



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
 बहिरंग रोगी विभाग / Out Patient Department  
 अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

बाल चिकित्सा विभाग

UHID: 107967901



Dept No: 20240030033850

AAKARSH KUMAR

S/O NITISH KUMAR  
 1Y 8M 20D / M (पुरुष)

MUKSUDPUR MINAPUR, MUZAFFARPUR,  
 BHAR. Pin: 0, INDIA  
 Ph: 8210428933 General Rs. 0  
 New Patient

कमरा / Room  
 C-210

Queue /  
 संख्या

N3

Unit-I, POC,

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No.

लिंग Sex	आयु Age	पता / Address
		402/24



Reporting: 02:29:28  
 02/12/2024

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

43

b/l lb

② CPE → enucleated

① eye → refractory

C/O/w Prof R. Seth

received 6# chemo at IGIMS, Patna

planned for augmented chemo

1/4/0 HRF ⊕ on HPE

& refractory eye disease

LC0212242796 107967901



LH02122401987 107967901



AAKARSHKUMAR

**Trulyhelp Verify**

Adv,

① POC registration (9/12/24 @ 2pm R-210)

② Augmented chemo 2# → near normal

③ CBC/RH/CFI/uric markers

④ 2D Echo → Dr. Vishakha

⑤ Hpy on 4/12/24

DE/24/21970  
 06/12/24

Senior Resident  
 Ophthalmic Department  
 Dr. Satgandha



प्रधानमंत्री जन आरोग्य योजना  
 (pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
 अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
 O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraaspatal.nhp.gov.in


to ICTE (RMS, Gak 1) near  
kindly consider for HIV testing for  
this pt

Senior Resident  
Pediatric Oncology  
*[Signature]*  
All India Institute of Medical Sciences  
New Delhi-110029

बाल चिकित्सा विभाग  
UHID: 107967901  
Dept No: 20240030033850  
AAKARSH KUMAR

कमरा / Room  
C-210  
Queue / संख्या  
F40  
Unit-I, POC.

S/O NITISH KUMAR  
1Y 8M 27D / M(पुरुष)  
MUKSUDPUR MINAPUR, MUZAFFARPUR,  
BHAR. Pin:0. NDIA  
Ph: 8210428933  
Follow Up Patient  
General Rs. 0

MON सोम  
  
Reporting: 02:45:55  
09/12/2024

39

Trulyhelp Verify

23/12/24  
E C M P A I U

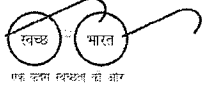
Senior Resident  
Pediatric Oncology  
Dept. of Pediatrics  
All India Institute of Medical Sciences  
New Delhi-110029  
*[Signature]*



अ. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



बाल चिकित्सा विभाग  
UHID:107967901

कमरा / Room  
C-210

OPR-6



Dept No: 2024C030033728

Queue / संख्या  
N14  
Unit-III, Paediatric.

ब.रो.वि. पंजीकृत सं. / O.P.D. Regn. No. \_\_\_\_\_

AAKARSH KUMAR

S/O NITISH KUMAR  
1Y 8M 17D / M(पुरुष)  
MJKSUDPUR MINAPUR, MUZAFFARPUR,  
BHAR. Pin:0. INDIA  
Ph: 8210428933  
New Patient

SAT बुध, शनि,



Reporting: 10:07:43  
30/11/2024

लिंग Sex	आयु Age	पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

Dosage  
1:30 pm

**Trulyhelp Verify**

more details to be received from courts NACT (Patrol)

6 cycles of ATIMS  
CBC + ESR  
Mucopret

HRT +  
part domain  
rechecked man  
free

POC  
2pm

Next



प्रधानमंत्री जन आरोग्य योजना  
(pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraaspatal.nhp.gov.in

Bilateral RB.

Symptomatic since 1.5 years of age.

(R) Group E + NIVG

Onset: at 8mo age

(L) multiple lesion s/o Group D.

initially Δ: (R) Gp E (L) Gp D + b

baseline MRI: (R) ON head enhancement  
(L) no ON involvement

6# VEC received @ IGIMS Patna

EUA → (L) eye — suspicious lesion (+) (fish flesh lesion)

referred to AIIMS, RPE. Repeat MR s/o residual ds.

at AIIMS, (R) corneal opacity (L) anterior stroma slope (+)

→ planned for (R) eye enucleation

done on 25/11/24

+ HPE s/o HRF (PLOW?)  
(PT2NoMo)

(R) Ant segment cataractous lens (+)  
360° post synechia (+)

