



EK PARIVARTAN

F O U N D A T I O N

Working for a Better Tomorrow

EK PARIVARTAN FOUNDATION REGISTRATION NO: 130

EK PARIVARTAN FOUNDATION PAN NO: AAATE9879M

EK PARIVARTAN FOUNDATION 80G NO: AAATE9879MF20221

EK PARIVARTAN FOUNDATION NGO DARPAN : DL/2019/0230573

EK PARIVARTAN FOUNDATION GUIDESTAR INDIA : 11308

EK PARIVARTAN FOUNDATION CSR REG NO : CSR00040314

EK PARIVARTAN FOUNDATION TM APP NO : 5822870

EK PARIVARTAN FOUNDATION MSME NO : DL-02-0040746

EK PARIVARTAN FOUNDATION WEBSITE : WWW.EPFNGO.ORG

EK PARIVARTAN FOUNDATION E-MAIL : INFO@EPFNGO.ORG

PATIENT NAME:	MASTER SOHAM KULKARNI
PATIENT FATHER NAME:	MR. SACHIN KULKARNI
DOB AND GENDER:	16 YR / MALE
DISEASE NAME	Suffering From 2.5mm VSD of Heart Hole by Born
TREATMENT HOSPITAL:	DEENANATH MANGESHKAR HOSPITAL & RESEARCH CENTRE MAHARASTRA
MRD NO:	1571234
DEPARTMENT NAME:	CARDIOTHORACIC & VASCULAR SURGERY
TREATMENT COST:	SIX LAKH AND TWENTY THOUSAND
PATIENT ADDRESS:	AHMADNAGAR (MH) 422605

TM





CARDIOLOGY DISCHARGE SUMMARY

Patient Name: Mast KULKARNI SOHAM SACHIN

MRD#: 1571234

Date Of Birth: 01/10/2009

Sex: Male

Visit Code: IP0001

Date of admission: 30/04/2026

Ward/Bed no: Basement D Male Gen Ward - 941

Date of discharge: 08/05/2026

Type of Discharge: Normal Discharge

CreatedDate: 08/05/2026 08:26

Speciality: CARDIOLOGY

Consultant: Dr. PILLAY USHA

DIAGNOSIS :

Infective Endocarditis

Restrictive Ventricular Septal Defect

Acute Decompensated Heart Failure

HISTORY OF PRESENT ILLNESS:

16 yr old male patient

Admitted with fever with loss of appetite

Keo restrictive VSD

Having vegetation on Mitral valve

Marfanoid featute

MIIF

Esr crp -raised

At present comfortable

Last fveer spike yestrday night

Bo-90/45

P-90/min

Ef -30%

Adv

IF protocol

Sned blood culture

TEE tomorrow

Ct antibiotics

Ct antifailure medication

Admitted for further management

COURSE IN HOSPITAL AND DISCUSSION:

A 16-year-old male, known case of restrictive VSD since childhood with irregular follow-up since 2015, was admitted on 30/04/2026 with complaints of intermittent fever, loss of appetite, and worsening symptoms since October 2025. Outside evaluation had shown suspected vegetation on the anterior mitral leaflet (AML). On admission, he was tachycardic, pale, in acute decompensated heart failure with S3 gallop and pansystolic murmur. Initial investigations revealed severe iron deficiency

