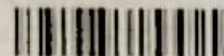


DISCHARGE SUMMARY

Patient Name : Ms. HARSHITA[7 Yr / F] SR720898
Address : SEC-4, 1544 AWAS VIKAS COLONY Agra Agra Uttar Pradesh 282003
Mob. No. : 7417113808
IP.No. : IP250627
Adm. Date : 15-12-2021 02:17 PM Discharge Date : 20-12-2021
Ward Info : 3211/GENERAL CATEGORY/3F-DEV WING
Discharge Condition : Stable
Department : PEDIATRIC CARDIOLOGY & CARDIAC SURGERY
Consultants : DR. VIRESH MAHAJAN, DR. PRADIPTA KUMAR ACHARYA, DR. SHYAMVEER SINGH KHANGAROT
Patient Category : DIYA MEDICARE FOUNDATION



Doctor Transfer Details

| Date | Department | Consultant |
|---------------------|--|--------------------|
| 15-12-2021 02:17 PM | PEDIATRIC CARDIOLOGY & CARDIAC SURGERY | DR. VIRESH MAHAJAN |

Final Diagnosis

CONGENITAL ACYNOTIC HEART T DISEASE
SINUS VENOSUS ASD (SVC TYPE) WITH PAPVC
DILATED RA/ RV
PROCEDURE: ASD CLOSURE + PAPVC REROUTING DONE ON 16/12/2021

Presenting Complaints

Baby Harshita 7 year old girl from Agra is a known case of Congenital acyanotic heart disease, large sinus venosus ASD with PAPVC. She was apparently alright till about 2-1/2 years of age when she was noticed to have mild cyanosis on crying for which she was seen by a local pediatrician. On evaluation she was detected with a murmur and subsequently an echo done revealed large sinus venosus ASD with PAPVC. She was then advised early surgical closure. She has history of recurrent respiratory tract infectino and easy fatiguability. no history of cyanosis, seizures or ear discharge. She is immunized for age and has no developmental delay. She has now come for further evaluation and management.

Course during Hospital Stay

On admission, she was thoroughly evaluated. All relevant investigations were done (Report attached). 2 D Echo was done, which confirmed the diagnosis of sinus venosus ASD LR shunt + PAPVC

In view of her diagnosis, symptomatic status and echo findings, she was advised ASD closure + PAPVC re-routing surgery.

Her father was counselled in detail about the natural history of the disease and the risk & benefits of surgery were also explained in detail. The possibility of prolonged ventilator requirement and ICU stay were also adequately explained.

After high risk consent, she was taken for the surgery on 16/12/2021

Procedure: ASD closure + PAPVC rerouting done on 16/12/2021

Pediatric cardiac Anesthetic ...Dr. Anita Rak Mallik

Consult doctor in case of -

Respiratory distress, fever, refusal to feed and cyanosis.

Diet -

Normal diet

Fluid restriction: 50ml/day for 2 weeks.

FOLLOWUP:

Long term follow up with Pediatric cardiologist.

Continue follow up with treating pediatrician.

Follow up at this centre after 3 days with Na⁺, K⁺ reports.

Investigations

Reports

Summary of Key Investigations during Hospitalization. As per Report Attached

| Investigation Name | Date | Value |
|----------------------------|---|---|
| COVID 19 ANTIGEN, RMPD | 15-12-2021 08:58 AM | Negative |
| HbA1c By ECLIA | 15-12-2021 10:24 PM | 0.538 |
| Hb 1 and 2 By ECLIA | 15-12-2021 10:24 PM | 0.234 |
| WBC(Total Leukocyte Count) | 16-12-2021 06:48 AM | 13.96 thou/mm ³ |
| CBC (Haemogram) | 15-Dec 05:58 PM | 17-Dec 03:05 AM |
| WBC | 0.1 % | 0.1 % |
| RBC | 33.1 % | 0.2 % |
| PLC Ly | 41.5 % | 11.5 % |
| PLC Mo | 4.7 % | 0.3 % |
| PLC Ne | 43.6 % | 79.9 % |
| Hb (Hemoglobin) | 10.9 gm/dl | 12.1 gm/dl |
| CT | 32.4 % | 36.2 % |
| HV | 77.3 fl | 85.6 fl |
| CH | 26.0 pg | 26.9 pg |
| HC | 33.6 g/dl | 33.4 g/dl |
| Platelets | 240 10 ⁹ /cm ³ | 164 10 ⁹ /cm ³ |
| MCV | 4.19 [microm ³] | 4.49 [microm ³] |
| MCH | 17.5 % | 18.0 % |
| Total Leucocyte Count | 13.54 [thou/mm ³] | 13.71 [thou/mm ³] |
| Prothrombin Time (PT) With | 15-Dec 06:23 PM | |
| INR | 11.5 Sec | |
| APTT | 1.217 | |

