

DISCHARGE SUMMARY

PATIENT NAME: AJHAN KHAN	AGE: 4 YEARS ; SEX: MALE
REGN NO: 13978602	IPD NO: 166884/25/1201
DATE OF ADMISSION: 04/08/2025	DATE OF DISCHARGE: 08/08/2025
CONSULTANTS: DR NEERAJ AWASTHY	

FINAL DIAGNOSIS

- Fossa ovalis atrial septal defect (16mm x 19mm) (left to right shunt)
- Mild TR
- Dilated RA/RV
- Normal biventricular function
- S/P ASD device closure done using Amplatzer ASD device of size 22mm on 05/08/2025

INVASIVE PROCEDURE

ASD DEVICE CLOSURE DONE USING AMPLATZER ASD DEVICE OF SIZE 22MM ON 05/08/2025

RESUME OF HISTORY

AJHAN KHAN is a 4 years old male, 2nd in birth order, had failure to gain weight adequately. He also had mild palpitation and tachypnea while playing. He had URI 6 months back for which he was taken to pediatrician who had murmur and was advised echo. 2 D echo showed ACHD and was advised device closure. He is now admitted at Fortis Escorts Heart Institute, New Delhi for Device closure of ASD.

On examination, his pulse rate was 90/min regular RR 25/min. Saturation in room air 99%. There was no pallor, tachypnea, cyanosis, clubbing, jaundice or edema. Bilateral air entry present. Precordial examination revealed apex in left 5th ICS at MCL. S1 normal, S2 wide and fixed split. ESM grade 3/6 present at left upper sternal border. Rest of the systemic examination was unremarkable.

WT ON ADMISSION : 13.5 KG

HEIGHT ON ADMISSION : 102 CM

EKG	: Normal sinus rhythm, right axis deviation
CHEST X RAY	: cardiomegaly, increased pulmonary vascularity

ECHO (Pre procedure)

Normal segmental analysis. Fossa ovalis ASD 16mm (left to right) with adequate SVC, AV and posterior rim with borderline IVC and Retroaortic rim. Laminar inflows. Mild TR (max PG = 18 mmHg). Laminar outflows. Confluent branch PAs. Mild flow acceleration

across RPA (max PG = 16 mmHg). Left arch, laminar flow across arch. No coarctation of aorta. Normal LVEF. Dilated RA and RV. No collection. LVIDd = 2.8 cm, RPA = 10 mm, LPA = 13 mm.

PRE-DISCHARGE ECHO
(Post procedure)

Done on 07/08/2025 which revealed normal segmental analysis. ASD device in situ, no residual shunt. Trace TR (max PG = 10 mmHg). Laminar outflows. Trace AR, no PR. Normal LVEF. Trace pericardial effusion. RVIDd = 1.6 cm (+0.2), LVIDd = 2.9 cm (-1.3). LVIDs = 2.1 cm (+0.2), LVPWd = 0.4 cm (-0.5), LVFS = 28%. TV TDI :--- s' = 11.9 cm/sec, e' = 12.1 cm/sec, a' = 6.4 cm/sec, RVFAC = 43%.

COURSE IN THE HOSPITAL

AJHAN KHAN was admitted in Fortis Escorts Heart Institute, New Delhi for ASD device closure. He underwent ASD device closure done using Amplatzer ASD device of size 22mm on 05/08/2025 (report attached). He was kept in CCU for hemodynamic monitoring. He was hemodynamically stable throughout his stay. He is being discharged in stable condition with advice to regular follow up.

CONDITION AT DISCHARGE: Stable


PLAN FOR CONTINUED CARE:

- TO SEE DR NEERAJ AWASTHY AFTER ONE WEEK IN PEDIATRIC ECHO LAB, BASEMENT

DIET : Normal

ACTIVITY : No strenuous activity for 3 months

MEDICATIONS

- Syp. Paracetamol 2.5ml orally SOS / 8th hrly for fever or pain
-  Tab. Aspirin 75 mg orally once daily
- Syrup. Lactulose 7 ml orally twice daily for 5 days -
- Syrup Cefpodoxime (100 mg / 5 ml) 3.5 ml orally twice daily for 3 days

SBE PROPHYLAXIS x 6 months

Signature Navjot Kaur
(DR. NAVJOT)
(DNB.RESIDENT IN PEDIATRIC
CARDIOLOGY)

Signature for Navjot Kaur
(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.