مستشفى توام
بالإشتراك مع
جونز هوبكنز الطبية

TW Tawam Hospital
P.O.Box 15258
Al Ain, Abu Dhabi
United Arab Emirates
+97137677444 +97137677634

EPI:	**EPI02-975-498**
MRN:	**TW10-266-497**
Patient:	**AL KAABI, AHMED IBAHIM ABDULLA**
FIN:	**007-952-617**
DOB:	05/11/2016 **Age:** 2 years **Sex:** Male
Fin Class:	**Daman Thiqa**
Attending Doctor:	Al-Amri ,Abdulla Lotf Hussein
Encounter Date:	17/06/2019 - 17/06/2019
Location:	PEDS TW **Rm:** **Bed:**

Medical Reports_Evaluation

Document Name:	Medical Reports/Evaluations
Result Status:	Auth (Verified)
Result Date/Time:	23/06/2019 09:46 GST
Performed By:	Komlya ,Aiko Marie as proxy for Al-Amri ,Abdulla Lotf Hussein (23/06/2019 08:42 GST)
Signed By:	Alkaram ,Sultan Mohamed Abdulrahman (24/06/2019 10:34 GST); Al Shibli ,Amar Ibrahim M.(23/06/2019 14:15 GST); Al-Amri ,Abdulla Lotf Hussein (23/06/2019 12:13 GST)
Verfied By:	Al-Amri ,Abdulla Lotf Hussein (23/06/2019 12:13 GST)
Reviewer:	

IPC MEDICAL REPORT

CONFIDENTIAL

Date:	**23 June 2019**
Patient Name:	**AL KAABI, AHMED IBAHIM ABDULLA**
Medical Record Number:	**10266497**
Date of Birth:	05/11/2016
Age:	2 years old
Gender:	Male
Nationality:	Emirati
Hospital:	Tawam Hospital

للمواعيد والاستفسارات والملاحظات For appointments, inquiries & comments 80050
www.seha.ae
SEHA Dialysis Services · Al Rahba Hospital · Al Ain Hospital · Mafraq Hospital · Al Dhafra Hospitals · Ambulatory Healthcare Services · Corniche Hospital
CONFIDENTIAL

Patient: AL KAABI, AHMED IBAHIM ABDULLA **MRN:** TW10-266-497

EPI: EPI02-975-498 **FIN:** 007-952-617

Medical Reports_Evaluation

Department/Division: Pediatrics-General

Treating Physician: Dr. Abdulla Lotf Al-Amri

To: **IPC Medical Board**

CONFIDENTIAL

HISTORY

Ahmed is a 2-year old boy with the following issues:

1. Preterm at 27 weeks gestation.
2. Part of twin (the other twin MRN: 10266494).
3. Intestinal failure due to NEC—requiring multiple surgeries and bowel resection.
4. Short bowel syndrome with residual bowel length of 73 cm which in continuity via a jejunoileal anastomosis.
5. On full enteral feed via GJ tube—no fundoplication (the tube has 2 ports, on is gastric used for drainage and the other is Jejunal used for feeding).
6. Last tube change was done in US on 23 January 2018 (next is due in 3 months most likely on 17 April 2018).
7. History colostomy, status post closure.
8. Swallowing impairment. The patient is NPO.
9. TPN associated cholestasis, status post liver biopsy and history biliary sludge.
10. Seizure disorder.
11. G6PD deficiency.
12. Chronic lung disease.
13. Grade III IVH.
14. History acute kidney injury.
15. History nutritional deficiencies.
16. Past history of acute kidney injury.
17. Developmental delay.

The patient was last seen on 06 March 2019.

Patient: AL KAABI, AHMED IBAHIM ABDULLA MRN: TW10-266-497

EPI: EPI02-975-498 FIN: 007-952-617

Medical Reports_Evaluation

RESPIRATORY:

- They went to USA last year for 10 months and mom states that he was fine there so they stopped all his nebulized medications.
- He returned back to UAE in January 2019 and since coming back, due to the weather, he started having coughing and wheezing again so he is back on all the meds.
- Currently, he is on Budesonide nebs 0.5 mg BID, Singulair granules 4 mg QHS, Ventolin Q 6 hourly and NS nebs Q4 hourly.
- He is also on Glycopyrrolate 0.3 mg TID.
- Nurse states that he is much better than before now and has minimal crackles sometimes only.
- No shortness of breath or wheezing unless very sick.
- Afebrile state.

