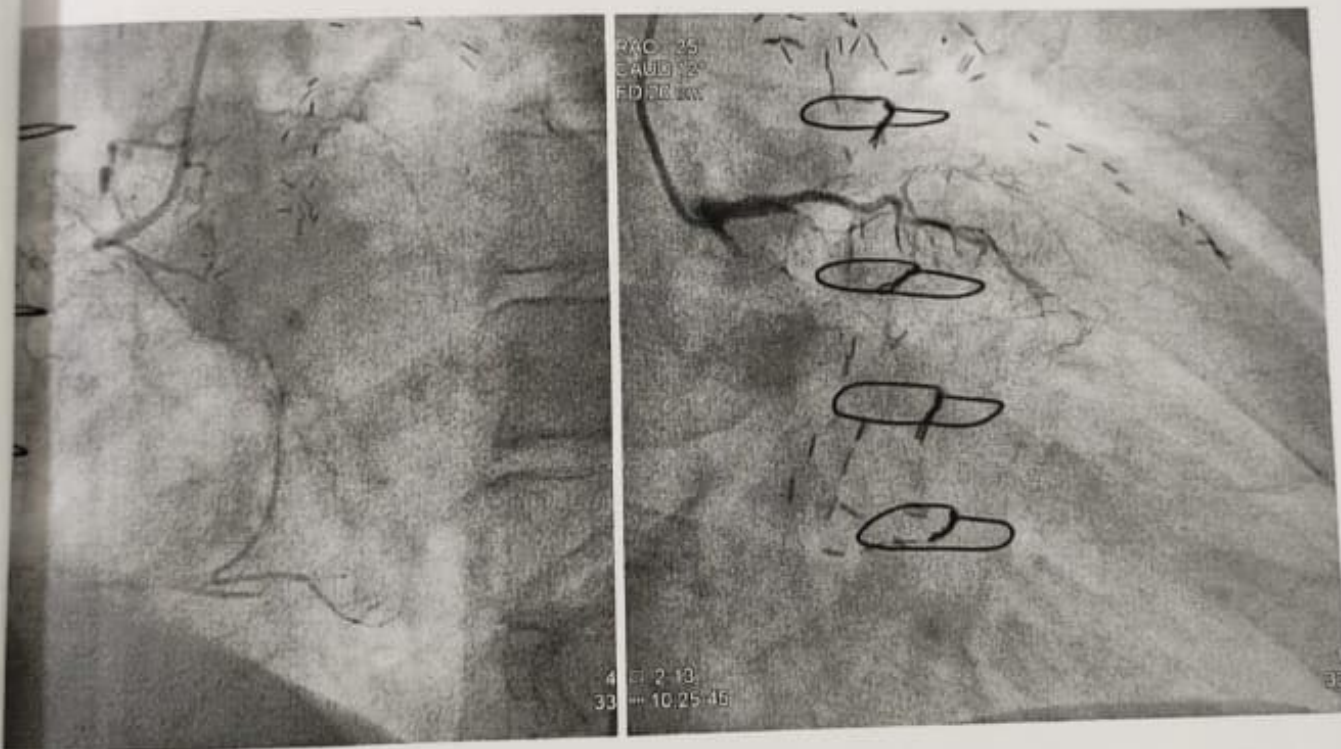
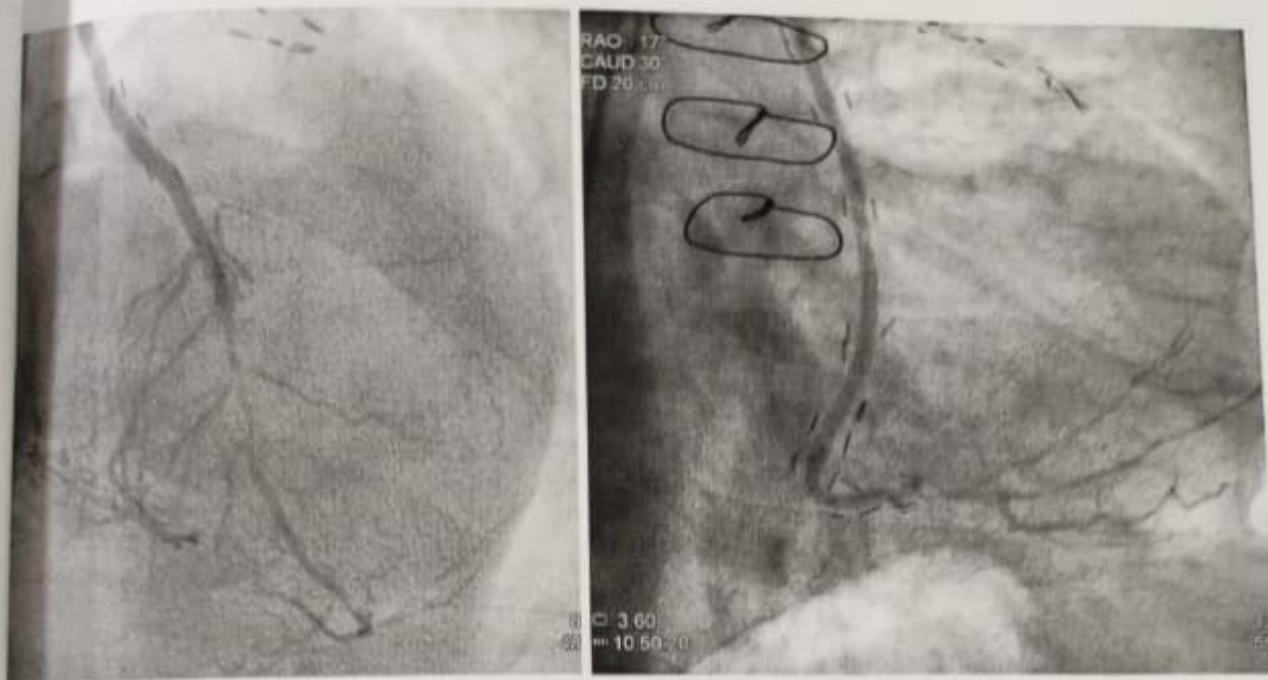
Dr. HARISH SHARMA.  
 f2Yn/Male.  
 Regn: JS/102442.  
 Sp: 57653  
 Date: 22.07.98.

