

Dr Sumanta Chatterjee
DM Cardiology
MBBS (Honours, Gold medalist)
MD Medicine (Gold medalist), FSCAI, AFESC
Regn. No. WBMC 64538

UHID : AM10378917
Name : Mr. Kamal Kumar Rai
Age : 68 years 3 mon 10 days
Gender : Male

Encounter ID : 115450710001
Visit Date Time : 11/04/2024 02:56 pm
Clinic : Cardio Clinic
Visit Type : First Visit

OP PRESCRIPTION.

Vitals

Pulse : 64 /min | Respiratory Rate : 20 /min | Systolic BP : 150 mmHg | Diastolic BP : 90 mmHg | SpO2 : 97 %
Pain Assessment Score : 0 | Height : 167 cm | Weight : 87.3 Kilogram | Allergy Present : NO | BMI 31.30

Present Complaints/ History of Present Illness

SOB E
BURNING SENSATION IN URINE
CHEST PAIN
HTN
OBESITY
DM

46% EF
RWMA (+)

Examination

CONSCIOUS / ALERT / COOPERATIVE
CVS= S1/ S2 NAD
NO MURMUR
CHEST CLEAR, VBS PRESENT
GCS GOOD
RESPIRATION GOOD
SPO2 ACCEPTABLE
NO SOFT NEURO SIGNS
NO ACUTE CRITICAL SIGN

(Phy) EAG

Investigations

- LIPID PROFILE TEST
- HBA1C
- COLOUR DOPPLER ECHO
- TROP T

to do
HbK / es / Summary

Other Instruction

TAB TSART 40 MG OD
TAB ROZALET 20 MG OD PC

Patient Name : KAMAL KUMAR RAI
Case No : 2425/00364
Ref. By : Dr. P. CHAUDHURI

Age : 70 Y Sex : M
Billing Date : 11/04/2024
Report Date : 11/04/2024

ECHOCARDIOGRAPHY 2D(MODE) REPORT

M mode measurements :

Aortic root – 38mm ;

LVID d – 59mm ;

IVS – 10mm ;

LEFT VENTRICLE :

WALL THICKNESS :- Normal.

CAVITY SIZE : Dilated.

RWMA :- Akinetic infero posterior wall

SYSTOLIC FUNCTION :- Impaired.

DIASTOLIC COMPLIANCE :- Grade II Diastolic dysfunction

RIGHT VENTRICLE :

CAVITY SIZE : Normal

RWMA :- Nil.

SYSTOLIC FUNCTION :- Normal

LEFT ATRIUM :-

CAVITY SIZE : Enlarged, with raised LA pressure

LA CLOT :- Nil.

RIGHT ATRIUM :-

CAVITY SIZE : Normal

IAS : Intact ;

IVS : Intact ;

MITRAL VALVE:-

MORPHOLOGY :- Normal

REGURGITATION :- Mild.

AORTIC VALVE :-

MORPHOLOGY :- Normal

REGURGITATION :- Nil.

TRICUSPID VALVE :-

MORPHOLOGY :- Normal, E/A' 1.29 ;

REGURGITATION :- Mild .

MAX TR GRADIENT =19.7 mmHg.

PASP = 29 mmHg.

LA – 50mm;

LVIDs –43 mm;

LVPW – 10mm;

LVEF -46 %

Cont.....

Patient Name : KAMAL KUMAR RAI
Case No : 2425/00364
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Age : 70 Y Sex : M
Billing Date : 11/04/2024
Report Date : 11/04/2024

ECHOCARDIOGRAPHY 2D(MODE) REPORT

PULMONARY VALVE :-

MORPHOLOGY : - Normal.

REGURGITATION : - Physiological.

PERICARDIUM :- Healthy.

OTHERS :- No obvious intracardiac clot/mass/reg, $E/E' = 20.8$;

IMPRESSION :-

Dilated LV, Enlarged LA

RWMA present.

Intact IAS & IVS.

LVEF = 46%

Mild MR,

Grade II diastolic dysfunction, $E/E' = 20.8$;

No obvious intracardiac clot/mass.

Normal pericardium.



