Fortis Escorts
HEART INSTITUTE

ESCORTS HEART INSTITUTE AND
RESEARCH CENTRE LIMITED
Okhla Road, New Delhi - 110025 (INDIA)
E-mail : rashmi.kapoor@fortishealthcare.com
Website : www.fortisescorts.in

DR. RAJESH SHARMA
M.S., M.Ch.
DIRECTOR & HEAD PAEDIATRIC CARDIOLOGY SURGERY

October 9, 2012

To

The Managing Trustee
Relief India Trust
D-22 , Sector 3
Noida-201301.

Respected Sir,

This is with reference to patient BABY NIKHITA PAWAR, Reg # 00440486 / 6years/F, D/o Mr. Atrinandan Dhondiram Pawar; needs early open heart surgery (Conduit replacement).

The approximate cost of same at Fortis Escorts Heart institute New Delhi will be Rs. 2 lacs 50 thousands. The financial condition of the patient's family is poor and cannot afford expense of the treatment. Therefore, I request you to help them financially as the treatment is essential for the patient's life.

Kindly do the needful and oblige.

Thanking you
Best Regards,

Dr. Rajesh Sharma

Dr. RAJESH SHARMA
M.S., M.Ch.
Director & Head Paediatric Cardiac Surgery
Fortis Escorts Heart Institute
Okhla Road, New Delhi-110025

NABH Accredited

RELIEF INDIA TRUST

Functional Office:- D- 22, Sector-3, Near Shiv Mandir, Noida, U.P. 201301
Phone number: +91-120-4258313 / Tollfree: 18001031777

Sponsorship Form for Financial Assistance (Surgery & Treatment)

Date: -09-10-2012

Patient's Name : Baby Nikitha
Date of Birth : 06 Years
Sex : Female

Patient's Details: - Baby Nikitha, **06** yrs is suffering from Heart Disease. Doctor advised for Open Heart Surgery (Conduit Replacement) .They are the resident of Distt Nanded Maharashtra. The total Income of Father &Mother is Rs.3000/-.per month. There are four members in the family. The total cost of the surgery is Rs. 2, 50,000/-..Due to poor financial condition they are not able to bear the expense of the Surgery. So Fortis Escorts hospital approached RELIEF INDIA TRUST for financial assistance for financial assistance for surgery and treatment.

FAMILY DETAILS:-

Father's Name : **- Mr. Atrinandan Dhondiram Pawar**
Age : **- 26 Years**
Occupation : **- Farmer**

Mother's Name : - Mrs. Sandhya
Age : - 24 yrs
Occupation : - House maid

Joint/ Nuclear family {No of members} **:- Nuclear family (Four Members)**
Total annual family income **: - Rs.36, 000 /-(Thirty Six thousand only)**

FINANCIAL ASSISTANCE DETAILS

Cost of Surgery	**: Rs. 2, 50,000/-**
Parents Contribution	**: Rs. 0/-**
Total amount of fund required	**: Rs. 2, 50,000/-**

MEDICAL TREATMENT'S DETAILS

Disease suffering from	**: Heart Disease**
Treatment prescribed	**: Open Heart Surgery (Conduit Replacement)**
Concern Doctor	**: Dr. Rajesh Sharma**

Case reffered by
Escort Heart Institute & Research Centre
New Delhi

Declaration

I declare that the information given above is correct and complete in all respects and I am not in a position to arrange funds for the purpose stated above.

Signature of Applicant/ Parents

RELIEF Special School & Rehabilitation Center :

D-22, Sector-3, Noida - 201301

Phone number: 0120-4258313 Toll free number: 18001031777

MEDICAL CONSULTATION, PHYSIOTHERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, SPECIAL EDUCATION

Free Consultation and Treatment for Physically and Mentally Disabled Children

Contact for any further information :
Dr. Monica Sharma (PT) and Dr. Yogesh K. Chauhan (PT)
Time:- 10:00 AM to 6 PM (Sunday Close)

Lab No. : AC00054216

Patient ID	: **121950**	**Patient Name**	: **Nikitha Pawar**
Department	: **SEROLOGY**	**Age**	: **4 Y 5 M** **Gender** : **Female**
Sample Date	: **05-Mar-2011 01:43PM**	**Ref. Doctor**	: **Dr. SHEKHAR RAO**
Report Date/Time	: **06-Mar-2011 10:37AM**	**Ward/Dept**	:

SEROLOGY REPORT

Sample: SERUM

PRE OPERATIVE PROFILE II

Investigation	Result
HIV I & 2 Antibody (ELISA)	NON REACTIVE

Note: This is only a screening test. A NON REACTIVE results does not completely rule out exposure to HIV.Needs to be confirmed. A sample reactive for HIV 1 & 2 should be confirmed by Western Blot / RIBA / PCR methods. Repeated test is suggested in high risk individuals

HBsAg ELISA (ELISA)	NON REACTIVE

Note: Repeatedly reactive samples for HbsAg are tested for other parameters to assess infective status, Negative results do not completely rule out infection in high risk exposures

HCV ELISA (ELISA)	NON REACTIVE

Note: Repeatedly reactive samples for HCV antibodies should be confirmed by RIBA. if RIBA is Positive or Indeterminate, HCV RNA (Quantitative PCR) to be done.

