



Discharge Summary-Internal Medicine

Patient Name: Mr. CHANDORKAR
RATNAKAR KASHINATH
Date Of Birth: 30/10/1940
Visit Code: IP0001

MRD#: 1477593

Sex: Male

Age : 84Y 4M 24D

Bed No : SS10A - 4014

Consultant : Dr. IYER SUCHETA

Date of Admission : 21/03/2025

Date of Discharge : 25/03/2025

Discharge Type : FOLLOW UP DISCHARGE

DIAGNOSIS :

New Left Frontal Infarct

Old Cerebrovascular Accident Right Middle Cerebral Artery with Atrial Fibrillation

HISTORY OF PRESENT ILLNESS :

A 84 year old male with history of Cerebrovascular Accident not on any current medications presented with

Right upper limb & lower limb weakness since 1 day

H/o syncope +

Slurring of speech+

No history of fever

No dysphagia

CLINICAL EXAMINATION ON ADMISSION:

O/E

Consious Obeying

Slurring of speech +

Right flattening of nasolabial fold

Right UL proximal -2/5 , distal 3/5

RightLL in all - 3/5

Plantar b/l withdrawal

DTR +

Chest clear

P/a soft non tender

Vitals bp 160/80

Pulse 79/min

Maintaining sats 97% on room air

VBG wnl

Ecg RBB

RELEVANT INVESTIGATIONS :

Attached to file

COURSE IN THE HOSPITAL AND DISCUSSION :

MRD No:1477593

Name:Mr. CHANDORKAR RATNAKAR KASHINATH

The patient, with a past history of Cerebrovascular Accident with left hemiparesis, presented with new-onset right-sided upper and lower limb weakness, slurring of speech, and an episode of syncope. On admission, neurological examination revealed right-sided motor deficits, cerebellar signs, and a right nasolabial fold flattening. Initial investigations showed Atrial Fibrillation with controlled ventricular rate on ECG and MRI brain findings suggestive of multiple acute non-hemorrhagic infarcts in the left frontal lobe, along with chronic encephalomalacia in the right fronto-parieto-temporal region. The patient was initiated on dual antiplatelet therapy with Ecosprin and Clopidogrel, statins, and hydration with IV fluids. Serum electrolytes & all other investigations lipid profile were within normal limits. In view of ECG changes 2d echo was done which revealed optimal Left Ventricular Systolic dysfunction with EF 50% with no thrombus with mild concentric LVH. Neurology opinion was sought Dr Deshpande advised to add anticoagulant therapy in view of left frontal patchy infarct due to cardioemboli & to continue physiotherapy. Cardiology opinion was sought in view of this findings, Dr Janorkar advised to continue with addition of anticoagulation therapy for the same.

During the hospital stay, the patient remained afebrile with stable vitals and oxygen saturation maintained on room air. Neurologically, the patient showed fluctuations in behavior but remained conscious and obeying. Motor recovery was slow but progressive, with improved standing balance and initiation of ambulation with support.

The patient was stable, continued physiotherapy with supported walking and stimulation therapy. Anticoagulation, statins, and neurorehabilitation were continued as part of long-term management. The patient remained hemodynamically stable, tolerating well hence was deemed fit for discharge.

Follow Up:

with Dr. Sucheta Iyer after 1 weeks with prior appointment in Medicine OPD, Old building, Ground Floor, D wing.

DISCHARGE MEDICATIONS:

Medicine	Frequency	Duration	Instruction
TAB ECOSPRIN 75 MG	0-0-1	Till next visit	
TAB ATORVASTATIN 40MG	0-0-1	Till next visit	
TAB ELIQUIS 2.5MG	1-0-1	Till next visit	
TAB MET XL 12.5MG	1-0-0	Till next visit	
TAB PAN 40.	1-0-0	For 5 days	

CONTACT DETAILS :

* OPD Appointment: 020-40151100 between 9.00 a.m. to 6:30 p.m. (Sunday Closed)

* Medicine OPD Reception: 020-40151072 (9 a.m. to 6 p.m.)

* DMH reception 020- 40151000/49153000

IN CASE OF EMERGENCY :

If you have following symptoms :

Dizziness

Breathlessness

Refer to DMH-Emergency Room-1 which is available 24 x 7 for 365 days. Phone 020-40151027/1065

Ambulance No. 020-40151540/108

SPECIAL NEEDS :

MRD No:1477593

Name:Mr. CHANDORKAR RATNAKAR KASHINATH
2/3

總發行所：東京市丸の内區千代田 丸の内郵便局
支店：大阪市東區東區 東區郵便局