

Mis Pratistry Par (17542/00/00/00/00

ADVICE

ORAL HYGIENE / INFECTIVE ENDOCARDITIS PROPHYLAXIS (AMOXYCILLIN - 50 PER KG ORALLY - ONE HOUR BEFORE THE PROCEDURE)

STOP ENAM

TAB CARVEDILOL - (3.125 MG) - 1/2 TH TABLET TWICE DAILY

ECOSPRIN 75 - 1 TABLET ONCE DAILY AFTER FOOD

REVIEW AFTER 6 MONTHS WITH ECHO SCREENING

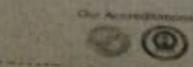
CONSULTANT DETAILS

Dr. Amitabha Chattopadhyay, Senior Consultant Paediatric Cardiology MBBS, Dch., DNB, Reg No.: 51850 (WBMC), CARDIOLOGY - PAEDIATRIC

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Amitabha Chattopadhyay I Printed On: 03.06.2025 15:32







DEPARTMENT OF RADIOLOGY

Patient's Details

: Ms. PRATISTHA PAL--OP

F | 8 Years

UHID

: AGHL 0001158223

: OP /

I.P.No./Bill No.

: AMHLOPP6561606

Ward/Bed No.

: 06-Apr-2024 Received on

DRN

: 324011833

Referring Doctor

DEBADATTA MUKHOPADHYAY Reported On

: 06-Apr-2024

CT PULMONARY ANGIO

Plain and intravenous non ionic contrast enhanced CT Pulmonary Angiogram done in Multislice. Both base and reconstruction images also studied.

MEDIASTINUM:

No evidence of any significant lymph node enlargement seen. Trachea and major bronchi are normal in course, calibre and branching pattern. Esophagus is normal in course and calibre.

HILA:

Hila are normal in size and configuration.

LUNG FIELDS:

Lung fields are normally aerated. Axial and peripheral interstitium is normal with clear alveolar spaces. No focal or diffuse abnormality noted.

PLEURA:

No evidence of pleural thickening or effusion noted.

THORACIC VESSELS / HEART:

Dilated main pulmonary artery (3.1cm) with narrowing of right branch. Right sided aortic arch with mirror image branching noted

Right atrium and right ventricle are dilated.

THE RESULTS RELATE ONLY TO THE ITEMS TESTED. PARTIAL REPRODUCTION OF THIS REPORT ITS NOT PERMITTED



Apollo Multispeciality Hospitals Limited (Formerly Apollo Gieneagles Hospital Limited), 58, Canal Circular Road, Kolkata, West Bengal - 700 054, India 3+91-33-4420-2122 / 2320-3040 / 2320-2122, Emergency 1066 CIN:U33112WB1988PLC045223

 +91-33-4420-2122 / 2320-3040 / Editable / infokolkata@apollohospitals.com 🐞 kolkata.apollohospitals.com





OPERATION NOTE

: 17510001019605 :Pratistha Pal Name MRN : 03.06.2024 DOA Age [Y-M-D] : 8 Years Operation Date : 05.06.2024 : Female Sex

: 16.55 kg Weight

: Dr. Debasis Das, Mr Shyamal Cardiac Surgeons

: Dr. Manish Sharma, Dr. Shivani Gajpal Anaesthetist

: S/P TOF repair (2016), Severe RV dysfunction with dilatation, RPA stenosis Diagnosis

: Pulmonary valve implantation (21 mm Epic SupraBioprosthetic valve), Operation

RPA plasty.

: Severe adhesions due to previous surgery Findings

Dilated cardiac chamber Severe RPA origin stenosis Good sized branch PAs

21 mm Bioprosthetic valve implanted in the RVOT, RVOT anterior wall reconstruction

with Bovine pericardial patch.

C P B Data

: Aortic 16 Fr DLP(St) SVC/IVC 16 Fr DLP x 18 Fr DLP Cannulae

: BLOOD. Prime : D-902 Oxygenator : BFL - 25 L Arterial Filter

: 121 min Cross Clamp Time : 91 min. C P B Time

Procedure

Redo Median sternotomy, Adhesion separated, patient heparinised and went on partial bypass using aortic and selective bicaval cannulation technique.

Core cooling started, aorta cross clamped and root cardioplegia given to achieve diastolic arrest of the heart.

Went on total CPB and RA opened parallel to the AV groove and retracted with 4 stay sutures. PFO vented. Previous transannular patch RPA plasty done. 21 mm Epic Supra Bioprosthetic valve implanted with posterior 2-0 interrupted pledgetted sutures. Anterior continuous 5-0 prolene with Bovine pericardial patch Anterior wall of RVOT recontructed with Bovine pericardial patch. 3mm PFO left.

Re warming started, cross clamp released. Caval snuggers released and apical and root de airing done. Heart picked up in sinus rhythm.

Patient came off bypass with moderate inotropes at 37 degree centigrade with elective noradrenaline, Levosimendan support. Post CPB RV/LV pressure was measured and ratio is 0.7. Post CPB TEE showed adequate RV function, valve in situ, no PR. MUF done. Protamine given decannulation done, hemostasis checked and chest closed in layer with one mediastinal and bilateral pleural drains . 2 RV and 2 RA pacing wires.

At the end the procedure the swab and instrument count was correct.

Dr. Debasis Da

Senior Consultant Cardiac Surgeon

Narayana Superspeciality Hospital

Link of Meridian Medical Research & Hospital Ltd. (CIN NO: UBS110NB1986PLC071446)

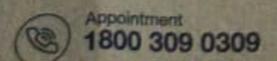
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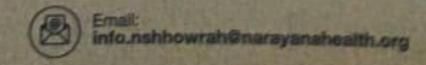
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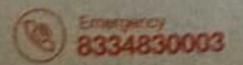
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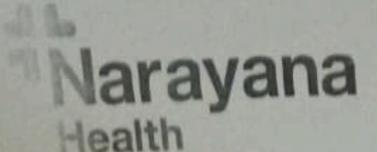


Download









Ms Pratisina Pai

INVESTIGATION RESULTS

ECG - JUNE 2025 - NSR NORMAL AXIS RBBB , QRS - 124 MSECS

DIAGNOSIS

86299006 | Tetralogy of Fallot , Primary , Final , 05/09/2025 Remarks: Total correction done in 2016. S/P pulmonary valve implantation + RPA plasty: 5-6-2024.

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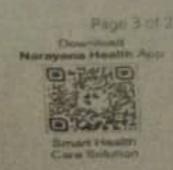
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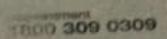
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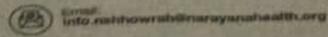
Printed Dy. Dr. Amitabha Chattopadhyay I Printed On: 05.09.2025 14:27

Jarayana Superspeciality Hospital Securital Aridreson: 120/3, Arena Please However 715 103

organisms Office Address Weeting's Hospital Archa Panci, Howen, WB 711100, trake







UHID: AGHL.0001158223





Radiology X-RAY BED SIDE (PORTABLE)

Impression: * Normal study.

DR. SYAMANTAK MOOKHERJEE (MD, K.G.M.C - Lko) CONSULTANT RADIOLOGIST

X-RAY BED SIDE (PORTABLE)

Impression: * Post operative check X ray.

Dr. SURABHI GOENKA MD, RADIODIAGNOSIS JR. CONSULTANT

Course In The Hospital & Discussion

The child underwent ICR under general anesthesia on 13.12.16. In the post operative period the child was ventilated for 1 day and extubated the very next day. Extubation was uneventful. Inotropes could be slowly tapered off. She was then shifted to the PICU. Post operative echo showed mild residual patch leakage with left to right flow. LVEF 54%. Dilated RV with TAPSE 8 mm, mild RVOT gradient (PG 42 mm of Hg) with free PR. Post extubation X-ray revealed differential flow and hence the dose of Lasix had to be increased. The child was gradually weaned off oxygen and shifted to the general ward. He is now haemodynamically stable and fit for discharge.

Name of the Procedure: ICR WITH TAP (TRANSANNULAR PATCH) PLUS RPA PLASTY

Date of operation: 13.12.2016 Surgeon: Dr. S. K. Pradhan Anesthetist: Dr. Debasish

Anesthesia: General anaesthesia

Operation Notes: Findings:

Right aortic arch PDA size 2 mm inserted at origin of RPA

Hypoplastic MPA

Large malaligned VSD size 15x15 mm Severe infundibular and valvular stenosis

Position: Supine

Incision: Median sternotomy



Ventricular assessment	End Diastolic Vol		End Systolic		Stroke		Ejection Fraction
	ml	ml/m²	ml	ml/m²	mi	ml/m²	%
LV	54	72	22	29	32	43	59
RV	175	233	120	160	55	73	33

Summary:

Non- dilated LV with LVEF of 59%.