(L) multiple lesion s/o Gp D + b

1/4/0 HRF post enucleation + Gp D ds. in (R) eye planned for 6# chemo

Plan

(1) POC registration

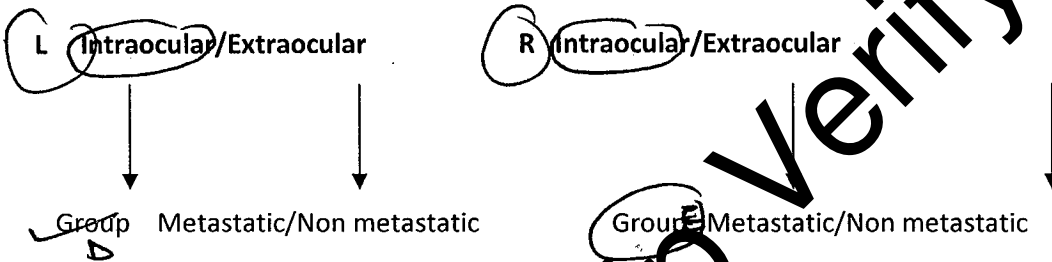
(2) Augmented chemo 2# → Post 2# → nearsight

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name Aakash Father's name Nitish Kumar Tyagi Age..... Sex..... POC NO.....family history.....  
Squint/~~white reflex~~/diminishes vision/~~red eye~~/watering of eyes/Proptosis  
Others.....  
Unilateral/bilateral.....  
MT..... HBsAg..... HIV.....



Baseline workup/Investigations

USG (R) small disorganized globe.  
(L) multiple lesions in retina.

EUA (R) ant segment cataractous lens, 360° post synechiae + ut.  
(L) multiple vitreous flo. GP DRS.

Indirect Ophthalmoscopy

~~Baseline MRI → NO EORB~~  
~~Baseline MRI → (R) on enhancement~~  
~~CT/MRI date & report~~ ~~(L) no involvement~~

(L) mass size decreased with no  
pinax gland involvement.  
Review of imaging at radioconference :Yes/No

Hb.....TLC.....Platelet.....ANC.....  
SGOT/SGPT/S.Bil/SAP.....  
MT..... HBsAg..... HIV.....

**Verify**  
**Final**

**All India Institute of Medical Sciences, New Delhi.**

**Division of pediatric Oncology**

**Augmented chemotherapy for Retinoblastoma**

**Augmented Chemotherapy**

VCR	1.5 mg/m <sup>2</sup> /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1	Wk 0,6,12,18..
Carboplatin	560 mg/m <sup>2</sup> /day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m <sup>2</sup> / 3.3 mg/kg/day for children < 3 yrs	Day 1,2,3	Wk 3,9, 15, 21
Cyclophosphamide	65mg/kg/day	Day 1	Wk 0.6,12,18..
Idarubicin/ Doxorubicin	10 mg/m <sup>2</sup> 30 mg/m <sup>2</sup> /day	Day 1	Wk 0.6,12,18..
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cmm LFT & RFT must be done before every cycle. CBC at baseline/ as indicated			

High dose CT with autologous stem cell transplant : Stage IV/Metastatic RB

Week 0.... Date...../...../.....BSA.....

Hb.....TLC.....ANC.....Platelets.....

SGOT.....SGPT.....Bil.....Urea.....Creatinine.....

Drugs	Dose given	Day
VCR		
Cyclophosphamide		
Idarubicin/ Doxorubicin		

Chemotherapy: checked by .....Administrated by .....

(Signature SR)

(Signature JR/SR)

Next visit.....

Week 12.... Date.....Wt.....BSA.....

Hb.....TLC.....ANC.....Platelets.....

SGOT.....SGPT.....S Bil.....Urea.....Creatinine.....

Drugs	Dose given	Day
VCR		
Cyclophosphamide		
Idarubicin/ Doxorubicin		

Chemotherapy: checked by .....Administered by.....  
(Signature SR) (Signature JR/SR)

Next visit.....

Week 15.... Date.....Wt.....BSA.....

Hb.....TLC.....ANC.....Platelets.....

SGOT.....SGPT.....S Bil.....Urea.....Creatinine.....

Drugs	Dose given	Day
Carboplatin		
Etoposide		

Next visit.....

Week 18.... Date.....Wt.....BSA.....

Hb.....TLC.....ANC.....Platelets.....

SGOT.....SGPT.....S Bil.....Urea.....Creatinine.....

