



**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

Patient ID	322002640	Date of Visit	22 nd Nov 2022								
Name	Mohammad Usuf Shaikh	Age / Sex	10 Days / Male								
DOB	12 th Nov 22	Contact No.	8604868092 / 9765265785								
State	Mh	Place	Nagpur								
HOD Pediatric Cardiology	Dr. Snehal Kulkarni	Consulted by :	Dr. Snehal Kulkarni / Dr Ashishkumar Banpurkar								
History	1 st child by birth order, FTNVD, Birth weight-2.650kgs, CIAB, Born of CM couple, No H/o NICU stay, Suspected to have at 9 th month USG scan, Diagnosed to have CHD at 7days of life , H/o feeding difficulty, came for review.										
Examination Findings	<table border="1" style="width: 100%;"> <tr> <th>Height (cm)</th> <th>Weight (kg)</th> <th>HR (bpm)</th> <th>SPO2 (%)</th> </tr> <tr> <td>49</td> <td>2.8</td> <td>158</td> <td>88-92</td> </tr> </table>			Height (cm)	Weight (kg)	HR (bpm)	SPO2 (%)	49	2.8	158	88-92
Height (cm)	Weight (kg)	HR (bpm)	SPO2 (%)								
49	2.8	158	88-92								
Cardiac Examination	ESM present at LUSB										
Investigations	<p>2D ECHO - Situs solitus, Dextrocardia Congenital heart defect There is a common atrio-ventricular septal defect There is a large Ostium primum atrial septal defect with bidirectional shunt There is a large Ostium secundum atrial septal defect with bidirectional shunt There is a large inlet ventricular septal defect with conoventricular and muscular extension with bidirectional shunt Moderate AV valve regurgitation The right ventricle is hypertrophied and mildly dilated Smallish Left ventricle Double outlet right ventricle Aorta left and anterior to pulmonary artery Mild to moderate infundibular valve stenosis with peak gradient of 35 mm Hg Laminar flow in LVOT Confluent and good size branch pulmonary arteries Normal pulmonary venous drainage to LA Right arch, branching not well profiled, No coarctation of aorta Good Biventricular function</p>										
Medications	Syp Ferronia XT 1 ml BD										
Instructions	<p>Review after 1 months Cardiac condition has been explained to parents</p> <p><i>Referring to Dr. Divya syndrome</i></p>										

Dr. Ashishkumar Banpurkar

Consultant Pediatric Cardiologist

**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 Hospital**



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PAEDIATRIC ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

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HOD Pediatric Cardiology	Dr. Snehal Kulkarni	Consulted by :	Dr. Snehal Kulkarni / Dr Ashishkumar Banpurkar

Height (cm)	Weight (kg)	HR (bpm)	SPO2 (%)
49	2.8	158	88-92

Reason for test: Known case of CHD

Impression:

Situs solitus, Dextrocardia

Congenital heart defect

There is a common atrio-ventricular septal defect

There is a large Ostium primum atrial septal defect with bidirectional shunt

There is a large Ostium secundum atrial septal defect with bidirectional shunt

There is a large inlet ventricular septal defect with conoventricular and muscular extension with bidirectional shunt

Moderate AV valve regurgitation

The right ventricle is hypertrophied and mildly dilated

Smallish Left ventricle

Double outlet right ventricle

Aorta left and anterior to pulmonary artery

Mild to moderate infundibular valve stenosis with peak gradient of 35 mm Hg

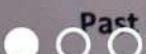
Laminar flow in LVOT

Confluent and good size branch pulmonary arteries

Normal pulmonary venous drainage to LA

Right arch, branching not well profiled, No coarctation of aorta

Good Biventricular function



Past Catheterization or cardiovascular surgery: None

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Situs and concordance: The arterial and abdominal situs solitus. There is atrio-ventricular and ventriculo-arterial concordance. Dextrocardia