

## KRISHAN LAL SETHI

	BEFORE	AFTER GRAD
<b>Hospital Name</b>	<b>Saraswati mission Hospital and then shifted to Balaji Arogyam Hospital</b>	<b>HIIMS Dera Bassi</b>
<b>Medical condition</b>	<b>Dialysis Dependent CKD Patient</b>	<b>Dialysis Free</b>
Medications Taken	Azee 500mg, Doxyflow (200), Nodosis (500mg), Pantocar-D, Nefita, Febugood 80mg, Phoscut 400, Dytor 20mg, S.Numlo 5mg, Minipress XL10	1. HWI 2. DIP Diet 3. Tab Minipress XL 10(SOS)
Physical Discomforts/ symptoms	Breathlessness, Swelling in body and Knee pain, BP around 200/100, Hypertension, Heart patient, COPD.	Sometimes High BP
Frequency of Dialysis	Had underwent continuous 3 Dialysis in single session on 2 April 2023.	Dialysis Free since last 6 months (April 2023)

# MANZAL Diagnostics ULTRASOUND & X-RAY CENTRE

**Dr. Gazal Singla Soni**  
MBBS, MD, Radio-Diagnosis  
(Gold Medalist)  
Alumnus of Scholar MD Fetal Medicine

FACILITIES AVAILABLE :  
3D / 4D ULTRASOUND, COLOUR DOPPLER, ECHO, INTERVENTIONS - FNAC,  
BIOPSY, HSG, IVP, DIGITAL X-RAY, CT-SCAN FACILITY

UHID No. : CHK2301718  
Name : KRISHAN LAL  
Address : KKR

Date : 30-03-2023 03:11 PM  
Age : 75Yrs.-/ Male  
Dr. : SELF

## USG WHOLE ABDOMEN

### Clinical complaints: Pain abdomen

**Liver** is normal in size, outline and shows volume redistribution and coarse echotexture. The portal vein is normal.

**Gall bladder** is well distended. The wall thickness is normal. No intraluminal filling defect is seen. CBD is not dilated. IHBRs is not dilated.

**Pancreas** is normal in size, outline and echotexture. No abnormal calcification seen.

**Spleen** is normal in size (10.3 x 4.1 cm), shaped and echotexture. No focal lesion is seen.

**Bilateral kidneys** are small in size and normal in shape. Bilateral pelvicalyceal systems appears normal. **Bilateral kidneys shows increase in cortical echogenicity. Cortico medullary differentiation is maintained on both sides.** No evidence of hydronephrosis.

- Sub-centimetric cortical cysts are seen in bilateral kidneys.
- Few 1-2 mm calculi are seen in bilateral kidneys.

Right kidney measures~ 7.8 x 3.7 cm.

Left kidney measures~6 x 2.6 cm.

**Urinary bladder** is catheterized and minimally distended, normal in outline and wall thickness. No e/o calculus.

**Prostate** is borderline enlarged, measures~ 32 x 37 x 31 mm (AP x trans x cc) with volume of 19.9 cc, normal in outline and echotexture. Minimal ascitis noted. No e/o mesenteric lymphadenopathy. No e/o acute appendicitis.

Aortic and para-aortic regions are normal.

### Impression :

- Coarse echotexture liver showing volume redistribution-Adv-LFTs correlation
- Small bilateral kidneys shows increase cortical echogenicity- ?Medical renal disease. Adv-RFTs /urine for micro-albumin
- Sub-centimetric cortical cysts in bilateral kidneys.
- Few tiny bilateral renal calculi (1-2 mm)
- Borderline prostatomegaly
- Minimal ascitis

