

Name : Baby.AATIFA

UHID No : MAB-00056082

Advice:

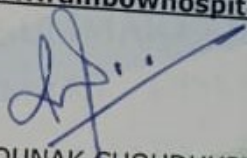
- 1.Catheter removal on Monday
- 2.PRACETAMOL DROPS (1ml/100mg) 0.5 ml sos or Maximum Four Time Daily for 3 days
- 3.DJ Stent Removal after 4 weeks
- 4.Syp TAXIM (5ml/50mg) 2.5 ml Twice Daily for 3 days
5. Review consultation with Dr. SAUMIL GAUR and Dr. ROBERT ANTONY CHARLES / Dr. SHOUNAK CHOUDURY on 10.09.2018 in OPD with prior appointment.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

In case of emergency contact 8884436000 emergency pediatrician on duty.
To take appointment for OPD consultation call 18002122 at Rainbow Children's hospital. Survey No.8/5, Marathahalli- KR Puram Outer Ring Road, Doddanekundi, Marathahalli, Bangalore-560037.

You can also take appointments at any time www.rainbowhospitals.in

Dr. SAUMIL GAUR
CONSULTANT PEDIATRICIAN &
CONSULTANT NEPHROLOGIST
107730


Dr. SHOUNAK CHOUDHURY
CONSULTANT PEDIATRIC SURGEON
71654
Dr.Shounak Choudhury
MBBS,DNB
Consultant Pediatric Surgery & Urology
KMC No-71654
Rainbow Children's Hospital, Bangalore.

The discharge advice and medication has been explained by Doctor in a language understood by me.

Parent/ Attender signature

Rainbow Children's Medicare Pvt. Ltd.

Marathahalli: KR Puram, Outer Ring Road, Doddanekundi. Ph: 1800 2122
Road: No 178/1 & 178/2, Opposite Janardhan Towers, Bilekahalli. **Emergency No.** - +91 80 66902200



For Appointments call: 1800 2122

APPOINTMENTS from our website at ANY TIME : Log on to "www.rainbowhospitals.in"

DISCHARGE SUMMARY

Name : Baby.AATIFA
Father / Guardian : D/O IMRAN
UHID : MAB-00056082 **Inpatient No** : IP7-00014664
Address : # 00, AATIFA D/O IMRAN TURAKANAGERI PETI BOUDI J M ROAD ,
BIJAPUR, BIJAPUR, KARNATAKA, INDIA
Age : 0 Y 4 M 6 D **Admission Date** : 30-Aug-2018 14:56:36
Gender : Female **Discharge Date** : 08-Sep-2018

Consultants : **Dr. SAUMIL GAUR** ,
CONSULTANT PEDIATRICIAN & CONSULTANT NEPHROLOGIST
Dr. ROBERT CHARLES ANTONY
CONSULTANT PEDIATRIC SURGERY
Dr. SHOUNAK CHOUDURY
CONSULTANT PEDIATRIC SURGERY

Diagnosis: BILATERAL GROSS HYDROURETERONEPHROSIS
BILATERAL ECTOPIC URETERS

SURGERY : CYSTO-GENITOSCOPY , RGP, and LEFT PCN ON 01/09/2018
LEFT URETEROCYSTOSTOMY WITH DJ STENTING ON 06/09/2018

History: Baby AATIFA ,0 Y 4 M 6 D old girl presented with the history of bilateral hydrouretero rephrosis left >right absent bladder and bilateral ectopic ureters. For the above complaints she was admitted to Rainbow Children's Hospital, Marathahalli,Bangalore for further management.

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 150 /min, and RR- 30 /min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly. Neurologically she was conscious and alert. Other systemic examination was normal.

Weight on admission : 4.2 kgs
Weight At Discharge : 4.28 kgs

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Name : Baby.AATIFA

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Investigations: Enclosed.

Her initial hemogram showed Hb of 10.9 gm/%, WBC count of 11200 cells/cumm, platelet count of 5.23 lakhs/cumm and CRP was 19 mg/l. S.electrolytes was normal creatinine was 0.3mg/dl.

Management:

She was admitted in the ward and started on IV antibiotics. Blood investigations were benign.

In view of Bilateral Gross Hydroureteronephrosis and ectopic ureters, Cystoscopy was done on **1.09.2018** under General Anaesthesia with Reterograde Pyelography and Genitogram followed by placement of Left Percutaneous Nephrostomy catheter was placed.

