

Name	: Mahesh Hadpad	Patient Id.	: 10083121
Date of Birth	: Oct 12, 2016	Age	: 8 months Sex : Male
Case Type	: Outpatient Case	Case Number	: 1000212144
Attending Physician	: Shivaprakash Krishnanaik	Visit Date	: Jun 22, 2017

### Clinical Notes

#### Chief Complaints

The Child has been referred by Dr Anil kumar Ji's unit  
Child has been detected to have DTGA, Restrictive VSD, regressed LV, normal PA pressures. Not much details available  
Third child of the family. the first 2 children are in good health.  
Father is a farmer and the mother is a house wife

#### Examination

Alert, active and comfortable  
pink with a hint of cyanosis  
Well felt peripheral pulses  
Weight 5.1kgs  
Sats 76%  
Pulse rate 126/min, regular  
CVS short systolic murmur over the tricuspid area, normal P2  
RS clear  
PA NAD

DoA - 3<sup>rd</sup> Sept 2017  
Dor - 4<sup>th</sup> Sept 2017

#### Assessment

The child clinically has a complex cyanotic congenital heart defect without PAH or CHF

*[Signature]*  
10/8/2017

**DR. Shivaprakasha K**  
MBBS MS MCH  
MMC Reg No. 2010010054

#### Plan

Requires the following information

- 1) Is the VSD is too restrictive that LV has genuinely regressed? ( is it regressed or just being smaller)
  - 2) What is the status of pulmonary valve is it stenotic as the pulmonary valve is smaller than Aortic anulus
  - 3) What is the reason for fairly balanced circulation even now. want to know whether the PS is progressing
- I also would like to see the chest XRAY PA view of the child

To get reports in detail

Review after the retrieval of information again or one more echo to be done to determine the roadmap for the management of the child

Inform SOS

No medication necessary now

Echo (manglew)

\* DTGA + Restrictive VSD + large ASD.

\* Elective Senning's operation.  
+ VSD closure + ASD closure

*[Signature]*

Dr. Shivaprakash Krishnanaik  
Head of Department Paediatric and Congenital  
Heart Sciences  
Med. Council No. 2010010054  
MBBS, MS (Gen Surg), MCh (CVTS)

Print Date/Time : 22/06/2017 / 6:02 PM

\* Surgery to be done in the next 1-2 months  
\* Financial Assistance Certificate issued

*[Signature]*  
22/6/2017

4/9/2017  
Pediatric Echo viewing  
*[Signature]*  
4/9/2017

**Name : Mahesh Hadpad**

**Patient Id :10083121**

**Age : 8 months**

**Sex : Male**

**Ref by : Dr. Shivaprakash**

**Date : 23.06.2017**

**PEDIATRIC 2-D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

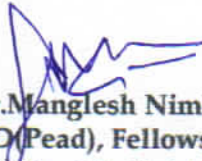
**Clinical** -8 mth , 5 kg, cyanosis Sat- 76 % on room air Xray cardiomegaly

- S,D,D. Situs solitus, Levocardia.
- Atrioventricular concordance and ventriculoarterial discordance.
- Normal systemic & pulmonary venous drainage. Proximal IVC seen drains to RA
- Large 12 mm ostium secundum Atrial septal defect with left to right shunt
- The mitral ( annulus - 8 mm )and tricuspid valves (annulus - 10 ) normal.
- There is a small 3 mm restrictive subpulmonary VSD right to left shunt.
- Anterior Aorta from RV ,Posterior PA from LV, D-TGA,
- Normal aortic valve Annulus- 13.5 Pulmonary valve annulus - 12.5 bicuspid doming mild stenosis PSG- 30 mm hg peak The pulmonary artery dilated. Confluent pulmonary arteries. RPA - 10 LPA - 10 no PDA
- Coronary arteries appear to be arising from the respective facing sinuses.
- Left aortic arch with normal branching pattern.normal arch. no coarctation.
- Right ventricle dilated, RVIDD- 24 Regressed Left ventricle. LVIDD- 20 LVPW- 3 mm RVPW- 5 mm The biventricular systolic function normal. Estimated EF: 60 %

**Diagnosis** - DTGA, large Atrial septal defect, small restrictive VSD , regressed left ventricle with normal coronaries