Dilated RV (iRVEDV is 233 ml/m2) with RVEF of 33%.

Confluent branch PAs. RPA stenosis.

Capacious RVOT with severe PR

Normal systemic and venous drainage.

Dr Subhajit Das

MD. Fellowship in Cardiothoracic Imaging

onsultant Radiologist

This is a digitally signed valid document. Reported Date/Time: 2021-09-21 18:14:27

Page 2 of 2



PRESCRIPTION PAD

T. Ecosprin (75)-1 tab once daily to continue.

TAB. CARVEDILOL(3.125 MG) 1/4 TABLET TWICE DAILY AT 10AM,10PM.

NEEDS CT PULMONARY ANGIOGRAM FOR RPA: WHENEVER IS CONVENIENT No restriction of physical activity.

TO CO ORDINATE WITH PED CARDIOLOGY TEAM FOR CT PA ADMISSION DATE

SOCIAL HISTORY

No significant social history

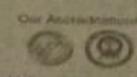
FAMILY HISTORY

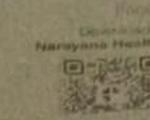
No significant family history

The sout 6 days

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Debasis Das I Printed On: 10.09.2025 13:47





www.narayanahealth.org

Narayana

Health Pratisher Pal.

Mon- 1751-1019605 Dr. Sanjiban ghrih. Age- 94. 41-122 cm WI- 19.48 K MK- 48912

Elly + Echot Consultation - 38

Tot, (2016) apollo, volunte . SIP ICR for ERPA June, 2027 for serve RN disjuns.
Plants Tellister, RPA SERVED - SIPPVR

Felia Book prosthets moring well-- good through it and

21mm Biophostheki rain as fu prusion - or note) hind PR

TAPSE

- dilated RAJRV

100 thinial TR I NOM R

no LVOTO/ nota

Tight test over, were mocods, mo PE, PLE, PAH

Narayana Superspeciality Hospital

Link of Markins Madical Research & Hospital Ltd. (CBN 140: LHST10WQ1990FLCQT1440) Hospital Address: 120/1, Andul Fload, Howrah 711 103

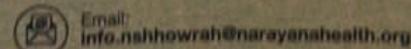
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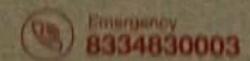
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DEPARTMENT OF RADIOLOGY

Patient's Details

: Ms. PRATISTHA PAL--OP

F | B Years

UHID

: AGHL.0001158223

LP.No./Bill No.

OP/ Ward/Bed No.

: AMHLOPP6561606

DRN

: 324011833

Received on

: 06-Apr-2024

Reported On

: 06-Apr-2024

Referring Doctor

DEBADATTA

MUKHOPADHYAY

IMPRESSION:

Dilated pulmonary artery with narrowing of right branch. Right sided aortic arch with mirror image branching. Dilated right atrium and right ventricle

--- END OF THE REPORT---

DR. SOMALI GHOSH MD (RADIODIAGNOSIS) CONSULTANT RADIOLOGIST Reg. No. 51524 (WBMC)

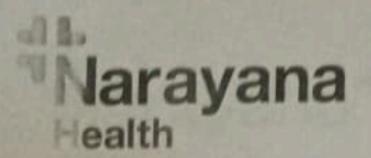
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Cartahat Clinic: 48/17, Leela Roy Sarani (Gariahat), Kolkata, West Dengal - 700 019, India. • +91-33-2461 8026 / 8079 / 8451 / 8547 / 9482

infokpikats@spotiohospitals.com 👝 kolkata.spotionospitals.com



CONSULTATION SUMMARY

Patient MRN

:17510001019605

Patient Name

:Ms Pratistha Pal

Gender/Age/Dob

:Female, 9 Year 8 Months, 01

/01/16

Patient Phone No

:9334686833

Patient Address

:JAIL ROAD, GRANT ESTATE

DUMKA, PO+PS=DUMKA,

Dumka, Jharkhand, India, -814101

Consultation Date : 05/09/2025 01:55 PM

Consultant

: Dr. Amitabha Chattopadhyay

(CARDIOLOGY - PAEDIATRIC)

Consultation Type : OP , REVISIT

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

POST ICR FOR TOF, POST PVR , POST RPA

: JUNE 2024

ASTY

S/P ICR for TOF

: JUNE 2016

DOING WELL

NOTES

CLINICAL DATA

ASYMPTOMATIC FROM CARDIAC VIEWPOINT SOOD ACTIVITIES.

DOING WELL, NO SWEATING / NO DISTRESS / NO PALPITATIONS / HURRIED BREATHING / NO DELAY IN FEEDING / DOESN'T TURN BLUE ON CRYING / NO SWELLING / NO GIDDINESS /

SYNCOPE / NO HEMOPTYSIS

14/10/25 Admit and 2:11-25
Admit and 2:11-25
Admit and 2:11-25
Admit and 2:11-25
Comest support
Cell for Carbiac catt
RPA stention
MITIES
GLANDS-NOT PALPABLE
WITH I GOOK

NO PALLOR, CYANOSIS, JAUNDICE, EDEMA, CLUBBING NO VENOUS PROMINENCES / DEFORMITIES NECK VEINS NOT ENGORGED, NECK GLANDS - NOT PALPABLE PERIPHERIES - WARM,

PULSES WELL PALPABLE, IN ALL FOUR LIMBS, REGULAR, VOLUME NORMAL

BLOOD PRESSURE -

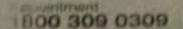
LIVER / SPLEEN - NOT ENLARGED

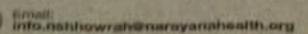
APEX - LEFT 5TH SPACE, JUST OUTSIDE THE MCL

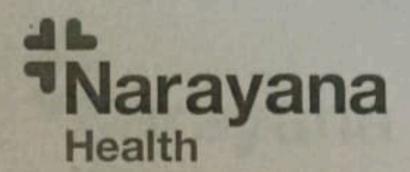
S1, S2 SPLIT, SEM 3/6

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8334830003







CONSULTATION SUMMARY

Patient MRN Patient Name :17510001019605 :Ms Pratistha Pal

Gender/Age/Dob

:Female, 9 Year 5 Months, 01

/01/16

Patient Phone No : 9334686833

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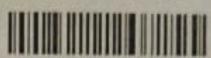
Dumka, Jharkhand, India, -814101

Consultation Date : 03/06/2025 05:03 PM

Consultant : Dr. Debasis Das (CARDIAC

SURGERY - PAEDIATRIC)

Consultation Type : OP , REVISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

 s/p PVR (bioprosthetic) +: DOING WELL RPA plasty 5.6.24, S/P ICR (2016)

CLINICAL DETAILS

ECHO - POST ICR FOR TOF . / LPA PLASTY , POST PVR - BIOPROSTHETIC WITH RPA PLASTY 21 MM EPIC SUPRA VALVE INTACT IVS - NO RESIDUAL FLOW MILD TR, NO MR NO LVOTO, NO AR NO RVOTO, GRADIENT = 20 MM HG, MILD PR GOOD FLOW NOTED IN THE BRANCH PAS - RPA - 6 MM, LPA - 12 MM LEFT ARCH, NO PDA. COA GOOD CARDIAC FUNCTION, NO PE / PLE NO PAH

OFF WARF SINCE JAN 2025

VITALS

Weight: 19.40 kg

PROCEDURE HISTORY

No known surgical history

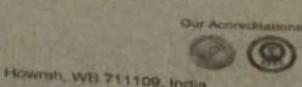
PAST MEDICAL HISTORY

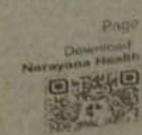
No significant past medical history

ALLERGY

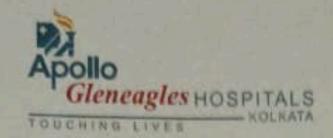
No known allergies

PRESCRIPTION PAD











Steps:

Thymus excised, Heparinised, went on bypass with aorto bicarval cannulation.

Aorta crossclamped, heart arrested with antegrade cardioplegia went on complete bypass.

RA opened, stay suture taken.

VSD closed with patch.

Infundibular resection performed, MPA opened vertically and extended across annulus to RVOT and TAP put.

RPA opened for origin to beyond PDA insertion and augmented with pericardial patch.

Rewarming started.

ASD closed with pericardial patch.

Heart deaired, aortic crossclamp released.

Heart started beating in SR.

