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November 8, 2011

Mahmoud Yassin, M.D.  
115 West Lacey Road  
P.O. Box 537  
Forked River, NJ 08731

Re: Donovan Mulhall  
DOB: 04/05/2006

Dear Dr. Yassin:

I had the pleasure of seeing your patient, Donovan, in our office today. As you will recall, he is the 5-7/12-year-old little boy whose mom was evaluated during the pregnancy, as she had a history of losses and was carrying a twin gestation. Our evaluation revealed that Donovan's twin had tricuspid atresia, though unfortunately expired on his first day of life, as he had issues with prematurity and sepsis. Mom reports that Donovan has been on medications for ADHD since he was about 3-1/2 years of age, and was referred for baseline cardiac evaluation in this setting. He also has a history of retinopathy of prematurity and OCD, as well as autistic tendencies. He is presently on Focalin and risperidone, according to his mom. He was delivered prematurely at 27 weeks.

On physical exam, Donovan's weight was 36 pounds, and his height was 42-1/2 inches. Vital signs included a resting heart rate of 86-96 beats per minute, respiratory rates in the mid to high 20s, and blood pressure in the right upper extremity of 107/55 mmHg. He was warm, pink, well perfused, and in no acute distress. Good bilateral air entry was audible. He had a regular rate and rhythm with a normal S1 and S2. There was no significant ectopy or displacement of the PMI. There was a prominent vibratory, grade 2-3/6 systolic ejection murmur best heard along the left mid and left lower sternal border, which radiated to the left ventricular outflow tract. Diastole was clear at this heart rate. Pulses were 2+ and symmetric. Abdominal examination was benign.

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P2  
Mulhall

An electrocardiogram was obtained today, which demonstrated a normal sinus rhythm at 86 beats per minute. There was no evidence of ectopy or ventricular preexcitation. Only normal respiratory variation was noted. He has a normal QTc interval with normal progression of his precordial voltages. An echocardiogram was also performed, which is more comprehensively reported under separate cover, and which essentially demonstrated grossly normal segmental anatomy and function.

It is my impression that Donovan is presently stable from a cardiac standpoint. He has a physiologic murmur noted on exam, but there is no evidence of any significant structural or functional heart disease at this time. He does not require SBE prophylaxis or restrictions of activity. He has not been scheduled for reassessment, but certainly, we will be happy to see him at any time at your discretion if the need should arise.

Dr. Yassin, please allow me to thank you for the opportunity to have participated in the care of your patient today. Please know we welcome your phone calls at any time if there are ever any problems or questions.

Sincerely,



11/11/2011 7:55:42 AM

Elsa Imelda Castro, M.D., F.A.A.P., F.A.C.C.

EIC/dg

DICTATED BUT NOT READ

Job #: 132459688

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