

Print

DR SHROFF'S CHARITY EYE HOSPITAL

5027, Kedarnath, Daryaganj
New Delhi, 110002, Phone: 011 4352 4444/011 4352 8888
Website: <https://www.sceh.net>



PRESCRIPTION

Name: BABY.DEVI KUMARI KUMARI

MRNo. # : DEL-G-24-12-6809

Date: 06-02-2025

Time: 11:13 AM

Gender: Female

Age: 2 Yrs 1 Mo.

| | Medicine Name | Dosage Qty. | Timings | Duration | Special Instructions |
|-----------|--|---|-------------------|-----------|----------------------|
| Both Eyes | TOBA EYE DROPS (Tobramycin 0.3 %) | | Four times a day | 2 Week(s) | |
| Both Eyes | FML EYE DROPS (Fluorometholone 0.1 %) | Shake well before use In case of eye discharge, excessive tearing, redness, irritation, pain, swelling of the eyelids consult your doctor immediately Self medication and long term use can cause serious side effects (including cataracts and glaucoma)- Strictly use according to prescription and under care of your doctor | | | |
| | | One drop | 5 times a day for | 5 Day(s) | |
| | | One drop | 5 times a day for | 5 Day(s) | |
| | | One drop | 1 times a day for | 5 Day(s) | |

OPHTHALMOLOGIST : DR. CHHAVI GUPTA

Providing Quality Eye Care Since 1914

Trulyhelp Verify

Dr. chhavi gupta
(OPHTHALMOLOGIST)
DMC/R/100745
06-02-2025 11:13 AM

20/02/25
8:00

| |
|---|
|  <h2 style="text-align: center;">DR SHROFF'S CHARITY EYE HOSPITAL</h2> <p style="text-align: center;">5027, Kedarnath , Daryaganj New Delhi, 110002, Phone: 011 4352 4444/011 4352 8888 Website: https://www.sceh.net</p> |
|---|

| BILL CUM RECEIPT - Dr Shroff's Charity Eye Hospital | | | | | | | |
|---|------------------|---------|--------------------|------------|--------------|------------|------------|
| Bill | #332930 | Receipt | #330651 | Consultant | Dr Ria Ratna | Printed on | 06-02-2025 |
| MRNo. | DEL-G-24-12-6809 | Name | DEVI KUMARI KUMARI | | | Dated | 06-02-2025 |
| Service | | | | | | Amount | |
| Consultation(Follow up walk-in) | | | | | | 100 | |
| | | | | | | GST | 0 |
| Txn No: 2482228 Credited by Ritika - on 06-02-2025 11:32 AM by Credit/Debit Card | | | | | | Total | 100 |
| Rs (in words) | | | | | | Paid | 100 |
| One Hundred | | | | | | | |
| RITIKA - | | | | | | | |
| PLEASE BE SEATED IN THE WAITING LOUNGE. | | | | | | | |
| <ul style="list-style-type: none"> • Please report at the hospital 20 mins. before your given appointment. • Please bring your appointment slip to be presented at the reception. • You are allowed to bring ONLY ONE ATTENDANT. • Children below 5 years ARE NOT ALLOWED unless the child is the patient. • Please keep us informed of any change in your address. • Please call us if you require to change your appointment date / time. | | | | | | | |
| <p>A normal complete eye examination will take 2 or 3 hours. Following your checkup doctor (s) may suggest further examination / Tests. This process may take up to 4 hours</p> | | | | | | | |
| <ul style="list-style-type: none"> • कृपया निर्धारित समय से २० मिनट पहले अस्पताल पहुंच जायिए । • अपना नियुक्ति पत्र प्रवेश के समय दिखाने के लिए अवश्य साथ रखिए । • केवल एक सहायक लानेकी अनुमती है । • १५ वर्ष से कम आयु के बच्चों का प्रवेश निषेध है, यदिवे रोगी है । • अपना पता बदलने पर सूचना देना ना भुले । • यदि निर्धारित समय या तारिक बदलना चाहें तो शीघ्र फोन करें । • आँखें का परीक्षण होने के पश्चात डायटर अन्य जाँच कराने की सलाह दे सकते हैं । • इस कार्यवाही में चार घंटे तक लग सकते हैं । • साधारण व पूर्ण आँखों की जाँच के लिए २ या ३ घंटे लग सकते हैं । | | | | | | | |
| <p><i>This is system generated statement, hence it does not require any signature or stamp</i></p> | | | | | | | |

DISCHARGE SUMMARY

| | | | |
|---------------------------|--|---------------------------|-------------------------------|
| Name: | Baby. Devi Kumari Kumari | MRNo.: | DEL-G-24-12-6809 (UID-921939) |
| Age (DOB): | 2 (01-01-2023) | Gender: | Female |
| Date of Admision: | 17-01-2025 | Date of Discharge: | |
| Date of Operation: | 25-01-2025 | | |
| Address : | 230 new bairey dewariya basti patriatu , Jharkand , Ramgarh , patriu , 0 | | |

Admit For

Left Eye Enucleation+ PMMA implant (including HP+M)

Left Eye GENERAL ANESTHESIA 61-90 MINUTES

Diagnosis

Both Eyes RETINOBLASTOMA - DIFFERENTIAL DIAGNOSIS
 Right Eye S/p Enucleation+implant
 Both Eyes RETINOBLASTOMA
 Left Eye s/p enucleation + implant

Surgery Performed

Anaesthesia

GA

Course During Stay in Hospital

Condition at Discharge

The patient's discharge process is planned in consultation with the patient and/or family.

Post-Op Instructions

KEEP ADMITTED
 OPEN PATCH TOMORROW

Medication Instructions

| Route | Medicine Name | Dosage | Qty. | Timings | Duration | Special Instructions |
|-------|---------------|--------|------|---------|----------|----------------------|
|-------|---------------|--------|------|---------|----------|----------------------|

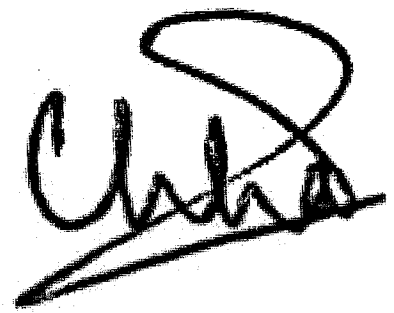
| | | | | | | | |
|--------------|---|------------------|--|---|------------------------|--------------|--|
| | AUGMENTIN 257MG/5ML | | | 1 | Twice a day | 5 Day(s) | |
| Oral | SYRUP IBUGESIC PLUS | 2.5ML | | 1 | Twice a day | 5 Day(s) | |
| Both Eyes | CIPLOX EYE OINT OVER SUTURES (Ciprofloxacin 0.3 %W/W) | | | 1 | Thrice a day | 2 Week(s) | |
| Both Eyes | CLEANING WITH BEATDINE 5% SOLUTION | | | 1 | Thrice a day | 2 Week(s) | |
| Both Eyes | MOXICIP EYE DROPS (Moxifloxacin 0.5%) | | | 1 | Four times a day | 1 Week(s) | |
| Both Eyes | PRED FORTE EYE DROPS (Prednisolone acetate 1%) | 4/3/2/1 TAPER | | 1 | | 4 Week(s) | Shake well before use In case of eye discharge, excessive tearing, redness, irritation, pain, swelling of the eyelids consult your doctor immediately Self medication and long term use can cause serious side effects (including cataracts and glaucoma)- Strictly use according to prescription and under care of your doctor |
| Oral | TAB LANZOL JUNIOR 1/2 TAB | 15MG | | 1 | Once a day | 1 Week(s) | |
| Oral | SYRUP WYSOLONE | 10ML | | 1 | Once a day | 1 Week(s) | |

INVESTIGATION REPORTS ATTACHED

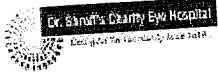
Counselor: Nikki Kohli

If you experience any of the following symptoms which last more than 24hours, contact our emergency services or an ophthalmologist immediately. It is important that you be aware of these symptoms.