Significant medication given

Inj. CEFUROXIME 225mg IV 8 hourly for 5 days Inj. AMIKACIN 100mg IV once daily for 5 days Inj. PERFALGAN 100mg IV 6 hourly for 2 days Inj. RANTAC 5mg IV 12 hourly for 2 days Inj. LASIX 5mg IV 8 hourly for 3 days

Condition at Discharge

Haemodynamically stable

Tab. ENALAPRIL 0.7mg once daily

ADVICE ON DISCHARGE

DIET

Normal diet as per age

MEDICATIONS -

Syr. AUGMENTIN DDS (400mg/5ml) 2 ml orally twice daily for 5 days × 10 47

Syr. TIXYLIX 2.5 ml orally thrice daily for 5 days

Syr. FUROPED (10mg/1ml) 0.5 ml orally twice daily to continue

Tab. ENAM (2.5mg) 1 tab to be dissolved in 2.5 ml sterile water and give 0.7 ml (0.7mg) orally once daily to continue

Syr. CALCIMAX 2.5 ml orally thrice daily to continue

Syr. A-Z 2 ml orally twice daily to continue

Syr. CALPOL (120mg/5ml) 4.5 ml orally SOS if pain persists or temperature >100F

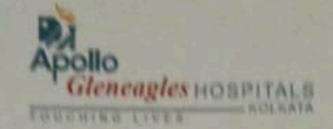
OTHER ADVICE:

Keep the wound site clean and dry

Follow Up

Follow up with Dr. Suraj Kumar Pradhan and Dr. P. S. Bhattacharyya after 7 days in OPD or

earlier SOS





PLEASE CALL EMERGENCY 1066 / 033-23203040 , IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

- 1. Fever Of 101°F
- 2. Onset of new pain or worsening of previous pain.
- 3. Vomiting.
- 4. Breathing difficulty.
- 5. Altered level of consciousness.
- 6. Discharge from the operative wound.
- 7. Worsening of any symptoms.
- 8. Other significant concerns.

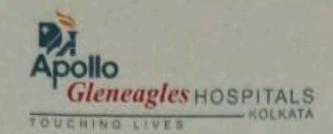
Please visit our website: www.apollohospitals.com

* FOR ENQUIRY, APPOINTMENTS AND TELEMEDICINE CONSULTATIONS CONTACT 033-23203040.

Dr. SURAJ KUMAR PRADHAN MBBS,MS GEN SURGERY,MCh (CTVS)

CTVS

Primary Consultant





CVS

Systolic murmur +

Single S2

RS

RR-34/min

Bilateral clear

ABDOMEN

Soft, no organomegaly

CNS

(A)VPU

OTHERS

Pre Op Echo - TOF

LVEF 65%

Investigations Done

TSH: THYROID STIMULATING HORMONE - SERUM

12-Dec-2016 08:00 PM

TSH: THYROID STIMULATING HORMONE - SERUM

1.1 µIU/mL

Children(1 - 12 months): 0.8-6.3

BioChemistry

A/G - RATIO

12-Dec-2016 08:00 PM

A/G - RATIO

1.2:1.0

1.0-2.0:1.0

ALBUMIN - SERUM

12-Dec-2016 08:00 PM

ALBUMIN - SERUM	4.1 g/dL	< 1 Year : 3.8 - 5.4
GLOBULIN - SERUM:(Calculated)	3.3 g/dL	< 1 Years (0.4 - 3.7)

ALKALINE PHOSPHATASE - SERUM

12-Dec-2016 08:00 PM

ALKALINE PHOSPHATASE - SERUM 230 U/L 60-321

ALT(SGPT) - SERUM

12-Dec-2016 08:00 PM

ALT(SGPT) - SERUM 53 U/L Child (1-6yrs): 10-32

AST (SGOT) - SERUM

12-Dec-2016 08:00 PM

AST (SGOT) - SERUM 43 U/L 22-58

BICARBONATE - SERUM

12-Dec-2016 08:00 PM

BICARBONATE - SERUM 20 mEq/L 15 - 28

14-Dec-2016 08:45 AM

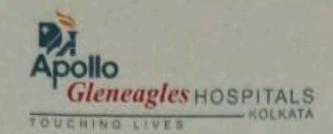
BICARBONATE - SERUM 19 mEq/L 15 - 28

15-Dec-2016 06:24 AM

BICARBONATE - SERUM 22 mEq/L 15 - 28

58, Canal Circular Road, Kolkata - 700 054, Tel. 91 33 2320 3040/2122, Fax 91 33 2320 5184/2320 5218 E-mail : hospital@apollogleneagles.in | CIN- U33112WB1988PLC045223

Emergency Service Dial © 1066





CVS

Systolic murmur +

Single S2

RS

RR-34/min

Bilateral clear

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12-Dec-2016 08:00 PM

ALKALINE PHOSPHATASE - SERUM 230 U/L 60-321

ALT(SGPT) - SERUM

12-Dec-2016 08:00 PM

ALT(SGPT) - SERUM 53 U/L Child (1-6yrs): 10-32

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12-Dec-2016 08:00 PM

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14-Dec-2016 08:45 AM

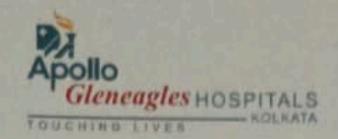
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15-Dec-2016 06:24 AM

BICARBONATE - SERUM 22 mEq/L 15 - 28

58, Canal Circular Road, Kolkata - 700 054, Tel. 91 33 2320 3040/2122, Fax 91 33 2320 5184/2320 5218 E-mail : hospital@apollogleneagles.in | CIN- U33112WB1988PLC045223

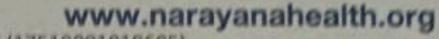
Emergency Service Dial © 1066





PROTEIN TOTAL - SERUM	7.4 g/dL	0-1yr: 4.3-7.0
ODIUM - SERUM		
12-Dec-2016 08:00 PM		
SODIUM - SERUM	136 mEq/L	1 day - 1 month: 131-143
14-Dec-2016 08:45 AM		
SODIUM - SERUM	147 mEq/L	1 day - 1 month: 131-143
15-Dec-2016 06:24 AM		
SODIUM - SERUM	145 mEq/L	1 day - 1 month: 131-143
REA - SERUM 12-Dec-2016 08:00 PM		
UREA - SERUM	7 mg/dL	Infants: 11 - 39
14-Dec-2016 08:45 AM		
UREA - SERUM	32 mg/dL	Infants: 11 - 39
15-Dec-2016 06:24 AM		
UREA - SERUM	28 mg/dL	Infants: 11 - 39
12-Dec-2016 08:00 PM	The state of the s	
Hemoglobin	12.9 g/dl	11.1-14.1
Hemoglobin Packed cell volume	48.5 %	42-66
Hemoglobin Packed cell volume Basophils	48.5 %	42-66 0-0
Hemoglobin Packed cell volume Basophils WBC Count	48.5 % 00 % 10300 /cu mm	42-66 0-0 6000-18000
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count	48.5 % 00 % 10300 /cu mm 1.59 lacs/cumm	42-66 0-0
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION I	48.5 % 00 % 10300 /cu mm 1.59 lacs/cumm	42-66 0-0 6000-18000
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION I	48.5 % 00 % 10300 /cu mm 1.59 lacs/cumm	42-66 0-0 6000-18000
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION II 14-Dec-2016 08:45 AM ERYTHROCYTE SEDIMENTATION RATE (ESR)	48.5 % 00 % 10300 /cu mm 1.59 lacs/cumm	42-66 0-0 6000-18000 2.0-5.5
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION I 14-Dec-2016 08:45 AM ERYTHROCYTE SEDIMENTATION RATE (ESR)	48.5 % 00 % 10300 /cu mm 1.59 lacs/cumm	42-66 0-0 6000-18000 2.0-5.5
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION II 14-Dec-2016 08:45 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) 15-Dec-2016 06:24 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) B,TC,DC	48.5 % 10300 /cu mm 1.59 lacs/cumm RATE (ESR) 03 mm/1st hr	42-66 0-0 6000-18000 2.0-5.5
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION II 14-Dec-2016 08:45 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) 15-Dec-2016 06:24 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) B,TC,DC	48.5 % 10300 /cu mm 1.59 lacs/cumm RATE (ESR) 03 mm/1st hr	42-66 0-0 6000-18000 2.0-5.5
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION II 14-Dec-2016 08:45 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) 15-Dec-2016 06:24 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) B,TC,DC 14-Dec-2016 08:45 AM	48.5 % 10300 /cu mm 1.59 lacs/cumm RATE (ESR) 03 mm/1st hr	42-66 0-0 6000-18000 2.0-5.5
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION II 14-Dec-2016 08:45 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) 15-Dec-2016 06:24 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) B,TC,DC 14-Dec-2016 08:45 AM Hemoglobin	48.5 % 10300 /cu mm 1.59 lacs/cumm RATE (ESR) 03 mm/1st hr 8.5 g/dl	42-66 0-0 6000-18000 2.0-5.5 0-20
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION II 14-Dec-2016 08:45 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) 15-Dec-2016 06:24 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) B,TC,DC 14-Dec-2016 08:45 AM Hemoglobin MCV	48.5 % 10300 /cu mm 1.59 lacs/cumm RATE (ESR) 03 mm/1st hr 8.5 g/dl 71.4 fl	42-66 0-0 6000-18000 2.0-5.5 0-20 11.1-14.1 68-84
Hemoglobin Packed cell volume Basophils WBC Count Platelet Count RYTHROCYTE SEDIMENTATION II 14-Dec-2016 08:45 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) 15-Dec-2016 06:24 AM ERYTHROCYTE SEDIMENTATION RATE (ESR) B,TC,DC 14-Dec-2016 08:45 AM Hemoglobin MCV Basophils	48.5 % 10300 /cu mm 1.59 lacs/cumm RATE (ESR) 03 mm/1st hr 05 mm/1st hr 8.5 g/dl 71.4 fl 00 %	42-66 0-0 6000-18000 2.0-5.5 0-20 11.1-14.1 68-84 0-0