331



Right Anterior Oblique 30°

CABG X4.  
 LIMA - LAD  
 Radial - OM1  
 SVL - OM2  
 SVL - RCA



### Coronary Angiography

LMCA : Normal

LAD : Ostial 100% stenosis

LCX : Ostial 100% stenosis

Ramus : Normal plaque

RCA : Proximal RCA 100% stenosis  
Proximal RCA filling through collaterals from LAD and proximal RCA

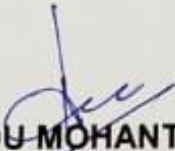
Graft angio : LIMA to LAD - patent native LAD after LIMA anastomotic site shows 70% stenosis (small calibre native LAD)  
Graft to OM - patent native OM after graft anastomotic site shows 90% stenosis (small calibre native OM)  
Graft to RCA - proximal 100% blocked

### FINAL DIAGNOSIS:

DM type II  
Hypertension  
CAD  
Angina  
DVD

### RECOMMENDATION

Medical management

  
**DR. SUBHENDU MOHANTY**  
**SR. CONSULTANT CARDIOLOGY**

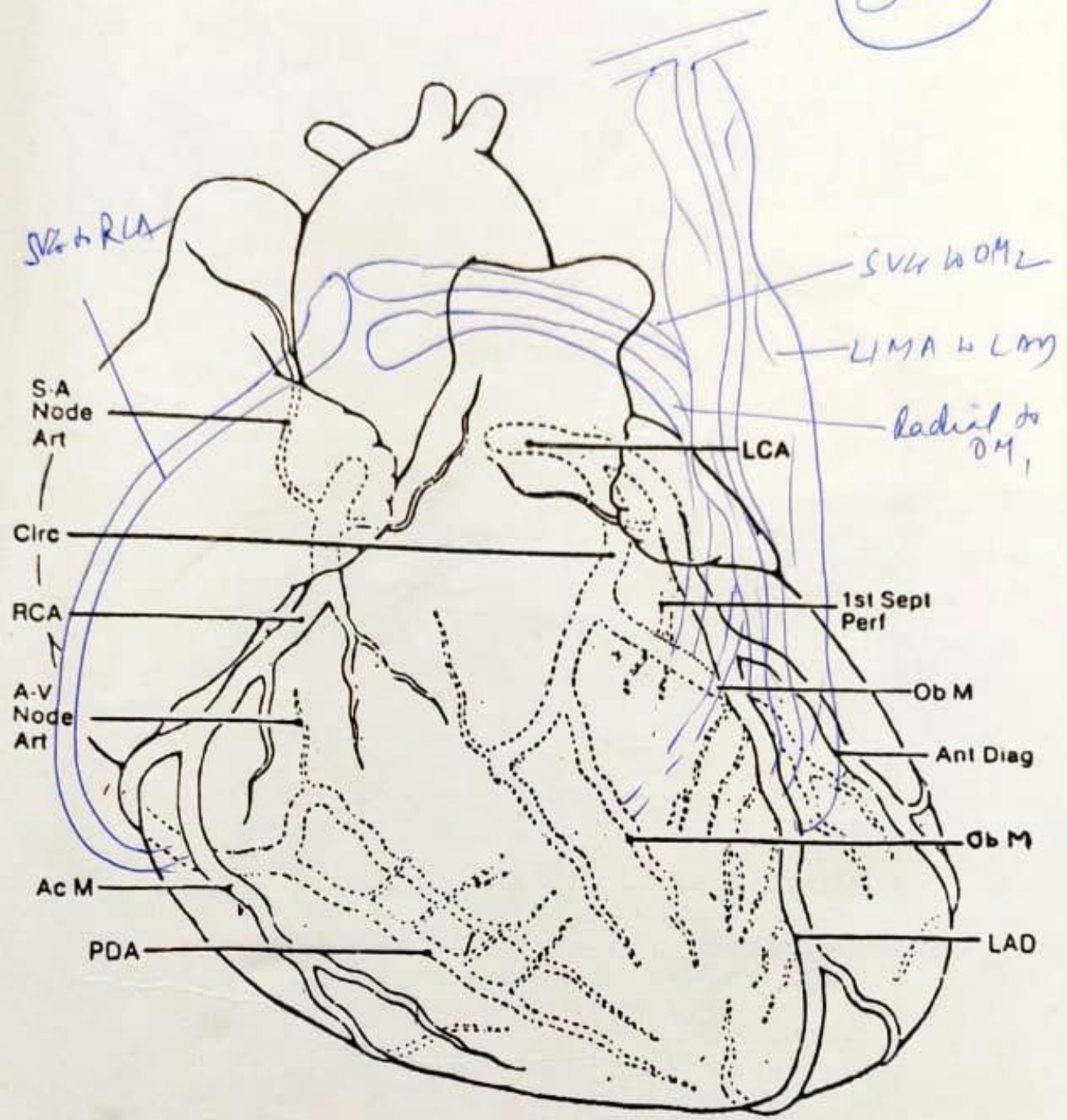
## DAILY FRACTION RECORD

2008

S.No.	DATE	SIG.	S.No.	DATE	SIG.
1	10/9	sh	21	10-10	sh
2	11/9	sh	22	13-10	sh
3	12/9	sh	23	14/10	sh
4	15/9	sh	24	15/10	sh
⑤	16/9	sh	②⑤	16/10	sh
6	17/9	sh	26	17/10	sh
7	18/9	sh	27	20/10	sh
8	19/9	sh	28	21/10	sh
9	22/9	sh	29	22/10	sh
⑩	23/9	sh	30	23/10	sh
11	24/9	sh	31		
12	25/9	sh	32		
13	28/9	sh	33		
14	29/9	sh	34		
⑮	30/9	sh	35		
16	1-10	sh	36		
17	03/10	sh	37		
18	6-10	sh	38		
19	7-10	sh	39		
⑳	8-10	sh	40		

DR HARISH SHARMA.  
 42Yr/Male.  
 SS/102442.  
 STD: 57653  
 DATE: 22.07.98.

331



Right Anterior Oblique 30°

CABG X4.  
 LIMA - LAD  
 Radial - OM1  
 SVLr - OM2  
 SVLr - RCA



Escorts  
Heart Institute  
and

Research Centre

