# Jothika Vijay MY DREAM ABOUTA SURGERY!

Notes In my dream, I sour a picture of a surgery in my body. In my dream, I saw the front of my body open for surgery and I saw only the bottom of my chest. I saw an organ in my body while I was on the bed. That organ Looked like the Squishy thing that Jessica and me always got from the exhibition except that toy was grey but the organ in my dream was ked. And there was a Shorts red, Wide, clear, tube attached to that organ. The organ was not moving and it was stiff. I saw two tooks on my chest under the part that was open On my chest. There were two tables beside the bed. One of the tables was on the tight side of the bed and the other table was on the Left side of the bed. The colors of the walls in that Room were light Blue and white mixed up. There was not even a single person in that mom that I was in maybe because the doctors and hurses were having & Lunch break or God was the one who was doing the Surgery. Even though it was a dream I felt like it was real and in the eno, I woke up.

# Hospital For Children



Name: VIJAY-

MURUGESH, JOTHIKA

MRN: 31664981

Study Date: 05/28/2019 03:21

PM



**Echocardiography Report** 

DOB: 08/04/2013

Age: 5 yrs

Gender: Female

Height: 105 cm

Weight: 13.8 kg

**BSA**: 0.64 m<sup>2</sup>

Patient Location: AIDHC CARDIODIAGNOSTICS Study Type: Transthoracic Report Type: Complete

Reason for Study: Assess anatomy and physiology

Referral Diagnosis: Murmur

Referring Physician: GENERIC, PROVIDER

**Boston Z-Scores** 

Measurement Name	Value	Z- Score	Predicted	Normal Range	Measurement Name	Value	Z- Score	Predicted	Normal Range
(2D)		1.5	1.3	0.99 - 1.68	RPA diam (2D)	0.88 cm	0.03	0.88	0.64 - 1.12
LPA diam (2D)	0.98 cm	1.2	0.83	0.58 - 1.07	Ao root diam (2D)	1.8 cm	0.67	1.7	1.3 - 2.0
asc Aorta(2D)	1.8 cm	1.7	1.5	1.1 - 1.8	LVIDd(MM)	3.7 cm	1.9	3.3	2.8 - 3.7
LVIDs(MM)	2.3 cm	1.2	2.1	1.7 - 2.5	FS(MM)	37.8 %	0.57	36.0	30.2 - 42.8

## Doppler Measurements & Calculations

TR max vel: 183.0 cm/sec TR max PG: 13.4 mmHg

#### **Cardiac Position**

Levocardia. Abdominal situs solitus. Atrial situs solitus. D Ventricular Loop. S Normal position great vessels.

#### **Veins**

Normal systemic venous drainage. Right pulmonary veins and left lower pulmonary veins return normally to left atrium. There is a vertical vein, with to and fro flow, course not completely defined.

# <u>Atrium</u>

Normal right atrial size. Normal left atrial size. Small atrial septal defect, primum type.

#### **Atrioventricular Valves**

Complete common atrioventricular canal defect. Incomplete. Cleft left AV valve. Mild prolapse of the Left AV valve anterior and posterior leaflets.

#### **Ventricles**

Normal right ventricle structure and size. Normal left ventricle structure and size. Trivial AV canal VSD, not seen on all views.

## **Semilunar Valves**

Normal pulmonic valve. Possible partial fusion of the right and left aortic valve commisures, aortic valve anatomy needs to be defined better.

#### **Great Vessels**

Normal left aortic arch. Normal pulmonary artery branches.

# **Coronary Arteries**

Normal origin and proximal course of the coronary arteries. Antegrade flow demonstrated in the left anterior descending, circumflex, and right coronaries with color flow Doppler. Note: Echocardiography is not the optimal modality to delineate coronary artery anatomy.

# Pericardial and Pleural Space

No pericardial effusion.

#### **Function**

Normal right ventricular systolic function. Normal left ventricular systolic function.

# **Regional Wall Motion**

Normal right ventricular wall motion. Normal left ventricular wall motion.

# **Inflow Hemodynamics**

Trivial right sided atrioventricular valve insufficiency. Estimated right ventricular systolic pressure is 13.4 mmHg greater than the right atrial v wave. Moderate left sided atrioventricular valve insufficiency. Two jets of left AV valve insufficiency, larger one originating from the Cleft and the other originating from coaptation line more laterally.

## **Outflow Hemodynamics**

Normal pulmonic valve velocity. Trivial pulmonic valve insufficiency. Normal aortic valve velocity. No aortic valve insufficiency.

#### **Interpretation Summary**

Incomplete common atrioventricular canal defect

Mild prolapse of the Left AV valve anterior and posterior leaflets.

