सेवा मे
श्रीमान अध्यक्ष जी
सुख समृद्धि ट्रस्ट
डी० - 31 - पाण्डव नगर दिल्ली

Fund
Refer to Board of trustees
[signature]

बच्चे के ईलाज की सहायता के लिये

महोदय

निवेदन है कि मै सुभाषराय निवासी ग्राम बचीतारी पो० समुखिया, जिला बाका बिहार 813102 मेरा बेटा अंकित कुमार आयु 10 वर्ष को दिल की बिमारी है दिल्ली एम्स में ईलाज हो रहा है आपरेशन का खर्चा 60000-00 बताया है मै गरीब गरीब आदमी हू कृपया सहायता देने का कष्ट करे इतनी रकम नही है कृपया सहायता देने का कष्ट करे।

तारीख - 30-5-25

प्रार्थी
सुभाष राय
(सुभाष राय)
निवासी - ग्राम बचीतारी
पो० समुखिया जिला बाका
बिहार

Patients Name :- Ankit Kumar
Age - 10 years
OHID - 10812751B

दिनांक 11/06/2025 को Board of Trustees की मीटिंग में Rs. 60,000/- चिकित्सा सहायता राशि स्वीकृत की गई

[signature] 11/06/2025
RAMESH SAINI
PRESIDENT
SUKH SAMRIDHI TRUST

Sukh Samridhi Trust

Reg. No.10778

We Serve Society The Best

PAN NO. AALTS1051L | D-31/A, IInd Floor, Pandav Nagar, Delhi-110092 | Mob. : 7428130602

Web : www.sukhsamridhitrust.org | E-mail : Sukhsamridhitrust6@Gmail.com

Ref. No.....

Date 20/05/2025

Sponsorship form for a Disabled Child Treatment/ Education

Name : Ankit Kumar

Date of Birth : 7/9/2024

Disease/ Disability : Tof

Treatment Prescribed : .....

Add of rehab centre/School : .....

Father/mother/guardian Name: Sukhdeo Ram

Occupation : .....Income PM 8,000/-

No. of Earning Members : One

Any financial assistance for the same purpose if yes received form.....

..... A...../Requested Elsewhere .....

Expense on Treatment

- Purchase of Rehabilitation equipment
- Therapy equipment. Music equipment
- Specific therapies/play therapy
- Muscle relaxant drugs
- Botox phenol/nerve block
- Hyperbaric oxygen therapy
- Reflexology
- Special education/ speech/therapy
- Any other /surgeries

Total Amount : 60,000/-

I declare that the information given above is correct and complete in all respect and I am not in position to arrange funds for treatment/ special education of my child.

Signature parent

physician/Treating doctor's Signature
Dept. of C.T.V.S.
G.N. Centre, A.I.I.M.S., New Delhi

CARDIO - THORACIC & VASCULAR SCIENCES
THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

Date 23/07/2025

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms. / रोगी का नाम श्रीमान / श्रीमती Ankit Kumar

Age / उम्र 10 years Sex / लिंग M CV No /CTVS No / सीवी संख्या / सीटीवीएस संख्या 2025/CTV/000479

UHID No / यूएचआईडी संख्या 10812718

Nature of Disease / रोग का नाम TOF

Nature of Surgery / Procedure required / सर्जरी / प्रक्रिया की आवश्यकता Surgery

Units of Blood required for operation / ऑपरेशन के लिये आवश्यक रक्त की यूनिट 4 Unit Blood

Package charges for Surgery / Procedure / सर्जरी / प्रक्रिया के लिये पैकेज शुल्क 60,000/-

The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in

favour of **"AIIMS CT PATIENT'S A/C"**
(A/c No. 10874584258, IFSC Code : SBIN0001536)
(for CTVS Patients)

"AIIMS ANGIOGRAPHY PATIENT'S ACCOUNT"
(A/c No. 10874584269, IFSC Code : SBIN0001536)
(for Cardiology Patients)

