UGANDA HEART INSTITUTE

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Our Ref .....

Your Ref .....

19 March 2018

ECHO REPORT

Name:	Konde William	Weight:	5kgs
Age:	1 Month	Height:	52.5cm
Sex:	Male	BP:	
O2 Saturation :	95%		

Reason for Referral: R/o CHD
Findings:

M Mode Measurements:

LVIDd	=	2.7 cm (NR 1.8 ± 0.3 cm)
LAD	=	2.0 cm (NR 1.3 ± 0.2 cm)
FS	=	41% (NR 25 – 45 %)
EF	=	73% (NR 45-70%)

Other Findings:
Atrial Situs solitus with Levocardia.
Concordant AVA connections with D looped ventricles and normally related great arteries. Dilated left heart chambers with good myocardial contractility. Large perimembranous VSD (8mm) in diameter with L to R shunt, PG =1mmHg. Large PDA (3.8mm) in diameter with L to R shunt, EDPG =1mmHg. Small PFO with L to R shunt. Small PFO with L to R shunt. No coarctation of the aorta. Left sided Aortic arch. All heart valves appear normal and competent. No LVOT or RVOT obstruction. Normal sized and confluent pulmonary branch arteries. Normal Systemic and Pulmonary venous return. Normal pericardium.

Conclusion:
Large perimembranous VSD, large PDA and small PFO.

Dr. Aliku Twalib
Consultant Paediatric Cardiologist

Dr. Tumwebaze Hilda
Paediatrician/ Cardiology Fellow

UGANDA HEART INSTITUTE 0001022

IN PATIENT DEPT
WARD IC
DIVISION OF CARDIOLOGY

DISCHARGE FORM

NAME: Konde William AGE: 4months SEX: M IPNO: 2217384
DATE OF ADMISSION: 28/06/18
DATE OF DISCHARGE: 5/07/18
ATTENDING DOCTOR: KAUDHA / KHABWE / AKECH / SEBUUBA / KASEKENDE / OWOMUGISHA
CARDIOLOGIST/CARDIOTHORACIC SURGEON: Dr. NAMUYONGA

DIAGNOSIS: Large Perimembranous VSD, large PDA, Small PFO with 1) Bronchiolitis 2) Severe pneumonia

1. CASE SUMMARY: ***(History and Physical findings)***
4/12 m; Known child with Large VSD, large PDA, small PFO admitted with 5/52 h/o DIB + cough; cough weekly; no body cooling. O/E; sick, febrile T-38.4°c, HR-130b/minute, Bilateral crepitations.

2. Investigations:

a) ECG:

b) ECHO:
Large Perimembranous VSD, large PDA, small pfo.

c) Laboratory:
28/06/18 WBC 24.73, Neu 11.40, Hb 9.7g/dl, PLT 362
AST-38, GGT-15, urea 2.3, crea 41.05, Na^+ 135, K^+ 4.7
ALB-40.

d) Other findings:

3. Progress on ward:
Patient was managed with IV lasix, IV Cefuroxime, IV gentamicin, Nebulised Salbutamol with improvement.

4. Condition at discharge:
fair, Afebrile T-36.2°c, (Acorp?)
HR- 120b/minute, SPO_2 - 97% on room air.

5. Treatment on discharge:
1) P.O lasix 5mg o.d
2) P.O captopril 3.125mg b.d } x 2/52
3) P.O pintex baby 2.5mls 8° x 5/7

Dr Tumwebaze Hilda R/V 19/07/18
CARDIOLOGIST/CARDIOTHORACIC SURGEON
Cardiology fellow.

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UGANDA HEART INSTITUTE

IN PATIENT DEPT WARD IC DIVISION OF CARDIOLOGY 460

DISCHARGE FORM

NAME: KONDE WILLIAM AGE: 2 MONTHS SEX: M IPNO: 2217384

DATE OF ADMISSION: 19-04-2018 DATE OF DISCHARGE: 26-04-2018

ATTENDING DOCTOR DR. GWOMMGISHA / SSEBUMBA / ARIAKA / KANDHA KASEKENDE R.

CARDIOLOGIST: DR. NAMUYONGA JUDITH

CARDIOTHORACIC SURGEON DR ....

DIAGNOSIS: ① Large PM VSD & large PDA.
② Pneumonia ?

1. CASE SUMMARY: *(History and Physical findings)* A 2 months old Known patient of VSD, large PDA. Admitted with DIB and cough for 3 days. At admission: SPO_2 - 60-80%, tachypnoea with widespread rhonchi.

2. Investigations:

(a) ECG:

(b) ECHO: [19/mar/2018] Large PM VSD, large PDA, and small PFO. EF = 73%, FS = 41%, LAD = 2.0cm, LVIDd = 2.7cm.

(c) Laboratory: CBC: WBC = 14.02, Neut = 2.09, (14.9%), Hb - 10.7g/dl, PLT = 461.

(d) Other findings:

3. Progress on ward: The child has Improved on treatment: IV Ampi, ceftriaxone and antifailure.

4. Condition at discharge: Today: He is much better today, though still has cough. SPO_2 - 96% on RA. RR - 64 bpm.

5. Treatment on discharge:
① Syrup Ampiclox 2.5mls 8hrly → 7/7
② Po Lasix 5mg od → 3/52
③ Po captopril 3.125mg BD →
④ Syrup clamulin 228mg/5mls → 2.5mls BD → 5/7

(d) Other findings:

Review in OPD on 3rd/May/18 By the CTS/Cardiologist.

Dr. Namuyonga
CARDIOLOGIST

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