Small atrial septal defect, primum type.

Possible trivial atrio-ventricular canal type ventricular septal defect.

There is a vertical vein, with to and fro flow, course not completely defined

Moderate left AV valve insufficiency. Two jets of left AV valve insufficiency, larger one originating from the cleft and the other originating from coaptation line more laterally

Possible partial fusion of the right and left aortic valve commisures, anatomy needs to be defined better.

Normal biventricular systolic function.

# Reading Physician:

MD 05/29/2019 02:39 PM

MRN: 31664981

Hospital for Children



# Hospital For Children

Name: VIJAY-

MURUGESH, JOTHIKA

MRN: 31664981

Study Date: 07/30/2019 03:55

PM



**Echocardiography Report** 

DOB: 08/04/2013

Age: 5 yrs

Gender: Female

Height: 107 cm

Weight: 14 kg

**BSA**: 0.65 m<sup>2</sup>

**BP:** 80/51 mmHa

**HR:** 97

Patient Location: AIDHC CARDIODIAGNOSTICS Study Type: Transthoracic Report Type: Limited

Reason for Study: CHD follow-up

Referral Diagnosis: AV Canal defect

Referring Physician:

**Boston 7-Scores** 

DOSTON E SCOTES									
Measurement Name	Value	Z- Score	Predicted	Normal Range	Measurement Name	Value	Z- Score	Predicted	Normal Range
IVSd(MM)	0.55 cm	-0.57			LVPWd(MM)	0.45 cm		1	0.41 - 0.71
LVIDd(MM)	3.3 cm	0.27	3.3	2.8 - 3.7	LVIDs(MM)	1.9 cm	-0.74	2.1	1.7 - 2.5
FS(MM)	42.1 %	1.8	35.9	30.2 - 42.8		37.4 grams	-0.57	41.6	28.9 - 59.9
LV thick/dimen	0.13	-1.8	0.18	0.13 - 0.24	tat a				

# MMode/2D Measurements & Calculations

EF(MOD-sp4): 66.6 %

EF(MOD-sp2): 69.0 %

## **Doppler Measurements & Calculations**

TR max vel: 213.1 cm/sec TR max PG: 18.0 mmHg

## **Cardiac Position**

Levocardia. Abdominal situs solitus. Atrial situs solitus. D Ventricular Loop. S Normal position great vessels.

## Veins

Normal systemic venous drainage. Normal pulmonary venous drainage. Previously described vertical vein is not assessed on current study.

#### **Atrium**

right atrial size. Mild left atrial enlargement. Small atrial septal defect, primum type. Left to shunting.

cioventricular Valves

ransitional common atrioventricular canal defect. Cleft left AV valve. Redundant LAVV leaflets with mild prolapse.

**Ventricles** 

Normal right ventricle structure and size. Normal left ventricle structure and size.

Semilunar Valves

Normal pulmonic valve. Normal trileaflet aortic valve.

**Great Vessels** 

Normal left aortic arch. (not reassessed on current study). Normal pulmonary artery branches.

**Coronary Arteries** 

Normal origin and proximal course of the coronary arteries. (not reassessed on current study).

# Pericardial and Pleural Space

No pericardial effusion.

**Function** 

Normal right ventricular systolic function. Normal left ventricular systolic function. Ejection Fraction (biplane): 67.8 %.

Regional Wall Motion

Normal right ventricular wall motion. Normal left ventricular wall motion.

**Inflow Hemodynamics** 

Trivial right sided atrioventricular valve insufficiency. Estimated right ventricular systolic pressure is 18.0 mmHg greater than the right atrial v wave. Moderate left sided atrioventricular valve insufficiency. Two jets of left AV valve insufficiency, larger one originating from the cleft and the other originating from coaptation.

**Outflow Hemodynamics** 

Normal pulmonic valve velocity. Trivial pulmonic valve insufficiency. Normal aortic valve velocity. No aortic valve insufficiency.

Interpretation Summary

Transitional atrioventricular canal defect.

Small primum ASD with left to right shunting.

Tiny LV-RA shunt.

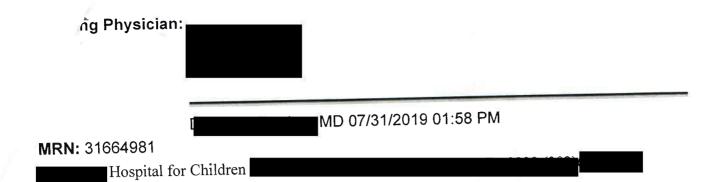
Cleft left AV valve.

Moderate LAVV insufficiency.

Mildly dilated left atrium.

Trivial RAVV insufficiency, predicting normal RVSP.