**Medical** - ( Tachypena, cardiomegaly ) Syp Furored 0.25 ml 12 hrly

**Surgical** - Senning Atrial switch surgery

  
**Dr. Manglesh Nimbalkar**  
MD(Peadi), Fellowship Ped fetal Card  
Consultant Pediatric Cardiologist

**Name : Mahesh Hadpad**

**Patient Id :10083121**

**Age : 10 months**


**Sex : Male**

**Ref by : Dr. Shivaprakash**

**Date : 04.09.2017**

**PEDIATRIC 2-D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**  
**(VIEWING ONLY)**

- S,D,D. Situs solitus, Levocardia.
- Atrioventricular concordance and ventriculoarterial discordance.
- Normal systemic and pulmonary venous drainage. No persistent left SVC.
- Moderate size ostium secundum ASD measuring 8 mms with bidirectional shunt predominant L->R shunt.
- The mitral and tricuspid valves are structurally and functionally normal. There is trivial tricuspid valve regurgitation.
- The interventricular septum is intact.
- The RV is dominant. The interventricular septal position is deviated towards the left ventricle suggestive of regressed LV. The LV posterior wall thickness measures 3mm. The biventricular systolic function is normal.
- No RV outflow tract obstruction.
- D-TGA with anterior and rightward aorta.
- Aortic valve is tricommissural and measures 14mm. No AS or AR
- Doming pulmonary valve with mild valvular PS with a peak gradient of 30 mm Hg. Pulmonary annulus measures 9mms.
- No aorto-pulmonary level shunt.

  
**Dr. Shreepal A Jain**  
**MD(Pead), FNB (Pead Cardiology)**  
**Fellowship (Canada)**  
**Consultant Pediatric Cardiologist**

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**Name : Mahesh Hadpad**

**Patient Id :10083121**

**Age : 10 months**

**Sex : Male**

**Ref by : Dr. Shivaprakash**

**Date : 04.09.2017**

- Dilated main pulmonary artery and confluent unobstructed branch pulmonary arteries.
- Coronary arteries appear to be arising from the respective posterior facing sinuses.
- Left aortic arch with normal branching pattern. There is no coarctation.
- No pericardial or pleural effusion, thrombus or vegetation.

**Dr. Shreepal A Jain**  
MD(Peadiat), FNB (Peadiat Cardiology)  
Fellowship (Canada)  
Consultant Pediatric Cardiologist

Name : Mahesh Hadpad  
Date of Birth : Oct 12, 2016  
Case Type : Outpatient Case  
Attending Physician : Shivaprakash Krishnanaik  
Patient Id. : 10083121  
Age : 10 months Sex : Male  
Case Number : 1000235540  
Visit Date : Sep 4, 2017

### Clinical Notes

#### Chief Complaints

The child has been awaiting corrective sennings operation for TGA with regressed LV  
The child is having slight irritability for the last few days  
Not on any cardiac medications  
Echo done again from Shreepal troday shows that the child has 8mm ASD and regressed LV with mild PS of 30mms

#### Examination

Comfortable, afebrile and pink  
Hint of cyanosis+  
breathing normal  
Warm and well felt peripheries  
CVS Unremarkable but for soft ESM  
Rs Clear  
PA NAD

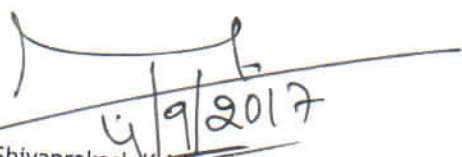
#### Assessment

child does not require any medications for that but for the requirement of elective sennings operation and that too the proecduer is to be done electively in the next few weeks

#### Plan

Paremnts councelled accoridnly  
No fresh medications  
Unrestricted diet and fluids as of now  
Inform SOS

Date of admission — Tentative 25<sup>th</sup> September.  
Date of Surgery → Tentative 26<sup>th</sup> September 2017.

  
4/9/2017  
Dr. Shivaprakash Krishnanaik  
Head of Department Paediatric and Congenital  
Heart Sciences  
Med. Council No.2010010054  
MBBS, MS (Gen Surg), MCh (CVTS)