

DISCHARGE SUMMARY

PATIENT NAME: MAST. MOHID AHMAD	AGE: 1 YEAR; SEX: MALE
REGN NO: 13120305	IPD NO: 86865/24/1201
DATE OF ADMISSION: 08/05/2024	DATE OF DISCHARGE: 11/05/2024
CONSULTANTS: DR NEERAJ AWASTHY	

FINAL DIAGNOSIS

- Acyanotic congenital heart disease
- Valvular pulmonary stenosis
- Doming and bicuspid pulmonary valve
- Bicuspid aortic valve
- Intact IAS and IVS
- Mild PR
- Normal LVEF
- Normal Sinus rhythm
- S/P Balloon dilation of pulmonary valve done using Tyshak II balloon of size 14 mm x 3 cm till disappearance of waist on 09/05/2024.

INVASIVE PROCEDURE

BALLOON DILATION OF PULMONARY VALVE DONE USING TYSHAK II BALLOON OF SIZE 14 MM X 3 CM TILL DISAPPEARANCE OF WAIST ON 09/05/2024.

RESUME OF HISTORY

MAST. MOHID AHMAD is a year-old male, 1st in birth order, born full term via LSCS delivery with birth weight of 3kg. was diagnosed to have congenital heart disease at 2 months of age, when murmur was detected incidentally, during evaluation. No history of recurrent episode of cold and cough, suck rest suck cycle, failure to thrive. Child was referred here at FEHI for further management. Echo done which revealed valvular pulmonary stenosis. Now child admitted here Fortis Escorts Heart Institute, New Delhi on 08/05/2024 for Balloon dilation of pulmonary valve

On examination, his pulse rate was 83/min regular, RR= 25/min. Saturation in room air 95%. There was no tachypnea, pallor, cyanosis, clubbing, jaundice or edema. Bilateral air entry present. Precordial examination revealed apex in left 4th ICS at MCL. S1 normal, S2 soft, ejection click present. Ejection systolic murmur grade IV/VI at left upper sternal border. Rest of the systemic examination was unremarkable.



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WT ON ADMISSION : 9.5KG
HEIGHT ON ADMISSION : 76CM

ECG	:	Normal sinus rhythm
CHEST X RAY	:	No cardiomegaly, decreased pulmonary vascularity

ECHO: : Done on 30/04/2024 revealed, normal segmental analysis. Intact IAS and IVS. Laminar inflow. Trace TR (max PG= 15mmHg). no MR. laminar LV outflow. Bicuspid aortic valve. No AR. Flow acceleration at the level of pulmonary valve (max PG= 98mmHg). bicuspid pulmonary valve. Good flow in branch PAs. Left arch. Normal branching pattern. No coarctation of aorta. no PDA. Normal LVEF. PV annulus = 11, AV annulus = 10.7. aortic sinus= 11.9. ascending aorta= 13.

PRE DISCHARGE ECHO : : Done on 10/05/2024 revealed, well opened RVOT (max PG= 17mmHg). Mild PR. Good flow in branch PAs. Laminar inflow. Trace TR (max PG= 25mmHg). laminar LV outflow. No AR. Laminar flow in arch. No coarctation of aorta. No PDA. Normal LVEF

COURSE IN THE HOSPITAL

MAST. MOHID AHMAD was admitted in Fortis Escorts Heart Institute, New Delhi for Balloon dilation of pulmonary valve. Blood investigations (CBC, RFT, LFT, viral markers) were sent which were within normal limits. He underwent Balloon dilatation of pulmonary valve done on 09/05/2024. (report attached). He was kept in CCU for hemodynamically monitoring. He is being discharged in stable condition with advice to regular follow up.

CONDITION AT DISCHARGE: Stable

DIET : breast feeding

PLAN FOR CONTINUED CARE:

➤ TO SEE DR. NEERAJ AWSTHY AFTER 3 MONTHS IN PEDIATRIC ECHO LAB, BASEMENT



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MEDICATIONS

- Syp. Cefixime 4ml orally twice daily X 3 days
- Syp. Calcium 5ml orally once daily
- Syp. Tonoferon (1ml/25mg) 1.5ml orally once daily

SBE PROPHYLAXIS x 6 months

Signature _____

(DR. VAISHALI)

(FELLOW IN PEDIATRIC
CARDIOLOGY)

Signature _____

(DR NEERAJ AWASTHY)

(DIRECTOR, PEDIATRIC & CONGENITAL
HEART DISEASE)

Patient to be followed in cardiac clinic by DR NEERAJ AWASTHY on first appointment. Please confirm your appointment from the appointment section (Direct 011-47134921).

Tele consultation with DR NEERAJ AWASTHY call customer care 011-47134500 (12:00 pm to 2:00 pm). All appointment may be taken from the appointment section 011-47134921

Patient is advised to come for review with the discharge summary.



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