Fortis Escorts
ART INSTITUTE

Escorts Heart Institute and
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DISCHARGE SUMMARY

PATIENT NAME: VISHAL SHUKLA	AGE: 4 MONTHS, SEX: M
REGN: NO: 14563929	IPD NO: 110185/26/1201
DATE OF ADMISSION: 18/05/2026	DATE OF DISCHARGE: 30/05/2026
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Cyanotic Congenital Heart Disease with increased pulmonary blood flow
- Obstructive Mixed type Total anomalous pulmonary venous connection (Cardiac + Supracardiac) [right superior pulmonary vein, right inferior pulmonary vein forming a confluence and draining into coronary sinus & left superior pulmonary vein, left inferior pulmonary vein form a vertical vein draining into Innominate vein separately], Mild narrowing of Right upper pulmonary vein orifice
- Patent foramen ovale
- Right ventricle systolic and diastolic dysfunction
- Innominate vein mildly dilated
- Superior vena cava mildly dilated
- Right atrium dilatation
- Right ventricle dilated
- Main pulmonary artery dilated, Soft
- Low birth weight 1.7 kg
- Failure to thrive (< 3rd Percentile); Z score < - 3 SD

OPERATIVE PROCEDURE

Total anomalous pulmonary venous connection repair (De-roofing of coronary sinus + Enlargement of Right upper pulmonary vein orifice + Closure of atrial septal defect and coronary sinus orifice with Dacron patch + Vertical vein to anastomosis through posterior approach) + Ligation of distal vertical vein done on 20/05/2026

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His level was low Albumin 2.8 g/dl on 4th POD.

This was managed with avoidance of hepatotoxic drug and continued preload optimization, inotropy and after load reduction. His liver function test gradually improved. His other organ parameters were normal all through.

His predischarge liver function test are SGOT/SGPT = 25/19 IU/L, S. bilirubin total 0.80 mg/dl, direct 0.21 mg/dl, Total protein 5.2 g/dl, S. Albumin 3.4 g/dl, S. Globulin 1.8 g/dl Alkaline phosphatase 131 U/L, S. Gamma Glutamyl Transferase (GGT) 15 U/L and LDH 475 U/L).

Thyroid function test done on 20/05/2026 which revealed T3 1.68 pg/ml (normal range – 2.15 – 5.83 pg/ml), T4 1.00 ng/dl (normal range 0.92 - 1.99 ng/dl), TSH 1.110 µIU/ml (normal range – 0.730 – 8.350 µIU/ml) for which Tab. Thyroxine was started.

Repeat Thyroid function test done on 24/05/2026 which revealed T3 1.65 pg/ml (normal range – 2.15 – 5.83 pg/ml), T4 1.27 ng/dl (normal range 0.92 - 1.99 ng/dl), TSH 0.553 µIU/ml (normal range – 0.730 – 8.350 µIU/ml) **for which Tab. Thyroxine was increased to 25 mcg.**

Minimal enteral feeds were started on 3rd POD and cautiously and gradually advanced to full feeds by 5th POD. Oral feeds were started on 8th POD.

CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 110-130/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 98-100%. **His predischarge x-ray done on 28/05/2026**

In view of congenital heart disease in this patient his mother is advised to undergo fetal echo at 18 weeks of gestation in future planned pregnancies.

Other future siblings are advised detailed cardiology review.

PLAN FOR CONTINUED CARE:

DIET : Spoon feeds as advised

Normal vaccination (After 6 weeks from date of surgery)

ACTIVITY: Symptoms limited.

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FOLLOW UP:

Long term cardiology follow- up in view of:-

1. **Mixed Total anomalous pulmonary venous connection repair**
2. **Possibility of obstruction at anastomotic site**

Review on 01/06/2026 in 5th floor at 09:30 AM for wound review

Repeat Echo after 3 months after telephonic appointment

Repeat Thyroid function test after 3 – 4 months

PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure

MEDICATION:

1. Syp. Paracetamol 50 mg PO 6 hourly x one week
2. Tab. Pantoprazole 5 mg PO twice daily x one week
3. Tab. Fluconazole 20 mg PO once daily x one week
4. Syp. Lasix 5 mg PO twice daily till next review
5. Tab. Aldactone 3.125 mg PO twice daily till next review
6. Syp. Shelcal 2.5 ml PO twice daily x 3 months
7. **Tab. Thyroxine 25mcg PO once daily x 3 months and then repeat Thyroid function test (Empty Stomach)**

8. **Nasoclear nasal drop 2 drop both nostril 4th hrly**
9. **Nebulization with normal saline 4th hrly**
10. **Clotrimazole (Candid) mouth paint for local application**

- **All medications will be continued till next review except the medicines against which particular advice has been given.**

Review at FEHI, New Delhi after 3 months after telephonic appointment
In between Ongoing review with Pediatrician

Sutures to be removed on 03/06/2026; Till then wash below waist with free flowing water

4th hrly temperature charting - Bring your own thermometer

- **Daily bath after suture removal with soap and water from 04/06/2026**

Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815)

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