



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department



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

शरीरमाद्यं खलु धर्मसाधनम्

बाल चिकित्सा विभाग.  
UHID: 108060720

कमरा / Room  
C-209

OPR-6

एकक / Unit \_\_\_\_\_



Queue / संख्या  
F15

विभाग / Dept. \_\_\_\_\_

Dept No: 20250030001761  
Clinic No: 2025/POC/31

Unit-I, POC,

सं० / O.P.D. Regn. No. \_\_\_\_\_

नाम / N

NITIKA

D/O SAJJAN  
2Y 3M 16D / F (महिला)  
KUSMAURI, PIPRA MARORA, LAKHIMPUR  
KHERI,UTTAR PRADESH Pin:261506  
Ph: 9994346247 General Rs. 0  
Follow Up Patient

सोम



Reporting: 03:20:33  
03/02/2025

पता / Address

31/25

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

15  
10/16/25

N/v 8/2/25  
= Cef/Am/Ur

Trulyhelp Verify

*Signature*



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)



T-572



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

बाल चिकित्सा विभाग.

UHID:108060720

कमरा / Room  
C-210

OPR-6



Dept No: 20250030001761

Queue / संख्या  
F97  
Unit-III, Paediatric

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

NITIKA

D/O SAJJAN  
2Y 3M 21D / F/(महिला)  
KUSMAJRI, PIPRA MARORA, LAKHIMPUR  
KHERI, UTTAR PRADESH. Pin:261506.  
Ph: 9994946247 General Rs. 0  
Follow Up Patient

बुध, शनि, Wed, Sat



Reporting: 09:19:37  
08/02/2025

आयु  
Age

पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

37  
10-12

B/L EORB

Received first cycle HCV or 23/1 and 24/1.

- BMA/BMBx/CSF 31/1/25

PET scan - Date to be fixed.

HIV - pending

Advice:

Def 25/02/2025  
27/01/25

1. To get PET date -

2. HIV Testing: Gate No. 1 / etc

→ 3. To start Inj. G-CSF - from today

4. N/V are 1/2/25

5. Date for POC file 27/1/25 (Sister Tracy)

6. PTA - 6th floor RAK OPD.

7. Syp. Lactulose 10ML hs

Dr. Sanjana S  
DM, Pediatric Oncology  
AIIMS, New Delhi  
DMC-100686



Ayushman Bharat  
PM-JAY  
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)



मेरा अस्पताल  
My Hospital  
meraaspatal.nhp.gov.in

S. PCT  
Blood

बाल चिकित्सा विभाग  
UHID: 108060720



Dept No: 20250030001761

TIKA

DR. SAJJAN  
Y 3M 21D / F (महिला)  
JUSMAURI, PIPRA MARORA, LAKHIMPUR  
HERI, UTTAR PRADESH. Pin: 261506.  
Ph: 9894946247 General Rs. 0  
Follow Up Patient

कमरा / Room  
C-210

Queue /  
संख्या **F97**

Unit-III, Paediatric,

बुध, शनि, Wed, Sat



Reporting: 09:19:37  
08/02/2025

24

10.15

N/V on 22/02/2025

Trulyhelp Verify

CBK / LFT / RET

Dr. Anil  
Paediatric



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

बाल चिकित्सा विभाग

UHID: 108060720

कमरा / Room  
C-210

OPR-6



Dept No: 20250030001761

Queue / संख्या  
**F97**  
Unit-III, Paediatric,

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

NITIKA

D/O SAJJAN  
 2Y 3M 21D / F/(महिला)  
 KUSMAURI, PIPRA MARORA, LAKHIMPUR  
 KHERI, UTTAR PRADESH. Pin: 261506.  
 Ph: 9994946247 General Rs. 0  
 Follow Up Patient

बुध, शनि, Wed, Sat



Reporting: 09:19:37  
08/02/2025

प X	आयु Age	पता / Address

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
18/1/25	<p>Important note            BIC ? cuts eye → 3 months            9 yr.</p> <p>↓</p> <p>Prognosis eye no (V) /            unduly. headache headache.</p> <p>(V)            accuracy to pain, no vision            in both eyes.</p> <p>only 1 film and eye dilated local (V) on her            family → ? (L) eye dilated local (V) on her            part of orbit done            would</p> <p>July to follow MRI brain / orbit            repeat            AB            catheter near</p> <p>AB. gene seqing</p> <p>2 yrs</p> <p>NIV in OPD on 22/01/25 &amp; CBV/ML/PG</p>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता चिकित्सा 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)