Anemia (Hb 7.5 g/dl.), markedly elevated inflammatory markers (CRP >200), elevated NT-proBNP (> 200), severe vitamin D deficiency, and echocardiography suggestive of restrictive VSD with large vegetation over AML (14 × 13 mm), mitral valve prolapse with MR, and dilated aortic root without AR. Infective endocarditis protocol was initiated and three sets of blood cultures were sent prior to starting IV ceftriaxone (Monocef). Anti-failure therapy and vitamin D supplementation were started. During ICU stay, the patient remained hemodynamically stable without overt heart failure. Infectious disease and cardiology teams jointly managed the patient. Blood cultures remained negative throughout admission, likely influenced by prior oral antibiotic intake (Polypod CV) before hospitalization. TEE performed on 02/05/2026 showed large vegetation attached to tricuspid valve free wall of RV (5 × 5 mm), aneurysmal formation with perforation of AML, mild MR, and dilated aortic root. Culture-negative infective endocarditis workup including Brucella, Bartonella PCR, Galactomannan, BDG, and Coxiella serology was sent and subsequently returned negative. The patient remained afebrile for most of the hospital stay with occasional low-grade fever spikes early during admission, but gradually improved clinically and symptomatically on IV antibiotics. Dental evaluation revealed significant dental caries involving teeth 12, 16, 26, and 36, considered possible infective foci. Dental procedures advised included root canal treatment and extraction. Cardiothoracic surgery opinion was obtained, and the patient was diagnosed to have severe valvular involvement requiring mitral valve replacement along with tricuspid valve repair/replacement after adequate medical stabilization and infectious disease clearance. Surgical team advised detailed cardiac imaging before definitive surgical planning and considered the procedure high risk. As the patient remained clinically stable without signs of congestive heart failure and all blood cultures remained negative, the plan was made for discharge on IV ceftriaxone with advice to complete dental treatment at hometown, followed by readmission after 8–10 days for definitive cardiac surgery. Throughout hospitalization, the patient remained hemodynamically stable on anti-failure therapy and IV antibiotics with close monitoring by cardiology, infectious disease, and CVTS teams.

ECG:

Collect hard copy of the report

2 D ECHO:

Collect hard copy of the report

LAB REPORTS:

Collect hard copy of the report

MEDICATION ON DISCHARGE:

Inj Monocef 2mg 1-0-0 IV x till follow up

Tab Concor 1.25 Mg 1-0-0 x till follow up

Tab Aldactone 25 mg 0-1-0 x till follow up

Tab (Sacubitril + valsartan) 50 mg 1/2-0-1 x till follow up

Tab Empagliflozin 10 mg 0-1/2-0 x till follow up

Tab vitamin D3(2000 IU)Film coated tablet 1-0-0 x till follow up

Cap Pan 40 1-0-0 x till follow up

PLAN ON DISCHARGE:

Patient is being discharged with intracath for iv antibiotics

ADVICE ON DISCHARGE:

Follow up with Dr Bharat Purandare sir after 14 days

Get dental check up done at local hospital

Continue IV antibiotics as per advise

IN CASE OF EMERGENCY:

In case emergency if you have following symptoms refer to DMH-Emergency Room-1 which is available 24 x 7 for 365 days.

• Chest pain, breathlessness, back pain, profuse sweating, palpitation, Giddiness, Loss of consciousness,
Chest pain, Swelling, Bleeding, Fever

CONTACT NUMBER:

Cardiology OPD Reception: 020-49153271/72 (9am to 6pm)

EMH reception: 020-40151000/49153000

Ambulance Contact No: 020-4015-1540/108

OPD Appointment: 020-40151100

Special Needs:

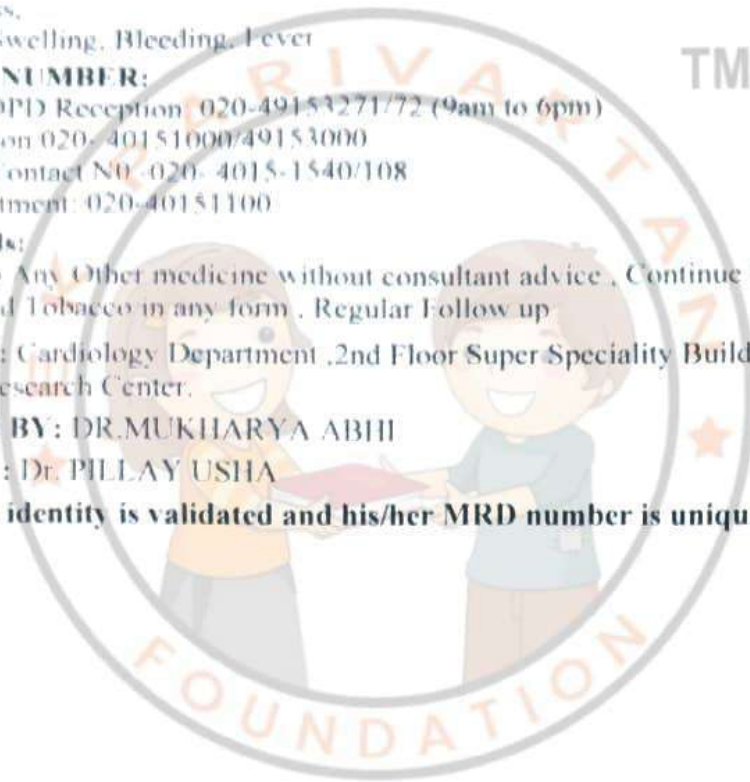
Don't stop Any Other medicine without consultant advice, Continue Cardiac Rehabilitation as per advice, Avoid Tobacco in any form, Regular Follow up

