



: Mr. RAJINDARR ZUTSHII

PSRINO

D.O.A

: 13/02/2024 05:49 PM

Ward/Bed No : B-Block-FIFTH FLOOR / 567

DR SANJIV SAXENA/DR MEENA AGRAWAL

DOD

Age/Gender

Company

: 56 Yrs/Male : 24/156222 : 17/02/2024

SELF PAY

Diagnosis: D-CLD

CKD on MHD

Type 2 diabetes mellitus

HFREF (DCMP)

LVEF 32 % - post CRT - D status

Ludwig Angina (Klebsiella pneumoniae)

SBP

Procedure: Abscess drainage done under LA on 14.02.2024

Presenting Symptoms :

Swelling over jaw and neck

Restricted mouth opening

Duration

10 days

oundation

int and admitted with above mentioned complaints. History of present illness:

History: Type 2 diabetes mellitus

CKD on MHD

HFREF (DCMP)

LVEF 32 % - post CRT - D status

Personal History: Nothing significant

Drug Allergy: No known drug allergy

Physical Findings on Admission:

Pulse- 88/min, BP- 80/60mm Hg, Resp- 18/min, Temp- Afebrile Pallor°, Icterus°, Edema°, Clubbing°

YSTEMIC POSITIVE FINDINGS:









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PLISHRAUGHT SPICEARG KORPITAL & RESEARCH INSTITUTE



M. RAJINDARR ZUTSHIL 282907

Age/Gender

56 Yrs/Male 24/156222

vein show preserved color flow with diameter of 12.0 mm and 10.1 mm respectively. IVC appears dilated measuring approx. 21.7 mm.

Procedure: Abscess drainage done under LA on 14.02.2024

Findings:

Pus collection floor of mouth

Pus sent for C/S

Clinical course in hospital: Patient was admitted with above mentioned complaints. On evaluation patient had collection of pus on infra-mandibular region after cardiac evaluation and clearance, all relevant blood investigations were done. PAC was done . Patient underwent abscess drainage done under LA on 14.02.2024 under high eisk period was uneventful. The pus obtained from drainage was sent growth of klebsiella pneumoniae sensitive to piperacilling ta g the hospital stay, in view of anemia IV antibiotics for the same. Routine HD was don Sastroenterologist opinion was sought in view 2 units PRBC was transfused during halysis G doppler of portal vessels , which showed dilated of abdominal distension and dvise end seed. Patient underwent USG guided therapeutic ascitic tapping vessels, detailed report 1363 2024 and approx 6 Liter of ascitic fluid was tapped. Fluid analysis showed evidence of SBA Patient is now symptomatically better and is being discharged with following advice.

Treatment given in Hospital: Inj Tazact, Inj Metrogyl, Inj Dynapar and other supportive measures.

Condition at the time of discharge: Stable

Special Needs / Post Discharge Care: Not applicable









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yorne PSRI NO. : Mr. RAJINDARR ZUTSHII

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BIOCHEMISTRY: CREATININE: CREATININE: 5.09 mg/dL, BIOCHEMISTRY: ELECTROLYTES NA, K, CL: SODIUM: 135 mEq/L, POTASSIUM: 4.9

mEq/L, CHLORIDE: 106 mEq/L,

Date - 15/02/2024

BIOCHEMISTRY: CREATININE: CREATININE: 5.63 mg/dL, BIOCHEMISTRY: ELECTROLYTES NA, K, CL: SODIUM: 138 mEq/L, POTASSIUM: 5.0

HAEMATOLOGY: HB(Haemoglobin): HB (Haemoglobin): 7.2 g/dL, HAEMATOLOGY: TLC: TLC (Total Leucocyte Count): 25.14 10^3/μL,

Date: 2/13/2024 NCCT NECK: Irregular intercommunicating fluid collection with air pocket in the soft tissue of floor of mouth extending along the neck on left side- compatible with abscesses (Ludwigs Aangina). The airway is fairly well preserved in present stud cervical adenopathy.

Date: 2/14/2024 X-RAY CHEST PA VIEW: does not show any obvious abnormality angles appear clear. Cardiac silhouette appears unremarkable.Central verd datheter line is seen in situPacemaker lead is seen in situ.

ASOUND GUIDED THERAPEUTIC ASCITIC TAP: Under all aseptic preclution 2% lignocaine was infiltrated into the skin and subcutaneous tissues. Ultrasound guided placement of 16 g. needle done in the peritoneal cavity for therapeutic drainage of ascitic fluid. Approx 6 litre of non-hemorrhagic fluid drained. The procedure was uneventful. Post procedure the patient is comfortable with stable vitals. No periprocedural complication encountered.