Drugs	Dose given	Day
VCR		



# GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029  
Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

**Dr. Ankur Gadodia**  
MD (AIIMS), DNB, FRCR

**Dr. Pranay R Kapur**  
MBBS, DNB

19.10.2024

**MAST. AKARSH KUMAR, 2 YRS / M**

**UID: 10.24.919**

## M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Follow up case of bilateral retinoblastoma, on chemotherapy. Previous scans are not made available for comparative evaluation.

Right phthisis bulbi is seen. 11 x 11 mm mass lesion is seen in the posterior chamber of the right globe. Lesion displays hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. Right optic nerve is unremarkable. Left globe is normal in size and signal intensity. 8 x 6 mm focal lesion is seen in the posterior chamber of the left globe along the lateral aspect with retinal detachment and subretinal hemorrhage. Lesion displays hypointense signal on both T1 and T2 weighted images. Left optic nerve is unremarkable. Findings are suggestive of residual disease.

The optic chiasm, infundibulum and pituitary gland do not show abnormality.

Cerebral and cerebellar parenchyma is unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage.

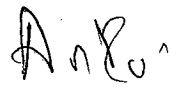
Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Paranasal sinuses are unremarkable.

## IMPRESSION:

- Right phthisis bulbi with 11 x 11 mm homogeneously enhancing mass lesion in the posterior chamber of the right globe. Right optic nerve is unremarkable. 8 x 6 mm homogeneously enhancing focal lesion in the posterior chamber of the left globe along the lateral aspect with retinal detachment and subretinal hemorrhage. Left optic nerve is unremarkable. Findings are suggestive of residual disease.

Clinical correlation is necessary

  
**DR. ANKUR GADODIA**  
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG, PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)



Centre of Excellence in Diagnostic Care  
AN-ISO 9001 : 2015 CERTIFIED CENTRE  
Visit us : www.devimaging.com

# Dev Imaging & Diagnostic Centre

(A Unit of Dev Institute of Nuclear Medicine Pvt. Ltd.)

DS 24/B, Digamber Place, Behind Lohia Nagar Petrol Pump, Kankarbagh, Patna - 800 020  
Phones : 07544008111, 07544008112 E-mail : devnuclear\_inst@rediffmail.com

Name: Akarsh Kumar Age/Sex: 1 Yr/ M Date: 20.06.2024  
Region Scanned: - CEMRI scan of Brain & Orbits  
Ref. By: Dr. CAN KIDS

## THANKS FOR THE REFERRAL

### Orbits:

Large heterogeneous intermediate to hyperintense lesions on T2WI seen involving the bilateral globes in the vitreous. The lesions are measuring ~1.6cm (TD) x 1.2 cm(CC) x 1.7cm(AP) and 1.7cm (TD) x 1.0cm (CC) x 1.0cm (AP) sized seen on right and left side respectively. The lesion is extending upto the inferior aspect of the lens on the right side. The lesion is extending upto the right optic nerve head with retinal detachment with subtle protrusion of the globe posteriorly near the optic nerve head with mildly hyperintense signal seen in the adjacent retrobulbar optic nerve. Post contrast the lesion shows moderate heterogeneous enhancement. Few foci of SWI hypointensity seen within the lesion consistent with calcification. Findings are suggestive of retinoblastoma. No contour bulge or extension outside the bilateral orbit seen.

The optic chiasm and optic tract are normal.

The cavernous sinuses appear normal.

### Brain

Bilateral cerebral parenchyma are normal in MR morphology and signal intensity.

No focal lesion seen. No restricted diffusion seen.

The ventricular system, cortical sulci & CSF cisterns are normal.

Bilateral basal ganglia and thalami appear normal.

No midline shift seen.

The brainstem and cerebellum are normal. The 7<sup>th</sup> & 8<sup>th</sup> nerve complexes are normal.

The pituitary gland including neuro-hypophysis is normal.

**Impression :** Large heterogeneous intermediate to hyperintense lesions on T2WI seen involving the bilateral globes in the vitreous. The lesions are measuring ~1.6cm (TD) x 1.2 cm(CC) x 1.7cm(AP) and 1.7cm (TD) x 1.0cm (CC) x 1.0cm (AP) sized seen on right and left side respectively. The lesion is extending upto the right inferior aspect of the lens on the right side. The lesion is extending upto the optic nerve head with retinal detachment with subtle protrusion of the globe posteriorly near the optic nerve head with mildly hyperintense signal seen in the adjacent retrobulbar optic nerve. Post contrast the lesion shows moderate heterogeneous enhancement. Few foci of SWI hypointensity seen within the lesion consistent with calcification. Findings are suggestive of retinoblastoma bilateral orbits. No contour bulge or extension outside the bilateral orbit seen.

