

DEPARTMENT OF CARDIOLOGY DISCHARGE SUMMARY

Patient Name	: Mr. KAKARALA SIVARAMESH CHANDRA	Admission No	:	
Age/Gender	: 41 Years/Male	UMR No	:	1
Consultant	: Dr.VAMSHIDHAR	Ward	:	
Department	: CARDIOLOGY	Admitted Date	:	14-Sep-2026 9:36 am
Address	:	Discharge Date	:	18-Sep-2026 06:12 pm
		Admission Type	:	EMERGENCY
		Patient Type	:	Insurance
		Orag Name	:	UNITED INDIA INSURANCE COMPA
Referred By	:			
	:			WALK-IN

CONSULTATION NAME :

Dr. Vamshidhar (Cardiovascular & thoracic surgeon)

CROSS CONSULTATION :

Dr. Mukharjee (Consultant Cardiologist)
Dr. Nithin (Consultant General medicine).

DIAGNOSIS :

CONSTRUCTIVE PERICARDITIS
MILD PERICARDIAL EFFUSION
MILD LV SYSTOLIC DYSFUNCTION
S/P CAG: MILD CAD WITH PATENT STENTS IN LAD & RCA (14/09/2026)
INFLUENZA A & H3N2: POSITIVE

ADVICE: PERICARDIECTOMY AFTER STABILIZATION

RISK FACTORS:

CAD / AWTMI

S/P CAG: DOUBLE-VESSEL DISEASE (DVD) (22/01/2024)

S/P PTCA TO LAD WITH 2.75 × 38 MM STENT AND RCA WITH 3.5 × 38 MM
STENT (26/02/2024)

Patient Name : Mr. KAKARALA SIVARAMESH CHANDRA

Admission No : [REDACTED]

SUBTITLE NAME

Referred By : WALK-IN

PRESENTING COMPLAINT :

The patient presented with complaints of shortness of breath on exertion associated with palpitations and bilateral pedal edema for the past one week. The patient is a known case of coronary artery disease (CAD) with acute wall myocardial infarction (AWMI) and mild left ventricular dysfunction, status post coronary angiography (CAG) revealing double-vessel disease (DVD) on 22/01/2024 and PTCA to the LAD and RCA on 26/02/2024. The patient is also a known case of pericarditis with mild pericardial effusion and has a history of scrub typhus. In view of the presenting symptoms and underlying cardiac history, admission was advised for further evaluation and management.

GENERAL SYSTEMIC EXA :

TEMP-Normal
BP-100/60MMHG
PR-90/min
SPo2-97% on RA
RR-24/min
CVS-S1S2 +
RS-BAE+
CNS-NAD
P/A-Soft

INVESTIGATION :

ENCLOSED

COURSE IN HOSPITAL :

The patient presented with the above-mentioned complaints, and all necessary investigations were carried out. The patient was transferred to the ICCU, placed under close observation, and connected to a cardiac monitor. Serial blood investigations were performed, which initially revealed thrombocytopenia with a platelet count of 1.27 lakhs/cumm.

On 14/09/2026, after counselling and obtaining informed consent, the patient was shifted to the Cath Lab, where coronary angiography was performed via the right radial artery approach. The angiogram revealed mild coronary artery disease with patent stents in the LAD and RCA. The procedure was completed successfully without any complications. In view of the clinical and echocardiographic findings, pericardiectomy was advised.

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On 15/09/2026, laboratory investigations revealed Hb 10.5 g/dL, WBC 3,600 cells/cumm, and platelet count 1.02 lakhs/cumm. The influenza panel was positive for Influenza A (H3N2). 2D echocardiography revealed constrictive pericarditis with mild pericardial effusion, positive mitral respiratory variation, trivial MR, mild TR, mild pulmonary arterial hypertension (RVSP 35 mmHg), LAD-territory hypokinesia, mild LV systolic dysfunction, Grade I diastolic dysfunction, no LV clot, and a dilated/plethoric IVC. A CTVS surgeon's opinion was obtained, and the advice was followed. A General Physician's opinion was also obtained in view of thrombocytopenia, and the recommendations were followed. Repeat investigations showed Hb 10.0 g/dL, WBC 4,500 cells/cumm, and platelet count 0.96 lakhs/cumm.

