


**Free Consultation Facility at Sapthagiri Hospital for Teaching and
Non –Teaching Staff**

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Principal
Sapthagiri College of Engineering
14/5, Chikkasandra, Hosuraghatta Main Road
Bengaluru - 560 057




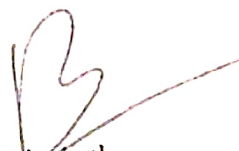
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Date-10/04/15

CIRCULAR

The management of Sapthagiri College of Engineering is magnanimous to arrange free medical consultation at Sapthagiri Hospital (15, Hesaraghatta Main Road, Chikkasandra, Chikkabanavara, Bengaluru, Karnataka-560090) for all Teaching and Non-Teaching staff. All are informed to avail this facility.


PRINCIPAL
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D. SUMMARY

Sapthagiri Hospital

Creating Healthcare



G D Group

Name: Mr. NAGARAJU C
Age/Gender: 45 Y/M
Address: #28 14TH CROSS HAVANOOR BABAVADE
Location: BANGALORE, KARNATAKA
Doctor: Dr. pavan kumar
Department: GENERAL MEDICINE

MR No: SH0001095663
Visit ID: IP2111050022
Admission Date: 05-11-2021 10:28
Discharge Date: 14-11-2021
Ward/Bed: GENERAL MEDICINE MALE
UNIT 5/GENERAL/IP4
Referred By: Walk In

Discharge Summary

Consultants

DR. NAGARAJU
DR. SHRUTHI R.
DR. PAVAN KUMAR

Final Diagnosis

- 1) CLINICAL MALARIA
- 2) UNCONTROLLED T2DM
- 3) COMPLICATED UTI-CYSTITIS WITH EARLY (L) PYELONEPHRITIS
- 4) CHOLELITHIASIS

Chief Complaints

FEVER WITH CHILLS SINCE 3 DAYS WITH BURNING MICTURATION.
DIFFICULTY BREATHING SINCE 2 DAYS
PAIN ABDOMEN SINCE 2 DAYS.

History

PATIENT WAS APPARENTLY NORMAL 3 DAYS WHEN HE DEVELOPED GRADUALLY PROGRESSIVE INTERMITTENT FEVER WITH CHILLS ASSOCIATED WITH INCREASED FREQUENCY WITH BURNING MICTURATION AND GENERALIZED WEAKNESS AND MYALGIA. HE THEN DEVELOPED DIFFICULTY IN BREATHING ASSOCIATED WITH PEDAL EDEMA WHEN HE WAS TAKEN TO A LOCAL HOSPITAL AND PAIN KILLER WAS GIVEN. HE THEN DEVELOPED DIFFUSE PAIN ABDOMEN AROUND UMBILICUS AND THEN PROGRESSED TO HAVE 1 EPISODE OF NON PROJECTILE, NON BLOOD TINGED VOMITING. NO H/O COUGH, LOOSE STOOL, RASHES, SKIN DISCOLORATION OR LOSS OF CONSCIOUSNESS, DECREASED URINE OUTPUT, PALPITATIONS.

Past Medical History

H/O SIMILAR COMPLAINTS 4 YEARS BACK ADMITTED TO SAPTHAGIRI.
K/C/O T2DM SINCE 6 YEARS ON IRREGULAR MEDICATION.
INSULIN H. MUXTARD (10-0-15) S/C IRREGULAR.
NOT K/C/O HTN, IHD, CKD, THYROID DISEASE.

Personal History

DIET- MIXED
APPETITE- DECREASED



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Sapthagiri Hospital

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SERUM CREATININE 0.7
 SERUM SODIUM 129
 SERUM POTASSIUM 5.2
 SERUM CHLORIDE 96

AMYLASE (SERUM)
 AMYLASE (SERUM) <30
 SERUM LIPASE 113

GLYCO HB (HBA1C)
 GLYCO HB (HBA1C) >14.0

PERIPHERAL SMEAR
 RBC's: Are normocytic normochromic.
 WBC's: Are normal in number with increase in neutrophils. Neutrophils show toxic granules.
 Platelets: Are adequate in number.
 Hemoparasites: Are not seen.
 Impression: Normocytic Normochromic Anemia

CBC
 HAEMOGLOBIN 10.2
 RBC COUNT 3.73
 HAEMATOCRIT or PCV 30.8
 PLATELET COUNT 1.50
 TOTAL WBC COUNT 6170
 NEUTROPHILS 80
 LYMPHOCYTES 10
 MONOCYTES 10
 EOSINOPHILS 00
 BASOPHILS 00

6/11/21

URINE KETONE BODIES Present

SERUM ELECTROLYTES
 SERUM SODIUM 138
 SERUM POTASSIUM 5.1
 SERUM CHLORIDE 101

RT-PCR-NEGATIVE
 DENGUE SEROLOGY- RAPID CARD
 Specimen: Serum
 Test Results: Ns1 : Negative
 IgM & IgG : Negative

RENAL FUNCTION TEST
 UREA (SERUM) 29
 SERUM CREATININE 0.7
 SERUM SODIUM 135
 SERUM POTASSIUM 3.9
 SERUM CHLORIDE 101

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RAPID MALARIA PARASITE Negative

9/11/21
PLATELET COUNT 1.09
10/11/21
PLATELET COUNT 1.71

11/11/21
CBC
HAEMOGLOBIN 9.3
RBC COUNT 3.48
HAEMATOCRIT or PCV 29.4
PLATELET COUNT 2.45
TOTAL WBC COUNT 6970
NEUTROPHILS 70
LYMPHOCYTES 18
MONOCYTES 11
EOSINOPHILS 01
BASOPHILS 00

URINE ROUTINE
VOLUME 10ml
COLOUR Pale Yellow
APPEARANCE Clear
URINE SUGAR Nil
URINE PROTIEN Nil
URINE WBC 2 - 4
URINE RBC 0 - 1
EPITHELIAL CELLS 0 - 1
CASTS Nil
CRYSTALS Nil
OTHERS Nil

2DECHO 6/11/21- EF 60% NO RWMA , NO VEG/CLOTS

USG ABDOMEN- 5/11/21

CYSTITIS, HEPATOMEGALY WITH GRADE 1 FATTY LIVER WITH PERIORTAL COLLATERALS, B/L MINIMAL PLEURAL EFFUSION, CHOLELITHIASIS MULTIPLE SMALL CALCULI WITH LARGEST MEASURING 1.3CM

REVIEW USG 11/11/21- LOBAR NEPHRONIA 1.3X 1.4CM ON LET SIDE, CYSTITIS, MINIMAL ASCITES

Course In The Hospital

PATIENT CAME TO THE HOSPITAL WITH THE ABOVE MENTIONED COMPLAINTS AND WAS ADMITTED TO EMERGENCY WARD. PATIENT USG ABDOMEN SHOWED CHOLELITHIASIS, B/L MILD PLUERAL EFFUSION WITH CYSTITIS . HENCE PATIENT URINE CULTURE WAS SENT WHICH SHOWED GROWTH OF E.COLI AND ANTIBIOTICS WERE STARTED. PATIENT CONTINUE TO HAVE B/L BASAL CREPTS WITH DECREASED SATURATION FOR WHICH SPUTUM CULTURE AND AFB WAS SENT WHICH


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REVIEW IN MEDICINE OPD AFTER 15 DAYS WITH CBC, FBS AND PPBS REPORTS.
REVIEW IN SURGERY OPD FOR CHOLECYSTECTOMY AFTER 15 DAYS.

Doctor's Signature
Dr. payan kumar
Senior Resident

Senior Resident
Department of Medicine
SIMS & AG

Rne 109805

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