NAME : HARISH SHARMA

**HEART STATION**

Phone : 6844820  
6921520  
6838889

LAB. NO. : 14523

**IMPRESSION**


**RIGHT CAROTID**

1. Duplex Scanning of RCCA & RICA revealed normal diameter of the lumen.
2. Doppler study revealed normal velocities with no spectral broadening and normal laminar color flow pattern.
3. Ratio of peak flow velocities of RICA : RCCA with in normal range.
4. No evidence of haemodynamically significant plaque in RCCA, RICA and RECA.

**LEFT CAROTID**

1. Duplex scanning of LCCA & LICA revealed normal diameter of the lumen.
2. Doppler study revealed normal velocities with no spectral broadening and normal laminar color flow pattern.
3. Ratio of peak flow velocities of LICA : LCCA with in normal range.
4. No evidence of haemodynamically significant plaque in LCCA, LICA and LECA.

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- Post Graduate (M.D.) Teacher and Supervisor, Delhi University
- Member Faculty, University College of Medical Sciences, New Delhi
- Personal Physician to Prime Minister of India
- Consulting Specialist, JNU

Date : 21.01.17

Wt : 71.8  
c shoes

Dr. Harish Sharma

$\Delta$  : FOC of T2DM c HT  
c CAD

adv

- Inj Ryzoneg Penfills  
• 12 I.U. s/c befr BF  
• 08 I.U. s/c befr dinner

- Tab. Tajenta (5mg)  
• 1 tab. x daily

- Tab. Glycomet SR (1g)  
• 1 tab. x twice a day after meal

+ Continue rest of Tx. as befr.

[Regn. No. : DMC - 11354]

Mr. Manish  
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Review c  
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