

DISCHARGE SUMMARY

PATIENT NAME: ANISH KUMAR	AGE: 5 YEARS, 5 MONTHS & 3 DAYS, SEX: M
REGN: NO: 13164856	IPD NO: 125209/24/1201
DATE OF ADMISSION: 04/07/2024	DATE OF DISCHARGE: 16/07/2024
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Cyanotic congenital heart disease with decreased pulmonary blood flow
- Tetralogy of Fallot with severe pulmonary valvular stenosis
- Large mal-aligned perimembranous ventricular septal defect (right to left shunt)
- Pulmonary valve – bicuspid, severe valvular stenosis
- Patent ductus arteriosus – ligamentous
- Hypertrophied infundibular muscle bundle causing Right ventricular outflow tract obstruction
- Right ventricle hypertrophied
- Hypospadias
- Polycythemia (Hb 23gm/dl)

OPERATIVE PROCEDURE

Ligamentous Patent ductus arteriosus clipping + Trans right atrial - Darn patch closure of ventricular septal defect + Infundibular muscle bundle resection + Pulmonary valvotomy + Tricuspid valve repair (antero-septal Commissuroplasty) done on 08/07/2024

Right ventricular outflow tract and Main pulmonary artery administered Hegar No. 14, branch Pulmonary artery administered Hegar No. 10. Tricuspid valve checked with saline challenge.



CT PULMONARY ANGIOGRAPHY done on 03/07/2024 revealed

Cardiac chambers:

- Situs solitus; levocardia.
- D-loop configuration of ventricles is noted; morphological right ventricle is located on right side and morphological left ventricle is noted on left side.
- Atrio-ventricular & Ventriculo-arterial concordance.
- Large peri-membranous type VSD is seen. There is overriding of aorta over the ventricular septum towards right ventricle by about 50% seen.
- No ASD is seen.
- Dilated RV with RV:LV ratio > 1, sub and supra-valvular pulmonary stenosis.
- No pericardial effusion is seen.

Pulmonary arteries:

- There is evidence of hypertrophy of RVOT with severe subvalvular pulmonary stenosis.
- RVOT at the level of maximum stenosis measures approx 2.3mm with suspicion of focal cut off.
- MPA at the level of annulus measures 10.9 x 9.3mm. Supravalvular MPA measures approx 11.1 x 10.2mm. The distal MPA measures 12.4 x 11.1mm.
- Confluent branch pulmonary arteries are seen. Good arborization of both pulmonary arteries is seen in lungs.
- The right PA measurements are:
 - Mediastinal part: 7.8mm.
 - Hilar part: 8.8mm.
- The left PA measurements are:
 - Mediastinal part: 9.6mm.
 - Hilar part: 9.5mm.



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Aorta:

- Normal great vessel relationship is noted; aorta is located on posterior and rightwards to pulmonary trunk.
- The aortic root and ascending aorta appear dilated. Aortic root at the level of sinus of Valsalva measures 26.6 x 25.8 x 29.1mm.
- Ascending aorta measures 25.9 x 25.5mm.
- Both coronary arteries arise from separate coronary sinuses.
- The aortic arch is left sided with normal origin of arch branches.
- DTA at level of diaphragm measures 14mm.
- No major aortopulmonary collateral. A few small collateral vessels seen arising from the undersurface of the aortic arch and proximal descending thoracic aorta.

Venous drainage:

- Normal systemic and pulmonary venous drainage is seen.
- Single right sided SVC is seen.

Additional findings:

- Trachea and major bronchi appear normal.
- Lungs show no consolidation.
- No pleural effusion is seen.
- Visualized liver and spleen appear normal.

In view of his diagnosis, symptomatic status, CT angio and echo findings he was advised early high risk surgery after detailed counselling of family members regarding possibility of prolonged stay as well as long term issues.

Weight on admission 15.4 kg, Height on admission 111cm, Weight on discharge 15 kg

His Weight on admission 15.4 kg. (3rd – 15th Percentile); Z score -1 to -2 SD

His blood Group A positive

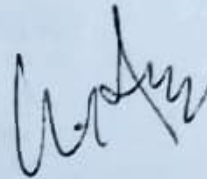
Child and his and Father SARS-COV-2 RNA was done which was negative.



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Please confirm your appointment from (Direct 011-47134540, 47134541, 47134500/47134536)

- Poonam Chawla Mob. No. 9891188872
- Treesa Abraham Mob. No. 9818158272
- Gulshan Sharma Mob. No. 9910844814
- To take appointment between 09:30 AM - 01:30 PM in the afternoon on working days

OPD DAYS: MONDAY – FRIDAY 09:00 A.M

In case of fever, wound discharge, breathing difficulty, chest pain, bleeding from any site call
47134500/47134536/47134534/47134533

Patient is advised to come for review with the discharge summary. Patient is also advised to
visit the referring doctor with the discharge summary.



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