Auth. Signatory  
Saraswati Mission Hosp.  
Kurukshetra

DR. GAZAL SINGLA SONI  
MD RADIO-DIAGNOSIS  
(GOLD MEDALIST)  
NOT FOR MEDICAL LEGAL PURPOSE

REGATED NEAR BIRLA MANDIR CHOWK, KURUKSHETRA - 136 118, Mob. : 87084 90680

THIS IS PROFESSIONAL OPINION AND NOT A DIAGNOSIS, PLEASE CO-RELATE CLINICALLY



# Shri Balaji Aarogyam Hospital Pvt.Ltd.

Behind Old Bus Stand, Jyoti Nagar, Kurukshetra.  
Ph.01744-270255,9992630762

## DISCHARGE SUMMARY

Print Date : 08-Apr-2023 02:22 PM

UHID No :- UD-222317849 IP No :- EP-222306657 Admit Date :- 31 Mar 2023 2:50 PM  
Patient Name :- Mr KRISHAN LAL SETHI Father :- VAJIR CHAND Discharge Type :- Normal  
Doctor Name :- Dr ANURAG KAUSHAL Age/Sex :- 77 Y/M Discharge Date :- 05 Apr 2023 1:55 PM  
Location :- 2F/W/PVT/ROOM NO.7/1 Empanelment :- Haryana Govt .  
Address :- 2081/5 MAHADEV MOHALLA THANESAR KKR,KURUKSHETRA

**PROVISIONAL DIAGNOSIS** :- CKD WITH HTN WITH COPD

**PRESENTING COMPLAINTS** :- PATIENT BROUGHT TO HOSPITAL BY HIS ATTENDANT WITH COMPLAINT DYSPNEA A/W RESTLESSNESS AND ORTHOPENIA SINCE MORNING. WITH H/O DYSPNEA A/W RESTLESSNESS SINCE 3-4 DAYS. DECREASED URINE OUTPUT. PATIENT FIRST ADMITTED IN MISSION HOSPITAL.

**CLINICAL FINDING & EXAMINATION** :- B.P- 200/80 MMHG, HR- 94/MIN., R.R- 29/MIN., SpO2- 88%, CHEST- B/L CREPTS +NT, CVS- S1S2+NT, CNS- CONSCIOUS ORIENTED, P/A- SOFT

**COURSE DURING HOSPITAL STAY** :- PATIENT PRESENTED TO US WITH ABOVE MENTIONED COMPLAINTS. O2 SUPPORT TAKEN. THEN ALL RELEVANT INVESTIGATION WERE DONE. LAB SHOW HB- 6.9, TLC- 6.14, ESR- 65, CRP- 22.0, UREA/CREAT- 161/8.3, S.K- 5.9. THEN CONSERVATIVE TREATMENT START I/V ANTIBIOTIC, ANTACID, BRONCHODIALATER, NEBULIZATION. AND OTHER SUPPORTIVE TREATMENT. THEN HEMODIALYSIS SESSION DONE. WITH 1 UNIT OF PRBC. RENAL SUPPORTIVE TREATMENT GIVEN. PATIENT HAVING HYPERTENSION SO ANTI HYPERTENSIVE DRUGS ADD. ANOTHER SESSION OF DIALYSIS DONE WITH 1UNIT OF PRBC. DIURETIC ADD. PATIENT COMPLAINT OF CONSTIPATION SO LAXATIVE GIVEN. CONDITION OF THE PATIENT IMPROVE. O2 SUPPORT HOLD. BUT PATIENT SpO2 LEVEL ON ROOM AIR IS 89-90%. CONDITION OF THE PATIENT WELL EXPLAINED TO ATTENDANT IN THEIR LOCAL LANGUAGE. ALL RISK EXPLAINED. NOW PATIENT ATTENDANT WANT DISCHARGE. SO PATIENT IS DISCHARGE ON REQUEST. .

