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December 14, 2011

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

Re: Dylan Sandquist  
DOB: 06/23/2004

Dear Dr. Yassin:

I had the pleasure of seeing your patient, Dylan, for cardiac reassessment today. As you will recall, he is the very sweet 7-5/12-year-old little boy who underwent completion of his Fontan for management of complex double-inlet left ventricle in September 2007. He continues to do well from a cardiac standpoint, though he has still been nagged by recurrent otitis media and is scheduled to undergo placement of PE tubes for a third time in January. He is presently on enalapril 2.5 mg p.o. b.i.d. and 1 baby aspirin daily.

On physical exam, Dylan's weight was 17.9 kg. Vital signs included a resting heart rate of 77 beats per minute, respiratory rates in the mid to high 20s, and pulse oximetry of 92%. He was warm, adequately perfused, and in no acute distress. Good bilateral air entry was audible. He had a regular rate and rhythm with a normal S1 and a single S2. There was no significant ectopy or displacement of the PMI. There was a soft, nonspecific systolic flow murmur noted along the left midsternal border. Diastole was clear at this heart rate. Pulses were 2+ and symmetric. Abdominal examination was deferred.

An electrocardiogram was obtained today, which demonstrated a normal sinus rhythm at 77 beats per minute. There was no evidence of ectopy or ventricular preexcitation on this tracing. He has grossly normal-appearing repolarization. An echocardiogram was also performed, which is more comprehensively reported under separate cover, and which continues to demonstrate Dylan's complex anatomy and physiology with a mildly dilated single left ventricle, low-velocity flow in the SVC, and overall good systolic function.

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P2

Sandquist

It is my impression that Dylan continues to do well from a cardiac standpoint. He has a complex cardiac defect, but is doing well clinically. He does not require strict restrictions of activity at this time, but SBE prophylaxis does continue to be indicated. There is no cardiac contraindication for his upcoming ENT procedure, though most certainly, cardiac anesthesia should be involved in his care. We have asked to see him again in 6 months, if that meets with your approval.

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,



12/15/2011 11:30:27 AM

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

EIC/dg

cc: Lisa M. Elden, M.D.  
Children's Hospital of Philadelphia  
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DICTATED BUT NOT READ

Job #: 132491978

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