

**SRI SATHYA SAI SANJEEVANI CENTRE
FOR CHILD HEART CARE**



PLOT NO. 2, SECTOR 38, KHARGAR, NAVI MUMBAI - 410210
E - mail ID:- info,mumbai@srisathyasaisanjeevani.com

CONSULTATION SUMMARY

322000166	Date of Visit	25 th Jan 2022
Baby of Rashmi Totre	Age / Sex	17 Days / Female
8 th Jan 2022	Contact No.	8097494436
MH	Place	Thane
Dr. Snehal Kulkarni	Consulted by :	Dr. Ashishkumar Banpurkar / Dr. Siddharth Verma

1st child by birth order, FTLSCS, Birth weight-2.700kgs, CIAB, born of NCM couple, Suspected CHD at 5 month pregnancy USG scan, Diagnosed CHD at 2 days of life, NICU stay for 3 days, No H/o feeding difficulty, Breathing difficulty, cyanosis.

Height (cm)	Weight (kg)	HR (bpm)	SPO2 (%)
48	2.7	140	78 - 85

2D ECHO -
 Congenital Heart Defect
 Segmental subset SLL
 Situs solitus, Levocardia
 L looping of ventricle
 Double inlet left ventricle
 Large inlet ventricular septal defect amounting to single ventricle shunting LV to RV
 Double outlet right ventricle
 Hypoplastic right ventricle chamber
 L-malposed aorta. Aorta is left and anterior to pulmonary artery
 Moderate pulmonary stenosis with PG 50 mm Hg
 Trace tricuspid regurgitation
 Confluent branch pulmonary artery
 Small Patent ductus arteriosus
 Left arch/ No CoA/No LSVC
 Good function

Syp Ferronia XT 3.5 once daily
 Tab Indoval (1/3)rd tabs BD
 (1 tab = 10 mg)

Follow up after 1 month



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PAEDIATRIC ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

Patient ID	322000166	Date of Visit	25 th Jan 2022
Name	Baby of Rashmi Totre	Age / Sex	17 Days / Female
DOB	8 th Jan 2022	Contact No.	8097494436
State	MH	Place	Thane
HOD Pediatric Cardiology	Dr. Snehal Kulkarni	Consulted by :	Dr. Ashishkumar Banpurkar / Dr. Siddharth Verma

Reason for Test: Known case of CHD

Impression:

Congenital Heart Defect
Segmental subset SLL
Situs solitus, Levocardia
L looping of ventricle
Double inlet left ventricle
Large inlet ventricular septal defect amounting to single ventricle shunting LV to RV
Double outlet right ventricle
Hypoplastic right ventricle chamber
L-malposed aorta. Aorta is left and anterior to pulmonary artery
Moderate pulmonary stenosis with PG 50 mm Hg
Trace tricuspid regurgitation
Confluent branch pulmonary artery
Small Patent ductus arteriosus
Left arch/ No CoA/No LSVC
Good function

Past Catheterization or cardiovascular surgery: None

Situs and Concordance: There is atrial and abdominal situs solitus. L-Looping of ventricles

Systemic veins: There is normal systemic venous drainage. There is no persistent LSVC.

Pulmonary veins: There is normal pulmonary venous drainage into the left atrium.

Atria: The right atrium appears dilated.

Atrial level communication: interatrial septum not well visualized.

Atrio-ventricular valves: The mitral and tricuspid valves appear normal. The mitral valve has 2 well-defined papillary muscles. There is no regurgitation of the mitral valve. There is trace regurgitation of the tricuspid valve.

Ventricles: L looping of ventricle. The left ventricle appears dilated. The left ventricular systolic function is quantitatively normal. The right ventricle appears to be hypoplastic.

Ventricular level communication Large inlet ventricular septal defect amounting to single ventricle shunting LV to RV

Semilunar valves: The aortic valve is tricuspid. There is no regurgitation or stenosis of the aortic valve. Moderate pulmonary stenosis with PG 50 mm Hg

Coronary arteries: Coronaries not well visualized.

Aorta: The aorta appears normal. The aortic arch is left sided and with a normal branching pattern. The flow in the branches is normal. There is no coarctation.

Pulmonary arteries: Confluent branch pulmonary artery

Ductus Arteriosus: There is small patent ductus arteriosus.

Pericardium: There is no pericardial effusion.