Note : Abnormal Results are Highlighted.

--- End of Report ---

Technologist :MAKESH

M.S. Sathyanarayan

Dr.M.S.Sathyanarayan MD,
Consultant Microbiologist

Report relates to sample tested. Kindly correlate with clinical findings. *Also refer to "Methods / Technique used " on the reverse*

Narayana Hrudayalaya Hospitals

Caring with Compassion

Dept. of Laboratory Medicine

Lab No. : AC00054216

Patient ID	: 121950	**Patient Name**	: Nikitha Pawar
Department	: HAEMATOLOGY	**Age**	: 4 Y 5 M **Gender** : Female
Sample Date	: 05-Mar-2011 01:43PM	**Ref. Doctor**	: Dr. SHEKHAR RAO
Report Date/Time	: 05-Mar-2011 04:16PM	**Ward/Dept**	:

HAEMATOLOGY REPORT

Sample: WHOLE BLOOD

PRE OPERATIVE PROFILE II

COMPLETE BLOOD COUNT(CBC)

Investigation	Result	Units	Reference Range
Haemoglobin (HGB) (Cyanomethaemoglobin)	11.2	gm/dl	11.0 - 14.0
Red Blood Cells (Electrical Impedance)	4.52	millions/cu mm	4.00 - 5.20
Packed Cell Voulme (PCV) (Calculated)	33.8	%	
Mean Corpuscular Volume: (Calculated)	**74.7**	fL	75.0 - 87.0
Mean Corpuscular Haemoglobin (MCH) : (Calculated)	24.8	pg	24.0 - 30.0
Mean Corpuscular Haemoglobin Concentration (MCHC): (Calculated)	33.2	%	31.0 - 37.0
Platelet Count (Electrical Impedance)	301	Thous/cu.mm	200.00 - 450.00
Total Leucocyte Count(WBC) (Electrical Impedance)	6.8	Thous/cu.mm	5.0 - 15.0
DIFFERENTIAL COUNT (Microscopy & VCS)		u	
Neutrophils	**62.0**	%	40 - 60
Lymphocytes	**27.1**	%	50 - 80
Monocytes	7.6	%	3 - 10
Eosinophils	2.7	%	1 - 3
Basophils	0.6	%	0.0 - 1.0
GROUP (Agglutination)	" A "		
RH Typing (Agglutination)	POSITIVE		

Note : Abnormal Results are Highlighted.

--- End of Report ---

Technologist :BIJI JOSEPH

K J Jyothi

Dr.Jayanthi K.J
M.D Pathologist

Report relates to sample tested. Kindly correlate with clinical findings.

Also refer to "Methods / Technique used " on the reverse

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Narayana Hrudayalaya Hospitals

Caring with Compassion

Dept. of Laboratory Medicine

Lab No. : AC00054216

Patient ID	: **121950**	**Patient Name**	: **Nikitha Pawar**
Department	: **COAGULATION**	**Age**	: **4 Y 5 M** **Gender** : **Female**
Sample Date	: **05-Mar-2011 01:43PM**	**Ref. Doctor**	: **Dr. SHEKHAR RAO**
Report Date/Time	: **05-Mar-2011 04:11PM**	**Ward/Dept**	:

COAGULATION REPORT

Sample: PLASMA

PRE OPERATIVE PROFILE II

Investigation	Result	Units	Reference Range
PROTHROMBIN TIME.	11.9	Sec	11.0 - 15.0
PT CONTROL	11.2	sec	
INTERNATIONAL NORMALISED RATIO (Clot Detection)	1.06		

Note : Abnormal Results are Highlighted.