Brain parenchyma appear normal.

Dr. Manoj Kumar  
Consultant Radiologist  
MD. (Radio-diagnosis, PGI, Chandigarh)

Our Dedicated Nuclear Medicine Centre :

**Nuclear Imaging & Therapy LLP**

(A Unit of Dev Institute of Nuclear Medicine Pvt. Ltd.)

Road No. 2, Rajendra Nagar, Patna - 800 016 Ph : 7033097571, 780899936





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
All India Institute Of Medical Sciences, New Delhi

UHID: 107967901 Sex: Male  
Patient Name: Mr AAKARSH KUMAR Sample Received Date: 02-Dec-2024 18:08 PM  
Age: 1Y 8m Department: Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date: 02-Dec-2024 18:08 PM Sample Collection Date: 02-Dec-2024 16:20 PM  
Recommended By: Lab Reference No: 2414958915

Sample Details : LH02122401987 Sample Type : Whole Blood  
Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	10.20	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	35.20	%	37 - 47
RBC count (Impedance)	4.37	10 <sup>12</sup> /μL	3.9 - 5.1
WBC count (Fluo. flow cytometry)	11.62	10 <sup>9</sup> /μL	6.0 - 16.0
Platelet count (Impedance)	514.00	10 <sup>3</sup> /μL	200 - 550
MCV (Calculated)	80.50	fL	72 - 84
MCH (Calculated)	27.30	pg	25 - 29
MCHC (Calculated)	29.90	g/dL	32 - 36
RDW-CV (Calculated)	23.10	%	11.6 - 14
Neutro (Fluo. flow cytometry)	26.30	%	30-60%
Lympho (Fluo. flow cytometry)	56.60	%	29-65%
Eosino (Fluo. flow cytometry)	9.20	%	1-4%
Mono (Fluo. flow cytometry)	7.50	%	2-10%
Baso (Fluo. flow cytometry)	0.40	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	3.05	10 <sup>9</sup> /μL	1.0-7.0
Lympho- Abs (Calculated)	6.58	10 <sup>9</sup> /μL	3.5-11
Eosino - Abs (Calculated)	1.07	10 <sup>9</sup> /μL	0.1 - 1.0
Mono - Abs (Calculated)	0.87	10 <sup>9</sup> /μL	0.2 - 1.0
Baso - Abs (Calculated)	0.05	10 <sup>9</sup> /μL	0.02 - 0.1

Remarks: Normocytic Normochromic Anemia with mild eosinophilia. Advice: 1. Iron profile. 2. serum vitamin B12 and Folate study. 3. Reticulocyte count. 4. Serum LDH. Kindly correlate clinically for - Drug reaction, Parasitic infestation, Allergy, Asthma. Autoimmune disorders, etc.

-----End of Report-----

Dr. Sudip Kumar Datta  
(MD Biochemistry)

Dr. Tushar Sehgal  
(DM Hematopathology)

Dr. Suneeta Meena  
(MD Microbiology)

Dr Vidhi Patel  
02-Dec-2024 19:22



**Dr. Rajendra Prasad Centre For Ophthalmic Sciences  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New  
Delhi, 110029**

**Discharge Report  
PROVISIONAL DISCHARGE CERTIFICATE**

<b>UHID :</b>	107880764	<b>Cr No:</b>	R-042860-24
<b>Name:</b>	Mr AKARSH Kumar	<b>Department:</b>	R. P. Centre (Eye Centre)
<b>Age/Sex:</b>	2 years 7 days / Male	<b>Unit:</b>	Unit-VI
<b>Ward Name:</b>	1A	<b>Bed No.:</b>	119
<b>Address:</b>	DIST MUZAFFAR NAGAR, BIHAR, INDIA		
<b>Mobile No:</b>	8210426933	<b>Drug Allergy, if any :-</b> []	
<b>Date of Admission:</b>	23/10/2024 10:18:57 AM		
<b>Date of Discharge :</b>	26/10/2024 08:08:00 AM		

