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ГАУЗ «ДЕТСКАЯ РЕСПУБЛИКАНСКАЯ
КЛИНИЧЕСКАЯ БОЛЬНИЦА МИНИСТЕРСТВА
ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ ТАТАРСТАН»
PEDIATRIC CARDIOLOGIST, ECHOCARDIOGRAPHY RESEARCH

Names: A. I. Iagovpe, **years and 8 months, Date of birth: 02.11.2019**
Date of n **Hospital of the Ministry of Health of the Republic of Tatarstan** **ht: 12,6 kilograms Height: 90 centimeters**

Patient c **Cardiac Surgery Department**

Anamnesis: Congenital heart disorder has been diagnosed as a complete atrioventricular septal defect. It was estimated as an unbalanced form of atrioventricular conduction.

Operated in the Republican Cardiological Centre Ufa: 16.01.2018 – pulmonary artery banding, 23.08.2018 – bidirectional cava-pulmonary anastomosis including suturing pulmonary valve (D. V. Onegov). In the early postoperative period the patient underwent CVA.

Therapy: aspirin

Objective status: general condition is of moderate severity on CHD. Adapted	
Heart rate: 110 per minute	Breathing rate: 24 per minute Sat 02 88 %. Blood pressure: 106/61 mmHg
Vesicular respiration is used all over airways	
Heart sounds are clear and rhythmic	
Systolic heart murmur is 3-4/6 focus of disease is based on the left the area of conducting is the left margin of the sternum	
Liver is at the edge of the rib arc	
Peripheral swelling is absent	Pulse for a.femoralis is satisfied

ECHOCARDIOGRAPHY WITH DOPPLER ANALYSIS Vivid – E9

Heart (Location and formation): levocardia

Cava: Inferior vena cava syndrome drops by more than 50 % on inhalation,

Bi-directional cavopulmonary anastomosis is 13 mm at a speed of 0,6 meters per sec, right tributary is 8 mm, left tributary is 11 mm, laminar blood flow, depends on the phase of breathing

Pulmonary veins: drain into the left atrium, diameter is 6 mm, blood flow speed is 0,5 meters per sec

Atrial septum: atrial septal defect (first stage) with left-right discharge, 12 mm; central atrial septal defect (second stage) with left-right discharge, 6 mm

Interventricular septum: ventricular septal defect with right-left discharge, 5 mm, paradoxical movement of IVS

Atrioventricular valves: common, 13 mm in diameter with 1 stp failure in the right portion, Left component is 18 mm and has two papillary muscles, the mural leaflet is formed
The area of the left AV-component to the total area of the AV-valve is 0,42
The anterior bridgework valve is fixed to the IVS (Rasteli type A)
No pathology of the chordal apparatus and papillary muscles is detected
Great vessels: the aorta is normally located, VOLV is 10 mm, the valve is tricuspid, no insufficiency is detected.
Coronary arteries are visualized at a typical site
Pulmonary artery, valve ring is 12 mm, sutured, but along the edges of the suture, there is a direct blood flow with a total diameter of up to 2-2,25 mm at a speed of 5 meter per sec, peak GDM is 100 mmHg, average is 66 mmHg
6 mm above the valve ring, narrowing of the barrel to 5 mm (a cuff)
The dimensions of the heart cavities: hypoplasia (volumetric) LV-ICDO is 7,27 ml/m2, LV length/RV length is 0,77. The left ventricle is involved in the formation of the apex.
The ratio of the diameter of the left component to the right component is 0,9.
Aorta: valve ring is 11 mm, root is 15 mm, ascending is 16 mm, arch is 9 mm, isthmus is 6 mm, velocity is 1,43 meters per sec
Left atrium is 15 mm
Contractility is satisfactory
Interventricular septum is not thickened **Interventricular septum is 6 mm**
Left ventricle posterior wall is not thickened **Posterior wall of the left ventricle is 6 mm**
Left ventricle: Teicholz KDR is 15 mm, KSR is 10 mm, EF is 68%
Right ventricle is dilated, 24 mm
In the abdominal aorta, the blood flow of the main type at a speed of 0,8 meters per sec.

CONCLUSION: Atrioventricular communication, unbalanced form (hypoplasia of the left ventricle).

Operations:

16.01.2019 – narrowing of the pulmonary artery

23.08.2018 – bi-directional cava-pulmonary anastomosis with suturing of the pulmonary valve

Recommendations:

1. Aspirin 50 mg*1 time a day constantly after meals
2. Prevention of bacterial endocarditis: see memo
3. Additional examination (computed tomography, MR-tomography) in order to address the issue of the possibility of implementing biventricular/sequi (one and a half) ventricular repair

Doctor: / Signature / ***

**Republican Children`s Clinical Hospital of the
Ministry of Health of the Republic of Tatarstan
Cardiac Surgery Department**

Dear doctors and nurses, I am asking you for help. My child has an unbalanced type of a complete atrioventricular septal defect. Russian doctors are inclined to perform a Fontan procedure. However, we have been to another city where a more competent doctor told us a definitive repair was actually possible. To do it, we need to apply for help in one of the best hospitals. Yours one is exactly what we need. We want and hope to have a probing and operation at your clinic for further treatment. The most recent discharge from the hospital is attached. I can also send you the results of echocardiography but I need to know your e-mail or other means of connection.

Sincerely,