1. Any sudden worsening of vision
2. Pain and redness
3. A white or cloudy cornea or pupil.
4. Severe pain or gross decrease in vision, contact immediately.



Dr chhavi gupta
(OPHTHALMOLOGIST)
DMC/R/100745



B-Block

Rx

PRESCRIPTION

Name: BABY.DEVI KUMARI KUMARI
 MRNo. # : DEL-G-24-12-6809 Date: 27-01-2025 Time: 04:18 PM Gender:Female Age: 2 Yrs 0 Mo.

| | Medicine Name | Dosage | Qty. | Timings | Duration | Special Instructions |
|-----------|---|--------|------|------------------|-----------|----------------------|
| Oral | SYR AUGMENTIN 257MG/5ML | 2.5ml | | Thrice a day | 3 Day(s) | |
| Oral | SYR IBUGESIC PLUS | 2.5ml | | Twice a day | 3 Day(s) | |
| Oral | SYR WYSOLONE | 10ml | | Once a day | 5 Day(s) | |
| Oral | TAB LANZOL JUNIOR 15MG | | | Once a day | 5 Day(s) | |
| Both Eyes | MOXICIP EYE DROPS (Moxifloxacin 0.5%) | | | Four times a day | 1 Week(s) | |
| Both Eyes | CIPLOX EYE OINT (Ciprofloxacin 0.3 %W/W) | | | Twice a day | 1 Week(s) | |
| Both Eyes | CLEANING WITH BETADINE SOLUTION | | | Thrice a day | 1 Week(s) | |

Both Eyes **PRED FORTE EYE DROPS (Prednisolone acetate 1%)**
 Shake well before use. In case of eye discharge, excessive tearing, redness, irritation, pain, swelling of the eyelids consult your doctor immediately. Self medication and long term use can cause serious side effect (including cataract and glaucoma). Strictly use according to prescription and under care of your doctor

One drop 4 times a day for 1 Week(s)
 One drop 3 times a day for 1 Week(s)
 One drop 2 times a day for 1 Week(s)
 One drop 1 times a day for 1 Week(s)

Guidelines to Patient

1. Wash your hands with soap and water. Rinse and dry your hands or use a hand sanitiser.
2. If the eye drops are cloudy suspension, gently shake the bottle well before use..
3. Make sure there are no chips or cracks at the end of the eye dropper.
4. If there is a change in the color of the solution, please do not use.
5. The eye drops must be kept clean. Avoid touching the dropper against the eye or anything else.
6. Lie down or tilt your head back.
7. With your index (pointer) finger, pull down the lower lid of your eye to form a pocket.
8. Hold the dispenser close to your eye with the opposite hand.
9. Brace (hold) the remaining fingers of this hand against your nose or cheek to prevent shaking.
10. Drop the correct number of drops (wait about 1 minute between each drop) into the pocket made between your lower lid and eyeball. Placing drops on the surface of the eyeball (cornea) may cause stinging.
11. Replace the cap or dropper of the bottle right away. Do not rinse or wipe it off.
12. Gently close your eyes. Press your index finger against the inside corner of your eye next to your nose for 1 minute.
13. Gently wipe away any extra drug with a tissue. Do not rub your eyes.
14. If you are using more than one type of eye drop, wait before using the next type. You should wait 10 minutes before using the next type of eye drops.
15. If you are administering the drops to someone else, follow the same steps.

What do I do if I miss a dose?

1. Apply the missed dose as soon as possible

3. Do not double the dose to catch up

Call if you have any of these problems after using your eye drops:

1. Severe eye pain
2. Changes in vision
3. Signs of infection such as redness, swelling, drainage, or pus
4. Very bad eye irritation and watering
5. Rash or hives (raised, red areas on your skin)
6. No change or worsening of symptoms after 3 days of treatment
7. You have questions or concerns about your illness, medicine, or how to use your eye drops

OPHTHALMOLOGIST : DR. MAINAK RAYCHAUDHURI

Join in Serving the millions going blind in India. Join the Sight Savers & Supporters Program


Dr. Mainak Raychaudhuri
(OPHTHALMOLOGIST)
82980
27-01-2025 04:18 PM

Trulyhelp Verify

DR SHROFF'S CHARITY EYE HOSPITAL

5027, KEDARNATH , DARYAGANJ

New Delhi,110002,Phone:011 4352 4444/011 4352 8888
Website:https://www.sceh.net

DISCHARGE SUMMARY

| | | | |
|----------------------------|--|---------------------------|-------------------------------|
| Name: | Baby. Devi Kumari Kumari | MRNo.: | DEL-G-24-12-6809 (UID-921939) |
| Age (DOB): | 2 (01-01-2023) | Gender: | Female |
| Date of Adminssion: | 03-02-2025 | Date of Discharge: | 04-02-2025 |
| Date of Operation: | 04-02-2025 | | |
| Address : | 230 new bairey dewariya basti patriatu , Jharkand , Ramgarh , patriu , 0 | | |

Admit For

NA BM and CSF cytology

Diagnosis

Both Eyes RETINOBLASTOMA - DIFFERENTIAL DIAGNOSIS

Right Eye S/p Enucleation+implant

Both Eyes RETINOBLASTOMA

Left Eye s/p enucleation + implant

Surgery Performed

NA BM and CSF cytology

Anaesthesia GA

Course During Stay in Hospital

Condition at Discharge

The patient's discharge process is planned in consultation with the patient and/or family.

Post-Op Instructions CAN DISCHARGE
R/W ON FRIDAY

Medication Instructions

| Route | Medicine Name | Dosage | Qty. | Timings | Duration | Special Instructions |
|-------|-------------------------|----------------|------|--------------|----------|----------------------|
| Oral | SYP IBUGESIC PLUS | 2ML | 1 | Twice a day | 3 Day(s) | |
| Oral | SYP AUGMENTIN 257MG/5ML | 2.5ML | 1 | Thrice a day | 3 Day(s) | |
| Oral | LANZOL JUNIOR | 15MG 1/2 TAB | 1 | | 3 Day(s) | |

INVESTIGATION REPORTS ATTACHED

Bio Chemistry Investigations

HEMOGLOBIN


Your next appointment is on **07-02-2025 08:00 AM** with Dr Obaidur Rehman

Counselor

Nikki Kohli ()

If you experience any of the following symptoms which last more than 24 hours, contact our emergency services or an ophthalmologist immediately. It is important that you be aware of these symptoms.

- 1. Any sudden worsening of vision
- 2. Pain and redness
- 3. A white or cloudy cornea or pupil.
- 4. Severe pain or gross decrease in vision, contact immediately.


