

DISCHARGE SUMMARY

PATIENT'S NAME: KRITI VERMA	AGE : 6 YRS /FEMALE
UHID NO: 1000003515	IP NO : 25-26/687
DATE OF ADMISSION: 10.11.2025	DATE OF PROCEDURE : 11.11.2025
WEIGHT ON ADMISSION: 15.5 KG	DATE OF DISCHARGE : 12.11.2025
PAEDIATRIC CARDIOLOGIST : DR. GAURAV KUMAR PEDIATRIC CARDIAC SURGEON : DR.ABHINAV SINGH CHAUHAN PEDIATRIC CARDIAC ANESTHESIST : DR.BHAVYA REDDY	

DIAGNOSIS:

- MODERATE SIZED PDA
- MILD TR, NO MR
- DILATED LA/LV
- PAPVC OF LEFT UPPER PULMONARY VEIN TO INNOMINATE VEIN TO RA
- NORMAL BIVENTRICULAR FUNCTION
- MILD PAH
- IRON DEFICIENCY ANEMIA

PROCEDURE: Transcatheter PDA device Closure (8/6mm Amplatzer Duct Occluder I)
done on 11.11.2025

RESUME OF HISTORY

6 yrs old child with complaints of recurrent episodes of respiratory infections since infancy . History of one hospitalisation for LRTI also present. It has been associated with poor weight gain. Child was evaluated locally and was diagnosed to have Patent ductus arteriosus. History of gait abnormality while walking. Child is now being admitted for Elective PDA device closure.

HEPARIN : 1200 IU IV stat

HEMODYNAMICS:

Pre device :

SITE	SYSTOLIC (MMHG)	DIASTOLIC (MMHG)	MEAN (MMHG)
AORTA	130	55	80
PA	44	26	32
RA			8

Post device :

SITE	SYSTOLIC (MMHG)	DIASTOLIC (MMHG)	MEAN (MMHG)
AORTA	110	70	83
PA	30	16	21

PROCEDURE :

1. Under aseptic precautions, Right Femoral venous and Right Femoral artery access were taken using 6 F and 5F Valved sheath.
2. Descending aortogram done using 5F Pigtail Catheter in Lateral view showed PDA measuring 4 mm . We decided to use 8/6mm ADOI.
3. PDA was crossed using 5F Right Judkins catheter and 0.035 Straight tip Terumo wire combination. Terumo wire was exchanged with Amplatzer Extrastiff wire. Over Extrastiff wire 7F Amplatz sheath was taken across and sheath was parked in Descending Aorta.
4. 8/6mm ADOI prepared outside was taken across the sheath and was deployed successfully under Fluoro and Echo guidance. Post deployment angiogram showed no residual shunt. Device was released under Fluoro guidance. Post release angiogram and Echo showed good result.
5. Sheaths were removed , hemostasis achieved and patient shifted to Cath recovery for further monitoring .



Tricuspid valve

: Annulus: 19mm, Mild TR

Mitral valve

: Annulus: 23mm, No MR

Aortic valve

: No LVOTO, No AR

Pulmonary valve

: No RVOTO, No PR

Branch Pulmonary arteries

: Confluent and Adequate Sized, RPA: 10 mm, LPA: 10 mm

LV/RV Systolic Function

: Normal. EF: 60%

Diastolic dysfunction

: No IVC congestion

Aortic arch

: Left Arch, Normal arch branches,

Ductus arteriosus

: Moderate sized PDA measuring 3mm with left to right shunt,
PG: 90/55mmhg

Others

: No pericardial effusion/No vegetation/No thrombus

M MODE ANALYSIS

IVSd : 7 mm	IVSs : 8mm
LVIDd : 43 mm	LVIDs : 28 mm
LVPWd : 6 mm	LVPWs : 7 mm
EF : 64 %	

Doppler:

Aortic velocity : 16mmHg

Pulmonary velocity: 15mmHg

Dr Gaurav Kumar (UPMC : 111459)

Senior Consultant

Paediatric Cardiologist and Adult Congenital Cardiologist

MBBS, MD DNB (Paediatrics), FNB (Paediatric Cardiology)

Condition at Discharge:

Patient is hemodynamically stable, afebrile, good pulse volume in both upper and lower limb, HR : 98 /min, sinus rhythm, SPO2- 98% on room air. Chest – bilateral clear.

Echo on discharge (12.03.2025):**FINAL IMPRESSION:**

- PDA DEVICE IN SITU , NO RESIDUAL SHUNT
- GOOD FLOW ACROSS BRANCH PAs AND DESCENDING AORTA
- MILD TR; PG : 22MMHG
- NO LVOTO, NO AR
- NO RVOTO, MILD PR
- DILATED LV
- PAPVC OF LEFT UPPER PULMONARY VEIN TO INNOMINATE VEIN TO RA
- NORMAL BIVENTRICULAR FUNCTION

TREATMENT ADVISED:

- Infective Endocarditis prophylaxis
- Syrup Augmentin (5ml=400mg) 4ml twice daily for 3 days and then stop
- Nebulize with Levolin 8 hourly for 3 days
- Thrombophob Ointment LA TDS for 3 days
- Syrup Ferronia XT (5ml=30mg) 5ml twice daily (To be started after 5 days) for 3 months
- Syrup A2Z 5 ml once daily (To be started after 5 days)for 3 months
- Syrup Calcimax P 5ml twice daily (To be started after 5 days) for 3 months

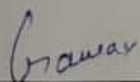
Review after 3 months in Pediatric cardiology OPD at Yashoda Medicity, Indirapuram

Periodic review with this center by Fax, email and telephone.

In case of Emergency symptoms, kindly contact Emergency: 26515050

For all OPD appointments

- Dr. Gaurav Kumar in OPD with prior appointment (9560576630)



Dr Gaurav Kumar

Dr AbhinavSingh Chauhan

Dr Bhavya Reddy

Pediatric Cardiologist

Pediatric Cardiac Surgeon

Pediatric Cardiac Anesthesist

COMPLICATIONS: NIL

FINAL DIAGNOSIS :

PDA device in situ

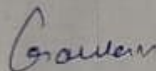
No residual shunt

Dilated LA/LV

Normal Biventricular Function

ADV :

MEDICAL MANAGEMENT



Dr Gaurav Kumar (UPMC : 111459)

Senior Consultant

Paediatric Cardiologist and Adult Congenital Cardiologist

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