LOCALITY: Cardiology Department, 2nd Floor Super Speciality Building, Deenanath Mangeshkar Hospital & Research Center.

PREPARED BY: DR. MUKHARYA ABHI

SIGNED BY: Dr. PILLAY USHA

Note: Patient identity is validated and his/her MRD number is unique.





DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY

To,

This is to certify that Soham Kulkarni, MRD: - 1571234, Age:- 16 Yrs.

Under care of Dr. Karne Swapneel, Surgery: MVR+TV repair Date of Surgery :- _____

Surgery	Super Deluxe-A	Super Deluxe-B	Private Room (AC)	Private Room (Non AC)	Semi Private Room	General Ward
MVR + TV Repair/ Replacement	8,70,000/-	8,20,000/-	7,70,000/-	7,20,000/-	6,70,000/-	6,20,000/-

(Including 8days stay (5 Days in Room & 3 Days in ICU), OT Charges, Doctor Charges, OT Medicine on table up to 50,000/- and Post-op Test.)

2). This estimate does not include: -

Medicines and consumables from Pre-operative period till discharge
Food charges (Patient), Blood and if required any blood components

+ } 50,000/- Approx

3). Valve:- Metal -90,000/- Tissue Valve: - Epic/Ad valve- 2,00,000/-, Neo/ Ease/ Avalus- 2,80,000/-,
 Inspiris/Mitris/ Percival - 4,50,000/-

If required any of the following Charges could be Vary Due to unexpected developments, Investigations and treatment of non cardiac illness, treatment of complications in Cardiac Recovery/ ICU/Room, If need CABG, support of Intra Aortic Balloon Pump, Valve, Conduit, Pericardial Patch, Pace Maker or any other Implant. Stay more than 8 days, highly Medicine in Ward/ICU or OT, Vein Harvesting, Sternal Lock Set. Single Use (New) items can increase the estimate cost.

The above estimate is approximation for surgery without any complications. In the event of any complications the expenses may exceed the estimated cost. Our Hospital is not recognized under "Rajeev Gandhi Jeewandayee Yojana". Admission subject to availability of bed. To vacant allotted room at the time of patient shifting to Recovery Room before Surgery the total bill will change according to Ward / Room category. You are requested to pay the cost of operation one day before the date of surgery: as discussed. Blood arranged through hospital blood bank (SS Building Ground Floor) unfortunately if blood not available in blood bank so kindly need to arrange blood donors or try to reserve other outside blood bank. (Please draw D.D. / Banker's Cheque/ pay order in the name of "LMMF's Deenanath Mangeshkar Hospital".)

Advice Pre-op Test

• **Laboratory Tests – SS (New)Building 1st Floor / GS Building Ground Floor B Wing**

- | | | |
|----------------------------------|---|---------------------------------|
| 1). Haemogram | 2) BSL - Random / Fasting / Post-Prandial | 3).RFT |
| 4) LFTs | 5) HbA1C (If Diabetic) | 6) PT/INR |
| 7) Fibrinogen | 8) HIV, HCV, HbsAg Dot (If Not Done) | 9) Urine – Routine + Microscopy |
| 10) MRSA (Nasal & Axillary Swab) | 11) Others (Pl. Specify):- | |

• **Radiology Tests – SS (New)Building 1st Floor / GS Building Ground Floor B Wing**

- | | | |
|---|-----------------------------|---------------------------|
| 1). Chest X-Ray – PA View | 2). USG – Abdomen + Pelvis. | 3). Carotid Doppler (B/L) |
| 4). CT (IF REDO SURGERY) Check CT to rule out Retrosternal adhesions. | | |