--- End of Report ---

Technologist :SARASWATHI

K J Jyothi

Dr.Jayanthi K.J
M.D Pathologist

Report relates to sample tested. Kindly correlate with clinical findings. *Also refer to "Methods / Technique used " on the reverse*

Narayana Hrudayalaya Hospitals
Caring with Compassion

Dept. of Laboratory Medicine

Lab No. : AC00054216

Patient ID	: 121950	**Patient Name**	: Nikitha Pawar
Department	: BIOCHEMISTRY	**Age**	: 4 Y 5 M **Gender** : Female
Sample Date	: 05-Mar-2011 01:43PM	**Ref. Doctor**	: Dr. SHEKHAR RAO
Report Date/Time	: 05-Mar-2011 04:03PM	**Ward/Dept**	:

BIOCHEMISTRY REPORT

Sample: SERUM

PRE OPERATIVE PROFILE II

Investigation	Result	Units	Reference Range
Blood Urea Nitrogen (BUN) (Urease)	7	mg/dl	7 - 20
Random Blood Sugar (Hexokinase)	100	mg/dl	80 - 150
AST (SGOT) (UV with pyridoxal - 5 -phosphate)	36	IU/L	10 - 47
ALT (SGPT) (UV with pyridoxal - 5 -phosphate)	32	IU/L	24 - 49
Total Bilirubin (Caffeine Benzoate)	0.3	mg/dl	0.0 - 1.3
Direct Bilirubin (Diazotised Sulphanilic Acid)	0.1	mg/dl	0.0 - 0.3
Total Protein ((Biuret /Endpoint with blank))	7.4	gm/dl	6.0 - 7.8
Albumin (Bromocresol Purple)	4.4	gm/dl	3.6 - 5.2
Globulin (Calculated)	3.0	gm/dl	
A/G Ratio (Calculated)	1.5		
Alkaline Phosphatase ((AMP Buffer))	223	IU/L	185 - 383
GGT(Gamma Glutamate Transaminase) ((Other g-Glut-3-carboxy-4 nitro))	14	IU/L	5 - 17
CREATININE (Amidohydrolase)	**0.2**	mg/dl	0.7 - 1.5
Sodium (Indirect IMT - diluted)	139	mEq/L	135 - 150
Potassium (Indirect IMT - diluted)	3.9	mEq/L	3.5 - 5.0
Chloride (Indirect IMT - diluted)	103	mEq/L	95 - 106

Note : Abnormal Results are Highlighted.

--- End of Report ---

Technologist :PRABHU

Mrs.A.Rani,Msc,Mphil
Biochemist

Mrs.B.S.Latha,MSc,MPhil.
Consultant Biochemist

Report relates to sample tested. Kindly correlate with clinical findings.

Also refer to "Methods / Technique used " on the reverse

Narayana Hrudayalaya Hospitals
Caring with Compassion

Dept. of Laboratory Medicine

Lab No. : AC00054216

Patient ID	**: 121950**	**Patient Name**	**: Nikitha Pawar**
Department	**: CLINICAL PATHOLOGY**	**Age**	**: 4 Y 5 M Gender : Female**
Sample Date	**: 05-Mar-2011 03:34PM**	**Ref. Doctor**	**: Dr. SHEKHAR RAO**
Report Date/Time	**: 05-Mar-2011 05:10PM**	**Ward/Dept**	**:**

CLINICAL PATHOLOGY REPORT

Sample: URINE

PRE OPERATIVE PROFILE II

URINE ROUTINE EXAMINATION

Investigation	Result	Units	Reference Range
PHYSICAL EXAMINAION			
VOLUME	10		
COLOUR	Pale Yellow		
APPEARANCE	Clear		
SP. GRAVITY	1.005		1.002 - 1.030
CHEMICAL EXAMINATION			
pH(REACTION)	5.50		4.5 - 9.0
PROTEIN	Negative		Negative
Urine Glucose.	Negative		Negative
KETONE BODIES	Negative		Negative
BILE SALTS	Negative		Negative
BILE PIGMENT (BILIRUBIN)	Negative		Negative
Blood Urine.	Negative		Negative
UROBILINOGEN	Normal		<1 mg/dL
MICROSCOPIC EXAMINATION			
PUS CELLS	1 - 2 /HPF		
EPITHELIAL CELLS	2-3/hpf		

Note : Abnormal Results are Highlighted.

--- End of Report ---

Technologist :JAINABEE

K J Jyothi

Dr.Jayanthi K.J
M.D Pathologist

Report relates to sample tested. Kindly correlate with clinical findings.

Also refer to 'Methods / Technique used " on the reverse

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Caring with Compassion

Name	: Kumari. Nikitha Pawar	**Age / Gender**	: 4 Years,6 Months/Female
Patient Number	: 121950	**Admission No.**	: IPC1100162316
Cath Number	: CATH68473	**Report Number**	: SRCD1000010481
		Procedure Date	: 12-03-2011

CARDIAC CATHETERIZATION REPORT

Height : 90 cms. **Weight** : 10 Kgs. **HB** : 11.2 Gms% **HR** : 110 bpm.

BSA : 0.50 Sq. mt. **O_2 Sat on room air** : 95 % **Sat on O_2** : 99 %

Operators : Dr. P.V.Suresh, Dr. Satheesh S, Dr. Sripadh Upadhya, Dr.Dhanya.S.

