



# Jan Sanjeevni Trust

Hands to Serve - Heart to Love

Reg. No. 1061

PAN No. AADTJ0816E

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJ0816E

Jan Sanjeevni Trust Website: [www.jstngo.org](http://www.jstngo.org)

Jan Sanjeevni Trust E-mail : [we@jstngo.org](mailto:we@jstngo.org)

<b>PATIENT NAME</b>	Soham Sachin Kulkarni
<b>GURDIAN</b>	Sachin Madhukar Kulkarni
<b>D.O.B/ SEX</b>	01/10/2009, Male
<b>DISEASE NAME</b>	Congenital heart disease
<b>TREATMENT HOSPITAL</b>	Deenanath Mangeshkar Hospital and Research Centre, Pune
<b>MRD NO.</b>	1571234
<b>DEPARTMENT NAME</b>	Cardiology
<b>TREATMENT COST</b>	850000/-
<b>GURDIAN'S OCCUPATION</b>	Farmer
<b>ADDRESS</b>	Nilwande, Sangamner, Ahmadnagar Maharashtra- 422605



@jansanjeevnitrust



Jan Sanjeevni Trust



Jan Sanjeevni Trust

# 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 (रूपये)
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 02:34:58 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 कायदेशीररित्या वैध आहे.  
पडताळणीसाठी - <https://aaplesarkar.mahaonline.gov.in> येथे भेट द्या.



**DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY**

To,

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

Under care of Dr. Karne Swapnil, 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/ A valves- 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 Jeevodayee 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 1<sup>st</sup> 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 1<sup>st</sup> 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 2<sup>nd</sup> 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

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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

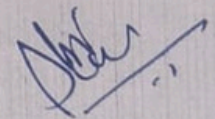
NRGA

No RVOTO

PA & brs confluent

No LVOTO/no AR

No PDA/no CoA



**Cardiologist**



## 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

Kco restrictive VSD

Having vegetation on Mitral valve

Marfankid featute

? IE

Esr crp -raised

At present comfortable

Last fveer spike yestrday might

Bo-90/45

P-90/min

Ef -30%

Adv

IE 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 (~700), 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,

Groin pain, Swelling, Bleeding, Fever.

**CONTACT NUMBER:**

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

DMH 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.



WWW.JSTNGO.ORG



Lata Mangeshkar Medical Foundation's  
**Deenanath Mangeshkar Hospital & Research Center**

Brandawane, Pune 411 004. Tel. : 020 40151000 / 49153000

Email : info@dmhospital.org, Website : www.dmhospital.org



H-2019-0683  
Since Sep 24, 2019

## Registration Card

Name / नाव : Kulkarni Soham Sachin

MRD No. :

नोंदणी क्र.:

1571234

**Bring this card with you during Hospital visits.**

**रुग्णालयात येताना हे कार्ड सोबत आणावे.**

PST/OFF/PAS/001

GEN007