**ICD Code:** ,C69.2  
**ICD Description:** Malignant neoplasm Retina

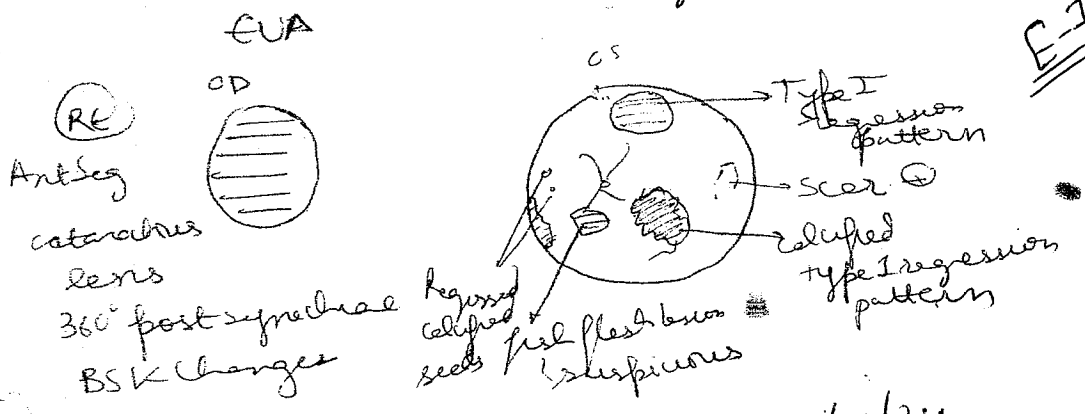
**Diagnosis**  
 .RE S/P 6 CYCLES OF CHEMOTHERAPY RE?GROUP E  
 RB WITH NVG  
 LE MULTIPLE LESIONS S/O RB GROUP D RB

**Investigation**  
**Systemic** .NO KNOWN SYSTEMIC ILLNESS  
**Ocular** .VA RE DOES NOT FOLLOW LOGHT  
 LE FOLLOWS LIGHT

**Treatment/Operative Procedure**  
**Surgeon** .DR ABHISHEK / Dr N. G.  
**Date** 26/10/2024  
**Surgery** .EUA WITH RE ENUCLEATION WITH PRIMARY IMPLANT UNDER GA  
*Implant size = 18mm*

**Condition at Discharge**  
**Vision** .ENUCLEATED  
**Anterior Seg.** .LID EDEMA PRESENT  
 DISCHARGE PRESENT  
 IMPLANT IN SITU  
**IOP** .ENUCLEATED  
**Posterior Seg.**  
*ON# shump = 12m*

**Advice During Discharge**  
**Oral** .SYRUP OMINACORTIL 9 ML OD ABF 2ml TDS  
 SYRUP PCM 5ML TDS  
**Follow Up** .IN RB CLINIC ON 11/24 AFTER 1 WEEK  
 #7  
**Topical** (RE) .E/D OCUPOL TDS  
 E/D REFRESH TEARS 6TD  
 E/D MILFLODEX 6TD  
**Position** (5)



Prepared By: Ms. DIVYA SOJAN  
 Signature Of Senior Resident

Date & Time

→ EVA date for after 3wks = 19/11/24  
 Npo explained solids 6hrs liquids - 4hrs  
 → NRC Review of old films



शरीरमाद्यं खलु धर्मसाधनम्

NABL Accredited Testing Laboratory  
**DEPARTMENT OF MICROBIOLOGY**  
National HIV Reference Laboratory, Room No-2103  
2<sup>nd</sup> Floor, Teaching Block, Ph: 011-26594340/3198  
AIIMS, New Delhi- 110029



Certificate No. MC-2472

**HIV TEST REPORT FORM**

Name and Address of ICTC center: AIIMS (form to be filled in duplicate)

NAME: Surname Jain Middle Name \_\_\_\_\_ First Name AKASH

Gender:  M /  F /  TG Age: 20 years PID: GCSAICTCDLSOU0012 421970 Lab ID 24121974

Date and time blood drawn: 06/12/2024 (DD/MM/YY) 03:16 (HH:MM)

Test Details:  
Specimen type : Serum / Plasma / Whole Blood Specimen Quality: Good / Compromised / Outside Collection

Date and time specimen tested: 09-12-2024 (DD/MM/YY) 10:10 (HH:MM)

- Note:
- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
  - No cell has to be left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4
Name of HIV test Kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I:			NON REACTIVE
Test II:			
Test III:			

- Interpretation of the result: Tick(✓) relevant
- Specimen is Negative for HIV antibodies
  - Specimen is Positive for HIV-1 antibodies
  - \*Specimen is Positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)
  - Specimen is Indeterminate for HIV antibodies. Collect the fresh sample in two-four weeks.
- \*Confirmation of HIV 2 sero-status at identified referral laboratory through ART centers.