Pre Cath Diagnosis : S/P Truncus Repair + VSD closure + RV to PA homograft on 7/1/06, No residual VSD, Free PR, Severe homograft obstruction, LPA seen on 2D, RPA not seen, Good ventricular function.

ECG : NSR, RAD, Biventricular Forces.

X - Ray : Cardiomegaly, LV apex, differential vascularity (Left > Right).

Current Procedure : Diagnostic Cath to assess gradient across homograft & PAs.

Access : RFA, RFV.

Sheath Size : 4FA, 6FV.

Catheters Used : 5F Berman, 4F Pigtail, 5F Swan Ganz.

Catheter Course : DAO→AAO→LV; IVC→RA→RV→PA.

Contrast Used (ml/kg) : 3 ml/kg

Complications : Nil.

Arterial Blood Gas

PH	PO_2	PCO_2	HCO_3	BE	Sat (%)
7.376	205.4	30.6	17.5	-6.8	99.7

Basal Hemodynamic Data

Site	Pressure	Saturation
SVC		88.4
IVC		84.0
RA	m-10	86.5
RV	60/10	
MPA	3510/17	88.8
RPA Proximal	35/10/17	
RPA distal	20/4/10	
LPA	35/10/17	
Left pulmonary wedge	m-12-13	
AO	120/60/80	99.7
LV	120/12	

Comments : Pull back from distal RPA to proximal RPA shows gradient of 15mmHg.
Pull back from MPA to RV shows gradient of 25mmHg.

Site	Measurements
RPA Origin	7.5 mm
RPA Distal	9.4 mm
LPA	11.5 mm
DAO	8.1 mm

Angiogram

LV Angiogram : (LAO 60^0, Cranial 20^0, Contrast 10ml at 8ml/sec, 1200PSI, Catheter Course AO→LV) Shows smooth walled, well contractile, posteriorly placed LV giving rise to aorta. IVS is intact. No PDA / Coarctation.

RV Angiogram : (LAO 15^0, Cranial 30^0, & LAO 90^0 Contrast 10ml at 8ml/sec, 600PSI, Catheter Course IVC→RA→RV) Shows coarsely trabeculated, well contractile dilated RV giving rise to PA (Homograft). There is mild conduit origin obstruction. PAs are confluent (RPA < LPA). Grade III PR present. Levophase shows pulmonary venous return to LA.

PA Angiogram : (AP view, hand injection, RAO 30^0, Cranial 15^0 Catheter Course IVC→RA→RV→PA) Shows confluent branch PAs filling both the lung fields. Levophase shows pulmonary venous return to LA.

Dry Run : 1. Shows Swan Ganz catheter in LPA.
2. Shows pull back from RPA to MPA.
3. Shows pull back from MPA to RV.

Final Diagnosis : S/P Truncus Repair + VSD closure + RV to PA homograft on 7/1/06, No residual VSD, Free PR, Mild homograft origin obstruction, Confluent branch PAs (RPA<LPA), Good ventricular function.

Plan : To be discussed. Medical Treatment.

Dr. Suresh P.V
Sr. Consultant Cardiologist

Dr. Satheesh. S
Paediatric Cardiologist

Dr. Sripadh Upadhya
Paediatric Cardiologist

Typed By:Mrs. Champakamala.

Narayana Hrudayalaya Hospitals
Caring with Compassion

ECHOCARDIOGRAPHY REPORT

Patient ID	:	121950	Report Date	:	03-03-2011 13:29:05
Patient Name	:	Kumari. Nikitha Pawar			
Age/ Gender	:	4 Years,5 Months/Female	Render No	:	NSRCD1000047986

Profile

Abdominal Situs	:	Solitus
Cardiac Position	:	Levocardia
Systemic venous drainage	:	Normal
Pulmonary venous	:	Normal
Atrioventricular connections	:	Concordant
Ventriculo Arterial	:	Concordant
Ventricular Loop	:	d-loop

Atria

Left Atrium	:	Normal
Right Atrium	:	Normal

Atrioventricular Valves

Mitral Valve	:	Normal
Tricuspid Valve	:	Normal

Ventricles

Left Ventricle	:	Normal
Right Ventricle	:	RV hyperensive

SEPTAE

Interventricular septum	:	No residual VSD
Interatrial septum	:	Intact

Semilunar valves

Aortic Valve	:	Normal
Pulmonary Valve	:	Homograft

GREAT ARTERIES : Normally Related

Aorta : Post truncus repair

Pulmonary Artery : LPA -6mm, RPA not clearly visualised

Arch : Left

PDA : Absent

Coronary Arteries : Normal

DOPPLER MEASURMENT

Mitral : Normal

Aortic : Normal

Tricuspid : TR- grade II, gradient -60mmHg

Pulmonary : Homograft gradient of 75mmHg, free PR

M-Mode

AO	: . mm	**LVIDd**	: mm	**IVS**	: mm
LA	: mm	**LVIDs**	: mm	**PW**	: mm
EDV	: ml	**ESV**	: ml	**EF**	: %

