



Aashayein Foundation

Expectation of everyone's hearts

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Bank of Maharashtra

A/c No. : 60311210849

IFSC code : MAHB0000902

Branch : Andheri West

Pan No : AAGTA7869P



*Work for a curse not for applause
live life to express not to impress*

This is to certify that **Mast Tanay Deepak Gonbare**, 1yr old boy (Op No-1114836) in Virar, is a case of congenital heart disease, large perimembranous VSD, Fenestrated ASD, Mild TR, Severe PAH. He is presently under care for his heart ailment at "Bai Jerbai Wadia Hospital for Children" Mumbai.

The patient requires **Open heart surge (High risk VSD closure)**. The total expected expenditure for the surgery and ICU stay is **around Rs 2,00,000/- (Two Lac only)**. In view of severe PAH, the child is expected to have a stormy post operative course. In such condition, the cost will exceed the quoted amount. This certificate is being issued as per the request of parents to arrange the finances.

"We cannot do everything at once, but we can do something at once."



Wadia Hospitals

TEL: 022-24126003. Ext-357

BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai-400012

Department of Pediatric Cardiac Surgery

Dr Biswa Ranjan Panda

Chief Pediatric Cardiac Surgeon

Email- drbiswapanda@gmail.com

To WHOMSOEVER IT MAY CONCERN

This is to certify that Mast Tanay Deepak Gonbare, 1yr old boy (Op No -1114836) is a case of congenital heart disease, large perimembranous VSD, Fenestrated ASD, Mild TR, Severe PAH. He is presently under care for his heart ailment at "Bai Jerbai Wadia Hospital for Children" Mumbai.

The patient requires **Open heart surgery (High risk VSD closure) on 14th May 2019**. The total expected expenditure for the surgery and ICU stay is **around Rs 2, 00,000/- (Two Lac only)**. In view of severe PAH, the child is expected to have a stormy post operative course. In such condition, the cost will exceed the quoted amount.

This certificate is being issued as per the request of parents to arrange the finances. This document is valid till **25th May 2019**. Our Hospital does not have MJPJAY Facility for paediatric cardiac surgery.

The cheque or Draft is to be drawn in favour of "Bai Jerbai Wadia Hospital for Children".

Cardiac Surgical Coordinator

17.04.2019

Department of Pediatric Cardiac Surgery
Bai Jerbai Wadia Hospital for Children
Parel, Mumbai - 400 012.

BAI JERBAI WADIA HOSPITAL FOR CHILDREN

ACHARYA DONDE MARG, PAREL, MUMBAI 400012

TEL: (022) 24148965 66 67 68 Website: www.wadiahospitals.org

Wadia Hospitals

Patient Name	: S/O GONBARE DURVA DEEPAK	Age	: 10 M
OPD No.	: 1114836	Gender	: M
Referred By	: DR. Prabhu Shakuntala .	Bed No.	:
Date	: 08/01/2019	Lab No.	: 4411853
Printed By	: SUSHG	Printed On	: 08/01/2019

Department of Cardiology

ECHOCARDIOGRAM AND COLOUR DOPPLER REPORT

DIAGNOSIS:

Large perimembranous ventricular septal defect shunting bidirectionally.
Fenestrated IAS with two small fenestration left to right.
More than mild tricuspid regurgitation peak gradient 60mmHg.
Dilated MPA, Confluent branch pulmonary arteries.
Mild pulmonary regurgitation.
Mean PA pressure 40mmHg + RAP.
Dilated RA/RV.
Normal arch, No coarctation of Aorta.
Significant PAH.
Normal biventricular functions.

2 D ECHO FINDINGS (MORPHOLOGY):

Cardiac position: Levocardia

Situs (Visceral and atrial): S.D.S.

Systemic venous return: Normal

Pulmonary venous return: Normal

Atrioventricular relation and Ventriculoarterial relation: Concordant

Atria: Dilated RA.

Inter atrial septum: Fenestrated IAS with two small fenestration left to right.

AV Valves: More than mild tricuspid regurgitation peak gradient 60mmHg.

Ventricles: Dilated RV.

Inter ventricular septum: Large perimembranous ventricular septal defect shunting bidirectionally.

Aortic valve: Normal

Pulmonary valve: Mild pulmonary regurgitation.

Ascending aorta: Normal

Main and branch pulmonary arteries: Dilated MPA, Confluent branch pulmonary arteries. Mean PA pressure 40mmHg + RAP. Significant PAH.

(P.T.O)

FLOW AND RESISTANCE CALCULATIONS

	Basal	O2
QP	2.99	2.67
QS	1.29	1.09
Qep	1.25	1.05
QP:QS	2.32	2.45
PVRI	3.67	2.25
SVRI	17.06	17.40
PVR/SVR	0.22	0.13
L-R shunt	1.74	1.62
R-L shunt	0.04	0.04

PROCEDURE

Procedure was done under general anaesthesia on spontaneous mode. Pressure measurements and oximetry data were obtained on room air from multiple sites baseline and after administering iv sildenafil (0.3mg/kg) after 10 mins. Patient remained hemodynamically stable throughout the procedure.

Baseline data did show step up from SVC -PA of 17%. PAP was systemic. The baseline SPO2 of patient remains 88-91% in room air. On Sildenafil the PAP was reduced from mean of 25 mmHg to 20 mmHg, Qp:Qs increased slightly from 2.32 to 2.45 and PVRI reduced from 3.67 to 2.25. RVEDP reduced from 12 to 8. The cath data might have been showing favourable numbers as the upper airway was bypassed i/v/o mechanical ventilation. Patient was on Envas pre procedure. The cath data was discussed in JCC.

PLAN

Oral Sildenafil. Fenestrated VSD patch closure (JCC discussion). Parents to be advised regarding the high risk nature of the procedure in view of the lability of PA pressure and PVRI documented on previous occasion.

Physician's Signature