NASAL:

- He used to have nasal congestion with increased nasal secretions all the time.
- He had enlarged adenoid. He was treated with antihistamine and Singulair by a private ENT and he had improvement in his symptoms but did not totally resolve.
- In USA, he had adenoidectomy and his snoring and nasal congestion improved but now for the past couple of weeks it started again.
- He is on Nasonex nasal spray OD.

NUTRITION:

- He has short gut syndrome and has a G-J tube.
- He is tolerating feeds (taking EleCare formula (240 ml water + 4 scoops formula --> over 4 hours).

Medical Reports_Evaluation

- Currently he is receiving milk for 17 hours + Pedialyte for 3 hours and then he is off feeding for 3 hours (used rate is 60 ml/hour)
- Passing stool 2-3 times per day—semi solid as per mom (no blood and no melena).

Refer below for additional information:

- The family travelled to the USA and stayed there for 10 months.
- Currently the patient is stable general condition,
- He is tolerating feeds (taking EleCare formula (240 ml water + 4 scoops formula --> over 4 hours).
- Currently he is receiving milk for 17 hours + Pedialyte for 3 hours and then he is off feeding for 3 hours (used rate is 60 ml/hour).
- Passing stool 2-3 times per day—semi solid as per mom (no blood and no melena).
- GJ was replaced on 3 January 2019 as per mom; to be kept for 6 months.
  - New size is 14 Fr, 1.2 cm x 15 cm AMT-- (3 ml balloon).
  - Due for change in July 2019.
- Respiratory wise he is in room air.
- However, mom reports that child's saturation decreases on/off if he has URTI (upper respiratory tract infection).

Past Medical History:

- Born preterm at 27 weeks in Oasis Hospital.
- Birth weight at 880 grams
- NICU admission for prematurity related concerns.
- Other details as in HPI (history of present illness) above.

CONFIDENTIAL

Patient: AL KAABI, AHMED IBAHIM ABDULLA **MRN:** TW10-266-497

EPI: EPI02-975-498 **FIN:** 007-952-617

Medical Reports_Evaluation

Procedure History:

- Catheter Broviac insertion PEDS on 18/1/2017.
- Ileostomy closure on 18/1/2017.
- Laparotomy exploratory PEDS on 23/11/2016.
- Catheter Broviac insertion PEDS on 13/11/2016.
- Laparotomy exploratory PEDS on 13/11/2016.

Family History:
Denies significant hereditary disease in the family.

Social History:

- Lives with parents.
- Has homecare nurse.

Allergies:
No known allergies.

Current Medications:

- Budesonide 0.5 mg BID.
- Glycopyrrolate 0.3 mg TID.
- ADEK 1 ml Daily.
- Ergocalciferol (8000 IU/ml) 0.5 ml daily.
- Omeprazole 15 mg BID.
- Loperamide 2 mg BID.

CONFIDENTIAL

- Ursodiol 100 mg BID.

Vaccines:

- He received routine vaccines during their stay in the US.
- He got RSV prophylaxis with Synagis.

REVIEW OF SYSTEMS

CONSTITUTIONAL: No fever and no decreased activity.
EYE: No recent visual problem.
EAR/NOSE/MOUTH/THROAT: No sore throat.
RESPIRATORY: No shortness of breath and no cough.
CARDIOVASCULAR: No tachycardia and no peripheral edema.
GASTROINTESTINAL: On GJ tube, no nausea, no vomiting, no diarrhea, and no constipation.
GENITOURINARY: No dysuria and no hematuria.
HEMATOLOGY/LYMPHATICS: No bleeding tendency and no swollen lymph glands.
ENDOCRINE: No cold intolerance and no heat intolerance.
IMMUNOLOGIC: No recurrent fevers and no recurrent infections.
MUSCULOSKELETAL: No joint pain and no trauma.
INTEGUMENTARY: No jaundice, no rash, and no dryness.
NEUROLOGIC: Alert.
All other systems are reviewed and are negative.