Intra operative Findings: Small Capacity bladder
Right Ectopic ureter with opening into urethra
Left ureter not visualised
Bifid vagina

The Percutaneous nephrostomy catheter had fallen off on 4.09.18. Hence **left ureterocystomy with DJ stenting** was done on 06.09.2018 under General Anaesthesia. Child remained hemodynamically stable and tolerated the procedure well.

DISCUSSION: Aatifa presented with history of continuous dribbling and bilateral hydro - uretero nephrosis. During initial evaluation she underwent cyto-genitoscopy and was opening in to urethra, small bladder and bifid vagina.

Left ureteric opening was not seen in view of radiological features of gross left hydrourethronephrosis and possibly pyonephrosis, left PCN was done however, the PCN tube had follow off accidentally on post.op day 3.

Since, the child comes from remote area and family was not keen to go back on PCN. As Comparison the left kidney ureters were grossly dilated and lower end could not be traced in both radiologically and during endoscopic assessment. Hence upon exploration left uretero - cystostomy was done, (anastomosing left ureter to dome of the bladder over 3Fr DJ stent). Parents have been explained that the child will need further evaluation before definitive surgery is offered in further.

As child is stable, taking orally well hence wbeing discharged with following advise.

At the time of discharge : She is active, afebrile and hemodynamically stable.

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Name: AATIFA
Ref. By: Dr. SAUMIL GAUR
PRN: 13213
Acc. No.: 25994

Age: 2 Years
Sex: F
Date: 24-Aug-2020
Modality: NM



RENAL CORTICAL SCAN

Renal Cortical scan was performed by injecting 1 mCi ^{99m}Tc- DMSA intravenously and delayed static planar images were acquired in posterior projections using High Definition detectors with low energy high-resolution collimation (Dual head SPECT system).

Findings:

Left kidney: Is normal in position and appears mildly enlarged in size. It reveals good radiotracer uptake by the parenchyma. Small cortical defect is seen at the superolateral aspect. Mild cortical blurring is seen at the inferolateral aspect. Increased tracer uptake is seen in the prominent upper ureter.

Right kidney: Is normal in position and smaller in size. It reveals diffusely reduced radiotracer uptake by the parenchyma with multiple defects in the cortical outline. Physiological radiotracer distribution is seen in rest of the abdomen.

	Left kidney	Right kidney
Split function (Geometric mean):	85 %	15 %

Impression:

- Mildly enlarged left kidney (compensatory hypertrophy) with good function and small scar/pyelonephritic focus at the superolateral aspect. There is significant interval regression in the extent of the scar at inferolateral aspect as compared to the prior study dated 30/08/2019.
- Smaller contracted right kidney with impaired function and multiple scars.

Dr. Murali R Nadig M.D. (AIIMS)
Consultant & Chief

Dr. Ganesh Kumar M M.D. (AIIMS)
Consultant

K. Priyanka
Dr. Priyanka K DNB
Consultant



**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little.

Baby.AATIFA

8123609096

2 Y 4 M 3 D /Female

R207-101679

28-08-2020 04:12 PM

MAB-00056082

28-08-2020 06:03 PM

Dr. THILAK BABU

/

TEST RESULT STATUS : VERIFIED

ULTRASOUND KUB

RIGHT KIDNEY

Measures 3.8 x 0.3cms small in size and there is mild upper pole calyectasis
Normal parenchymal echogenicity.
No calculus / focal lesion seen.

LEFT KIDNEY

Measures 5.2 x 0.9 cms , there is mild to moderate hydronephrosis with renal pelvi ectasia AP
diamter of renal pelvis measures 10 mm
Normal parenchymal echogenicity.
Normal cortical thickness and outline.
No calculus / focal lesion seen.

URETERS

Not dilated

URINARY BLADDER

Distended well and appears normal. No wall thickening / internal echoes / calculi

IMPRESSION:K/C/O BILATERAL ECTOPIC URETETS POST SURGICAL CORRECTION .

SMALL RIGHT KIDNEY

LEFT MILD TO MODERATE HYDRONEPHROSIS WITH RENAL PELVI ECTASIA

Thilak Babu

Dr. THILAK BABU

CONSULTANT RADIOLOGIST

Rainbow Children's Medicare Pvt. Ltd.

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Registered Office:

8-2-120/103/1, Survey No. 403,
Road No. 2, Banjara Hills,
Hyderabad - 500034, Telangana.