The said estimate will be valid for employees of CGHS/ESI/Govt. undertakings and their beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

उपयुक्त राशि को नीचे दिये गए सम्बंधित पक्ष में बैंक ड्राफ्ट / इलेक्ट्रोनिक हस्तांतरण द्वारा अग्रिम रूप से जमा किया जाना चाहिए।

"एम्स सीटी पेशेंट अकाउंट"
(A/c No. 10874584258, IFSC Code : SBIN0001536)
(सी.टी.वी.एस सर्जरी के लिए)

"एम्स एन्जिओग्राफी पेशेंट अकाउंट"
(A/c No. 10874584269, IFSC Code : SBIN0001536)
(कार्डियोलोजिस्ट परामर्श के लिए)

अनुमानित व्यय सीजीएचएस / ईएसआई / सरकार स्वायत संख्या और उनके लाभार्थियो तथा कर्मचारियों के लिए भी मान्य होगा। यह राष्ट्रीय आरोग्य निधि प्रधान मंत्री राहत कोष और अन्य स्त्रोतो से वितीय सहायता मागने के लिऐ भी लागू होगा।

For any query related to package charges / money deposition, please contact Account Section Room No. 105 (Basement, C.N. Centre)

पैकेज शुल्क / रूपये जमा करने से संबंधित किसी भी पूछताछ के लिए, कृपया लेखा अनुभाग कमरा न 105 (बेसमेंट, सी एन सेंटर) मे सपंर्क करे।

वरिष्ठ रेजीडेंट/Senior Resident
सी.टी.वी.एस. विभाग/Deptt. of C.T.V.S.
हृद तंत्रिका केन्द्र, अ.भा.आ.सं., नई दिल्ली
C.N. Centre, A.I.I.M.S., New Delhi

(Signature & Rubber Stamp of Consultant)

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०
अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre O.P.D.

Address VILL BAGHITARI ,,DIST BANKA ,BIHAR

दिनांक/Date

C+S 129144

विभाग
Deptt.

Dept. Reg. No. 0004979

Reg.Date-07/04/2025
Clinic No. 129144/2025

Dept. CARDIOLOGY
General

UHID-108127518

यू०एच०आई०डी०स
UHID No.

Name Mr. ANKIT KUMAR
S/O- SUBHASH RAY
Phone No. 7463853164
DOB 14/02/2015 (M/10Y)
Room 20 (Shift Morning)
Prof A.K. Bisoi

Address VILL BAGHITARI ,,DIST BANKA ,BIHAR

निदान
Diagnosis

Accepted For RCR ↳ Dr. A.K. Bisoi Sir
(DOA- 12/6/25)

Room 20
07/04/25

- To deposit 60,000/- in Amr of Pt Attendant
- To donate 4 units in Allied RNC blood bank.
- CBC, RFT, LFT, CRP
- (as above) LOA Explained

Please share your feedback to improve our hospital

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०
अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक Date 10812751

विभाग Deptt. C
नाम Name Ankit KR
उम्र Age 10
यू०एच०आईडी०सं० UHID No. 49779/25
पुत्र/पुत्री/पत्नी S/D/W
लिंग Sex M
निदान Diagnosis

TOF.

Spells (+)

Ad

CT₀ - Admit
Hydrate
↓
CTA
(Early referral)

17/3/25

21 (31)
17/7/25

17/3/25

Regrets no beds available

To f/w on 21/3/25 →
CTA @ 4PM.

T. Cetirizine 10mg 1/2 HS x 5 days

Please share your feedback

LH2002250316 108127518

LC2002250593 108127518
ANKITKUMAR

LC1103252183 108127518
ANKITKUMAR

हृदय वक्ष

अ० भा० अ
Cardiothoracic & ntre, ...
A.I.I.M.S., New Delhi-110029

दिनांक/Date

विभाग
Deptt.

यू०एच०आई०डी०सं०
UHID No.

