SUKH SAMRIDHI TRUST

RUDRA PATHAK

PATIENT NAME	:	RUDRA PATHAK
FATHER'S NAME	:	CHAMAN PATHAK
AGE	:	5yrs
TREATMENT	:	ASD CLOSER + PADV
DATE OF ADMISSION:		09/07/2024
DATE OF SURGERY	:	11/07/2024
DATE OF DISCHARGE:		16/07/2024

Reg. No.10778

Sukh Samridhi Trust

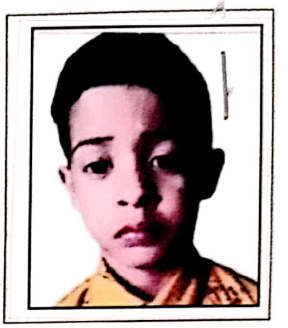
We Serve Society The Best

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.....

Sponsorship form for a Disabled Child Treatment/ Education



Name : RUDRA PATHAK

Date of Birth : 5 Years

Disease/ Disability : ASD, ASD CLOSURE

Treatment Prescribed : ASD CLOSURE + PADV

AIIMS NEW DELHI

Add of rehab centre/School : UHID - 107043707

Father/mother/guardian Name: CHAMAN PATHAK

Occupation : AGRI. **Income PM** 5000 /- Five thousand

No. of Earning Members : One

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

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

Expense on Treatment

Surgery - 11/07/2024

- 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 : Rs. 99,000 /-

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.

चमन पाठक

Signature parent

SRCT VS

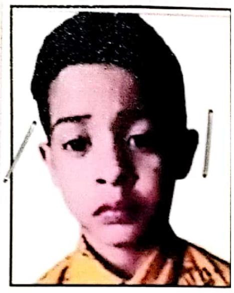
physician/ doctor's signature

वरिष्ठ रेजीडेंट / Senior Resident 8-04-2024
सी.टी.वी.एस. विभाग / Dept. of C.T.V.S.
हृद् तंत्रिका केंद्र, अ.आ.चि.सं., नई दिल्ली
C.N. Centre, A.I.I.M.S., New Delhi

Date 10/4/24 की Board of Trustees की मिटिंग मे ₹99,000 की राशि स्वीकृत की गयी

SUKH SAMRIDHI TRUST
President

Fwd
Refer to Board of trustees Urgently
8/04/2024



सेवा में,

सुख समृद्धि ट्रस्ट
D-31 2nd फ्लोर
पाण्डव नगर दिल्ली -110092

विषय:- सहायता लेने हेतु प्रार्थनापत्र :

महोदय,

निवेदन है कि मैं चमन पाठक पुत्र शिव शंकर पाठक जी की कैथी, बक्सर, बिहार निवासी हूं तथा मजदूरी करता हूं। मेरा 5 साल का बेटा रुद्रा पाठक को दिल की बिमारी है दिल्ली के एम्स हॉस्पीटल मे इलाज हो रहा है डाक्टर ने ऑपरेशन के लिये कहा है तथा 99,000-00 रु० खर्चा बताया है। मेरे पास इतनी बड़ी रकम नही है मैं मजदूरी करता हूं

महोदय आपसे प्रार्थना है कि आपकी संस्था ने बहुत से मरीजों के इलाज के लिये सहायता दी है मेरे बेटे के इलाज के लिये भी सहायता देने का कष्ट मेहरबानी करें।

प्रार्थी
चमन पाठक
(चमन पाठक)
पुत्र श्री शिवशंकर पाठक
कैथी, बक्सर, बिहार

Patients Name – Rudra Pathak
Age – 5years
C.V.NO – 0025968
UHID No – 107043707

शरीरमाद्यं खलु धर्मसाधनम्

CARDIO - THORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

Date : 18/3/24

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms./ रोगी का नाम श्रीमान/श्रीमती Rudra Pathak

Age/ उम्र 54yrs Sex / लिंग M CV No. / CTVS No. / सीवी संख्या/सीटीवीएस संख्या 0025968

UHID No. / यूएचआईडी संख्या 10704307

Nature of Disease / रोग का नाम ASD

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

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

Package charges for Surgery / Procedure / सर्जरी/प्रक्रिया के लिये पैकेज शुल्क 99,000/-

The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in favour of **"AIIMS PATIENT'S ACCOUNT"** / **"AIIMS ANGIOGRAPHY PATIENT'S ACCOUNT"**

