

CONDITION AT DISCHARGE:

DISCHARGE SUMMARY



CHARGE MEDICATIONS:

Drug Name	Strength	Frequency			Route	Relationship with meal	Duration
		M	A	N			
T. Niasida Retard	20mg	1	0	0	Oral	After food	To continue
mg Erythropoietin	4000 U	1	0	0	Oral	After food	To continue
T. Par	40mg	1	0	0	Oral	1/2 hours before food	To continue

ADVICE:

Drink 750ml fluid, low potassium diet

PLEASE CONTACT EMERGENCY IF YOU HAVE:

fever, cough, breathlessness, chest pain

REAPPOINTMENTS / EMERGENCY CALL:

44-4000 6000 / Ext. No - 211

01759000843 For Any Emergency

In case of any dialysis queries contact - +919840825900

For any diabetic related queries & diabetic advice kindly contact 24x7 Diabetes Helpline Number - 88803802

Mail ID: diabeteshelp@kauveryhospital.com

FOLLOW UP:

To consult nephrologist elsewhere for further management.

Dr. B. Balaji Krishnan

Dt (Gen Medicine), DNB (Neph)

DE (Neph-UK)

Consultant Nephrologist

Dr. R. Balasubramanyam

MRBS, DNB(GEN.MED), DNB (Nephro)

Chief Nephrologist

Dr. BALASUBRAMANYAM R, MBBS, DNB (Gen Med), DNB(NEPRO)

(for) *Dr. Balasubramanyam R*



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DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Name	MR. SUBBENAYAN K. KUMAR	IP / OP	IP / OP	Order No.	1540090
Age / Gender	55 Years / Male	DD / DD	CH / CH	Order Date	15-06-2023
Referral By	DR. BALASUBRAMANIAM, MBBS, DNB (Gen Med)	DR. DEVARAJAN, MBBS, DNB (Gen Med)	DR. DEVARAJAN, MBBS, DNB (Gen Med)	Report Date	15-06-2023
Specimen No.	DR. DEVARAJAN, MBBS, DNB (Gen Med)	DR. DEVARAJAN, MBBS, DNB (Gen Med)	DR. DEVARAJAN, MBBS, DNB (Gen Med)	Time	01:40 PM
Ward Name	General Ward 7A Room				

Ultrasound Abdomen

Liver: Size - normal. Echo texture - normal. No focal lesion. IHSA and CBD - not dilated. IVC, hepatic veins and portal vein - normal.

Gall Bladder: contracted.

Pancreas: Size - normal. Echo texture - uniform. The pancreatic duct - not dilated. No calcifications or peripancreatic collections.

Spleen: Size - 8.7 cm. Echo texture - uniform. No focal lesion. No hilar collateral.

Right Kidney: Position - normal. Size - 8.0 x 3.5 cm. Cortical echoes - increased. CHD - mild. PCS - not dilated. Sinus echoes - normal. No calculus.

Left Kidney: Position - normal. Size - 6.3 x 4.1 cm. Cortical echoes - increased. CHD - mild. PCS - not dilated. Sinus echoes - normal. No calculus.

Bladder: Bladder is partially distended.

Prostate: Size - 2.6 x 2.2 x 2.7 cms. Echo texture - uniform. Volume 8.6 ml.

Minimal free fluid noted in the peritoneal cavity.

Impression:

- Bilateral chronic medical renal disease.
- Minimal free fluid in the peritoneal cavity
- Right mild pleural effusion.

Kindly correlate clinically and with other investigations.

Line 10

DR. DEVARAJAN, MBBS, DNB (Gen Med)

Patient Name: Mr. Suresh V.
Age/Gender: 19 Years / Male
Address:
Mobile No: 9056179541
Doctor:
Corporate:

Dr. HALASUBRAMANIAM R, MBBS
DNB (Gen Med), DNB(NEPRO)

DISCHARGE SUMMARY

Date of Admission:
Date of Discharge:
CHD:
IP No:
Department:
Ward / Bed:
Admission / Discharge / Investigation / Registration / September / 100 / 100 / 100 / 100

DISCHARGED AGAINST MEDICAL ADVICE

FINAL DIAGNOSIS :
CHRONIC KIDNEY DISEASE STAGE VD
ACCELERATED HYPERTENSION
FLUID OVERLOAD STATE
SEVERE ANEMIA

PRESENTING HISTORY :
Mr. Suresh V, 19 years old male presented with the history of breathlessness for 10 day. History of anemia since 10 days. Hence, admitted here for further management.

PAST MEDICAL & SURGICAL HISTORY :
Nil

DRUG ALLERGY :
NKDA

ON EXAMINATION :
Patient conscious, oriented, afebrile
PR - 102/min, BP - 130/100 mmHg
SpO2 - 96 % in room air, CBG - 159 mg/dl
JVS - S1 S2 (+)
ES - NVBS (+)
CVA - Soft
JNS - NEND

INVESTIGATIONS :
Reports enclosed

COURSE IN THE HOSPITAL :
Patient was admitted with above mentioned complaints. He was found to have pedal edema and accelerated hypertension. Urea was 266mg % and creatinine was 24.76mg. potassium was 6.14 meq/L. Hemoglobin was 10gm. he was advised hemodialysis. Patient family wanted to get treated else where and is discharged against medical advice.



Not consented

CONSENT FORM / நோயாளி ஒப்புதல்

I, the patient or my designate as the resident in admission the following surgery and such operations procedures are considered necessary during the surgery. I also consent to the use of anaesthesia as necessary by the anaesthetist. I hereby certify that I have read and fully understand the advantages and possible complications of this, as well as possible modes of treatment which is needed.

Consultant Name & Signature

Signature of the relative
Relationship

Signature of the patient
Date: 17/2/21

நோயாளி ஒப்புதல்

ஆகிய நான்

பரிசோதனைக்கு / அறுவை மருத்துவத்திற்கு உட்படுவதற்கு இதன் மூலம் மனதுடன் சம்மதிக்கிறேன் இந்த அறுவை மருத்துவத்தின் / பரிசோதனையின் விளைவு, அபாயம் குறித்து டாக்டர் திரு. திருமதி அவர்களால் எனக்கு விளக்கி கூறப்பட்டது இந்த அறுவை மருத்துவ பரிசோதனையின் போது தேவையான மருந்தளிக்கவும் முழுமையாகவே மருதி மயக்க நிலையை அடையச் செய்யவும் அறுவையின் பொழுது மேலும் தே மாற்று அறுவை / பரிசோதனை செய்யவும் நான் இதன் மூலம் உடன்பட்டு அளிக்கிறேன்.

மருத்துவர் பெயர் & கையெழுப்பம்

செவிலியர் எண்

உறவினரின் கையெழுப்பம்

நோயாளியின்

கையெழுப்பம்

நான்

உறவு முறை