 Dr Obaidur Rehman
 (OPHTHALMOLOGIST)
 DMC/R/16821

IN CASE OF EMERGENCY, PLEASE CALL 01143524444,43528888, 9818946208, 9643985154. EMERGENCY SERVICES AVAILABLE 24 HOURS.

Trulyhelp Verify

Doctor Name:.....
 DMC No.....
 Dr. Shroff's Charity Eye Hospital
 5027, Kedar Nath Road,
 Darya Ganj, New Delhi-110002

Post-op Instructions

Patient Name Devi Kumari Kumari

MRNo

DEL-G-24-12-6809

Previous Instructions/Prescription

Post OP Instructions

Instructions KEEP ADMITTED
OPEN PATCH TOMORROW

Instructions Saved By Anureet Kaur on 25-01-2025 at 12:15 PM

Post OP Instructions

Instructions KEEP ADMITTED
OPEN PATCH TOMORROW

Instructions Saved By Anureet Kaur on 25-01-2025 at 12:14 PM

Medication Instructions

| Route | Medicine Name | Dosage | Qty. | Timings | Duration | Special Instructions |
|-----------|---|---------------|------|---------|-----------|---|
| Oral | SYRUP AUGMENTIN 257MG/5ML | 2.5ML | 1 | TID | 5 Day(s) | |
| Oral | SYRUP IBUGESIC PLUS | 2.5ML | 1 | BD | 5 Day(s) | |
| Both Eyes | CIPLOX EYE OINT OVER SUTURES (Ciprofloxacin 0.3 %W/W) | | 1 | TID | 2 Week(s) | |
| Both Eyes | CLEANING WITH BEATDINE 5% SOLUTION | | | TID | 2 Week(s) | |
| Both Eyes | MOXICIP EYE DROP (Moxifloxacin 0.5%) | | 1 | QID | 1 Week(s) | |
| Both Eyes | PRED FORTE EYE DROPS (Prednisolone acetate 1%) | 4/3/2/1 TAPER | 1 | | 4 Week(s) | Shake well before use In case of eye discharge, excessive tearing, redness, irritation, pain, swelling of the eyelids consult your doctor immediately Self medication and long term use can cause serious side effects (including cataracts and glaucoma)- Strictly use according to prescription and under care of your doctor |
| Oral | TAB LANZOL JUNIOR 1/2 TAB | 15MG | 1 | OD | 1 Week(s) | |
| Oral | SYRUP WYSOLONE | 10ML | 1 | OD | 1 Week(s) | |

Doctor Notes

Join in Serving the millions going blind in India. Join the Sight Savers & Supporters Program

Dr. Anureet Kaur
(OPHTHALMOLOGIST)
54048
17-01-2025 04:52 PM

- info (RE) enucleation + Implant (1/1/25)

o/e :- (RE) conjunctival prolapse ⊕

- tarso and conjunctiva came out on its own

° Implant central, orbital pressure OK.

course in hospital

- pt has been advised treatment for URI but symptoms did not resolve.

- pt was planned for (LE) enucleation + Implant - unfit d/t URI

- child is stable

Adv.

- can discharge the patient

- R/w on monday (20/01/25)

- continue meds as advised.

Trulyhelp Verify

Dr. Anureet Kaur

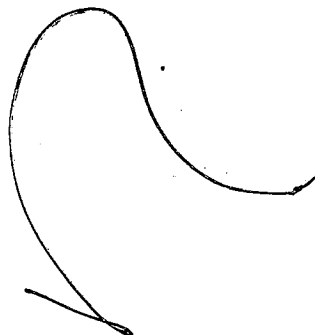
Fellow - oculoplasty & ocular
oncology

27/01/25; 6:11 pm



OUT PATIENT RECORD CONTINUATION SHEET

Name. Devi Kuman MR No. _____ Date. 23/1/2

| Date | Out Patient Record Continuation Sheet |
|------|--|
| | <p>CS/BS/SHYC</p> <hr/> <p>Slab</p> <p>Ajek</p> <p>Chal BLC</p> <p>CS/BS/SHYC</p> <p>Ajek</p> <p>CPX</p> <p>1</p>  |

Trulyhelp Verify



PRE-OP INSTRUCTION TO THE PATIENT

मरीज के लिए ऑपरेशन-पूर्व निर्देश

Name(नाम) Baby devi Kumari MR No. (एम.आर.न.) 6809 WARD(वार्ड) OPP.

Advised for EUA/ SURGERY (शल्य चिकित्सा का प्रकार) (UB) Enucleation + Implant & CA

Scheduled on (निर्धारित तिथि) 8/01/25 With Dr. (डॉ.) Kanika.

To Report on (उपस्थित हो) 8/01/25. Reporting Time (उपस्थिति समय) 7:30 am (Perlabin time)

Do Not Give Feed after (इसके बाद भोजन न दें) Midnight NPO on (पर) 8/1/25.

Please note that : NO food, NO water

- On the day of Surgery, the patient should report at the Nurse Station with Admission Letter on the first floor. (सर्जरी के दिन, मरीज को प्रवेश पत्र के साथ प्रथम तल पर स्थित नर्स स्टेशन पर उपस्थित होना चाहिए।)
- You have requested to follow the following instructions given by your doctor : (आपसे अनुरोध है कि आप अपने डॉक्टर द्वारा दिए गए निम्नलिखित निर्देशों का पालन करें)
 - a) Have a bath before coming to the hospital. (अस्पताल आने से पहले स्नान करें।)
 - b) Cut your nails and remove nails polish. (अपने नाखून काटें और नails पॉलिश हटा दें।)
 - c) Do not carry any valuable like money, mobile etc. (कोई भी कीमती सामान जैसे पैसा, मोबाइल आदि न ले जाएं।)
 - d) Remove all jewellery at home. (घर से सारे आभूषण निकाल दें।)
 - e) You may be required to stay 6-8 hrs / overnight, please come prepared. (आपको 6-8 घंटे/रात भर रुकना पड़ सकता है, कृपया तैयार होकर आएं।)
- Please carry one Huggies for your child on the day of surgery. (कृपया सर्जरी के दिन अपने बच्चे के लिए एक हगीज साथ रखें।)

Pre Operative Medicine (चिकित्सा पूर्व दवाई)

- Milflox / Mahaflox / Moxicip / Cipro Eye Drops 4 times /day starting one day before Surgery. (मिलफ्लोक्स / माहाफ्लोक्स / मोक्सिसिप / सिप्लोक्स आई ड्रॉप्स सर्जरी से एक दिन पहले से दिन में 4 बार लें।)
- Eye Drops Itrop Plus / Tropicamide Plus / C-Pent / Tropicamide Eye Drop (आई ड्रॉप्स इट्रोप प्लस / ट्रॉपिकैमाइड प्लस / सी-पेंट / ट्रॉपिकैमाइड आई ड्रॉप।)
- every 20 minutes starting at NA a.m. / p.m. on NA (date) (प्रत्येक 20 मिनट पर, प्रातः काल/अपराहन से NA (तारीख) को प्रारंभ होगा।)

For Padiatric Patients (बाल रोगियों के लिए)