| Investigation Name | Date | Value |
|------------------------------------|------------------------|--------------------------------------|
| CRP (C-Reactive Protein) | 15-12-2021 07:13 PM | 0.8 mg/L |
| HCV By ECLIA | 16-12-2021 10:24 PM | 0.036 |
| Platelets Count | 16-12-2021 08:08 AM | 179 10 ⁹ /cm ³ |
| TSH (Thyroid Stimulating Hormone) | 15-12-2021 09:28 PM | 2.80 uIU/ml |
| Erythrocyte Ag Typing and Rh | 15-Dec 03:49 PM | |
| ABO | O | |
| IRH S | Negative | |
| Rh D | Positive | |
| LFT (Liver Function Test) | 15-Dec 03:12 PM | 17-Dec 04:05 AM |
| ALT | 4.54 | 1.87 |
| Alkaline Phosphatase (ALP) | 279 u/L | 189 u/L |
| Albumin | 3.66 g/dl | 3.50 g/dl |
| Bilirubin | 2.44 g/dl | 2.16 g/dl |
| SERUM BILIRUBIN - Direct Bilirubin | 0.04 mg/dl | 0.20 mg/dl |
| SGOT (AST) | 0.10 mg/dl | 0.61 mg/dl |
| SERUM BILIRUBIN - Total Bilirubin | 2.34 mg/dl | 2.07 mg/dl |
| SGPT (ALT) | 33 u/L | 48 u/L |
| SGPT (ALT) | 17 u/L | 28 u/L |
| Total Protein | 5.3 gm/dl | 5.6 gm/dl |
| BUN (Blood Urea Nitrogen) | 11-Dec 06:05 AM | |
| Blood Urea | 18.5 mg/dl | |
| Potassium (K ⁺) | 4.91 mmol/L | |
| Chloride (Cl ⁻) | 106.6 mmol/L | |
| Serum Creatinine | 0.27 mg/dl | |

| | | |
|-----------|------------|------------|
| SE (B) | - | - |
| Sodium | 134 mmol/L | 136 mmol/L |
| pO2 | 85 mmHg | 88 mmHg |
| HCO3 | - | - |
| SO2c | - | - |
| Lactate | - | - |
| Potassium | - | - |

X-Ray Chest AP/LAT
16-12-2021 01:18 PM

Curvature appears maintained.
Vertebral bodies and disc spaces appear normal.
Soft tissue appears above.
Please correlate clinically.

X-Ray Chest AP View Portable
17-12-2021 01:06 PM

*Subtle haze in right lower zone.

17-12-2021 01:15 PM

Please correlate clinically.
*Apparent cardiomegaly.

18-12-2021 09:21 AM

Please correlate clinically.
*Subtle haze in right lower zone.

20-12-2021 01:14 PM

Please correlate clinically.
*Subtle bronchovascular markings in right lung field.
*Apparent cardiomegaly.

Please correlate clinically.

CONTACT HOSPITAL IN CASE OF EMERGENCY (105959/18003131414)

Patient Acknowledgement: I have received discharge summary and explained in detail about follow up medication as advised

Patient / Attendant Signature _____ Full Name/ Relation _____ Mob No _____

IT IS ADVISABLE TO TAKE PRIOR APPOINTMENT BEFORE COMING TO CPD. FOR APPOINTMENTS CONTACT

DR. PRADIPTA KUMAR ACHARYA
Sr. Consultant

DR. SHYAMVEER SINGH KHANGAROT

Dr. Viresh Mahajan
Director-Pediatric Cardiac
Sciences