(A/c No. 10874584258, IFSC Code : SBIN0001536)
(for CTVS Surgical Patients)

(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" / "एम्स एन्जिओग्राफी पेशेंट अकाउंट"

(A/c No. 10874584258, IFSC Code : SBIN0001536)
(सी.टी.वी.एस. सर्जरी मरीजों के लिए)

(A/c No. 10874584269, IFSC Code : SBIN0001536)
(कार्डियोलॉजह मरीजों के लिए)

अनुमानित व्यय सीजीएचएस/ईएसआई/सरकार स्वायत संख्या और उनके लाभार्थियों तथा कर्मचारियों के लिए भी मान्य होगा । यह राष्ट्रीय आरोग्य निधि प्रधान मंत्री राहत कोष और अन्य स्त्रोतो से वित्तीय सहायता मांगने के लिये भी लागू होगा ।

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

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

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

(Signature & Rubber Stamp of Consultant)

CV 2023/01/0025968 ₹0 Cardiology
UHID: 107043707 CTVS
(121497/2023)

Date 09/10/2023 MON,WED,FRI
Name RUDRA PATHAK 5Y 10D /M
S/O Chaman Pathak
Phone No. 9560764417
Consultant Room 1 Dr. P Rajshekhar Dr
Bharath V.
SR Room .....

LH2909231809 107043707
LC2909232572 107043707
RUDRAPATHAK

वेज्ञान केन्
ल्ली-110
ces Cent
i-110029

विभाग
Deptt.

यू०एच०आई०डी०
UHID No.

CV 2023/01/0025968
UHID: 107043707
Date 29/09/2023 MON,FRI
Name RUDRA PATHAK 5Y /M
S/O Chaman Pathak
Phone No. 9560764417
Consultant Room 18
SR Room 14

Cardiology
Paed.Cardiology
General
Dr.SOURABH KUMAR GUPTA
DR SHATANIK

Diagnosis

CTVS

(9)

ACHD ↑ Qp.
OS-ASD

asymptomatic.

Hb 10.6

SpO2 - 100%
H.R. - 110.

R/18/21

6/10/23

c/o
Mild cyanosis

6/10/23

Asymptomatic
ECG NSR, RAD, iRBBB.
Echo Large ASD
Deficient IVC & bordeline post sup
Rejd to CTVS OPD (32) for Surgical ASD closure
Tab Tonoferon 2m BD

6/10/23.

Adv.

. R/w ē report.

Please share your feedback to improve our hospital on the Website link: meraaspataa;.nhp.gov.in

दिनांक
Date

WAITING NO: 1155/521/4/2023

OS - ASD CLOSURE

R-1 (New)
9/10/23

Advised to come as and when Finances / Blood / Dental Clearance / Viral Markers are done, to adjust between any drop-outs.

दाखिले की अनुमानित तारिख मरिजों की भीड़ के कारण शीघ्र भर्ती संभव नहीं हैं। जल्द उपचार के लिए अन्य सरकारी अस्पताल में संपर्क कर सकते हैं।

Surgery OPD ASDC / Dr AK Bisoi
+ 10 days room rent
Pls. deposit 1,00,000/-
+ 4 blood

09/10/2023

Chief of CTC

Pls allot a room on 9th Jan

R-1 (27)
5/1/24

Rs 99,000/-

Provisionally booked for 9/1/202
On 2/1/24 DD for Rs. ~~33000/- / Rs. 66000/-~~
"A.I.I.M.S. CNC A/C". Tel No. ~~26588323~~ / 26594890
CTVS Package
Addl. M.S., C.N.C.
10.30 am

26/12/23

भारत सरकार

Government of India

चमन पाठक

Chaman Pathak

जन्म तिथि / DOB: 03/01/1986

पुरुष / Male

7320 5185 6518

आधार - आम आदमी का अधिकार

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: शिव शंकर पाठक, कैथी
कैथी, बक्सर, बिहार, 802134

Address: S/O: Shiv Shankar Pathak, Kaithi, Buxar, Kaithi, Bihar, 802134

7320 5185 6518

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

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

UHID: 107043707	CTVS: 121497/23	CV: 00259/014/2023
NAME: RUDRA PATHAK	AGE: 5 YEARS	SEX: MALE
S/O: CHAMAN PATHAK	BLOOD GROUP: B POSITIVE	WEIGHT: 17 Kg
CR NO: C-041856-23	MOBILE NO: 9560764417	ADDRESS: KAITHI BUXUR
DATE OF ADMISSION: 09/07/2024	DATE OF SURGERY: 11/07/2024	DATE OF DISCHARGE: 16 /07/2024