- < 2 Year Tropicamide plain Eye Drop 3 times 2 hour before surgery. (< 2 वर्ष ट्रॉपिकैमाइड सादा आई ड्रॉप सर्जरी से 2 घंटे पहले 3 बार।)
- > 2 Year Tropicamide plus Eye Drop 2 times 2 hour before surgery. (< 2 वर्ष ट्रॉपिकैमाइड प्लस आई ड्रॉप सर्जरी से 2 घंटे पहले 3 बार।)
- Systemic Medication : (प्रणालीगत दवा):

As Advised by Physician / Anesthetist (चिकित्सक / एनेस्थेतिस्ट द्वारा सलाह के अनुसार)

Omit : (छोड़ देना): NA

Continue : (जारी रखना): NA

- Tab Anxit 0.25mg / 0.5mb HS/ on the day of Surgery. (सर्जरी के दिन टैब एन्क्सिट 0.25 मिग्रा / 0.5 मिग्रा एचएस / 1)

Visitors (आगतुकों):

1. Number of attendants allowed with the patients on the day of Surgery 02 person
सर्जरी के दिन मरीज के साथ आने वाले परिचारकों की संख्या _____
2. Bring Attendance Pass on the day of Surgery. (सर्जरी के दिन अटेंडेंस पास साथ लाएँ।)

In case you have any queries please do not hesitate to phone us on 9717699402. 9am to 5pm

यदि आपके कोई प्रश्न हों तो कृपया हमें 9717699402 पर फोन करने में संकोच न करें

In case of Non Adherence to the Reporting Time, Your Surgery May be delayed or deferred of the day.

रिपोर्टिंग समय का पालन न करने की स्थिति में, आपकी सर्जरी में देरी हो सकती है या उसे एक दिन के लिए टाल दिया जा सकता है।

6pt! 218.

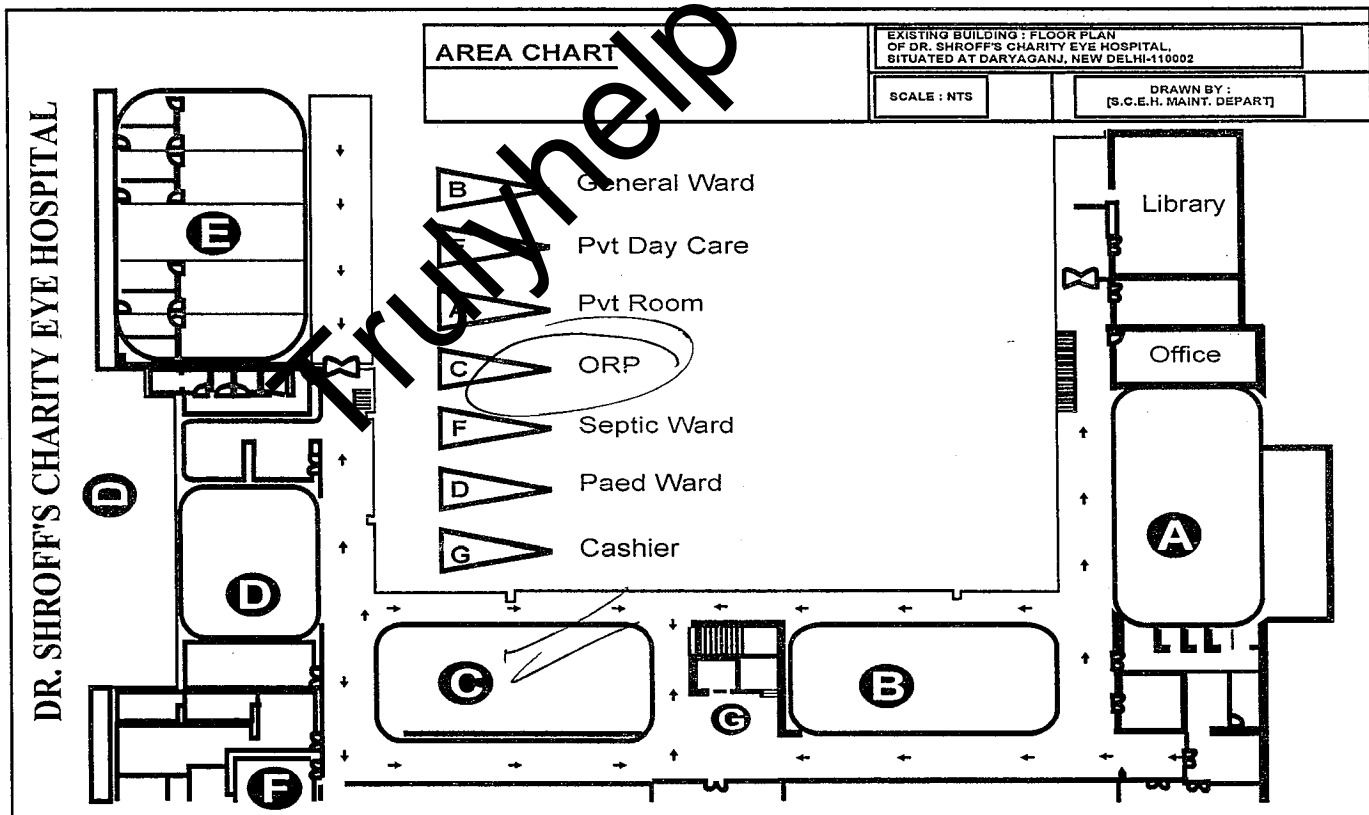
Surgical Coordinator

Date

21/12/25

Note : Please bring this form on the day of surgery.
(कृपया सर्जरी के दिन यह फॉर्म साथ लेकर आएँ)

Your Ward / Room



DR. SHROFF'S CHARITY EYE HOSPITAL

5027, Kedar Nath Road, Daryaganj, New Delhi-110002, India

Tel. : 011-43524444, 43528888 Fax : 011-43528816

E-mail : sceh@sceh.net Website : www.sceh.net

PSC/F002/02



(Certificate No. - 0922QMS4250)

Near Medical College, Bariatu, Ranchi - 834009, Jharkhand
☎ 9708038699, 9934360699, 9534000001, 9708039699
Email : drjsharanscanningcentre@gmail.com

REPORT ON RADIOLOGICAL INVESTIGATIONS

Date : 21-May-2024

Reg/Ref: DST-47 / 20240521-47

Registered At : MAIN LAB

Name : BABY DEVI KUMARI

Age/Gender : 1 Yr./Female

Ref.By : Dr. BIBBHUTI KASHYAP ;MBBS(HONS),MD(AIIMS),DNB,MNAMS.

Reported by : DR.MUMUN SINHA

128 SLICE C.T SCAN OF ORBIT

FINDINGS:

- There is microphthalmos on the left side.
- There are lobulated calcified lesions in the posterior chamber of both globes.
- Vitreous appears hyperdense on both sides.
- Retinal detachment is seen on the right side.
- No infiltration of the optic nerve or retroconal fat or sclera.
- Bilateral bony orbits appear normal. No e/o periorbital / orbital cellulitis.
- Retro-orbital intraconal fat and extraocular muscles appear normal.
- Intraorbital, canalicular, intracranial both optic nerves appear normal.
- Optic chiasma appears normal.

IMPRESSION:

Lobulated calcified lesions in the posterior chamber of both globes with associated retinal detachment on the right side.

features are likely suggestive of endophytic retinoblastomas.