58, Canal Circular Road, Kolkata - 700 054, Tel.: 91 33 2320 3040/2122, Fax: 91 33 2320 5184/2320 5218
E-mail: hospital@apollogleneagles.in | CIN- U33112WB1988PLC045223
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Ms Pratistha Pal (17510001019605)

"No MR / Mild TR. "No LVOTO / No AR. "Dilated MPA segment, both prosthetic pulmonary valve are moving, RVOT gradient 30mmHg / Mild PR, Good flow through both branch PAs, RPA:10 mm, good flow through it, No PE, No PLE, No PAH.

OPERATION / PROCEDURE

wide open

ADVICE AT DISCHARGE

1 MEDICATIONS AT DISCHARGE

TAB. WARF(1 MG) 1 TABLET ONCE DAILY AT 6PM BEFORE 1 HOUR FOOD.

TAB. CARVEDILOL(3.125 MG) 1/4 TABLET TWICE DAILY AT 10AM,10PM.

TAB. ENAM (2.5 MG) (1.25 MG) (1/2 TABLET TWICE DAILY AT 8AM,8PM.

SYP. FUROPED (0.5 ML) (5 MG) FOUR TIMES DAILY AT 6AM,12 NOON, 6PM, 10PM.

SYP. RANITIDINE (20 MG) (1.5 ML) TWICE DAILY AT 6AM,6PM.

SYP. PARACETAMOL (250 MG) (5 ML) FOUR TIMES DAILY AT 6AM,12 NOON, 6PM, 10PM FOR 5 DAYS

NTab ASPIRIN (75mg) 1 tab once deily at 2pm x con |-

Condition at discharge

Stable

ADVICE ON DISCHARGE:

TO TAKE BATH DAILY Dressing with Betadine lotion.

1.Review on 13.06.2024 (Thursday) at Pediatric Cardiac Surgical OPD/ Pediatrics - Pediatric Critical Care OPD WITH PT-INR AND CHEST -X-RAY .

2. Killed vaccines after 2 months and live vaccines after 6 months from date of operation

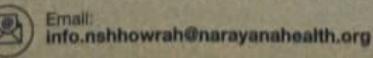
Narayana Superspeciality Hospital

Hospital Address: 120/1, Andul Road, Howrah 711 103

Registered affine Address Westback drays 146 April 180 ad, Howrah, WB 711109, India

Hospital Address: 120/7, Andul Fload, Howmin 711 103

Appointment 1800 309 0309 Ema info

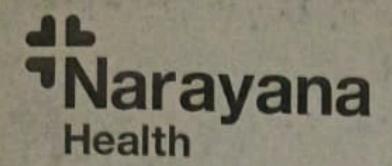


Emergency 8334830003

Our Accreditations

Narayana Health App

Care Solution



CONSULTATION SUMMARY

Patient MRN Patient Name :17510001019605 :Ms Pratistha Pal

Gender/Age/Dob Patient Phone No :Female , 9 Year , 01/01/16 :9334686833

Patient Address

: JAIL ROAD, GRANT ESTATE

DUMKA, PO+PS=DUMKA, Dumka, Jharkhand, India, -814101

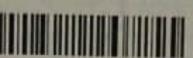
Consultation Date : 03/01/2025 04:13 PM

Consultant

: Dr. Debasis Das (CARDIAC

SURGERY - PAEDIATRIC)

Consultation Type : OP , REVISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

s/p PVR (bioprosthetic) +: DOING WELL RPA plasty 5.6.24, S/P ICR (2016)

CLINICAL DETAILS

REPORT OF ECHOCARDIOGRAM. S/P - ICR * WELL FUNCTIONING PUMONARY VALVE PROSTHESIS VSD patch in situ . * No residual. * No MR / Mild TR. " No LVOTO / No AR. " Wide open RVOTO (gr 20 mmHg) / mild PR. " Good flow in confluent branch PAs. "Good biventricular function." No pericardial effusion / No Pleural Effusion ° No PAH, MILD RPA ORIGIN STENOSIS

INR: 1.2 (1-2 MG WARF)

VITALS

Weight: 19.45 kg

PROCEDURE HISTORY

No known surgical history

PAST MEDICAL HISTORY

No significant past medical history

ALLERGY

No known allergies

PRESCRIPTION PAD

TAB. WARF(3mg everyday ONCE DAILY AT 6PM BEFORE 1 HOUR FOOD (STOP ON 15TH JAN)

T. Ecosprin (75)-1 tab once daily to continue. TAB. CARVEDILOL(3.125 MG) 1/4 TABLET TWICE DAILY AT 10AM, 10PM. TAB. ENAM (2.5 MG) 1/2 TABLET TWICE DAILY AT 8AM,8PM. Review after 6 months (Echo+ ECG). No restriction of physical activity.



Narayana Superspeciality Hospital Hospital Address: 120/1, Andul Road, Howrah 711 103 Registered Office Address Westbank Hospital, Andul Road, Howrah, WE 711109, India





Patient Name	pratistha pal	Requested By	Dr. Mahua Roy
MRN	17510001019605	Procedure DateTime	2021-09-21 18:00:11
Age/Sex	5Y 8M / Female	Hospital	NH-RTIICS

Unit of Narayana Health

CARDIAC MAGNETIC RESONANCE IMAGING WITH CONTRAST

Diagnosis:

S/P ICR.

Findings:

Abdominal situs solitus. Levocardia. AV and VA concordance.

Normal systemic venous drainage. Single Right SVC and IVC drain into RA.

Normal sized RA with mild TR.

RV is dilated (iRVEDV is 233 ml/m²) with RVEF of 33%.

Capacious RVOT with severe PR (70%). Confluent branch pulmonary arteries. Diffuse proximal RPA narrowing.

Measurements:

MPA 20 mm.

RPA Proximally 5 mm, distally 7 mm.

LPA 15 mm.

Non-dilated LA with no significant MR.

LV is non-dilated with normal systolic function, LVEF of 59%.

No LVOT obstruction.

Right sided aortic arch with normal branching pattern. No coarctation.

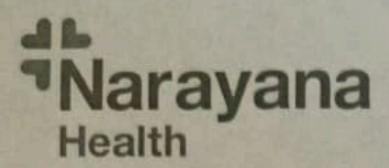
Qp: Qs based on the phase contrast flow images of 0.7, ? shunt.

Lungs and mediastinum are within normal limits. No pericardial effusion.

Page 1 of 2



Appointments



PRESCRIPTION PAD

T. Ecosprin (75)-1 tab once daily to continue.

TAB. CARVEDILOL(3.125 MG) 1/4 TABLET TWICE DAILY AT 10AM,10PM.

NEEDS CT PULMONARY ANGIOGRAM FOR RPA: IN NEXT 2 MONTHS No restriction of physical activity.