Reported by:

Dr. Ashishkumar Banpurkar

Consultant Pediatric Cardiologist

	Measurement (mm)	Z score
PV	4.6	-3.05
AoV	8.3	2.54
RPA	3.1	-2.12
LPA	3.1	-1.70

All Medical Services viz, OPD, Investigations, Admission, Surgeries, Interventions are provided TOTALLY FREE OF COST. There are no charges / fee of any kind levied on the patients at this Ho



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CONSULTATION SUMMARY

Patient ID	322000166	Date of Visit	28 th Feb 2022
Name	Baby of Rashmi Totre	Age / Sex	01 M / Female
DOB	08 th Jan 2022	Contact No.	8097494436
State	MH	Place	Thane
HOD Pediatric Cardiology	Dr. Snehal Kulkarni	Consulted by :	Dr Ashishkumar Banpurkar

History
1st child by birth order, FTLSCS, Birth weight-2.700kgs, CIAB, born of NCM couple, Suspected CHD at 5 month pregnancy USG scan, Diagnosed CHD at 2 days of life, NICU stay for 3 days, No H/o feeding difficulty, Breathing difficulty, cyanosis. Follow up case, No complaints since last visit

Examination Findings	Height (cm)	Weight (kg)	HR (bpm)	SPO2 (%)
	55	3.9	134	78- 80%

Investigations
2D ECHO -
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Segmental subset SLL
Situs solitus, Levocardia
L looping of ventricle
Double inlet left ventricle
Large inlet ventricular septal defect amounting to single ventricle shunting LV to RV
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Hypoplastic right ventricle chamber
L-malposed aorta. Aorta is left and anterior to pulmonary artery
Moderate pulmonary stenosis with PG 50 mm Hg
Confluent branch pulmonary artery, RPA = 5.4 mm , LPA = 4.4 mm (Expected Hilar PA = 5mm)
Left arch/ No CoA/No LSVC
Good function

Medications
Syp Ferronia XT 4 ml BD

Instructions
Follow up after 1 month
Danger sign explained
Immunisation as per schedule.

Dr Ashishkumar Banpurkar
Consultant Pediatric Cardiologist

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Pediatric Cardiac Surgery	Pediatric Cardiology	Anaesthesia & Intensive Care
Dr. Prabhatha Rashmi Murthy Dr. Shyamdeep Dr. Kikesh Patel	Dr. Snehal Kulkarni Dr. Santosh Wadile Dr Ashishkumar Banpurkar	Dr. Madhu Mahadeva Dr Satish Pawar
Dr. Sai Sujana, Pediatric Cardiology Fellow		
Dr. Siddharth Verma, Pediatric Cardiology Fellow		
Dr. Divya Kondgekar, Pediatric Cardiology Fellow		

Patient Name :	Baby of Rashmi Totre	IPD No.	IP0322-438
OPD No:	322000166	District	Thane
Age / Gender:	04 Months / Female	State	MH
Height:	59 cm	Date Of Admission:-	24/05/2022
Weight:	5 kgs	Date Of Discharge:-	26/05/2022

DISCHARGE SUMMARY

Diagnosis:

DILV, DORV, Moderate PS with complete Heart block with ASOM

History and Clinical Findings:

Patient Baby of Rashmi Totre is a 04 months old female child, 1st child by birth order, FTLSCS, Birth weight-2.700kgs, CIAB, born of NCM couple, Suspected CHD at 5 month pregnancy USG scan, Diagnosed CHD at 2 days of life, NICU stay for 3 days, No H/o feeding difficulty/ cyanosis, Came for review with complaints of excessive crying. Admitted to SSSH, Kharghar for further evaluation and management.

O/E: HR -104/min, Saturation: 75-84%, Discharge Wt: 5 kgs Blood Group- B Negative

ECHO :

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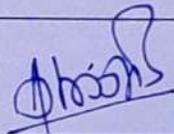
Course in Hospital:

Patient was admitted at SSSSH, Kharghar for Observation and medical Stabilization on 24th May 2022. Child had excessive crying episodes. He had variable heart rate (60-108/min) ECHO s/o same findings; ECG s/o Intermittent 2:1 AV conduction and normal sinus rhythm. Child also has c/o left ear discharge. Child is hemodynamically stable and hence discharging in stable condition. Advised to consult ENT Specialist for the same.

DISCHARGE MEDICATIONS AND INSTRUCTIONS

Syp Ferronia XT 2ml OD

HYDRATION
ORAL / DENTAL HYGIENE

			
SURGEON	ANAESTHETIST	CARDIOLOGIST	RESIDENT