Mumun Sinha
DR. MUMUN SINHA,
MBBS, MD
(RADIODIAGNOSIS),
(PGI CHANDIGARH), DNB,
DM CARDIOVASCULAR RADIOLOGY
(A.I.I.M.S., New Delhi),
FRCR (UK)
REG. NO.- DMC/R/8902



ESTD. 2021

Dr. J. Sharan's Scanning Centre



(Certificate No. - 0922QMS4250)

Near Medical College, Bariatu, Ranchi - 834009, Jharkhand

☎ 9708038699, 9934360699, 9534000001, 9708039699

Email : drjsharanscanningcentre@gmail.com

REPORT ON RADIOLOGICAL INVESTIGATIONS

Date : 21-May-2024

Reg/Ref: DST-46 / 20240521-46

Registered At : MAIN LAB

Name : BABY DEVI KUMARI

Age/Gender : 1 Yr./Female

Ref.By : Dr. BIBBHUTI KASHYAP ;MBBS(HONS),MD(AIIMS),DNB,MNAMS.

Reported by : DR.MUMUN SINHA

128 SLICE C.T SCAN OF BRAIN

FINDINGS:

Supratentorial brain parenchyma does not show any abnormal density.

Normal grey and white matter differentiation seen.

Supratentorial ventricular system is not dilated.

Posterior fossa structures including cerebellum, brain stem and basal cisterns appear normal within the limits of NCCT. CP angle regions are normal.

Skull vault appears normal.

IMPRESSION:

No significant intracranial abnormality.

Mumun Sinha
DR. MUMUN SINHA,
MBBS, MD
(RADIODIAGNOSIS),
(PGI CHANDIGARH), DNB,
DM CARDIOVASCULAR RADIOLOGY
(A.I.I.M.S., New Delhi),
FRCR (UK)
REG. NO.- DMC/R/8902



Dr. J. Sharan's Scanning Centre



(Certificate No. - 0922QMS4250)

Near Medical College, Bariatu, Ranchi - 834009, Jharkhand

☎ 9708038699, 9934360699, 9934150699, 9708039699

Email : drjsharanscanningcentre@gmail.com

REPORT ON RADIOLOGICAL INVESTIGATIONS

Date : 19-May-2024

Reg/Ref: DST-3 / 20240519-3

Registered At : MAIN LAB

Name : BABY. DEVI KUMARI

Age/Gender : 1 Yr./Female

Ref.By : Dr. BIBBHUTI KASHYAP ;MBBS(HONS),MD(AIIMS),DNB,MNAMS.

Reported by : DR.MUMUN SINHA

3T C.E.M.R.I. SCAN OF BRAIN AND ORBIT

FINDINGS:

* Supratentorial Fossa:

- Bilateral cerebral hemispheres show normal gray-white matter differentiation.
- Supratentorial ventricular system is prominent. Mild thinning of posterior body of corpus callosum.
- Bilateral sulci, basal cisterns and sylvian fissures are normal.
- B/l basal ganglia and b/l thalami are normal.
- Normal vascular flow voids seen with normal post contrast enhancement.
- No abnormal parenchymal or leptomeningeal enhancement.

* Posterior Fossa:

- B/l cerebellum appear normal in size and signal intensities.
- 4th ventricle is normal in size, site and shape.
- Both internal auditory canals (with meatal portions of VII and VIII nerves) are normal in size and are symmetrical.
- B/l CP angles are normal.

Contd. to page 2

(P.T.O.)

REPORT ON RADIOLOGICAL INVESTIGATIONS

Page 2 BABY. DEVI KUMARI

*Orbit:

- Microphthalmos on the left side.
- Heterogeneously enhancing lobulated lesions in the posterior chamber measuring ~0.9x0.7cm on the right side and ~1.5x1.2cm on the left side.
- Lesions appear T1 hypointense and intermediate signal on T2 weighted images. Multiple T2 hypointense foci also seen within the lesions with blooming on GRE likely due to calcifications.
- Layering of T2 hypointensities with blooming s/o hemorrhages seen on the right side with retinal detachment.
- Triangular retroental soft tissue is noted on both sides.
- No infiltration of the optic nerve or retroconal fat or sclera.
- Intraorbital, intracanalicular, intracranial b/l optic nerves appear normal in bulk and SI.
- Preseptal space appears normal.
- Sclera appears normal in signal intensity, thickness and enhancement.
- Extraocular muscles appear normal.
- Optic chiasma appears normal.

Contd. to page 3

(P.T.O.)

REPORT ON RADIOLOGICAL INVESTIGATIONS

Page 3 BABY. DEVI KUMARI

IMPRESSION:

- Heterogeneously enhancing lobulated lesions in the posterior chamber on both sides.
- Lesions appear T1 hypointense and intermediate signal on T2 weighted images.
- Multiple T2 hypointense foci also seen within the lesions with blooming on GRE likely due to calcifications.
- Layering of T2 hypointensities with blooming s/o hemorrhages seen on the right side with retinal detachment.
- No infiltration of the optic nerve or retroconal fat or sclera.

? Endophytic retinoblastoma. (in view of blooming of calcifications, however needs a CT to confirm).

- Also triangular retrolental soft tissue is noted on both sides. ? conexitent PHPV.

Mumun Sinha
DR. MUMUN SINHA,
MBBS, MD
(RADIODIAGNOSIS),
(PGI CHANDIGARH), DNB,
DM CARDIOVASCULAR RADIOLOGY
(A.I.I.M.S., New Delhi),
FRCR (UK)
REG. NO.- DMC/R/8902

1st Floor, The Orchid Building, Opp. RIMS
Bariatu, Ranchi - 834009 (Jharkhand)
Phone : 0651-2544226, 08809109932
E-mail : ceo.pulsehealthcare@gmail.com

NAME: DEVI KUMARI

AGE/SEX: 1Y5MONTH

REF BY: DR. GAUTAM LOKDARSHI

DATE: 02/09/2024

THANKS FOR THE REFERRAL.
MRI ORBIT (PLAIN+ CONTRAST).

FINDINGS:

Left eyeball is smaller in size.

Irregular lobulated enhancing lesions are seen in posterior segments of both eye balls, along with evidence of retinal detachment and haemorrhage.

No extraocular extension of lesion is noted on either side.

Extraocular muscles appear normal on both sides.

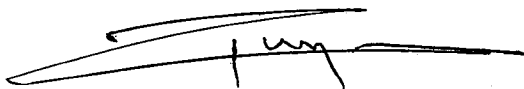
B/L optic nerves appear normal.

No retrobulbar mass is noted.

Pituitary appears normal. Sella, suprasellar & parasellar regions including cavernous sinus appear normal.

IMPRESSION: FOLLOW UP CASE OF B/L RETINOBLASTOMA SHOWING ENHANCING LESIONS IN BOTH EYEBALLS.

C/W previous MRI(May-24), enhancing areas have increased in left eyeball.