Name & Signature  
Laboratory Technician  
[Signature]  
-----End of report-----

Name & Signature  
Laboratory In-charge  
[Signature]

# ECHOCARDIOGRAPHY REPORT

कृपया फोटो  
यह कापी फ  
Please ge  
This is for

**DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029**

NAME..... Aakash Kumar AGE..... 48 SEX MF DATE..... 07/12/24  
 ECHO NO. 29973 CV NO..... UHID NO. 107967901 C.R. No.....  
 HEIGHT..... cm WEIGHT..... Kg. BSA..... m<sup>2</sup> ref. Physician..... P.S. Sethi

Referring Diagnosis

Quality of Imaging Poor/Adequate/Good Done by Dr. Shivam Checked by Dr.....

**MITRAL VALVE**

Morphology AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming  
PML Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity present/Absent Score.....  
 Doppler Normal/Abnormal  
 Mitral stenosis Present/Absent RR Interval.....msec  
 EDG.....mmHg MDG.....mmHg MVA.....cm<sup>2</sup>  
 Mitral regurgitation Absent/Trivial/Mild//Moderate/Severe

**TRICUSPID VALVE**

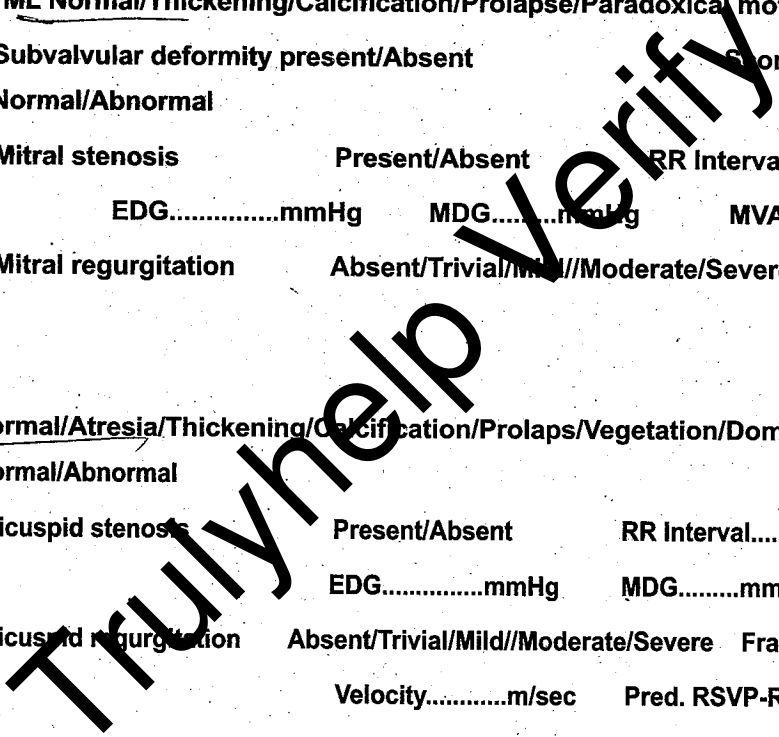
Morphology Normal/Atresia/Thickening/Calcification/Prolaps/Vegetation/Doming  
 Doppler Normal/Abnormal  
 Tricuspid stenosis Present/Absent RR Interval.....msec  
 EDG.....mmHg MDG.....mmHg  
 Tricuspid regurgitation Absent/Trivial/Mild//Moderate/Severe Fragmented Signals  
 Velocity.....m/sec Pred. RSVP-RAP+.....mmHg

**PULMONARY VALVE**

Morphology Normal/Atresia/Thickening/Doming/Vegetation  
 Doppler Normal/Abnormal  
 Pulmonary stenosis Present/Absent Level  
 PSG.....mmHg Pulmonary annulus.....mm  
 Pulmonary Regulation Present/Absent  
 Early diastolic gradient.....mmHg End Diastolic gradient.....mmHg

**AORTIC VALVE**

Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation No. of cusps 1/2/3/4  
 Doppler Normal/Abnormal  
 Aortic stenosis Present/Absent Level  
 PSG.....mmHg Aortic annulus.....mm  
 Aortic regurgitation Absent/Trivial/Mild//Moderate/Severe



**Measurements**

Aorta		Normal Values		Normal Values
LV es	17	(21-22 mm/m <sup>2</sup> )	LA es	(21-22 mm/m <sup>2</sup> )
IVS ed		(16-19 mm/m <sup>2</sup> )	LV ed	28 (19-32 mm/m <sup>2</sup> )
RV ed		(06-10 mm)	PW(LV)ed	(07-11mm)
EF	60-65%	(4-14mm/m <sup>2</sup> )	RV Anterior Wall	(Upto 5mm)
IVS Motion	✓	(62-80%)		
IAS		Normal/Plat/Paradoxical		

**CHAMBERS**

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy/Contraction
LA	Normal/Enlarged/Clear/Thrombus
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus

**PERICARDIUM**

Normal/Thickened/Calcification/Effusion.