ADDITIONAL INFORMATION :

Extremely limited echo windows
Unsedated uncooperative child

FINAL DIAGNOSIS

S/P TRUNCUS REPAIR + VSD CLOSURE + RV TO PA HOMOGRAFT ON 7/1/06
NO RESIDUAL VSD
FREE PR
SEVERE HOMOGRAFT OBSTRUCTION
LPA SEEN ON 2D
RPA NOT SEEN
GOOD VENTRICULAR FUNCTION

Done By:

Dr Sateesh

Satheesh S

CARDIOLOGY OP CASE PAPER -

Date	:	03-03-2011 12:37:56
Patient ID	:	**121950**
Patient Name	:	**Kumari. Nikitha Pawar**
Address	:	D/O Atrinandan Dhondiram Pawar, Bodhadi(B K)-At Po, Kinvat-Tq,. ,,India431810
Age / Gender	:	4 Years,5 Months / Female
Consultant	:	**Dr. SEJAL SHAH**

S/p Truncus repair + VSD closure + RV → PA Homograft → 7.1.06.

11 Kg

4½ years - follow up
Tricuspal injection - Valvular area.

URTI

ECHO
ECG
O_2 - Sat 99%

Tab Taxim-O 100mg DT
1 — 0 — 1 × 5

Syp Mucolite
3.5ml thrice daily

Cardiac centum for LA

ESM 3/6 LUSB

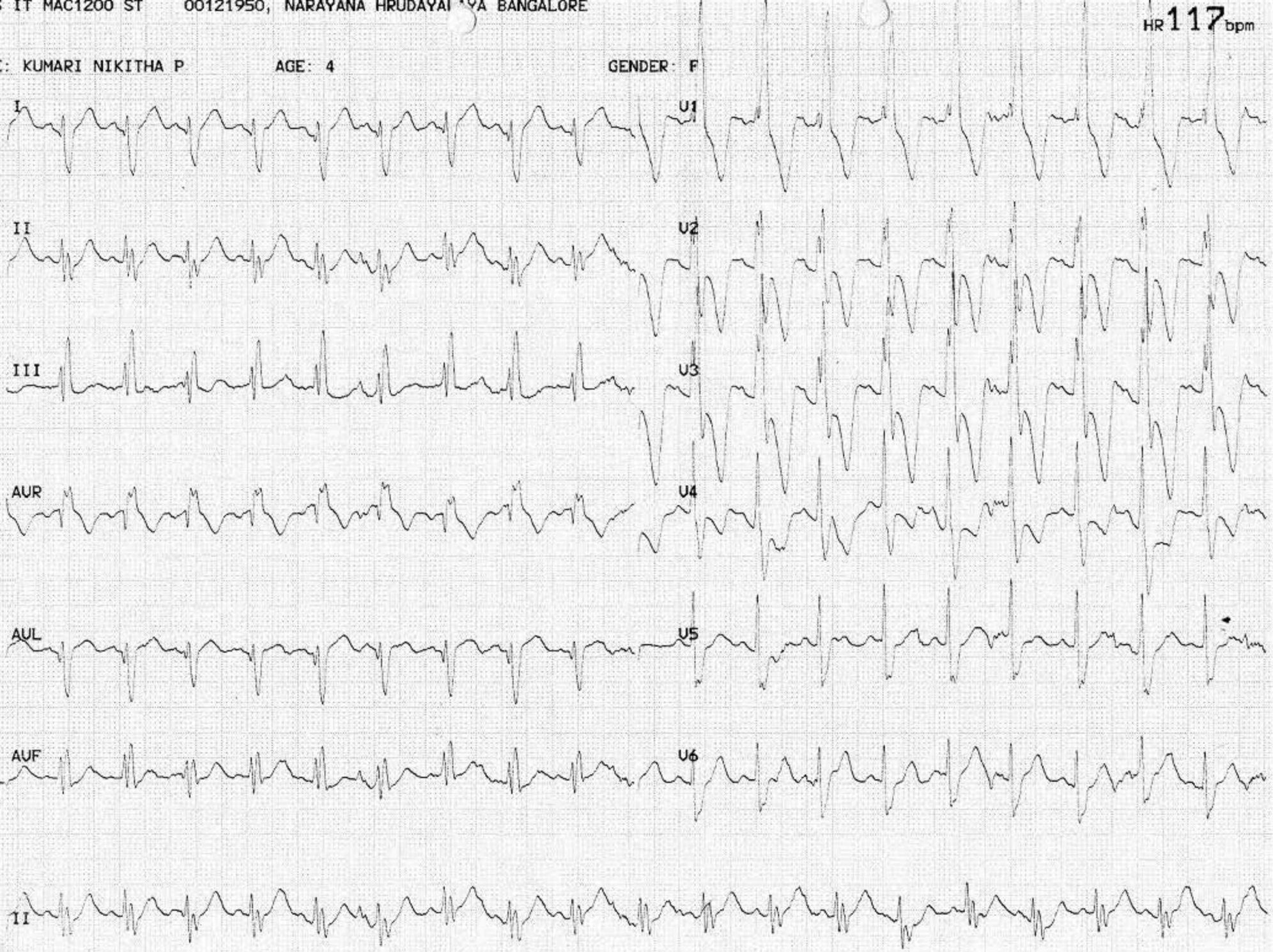
P2 soft

ESM BL back

GEMS IT MAC1200 ST 00121950, NARAYANA HRUDAYALAYA BANGALORE

HR 117 bpm

NAME: KUMARI NIKITHA P AGE: 4 GENDER: F



03.Mar.2011 01:33:44 PM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 6_FS Automatic V5.21 (1)

Patient ID	:	**121950**	**Disc Sum No.**	:	DSD1000018016
Name	:	**Kumari. Nikitha Pawar**	**Admission No.**	:	IPC1100162316
Age / Gender	:	4 Yrs 6 Mth /Female			
Address	:	D/O Atrinandan Dhondiram Pawar,, Bodhadi(B K)-At Po,, Kinvat-Tq,., India, Zip No.-431810			
Admitting Consultant	:	Dr. SHEKHAR RAO	**DOA**	:	10-03-2011
			DOD	:	14-03-2011

DISCHARGE SUMMARY

DIAGNOSIS : **S/P TRUNCUS REPAIR + vsd CLOSURE + rv TO PA HOMOGRAFT ON 07/01/2006**
NO RESIDUAL VSD
FREE PR
SEVERE HOMOGRAFT OBSTRUCTION
LPA SEEN ON 2D
RPA NOT SEEN
GOOD VENTRICULAR FUNCTION

HISTORY OF PRESENT ILLNESS

Presented with h/o recurrent caught, cold

PREVIOUS HISTORY

Cardiac catheterization done here on 12/03/2011 revealed on S/p truncus repair + VSD closure + RV to PA homograft on 07/01/2006, no residual VSD, Free PR, Mild homograft origin obstruction, confluent branch PAS (RPA <LPA), good ventricular function