DR. CHITRANJAN, MD
EX. SR AIIMS, NEW DELHI



DEPARTMENT OF RADIODIAGNOSIS

Dr. Ram Manohar Lohia Institute of Medical Sciences,

Vibhuti Khand, Gomti Nagar, Lucknow-226010

Ph No.0522- 4918555, 504 Fax No. - 0522- 4918506, Website- www.rmlims.in

3.0 TESLA MRI

| | |
|---------------|----------------------|
| MRI NO: | 2024/170049 |
| NAME: | DEVI KUMARI |
| AGE /SEX: | 2 Y/F |
| PART SCANNED: | MRI BRAIN WITH ORBIT |
| REF. BY | DR. PROLIMA THACKER |
| DATE | 16/12/2024 |

MRI: BRAIN WITH ORBIT

- **RIGHT EYE:** There is evidence of an irregular heterogeneously enhancing mass lesion ~ 7.7 x 7.4 x 10.6 mm seen in the right eye globe involving the posterior segment with associated retinal detachment. There are internal areas of T1 intermediate and T2 hypointensities showing blooming on SWAN consistent with calcification. There is evidence of blood fluid level showing T1 hyper T2 hypointensity...likely sub retinal hemorrhage.
- **LEFT EYE:** There is evidence of an irregular heterogeneously enhancing mass lesion ~ 14X11.4X12.7 mm seen in the left eye globe involving the posterior segment with associated retinal detachment. There are internal areas of T1 intermediate and T2 hypointensities showing blooming on SWAN consistent with calcification. There is evidence of blood fluid level showing T1 hyper T2 hypointensity...likely sub retinal hemorrhage.
- Retro-orbital fat : Normal.
- Periorbital soft tissue: Normal.
- Brain stem and cerebellar hemispheres are showing normal MR morphology, signal intensity and outline.
- Fourth ventricle is normal in size and midline in position.
- Basal cisterns are normally visualized. No midline shift is seen.
- Sella is normal in size. Pituitary gland is visualized normally with both anterior & posterior lobes showing normal signal intensity.

IMPRESSION: *known case of B/L retinoblastoma post CT status present scan shows BILATERAL HETROGENOUSLY ENHANCING MASS LESION IN POSTERIOR SEGMENT WITH RETINAL DETACHMENT AND SUB RETINAL BLEEDS AS DESCRIBED .*

Please correlate clinically

DR. AKSHAY
Radiodiagnosis
JR III

DR. NEHA SINGH
MD Radiodiagnosis
Professor Jr. Grade



DEPARTMENT OF RADIODIAGNOSIS

Dr. Ram Manohar Lohia Institute of Medical Sciences, Vibhuti Khand, Gomti Nagar, Lucknow-226010

Ph No.0522- 4918555, 504 Fax No. - 0522- 4918506, Website- www.rmlims.in

3.0 TESLA MRI

| | |
|---------------|----------------------|
| MRI NO: | 2024/170049 |
| NAME: | DEVI KUMARI |
| AGE /SEX: | 2 Y/F |
| PART SCANNED: | MRI BRAIN WITH ORBIT |
| REF. BY | DR. PROLIMA THACKER |
| DATE | 16/12/2024 |

MRI: BRAIN WITH ORBIT(PROVISIONAL)

- **RIGHT EYE:** There is evidence of an irregular heterogeneously enhancing mass lesion ~ 7.7 x 7.4 x 10.6 mm seen in the right eye globe involving the posterior segment with associated retinal detachment. There are internal areas of T1 intermediate and T2 hypointensities showing blooming on SWAN consistent with calcification. There is evidence of blood fluid level showing T1 hyper T2 hypointensity...likely sub retinal hemorrhage.
- **LEFT EYE:** There is evidence of an irregular heterogeneously enhancing mass lesion ~ 14X11.4X12.7 mm seen in the left eye globe involving the posterior segment with associated retinal detachment. There are internal areas of T1 intermediate and T2 hypointensities showing blooming on SWAN consistent with calcification. There is evidence of blood fluid level showing T1 hyper T2 hypointensity...likely sub retinal hemorrhage.
- Retro-orbital fat : Normal.
- Periorbital soft tissue: Normal.
- Brain stem and cerebellar hemispheres are showing normal MR morphology, signal intensity and outline.
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IMPRESSION: *known case of B/L retinoblastoma post CT status present scan shows BILATERAL HETROGENOUSLY ENHANCING MASS LESION IN POSTERIOR SEGMENT WITH RETINAL DETACHMENT AND SUB RETINAL BLEEDS AS DESCRIBED .*

Please correlate clinically



Dr. Ram Manohar Lohia Institute of Medical Sciences

Vibhuti Khand, Gomti Nagar, Lucknow 226010

Ph. No. 0522-4918555, 504. Fax No. 0522-4918506

CR No. : PP:2024/170049
Name : **DEVI KUMARI** Age : 2 Y, Sex - f
Bill Date : 13/12/2024 Bill No. : SV2024397627
Date of Collection : 13/12/2024 Lab.Ref.No. : LB2400953759
Referred By : DR. SAKSHAM SINGH,

Clinical Biochemistry Report

| Test Description | Result | Unit | Reference Range |
|--|---------------|--------|-----------------|
| SERUM SODIUM Method : Ion Exchange Electrode | 137.00 | mmol/L | 136.0-146.0 |
| SERUM POTASSIUM Method : Ion Exchange Electrode | 4.25 | mmol/L | 3.6-5.1 |
| KFT | | | |
| SERUM UREA Method : UREASE-GLDH KINETIC | 19.04 | mg/dl | 10-45 |
| SERUM CREATININE Method : JAFFE'S KINETIC | 0.23 | mg/dl | 0.4-1.4 |
| LFT [LIVER FUNCTION TEST] | | | |
| SERUM BILIRUBIN (TOTAL) Method : DIAZO (Surfactant) | 0.82 | mg/dl | 0.3-1.2 |
| SERUM BILIRUBIN (DIRECT) Method : DIAZO | 0.20 | mg/dl | 0-0.2 |
| SERUM SGOT/AST Method : IFCC without pyridoxal phosphate | 39.00 | U/L | 0-50 |
| SERUM SGPT/ALT Method : IFCC without pyridoxal phosphate | 12.40 | U/L | 0-50 |
| SERUM ALKALINE PHOSPHATASE Method : AMP-Modified IFCC | 27.90 | U/L | 50-140 |

Machines Used:BECKMAN COULTER-AU480

Report is Checked & E-Signed By

Dr. Vandana Tiwari
M.Sc. Ph.D.
Professor (Junior Grade)

Report Ready on :13/12/2024 - 15:21:57



Dr. Ram Manohar Lohia Institute of Medical Sciences

Vibhuti Khand, Gomti Nagar, Lucknow 226010

Ph. No. 0522-4918555, 504. Fax No. 0522-4918506

CR No. : PP:2024/170049
 Name : **DEVI KUMARI** Age : 2 Y, Sex - f
 Bill Date : 13/12/2024 Bill No. : SV2024397627
 Date of Collection : 13/12/2024 Lab.Ref.No. : LB2400953755
 Referred By : DR. SAKSHAM SINGH, Specimen : Blood