DR. SIDDHARTHA KUNDU
MBBS, PG Diploma in Clinical Cardiology
Associate Consultant
AMRI Hospitals, Salt lake



Bill No. : 04/MHPL-719
Patient Name : MR. KAMAL KUMAR RAI
Sex / Age : Male / 68 Year
Referred By : DR. SUMANTA CHATTERJEE

Lab No. : 852

Booking on : 12/04/2024 09.00 AM
Sample Collected on : 12/04/2024 11.53 AM
Sample Received on : 12/04/2024 12.50 PM
Reported on : 12/04/2024 09.19 PM

HBA1C

INVESTIGATION

HBA1C -GLYCOSYLATED
HEMOGLOBIN WITH GRAPH
(Method: HPLC)

RESULT **UNIT**
: 6.40 %

BIO. REFERENCE VALUE

Non Diabetic : <5.7
Good Control : 6-7

Weak Control : 7-8
Poor Control : >8

Poor Control : >10 %

ESTIMATED AVERAGE
GLUCOSE(eAG)
(Methodology: Calculated)

: 136.98

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %
Non diabetic adults >=18 years < 5.7
At risk (Prediabetes) 5.7 - 6.4
Diagnosing Diabetes >= 6.5

CLINICAL NOTES: In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings. Note: 1. Shortened RBC life span - HbA1c test will not be accurate when a person has a condition that affects the average lifespan of red blood cells (RBCs), such as hemolytic anemia or blood loss. When the lifespan of RBCs in circulation is shortened, the A1c result is falsely low and is an unreliable measurement of a person's average glucose over time. 2. Abnormal forms of hemoglobin - The presence of some hemoglobin variants, such as hemoglobin S in sickle cell anemia, may affect certain methods for measuring A1c. In these cases, fructosamine can be used to monitor glucose control. Advised: 1. To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead. 2. Hemoglobin HPLC screen to analyze abnormal hemoglobin variant. estimated Average Glucose (eAG) : estimated Average Glucose (eAG) based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

**** End of Report ****

* PLEASE CORRELATE WITH CLINICAL CONDITION

* All reference ranges are age and sex matched. Reference limits mentioned herein are in accordance with the literature provided along with the kit, which may change with the change in chemistry, or the kit.



52025018

DR BISWANATH PAUL
MBBS, MD (PATH)

Chromatogram Report

T0001 08 H3A10 Ver. 29 2024-04-12 19:31:01
ID N1921437
Sample No. 04120033 SL 0001 - 07
Patient ID
Name
Comment

$Y = 1.1733X + 0.5254$

Name	%	Time	Area
A1A	0.6	0.24	7.22
A1B	0.9	0.32	11.00
F	1.0	0.38	12.93
LA1C+	1.8	0.48	22.94
SA1C	6.4	0.59	63.55
AD	91.5	0.88	1141.26
H-V0			
H-V1			
H-V2			

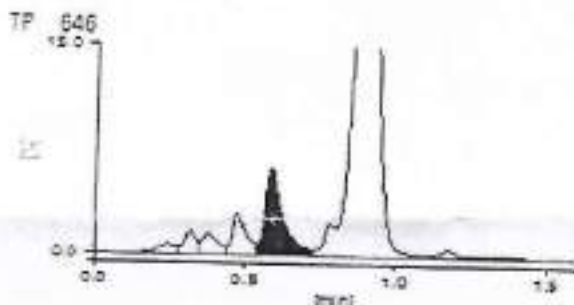
Total Area 1258.90

HbA1c 6.4 %

IFCC 47 mmol/mol

HbA1 7.9 %

HbF 1.0 %





Bill No. : 04/MHPL-719
Patient Name : MR. KAMAL KUMAR RAI
Sex / Age : Male / 58 Year
Referred By : DR. SUMANTA CHATTERJEE

Lab No. : 852

Booking on : 12/04/2024 09:00 AM
Sample Collected on : 12/04/2024 11:53 AM
Sample Received on : 12/04/2024 12:50 PM
Reported on : 12/04/2024 03:16 PM