**Follow up days/date** :- 2 / 07 Apr 2023

**COMORBIDITY** :- COPD WITH HTN

### DISCHARGE ADVICE (PRESCRIPTION)

Sr No	Medicine Name	Days	Type	Meal	Morning	Noon	Evening	Extra	Unit
1	AZEE TAB 500 MG	5	BD	ORALLY	1.00	0.00	1.00	0.00	
2	DOXYFLOW(200)	5	BD	ORALLY	1.00	0.00	1.00	0.00	
3	NODOSIS 500MG TAB	5	BD	ORALLY	1.00	0.00	1.00	0.00	
4	PANTOCAR-D CAP	5	OD	ORALLY	1.00	0.00	0.00	0.00	
5	NEFITA TAB	5	OD	ORALLY	1.00	0.00	0.00	0.00	
6	FEBUGOOD 80 MG	5	OD	ORALLY	0.00	1.00	0.00	0.00	
7	PHOS CUT 400 TAB	5	TDS	ORALLY	1.00	1.00	1.00	0.00	
8	DYTOR 20MG	5	BD	ORALLY	1.00	0.00	1.00	0.00	8AM-4PM
9	TAB S. NUML 5MG	5	BD	ORALLY	1.00	0.00	1.00	0.00	



**SARASWATI**  
**MISSION HOSPITAL**

Saini Samaj Bhawan, Near Birla Mandir Chowk  
Kurukshetra-136 118 (Haryana)  
Ph. :01744-270939  
50 BEDED MULTISPECIALITY HOSPITAL

**Dr. Divyal Kumar Singh**

MBBS, DNB (Medicine)  
PHYSICIAN & DIABETOLOGIST

Timing :- 10.00 A.M. - 3.00 P.M.  
5.00 P.M. - 7.30 P.M.

24x7 Emergency Service Available

☎ 08950-556258  
☎ 09885-456258

Helpline No.  
09034328696

Name: Krishan Lal Age/Sex: 74 / Male Consultant Incharge: Dr. Divyal Kumar Singh  
Address: House No:-254 Shanti Enclave Kurukshetra 9896802580  
UHID/PD/OPD No. 3861/22-23 Date: 29-Mar-2023 06:03:18 P OPD Fee 150

PR 92/121/7

BP 240/120 mmHg

Temp. ....

Spo2 94%

GRBS 135 mg/dl

Investigation

- (1) CBC/ RBS/ ESR
- (2) ALT/ AST/ Albumin
- (3) T. Bil/ Alk Phosphatase
- (4) Creat/ K<sup>+</sup>/ Ca<sup>2+</sup>/ Na<sup>+</sup>
- (5) S. Amylase/ Lipase
- (6) Urine exam/ HbA1c Level  
Urine Ketones
- (7) LFT/ KFT/ TSH assay
- (8) ECG/ Lipid Profile
- (9) CX-Ray PA/ Uricacid
- (10) USG Abdomen

29/03/23

Present Complaint

Epistaxis  
↑ B.P  
Breathlessness

DOE ⊕

Past/Family History

HTN ⊕

Is wheeze ⊕

Drug Allergy (if any)

no

Examination

Conscious, Oriented

S<sub>1</sub>, S<sub>2</sub> ⊕

wheeze ⊕

P/A → soft ⊕

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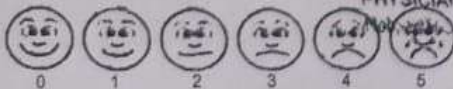
Chr. Smoker / chr. Alcoholic  
Diagnosis  
Creat → 7.0 mg/l.  
As CKD → Anemia  
COPD / HTN (6.8g)

Adv.

INJ. AUGMENTIN 1.2 gm in 20mg HV  
INJ. PAN/ EMESET/ PERINORM HV  
INJ. LASIX 40 mg HV  
TAB. SORBITATE 5mg + 5mg S/L  
NAP. DUDUN + BUDECORT  
X I RESPOULE  
INJ. DPTINEURON 2 Amp. in 100ml  
STAT

29/03/23  
Adv. Admission  
in Hospital

Follow up on.



