**Annexure- CM - Cardiology**

**Spectrum of Diagnosis in the Specialty of Cardiology:** Spectrum of diagnosis available in the department in last 3 years

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| **Spectrum of Clinical Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** |
| **2019** | **2018** | **2017** |
| Primary Percutaneous Coronary Intervention |  |  |  |
| Coronary Angiography |  |  |  |
| Elective Coronary Angioplasty |  |  |  |
| Renal Angioplasty |  |  |  |
| Peripheral Angioplasty and Stenting |  |  |  |
| Coarctoplasty |  |  |  |
| AAA stenting |  |  |  |
| Aortopulmonary Collateral Closure |  |  |  |
| Atrial Septal Defect - Device Closure |  |  |  |
| Ventricular Septal defect - Device Closure |  |  |  |
| Patent Ductus Arterisus - Device Closure |  |  |  |
| Pericardiocentesis |  |  |  |
| Ballon Septostomy |  |  |  |
| Temporary Pacing |  |  |  |
| Permanent Pacing |  |  |  |
| Electrophysiology and Radiofrequency Ablation |  |  |  |
| Cardiac Resynchronisation Therapy |  |  |  |
| Implantable Cardioverter Defibrillator |  |  |  |
| IVC Filter |  |  |  |

**Date:**

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| **Signatures of Head of the Department** **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**(Authorized signatory on behalf of applicant hospital) |