

Patient ID : 1000578279  
Name : MD. AKTER HOSSAIN  
Age : 49 Y 10 M 27 D Phone : 01917716385  
Gender : Male Type : New  
App. Date : 16 Apr 2022  
Doctor Name : Dr. N. A. M. Momenuzzaman



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**Hotline : 10666**  
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H/O : • H/O SA  
• CAG - SVD (13/3/22) (UHL)  
• Sp PTCA + stents to PLV (14/3/22) (UHL)

CHIEF COMPLAINTS:

- occasional atypical chest pain at rest.
- No chest pain / SOB on exertion
- Normal activity

Risk Factor: + 0  
HTN / DM / FH / DL / SMK / CKD

ON EXAMINATION:

Pulse- 76/min JVP -  
BP/130/90 mm Hg Ankle oedema -  
Heart- S1+S2 Anaemia -  
Lungs- Vesicular Hb-13.2

INVESTIGATIONS:

Lipid Profile: TC LDL HDL TG Date:  
207 125 46 178 (4/22)  
200 120 29 490 (6/24)

ECG:

ECHO: LVIDd LVIDs LVEF Date:  
48 33 60% (9/24)

ITT:

3.Creatinine: 1.42 mg/dl Date: (3/22)  
1.26 (3/22)  
Troponin I: 0.86 (3/22)

ADVICE:

PRESENT Rx

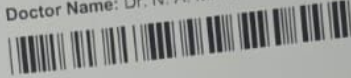
- Rx.
- Tab. Clopid AS  
0+0+1 (after meal)
  - Tab. Bisoren 2.5mg  
1+0+0
  - Tab. Coverlyl 4mg  
0+0+1
  - Tab. Rapitor 20mg  
0+0+1
  - Tab. Finix 20mg  
1+0+1

Dr. Md. Ashiquel Haque  
MBBS, D-Card (BSMMU), CCG (BARDEAN)  
Specialist, Cardiology  
BMDC Reg. No. A-57122  
United Hospital Limited

Adv Follow up at OPD after 06 months.

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Patient ID : 1000578279  
Name : MD. AKTER HOSSAIN  
Age : 49 Y 9 M 20 D Phone : 01917716385  
Gender : Male Type : New  
App. Date : 12 Mar 2022  
Doctor Name: Dr. N. A. M. Momenuzzaman



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Dr. Momenuzzaman MBBS, D-Card, MD-Card  
Chief Consultant, Cardiology  
MDC Reg. No. A-12492

PRESENT Rx

EF COMPLAINTS:

Exercional chest pain (CCS-II)  
~~Exercional~~ left side lasting for  
few minutes relieved by rest & GTN  
for 3 days.

Effort SOB (CC-II) & Palpitation,  
• NO rest pass

Risk Factor: HTN / DM / FH / DL / SMK / CKD / ~~MI~~

EXAMINATION:

se- 64/min JVP -  
120/85 mmHg Ankle oedema -  
art-S+S Anaemia -  
lungs - Clear

INVESTIGATIONS:

Lipid Profile: TC LDL HDL TG Date:  
200 120 29 490 [1/6/21]

ECG:

ECG: LVIDd LVIDs LVEF Date:  
48 33 60% [1/6/21]

ETI: +ve ; 90% ; 10.8 (M) [1/6/21]

S.Creatinine: 1.0 mg/dl Date: [1/6/21]