• **Cardiology tests- SS (New)Building 2nd Floor Cardiology Department**

ECG & 2D ECHO

Name of Patient: SOHAM KULKARNI Age/sex: 17/M

Date-27.04.2026

2D-Echocardiography & colour doppler report

Impression:

CHD

Perimembranous VSD with left to right shunt

Normal Biventricular Function

Findings:

Visceroatrial situs solitus

SVC/IVC -> RA, 3PV->LA

2 atria

IAS intact

2 AV valves, structurally normal

AV concordance

2 ventricles, good biventricular function;

IVS shows (2.5 mm) perimembranous VSD restricted by

PSG - 80 mmHg

VA concordance

NRGA

No RVOTO

PA & brs confluent

No LVOTO/no AR

No PDA/no CoA



Cardiologist



भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

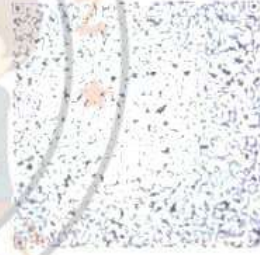
नोंदणी क्रमांक / Enrollment No.: 2821/10031/07317

To
सोहम सचिन कुलकर्णी
Soham Sachin Kulkarni
S/O. Sachin Madhukar Kulkarni,
Gavthan,
At/po Nilwande, Tel : Sangamner, TM
VTC: Nilawande, PO Sangamner,
Sub District Sangamner, District Ahmadnagar,
State Maharashtra,
PIN Code: 422605.

16307653



KD163076533FL



आपला आधार क्रमांक / Your Aadhaar No. :

0837

माझे आधार, माझी ओळख



भारत सरकार
Government of India



सोहम सचिन कुलकर्णी
Soham Sachin Kulkarni
जन्म तारीख / DOB: 01/10/2009
पुरुष / Male

आधार हा ओळखीचा पुरावा आहे. नागरिकत्व किंवा जन्मतारखेचा नाही.
हे फक्त पडताळणीसाठी वापरले जावे (ऑनलाइन प्रमाणीकरण किंवा QR कोडचे
स्कॅनिंग/ ऑफलाइन XML)

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML)

0837

माझे आधार, माझी ओळख

महाराष्ट्र शासन

तहसील कार्यालय : संगमनेर, जिल्हा : अहिल्यानगर



जा क्रमांक : 42021919610

दिनांक : 05 मे 2026

उत्पन्न प्रमाणपत्र (1 वर्षासाठी)

प्रमाणित करण्यात येते की, श्री / श्रीमती सचिन मधुकर कुलकर्णी राहणार . गाव निळवंडे, तहसील संगमनेर, जिल्हा अहिल्यानगर येथील अर्जदार आहेत. त्यांचे तलाठी अहवालानुसार व त्यांनी पुरविलेल्या माहिती / कागदपत्रानुसार त्यांच्या कुटुंबातील सर्व सदस्यांचे सर्व मार्गांनी मिळालेले एक वर्षाचे उत्पन्न खालील प्रमाणे आहे

वर्ष	वार्षिक उत्पन्न (₹)	अक्षरी (रुपये)
2025 - 2026	47,000	सत्तेचाळीस हजार

सदरचा दाखला श्री / श्रीमती सचिन मधुकर कुलकर्णी यांना देण्यात येत आहे.
हे प्रमाणपत्र 31 मार्च 2027 पर्यंतच वैध राहिल.



12512605041014156768

स्थळ : संगमनेर

दिनांक : 05 मे 2026



(With the seal of Office)

Digitally signed by
Dhiraj Balaso Manjare
Date: 2026-05-05 02:11:51 PM

तहसीलदार
संगमनेर

Printed By - OMTID : MH021800213 VLE Name : Raosaheb Martad Khatode, Date: 05/05/2026 2:33PM

माहिती तंत्रज्ञान (मात) अधिनियम, 2000 नुसार डिजिटल स्वाक्षरी असणारा हा दस्तऐवज कायदेशीरद्वारे वैध आहे.
पडताळणीसाठी - <https://aaplesarkar.mahaonline.gov.in> येथे भेट द्या.