9

BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIO. REFERENCE VALUE</u>
<u>LIPID PROFILE</u>			
Serum Cholesterol, Total	: 245.0	mg/dl	Male : < 200 mg/dl Female : < 200 mg/dl
Serum Triglycerides	: 165.0	mg/dl	Male : < 150 mg/dl Female : < 150 mg/dl
HDL Cholesterol	: 45.0	mg/dl	Male : > 35 mg/dl Female : > 35 mg/dl
LDL Cholesterol	: 167.0	mg/dl	Normal Individual : < 100 mg/dl Diabetic Person : < 70 mg/dl Moderate CVS Risk : < 70 mg/dl Severe CVS Risk : < 50 mg/dl
VLDL Cholesterol	: 33.0	mg/dl	Male : < 40 mg/dl Female : < 40 mg/dl
Non HDL Cholesterol	: 200	mg/dl	Normal Individual : < 130 mg/dl Diabetic Individual : < 100 mg/dl Moderate CVS Risk : < 100 mg/dl Severe CVS Risk : < 80 mg/dl
LDL / HDL Ratio	: 3.71 : 1		Low Risk : < 3.0 Moderate Risk : 3.0 - 5.0 High Risk : > 5.0
Cholesterol / HDL Ratio	: 5.44 : 1		Low Risk : < 4.0 Moderate Risk : 4.0 - 5.0 High Risk : > 5.0



Checked by: SOUVIK
NIKITA

DR BISWANATH PAUL
MBBS,MD (PATH)
CONSULTANT PATHOLOGIST

Cont.. Page 2



Bill No. : 04/MHPL-719
Patient Name : MR. KAMAL KUMAR RAI
Sex / Age : Male / 68 Year
Referred By : DR. SUMANTA CHATTERJEE

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BIOCHEMISTRY

INVESTIGATION

RESULT UNIT

BIO. REFERENCE VALUE

COMMENT :

	<u>Cholesterol</u>	<u>HDL</u>	<u>LDL</u>	<u>LDL/HDL RATIO</u>
Desirable	Less than 200	Greater than 60	Less than 130	Less than 2.6
Moderate Risk	200 to 239	35 to 60	130 to 159	2.6 to 3.6
High Risk	Greater than 240	Less than 35	Greater than 160	Greater than 3.6