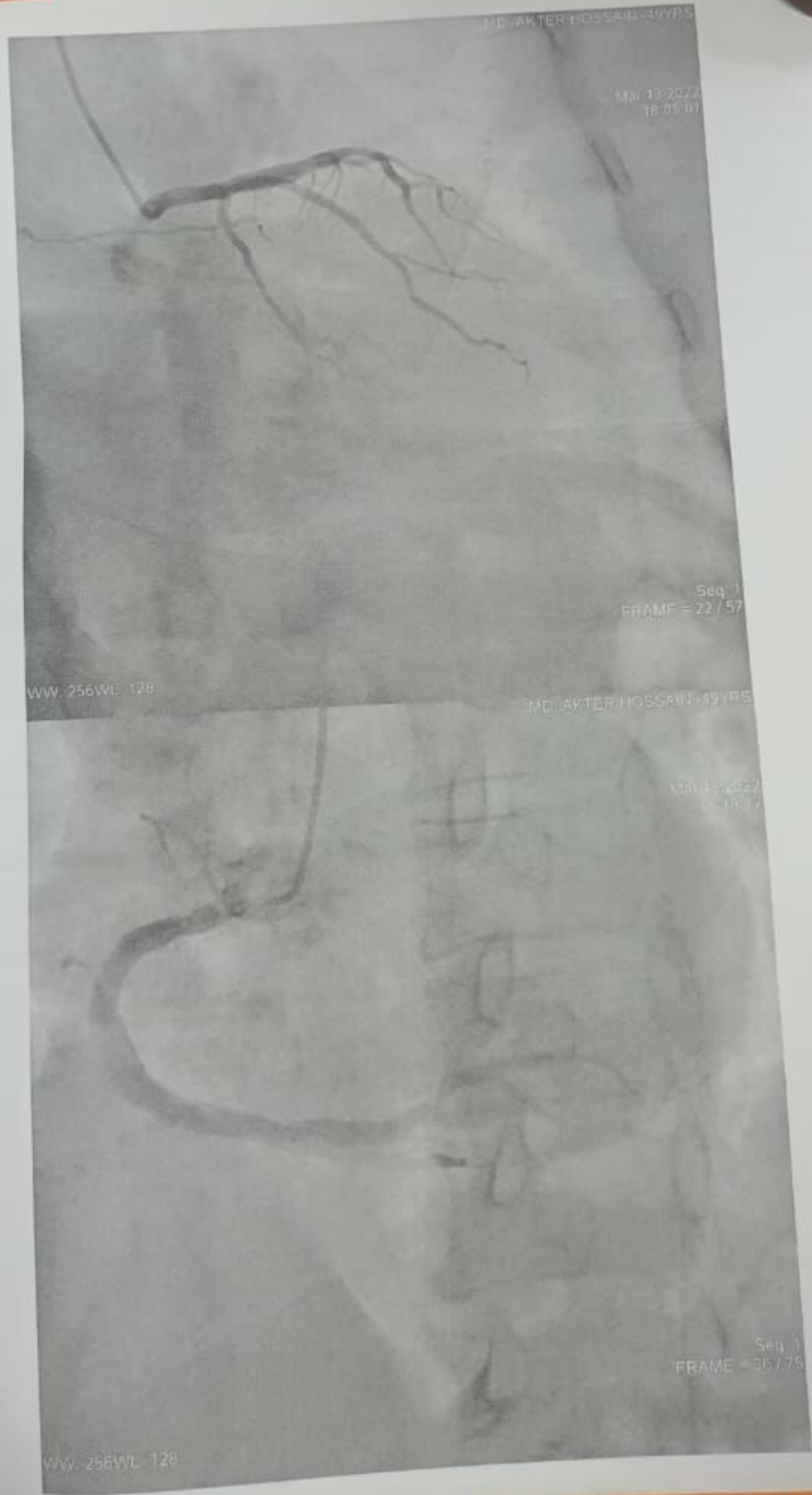
Troponin I:

ADVICE:

atu

Treat Ecospirin plus  
0+0+1  
Treat. Nidocanal  
1+1+0  
Treat Bisoprolol 2.5  
1+0+0  
Treat. Rosuvastatin 10  
0+0+1  
Treat. Tenil 3mg  
0+0+1

Dr. Momenuzzaman  
MBBS, D-Card, MD-Card  
Chief Consultant  
Cardiology  
BMDC Reg. No. A-12492  
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UNITED HOSPITAL



## Department of Cardiology

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Patient ID:	1000578279		
Name :	MD.AKTER HOSSAIN		
Age:	49	Years	Sex: Male
Doctor/Cons:	Dr. N.A.M. Momenuzzaman		
Date of Procedure:	13-Mar-2022		

### CORONARY ANGIOGRAM REPORT

ECG				
LVEF	%			
HB %	gm/dl			
Contrast Media:	lopamiro	100 ml	Route	TRANSRADIAL

#### FINDINGS

- : Free of disease.
- : Type III, good size vessel having ectatic in proximal segment.
- : Good size vessel & free of disease.
- : Dominant. Ectatic vessel, PLV has 95-99% stenosis at its proximal segment.