Hematology Report

| Test Description | Result | Unit | Reference Range |
|---|--------------|----------------------|-----------------|
| CBC (COMPLETE BLOOD COUNT) | | | |
| HB Method : Absorption Spectrophotometry | <u>9.21</u> | gm/dL | 12.0-16.0 |
| TLC Method : 4D Light Scatter (Advance MAPSS)Ex-ALL,IASO,PSS,DSS&FL1 | <u>15.60</u> | x10 ³ /μl | 4.0-11.0 |
| PLATELET COUNT Method : 6D Light scatter (Advance MAPSS)EX-ALL,IASO,IAS2,IAS3&PSS | <u>367</u> | x10 ³ /μl | 150-450 |
| RBC COUNT Method : 6D Light scatter (Advance MAPSS)EX-ALL,IASO,IAS2,IAS3&PSS | <u>4.18</u> | x10 ⁶ /μL | 4-5.9 |
| MCV Method : Light Scatter (Advance MAPSS)Derived From RBC average size histogram | <u>67.60</u> | fl | 78-96 |
| MCH | <u>22.10</u> | Pg | 27-33.2 |
| MCHC | <u>32.60</u> | g/dL | 33.4-35.5 |
| RDW-CV | <u>29.10</u> | % | 11.6-14.0% |
| HCT | <u>28.2</u> | % | 35-50 |
| DLC | | | |
| POLYMORPH | <u>2</u> | % | 40-70 |
| LYMPHOCYTE | <u>46</u> | % | 25-45 |
| EOSINOPHIL | <u>3</u> | % | 2-6 |
| MONOCYTE | <u>8</u> | % | 2-10 |
| BASOPHIL | <u>1</u> | % | 0.1-1 |

* These reference ranges are for Adults only
 Machines Used: Sysmex XN-1000, Sysmex XT
 2000i/Medonic M-Series/Sysmex XNL 550 /Alinti IQ

Report is Checked & E-Signed By

Dr. Deepika Rawat Dr. Nisha
 Senior Resident Junior Resident

Report Ready on :13/12/2024 - 15:21:10



Dr. Ram Manohar Lohia Institute of Medical Sciences

Vibhuti Khand, Gomti Nagar, Lucknow 226010

Ph. No. 0522-4918555, 504. Fax No. 0522-4918506

RR No.
Name
Bill Date
Date of Collection
Referred By

: PP:2024/170049
: **DEVI KUMARI**
: 13/12/2024
: 13/12/2024
: DR. SAKSHAM SINGH,

Age : 2 Y, Sex - f
Bill No. : SV2024397627
Lab.Ref.No. : LB2400953762

Virology (Microbiology) Report

Anti HCV Antibody ELISA

Result : Non- Reactive

(Kit used: - ERBA LISA HCV GEN 3)

Comment:

- (1) Final result is calculated using OD of test and Cut off control and interpreted as Positive , Negative or Equivocal.
- (2) If test is Equivocal , it is recommended to repeat the test again after 4 -6 weeks with a fresh sample.
- (3) Interpretation of test results should be made taking into consideration the patient history and the result of any other tests performed.
- (4) Negative test result does not allow infection by the hepatitis C virus to be excluded.

HBs Antigen ELISA

Result : Non- Reactive

(Kit used: - ERBALISA SEN HBsAg)

Comment:

- (1) Final result is calculated using OD of test and Cut off control which will be interpreted as Positive , Negative or Equivocal.
- (2) If test is Equivocal , it is recommended to repeat the test again after 4 weeks with a fresh sample.
- (3) Interpretation of test results should be made taking into consideration the patient history, and the result of any other tests performed.
- (4) Negative HBsAg result does not allow infection by the hepatitis B virus to be excluded.

Report is Checked & E-Signed By

Dr. Jaya Garg
Professor (Junior
Grade)

Dr. Jyotsna
Agarwal
Professor & Head

Computer Generated Report. No Signature Required

Report Ready on :14/12/2024 - 13:18:23



Dr. Ram Manohar Lohia Institute of Medical Sciences

Vibhuti Khand, Gomti Nagar, Lucknow 226010

Ph. No. 0522-4918555, 504. Fax No. 0522-4918506

| | | | |
|--------------------|----------------------|-------------|-----------------|
| CR No. | : PP:2024/170049 | Age | : 2 Y , Sex - f |
| Name | : DEVI KUMARI | Bill No. | : SV2024397627 |
| Bill Date | : 13/12/2024 | Lab.Ref.No. | : LB2400953763 |
| Date of Collection | : 13/12/2024 | Specimen | : Blood |
| Referred By | : DR. SAKSHAM SINGH, | | |

Immunology Lab Report

HIV (1/2) ELISA

| | | |
|---------------|---|----------|
| Cut off Value | : | 0.275 |
| OD of Test | : | 0.087 |
| Result | : | Negative |

(Kit used : (QUALISA HIV 4.0)

Report is Checked & E-Signed By

Dr. Vineeta Mittal
BBS, MD

Professor,
Microbiology

Dr. Jyotsna
Agarwal
Professor & Head

Computer Generated Report. No Signature Required

Report Ready on :14/12/2024 - 13:5:28

Trulyhelp Verify



Dr. Ram Manohar Lohia Institute of Medical Sciences

Vibhuti Khand, Gomti Nagar, Lucknow 226010

Ph. No. 0522-4918555, 504. Fax No. 0522-4918506

CR No.
Name
Bill Date
Date of Collection
Referred By

: PP:2024/170049
: **DEVI KUMARI**
: 13/12/2024
: 13/12/2024
: DR. SAKSHAM SINGH,

Age
Bill No.
Lab.Ref.No.

: 2 Y, Sex - f
: SV2024397627
: LB2400953757

Hematology Report

| | Value | Unit | Reference |
|---|-------|---------------------|-----------|
| E.S.R. Erythrocyte Sedimentation Rate : (Westergren's Method) | 05 | mm/h | |
| | | Men under 50years | <15 mm/h |
| | | Men 50-85years | <20 mm/h |
| | | Men over 85 years | <30 mm/h |
| | | Women under 50years | <20 mm/h |
| | | Women 50-85years | <30 mm/h |
| | | Women over 85years | <42 mm/h |

* These reference ranges are for Adults only.

Machines Used: Ves Matic 20

Report is Checked & E-Signed By

Dr. Deepika Rawat Dr. Nisha
Senior Resident Junior Resident

Report Ready on : 13/12/2024 - 13:37:1

Trulyhelp Verify



Dr. Ram Manohar Lohia Institute of Medical Sciences
Vibhuti Khand, Gomti Nagar, Lucknow 226010
Ph. No. 0522-4918555, 504. Fax No. 0522-4918506

CR No. : PP:2024/170049
Name : **DEVI KUMARI**
Bill Date : 13/12/2024
Date of Collection : 13/12/2024
Referred By : DR. SAKSHAM SINGH,

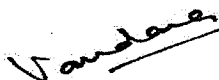
Age : 2 Y , Sex - f
Bill No. : SV2024397627
Lab.Ref.No. : LB2400953760

Clinical Biochemistry Report

| Test Description | Result | Unit | Reference Range |
|---|--------|-------|-----------------|
| BLOOD SUGAR (RANDOM) Method : GOD-POD | 87.50 | mg/dl | 70-140 |

Machines Used:BECKMAN COULTER-AU480

Report is Checked & E-Signed By


Dr. Vandana Tiwari
M.Sc. Ph.D.
Professor (Junior Grade)

Report Ready on :13/12/2024 - 13:49:18

Trulyhelp Verify

**DR. RAM MANOHAR LOHIA INSTITUTE OF
MEDICAL SCIENCES GOMTI NAGAR,
LUCKNOW-226 010**

CR No: PP/2024/170049
Name: DEVI KUMARI
Age/Sex: 2 Y/f
Mobile No: 8823775959
Address: 230 NEW BAIREK DEWARIYA BAS
SHARKHANS



**CASE SUMMARY
&
FOLLOW-UP BOOKLET**

**DEPARTMENT OF
MEDICAL ONCOLOGY**

इस पुस्तिका को हर बार अपने साथ लायें।
Bring this booklet on your every visit.