FAMILY HISTORY

No h/o consanguinity

PEDIATRIC HISTORY

ANTENATAL AND BIRTH HISTORY : Birth weight : not known

DEVELOPMENT HISTORY : Normal milestones

IMMUNIZATION HISTORY : Complete for the age

ALLERGIES

Not known

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OPERATION NOTE

Patient ID	: 121950	**Name**	: Baby.Nikitha Pawar
Reg ID	: 306963	**Admission No**	: 64,905.0(
Age [Y-M-D]	: 0 - 2 - 0	**D O A**	: 31/10/06
Sex	: Female	**Operation Date**	: 07/11/06

Cardiac Surgeons : Dr. Rajesh Sharma / Dr. Bin Yang / Dr. Jameel Khan

Anaesthetist : Dr. Keshavamurthy / Dr. Vinayaka

Diagnosis : Truncus arteriosus (type II) , atrial septal defect, ventricular setpal defect with moderate truncal valve regurgitation with severe pulmonary arterial hypertension.

Operation : Truncal valve repair, VSD closure with pericardial patch. Reconstruction of RVOT with down sized 14mm pulmonary homograft between RV to PA with lecompte manuever. partial ASD closure.

Findings :
Truncus arteriosus (type II)
Severe pulmonary arterial hypertension
Moderate truncal valve regurgitation
Secundum atrial septal defect

C P B Data

Cannulae : Aortic - RMI, SVC / IVC - RMI

Prime : Blood

Oxygenator : Dideco lilliput

Arterial Filter : Dideco - 736

C P B Time : 265' **Cross Clamp Time** : 205'

Arsulla Pinto

No. 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560 099
Tel. : 080-7835000 to 018 Fax : 080-7832648 E-mail : info@hrudayalaya.com Web : www.hrudayalaya.com

Procedure

Under G.A. monitoring lines place sternotomy done, thymus dissected. Pericardium cleared and harvested. Patient taken on CPB with bicaval and high aortic cannulation after snaring RPA and LPA which were dissected up to hilar branches.

Core cooling started, heart fibrillated, aortic root cardioplegia given to achieve diastolic arrest. Went on total CPB. Aorta transected smallest cusp of qudricuspid truncal valve excised with sinus and truncus reconstructed by longitudinal suture and pulmonary button mobilized and brought anterior to transected truk.