**Conclusion: Single vessel coronary artery disease.**

**Recommendation: PCI to PLV**

**Dr. Jannatul Ferdous**  
MBBS, MD (Card)  
Senior Consultant Cardiologist  
United Hospital Limited  
Prepared by:  
Medical Secretary: Zafar Ahammed

Performing Consultant  
  
**Dr. Momenuzzaman**  
MBBS, D. Card. MD (Cardiology)  
Chief Consultant Cardiologist  
United Hospital Limited



Patient ID 1000578279  
 DOB 21-May-1972  
 Gender Male  
 Bed No. 561 - A

Patient Name MD.AKTER HOSSAIN  
 Age 49 Y 9 M 21 D  
 Ref. By Dr. N. A. M. Momenuzzaman  
 Room No. 561

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Department of Pathology Laboratory  
 Biochemistry Report

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**Specimen Information**  
 Blood

Collected 13-Mar-2022 10:06 am  
 Received 13-Mar-2022 10:06 am  
 Report Generated 13-Mar-2022 12:01 pm

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Test	Result	Unit	Reference Value	Methodology
<b>Creatinine with e-GFR</b>				
*S. Creatinine	1.42	mg/dl	Adult, Male 0.72-1.25 Adult, Female 0.57-1.11 Infant 0.16-0.39 Child 0.26-0.77	Kinetic Alkaline Picrate/Jaffe IDMS Traceable (Jaffe Reaction)
e-GFR (using 4 variable MDRD equation)	52.98	ml/min/1.73m <sup>2</sup>	>59 Normal GFR or mild decrease in GFR 30-59 Moderate decrease in GFR-CKD3 15-29 Severe decrease in GFR-CKD4 <15 End stage kidney failure-CKD5	

Note: The MDRD (Modification of Diet in Renal Disease Study) equation is only useful in estimating glomerular filtration rate (GFR) in stable chronic kidney disease. The MDRD equation cannot be used for acute renal failure. The MDRD equation may underestimate the actual GFR in some healthy patients.

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n Medical Technology  
 echnologist-Laboratory

Mr. Md. Aliul Islam

B.Sc (Hons), M.Sc In Biochemistry  
 Clinical Biochemist

Dr. Sohely Nazneen Eva

MBBS, M.Phil (Clinical  
 Biochemistry)  
 Junior Consultant

Prof. Brig Gen Zahid Mahmud (Retd)

FCPS (Haematology)  
 Senior Consultant



**Patient ID** 1000578279  
**DOB** 21-May-1972  
**Gender** Male  
**Bed No.** 525 - B

**Patient Name** MD. AKTER HOSSAIN  
**Age** 49 Y 9 M 21 D  
**Ref. By** Dr. N. A. M. Momenuzzaman  
**Room No.** 525

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Department of Pathology Laboratory  
 Biochemistry Report

**Specimen Information**  
 Blood

Collected 16-Mar-2022 10:40 am  
 Received 16-Mar-2022 10:40 am  
 Report Generated 16-Mar-2022 12:34 pm

Test	Result	Unit	Reference Value	Methodology
<b>Non-panel Item</b>				
*S. Urea	33.0	mg/dl	17-43	Urease/ GLDH UV Kinetic

*[Signature]*  
 Inue Miah  
 in Medical Technology  
 Medical Technologist

*[Signature]*  
 Mr. Md. Anamul Islam  
 B.SC (Hons), M.SC In Biochemistry  
 Clinical Biochemist

*[Signature]*  
 Dr. Sohely Nazreen Eva  
 MBBS, M.Phil (Clinical Biochemistry)  
 Junior Consultant

*[Signature]*  
 Prof. Brig Gen Zahid Mahmud (Retd)  
 FCPS(Haematology)  
 Senior Consultant

**DISCHARGE SUMMARY**

<b>Department</b>	<b>DEPARTMENT OF CARDIOLOGY</b>
-------------------	---------------------------------

Patient Name	MD.AKTER HOSSAIN		
Patient ID	1000578279		
Age	49 Years	Gender	MALE
Ward/ Unit	PRE CATH	Bed	525 B
Consultant	DR. N.A.M. MOMENUZZAMAN		

Date of Admission 13-Mar-2022

Date of Discharge 16-Mar-2022

**Diagnosis:**

1. Unstable Angina
2. CAD – SVD [13.03.2022]
3. S/P PTCA & Stenting to PLV [14.03.2022]
4. ETT (+ve) [01.06.21]
5. HTN

**Brief History:**

**Md.Akter Hossain**, 49 years hypertensive and non-diabetic pleasant gentleman was admitted in UHL on 13.03.22 for elective CAG. He has complaints of exertional chest pain (CCS-II) lasting for few minutes, relieved by rest and taking GTN spray for 3 days and effort SOB (G-II) with palpitation.