CTPA: PACKAGE CEWEL FOR ESTIMATE

SOCIAL HISTORY

No significant social history

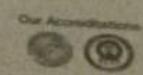
FAMILY HISTORY

No significant family history

1)

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Debasis Das I Printed On: 03.06.2025 17:07





Patient Name	pratistha pal	Requested By	Dr. Mahua Roy
MRN	17510001019605	Procedure DateTime	2021-09-21 18:00:11
Age/Sex	5Y 8M / Female	Hospital	NH-RTIICS

Unit of Narayana Health

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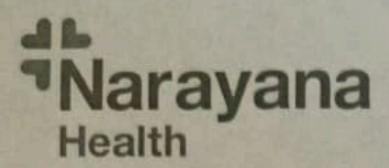
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Page 1 of 2



Appointments



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CTPA: PACKAGE CEWEL FOR ESTIMATE

SOCIAL HISTORY

No significant social history

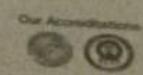
FAMILY HISTORY

No significant family history

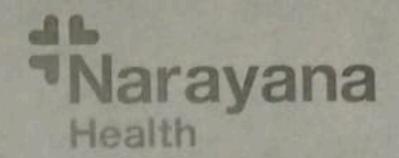
1)

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Debasis Das I Printed On: 03.06.2025 17:07



CONSULTATION SUMMARY



Patient MRN Patient Name

17510001019605 Ms Pratistha Pal

Gender/Age/Dob

Female, 8 Year 4 Months, 01/01

/16

Patient Phone No

Patient Address

9334686833

GRANT ESTATE DUMKA, PO+PS=DUMKA, Murtanga, Dumka, Jharkhand, India, -814101 Consultation Date : 02/05/2024 12:29 PM

Consultant

Dr Debasis Das (CARDIAC

SURGERY - PAEDIATRIC) OP , NEW VISIT

Consultation Type



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

8 YR OLD , UNDERWENT : ICR AT APOLLO 2016

NOTES

ECHO: INTACT IVS , RVOT 18 RPA 5 MM **TAPSE 10-12** HUGE RA / RV LVEF 42%

VITALS

Weight : 16.1 kg

ADVICE

DISCUSSED WITH DR SANJIBAN GHOSH TO BE EVALUATED HERE.

Hasker PSP2PA sout.

Jed Card think eby

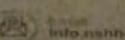
One free consultation with the same doctor within next 6 days

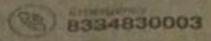
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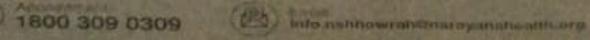
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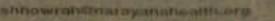
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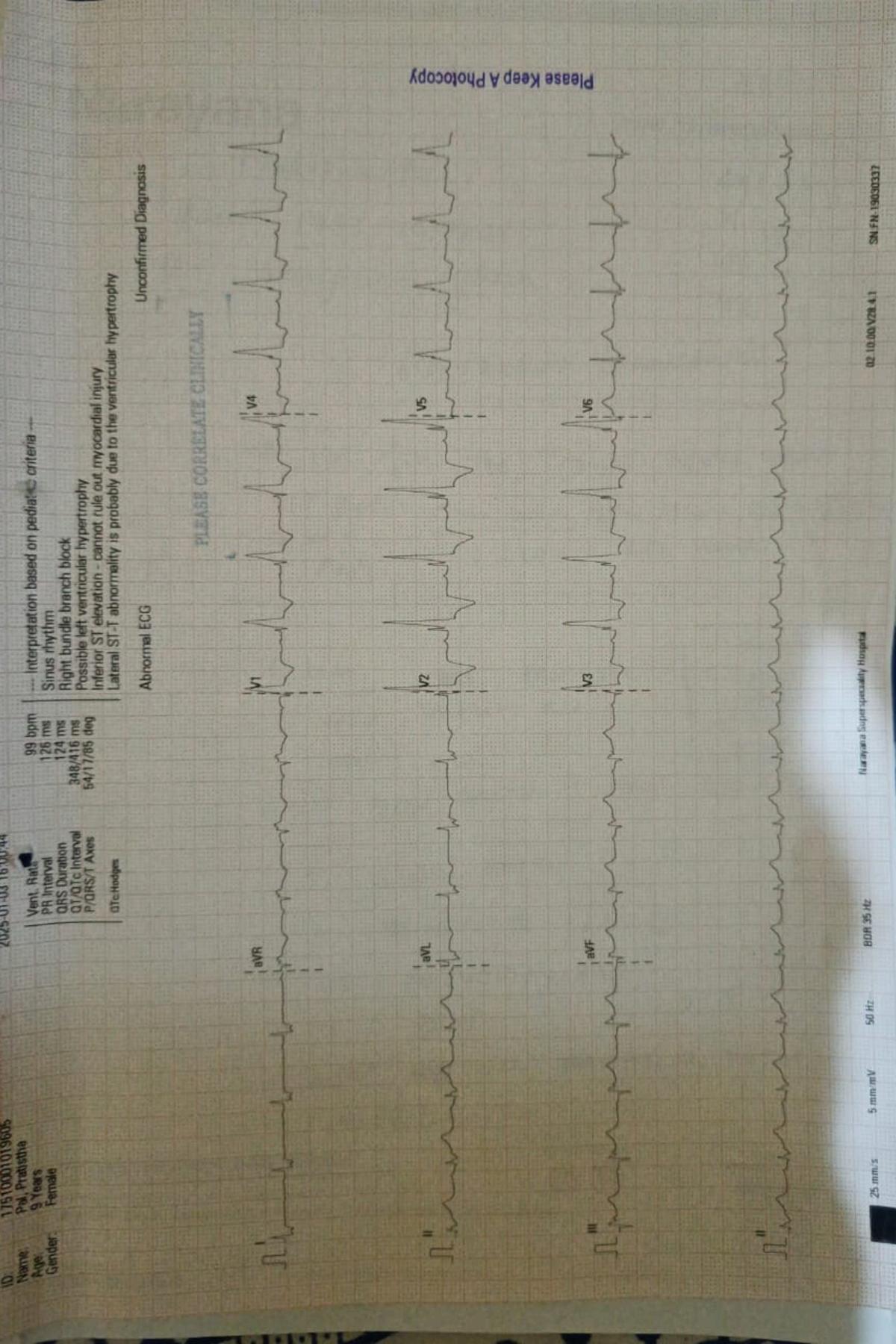


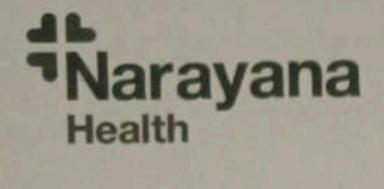












DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms Pratistha Pal MRN: 17510001019605 Gender/Age: FEMALE, 9y 8m (01/01/2016)

Collected On: 05/09/2025 03:03 PM Received On: 05/09/2025 03:05 PM Reported On: 05/09/2025 03:35 PM

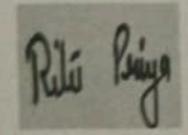
Barcode: J12509050243 Specimen: Serum Consultant: Dr. Amitabha Chattopadhyay(CARDIOLOGY - PAEDIATRIC)

Sample adequacy: Satisfactory Visit No: OP-018 Patient Mobile No: 9334686833

	BIOCHE	THISINE	
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.36	mg/dL	0.31-0.61
Urea, Serum (Urease, UV)	22	mg/dL	15.0-36.0

DICCHEMISTRY

-End of Report-



Dr. Ritu Priya MBBS, MD, Biochemistry Consultant

Note

- Abnormal results are highlighted.
- " Results relate to the sample only.
- Kindly correlate clinically.



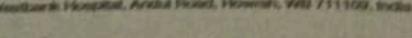


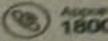


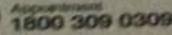
Narayana Superspeciality Hospital

Hospital Address: 120/1, Angul Flood, Howart 711 103

Registered Office Address: Westbark Hospital, Angul Flood, Howart, Will 711109, India

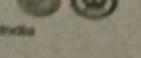


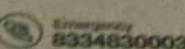


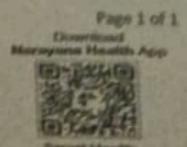


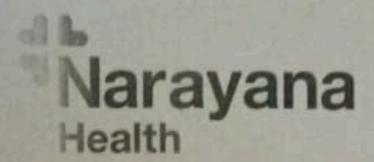


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CLINICAL DATA

PAST MEDICAL HISTORY

No significant past medical history

PROCEDURE HISTORY

No known surgical history

FAMILY HISTORY

No significant family history

SOCIAL HISTORY

No significant social history

ALLERGY

No known allergies

VITALS

Heart Rate : 100 bpm SPO2 95 % . Room air

Welght : 19.95 kg BSA 0.83 m2

Blood Pressure: 96/63 mmHg

Conscious level : Alert

Height: 125 cm BMI: 12.77 kg/m2 Fall Score: Low

Pain Score :1

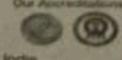
INVESTIGATION RESULTS

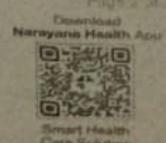
ECHO - POST ICR FOR TOF . / LPA PLASTY , POST PVR - 21 MM EPIC SUPRA VALVE - BIOPROSTHETIC, WITH RPA PLASTY INTACT IVS - NO RESIDUAL FLOW MILD TR , NO MR NO LVOTO , NO AR NO RVOTO , GRADIENT = 26 MM HG , MILD PR GOOD FLOW NOTED IN THE BRANCH PAS - RPA - SEVERE RPA ORIGIN STENOSIS , LPA - 12 MM LEFT ARCH , NO PDA . COA GOOD CARDIAC FUNCTION , NO PE / PLE NO PAH