OPD Slip Valid For Five Days

PT

CNS : Lethargic, oriented

Investigations:

CBC  
RBS  
ALT  
Albumin  
Creat  
ECG  
CXR

All investigations attached with LAMA

Course in the Hospital:

Antibiotics  
Antacids  
Dietetic  
Diuretics  
§) other support Rx

Treatment Given:

AS per given in course in Hospital

Condition on Discharge:

Relatively Better

Needs Hemodialysis and  
blood transfusion

(Refused by attender)

(16)

LAMA

Dr. Divyal Kumar Singh  
MBBS., DNB Medicine  
PHYSICIAN & DIABETOLOGIST  
Mob.-8950556258, © 9885456258



# Saraswati Mission Hospital

## DISCHARGE SUMMARY

Name:	Krishan Lal	Age/ Sex:	74 Yrs / M / E
IP No.:	DD 778 / 22	Bed No.:	
Date of Admission:	29/03/23	Date of Discharge:	31/03/23
Consultant's Name:	Dr. Divyal Kumar Singh	Unit:	
MLC / Non MLC	Non MLC	MLC No.:	
		UHID	3861/22-23

**Diagnosis:**

chr smoker  
chr electroc

1) CKD → HTN → CHF → <sup>volume</sup> overload  
 2) anemia of CKD  
 3) A2D → CO2 4) COPD

**Operative Procedure:**

AV (TO NO pericardial effusion on 2D echos)

**Presenting Complaints:**

Epistaxis  
 ↑ B.P  
 Breathlessness  
 DOE (+)

**Past History:**

HTN (+)

**On Examination:**

B.P. 170/80 mm Hg, Pulse 99 /mt, R.R. 20 /mt, SpO2 91 % , Temp 98 F

Chest : wheeze (+)

CVS : S1S2 (+)

P/A : soft

Dr. Divyal Kumar Singh  
 MBBS, MD, DNB Medicine  
 PHYSICIAN & METABOLIST  
 Mob: 98112229



# TREATMENT CHART

Pt. Name: Keshuntal  
 Age: 74 yrs Sex: Female  
 UHID: 38612229 IPD: 007781  
 Consultant: Dr. D.K.S.

Saraswati Mission Hospital

Date	29/03/23		30/03/23		31/3/23					
IV Fluids	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.
Drug: <u>INI DEXONA 8MG</u>										
Frequency: <u>ONCE A DAY</u>	10pm	(S)								
Dose: <u>8MG</u>			10pm	(A)	10pm					
Route: <u>INTRAVENOUS IN 100 ML NS</u>										

Date	29/03/23		30/03/23		31/3/23					
Drug	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.
Drug: <u>INI OPTINEURON</u>										
Frequency: <u>THRICE A DAY</u>	10pm	(S)	6AM	10x	6AM	10x				
Dose: <u>1AMP</u>			2pm	T	2pm					
Route: <u>INTRAVENOUS IN 100 ML NS</u>			10pm	(A)	10pm					

Date	29/03/23		30/03/23		31/3/23					
Drug	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.
Drug: <u>TAB AMLON 2.5MG</u>										
Frequency: <u>TWICE A DAY</u>	10pm	(S)	10AM	T	10AM					
Dose: <u>2.5 MG</u>										
Route: <u>PER ORAL</u>			10pm	(A)	10pm					

Date	29/03/23		30/03/23		31/3/23					
Drug	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.
Drug: <u>TAB ZYTANIX 5MG</u>										
Frequency: <u>TWICE A DAY (2tab)</u>		NOT	10pm	T	8AM	(A)				
Dose: <u>5MG X 2tab</u>		avai-	2pm	T						
Route: <u>PER ORAL</u>		-table			2pm					

Date	29/03/23		30/03/23		30/03/23		31/3/23			
Drug	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.	Time	Inl.
Drug: <u>NEB DUOLIN</u>										
Frequency: <u>2ND HOURLY</u>	6AM	(S)	6AM	(M)	2pm	T	10pm	(M)	8AM	(A)
Dose: <u>1 RESPIRE</u>	8PM	(S)	8AM	Am	4pm	T	12AM	(M)		
Route: <u>INHALATION</u>	10pm	(S)	10AM	Am	6pm	T	12AM	(M)		
	12AM	(S)								
	2AM	(M)								
	4AM	X	12pm	P	8pm	(M)	4AM	(M)	6AM	(A)

remains

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