Aorta reanastomosed directly with 6-0 continuous prolene sutures. RV opened avoiding injury to coronaries and VSD enlarged and closed trans ventricular 5-0 prolene with pericardial patch using lecompte ways. Down sized 14mm pulmonary valve homograft anstomosed between RVOT and PA bifurcation (transected anterior to truncus). RVOT with 6-0 prolene continuous sutures augmented with Glutaraldehyde treated pericardial (autologous) patch. Patient re-warmed, RA opened, PFO left open. RA closed in two layers 6-0 prolene. Haemostasis obtained. Patient weaned off CPB with Adrenaline and dobutamine supports. Chest closed in layers with one mediastinal and both pleural drains and Two RA and one RV pacing wire placed in situ.

Junior Consultant Surgeon

Consultant Cardiac Surgeon

Typed By : Pinto

Patient ID : 121950

Name : Baby.Nikitha Pawar

Arsulla Pinto

DISCHARGE SUMMARY

Name	: **Baby. Nikitha Pawar**	**Admission**	: **64905**
Patient ID	: **121950**	**Reg ID**	: **306963**
Admitted For	: **Open Heart Surgery**	**D.O.A.**	: **31/10/2006**
Age [Y-M-D]	: **0-3-8**	**D.O.D.**	: **29/12/2006**
Sex	: **Female**		

Address : **D/O Atrinandan Dhondiram Pawar,,Bodhadi(B K)-At Po,,Nanded,Maharashtra**

Admitting Consultant : **Dr. Rajesh Sharma / Dr. Devi Prasad Shetty**

DIAGNOSIS :TRUNCUS ARTERIOSUS (TYPE II) , ATRIAL SEPTAL DEFECT, VENTRICULAR SETPAL DEFECT WITH MODERATE TRUNCAL VALVE REGURGITATION WITH SEVERE PULMONARY ARTERIAL HYPERTENSION.

OPERATION :TRUNCAL VALVE REPAIR, VSD CLOSURE WITH PERICARDIAL PATCH. RECONSTRUCTION OF RVOT WITH DOWN SIZED 14MM PULMONARY HOMOGRAFT BETWEEN RV TO PA WITH LECOMPTE MANUEVER. PARTIAL ASD CLOSURE.

OPERATION DATE :07/11/2006

HISTORY OF PRESENT ILLNESS

Presented with h/o recurrent cold, cough and fever since birth
H/o interrupted feeding with sweating +
H/o fast breathing +
No h/o cyanosis/ cyanotic spells

PREVIOUS HISTORY

Diagnosed to have CHD at 15 days back

FAMILY HISTORY

H/o consanguinity 6+
Rank of the child: 2

PEDIATRIC HISTORY

Antenatal and Birth History : Birth weight – 2.75 kgs

Development History : Normal milestone

Immunization History : Complete for the age

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City Centre at :- HSR Layout
Narayana Hrudayalaya Super Speciality Clinic & Diagnostic Centre
43/A-B, BDA Complex, HSR Layout, Bangalore - 560 034. Tel: 080 -25727331, 332, 333 Fax: 080 - 25727334

ALLERGIES
Not Known

GENERAL EXAMINATION
No cyanosis/ clubbing
Pulse Rate : 136 b/min
RR 36/min
Height : 47 cms, Weight : 2.5 kgs

CARDIO VASCULAR SYSTEM
S1S2+, ESM +

RESPIRATORY SYSTEM
NVBS heards, no added sounds

GASTRO INTESTINAL SYSTEM
NAD

CENTRAL NERVOUS SYSTEM
NAD

PRE-OP LAB INVESTIGATION
Haematology

	01/Nov/2006
Haemoglobin	14.1 gm/dl
Red Cell Counts	4.9 millions/cu.mm
Haematocrit (PCV)	43 %
Mean Corpuscular Volume (MCV)	89 fl
Mean Corpuscular Haemoglobin (MCH)	29 pg
Mean Corpuscular Haemoglobin	33 gm/L
Neutrophils	41 %
Lymphocytes	51 %
Monocytes	04 %
Eosinophils	04 %
Platelets	508 thou/cu .mm
Total Leucocyte Count (TC)	14.5 thou/cu .mm

BioChemistry

	01/Nov/2006
Blood Urea Nitrogen (BUN)	07 mg/dl
Serum Creatinine	0.4 mg/dl
Sodium	138 mEq/L
Potassium	5.8 mEq/L
Chloride	99 mEq/L
Calcium	10.8 mg/dl
Random Blood Sugar (RBS)	86 mg/dl