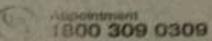
Harrayana Superspeciality Hospital

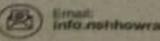
Inspital Address: 120/1. Andul Road, Hospital 711 103

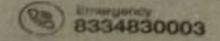
Inspital Office Address: Westbook Hospital, Andul Road, Howard, Will 711108, India

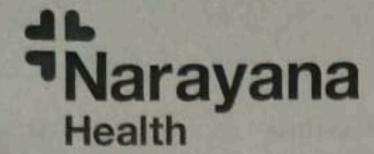












PROCEDURE HISTORY

No known surgical history

FAMILY HISTORY

No significant family history

SOCIAL HISTORY

No significant social history

ALLERGY

No known allergies

VITALS

Heart Rate : 83 bpm Height : 123 cm

BMI : 12.82 kg/m2

Blood Pressure : 102/68 mmHg

SPO2 : 99 % , Room air

Weight : 19.40 kg BSA : 0.81 m2

INVESTIGATION RESULTS

ECG: NSR, Complete RBBB, QRS duration: 130 msec.

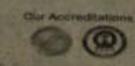
ECHO - POST ICR FOR TOF. / LPA PLASTY, POST PVR - BIOPROSTHETIC WITH RPA PLASTY - 21 MM EPIC SUPRA VALVE
 INTACT IVS - NO RESIDUAL FLOW
 MILD TR, NO MR
 NO LVOTO, NO AR
 NO RVOTO, GRADIENT = 20 MM HG, MILD PR
 GOOD FLOW NOTED IN THE BRANCH PAS - RPA - 6 MM, LPA - 12 MM
 LEFT ARCH, NO PDA. COA
 GOOD CARDIAC FUNCTION, NO PE / PLE
 NO PAH

ECG NSR NORMAL AXIS RBBB, QRS - 124 MSECS

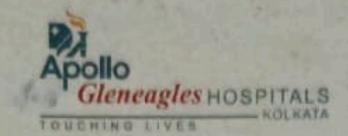
DIAGNOSIS

86299006 | Tetralogy of Fallot , Primary , Final , 15/07/2024
 Remarks: Total correction done in 2016. S/P pulmonary valve implantation + RPA plasty: 5-6-2024.

ADVICE









Discharge Summary

Dept. of CTVS

General Information

UHID AGHL.0001158223

Patient Identifier AGHLIP31533

Ward/Bed No 2ND FLOOR, AGCC STADARD, Bed no:P 19

Name Ms. PRATISTHA PAL

Age 0Yr 11Mth 18Days

Sex Female

Address GARANT ESTATE, Dumka, Jharkhand

Primary Consultant Dr. SURAJ KUMAR PRADHAN

MBBS,MS GEN SURGERY,MCh (CTVS)

CTVS

Date of Admission 12-Dec-2016

Date of Discharge 19-Dec-2016

Diagnosis * TETRALOGY OF FALLOT

* INTRACARDIAC REPAIR DONE ON 13.12.16

History of Present Illness

History of occasional cyanotic spells for last 3-4 months in a known case of CHIEF COMPLAINTS

tetralogy of fallot.

Admitted for Planned ICR.

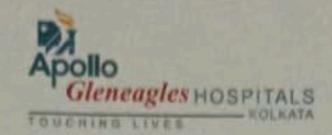
SOCIAL HISTORY

Clinical Examination

Cyanosis Weight 7 Kg

Temperature Pulse 98.4°F 120/min.

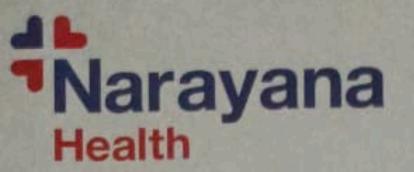
80/50 mm of Hg. B.P





BILIRUBIN TOTAL - SERUM	0.5 mg/dL	< 2.0
BILIRUBIN CONJUGATED (DIRECT) -	0.1 mg/dL	0 - 1week: <0.9, Adult: upto 0.2
CALCIUM - SERUM		
12-Dec-2016 08:00 PM		
CALCIUM - SERUM	9.9 mg/dL	Child (1months-12 months): 9-10.9
CHLORIDE - SERUM	T IX T	
12-Dec-2016 08:00 PM	A Y S	
CHLORIDE - SERUM	106 mEq/L	Child(1 month - 1 yr): 98-118
14-Dec-2016 08:45 AM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CHLORIDE - SERUM	116 mEq/L	Child(1 month - 1 yr): 98-118
15-Dec-2016 06:24 AM		
CHLORIDE - SERUM	110 mEq/L	Child(1 month - 1 yr) : 98-118
REATININE - SERUM 12-Dec-2016 08:00 PM		
CREATININE - SERUM	0.4 mg/dL	Infant: 0.3 - 0.6
14-Dec-2016 08:45 AM		
CREATININE - SERUM	0.4 mg/dL	Infant: 0.3 - 0.6
15-Dec-2016 06:24 AM		
CREATININE - SERUM	0.4 mg/dL	Infant: 0.3 - 0.6
BLUCOSE - PLASMA (RANDOM)	- FWI-W-W	The state of the s
12-Dec-2016 08:00 PM		
GLUCOSE - PLASMA (RANDOM)	123 mg/dL	70-140
AGNESIUM - SERUM		
12-Dec-2016 08:00 PM		The state of the s
MAGNESIUM - SERUM	2.0 mg/dL	1.7-2.4
HOSPHORUS, INORGANIC - SERUI	М	
12-Dec-2016 08:00 PM	Say Silvara II	
PHOSPHORUS, INORGANIC - SERUM	5.8 mg/dL	0 - 5 Days: 4.8 - 8.2
OTASSIUM - SERUM		
12-Dec-2016 08:00 PM		
POTASSIUM - SERUM	4.2 mEq/L	Infant(Serum): 3.6-6.8
14-Dec-2016 08:45 AM	SELECTION TO PERSON	
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Infant(Serum): 3.6-6.8

PROTEIN TOTAL - SERUM



Ms Pratistha Pal

17510001019605 (F, 01/01/2016, 9y 5m)

EEG, ECHO SCREENING CONSULTATION

Dr. Amitabha Chattopadhyay (RE VISIT)

03/06/2025

· SIP ICE for TOT (2014) apollo wolland SIPPVR June 2029 four serve en dustrete E RPA Plasty

- on Ecospern, CARVENILOL, EMAY - wantaun strepted - Dong well

purstuesis monny pool furmany now re acceletion along well. mid flow [wild Pa Don it (20 mm Hg)

vro latel intall

Ag Thrank Standary Strang

www.narayanahealth.org

Wt - 19.40 Kg

H - 123 cm

BP-102/68mm

HR - 83 b/m

SP9 - 99%

Bisprathe

round

Narayana Superspeciality Hospital Unit of Meridian Medical Fession: 5 Hospital Ltd. (CIN NO: UBS110WE1995PLCS/1443)

Hospital Address: 120/1, Andul Road, Howrah 711 103

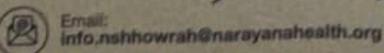
Registered Office Address: Westbank Hospital, Andul Road, Howrah, WB 711109, India

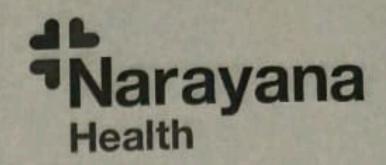
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Care Solution







ADVICE

T. Lasix (40)-1/2 tab twice daily. T Enam (2.5)-1/2 tab once daily. To be discussed in cath conference. No restriction of physical activity.

PROCEDURE HISTORY

No known surgical history

PAST MEDICAL HISTORY

No significant past medical history

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

S/P ICR for TOF

SOCIAL HISTORY

No significant social history

FAMILY HISTORY

No significant family history

ALLERGY

No known allergies

CONSULTANT DETAILS

9231839233

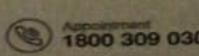
Dr. Sanjiban Ghosh , CONSULTANT , CARDIOLOGY - PAEDIATRIC 64608

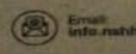
One free consultation with the same doctor within next 6 days.