** End of Report **

* PLEASE CORRELATE WITH CLINICAL CONDITION

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055



Checked by: SOUVIK
RINJITA

DR BISWANATH PAUL
MBBS,MD (PATH)
CONSULTANT PATHOLOGIST

AMI0378917
68 Years

MR KAMAL KUMAR RAI
Male

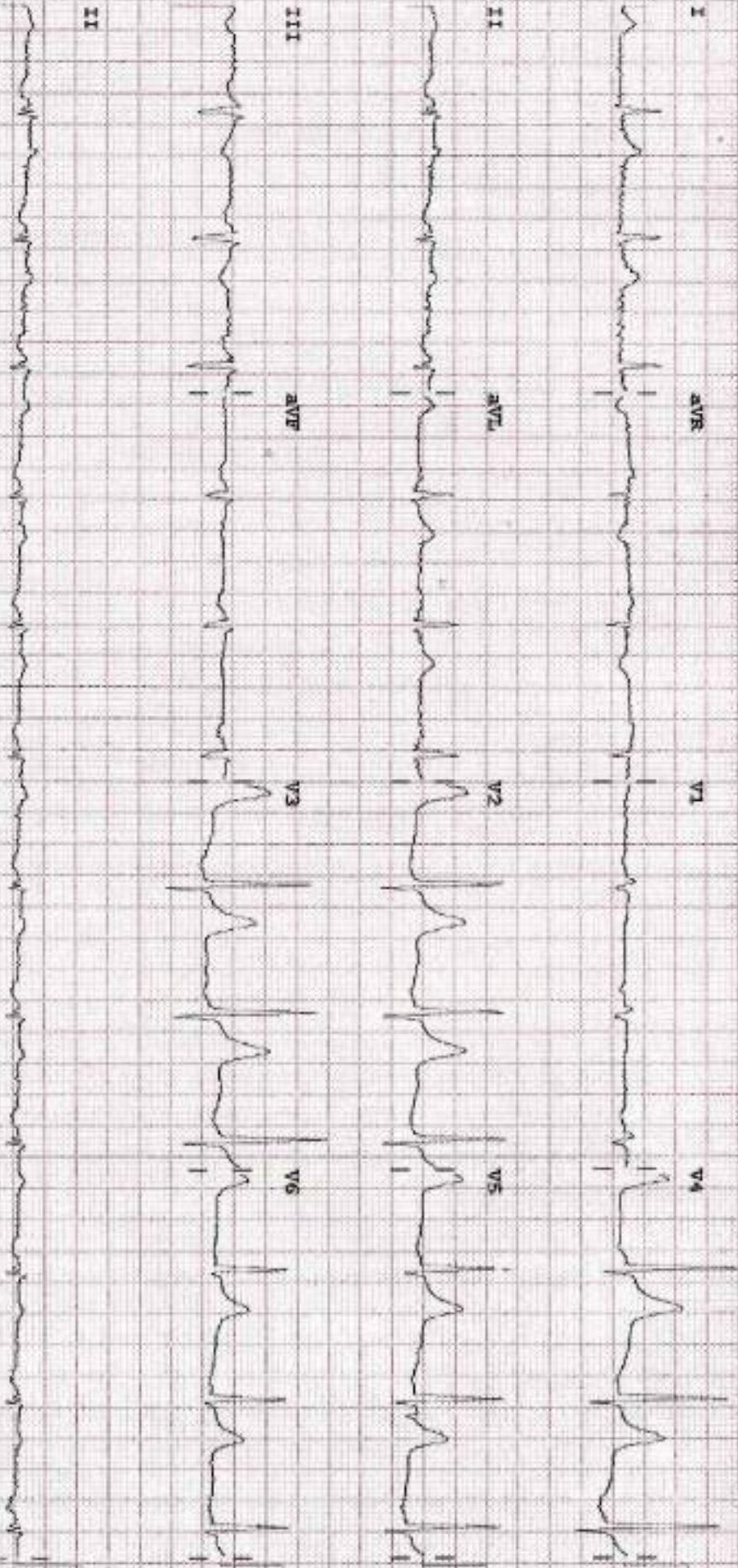
4/13/2024 3:30:40 PM

Rate 72

PR 178
QRSD 95
QT 404
QTc 443

--AXIS--
P -88
QRS -36
T -18

12 Lead: Standard Placement



Device: speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

P 50-0.15-100 Hz PH10 CL 27



Patient ID: AMI0378917
Name: Mr. Kamal Kumar Rai
DOB: 11/04/2015 15:14 GRV 3M 132
Practitioner: Dr. Sumana Chatterjee
Printing Date: 04/13/2024 15:30:40

AMRI-DEPARTMENT OF LABORATORY MEDICINE - DHAKURIA

HEMATOLOGY

NABL ACCREDITED (ISO 15189:2012) Certificate No. MC-2393

Name : Mr. Kamal Kumar Rai

Location : Diagnostic Clinic DHAKURIA

Doctor : Dr Sumanta Chatterjee

Referring Doctor :

Payer : CASH

Ordered Date : 13 April 2024 3:18 PM | Reported Date : 13 April 2024 5:18 PM

LHID : AM10378917

Age/Sex : 68Y 3M 13D / M

Contact : 9331121212



Certificate No. MC 2393

Test Name	Result	Units	Biological Reference Interval
HEMOGLOBIN <i>Method: (SLS-hemoglobin method)</i>	15.20	gm/dl.	13 - 17

----End of Report----

DR PIYALI PODDER
MBBS,MD(PATHOLOGY),
CONSULTANT PATHOLOGIST



Order ID : 130209001249127 | Checked By : 2882428 | Specimen No. : 2524014089 | Specimen Type : EDTA WHOLE BLOOD | Collected On : 12 April 2024 3:24 PM | Received On : 13 April 2024 3:48 PM

Printed On : 13 April 2024 5:18 PM

DEPARTMENT OF LABORATORY MEDICINE - DHAKURIA

BIOCHEMISTRY

NABL ACCREDITED (ISO 15189:2012) Certificate No. MC-2393

Patient Name: Mr. Kamal Kumar Rai

Location: Diagnostic Clinic/DHAKURIA

Doctor: Dr Sumanta Chatterjee

Referring Doctor:

Payer: CASH

Ordered Date: 13 April 2024 3:18 PM | Reported Date: 13 April 2024 5:54 PM

UHID: AM10378917

Age/Sex: 68Y 3M 13D / M

Contact: 9331121212

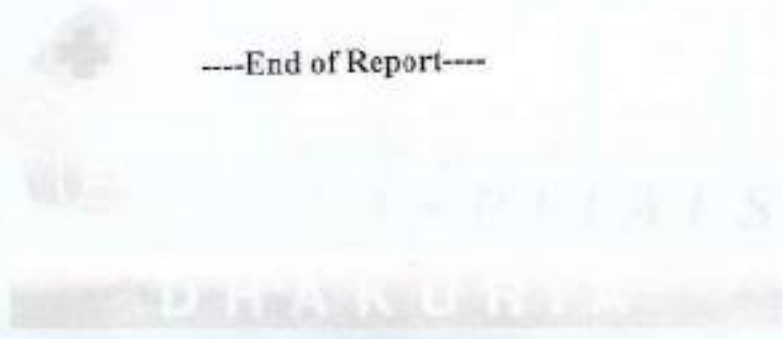


Test Name	Result	Units	Biological Reference Interval
CREATININE <i>Method: (Jaffe Kinetic)</i>	0.91	mg/dL	Adult: 0.7 - 1.2 (Male) Adult: 0.5 - 0.9 (Female) Neonates (Premature): 0.29 - 1.04 Neonates (Full-term): 0.24 - 0.85 2 - 12 months: 0.17 - 0.42 1 - <3 years: 0.24 - 0.41 3 - <5 years: 0.31 - 0.47 5 - <7 years: 0.32 - 0.59 7 - <9 years: 0.40 - 0.60 9 - <11 years: 0.39 - 0.73 11 - <13 years: 0.53 - 0.79 13 - <15 years: 0.57 - 0.87
POTASSIUM <i>Method: (ISE (Direct/Indirect))</i>	4.68	mEq/L	3.50 - 5.10

Lab No.: 092

---End of Report---

DR RAJARSHI SARKAR
MD, DNB (BIOCHEMISTRY)



AMRI

HOSPITALS

DHAKURIA



Mr. Kamal Kumar Rai

Contact : 9331121212

Location : Diagnostic Clinic/DHAKURIA

Attending Doctor : Dr Sumanta Chatterjee

Reported : 15 April 2024 11:23 AM

Payer : CASH

Order Id : RXOP00000200293

UHID : AM10378917

Age/Sex : 68Y 3M 13D / M

Encounter : OP - 115461640001

Visit : 15 April 2024

Examination : 13 April 2024 4:17 PM

Referring Doctor :

Order Date : 13 April 2024 3:18 PM

Cardiology Examination Report

333

ECG REPORT

RATE : 72 bpm

CONCLUSION :

Left axis deviation.
Please correlate clinically

----End of Report----

Souvik

DR SOU NAK GHOSH
MBBS

Patient ID	: AM10378917	Patient Name	: Mr. Kamal Kumar Rai
Gender	: Male	Age	: 68Y
Encounter ID	: 11546213	Encounter Type	: Inpatient
Specialty	: CARDIOLOGY	Location	: ICCU WITH CATHLAB SECO ND FLOOR
Encounter Date	: 13/04/2024 16:18	Attending Practitioner	: CARDIAC TEAM
Bed Number	: 1202	Referral Practitioner	:
Order ID	:	Admitting Practitioner	: Dr Sumanta Chatterjee
Examination Date	:		
Payer Name	:		

CORONARY ANGIOGRAPHY REPORT

Access :Right Radial Artery.

Contrast :Non-Ionic

Method: Coronary Angio done through Percutaneous/Radial route (R)
by selective cannulation of L and R coronary arteries.

Findings:

LMCA : Normal.
LAD : 90% calcific disease at mid part.
Diagonal 1 : 80% disease.
LCX : CTO.
OM1 : CTO.
RCA : Distal calcific 90% disease.

Advice : PTCA in LAD, D1 and PDA with ILV or orbital atherectomy.



DR. SUMANTA CHATTERJEE
MBBS (Honors, Gold medalist)
MD Medicine (Gold medalist)
DM Cardiology
FSCAI, AFESC.
Consultant Cardiologist.

Patient ID	: AM10378917	Patient Name	: Mr. Kamal Kumar Rai
Gender	: Male	Age	: 68Y
Encounter ID	: 11546213	Encounter Type	: Inpatient
Adm or Visit Date	: 13/04/2024 16:18	Dschrg or Chkout Date	: 13/04/2024 21:10
Location	: ICCU WITH CATHLAB SECO ND FLOOR	Bed Number	: 1202
Specialty	: CARDIOLOGY	Admitting Practitioner	: -Dr Sumanta Chatterjee
Attending Practitioner	: CARDIAC TEAM	Referral Practitioner	:

Discharge Summary

- Diagnosis** :
- UNSTABLE ANGINA
 - CAG DONE-MVCAD ON 13/4/24
 - LV SYSTOLLOC DYSFUNCTION(EF-46%)
 - HYPERTENSION [I10]
 - DIABETES MELLITUS TYPE-II [E11.9]
- Presenting Complaints** :
- CHEST PAIN LEFT SIDED WITH SHORTNESS OF BREATH WITH PALPITATION SINCE 15DAYS. BROUGHT HERE FOR FURTHER MANAGEMENT.
- Status on Admission/ Significant findings** :
- CONSCIOUS / ALERT / COOPERATIVE
 - BP- 140/80MMHG
 - H/R- 64/MIN
 - R/R- 20/MIN
 - CHEST- B/L NAD +
 - CVS- S1+ S2+
- Relevant past history** :
- HYPERTENSION
 - DIABETES MELLITUS
- All Investigations are attached with Discharge file*
- Hospital Course** :
- PATIENT WAS ADMITTED HERE WITH THE ABOVE COMPLAINT AND MANAGED CONSERVATIVELY. ALL RELEVANT INVESTIGATIONS WERE DONE. PATIENT WAS TAKEN TO CATH LAB AND CAG DONE FOUND MVCAD.ADVICED FOR REVASCULARIZATION. PATIENT IS NOW BEING DISCHARGED IN A STABLE CONDITION.
- Surgery/ Procedural details** :
- CAG DONE ON 13/4/24
- Status at the time of discharge** :
- HAEMODYNAMICALLY STABLE.
- Discharge Advice**
- Medications** :
- TAB- ECOSPRIN (75MG) 1 TAB ONCE DAILY 10PM TO CONT
 - TAB- AXCER (90MG) 1 TAB TWICE DAILY 10AM 10PM TO CONT
 - TAB- ROZAVEL (40MG) 1 TAB ONCE DAILY 10PM TO CONT
 - TAB- CARDACE (2.5MG) 1 TAB ONCE DAILY AT 10AM
 - TAB- CONCORCOR (2.5MG) 1 TAB ONCE DAILY AT 10AM
 - TAB- PAN (40MG) 1 TAB ONCE DAILY 7AM
 - TAB- ZOLAM (0.5MG) 1 TAB AT BEDTIME 10PM
 - SYP - LACTIHEP - 3TSF AT 10PM AT BEDTIME.
- LOW SALT AND FAT RESTRICTED DIET.
- Dr. Sumanta Chatterjee (S) ON*



Patient ID	: AM10378917	Patient Name	: Mr. Kamal Kumar Rai
Gender	: Male	Age	: 68Y
Encounter ID	: 11546213	Encounter Type	: Inpatient
Adm or Visit Date	: 13/04/2024 16:18	Dischrg or Chkout Date	: 13/04/2024 21:10
Location	: ICCU WITH CATHLAB SECO ND FLOOR	Bed Number	: 1202
Specialty	: CARDIOLOGY	Admitting Practitioner	: Dr Sumanta Chatterjee
Attending Practitioner	: CARDIAC TEAM	Referral Practitioner	:

Diet : DIABETIC DIET.

Any other special needs to be followed : ADVISED FOR REVASCULARIZATION WITH IVL OR ORBITAL ATHERECTOMY TO LAD,D1 AND PDA.

Follow Up Instructions : REVIEW AFTER 1 WEEK FOR REVASCULARIZATION

When to obtain urgent care : IN CASE OF CHEST PAIN / FEVER / SHORTNESS OF BREATH / LOSS OF CONCIUSNESS

How to obtain urgent care : TO ATTEND AMRI CARDIAC OPD OR EMERGENCY.

Patient is given oral explanation of this discharge instruction
To contact AMRI Dhakuria Emergency Number- 033-6680 0000

Signature
MO/Registrar

Consultant
Signature

I do hereby declare that I / we have explained and reviewed above mentioned information / advice related to me and my patient's treatment. I / we have understood doctor instructions / advices including Medications, Diet, Activities, All Investigations Reports (Including due reports), Follow up visits and emergency response.

Medications and Discharge summary explained by: *[Signature]*

Discharge summary issued to: *[Signature]*

Relationship with the patient: *[Signature]*

Date & Time of issue Discharge Summary: *13/04/24 @ 10pm.*

Cross check by [Signature]

Disclaimer: We regret any typographical error which is unintentional. If any, please contact / return back to us immediately for correction.

For Home Collection -6292279867/6292279868