

DISCHARGE SUMMARY

PATIENT NAME: MR WAHAD AHMAD	AGE: 16 YEARS; SEX: MALE
REGN NO: 14613356	IPD NO: 130754/26/1201
DATE OF ADMISSION: 12/06/2026	DATE OF DISCHARGE: 15/06/2026
CONSULTANTS: DR. NEERAJ AWASTHIY	

FINAL DIAGNOSIS

- Severe Valvular and subvalvular pulmonary stenosis
- Mild PR
- PFO
- RV dysfunction
- RVH
- S/P Balloon dilation of PULMONARY VALVE done using Tyshak II balloon of size 16mm x 4cm F/B 18 mm x 4 cm 13/02/2026.

INVASIVE PROCEDURE

**BALLOON DILATION OF PULMONARY VALVE DONE USING TYSHAK II
 BALLOON OF SIZE 16MM X 4CM F/B 18 MM X 4 CM 13/02/2026**

RESUME OF HISTORY

MR. WAHAD AHMAD is a 16year old male, 2nd in birth order, born at full term via normal vaginal delivery with 3kg birth weight. Patient was apparently well till 1 month of age when he developed sudden onset of breathing difficulty, for which he was taken to a local hospital where 2D echo was done and severe PS was diagnosed, and advised for surgery on follow up, but they lost to follow up. Now patient had one episode of unconsciousness 3 days back, for which he was taken to a doctor, where not sustained VT? Was diagnosed on ECG, for which patient came to FEHI for evaluation and further management.

On examination, his pulse rate was 80/min regular RR 18/min. Saturation in room air 97%. There cyanosis, no tachypnea, pallor, clubbing, jaundice or edema. Bilateral air entry present. Hepatomegaly just palpable. Precordial examination revealed apex in left 5th ICS at MCL. S1 normal, S2 present. P2 soft. Ejection systolic murmur at left parasternal sternal border. Rest of the systemic examination was unremarkable.

WT ON ADMISSION

: 46.8KG

HEIGHT ON ADMISSION : 180CM

ECHO

Done on 11/06/2026 revealed situs solitus, levocardia. D-loop ventricle. Normal segmental analysis. Normal systemic and pulmonary venous drainage. Laminar inflow. Moderate TR (max PG= 190mmHg). Intact IVS. Laminar LVOT outflow. Severe valvular PS (max PG= 110mmHg). Mild PR (max PG= 9mmHg). Dysplastic pulmonary valve. Confluent branch PAs. Left arch. Laminar flow in arch. RVH present. RV dysfunction. Normal LVEF. No collection. IVC= 19mm with >50% variation. TAPSE= 13mm, RVIDd= 2.8cm, LVIDd= 3.7cm. LVIDs= 2.6cm, RVFAC= 30%, PV annulus= 17.8mm.

Echo:

Done on 15/06/2026 revealed normal segmental analysis. Laminar inflow. Trace TR (max PG= 77mmhg). No MR. laminar outflow. Well opened RVOT (max PG= 60mmHg). Trivial PR. IVC = 18mm with 50% variation. A'= 13.8cm/sec. e'= 6.3 cm/sec. s'= 12.2 cm/sec. TAPSE= 16mm, RVFAC= 55%.

COURSE IN THE HOSPITAL

MR. WAHAD AHMAD was admitted in Fortis Escorts Heart Institute, New Delhi New Delhi for balloon dilatation of pulmonary valve. Baseline investigations were sent. He underwent Balloon dilation of PULMONARY VALVE done using Tyshak II balloon of size 16mm x 4cm F/B 18 mm x 4 cm 13/02/2026. (report attached). Post procedure he was kept in CCU for monitoring. Echo showed infundibular PS (max PG= 80mmHg) and planned to start betablocker. ECG showed atrial ectopics and started on IV Dexta for 3 days. 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 MONTH IN PEDIATRIC ECHO LAB, BASEMENT

ACTIVITY : Normal

MEDICATIONS

Tab Cefixime 200mg orally twice daily x 3 days
Tab metoprolol 12.5mg orally twice daily
Tab. Dexamethasone 8mg orally thrice daily X 3 days
Tab Pantop 40mg orally once daily X 1 week
Tab. Calcium 500mg orally once daily X 15 days

SIGNATURE _____
(DR. TULIKA)
(DrNB RESIDENT IN PEDIATRIC
CARDIOLOGY)

Signature _____
(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.