

UNIVERSITY OF MIAMI HOSPITALS & CLINICS

NATIONAL CHILDREN'S CARDIAC HOSPITAL

1475 N. W. 12th Avenue • Telephone 547-6418  
P. O. Box 016217, Miami, Florida 33101

PT - TWIGG, ARLENA -  
CD - 12/6/78  
DR - D. TAMER, M. D.

107072

DR. WALTER C. PRICE

SEBRING  
FLORIDA

DEAR DR. PRICE:

WE EXAMINED ARLENA TWIGG AT 5 DAYS OF AGE ON 12/6/78.

WE LEARNED THAT SHE WAS BORN FULL TERM WITH BIRTH WEIGHT OF 6 LB. 8 AND 1/2 OZ. AND WAS NOTICED TO HAVE A HEART MURMUR SOON AFTER BIRTH.

SHE WAS DISCHARGED YESTERDAY AND AT HOME HAS BEEN ABLE TO TAKE 4 OZ. FEEDING Q 4 HR. WITHOUT EVIDENCE OF RESPIRATORY DISTRESS, SWEATING, STRIDOR, OR MARKED CYANOSIS. HER MOTHER HAS NOTICED SOME BLUENESS OF THE FOREHEAD AT TIMES.

IT WAS NOTED THAT THE PATERNAL GRANDMOTHER HAD A "BLUE BABY" WHO EXPIRED AT 3 DAYS OF AGE. THERE WAS A SIBLING OF THIS PATIENT WHO DIED 3 AND 1/2 YEARS AGO AT THE AGE OF 7 WEEKS WITH A CLINICAL DIAGNOSIS OF TETRALOGY OF FALLOT, ALTHOUGH NO AUTOPSY WAS OBTAINED.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE:

VITAL SIGNS:

HEAD/NECK:

CHEST:

HEART:

ON PHYSICAL EXAMINATION, THE INFANT APPEARED MODERATELY CYANOTIC AND IN NO DISTRESS. HEART RATE WAS 150 PER MINUTE, RESPIRATIONS WERE 38 PER MINUTE. EXAMINATION OF THE HEAD AND NECK WAS ESSENTIALLY UNREMARKABLE. THE CHEST WAS CLEAR. THE CARDIAC EXAMINATION DEMONSTRATED A PALPABLE THRILL AT THE

*12/18/78  
Pt in front  
of chest*

CONTINUED



UNIVERSITY OF MIAMI HOSPITALS & CLINICS  
NATIONAL CHILDREN'S CARDIAC HOSPITAL

1475 N. W. 12th Avenue • Telephone 547-6418  
P. O. Box 016217, Miami, Florida 33101

PT - TWIGG, ARLENA  
DR - D. TAMER, M. D.

107072

CONTINUED-PAGE 2

MID LEFT STERNAL BORDER, ASSOCIATED WITH A RIGHT VENTRICULAR LIFT. THERE WAS A LONG SYSTOLIC MURMUR, MAXIMUM IN THE 2ND AND 3RD LEFT INTERSPACE AND TRANSMITTED OVER THE ENTIRE LEFT CHEST AND TO THE RIGHT OF THE STERNUM AS WELL. THE FIRST HEART SOUND WAS INCREASED. THERE WAS A SUGGESTION OF A SYSTOLIC EJECTION CLICK IN THE PULMONIC AREA. THE 2ND HEART SOUND COULD NOT BE APPRECIATED AS SPLITTING. THE LIVER EDGE WAS PALPATED AT THE RIGHT COSTAL MARGIN. THE FEMORAL PULSES WERE PALPABLE AND NOT VERY STRONG: NEITHER WAS THE BRACHIAL PULSE EXTREMELY FORCEFUL.

ABDOMEN:

EXTREMITIES:

CYANOSIS OF THE PALMS AND SOLES WAS DEFINITE.

THE ELECTROCARDIOGRAM DEMONSTRATED A RIGHT AXIS DEVIATION, RIGHT ATRIAL ENLARGEMENT, RIGHT VENTRICULAR HYPERTROPHY (WITH QR PATTERN IN RIGHT CHEST LEADS AND UPRIGHT T WAVE). THE PROMINENT LEFT PRECORDIAL LEADS RAISED THE QUESTION OF ASSOCIATED LEFT VENTRICULAR HYPERTROPHY AS WELL.

THE FILM TAKEN IN THE OTHER HOSPITAL DEMONSTRATED RATHER ROUNDED HEART WITH PROMINENT RIGHT ATRIAL AND PULMONARY ARTERY SEGMENTS AND INCREASED PULMONARY MARKINGS.

BECAUSE OF THE OBSERVED CYANOSIS AND IN AN EFFORT TO UNCOVER THE PRECISE ANATOMY, THE INFANT WAS TRANSFERRED FOR ADMISSION TO THE JACKSON MEMORIAL HOSPITAL WHERE CARDIAC CATHETERIZATION IS PLANNED.

CONTINUED

1475 N. W. 12th Avenue • Telephone 547-6418  
P. O. Box 016217, Miami, Florida 33101

PT - TWIGG, ARLENA  
DR - D. TAMER, M. D.

107072

CONTINUED-PAGE 3

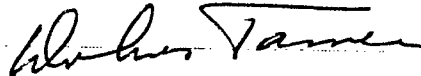
UNFORTUNATELY, MY SUSPICION IS THAT THIS WILL NOT TURN OUT TO BE A SIMPLE OR COMMON HEART DEFECT, BUT MAY BE A RATHER COMPLEX LESION. I AM WITHHOLDING ANY COMMITMENTS UNTIL THE HEART CATHETERIZATION, HOWEVER.

IT IS POSSIBLE THAT IN THIS FAMILY THE RISK OF CONGENITAL HEART DEFECT IS INCREASED AND I SUSPECT THAT AT SOME TIME IN THE FUTURE, A VISIT WITH THE GENETIC COUNSELING DEPARTMENT WOULD BE IN ORDER.

I HOPE THESE PLANS ARE SATISFACTORY.

THANK YOU FOR REFERRING THE PATIENT TO US.

SINCERELY YOURS,



DOLORES TAMER, M. D.  
PEDIATRIC CARDIOLOGIST

DT/JS 3042  
D 12/6/78  
T 12/10/78  
TRANSCRIBING, INC.

PS - The Cardiac catheterization showed  
Transposition of the great arteries with  
Ventricular septal defect. She was  
discharged 12/13/78 on lanoxin, to return 1/3/79

WT