PHYSICAL EXAMINATION

VITAL SIGNS:

16/6/2019 15:45 UAE	Temperature Tympanic	36.9 degC
	Peripheral Pulse Rate	110 bpm
	Respiratory Rate	23 br/min
	Oxygen Saturation	98 %

MEASUREMENTS:

16/6/2019 15:45 UAE	Height/ Length	88 cm
	Weight	13.86 kg
	BSA	0.58 m2

Patient: AL KAABI, AHMED IBAHIM ABDULLA **MRN:** TW10-266-497

EPI: EPI02-975-498 **FIN:** 007-952-617

Medical Reports_Evaluation

Body Mass Index 17.9 kg/m2

GENERAL: No acute distress, +developmental delay.
Hydration: Within normal limits.
Skin: Within normal limits.
DEVELOPMENTAL MILESTONES: delayed.
EYE: Pupils are equal, round and reactive to light, and normal conjunctiva.
HENT: Oral mucosa is moist and no pharyngeal erythema.
NECK: Supple, non-tender, no lymphadenopathy, and no thyromegaly.
RESPIRATORY: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, symmetrical chest wall expansion, and no chest wall tenderness.
CARDIOVASCULAR: Normal rate, regular rhythm, no murmur, no gallop, normal peripheral perfusion, and no edema.
GASTROINTESTINAL: Soft, non-tender, non-distended, no organomegaly, J-tube in place; two ports, one for feeding and one for drainage.
LYMPHATICS: No lymphadenopathy neck, axilla, and groin.
MUSCULOSKELETAL: No tenderness. No swelling. No deformity.
INTEGUMENTARY: Warm, intact, moist, no pallor, and no rash.
Neurologic: Normal sensory, no focal defects, cranial nerves II-XII are grossly intact, spasticity in lower limbs, brisk DTR (deep tendon reflex), and axial hypotonia
Tone on MAS 2.

- Deep tendon reflexes: Bilateral, knee, 3+.
- Deep tendon reflexes: Bilateral, ankle, 4+ / clonus.

INVESTIGATIONS

Laboratory Workup:

16/6/2019 16:11 UAE

Total Protein	67 g/L
Albumin Lvl	41 g/L
Bili Total	7.0 micromol/L
Bili Direct	2.5 micromol/L
Alk Phos	**147 IU/L HI**
GGT	10 IU/L
AST	32 IU/L
ALT	38 IU/L
Vit D 25 OH Lvl	142.0 nmol/L

Patient: AL KAABI, AHMED IBAHIM ABDULLA **MRN:** TW10-266-497

EPI: EPI02-975-498 **FIN:** 007-952-617

Medical Reports_Evaluation

WBC	9.2 x10^9/L
RBC	**5.22 x10^12/L HI**
Hgb	**146 g/L HI**
Hct	0.41 L/L
MCV	79.3 fL
MCH	28.0 pg
MCHC	353 g/L
Platelet	312 x10^9/L
RDW-CV	**11.2 % LOW**
MPV	**9.50 fL LOW**

Radiographic Imaging:

- Abdominal ultrasound on 7 February 2018.
  - Normal sonographic appearance of the liver with no intrahepatic biliary dilatation or definite focal hepatic lesions. The common bile duct measures 0.18 cm.
  - The portal vein shows hepatopedal flow with a peak systolic velocity of about 27 cm/s and a Tamean velocity of 13.3 cm/s. The hepatic artery shows low resistive flow with a peak velocity of about 40 cm/s and a resistive index of 0.64. The hepatic vein shows triphasic flow.
  - The gallbladder appears unremarkable with no gallstones, gallbladder wall thickening or pericholecystic fluid.
  - The pancreas appears unremarkable. The spleen appears normal with no focal lesions measuring 8 cm in the longitudinal axis.
  - The right kidney measures 5.3 cm in the longitudinal axis with cortical thickness of 0.9 cm and is of normal echotexture. The left kidney measures 5.9 cm in the longitudinal axis with cortical thickness of 0.9 cm and is of normal echotexture. No hydronephrosis or urolithiasis. The urinary bladder is partially filled. No ascites.
  - There is minimal left pleural effusion.

