



DEPARTMENT OF PAEDIATRIC CARDIOLOGY AND CARDIAC SURGERY
DISCHARGE SUMMARY

PATIENT'S NAME : MR GAURAV KUMAR UID: 7931179
AGE : 13 YEARS IPID: 77426/24/1111
GENDER : MALE DATE OF ADMISSION: 27.03.2024
BED NO : 1103 DATE OF DISCHARGE: 29.03.2024
ADDRESS : 284, ISHWAR COLONY, BAWANA, NORTH WEST DELHI-110039,
NEW DELHI., NEW DELHI, INDIA, 110092
TELEPHONE NUMBER: 8285403326

PEDIATRIC CARDIOLOGIST : DR.MANVINDER SINGH SACHDEV/ DR.MEHAJ ARORA

Diagnosis

- S/P Tetralogy of Fallot repair (2016)
- VSD Patch Intact, no residual shunt
 - No residual PS, mild PR
 - Small confluent branch PA's
 - Severe RPA origin stenosis.
 - Mild LPA stenosis.
 - Normal Left Ventricular /Right Ventricular Function.

Procedure Done: Balloon angioplasty of bilateral branch pulmonary arteries on 28.03.024

Presenting Complaints:

Mr. Gaurav is a 13 year old male, is a status post TOF repair in 2016, presented with complaints of easy fatiguability. ECHO showed bilateral branch PA narrowing, he was admitted for balloon angioplasty for the same.

Examination Findings

Cooperative patient, weight 44.2Kg , Height:164 cm, spo2 99% on room air

HR: 80/min

RR: 20/min

BP: 110/70 mmHg

CVS : S1 Normal, Systolic Ejection Murmur+

Chest – bilateral air entry + , midline scar +

Other system examination: WNL

COURSE IN HOSPITAL: Ms. Gaurav 13 year old male, underwent Balloon angioplasty on 28.03.024 after routine investigations and informed consent. He tolerated the procedure well. Angiography revealed small confluent branch PA's with severe RPA origin stenosis and mild LPA origin stenosis which was dilated with high pressure 10 mm X 4 cm and 12 mm x 4 cm Z med balloon. LPA was also balloned using a 12 mm x 4 cm Z med Balloon. Family has been counselled that in case of restenosis of RPA origin child will require RPA stenting. Post procedure he was observed in the ICU for 6 hours and then shifted to the room. He is now being discharged in stable condition. His predischarge echo showed a RVSP of 55 mm hg.

DISCHARGE MEDICATION:

Tab Livogen 1 tab once a day x 1 month

Tab Shelcal 250 mg once a day x 1 month

FOLLOW UP ADVICE:

- Follow up with Dr. Manvinder Singh Sachde/ Dr. Mehak Arora in OPD after 1 month.

IN CASE OF EMERGENCY PLEASE CONTACT TO FMRI.

**DIRECTOR AND HEAD
PEDIATRIC CARDIOLOGY
DR MANVINDER SINGH SACHDEV**


**ASSOCIATE CONSULTANT
PEDIATRIC CARDIOLOGY
DR. MEHAK ARORA**



Pediatric Cath Report

PATIENT NAME	: GAURAV KUMAR	AGE	: 13 YEARS/M
DATE	: 28/03/2024	CATH NO	: PTA /2024
UNIT DR NAME	: DR. MANVINDER SINGH SACHDEV	U.I.D.NO.	: 7931179

HISTORY: 13 Year old child post Tetralogy of Fallot repair(2016) with complains of easy fatiguability.

DIAGNOSIS: VSD patch intact, no residual shunt, no significant RVOT obstruction, mild PR, bilateral branch PA origin stenosis .

PROCEDURE DONE: Balloon dilatation of Right pulmonary artery (10mmx4cm Z MED II Balloon) and Left Pulmonary artery (12mmx4cm Z MED II Balloon)

ANAESTHESIA: Under sedation.