**Medication on Discharge:**

Name of Medicines	Doses	Special Instructions	Duration
Tab. Clopid AS (Clopidogrel + Aspirin)	1 + 0 + 1	After meal	Continue
Tab. Bisoren 2.5 mg (Bisoprolol)	1 + 0 + 0		Continue
Tab. Amdocal 5 mg. (Amlodipine)	0 + 0 + 1		Continue
Tab. Ropitor 10 mg (Rosuvastatin)	0 + 0 + 1	Before meal	Continue
Tab. Nidocard Rtd 2.6 mg (Glyceryl Trinitrate)	1 + 1 + 0	8.00 am & 4.00 pm	Continue
Tab. NAC 600 mg (Acetylcystine)	1 + 0 + 1	After meal	For 02 weeks +
Tab. Pantonix 20 mg (Pantoprazole)	1 + 0 + 1	½ hr. before meal	Continue
Tab. Lexotanil 3 mg (Bromazepam)	0 + 0 + 1	After meal (bed time)	For 07 days +
Tab. Cef-3 200mg (Cefixime)	1 + 0 + 1	After meal	Up to 19.03.2022 +
Trocer Spray (Glyceryl trinitrate)	2 puff under tongue	If chest pain occurs	

**Investigations:**

All investigation reports have been provided to the patient/ patient attendant at the time of discharge.

ECHO Report: [13.03.22]	<ol style="list-style-type: none"> <li>1. No regional wall motion abnormality noted.</li> <li>2. Good LV systolic function with LVEF: 60-65%.</li> <li>3. Normal RV systolic function.</li> <li>4. No evidence of LV apical thrombus / pericardial effusion.</li> </ol>
CAG Finding:	Single Vessel Disease.
Recommendation:	PCI to PLV.
Procedure:	PTCA & Stenting to PLV (BIOMATRIX neoflex: 3.5x14mm) was done uneventfully on 14.03.22.

123/75

Patient ID : 1000578279  
 Name : MD. AKTER HOSSAIN  
 Age : 49 Y 11 M 20 D Phone : 01917716385  
 Gender : Male Type : Report Review  
 App. Date : 10 May 2022  
 Doctor Name : Dr. N. A. M. Momenuzzaman



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H/O: S/A  
 ETT (+ve) (1.6.21)  
 ECG - SVP (13/3/22) VHL  
 S/p PCI to PLV (14/3/22) (VHL)  
 (3.5 X 14 mm) (Biomatrix neofer)

PRESENT Rx\_

Tul clopid Ar  
 0+0+1  
 Tul Bisoren 2-F  
 1+0+0  
 Tul Coverylax  
 0+0+1  
 Tul Ropiv 20  
 0+0+1  
 Tul Finiv 20  
 1+0+1

CHIEF COMPLAINTS:

Occasional chest heaviness for 8-10 day  
 No chest pain/SOB on exertion

Risk Factor: + 0 + ex  
 HTN / DM / FH / DL / SMK / CKD

ON EXAMINATION:

Pulse- 58 JVP- Not Raised  
 BP- 120/80 Ankie oedema - (-)  
 Heart- S1+S2+0 Anaemia - (-)  
 Lungs- Clear

INVESTIGATIONS:

Lipid Profile: TC LDL HDL TG Date:

200 120 29 490 [6/21]  
 207 125 46 178 (4/22)

ECG:

ECHO: LVIDd LVIDs LVEF Date:

48 30 60-65% [13/3/22]

ETT: +ve, 90% M-10.8 [1/6/21]

S.Creatinine: .86 mg/dl Date: [23/3/22]

Troponin I:

ADVICE:

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