IMPRESSION:

- Normal sonographic examination with unremarkable hepatic hemodynamics.

CONFIDENTIAL

- There is minimal left pleural effusion.

IMPRESSION AND PLAN

Seen by Pediatric Pulmonology:

1. Moderate persistent asthma, uncomplicated.
2. Disturbances of salivary secretion.
3. Gastro-esophageal reflux disease without esophagitis.
4. Global developmental delay.
5. Feeding difficulties.
6. Short gut syndrome.
7. G-J feeding.

PLAN:

1. Since his asthma symptoms are better now, will continue the Budesonide nebs BID and Singulair 4 mg PO QHS but will start weaning the Ventolin nebs to Q 8 hourly first and if still stable then BID and make the NS nebs PRN now. For the nasal symptoms, continue on Nasonex nasal spray OD as prescribed by her ENT in private. Continue Glycopyrrolate 0.3 mg TID. They are travelling to USA next month and are requesting a medical report that he is stable to travel.
2. Follow-up: Appointment/ Referral (no), he is travelling to USA.

Seen by Pediatric GIT:

UPDATES:

- Off Ursodiol since March 2019, discontinued as liver enzymes normal.
- Still on Omeprazole 15 mg BID.
- On EleCare formula, same feeding regimen as before.
- No jaundice, no abdominal distension.
- No new GI concerns.
- Follow-up for liver enzymes today as Ursodiol stopped x 3months.

للمواعيد والاستفسارات والملاحظات For appointments, inquiries & comments 80050 www.seha.ae
SEHA Dialysis Services | Al Rahba Hospital | Al Ain Hospital | Mafraq Hospital | Al Dhafra Hospitals | Ambulatory Healthcare Services | Corniche Hospital

Patient: AL KAABI, AHMED IBAHIM ABDULLA **MRN:** TW10-266-497

EPI: EPI02-975-498 **FIN:** 007-952-617

Medical Reports_Evaluation

- As previously documented, GJ tube last changed in January and is due for change in July, family has follow-up in USA for that procedure.

PLAN:

1. Continue on current feeding regimen.
2. Medication refill done: Multivitamins 1 ml daily and Omeprazole 15 mg BID.
3. Repeat LFTs (liver function tests), vitamin D level, and CBC.
4. Family asking for Medical Report; they are planning to go back to USA for GJ tube change.

Seen by Pediatric Neurology:

UPDATE ON 26 May 2019:

1. Seen with mother and home nurse.
2. Patient is generally same.
3. Not able to or stand, able to partially rollover.
4. No seizures.

MEDICATIONS:

1. Baclofen 6 mg TID increased to 7 mg TID.
2. Glycopyrrolate 0.25 mg TID.

This Medical Report issued based on family request for update about his condition as he is travelling back to USA.

Electronically Signed

DR. ABDULLA LOTF HUSSEIN AL-AMRI
Consultant, General Pediatrics
Department of Pediatrics
E-mail: aamri@seha.ae

CONFIDENTIAL

Patient: AL KAABI, AHMED IBAHIM ABDULLA **MRN:** TW10-266-497

EPI: EPI02-975-498 **FIN:** 007-952-617

Medical Reports_Evaluation

Contact No.: +97137677444

DR. AMAR AL SHIBLI, MD. FRCPCH
Consultant and Chief, General Pediatrics
Department of Pediatrics

DR. MOHAMMAD YOUSEF KHASSAWNEH
Consultant/Acting Division Chief, Neonatology
Chairman, Department of Pediatrics

DR. SULTAN MOHAMMAD ALKARAM
Consultant, Cardiology Division
Acting Chief Medical Officer
Tawam Hospital

HEALTH INFORMATION MANAGEMENT
TAWAM HOSPITAL
JOHNS HOPKINS MEDICINE
RELEASE OF INFORMATION SECTION

AA/amk

Electronically Signed By: Al-Amri , Abdulla Lotf Hussein on 23-Jun-2019 12:13
Transcribed By: Komlya , Aiko Marie on 23-Jun-2019 09:46

CONFIDENTIAL