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October 20, 2011

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

Re: Gianna Guiendon
DOB: 08/30/2007

Dear Dr. Yassin,

Your patient, Gianna, was seen for a followup cardiac evaluation. As you know, she is a healthy 4-year-old girl who has been followed since her birth with a moderate membranous ventricular septal defect, which has become smaller. She has done very well over the past 6 months since the last office visit. She does not appear to have any obvious cardiac or respiratory symptoms at play. Her past medical history is otherwise unremarkable. She is not receiving any chronic medications.

The physical examination today reveals a healthy-appearing, but very uncooperative young girl in no distress. There is no cyanosis. The brachial and femoral pulses are normal. The lungs are clear with good air entry. The heart rhythm is regular. S1 and S2 are normal. There is a grade 3/6 holosystolic murmur at the midsternal border with considerable radiation. There is no diastolic rumble. There is no hepatomegaly or peripheral edema present.

The echocardiogram was technically difficult because of poor patient cooperation. Nevertheless, the left ventricle is not enlarged. There is a moderate membranous ventricular septal defect which is mostly occluded with tricuspid septal tissue. There is a small left-to-right ventricular shunt. The peak Doppler velocity of the VSD shunt does not predict pulmonary hypertension. The atrial septum appears intact. There is no left ventricular outflow tract obstruction seen, and this aortic valve does appear structurally normal. There is no aortic valve prolapse or insufficiency.

ALPERT, ZALES AND CASTRO PEDIATRIC CARDIOLOGY, P.A.

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Guiendon

Gianna was born with a moderate membranous ventricular septal defect, which continues to become occluded with tricuspid septal tissue. There is only a small ventricular shunt. There is no pulmonary hypertension. There is no aortic prolapse or aortic valve insufficiency. Hopefully, this VSD will continue to close spontaneously. In the meanwhile, Gianna should not have any physical restrictions placed upon her. She does not require endocarditis prophylaxis precautions. I did suggest a followup office visit in 6 months.

Thank you for referring Gianna for a followup cardiac evaluation. If you have any questions regarding her, please contact me.

Sincerely,



11/3/2011 8:17:20 PM

Vincent R. Zales, M.D., F.A.A.P., F.A.C.C.

VRZ/dg