Printed By: Dr. Sanjiban Ghosh | Printed On: 02.05.2024 14:49

Narayana Superspeciality Hospital

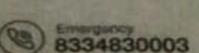
tal Address: 120/1, Andul Fload, Howrah 711 103 sered Office Address: Westberk Hospital, Andul Pond, Howrsh, WS 711109, India





8334830003

Page 2 of





Ms Pratistha Pal (17510001019603) arayanahealth.org

ADVICE AT DISCHARGE

Senior Consultant Cardiac Surgeon

Dr. Shubhadeep Das Senior Consultant Pediatric Cardiac Intensivist

Dr. Amitabha Chattopadhyay Senior Consultant Pediatric Cardiologist

Dr Javita Nandy Das Consultant Pediatric Cardiologist

Dr. Aritra Mukherji Consultant Pediatric Cardiologist

Dr. Manish Sharma Senior Consultant Cardiac Anesthetist

Dr. Nilanjan Dutta Consultant Cardiac Surgeon

Dr Sanjiban Ghosh Consultant Pediatric Cardiologist

Dr. Shivani Gajpal Consultant Cardiac Anesthetist

Understood by

Soundla 367874. Explained by

Stitch

Present/Removed

In case of chest pain, swelling/ redness of surgical wound site with discharge, bleeding manifestation, fever, respiratory distress, swelling of legs please contact the hospital cardiac surgical ITU at Phone No: 8334819419 -

All typing and typographical error is regretted and if detected at any time is correctable, please inform us immediately.

EMERGENCY MANAGEMENT

Contact Details: In case of any queries or emergencies please contact, Phone No: +919051675050

CARE TEAM DETAILS

Dr. Shubhadeep Das Sr Consultant-MD (Pediatrics), FRCPCH (London), FRCP (London),

Dr. Debasis Das

Narayana Superspeciality Hospital on Markey Pleasanch & Hospital Ltd. (CBN NO: LIBS110WB1995PLD071440)

Hospital Address: 120/1, Andul Road, Howrah 711 103

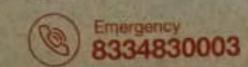
Registered Office Address Westerpie History, Mosap Redd, Howrah, WB 711109, India

Hospital Address: 120/1, Andul Road, Howrah 711 103

Appointment 1800 309 0309



info.nshhowrah@narayanahealth.org



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DISCHARGE SUNMWAKAnarayanahealth.org

: INP-1765-2406000075

: 03/06/2024 01:09 PM

: 09/06/2024 11:17 AM

: Normal Discharge

: 17510001019605 Patient MRN : Ms Pratistha Pal **Patient Name**

: Female, 8 Year 5 Months, 01/01 Gender/Age/DoB

/16

: 9334686833 Patient Phone No

Referred By

Admitting Consultant: Dr. Debasis Das(CARDIAC SURGERY - PAEDIATRIC), Dr. Nilanjan Dutta(CARDIAC SURGERY -

PAEDIATRIC), Dr. Shubhadeep Das(PEDIATRIC MEDICINE-PEDIATRIC CRITICAL CARE)

Admission No

Admission Date

Discharge Date

Discharge Type

NOTES

DEPARTMENT OF PEDIATRIC CARDIAC SCIENCES NARAYANA SUPERSPECIALITY HOSPITAL HOWRAH

CARDIAC SURGERY

Dr. Debasis Das

Dr. Nilanjan Dutta

PEDIATRIC CARDIOLOGY

Dr. Amitabha Chattopadhyay

Dr. Sanjiban Ghosh Dr. Jayita Nandy Das

Dr. Aritra Mukherji

CARDIAC ANESTHESIOLOGY

Dr. Manish Kumar Sharma

Dr. Shivani Gajpal

PEDIATRIC INTENSIVE CARE

Dr. Shubhadeep Das

PATIENT DISCHARGE SUMMARY

Ms Pratistha Pal NAME

MRN: 17510001019605

DIAGNOSIS: S/P TOF repair (2015), Severe RV dysfunction with dilatation, RPA stenosis

SURGICAL PROCEDURE DONE: Pulmonary valve implantation (21 mm Epic SupraBioprosthetic valve),

RPA plasty.

DATE OF ADMISSION : 03.06.2024

: 05.06.2024 DATE OF SURGERY

Narayana Superspeciality Hospital Unit of Meridian Medical Research & Hespital Ltd. (CIN NO: U85110WB1905PLC071440)

Hospital Address: 120/1, Andul Road, Howrah 711 103

Registered Office Address Septembritosintif Andel FRid! Howrah, WB 711109, India

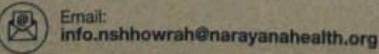
Hospital Address: 120/1, Andul Road, Hownsh 711 103

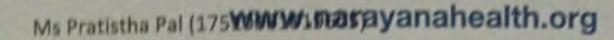
Emergency 3334830003

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Appointment 1800 309 0309







NOTES

DATE OF DISCHARGE : 09.06.2024

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

Ms Pratistha Pal, a 8 year old girl, was admitted with complaints of shortness of breath. ECHO :showed - S/P -ICR for TOF with grade-I diastolic dysfunction of RV, dilated RA/ RV, and severe RPA origin stenosis. Surgery was done on 05.06.2024.

POST OPERATIVE PERIOD (ITU STAY): Post operative ITU stay uneventful, without any complications.

VITALS

Pulse Rate: 40 /min

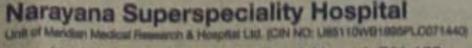
Blood pressure: 100/60mmHg

Weight: 16.55 kg Height: 129 cm

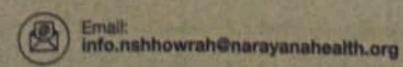
RELEVANT INVESTIGATION RESULTS

Pre -OP ECHO FINDINGS: Situs Solitus, Levocardia, normal systolic venous drainage, RSVC+IVC to RA, AV/ VA concordance, Dilated RA/ RV, Intact IAS, IVS-VSD patch in situ, no residual, no subaortic obstruction / no ar, wide open RVOT / free PR, good flow noted in LPA, but seen RPA origin stenosis (Origin 3 mm (-7.70Z) distal 10 mm, LPA-12 mm, gradient across RPA -origin stenosis -40mmHg. RV function: TAPSE-8, RVs: 6, grade-I diastolic dysfunction of RV. LV function normal, Right arch, no coA, No PDA, No PE, PLE, PAH

POST-OP ECHO FINDINGS: S/P - ICR * VSD patch in situ . * No residual. * Dilated RA/RV



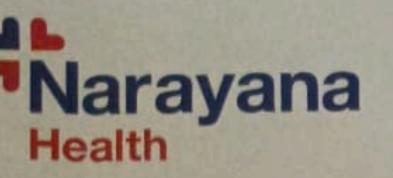






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Wt-19.95 H-125cm BP-96/63m HR-100b/m SP2-954.

Ms Pratistha Pal 17510001019605 (F, 01/01/2016, 99 8m) DR.A.CHATTOPADHYAY ECHO & CONSULTATION (REVISIT OPD) 5.9.25

SIP PUR (moproethetic). TCR (2016) (5/6/24) - off warf since Jan 2025 ECCUS: VISD pately in situ. - NO Decridual. - Dilated PAJEN. _ Wild TR / NOMR - NOWOTO INO AR Mose Mita flow acceleration in Proto (Gr- 26 mm

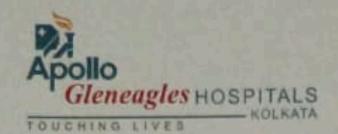
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Emergency 8334830003 Narayana Health App

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WBC Count	9500 /cu mm	6000-18000
5-Dec-2016 06:24 AM		
Hemoglobin	10.8 g/dl	11.1-14.1
MCV	76.6 fl	68-84
Basophils	00 %	0-0
MCH	23.6 pg	24-30
MCHC	30.8 %	32-36
Packed cell volume	35.1 %	42-66
WBC Count	9100 /cu mm	6000-18000
ATELET COUNT 2-Dec-2016 08:00 PM		
Platelet Count	1.59 lacs/cumm	2.0-5.5
4-Dec-2016 08:45 AM		
Platelet Count	0.90 lacs/cumm	2.0-5.5
4-Dec-2016 11:50 AM		
Platelet Count	0.70 lacs/cumm	2.0-5.5
5-Dec-2016 06:24 AM		
Platelet Count	0.70 lacs/cumm	2.0-5.5
robiology Serology NTI HCV ANTIBODIES 2-Dec-2016 08:00 PM		
ANTI HCV ANTIBODIES:	Nonreactive(0.06)	Reactive : Index > 1.0
REACTIVE PROTEIN (CRP) 2-Dec-2016 08:00 PM		
C-REACTIVE PROTEIN (CRP):	<0.311 mg/dL	Normal < 0.5
SsAg SEROLOGY - ELIFA/CM 2-Dec-2016 08:00 PM	IA	



DEPARTMENT OF RADIO DIAGNOSIS

Final Report

Patient Name: Ms Pratistha Pal MRN: 17510001019605 Gender/Age: FEMALE, 9y 8m (01/01/2016)

Scanned Date: 11/09/2025 12:41 PM Referring Consultant: Dr. Amitabha Chattopadhyay (CARDIOLOGY -

PAEDIATRIC)

CECT PULMONARY ANGIO

TECHNIQUE: Post-contrast CT thorax is done with bolus tracking with equal contrast in pulmonary artery & aorta in a 64 slice CT scanner.