RMLIMS/MED ONCO/FM/03

EMERGENCY (SOS) MEDICATIONS WHILE ON CHEMOTHERAPY

Diarrhea and Vomiting (Any One) (उल्टी के लिए)

Ondansetron 8 mg Per Oral Three times a day x 3-5 days
Morphine 10 mg Per Oral Two times a day x 3-5 days
Loperamide 10 mg Per Oral Two times a day x 3 days
Metoclopramide 10 mg Per Oral Two times a day x 3 days
Zinc Oxide 25 mg Per Oral Two times a day x 3 days

In the order mentioned) (बुखार के लिए)

Paracetamol/Crocic (Paracetamol) 500 mg stat and to do CBC
(Complete Blood Count)
Ciprofloxacin 500 mg/750 mg 1 OD x 5 days
If patient has persistent fever (for more than 24 hours), to do CBC and contact
physician immediately

Motions more than 3-4 times (Any One) (दस्त)

Oral Rehydration Solution (ORS) Electrol Powder (1 Sachet
dissolved in 1 Liter of water)
Loperamide (Loperamide) 4 mg stat then 2 mg per oral 6 hourly,
until motions stop.
Racecadotril (Racecadotril) 100 mg Three times a day till motions stop
Stop oral liquids to continue

Constipation (Any One) (कब्ज)

Lactulose 30 x per oral in night.
Glycerin 20 ml per oral Three times a day.
Cremaffin plus 2 tsf at bed time.

Pain (Any One) (दर्द)

Paracetamol 650 mg per oral Three times a day.
Morphine 1 tab per oral Three times a day.
Fentanyl 75 mg per oral Three times a day.
Morphine 1 tab per oral Two times a day.
Fentanyl 100 mg per oral Two times a day.

Coughs (Any One) (हिचकी)

Codeine or Tab. Liorosal 10 mg 1 tablet thrice daily.
Salbutamol Gel 2 tsf thrice daily.
Fentanyl/Perinorm 10 mg 1 tab thrice daily x 5 days.

Ulcers (All of the Mentioned)

Antacid 200 mg 1 tablet daily for 5 days.
Mouthwashes thrice daily.
For local application thrice daily before food.
Antacid liquid 10 ml before food.
Antacid in mouth for 3-5 min. then to swallow).

RMLIMS/MED ONCO/FW03



Dr. Ram Manohar Lohia Institute of Medical Sciences
Gomti Nagar, Lucknow-226 010

DIAGNOSIS

Photo

B/L RB
GR E

~~Trulyhelp Verify~~

Patient's Name DEVI KUMAR

CR No. PP: 2024/170049

Address

Tel. No. 0025375959 Blood Group

Age 1.5 yrs. Sex F Ref. By Dr.

RMLIMS/MED ONCO/FW03

NAME: DEVI KUMARI
CHEMOTHERAPY PROTOCOL

CURRENT
AGE 1 1/2 y

12.12.2024

Informant -
 Father
 c/o yellow white
 reflex.
 R/E
 in April/May
 2024
 ↓
 4e x 3 months

First taken
 to Kasturba Hosp.
 Raipur

USG B scan (May)
 closed funnel RD
 ? Coats ? RD
 COE

MRI no.
 4e physical changes
 E/RD RD + RD

- (R) 0.9 x 0.7 cm
- (L) 1.5 x 1.2 cm

MRI orbit (May 2024) D/E RD
 R/E RD + VH
 (Endophytic)
 NO ON upstair
 4e Microph. cells.
 ?? PHPV (P)
 = persistent.

Received
 cycles

VEC Chemotherapy
 x June - ~~October~~ Nov. 2024

in Ranchi

Referred to RMC
 for PAc.

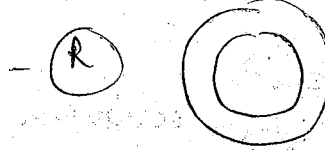
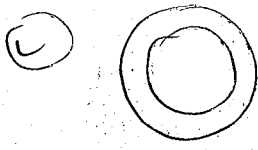
Dx
 B/E G + P E RD.

CHEMOTHERAPY PROTOCOL

F/U for Examⁿ + Sedation
 on Saturday
 for Mr Ashima Ma'am.

- HIV
- HCV
- HB SA
- PT-INR
- CMV
- ESR
- KFT
- VH
- S Electrolytes
- RMS
- Chest x-ray

128

- (R)  - Pupil dilated
 - lens cataract
 - Peripheral yellowish
 glow seen
 - No yo, folds
- (L)  - Pupil dilated
 - lens clear
 - Vh (+) No u/o
 retina

CHEMOTHERAPY PROTOCOL

DATE

FOLLOW UP NOTES

MRI Brain + orbit

K/L/O B/L Retinoblastoma, scan 2 hours
B/L heterogeneously enhanced mass lesion
in post. segment & Retinal Detachment
& sub Retinal Bleeds. B/L

R/E Group E RB, post Gupler
of VEC.

Act: Urgent
- refer to ^{high} centre
to explore options for
① eye salvage.

h

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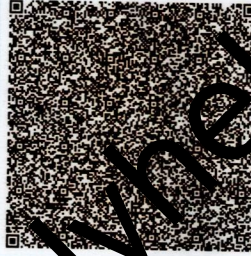


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0013/13005/35757

To
देवी कुमारी
Devi Kumari
C/O: Geeta Kumari,
230,
New Bairek,
VTC: Dewariya Basti,
PO: Bhurkunda Bazar,
Sub District: Patratu,
District: Ramgarh,
State: Jharkhand,
PIN Code: 829106,
Mobile: 8825375959



Signature Not Verified
Digitally signed by AS Unique
Identification Authority of India
05
Date: 2024.07.16 18:23:18
GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No.:

6156 6794 4208

VID : 9116 3715 9091 7182

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 07/06/2024



देवी कुमारी
Devi Kumari
जन्म तिथि/DOB: 10/02/2023
महिला/ FEMALE

यह आधार 5 वर्ष की उम्र तक ही वैध है।

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

6156 6794 4208

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

आधार केवल 5 वर्ष की आयु तक वैध है। 5 वर्ष की आयु पूर्ण करने पर बायोमेट्रिक्स को अद्यतन (अपडेट) करना आवश्यक है, अन्यथा यह निष्क्रिय हो जावेगा।

Aadhaar is valid till 5 years of age only. Biometrics are required to be updated on attaining 5 years of age, failing which, it will be deactivated.

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विनिर्दिष्ट और सुरक्षित है।
- पहचान और पत्र के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से सत्यापित 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



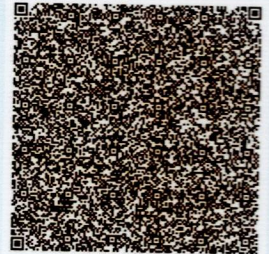
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 16/07/2024

पता:
द्वारा: गीता कुमारी, 230, न्यू बैरेक, देवरिया बस्ती, भुरकुंडा
बाजार, रामगढ़,
झारखण्ड - 829106

Address:
C/O: Geeta Kumari, 230, New Bairek,
Dewariya Basti, PO: Bhurkunda Bazar, DIST:
Ramgarh,
Jharkhand - 829106



6156 6794 4208

VID : 9116 3715 9091 7182



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