CV 2025/014/0004979
UHID: 108127518
Date 19/02/2025
Name ANKIT KUMAR
S/O SUBHASH RAY
Phone No. 7463853164
Consultant Room 21
SR Room 14

₹0 Cardiology
Paed.Cardiology

10Y 5D /M

General
Dr. Lamk Kadiyani
DR SUAD

Prv. Reg. No.

SPO2 72

wt-20kg

D-CCHD | LOp | TOF | ~~Seizure disorder~~

Adv

- T. Met XL 25mg 1/2 - 0 - 1/2
- Syp Tonafucon (5ml (80mg) 4ml OD
- R/w c reports
- Continue AEDs

R.21 (43)

24/2/25

भारत सरकार
Government of India

आधार

अंकित कुमार
Ankit Kumar
जन्म तिथि / DOB : 07/09/2014
पुरुष / MALE

9879 0473 8585

VID : 9148 8901 9878 8998

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
S/O: सुभाष राय, ग्राम बघीतारी, पो- समुखिया, जिला-बांका, बांका, बिहार, 813102

Address:
S/O : Subhash Ray, Village Baghitari, PO Samukhiya, Dist- Banka, Banka, Bihar, 813102

9879 0473 8585

VID : 9148 8901 9878 8998

1947 | help@uidai.gov.in | www.uidai.gov.in

भारतीय विशिष्ट पहचान प्राधिकरण

Uniqûe Identification Authority of India

Address:
S/O: Sattan Ray, House- no. 10,
Gram- Kanodi, Post- Samukhiya,
Panchayat- Samukhiya, Thana-
Banka, Samukhia, Banka,
Bihar - 813102

पता:
आत्मज: सत्तन राय, हाउस- न. 10, ग्राम-
कनोदी, पोस्ट- समुखिया, पंचायत- समुखिया,
थाना- बांका, समुखिया, बांका,
बिहार - 813102

2355 0204 7946

भारत सरकार

Government of India

सुभाष रय

Subhash Ray

जन्म तिथि/DOB: 01/01/1988

पुरुष/ MALE

2355 0204 7946

मेरा आधार, मेरी पहचान

DEPARTMENT OF CARDIOTHORACIC AND VASCULAR SURGERY, AIIMS ANSARI NAGAR, NEW DELHI, 110029

DISCHARGE SUMMARY

NAME: ANKIT KUMAR	**AGE:** 10 YEARS	**SEX:** MALE
UHID: 108127518	**CR NO:** C-058014-25	**CTVS NO:** 129144
BLOOD GROUP: A POSITIVE	**WEIGHT:** 20.52 KG	**CV NO:** 0004979
MOBILE NO: 7463853164	**ADDRESS:** BANKA, BIHAR	**C/O:** SUBHASH RAY
DATE OF ADMISSION: 9/6/2025	**DATE OF SURGERY:** 18/6/2025	**DATE OF DISCHARGE:** 24/06/2025.

FACULTY: PROF AK BISOI, DR AMITABH SATSANGI
RESIDENTS: DR PRATIK, DR PRADEEP Z, DR AMAN

DIAGNOSIS: CCHD, DEC Qp, TOF, S/A VSD, NO ADD VSD, SEV PS(VAL+INF), REST VL NL, NL BV FN, CONF PA'S, APC-, NSR

SURGERY: (18/06/2025) : ICR (TRANS RA PTFE PATCH VSD CLOSURE WITH TRANS RA/RVOT MUSCLE BUNDLE RESECTION) WITH RVOT PATCH AUGMENTATION USING UNFIXED AUTOLOGOUS PERICARDIUM WITH TV VEGETECTOMY & PDA CLIPPING

INVESTIGATIONS:

2-D ECHO (21/02/2025) **CONSULTANT CARDIOLOGIST : DR LAMK**

SS, LC, 3PV>LA, AV-VA-C. NRGA, LT ARCH
LARGE NON RESTRICTIVE PM VSD WITH 50% AORTIC OVERRIDE, BD SHUNTING, NO ADDLN VSD
SEV VALVULAR AND SUBVALVULAR PS (PSG 90 MMHG)
BL CONFLUENT PAs NL BV FNC, SMALL PFO +
NO VEG, CLOT, PE. NL LVFN 60%, RVVO+