Date: 2/15/2024 ULTRASOUND DOPPLER LIVER VESSELS: Ultrasound was done using a convex probe with special 2D enhancement features including compound and speckle reduction imaging (SRI). Portal vein measures approx. 13.0 mm in calibre at porta with hepatopetal flow its waveform show normal phasicity. Left right & middle hepatic veins are visualized appear dilated (RHV measures ~ 14.8 mm whereas MHV LHV measures ~ 12.7 mm each) & show normal hepatofugal flow with triphasic / biphasic pattern.SMV and splenic









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Gastrointestinal- P/A- BS +, ascites ++ CVS- S1 S2 Normal Chest- B/L air entry +, no added sounds Neurological- No focal neurological deficit

Local Examination : Swelling with induration B/L Jaw and neck

INVESTIGATIONS:

Date - 13/02/2024

BIOCHEMISTRY: GLYCOSYLATED HB*: Glycosylated Hb (HbA1c): 6.7 %NGSP<,

BLOOD CENTRE INVESTIGATION: HIV RAPID - GENERAL: HIV (RAPID): NEGATIVE

BLOOD CENTRE INVESTIGATION: HBSAG RAPID GENERAL: HBs Ag (RAPID):

NEGATIVE

BIOCHEMISTRY: L.F.T - COMPLETE: SGOT / AST: 20.8 U/L, \$6

GGT: 51.1 U/L, ALKALINE PHOSPHATASE: 256.0 U/L 0 8 Jac, BILIRUBIN (TOTAL): 1.0 ALBUMIN: 2.4 g/dL, GLOBULIN: 2.9 g/dL

BILINUBIN (INDIRECT): 0.7 mg/dL, ma/dL. BILIRUBIN (DIRECT): 43 mg/

BIOCHEMISTRY: DET COMPLETE: UREA: 91.2 mg/dL, BUN: 42.6 mg/dL, CREATININE

ODUM: 437 mEq/L, POTASSIUM: 4.8 mEq/L, CHLORIDE: 108 mEq/L,

URIO ACID: 1.8 mg/dL, CALCIUM: 9.4 mg/dL, PHOSPHORUS: 4.2 mg/dL, MAGNESIUM:

2.9 mg/dL,

HAEMATOLOGY: PROTHROMBIN TIME P.T.*: Patient Value: 14.9 Sec, Mean Normal Prothrombin Time (MNPT): 11.3 Sec, Prothrombin Ratio (PR): 1.32., International

Normalized Ratio (INR): 1.36 ., HAEMATOLOGY: HAEMOGRAM: HB: 7.6 g/dL, HEMATOCRIT: 27.40 %, RDW-CV: 18.3 %, TLC: 23.93 10^3/μL, PLATELET COUNT: 251.0 10^3/μL, ESR: 65 mm / 1 hr,

MICROBIOLOGY: BLOOD/ FLUID/PYOGENIC C/S (BACT ALERT): SPECIMEN TYPE: BLOOD, CULTURE RESULT: No growth after 24 hrs of aerobic incubation at 37°C.,

Date - 14/02/2024

IMMUNO CHEMISTRY: THYROID PROFILE TEST - FT3, FT4,TSH: T3, Free; FT3: <1.50

g/mL, T4, Free; FT4: 0.40 ng/dL,



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STREET, SAUCTURE, CHEMINA & MESKARON INSTITUTE

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ADVICE ON DISCHARGE: 1. MEDICATION:

Inj Piptaz 4.5 gm IV in 100 mg NS twice a day x 7 days Tab Metrogyl 400 mg 1 tab thrice a day x 5 days

Tab Thrize-DS thrice a day x 7 days Tab Pantocid 40 mg 1 tab once a day

Tab Dytor - E 25/20 mg twice a day

Tab Febuget 40 mg 1 tab once a day

Tab Thyronorm 250 mcg once a day - empty stomach Tab Digoxin 0.25 mg 1/2 tab 3 days per week

Tab Vericiguat 2.5 mg once a day

Tab Concor 2.5 mg 1 tab once a day

Tab Isolazine 1/2 tab thrice a day

Tab Ecosprin AV 75/20 mg at bed time X

Betadine gargle QID

Thrice weekly MHD with prior appointment

Alternate day dressing by Dr. Meena Agrawal

I have been educated about the safe, effective and timely in the potential side effect of the above prescribed medications have at 2. DIETARY ADVICE:

Diabetic renal diet

3. FOLLOW-UP ADVICE:

Saxena in OPD after 1 week with prior appointment.

Review with Dr. Meena Agrawal in OPD on Monday with prior appointment

The care plan and the instructions have been discussed and explained to me / my attenda in the language that I / he or she understands.

I have been advised to carry OPD prescription, reports, discharge summary and advised chart with me on my next follow-up visit to the hospital

In case of any Medical Emergency like: high grade fever, shortness of breath, chest pa blood in sputum, persistent vomiting, or for any other complaint that you think needs u









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medical attention please contact PSRI Hospital at PSRI Emergency 30611725, 30611856

Dr. Meena Adrawal (Sr. Consultant, ENT)

Dr. Nitin (Sr. Resident, Nephro)

Dr. Soubeer Ghosh (Consultant, Nephrology & Kidney Transplant Medicine)

Dr. Rajesh Goel Dr. Ravi Bansal (Sr. Consultant, Nephrology & Sr. Consultant, Nephrology & (Chairman, Renal Sciences& Kidney Transplant Medicine Kidney Transplant Medicine) Kidney Transplant Medicine) Undertaking: I have been explained and have understood the discharge instruction advised to me in the language that I understand. Patient's Signature Patient Attendant's Name and Relation to the patient..... उपक्रम : मुझे मेरी समझ आने वाली भाषा में बता दिये गये हैं और वह ड़िस्चार्ज के निर्देश और डिस्चार्ज के समय दी रोगी के रिश्तेदार के इस्ताक्षर :______ नाम और रोगी से संबंध









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