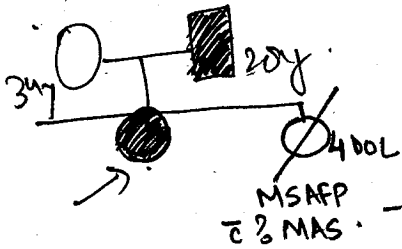




- B/L white eye reflex :: 3mo of age
- Protrusion of left eye :: 2 weeks

S2

10 3/4



- family history of Retinoblastoma in father
- EN done in childhood

- No h/o Vomiting / lethargy / Ab⊙ body movement
- No h/o weight loss / ↑ sed appetite

O/E: L/E: ⊙ eye Buphthalmos ⊕ ant  
Proptosis ⊕ ant

No Pre/post auricular LN

Chest: B/L A/E ⊕ ant  
No added sounds

CVS: ⊕ S1, S2 heard  
No murmur

PIA: Soft, NT  
No OM

USG Bscan: ⊕ Mass at post. pole  
⊕ high spike - Calcification ⊕  
⊕ whole globe filled mass  
No IO contents distinguished  
High spikes s/o calcification ⊕ ant

MRI Brain: → outside reports  
NRC: ⊕ ON thickening ⊕ ant  
pending ⊕ abutting ON

RC discussion:

↓  
B/L EORB (B/L intraorbital part of ON involved)  
optic chiasm → ⊕

Adv: .

- EUA Pending
- RC discussion for ON involvement
- RB1 gene analysis
- cycle 1 HDCEV date from daycare
- N/V in PSC at 2PM on 23/01/2025

Shivani  
SR/Peds onco



wt  $\Rightarrow$  10.3 kg  
Ht  $\Rightarrow$  80.5 cm

Adv

CD/W  $\bar{c}$  Prof. R. Sethi.

$\downarrow$   
2/10 B/L EORB  $\rightarrow$  to  
start HDCEV  
chemo therapy today

To do (CBC)  $\rightarrow$  from  
coulter from  
day care.

$\downarrow$   
To review CBC and  
then give chemotherapy

MCS Daycare

- $\rightarrow$  Coulter
- $\rightarrow$  CBC
- $\rightarrow$  HbF/HbA1c / viral markers
- $\rightarrow$  HIV

- Inj. emiset 1.5 mg IV stat  
Inj. dexamethasone 2 mg IV stat

- Inj. VINCRISTINE 0.2 mg  
IV slow push (D1)

- Inj. carboplatin 288 mg  
in 200ml NS over  
1 hour (D1)

- Inj. epoetin alfa 120 mg in  
300ml NS over 2 hours  
(D1) & (D2)

- Inj. USF 50 mg SC  
OD x 5 days (D3)

Syp. emiset (2mg/5ml) Sull SOS } x  
Tab. dexamethasone 4mg 1/2 tab BD } 3 days

(N/V) in OPD on 25/1/2025

To check  
coulter prior  
to giving  
chemo

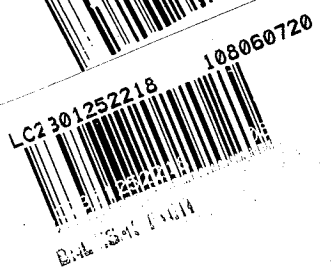
Truylhelp Verify

HIV  $\rightarrow$  ART (elite)

ANC  
9.5  $\left\{ \begin{array}{l} 1090 \\ 5250 \end{array} \right. / 619 \times 10^9 / L^3$   
(TLC)

Hbs Ag - NR  
Anti-Hbs - 189 - Immune  
Anti-HCV Ab - 0.04 - NR

Sumatra  
Dr. Shreshtha Kaushik  
Senior Resident  
Jawahar Institute of Postgraduate  
Department of Pediatrics  
AIIMS, New Delhi - 110029





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 Singh Middle Name — First Name Balesh  
 Gender: M/F/TG  Age: 2 years PID: GCSAICTCDLSOU0012502392 Lab ID 2709297  
 Date and time blood drawn: 27/01/25 (DD/MM/YY) 10:50 (HH:MM)

