



HOSPITAL SULTAN IDRIS SHAH, SERDANG

Clerking

Patient ID	: SD01104082	Name	: Anas Bin Ahmad Izzuddin
NRIC / Mykad	: 200221050471	Age	: 3Y10M
Gender	: Male		
Encounter ID	: 176704230002	Encounter Type	: Outpatient
Location	: Paed Cardio	Discharge Date	: 16/10/2023 15:52
Specialty	: Paediatric Cardiology	Attending Practitioner	: PED Dr Rohaizah Borhan

Note Type	: Follow Up Paed Cardio	Med/Anc Service	: Paeds Cardio
Date / Time	: 12/10/2023 10:05	Performed By	: PED Putri binti Yubbu

General Information

Tel No : 0137471417
Date Of Birth : 21/02/2020
Age : 3Y7M
Address : 182 LORONG 8 TMN INTAN DUYUNG,71050 PORT DIKSON,NEGERI 9,,,Malaysia,
KPI waiting time: Exclusion : No

Progress Of Disease

Previous Problems : Entry by Dr Syazwani
3 year 7 month old boy
Anas Bin Ahmad Izzuddin, 2Y7M, Male,SD01104082
Issue under paed cardio:
Small DCSA VSD, RCC prolapse, no AR
- Name in CTC elective list no #43

New Problems : Doing well at home
Active
No symptoms of failures

Physical Examination Paed Cardio

Vital Signs	:	12/10/2023	
		Vital Signs Chart	
	09:49	Pulse	102 /min
	09:49	Systolic Blood Pressure	109 mmHg
	09:49	Diastolic Blood Pressure	72 mmHg
	09:49	SPO2	100 %
Antropometry	:	12/10/2023	
		Growth Chart	
	09:49	Weight	13.6000 kg (0.0000- 250.0000)

09:49 | Length/Height | 102.500 cm

- General** : Comfortable, not tachypneic, well looking child, pink
CVS : S1S2, ESM grade 3/6 LUSE
Respiratory : Clear
Abdomen : Soft, not distended, no liver/spleen palpable

Echocardiography

Echo (Dr Putri):

Position: Situs solitus, levocardia
Segmental connections: AV and VA concordance
SV: Normal systemic venous connection
PV: Pulmonary venous connection not assessed
Atria: Normal LA, normal RA
IAS: Intact interatrial septum
MV: No MS, no MR
TV: No TS, physiologic TR
LV: Normal LV size, normal systolic function, LVIDd 33.3mm, LVIDs 23.4mm, LVEF 60%
RV: Normal RV size, normal systolic function
IVS: Small DCSA VSD measuring 3.1mm x 2.1mm (partial closed by prolapsed RCC), left-to-right shunt PG 60mmHg
LVOT: Unobstructed LVOT, no AS, significant RCC prolapse, no AR
RVOT: Unobstructed RVOT, no PS, no PR
PA: Unobstructed main PA, confluent and good sized branch PAs
PDA: No PDA
Aortic arch: Left arch with normal branching pattern and no coarctation
Effusion: No pericardial effusion, no pleural effusion

Imp:

Small DCSA VSD, RCC prolapse, no AR

Action Plan

- Treatment Measures** : Findings explained to parents - Prolapsed RCC is an indication for VSD closure. Name listed on elective name #45. Dental hygiene and SBE prophylaxis emphasize if patient undergoing any surgery
- Follow Up** : TCA 9 months

Attending Consultant

Attending Consultant : Dr Putri Yubbu

Authorized By : PED Putri binti Yubbu	Signature
Last Modified By : PED Putri binti Yubbu	Signature
Print Date / Time : 15/01/2024 09:43	Logged User : DRKGTIONG