FACULTY: PROF. DR. A K BISOI
RESIDENTS: Dr. JAYDEEP MALAKAR, Dr. BALA BRINDHA

DIAGNOSIS: ACHD, Increased Qp, OS-ASD(L→R), Mild TR, Normal LV Function, NSR

INVESTIGATIONS:

2D ECHO: (04/10/23) CONSULTANT : Dr. SAURABH KUMAR GUPTA

MV, AoV, PV,TV – Normal.

AORTA (mm/m²)	12	LA es (mm/m²)	18	RA	Enlarged
LV es (mm/m²)	22	LV ed (mm/m²)	30	RV	Enlarged
IVS ed (mm)	5	PW (LV)ed (mm)	6	LA	Normal
EF (%)	60 – 65 %			LV	Normal

SS, LC, AV-VA concordance, NRGA, NSPVD, Large OS ASD(~30 mm) L→R, IVC rim & posteroinferior rim deficient, RV VO +, Normal valves, Normal biventricular function, Left arch, No CoA, PDA.

SURGERY: 11/01/2024 : Dacron Patch closure of OS-ASD.

OPERATIVE FINDINGS:

Sternum Normal, Bilateral Pleura Intact, Thymus +, Innominate Vein +, Pericardium Normal, No Pericardial Effusion, Cardiomegaly +. SS, LC, AVVA-C, NRGA, NSPVD, Aorta Normal, PA dilated and mildly tense. RA-Pink; enlarged, RV enlarged, LA, LV –normal, Coronaries normal. No PDA.

Intra Cardiac anatomy: OS ASD of size 3 x 2 cm, deficient inferior rim.
Coronary sinus ostium- Normal in size and position, All 4 PVs→ LA.
Mitral and Tricuspid valve leaflets and annulus – normal.

CPB DETAILS : Perfusionist : Mr. Alok BSA : 0.71 m²
CPB time : 27 min ; AoXCl : 18 min ;
Hypothermic flows: 1.4 L / min ; Normothermic Flows : 2.0 L/min
Cardioplegia : Del Nido cardioplegia
Cannulae :
Arterial : 16 Fr angled aortic cannula(Argyle)
Venous : SVC – 16 Fr angled venous cannula; IVC : 18 Fr angled venous cannula.

OPERATION NOTES:

Median Sternotomy – Thymic fat split – Vertical pericardiotomy –Aorto bicaval Cannulation, CPB On. Cavae looped, SVC snugged. AoXCl, Antegrade cold blood root cardioplegia. Heart arrested in diastole - IVC snugged – RA opened and stays taken – OS ASD of size 3 x 2 cm noted – Dacron patch closure with 5-0 17 mm prolene in continuous suturing technique. RA closure done with 5-0 prolene. Cavae desnugged, Heart filled and deaired. Aoxcl off – root vent on – heart resumed normal sinus rhythm – 1V & 1A pacing wires; gradually CPB weaned off. Serial Venous decannulation done,root vent off - protamine given – aortic decannulation – 20 Fr straight mediastinal drain- hemostasis checked – pericardium closed completely - sternal closure with No 2 Ethibond sutures – subcutaneous and skin closed in layers.

DISCHARGE MEDICATIONS:

TO CONTINUE

T. Envas 2mg BD

TO STOP AFTER 5 DAYS

1. Pantop 20mg OD
T. PCM 250mg TDS
Syp. mucolyte 1.5ml BD
D. Ceftum 300 mg BD

INSTRUCTIONS:

Fluids restricted to 500 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 after one week, one month, three months, six months, one year and thereafter yearly with CXR.
Follow up in **CTVS OPD ROOM 05** Monday/Wednesday/Friday 2pm to 5 pm after 7 days with CXR report.
Stitch removal in CN center, Room No.28 Monday/Wednesday/Friday, at 12 noon after 7 days
IN CASE OF EMERGENCY PLEASE CONTACT THE NEAREST HOSPITAL OR AIIMS EMERGENCY DEPARTMENT
THIS DOCUMENT IS VERY IMPORTANT. PLEASE LAMINATE IT.

CONSULTANT: Dr. A.K. BISOI

16/7/24