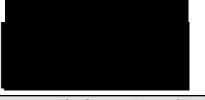
Minimal fusion of the non and right coronary cusps of the aortic valve; no stenosis or insufficiency. Normal biventricular size and systolic function.





Vijay, Jothika MRN: 31664981, DOB: 8/4/2013, Sex: F Visit date: 5/20/2021

05/20/2021 - Home/Fa	cility Visit TeleMED in	Wilmington				
isit Information		-				
Provider Information						
Encounter Provider	Authorizing Provider	Referring Provider				
MD	MD	None Given				
Department						
Name		Phone				
Pediatrics, Wilmington		302-				
Ç	Wilmington DE 19899					
Level of Service						
Level of Service						
OFFICE CONSULTATION, LEVEL III						
leason for Visit						
• Consult						
Visit Diagnosis	01					
<ul> <li>Incomplete common AV canal [Q2*</li> </ul>	1.2]					
lotes						
Progress Notes						
MD at 5/20/2021 1	500					
<b>-</b>						
To whom it may concern,						
Today I had the privilege of speaki	ng again with the Vijay family i	n regards to their daughter Jothika. This				
		h the patient's father in early March of this year.				
At that time, she had been evaluat		an incomplete atrioventricular canal. At the				
characterized as moderate. Subse		lve had multiple jets of regurgitation occur were				
		rgitation was felt to be much closer to mild in the				
mild-moderate range (per patient's						
-	. •	mprovement in symptomatology. She is gaining				
		signs of heart failure, and her echocardiographic solved on the most recent echo. The degree of				
		concerning, as it is a restrictive left to right shunt.				
As such, at her last appointment w	ith Dr.	and monitoring				
could continue for at least 1 year. Her father contacted me today to confirm that I agree with Dr.						
assessment, and to celebrate his o	daughter's recovery.					
I informed him that I had reviewed	Dr. and the interve	ning echocardiogram. I explained that if his				
		f heart dysfunction, I was more than happy to				
		feeling well and performing without symptoms. I				
reminaea nim that i would be follow	wing up with Dr.	to his evaluation in approximately 1 years time.				
		The father was appreciative of my well				
wishes. I will look for a follow-up a	in an	proximately 1 years time				



Vijay, Jothika

MRN: 31664981, DOB: 8/4/2013, Sex: F

Visit date: 5/20/2021

05/20/2021 - Home/Facility Visit TeleMED in

Wilmington (continued)

Notes (continued)

Thank you.

Electronically signed by

MD at 5/20/2021 4:07 PM

#### **Medication List**

#### **Medication List**

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

#### Active at the End of Visit

#### raNITIdine (RANITIDINE) 75 mg tablet

Instructions: Take 1 Tab by mouth twice daily. Take 15 min before meals as needed. Needs sugar free.

Authorized by: Ordered on: 8/10/2018
Start date: 8/10/2018 Action: Patient not taking
Quantity: 60 Tab Refill: 2 refills remaining

# pancrelipase delayed-release 5000 (ZENPEP) capsule

Instructions: Take 1 Cap by mouth four times daily (with meals). May open and add to applesauce.

Authorized by: Ordered on: 8/10/2018
Start date: 8/10/2018 Action: Patient not taking
Quantity: 120 Cap Refill: 3 refills remaining

#### cyproheptadine (PERIACTIN) 4 mg tablet

Instructions: Take 1 tablet by mouth nightly (at bedtime).

Authorized by Ordered on: 1/29/2019
Start date: 1/29/2019
Quantity: 30 tablet
Ordered on: 1/29/2019
Action: Patient not taking
Refill: 3 refills remaining

#### hyoscyamine (LEVSIN) 0.125 mg tablet

Instructions: Take 1-2 tablets by mouth every 6 hours as needed for Cramping.

Authorized by Ordered on: 1/29/2019
Start date: 1/29/2019 Action: Patient not taking
Quantity: 120 tablet Refill: 1 refill remaining

#### montelukast (SINGULAIR) 4 mg chewable tablet

Entered by: Entered on: 6/11/2019

Start date: 5/25/2019

#### cetirizine 1 mg/mL solution

Instructions: Take 5 mg by mouth.

Entered by Entered on: 6/11/2019

# albuterol HFA 108 (90 BASE) mcg/act inhaler

Instructions: I

Start date: 6/11/2019 Action: Patient not taking Quantity: 1 Inhaler Refill: 2 refills remaining

#### Fexofenadine HCI (ALLEGRA ALLERGY CHILDRENS) 30 MG/5ML SUSP

Instructions: Take 5 mL by mouth twice daily.

Authorized by Ordered on: 6/11/2019