**REMARKS**

AV-VA concordance

NRGA ⊙ PVD/SVD

IAS/IVS - intact

**TEE**

No LVOTO / RVOTO

⊙ oa, no CoA/PDA

**DIAGNOSIS**

⊙ BVD

No PE/Clot/Neg

**Final impression**

⊙ Study

Resident

Consultant

Truynepo Verify

Department of Pediatrics  
Division of Pediatric Oncology  
All India Institute of Medical Sciences, New Delhi



Patient Note Book

Name : ..... Deekash

UHID : ..... 107967901

Diagnosis: ..... BIL 12B < RT GP (F) < LT GP (D)

# Patient Details

Name : Akash

Age / Gender : 19 / M

Father's Name : Nitish Kumar

Address : Muzaffarpur

Contact No : 8210426933

POC / PCSC No. : 02/24

Diagnosis: BL RB

Remarks :

PICC Line Care

अगर आपके बच्चे को PICC Line Care लगी हुई है तो डे केयर के डाक्टर या नर्स से जरूर संपर्क करें।

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- Sick Card given
- Bld donation H(2)
- Hygiene explained
- Thermometer CD given
- No polio vaccine

AntiHev — MR

# Diagnostic Work UP & Risk Stratification

B/L RB: (R) GP-E  
(L) GP-D



to X CEV (IGMS, Patna)



AIIMS: enucleated (R) side → HRF + : Piloni +  
(L) Multifocal GP-D → Refractory

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ecbo → (R)

same of treatment protocol

Augmented chemo.

24  
Poc file discussion:

Parents counselled.

1. Mamboux.
2. HIV report to follow.
3. Cf protocol from Daycare.
4. ECHO to do → dlf 7/12/2024
5. Hyp. septiam smL on alt day.
6. OPD n/wS on 7/12/24.
7. Blood donation
8. Rb genetics kit to be planned.

9/12/24  
 Echo → (M)  
 Start sept 2024  
 (205)  
 HIV - report awaited  
 neo polio vaccine.

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 Verim  
 SE/PM

9/12/24

20chemo (N)  
nivomantid

WT = 9.2kg

BSA = 0.44m<sup>2</sup>

Prechemo: 1q. Dena 2mg + emeset 2mg i-stat

↓

1LFF DMS + 1:100 CC) @ 55ml/hr x 3hours

↓

after 1hour

↓

- 1q. Cyclophosphamide 580mg / 100ml NS over 1hour
- 1q. mesna 200mg i-push @ 2, 4 hrs.
- 1q. VCR 0.5mg i-push
- 1q. Doxorubicin 4mg / 100ml NS over 1hour.

Post Chemo 1q. emeset (2mg / 5ml) 5ml BD | 103d

Tab. Dena 2mg 1 tab BD

1q. GCF 50mg qd x 5 day → D2 onward

Prup on 23/12/24

2cm PA/CH

Chemo  
date

15/12/24



# Histopathology Report

## Ocular Pathology

Dr. Rajendra Prasad Centre for Ophthalmic Sciences

All India Institute of Medical Sciences

Ansari Nagar, New Delhi - 110029, India

Name of the Patient: Akarsh

Lab Reference No. : 24-1592

Age : 2 Years Sex : Male

Received on : 25/10/2024

UHID No. : 107880764

Date of Report : 8/11/2024

Ward IA

Bed No. : 119

Unit Incharge : Prof. Tandon

Nature of the Material Enucleation.  
Submitted :

### Report :

- Enucleated right eye ball.
- Calcified retinoblastoma (RTD 10mm).
- No viable tumor is seen.
- All ocular structures including iris, ciliary body and choroid are free of tumor.
- Optic nerve shows few atypical cells suggestive of tumor cells (post lamellar).
- Rest of the optic nerve including its resected margin are free of tumor.