ACCESS: RFV – 6F, 8F

HEPARIN: 2000 Units

Haemodynamics (mmHg)

	PRE	POST
ABP -	125/70	120/70
RV -	75/12	55/12
MPA	60/ 10	50/10
Distal RPA	(non pulsatile)	28/10
Distal LPA	25/10	38/10

Angiogram:

RPA angiogram shows severe RPA origin stenosis, RPA origin 4.8mm, distal RPA 8.8mm.

LPA angiogram shows LPA origin stenosis, LPA origin 7mm distal 9.5mm

Procedure :

After obtaining Right femoral venous access using 6 F sheath, RPA was crossed in usual manner with 5F MPA II catheter. Then a 0.035 Amplatzer stiff wire was placed in distal RPA, over which 10mmx4cm Z med II balloon was taken and multiple inflations were done till 11 Atm. The procedure was repeated using a 12 mm x 4 cm Z med balloon. Post Balloon dilatation,



there was pulsatile distal RPA flow. Then LPA was crossed in a similar manner. LPA origin was dilated with 12mm x 4cm Z Med II balloon inflated till 10 atm for 30 seconds.

Post ballooning RV pressures decrease from 75 to 55mmHg.

FINAL DIAGNOSIS

s/p TOF repair (2016)

- VSD patch intact, no residual shunt
- No RVOT obstruction, mild PR
- Severe RPA origin Stenosis, origin 4.8mm, distal 8.8mm
- Normal LV and RV Function
- S/P RPA (10mmx4cm Z MED II Balloon, 12 mm x 4 cm Z med Balloon) and LPA (12mmx 4 cm Z MED II balloon) ballooning

RECOMMENDATION: medical follow up.

DR. MANVINDER SINGH SACHDEV
DIRECTOR & HEAD
PEADIATRIC CARDIOLOGY



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TAX INVOICE

INPATIENT SUMMARY BILL

GST No. : 06AABCF3718N2ZH

CIN No. : U93000DL2009PLC222166



Patient Name : Mr. Gaurav Kumar
UHID : 7931179
EpisodeNo : 77426/24/1111
Age/Sex : 13 YEAR(S)/Male
Phone No. : 8285403326
Address : 284, ISHWAR COLONY, BAWANA,
NORTH WEST DELHI-110039 NEW
DELHI. DELHI
Bill No : 111124IPCS014607
Bill Date : 29-Mar-2024 12:43 PM
Admitted on : 27-Mar-2024 3:45 PM
Discharged On : 29-Mar-2024 4:27 PM
Department : PAEDIATRIC CARDIOLOGY
Treating Doctor : Dr.Manvinder Singh Sachdev
Claim No. :
Place of Supply : Haryana

Customer Details

Customer Category : Cash
Customer Name : NA
Customer Address :
GSTIN : NA
Insurance/Corp : NA
Customer Site : NA
TPA Name :

S.No	Particulars	HSN/SAC	Gross Amount	Discount		Net Amount	
				Contractual	Discretionary	Taxable	Non-Taxable
1	CONSUMABLE	999311	152,460.00	0.00	0.00	0.00	152,460.00
2	PACKAGE	999311	67,550.00	0.00	0.00	11,000.00	56,550.00
			220,010.00	0.00	0.00	11,000.00	209,010.00
BILL AMOUNT :							220,010.00

TAX SUMMARY	TAXABLE AMT	CGST(%)	CGST AMT	SGST(%)	SGST AMT	Tax
PACKAGE	11,000.00	5.00	275.00	5.00	275.00	550.00
Total Tax	11,000.00	5.00	275.00	5.00	275.00	550.00

NET BILL AMOUNT : 220,010.00
PATIENT SHARE : Patient Amount : 219,460.00 : 220,010.00
Tax Amount : 550.00
DEPOSIT BY PATIENT : 220,010.00
NET PAYABLE AMOUNT : 0.00

Closed By : Abhay Pratap Singh

Patient/Attendant's Sign :

Name :

Relation :

Discharge By : Sagar Dubey

Print Date : 29-Mar-2024 5:13 PM

Phone No :

(Note: All original payment receipts required for Final Bill Clearance.)

Receipt Detail