**Test Details:**

Specimen type : Serum / Plasma / Whole Blood Specimen Quality: Good / Compromised / Outside Collection  
 Date and time specimen tested: 27/01/25 (DD/MM/YY) 10:50 (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
<b>STANDARD-Q</b>	<b>NON REACTIVE</b>	<b>NON REACTIVE</b>	—
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]*  
 20/1/25  
 -----End of report-----

Name & Signature  
 Laboratory In-charge





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

UHID: 108060720 Sex: Female  
Patient Name: Miss. NITIKA Sample Received Date: 03-Feb-2025 18:04 PM  
Age: 2Y 3m Department: Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date: 03-Feb-2025 18:04 PM Sample Collection Date: 03-Feb-2025 17:16 PM  
Recommended By: Lab Reference No: 2515263089

Sample Details : LH03022502077

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	8.10	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	27.40	%	34 - 40
RBC count (Impedance)	3.93	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	15.86	$10^3/\mu\text{L}$	5.0 - 15.0
Platelet count (Impedance)	100.00	$10^3/\mu\text{L}$	200 - 490
MCV (Calculated)	69.70	fL	75 - 87
MCH (Calculated)	26.50	pg	24 - 30
MCHC (Calculated)	28.60	g/dL	31 - 37
RDW-CV (Calculated)	17.80	%	11.6 - 14
Neutro (Fluo. flow cytometry)	59.00	%	30-60%
Lympho (Fluo. flow cytometry)	28.40	%	29-65%
Eosino (Fluo. flow cytometry)	0.30	%	1-4%
Mono (Fluo. flow cytometry)	12.20	%	2-10%
Baso (Fluo. flow cytometry)	0.10	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	9.35	$10^3/\mu\text{l}$	1.5-8.0
Lympho- Abs (Calculated)	4.51	$10^3/\mu\text{l}$	6.0-9.0
Eosino - Abs (Calculated)	0.04	$10^3/\mu\text{l}$	0.1 - 1.0
Mono - Abs (Calculated)	1.94	$10^3/\mu\text{l}$	0.2 - 1.0
Baso - Abs (Calculated)	0.02	$10^3/\mu\text{l}$	0.02 - 0.1

Remarks: Microcytic Hypochromic Anemia with monocytosis. Advice- 1. Reticulocyte count 2. Iron studies 3. Hb HPLC (if clinically indicated, as per results of iron studies) 4. Kindly correlate clinically

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

Dr. Sudip Kumar Datta  
(MD Biochemistry)

Dr. Tushar Sehgal  
(DM Hematopathology)

Dr. Suneeta Meena  
(MD Microbiology)

Dr Sunil Saroj  
03-Feb-2025 19:42



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI**  
 Department of Microbiology



UHID:	108060720	Reg Date :	15/01/2025 09:26 AM
Patient Name :	Miss. NITIKA	Age :	2 years 3 months 14 days
Sex :	Female	Unit Name :	Unit-I
Department :	DEPT. OF EMERGENCY MEDICINE	Sample Collection Date:	01/02/2025 07:38 AM
Unit Incharge :	Dr. Rakesh Yadav	Lab Sub Centre:	Blood Culture (Microbiology Room No. 2071)
Lab Name:	Microbiology	Report Generated Date:	04/02/2025 12:13 PM
Sample Received Date:	02/02/2025 04:43 PM	Recommended By:	Dr. Rakesh Yadav Emergency HOD
Dept / IRCH No:	20250030001761		
Lab Reference No:	4467		
Ward Name:	DAY CARE PEDS MCH GF		

Sample Details : MBL-010225024 (Blood)

TEST NAME : BLOOD FOR CULTURE

TEST METHOD : CONVENTIONAL/AUTOMATED CULTURE

Culture Result Sterile  
 {Conventional Method}:

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

Authorized Signatory



प्रयोगशाला कायचिकित्सा विभाग  
DEPARTMENT OF LABORATORY MEDICINE  
रुधिर विज्ञान  
Hematology

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029  
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

UHID:	108060720	Sex :	Female
Patient Name :	Miss BALESH SINGH	Sample Received Date :	23/01/2025 08:52 PM
Age :	2 years 3 months 5 days	Department :	Gastroenterology
Unit Name :	Unit-III	Unit Incharge :	
Lab Name:	Hematology	Lab Sub Centre:	Hematology (Ward)
Reg Date :	15/01/2025 09:26 AM	Sample Collection Date:	23/01/2025 06:10 PM
Report Generated Date:	23/01/2025 09:47 pm	Dept / IRCH No:	20250030001761
Recommended By:	Dr. AYUSH AGARWAL	Lab Reference No:	738