AJCC - pT2 NoMo

Reported By

Consultant : Dr. Seema Sen



**Dr. Rajendra Prasad Centre For Ophthalmic Sciences  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New  
Delhi, 110029**

**Discharge Report  
PROVISIONAL DISCHARGE CERTIFICATE**

24-159  
25/11/24

<b>UHID :</b>	107880764	<b>Cr No:</b>	R-042860-24
<b>Name:</b>	Mr AKARSH Kumar	<b>Department:</b>	R. P. Centre (Eye Centre)
<b>Age/Sex:</b>	2 years 7 days / Male	<b>Unit:</b>	Unit-VI
<b>Ward Name:</b>	1A	<b>Bed No.:</b>	119
<b>Address:</b>	DIST MUZAFFAR NAGAR, BIHAR, INDIA		
<b>Mobile No:</b>	8210426933	<b>Drug Allergy, if any :-</b> <input type="checkbox"/>	
<b>Date of Admission:</b>	23/10/2024 10:18:57 AM		
<b>Date of Discharge :</b>	26/10/2024 08:08:00 AM		

**ICD Code:** ,C69.2  
**ICD Description:** Malignant neoplasm Retina

**Diagnosis**  
 .RE S/P 6 CYCLES OF CHEMOTHERAPY RE?GROUP E  
 RB WITH NVG  
 LE MULTIPLE LESIONS S/O RB GROUP D RB

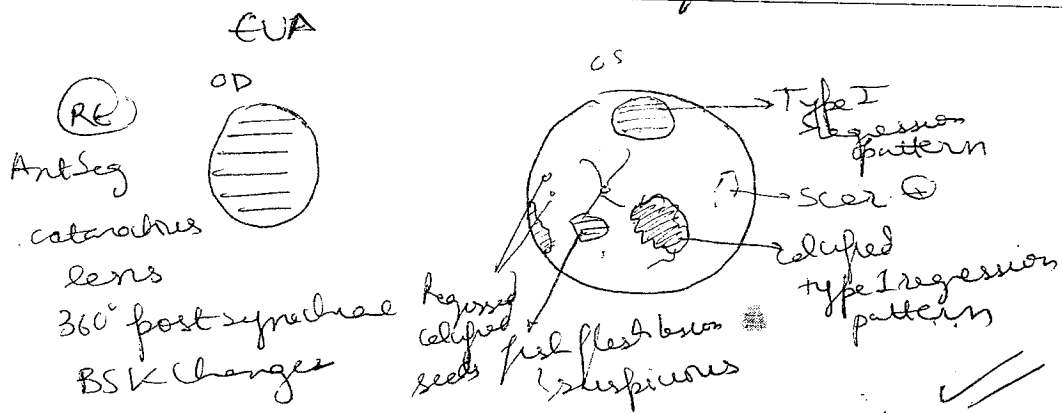
**Investigation**  
**Systemic** .NO KNOWN SYSTEMIC ILLNESS  
**Ocular** .VA RE DOES NOT FOLLOW LIGHT  
 LE FOLLOWS LIGHT

**Treatment/Operative Procedure**  
**Surgeon** .DR ABHISHEK / Dr N. lom  
**Date** 26/10/2024  
**Surgery** .EUA WITH RE ENUCLEATION WITH PRIMARY IMPLANT UNDER GA

**Condition at Discharge**  
**Vision** .ENUCLEATED  
**Anterior Seg.** .LID EDEMA PRESENT  
 DISCHARGE PRESENT  
 IMPLANT IN SITU  
**IOP** .ENUCLEATED  
**Posterior Seg.** .ENUCLEATED  
 Implant size = 18mm  
 ONVA shamp = 12r

**Advice During Discharge** Sympugmentin 225mg/5ml 2ml TDS  
**Oral** .SYMPUGMENTIN 225MG/5ML 2ML TDS  
 .SYMPUGMENTIN 225MG/5ML TDS  
**Follow Up** .IN OP CLINIC ON 4/11/24 AFTER 1 WEEK  
 Position (RE) [E/D OCUPOL TDS  
 E/D REFRESH TEARS 6TD  
 E/D MILFLODEX 6TD] (S)

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Prepared By: Ms. DIVYA SOJAN  
 Signature Of Senior Resident

EUA date for after 3wks = 19/11/24  
 NPO explained solids 6hrs liquids - 4hrs  
 NRC Review of old films  
 11/6 fused gland mass



भारत सरकार

Government of India



नितेश कुमार

Nitesh Kumar

जन्म तिथि / DOB : 07/01/1998

पुरुष / Male



437 4968 6500

आधार - आम आदमी का अधिकार

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भारतीय विशिष्ट पहचान प्राधिकार

Unique Identification Authority of India

पता:  
संबोधित: गंगा सागर राय, मुकसुदपुर,  
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