On 16/09/2026, repeat investigations revealed Hb 10.2 g/dL, WBC 3,700 cells/cumm, and platelet count 0.50 lakhs/cumm. Dengue IgG ELISA was 1.98. IPF report was awaited. The patient remained hemodynamically stable and was subsequently shifted to the ward for further observation and management. Repeat investigations showed Hb 11.2 g/dL, WBC 4,200 cells/cumm, and platelet count 0.99 lakhs/cumm.

During the hospital stay, the patient was managed with supportive cardiac therapies and other supportive measures. Daily Physician reviews were obtained, and the advice and recommendations were followed accordingly. The patient was kept under close clinical observation, with regular monitoring of vital parameters and bowel and bladder movements. Serial laboratory investigations were performed to monitor the hematological parameters.

On 17/09/2026, laboratory investigations revealed Hb 10.9 g/dL, WBC 4,500 cells/cumm, and platelet count 0.79 lakhs/cumm.

The patient showed symptomatic improvement during the hospital stay and remained hemodynamically stable. Hence, the patient is being discharged in a stable condition with appropriate medical advice and follow-up.

MEDICAL ADVISE :

- TAB ECOSPRIN 75MG ONCE DAILY AT 2PM AFTER FOOD ✓
- TAB ROSUZUN 20MG ONCE DAILY AT 8PM AFTER FOOD ✓
- TAB METOPT XL 25MG ONCE DAILY AT 8AM AFTER FOOD ✓
- ✓-TAB MEL FLUKAT ONCE DAILY AT 8PM AFTER FOOD

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SUBTITLE NAME

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- ✓-TAB MELFLUKAT ONCE DAILY AT 8PM AFTER FOOD
- TAB DYTOR PLUS 10MG TWICE DAILY AT 8AM AND HALF TABLET AT 4PM AFTER FOOD
- ✓-TAB FLUVIR 75MG TWICE DAILY AT 8AM AND 8PM AFTER FOOD FOR 4 DAYS
- NEB FORACORT 0.5 TWICE DAILY AT 8AM AND 8PM AFTER FOOD (OR)
- FORACORT 400MG INHALER 1 PUFF THRICE DAILY AT 8AM AND 1PM 8PM AFTER FOOD ✓
- SYP STALKAFF 10ML TWICE DAILY AT 8AM AND 8PM AFTER FOOD
- TAB PULMOPHYLLIN -N TWICE DAILY AT 8AM AND 8PM AFTER FOOD ✓
- CAP RABIKAT DSR ONCE DAILY AT 7AM BEFORE BREAKFAST FOR 10 DAYS ✓
- TAB TITO Q 10MG ONCE DAILY AT 8AM AFTER FOOD FOR 10 DAYS
- ✓-PROHANCE HP POWDER 2 SCOOPS TWICE DAILY AT 8AM - 8PM AFTER FOOD IN 100ML MILK/WATER

NOTE

Review after 3 days in OPD with DR.VAMSHIDHAR (CARDIOVASCULAR & THORACIC SUGEN)

Review after 3 days with CBP, ECG , sr. creatinine , sr.electrolytes , RBS reports in OPD with DR.M.S.S MUKHARJEE (CARDIOLOGY)

Review after 3 days with CBP, CRP reports in OPD with DR. NITHIN (GENERAL MEDICINE)

WHEN AND HOW TO OBT :

IF ANY EPISODE OF

1.SHORTNESS OF BREATHE

2.CHEST PAIN

3.PANIC ATTACK/SYNCO PAL ATTACK

PLEASE CONTACT IMMEDIATELY TO DR.KRANTHI KUMAR -9949996644
FOR APPOINTMENTS CALL: 8886688063 MIYAPUR(9:30AM TO 3PM)

Admission No : _____

Referred By : WALK-IN

Medical Officer

Dr.VAMSHIDHAR, MBBS,DRNB(CTVS)
CARDIOVASCULAR & Thoracic Surgeon
CARDIOTHORACIC SURGEON

Created By DUTYDOCTOR

PULSE HEART SUPER SPECIALITY HOSPITAL

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