Serum Albumin	2.2 gm/dl	2.1 gm/dl	2.4 gm/dl
Random Blood Sugar (RBS)	162 mg/dl		99 mg/dl

ET secretion for C/S (13/11/2006)
Heavy growth of Pseudomonas aeruginosa detected

Wound swab for C/S (04/12/2006)
Moderate growth of klebsiella species detected

Non contrst CT brain (18/11/2006)
Right parieto-occipital acute subdural hematoma
Multiple acute/ subacute infarcts involving the bilateral frontal and bilateral posterior
Parieto –ocipital lobes, likely representing hypoxic ischemic encephalopathy

PRE-OP ECHO
28/Oct/2006
TRUNCUS ARTERIOSIS (TUPE I)
MILD TRUNCAL VALVE REGURGITATION
SEVERE PAH

POST-OP ECHO
S/P TRUNCUS REPAIR (6/4/06) + VSD CLOSURE + RECONTRUCTION OF RVOT + PARTIAL ASD CLOSURE
IVS PATCH INTACT
NO RESIDUAL SHUNT
5MM ASD,BD SHUNT
TR -MILD, GRADIENT –35mmHg
MILD AR
NO RVOT OBSTRUCTION
MILD FLOW ACCELERATION AT RPA, GRADIENT 14mmHg
GOOD BIVENTRICULAR FUNCTION

MEDICATION ON DISCHARGE

TAB LASIX	2mg	1-0-1	Till review
SYP PHENYTOIN	5mg	1-0-1	Till review
SYP SHELKAL	2ml	1-0-0	For 1 month
ZEVIT drops	5drops	1-0-1	For 1 month
TONOFERAN drops	0.5drops	1-0-0	For 1 month

Looked for sutures and pacing wires No pacing wire, No sutures.

Drug intake Prescribed by Dr. Rajesh Sharma.

ADVICE AT DISCHARGE

Review after 6 weeks with Dr.Rajesh Sharma / Secretary at Narayana Hrudayalaya OPD, Room No.6

Review after 6 weeks at Narayana Hrudayalaya with the concerned Surgeon / Cardiologist with ECG / ECHO / CHEST X-RY reports.

(If you are unable to come to us for follow - up after 6 weeks from the date of discharge, please get these tests done locally and send / fax the report to us).

Keep the surgical wound clean and dry after the bath. Any wound discharge, sudden increase in pain at the surgical site or swelling of the wound area should be notified to the concerned doctor as soon as possible.

In case of any queries or emergencies please contact

Phone-080-7835000 to 20 Pager 306.

Consultant
(Pediatric Cardiologist)

Consultant Cardiac Surgeon

Note: CD copy of this discharge summary is also available. Please contact reception for further details

D/c Primary explained by Leeba's

Checked by

BNH1532092

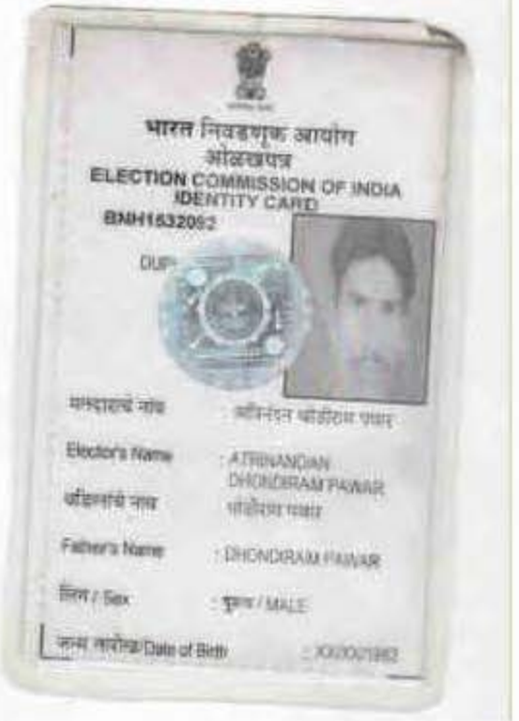
Address: 168/1, VITHTHALWADI,
GRAM SODHADI (U)
TEHSIL KINAVAT
DISTT. NANDED (M.H)-431809

Date: 17/07/2009

Facsimile Signature of the
Electoral Registration Officer
for 83-Kinavat Constituency

In case of change in address, mention this Card No. in the relevant Form for including your name in the roll at the changed address and to obtain the card with same number

83/234/22869



भारत निर्वाचन आयोग
ओळखपत्र
ELECTION COMMISSION OF INDIA
IDENTITY CARD

BNH1532092

Elector's Name : ATRINANDAN DHONDIRAM PAWAR

Father's Name : DHONDIRAM PAWAR

लिंग / Sex : पुरुष / MALE

जन्म तारीख/Date of Birth : XX/XX/1982