



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><tr><td>Height (cm)</td><td>Weight (kg)</td><td>HR (bpm)</td><td>SPO2 (%)</td></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 |
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| 49 | 2.8 | 158 | 88-92 | | | | | | | | |
| Cardiac Examination | ESM present at LUSB | | | | | | | | | | |
| Investigations | 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 | | | | | | | | | | |
| Medications | Syp Ferronia XT 1 ml BD | | | | | | | | | | |
| Instructions | Review after 1 months Cardiac condition has been explained to parents <i>Kangorrig to Dr. Dhan Singh</i> | | | | | | | | | | |

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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|-------------|-------------|----------|----------|
| 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

City and Concordance: Thoracic and abdominal situs solitus. There is atrio-ventricular and ventriculo-arterial concordance. Dextrocardia