FINDINGS:

* Sternotomy suture with epicardial pacing wire noted in situ.

Situs:

Solitus, levocardia.

Cardiac Chambers:

Visceroatriai, atrioventricular, ventriculoarterial concordance.

The right atrium & right ventricle are mildly dilated.

Size of chambers:

ASD: Absent.

VSD: VSD patch noted in situ.

Aorta:

Aorta originates from left ventricle.

Ascending aorta measures: 20.8 mm. Transverse arch measures: 18.4 mm. Descending aorta measures: 15.7 mm.

Arch - Left sided.

Branching pattern is normal.

Pulmonary Arteries:

Confluent branch pulmonary arteries noted.

Pulmonary artery originates from right ventricle.

The proximal RPA is reduced in calibre & the distal RPA is mildly reduced in calibre. The MPA is mildly dilated.



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Registered Office Address: Westbank Hospital Andul Road









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Care Solution

ESTIMATE FORM



Two Lakh Nineteen Thousand Eight Hundred Forty Rupees

Gender / Age :FEMALE , 9Years 9 Months Estimated LOS : 1

Advice Type : Procedure : Consultant :Dr. Amitabha Chattopadhyay

Opted Class : General (CARDIOLOGY - PAĖDIATŘIĆ)
Risk Category : Nat Angliackia Payor Profile : Cash

Admission Type : Not Applicable : Cash

Mobile No : 9334686833

Package

PTCA-DES-SINGLE VESSEL_PKG (PKG003291)

CARDIAC CATH (IM) PKG (PKG004975)

IMPLANTS

133,970.00

20,120.00

APPROX COST OF COOK FORMULA STENT [ONE] 65,000.00

Support Services

SUPPORT SERVICE [APPROX] 750.00

FINAL ESTIMATE INRYIA. AL. .

ADDITIONAL INFORMATION

[UPTO TWO DAYS GW PACKAGE] ****[ITS APPROXIMATE COST, IT MAY CHANGE, ALL INVESTIGATIONS, IHC, BIOPSY, FROZEN SECTION, BLOOD COMPONENT, CROSS MATCHING, GST 5%, MESH & TRACKER, IMPLANTS, WOUND CLEANING SYSTEM, LASER COST, HARMONIC, LIGASURE, STAPLER, PEG, OT INSTRUMENT, DEVICE, STENT, BALLOON, IVUS, CARDIAC RING, CARDIAC VALVE, GUIDING CATH, CONTRAST [OMNIPACH/VICIPAQUE], ROTA, ROTA PRO, CUTTING BALLOON, MICROCATHETER, GRAFT, TEMPORARY PACEMAKER, PACEMAKER, LEAD, SHEETH PEEL AWAY, REFERRAL DOCTOR FEES, EXTRA STAY OF ICU/HDU/PICU/CCU CHARGES, HIGH VALUE MEDICINE AND CONSUMABLES, ALBUMIN INJ, NARCOTIC DRUGS, VENTILATOR, INTUBATION, ALPHA BED CHARGES (NIMBUS), DVT PUMP, PHYSIOTHERAPHY, DIALYSIS, MRD CHARGES, TPA PROCESSING CHARGES, BIOMEDICAL WASTE MANAGEMENT SERVICE, CONSULTATION DIETICIAN - WILL BE CHARGE EXTRA.]

NOTE

International Patients maximum cash of \$5000 can be deposited (with patient passport endorsement ONLY) and rest to be paid in focurrencythroughonlinetransfer / international card(debit/credit).

Domestic Patients Amaximum cash of Rupees 1,99,999 can be deposited and rest to be paid by online transfer / card (debit/credit).

Disclaimer: The estimate is valid for a period of two months from the date of issue and may be subject to change. The package does include treatment of any unrelated illness or procedures other than for which this estimate has been prepared. Also, expenses for ar stay at the hospital beyond the estimated stay period, owing to any unforeseen circumstances or emergencies, shall be payable over the estimate. The estimate is based on our best understanding of the patients condition at the time of contact and is not the final am and can vary at the time of actual billing or discharge.

/ We agree to the abo	ove package and the same has be	en explained to me / us in our own lar	guage.	
ESTIMATED BY DATE AND TIME	:Bhaskar Laha (312946) :14-10-2025 18:49	PATIENT / RELATIVE NAME CONTACT NO	:	
SIGNATURE	:	SIGNATURE	:	



CONSULTATION SUMMARY

Patient MRN : 17510001019605 Patient Name :Ms Pratistha Pal

Gender/Age/Dob : Female, 9 Year 8 Months, 01

Patient Phone No /01/16

Patient Address : 9334686833

> :JAIL ROAD, GRANT ESTATE DUMKA, PO+PS=DUMKA, Dumka, Jharkhand, India, -814101

Consultation Date:10/09/2025 01:46 PM

Consultant :Dr. Debasis Das (CARDIAC SURGERY - PAEDIATRIC)

Consultation Type:OP , REVISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

s/p PVR (bioprosthetic) +: DOING WELL RPA plasty 5.6.24, S/P ICR (2016)

CLINICAL DETAILS

ECHO - POST ICR FOR TOF . / LPA PLASTY , POST PVR - BIOPROSTHETIC WITH RPA PLASTY -21 MM EPIC SUPRA VALVE

INTACT IVS - NO RESIDUAL FLOW

MILD TR, NO MR NO LVOTO, NO AR

NO RVOTO, GRADIENT = 20 MM HG, MILD PR

GOOD FLOW NOTED IN THE BRANCH PAS - RPA - 6 MM, LPA - 12 MM

LEFT ARCH, NO PDA. COA

GOOD CARDIAC FUNCTION, NO PE / PLE

NO PAH

VITALS

Weight: 21.05 kg Height: 125 cm BSA: 0.85 m2 BMI: 13.47 kg/m2

PROCEDURE HISTORY

No known surgical history

PAST MEDICAL HISTORY

No significant past medical history

Narayana Superspeciality Hospital

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ALLERGY

No known allergies

PRESCRIPTION PAD



1800 309 0309



Emergency 8334830003

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Care Solution

Page 1 of 2



PRESCRIPTION PAD

T. Ecosprin (75)-1 tab once daily to continue. TAB. CARVEDILOL(3.125 MG) 1/4 TABLET TWICE DAILY AT 10AM,10PM.

NEEDS CT PULMONARY ANGIOGRAM FOR RPA: WHENEVER IS CONVENIENT No restriction of physical activity.

TO CO ORDINATE WITH PED CARDIOLOGY TEAM FOR CT PA ADMISSION DATE

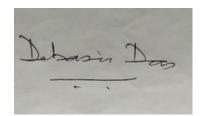
SOCIAL HISTORY

No significant social history

FAMILY HISTORY

No significant family history

CONSULTANT DETAILS



Dr. Debasis Das, Sr. Consultant- Cardiac Surgery, Reg No: 17428 (MCI), CARDIAC SURGERY -**PAEDIATRIC**

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Debasis Das | Printed On: 10.09.2025 13:48









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Care Solution



1800 309 0309



NAME: PRATISTHA PAL AGE: 9 YEAR SEX: FEMALE

REF. DR.: Dr. A. CHATTOPADHYAY REG. NO.: 17510001019605 DATE: 05.09.2025

REPORT OF ECHOCARDIOGRAM

S/P - PV replacement with RPA plasty S/P- ICR

- ° VSDpatchinsitu.Noresidual.
- ° DilatedRA/RV.
- ° MildTR/ NOMR.
- ° NoLVOTO/NoAR.
- $^{\circ}$ PV prosthesis in opening well, gradient across the valve 26 mmHg, mild PR
- ° SevereRPAoriginstenosis. Good flowin LPA.
- ° Good biventricular function .
- $^{\circ}$ Nopericardial effusion/NoPleuralEffusion.

° NoPAH.

DrAmitabhaChattopadhyay Dr.JayitaNandyDas Chief Paediatric Cardiologist Paediatric Cardiologist

Dr.RishikaMehta PaediatricCardiologist

Dr.AnweshaMukherjee PaediatricCardiologist