

21.01.2023

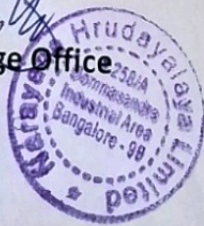
**TO WHOM SO IT MAY CONCERN  
(MRN NO: 10010000074310)**

This is to certify Master Vignesh R aged 15 years, male, has been diagnosed to S/P RIGHT BT SHUNT IN (2007) .S/P LEFT BT SHUNT IN (2012). S/P BILATERAL BI DIRECTIONAL GLENN SHUNT + TAKE DOWN OF BT SHUNT + PA CONFLUENCE LPA ORIGIN AUGMENTATION + PDA LIGATION (22/5 /2018).CCTGA WITH PULMONARY ATRESIA LARGE INLET VSD WITH BIDIRECTIONAL SHUNT. He needs to undergo (FONTAN).Open Heart Surgery at earliest as opened by Dr Sudesh Prabhu.

Our General ward package for the Surgery cost Rs.4,40,670/-  
(Surgery+Pre-Op-profile+Medicines+I Cover) +Admission+ MRD}.

For Narayana Hrudayalaya

Package Office



**Narayana Institute of Cardiac Sciences**

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Tel +91 80 712 22222 | Fax +91 80 2783 2648 | Email: info.nics@narayanahealth.org | www.narayanahealth.org



Appointments

**1800-309-0309 (Toll Free)**

Emergency

**97384 9738**

# CONSULTATION SUMMARY

Patient MRN : 10010000074310  
Patient Name : Master Vignesh R  
Gender/Age/Dob : Male , 15 Years , 08/08/07  
Patient Phone No : 9944086916  
Patient Address : C/O Shanmuga Sundaram,  
Salem #175, Sundar Nagar,  
Mallamooanpatty, Nr Pudhu  
Rd, Salem, Salem, Tamil Nadu, IN,  
-636302

Consultation Date: 21/01/2023 01:52 PM  
Consultant : Dr. Sudesh Prabhu (CARDIAC  
SURGERY - PAEDIATRIC)  
Consultation Type : OP , FOLLOW UP



## NOTES

CATH DATA REVIEWED

### PLAN:

1. Only surgery which can be offered will be a redo sternotomy and extracardiac fenestrated (4mm punch) Fontan
2. Will be of very high risk w/o poor PA anatomy

PARENTS TO DECIDE AND GET BACK.

## PROCEDURE HISTORY

- BT - Blalock-Taussig shunt: 16 years ago  
Remarks: right
- BT - Blalock-Taussig shunt: 11 years ago  
Remarks: left
- Bidirectional Glenn shunt: 5 years ago

(2) → Estimate for  
Over - A  
Redo sternotomy  
Fontan completion

## PAST MEDICAL HISTORY

- No significant past medical history

## ALLERGY

- No known allergies

## CONSULTANT DETAILS

*Sudesh Prabhu*

Dr. Sudesh Prabhu , SENIOR CONSULTANT , CARDIAC SURGERY - PAEDIATRIC

145  
21/01/23

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Page 1 of 2  
Emergencies

97384 97384



Site	Measurements	Z - Score
RPA Origin	11.5mm	
RPA Distal	13 mm	-0.03
LPA Origin	6.56mm	
LPA Distal	9.9mm	-0.81
DAO	13.5mm	+0.43
McGoon Ratio	1.62	
Nakata Index	161	

#### Angiogram

**mRV Angiogram** : (AP View, Contrast 20ml at 20ml/sec, 1200PSI, Catheter Course AO→mRV) Shows coarsely trabeculated, well contractile, left sided ventricle of RV morphology giving rise to aorta. There is large inlet VSD through which opposite sided, smooth walled, well contractile, right sided ventricle of LV morphology gets opacified.

**ROOT Aortogram** : (LAO 60° Contrast 18 ml at 16 ml/sec, 1200PSI) Shows trileaflet aortic valve, left aortic arch with normal branching neck vessels. No PDA / Coarctation seen

**Flush Aortogram** : (AP View, Contrast 25ml at 23ml/sec, 1200PSI) Shows left aortic arch with normal branching neck vessels seen. Tiny leash of Aortopulmonary collaterals seen.

**Selective Injection Into RSCA** ; (AP view, hand injections) shows normal origin of RSCA, No RMBT shunt seen, no AP collaterals seen.

**RIGHT / LEFT Glenn Angiogram** : (AP view, Contrast 25ml at 10ml/sec, 600PSI), Catheter Course RIJV→RSVC→ right Glenn→RPA/LPA CONFLUENCE) shows functioning right / left Glenn shunt with confluent branch PAS filling both the right/ left lung fields with good distal arborization of both lungs. Proximal RPA and LPA is smallish. Levophase shows pulmonary venous return to RA. No PAVMs and Venovenous collaterals seen.

Name : Master. Vignesh R  
Patient Number : 10010000074310  
Cath NO : 22158

Age / Gender : 15 Years / Male

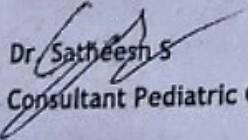
Procedure Date : 17/01/2023


**IVC Injection** : Shows IVC to the right of spine and draining into RA. Both the Hepatic veins are draining into IVC. No interruption / duplication seen.


**Dry Run** : 1). MP 1 catheter taking pullback gradient from LPA/RPA across Glenn shunt

**Final Diagnosis** : S/P Right BT Shunt In (2007), S/P Left BT Shunt In (2012), S/P Bilateral Bi Directional Glenn Shunt + Take Down Of BT Shunt + PA Confluence LPA Origin Augmentation + PDA Ligation (22/5/2018), {S.L.X} Dextrocardia, CCTGA With Pulmonary Atresia, Large Inlet VSD, Intact IAS, Functioning bilateral Glenn Shunt, Confluent Branch PA'S with smallish proximal LPA and RPA, Left Arch ,Good ventricular Function, IVC Uninterrupted, Tiny leash of AP collateral.

**Plan** : To be discussed.

  
Dr. Sathesh S  
Consultant Pediatric Cardiologist

  
Dr. Pratibha Rai  
Jr. Consultant Pediatric Cardiology

  
Dr. Mehraj K  
DrNB Resident in Pediatric Cardiology