CTA FOR CHD (22/03/2025) :
ABDOMINAL SITUS: SOLITUS; BRONCHIAL SITUS: SOLITUS; ATRIAL SITUS: SOLITUS; CARDIAC POSITION: LEVOCARDIA
SYSTEMIC VEINS: NORMAL DRAINAGE
PULMONARY VEINS: NORMAL DRAINAGE
VENO-ATRIAL CONNECTIONS: AS DESCRIBED.
ATRIA: NO LARGE ASD. DILATED RA.
ATRIOVENTRICULAR CONNECTIONS: CONCORDANT.
VENTRICLES: SUBAORTIC VSD. DILATED RV.
VENTRICULO-ARTERIAL CONNECTIONS: CONCORDANT

AORTA: LEFT SIDED AORTIC ARCH WITH COMMON ORIGIN OF RBCA AND LCCA.
PULMONARY ARTERY: INFUNDIBULAR AND VALVULAR PS. CONFLUENT PAS.
RPA: 10.6 MM(HILUM); LPA: 11 MM(HILUM); DTA: 12.6 MM
PDA: ABSENT.
CORONARIES: ARISING FROM SEPARATE PA FACING SINUSES.
LUNG PARENCHYMA AND MEDIASTINUM: UNREMARKABLE.
NO SIGNIFICANT AORTO-PULMONARY COLLATERALS.

IMPRESSION:
TOF , CONFLUENT PAS.
NO SIGNIFICANT AORTO-PULMONARY COLLATERALS.

OPERATIVE FINDINGS:
STERNUM NL, THYMUS EXCISED, INNOMINATE VEIN + ,
PERICARDIUM NORMAL, NO PERICARDIAL EFFUSION, CARDIOMEGALY + RVH++
SS,LEVOCARDIA,NRGA, NORMAL SYS AND PULMONARY VENOUS DRAINAGE, AORTA : 3 CM, PA : 1.5 CM
TRANS RIGHT ATRIAL : TV : ?HEALED VEGETATION OVER SEPTAL LEAFET AND ANTERO-SEPTAL COMMISSURE
SINGLE 2 X 2 CM MALALIGNED PM-VSD
CS : NORMAL
TRANS RVOT : HYPERTROPHIED MUSCLE BUNDLE +
PA-CONFLUENT GOOD SIZED, NORMAL SYSTEMIC AND PULMONARY VEIN DRAINAGE,
PERICARDIUM CLOSED TILL GREAT VESSELS, BILATERAL PLEURA INTACT
DRAINS= PERICARDIAL, PW= 2A, 2V
RA-PA STEP UP 2%, PRVLV : 0.8

CPB DETAILS :
CPB TIME –112 MINS ;AoXCL TIME –28 MINS ;LOWEST TEMPERATURE – 32*C
ANTEGRADE CARDIOPLEGIA – DELNIDO COLD BLOOD CARDIOLPLEGIA (400 ML)
CANULA : SVC : 18 FR, IVC : 24 FR, AORTA : 16 FR
FLOWS : NORMOHERMIC : 2 L/MIN, HYPOTHERMIC : 1.66L/MIN

OPERATION NOTES:

MIDLINE STERNOTOMY- THYMUS EXCISED-RIGHT ECCENTRIC PERICARDIOTOMY-PERICARDIAL STAYS-CARDIAC ANATOMY WAS NOTED- AS ABOVE- DOUBLE AORTIC PURSESTRING WITH PROLENE 4-0 17MM DOUBLE ARM-HEPARINISATION (4MG/KG)-AORTIC CANNULATION,OSCILLATION AND LINE PRESSURE WERE GOOD-SVC PURSESTRING AND SVC CANNULATION-AFTER CHECKING FOR ACT(>480s) BYPASS ON- SVC LOOPED- IVC PURSESTRING TAKEN AND CANNULATION- BY DISSECTING AROUND THE IVC, CREATING SPACE IN OBLIQUE SINUS,IVC WAS LOOPED AND SNUGGED- STARTED COOLING TO 32 DEGREE CELSIUS-CARDIOPLEGIA PURSESTRING,CARDIOPLEGIA CANNULA WAS PLACED -AoXCl APPLIED--ANTEGRADE COLD BLOOD CARDIOPLEGIA WAS ADMINISTERED-HEART ARRESTED IN DIASTOLE-ICE COLD SALINE FOR TOPICAL COOLING- RA OPENED -INTRACARDIAC ANATOMY ASSESSED- GORETEX PATCH FASHIONED TO THE VENTRICULAR SEPTAL DEFECT- VSD CLOSED WITH PATCH WITH 5-0 PROLENE 17 MM CONTINUOUS SUTURES - RV OPENED AT RVOT - RVOT MUSCLE BUNDLE -

HYPERTROPHY + - MUSCLE BUNDLE RESECTED – ADEQUACY CHECKED USING HEGAR DILATORS – RVOT CLOSED USING UNFIXED AUTOLOGOUS PERICARDIAL PATCH -RA CLOSED IN DOUBLE LAYERS USING 6-0 18MM PROLENE SUTURES-REWARMING STARTED - CPB WEANED OFF - CLAMP OFF - ROOT VENT THROUGH CARDIOPLEGIA SITE - SVC AND IVC SNUGS REMOVED - DE AIRING DONE— PRVLV 0.8, STEP UP 2% — SVC & IVC CANNULA REMOVED-PACING WIRES 2RA, 2RV WERE PLACED- PERICARDIAL DRAIN PLACED- PROTAMINE INFUSED-AORTIC DECANNULATION DONE AND REINFORCED THE AORTIC CANNULA SITE -HEMOSTASIS RECHECKED-STERNUM CLOSURE WITH POLYESTER SUTURES - SUBCUTANEOUS, SKIN CLOSED - ASEPTIC DRESSING DONE.

POST OP COURSE: UNEVENTFUL

DISCHARGE MEDICATIONS:

TO CONTINUE	TO STOP AFTER 5 DAYS
T. ENUAS 2mg BD	Syp. PCM 300mg P/O TDS
~~T. LASIX~~ 5mg P/O BD Syp Furosemide	T. PANTOP 20mg P/O OD

INSTRUCTIONS:

- FLUIDS RESTRICTED TO <900 ML IN 24 HOURS.
- FOLLOW DIET RESTRICTIONS
- REPORT IMMEDIATELY IF :
  - FEVER MORE THAN 2 DAYS,
  - BLEEDING/ DISCHARGE FROM WOUND,
  - DECREASED URINE OUTPUT, WORSENING OF SYMPTOMS,
  - SHORTNESS OF BREATH, GIDDINESS,
  - INTENSE HEADACHE, BLACKOUTS
- VISIT OPD 20 AFTER ONE WEEK, ONE MONTH, THREE MONTHS, SIX MONTHS, ONE YEAR AND THEREAFTER YEARLY
- FOLLOW UP IN CTVS OPD ROOM 20 MONDAY/WEDNESDAY/FRIDAY 2PM TO 5 PM AFTER 7 DAYS WITH CXR REPORT & ECG
- STITCH REMOVAL IN CN CENTER, ROOM NO.28 MONDAY/WEDNESDAY/FRIDAY, AT 12PM AFTER 7 DAYS

THIS DOCUMENT IS VERY IMPORTANT. PLEASE LAMINATE IT.

CONSULTANT: PROF AK BISOI, DR AMITABH SATSANGI

Dr B. KANMANIYAN
SR CTVS
For Dr. AMITABH. S
24.06.2025

DR. MEGHNA BANERJEE
Senior Resident
Department of Cardiothoracic and Vascular Surgery
AIIMS, New Delhi -110029
DMC Reg No. 117106