Sample Details : HMW-2301250842

Report

Test Name	Result	Comment	Normal Range
Hb(SLS-photometry)	✓ 9.5 g/dL		• 11 - 14 g/dL
HCT (DirectMeasure)	31.1 %		• 34 - 40 %
RBC COUNT (Impedance)	4.48 $\times 10^6/\mu\text{L}$		• 4 - 5.2 $10^6/\mu\text{L}$
T.L.C (Fluo.flowcytometry)	5.25 $10^3/\mu\text{L}$		• 5 - 15 $10^3/\mu\text{L}$
PLATELET COUNT (Impedance)	219 $10^3/\mu\text{L}$		• 200 - 490 $10^3/\mu\text{L}$
MCV (Calculated)	69.4 fL		• 75 - 87 fL
MCH (Calculated)	21.2 pg		• 24 - 30 pg
MCHC (Calculated)	30.5 g/dL		• 31 - 37 g/dL
RDW CV (Calculated)	19.0 %		• 11.6 - 14 %
NEUTRO (Fluo.flowcytometry)	• 20.7 %		• 30 - 60 %
LYMPHO (Fluo.flowcytometry)	68.4 %		• 29 - 65 %
MONO (Fluo.flowcytometry)	8.0 %		• 2 - 10 %
EOSINO (Fluo.flowcytometry)	2.7 %		• 1 - 4 %
BASO (Fluo.flowcytometry)	0.2 %		• 0 - 1 %
NUCLEATED RBC	0.2		
ABSOLUTE NEUTROPHIL COUNT (Calculated)	✓ 1.09 $10^3/\mu\text{L}$		• 1.5 - 8 $10^3/\mu\text{L}$
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	3.59 $10^3/\mu\text{L}$		• 6 - 9 $10^3/\mu\text{L}$
ABSOLUTE MONOCYTE COUNT (Calculated)	0.42 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
ABSOLUTE EOSINOPHIL COUNT (Calculated)	0.14 $10^3/\mu\text{L}$		• 0.1 - 1 $10^3/\mu\text{L}$
RDW CV (Calculated)	19.0 %		• 11.6 - 14 %
ABSOLUTE BASO COUNT (Calculated)	0.01 $10^3/\mu\text{L}$		• 0.02 - 0.1 $10^3/\mu\text{L}$

Over All Comment :

Authorised Signatory  
Dr.Tushar Sehgal

Verified By  
drvani



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

UHID: 108060720 Sex : Female  
Patient Name : Miss BALESH SINGH Sample Received Date : 23-Jan-2025 20:09 PM  
Age : 2Y 3m Department : Gastroenterology  
Lab Name : Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date : 23-Jan-2025 20:11 PM Sample Collection Date: 23-Jan-2025 16:05 PM  
Recommended By: Lab Reference No: 2515210053

Sample Details : LC2301252218

Sample Type : Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLDH)	19	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.4	mg/dL	0.2 - 0.4
Uric Acid (Uricase Colorimetric)	2.8	mg/dL	2.4-5.7
Calcium (5-Nitro-5'-methyl-BAPTA)	9.0	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybdate Reduction)	4.8	mg/dL	2.5-4.5
Sodium (ISE (indirect))	139	mmol/L	135 - 145
Potassium (ISE (indirect))	4.3	mmol/L	3.5-5.1
Chloride (ISE (indirect))	103	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.21	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.09	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.12	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	21	U/L	0 - 23
AST (IFCC without pyridoxal phosphate)	41	U/L	<=32
ALP (PNPP, AMP Buffer - IFCC)	189	U/L	142 - 335

Dr. Sudip Kumar Datta  
(MD Biochemistry)

Dr. Tushar Sehgal  
(DM Hematopathology)

Dr. Suneeta Meena  
(MD Microbiology)

Dr Sudip Kumar Datta MD  
(Biochemistry)  
24-Jan-2025 00:39

SEROLOGY

Test Name (Methodology)	Result	UOM	Reference
HBs Ag (ECLIA)	0.27	COI	< 1.0 Non Reactive ≥ 1.0 Reactive
Anti HBs (ECLIA)	189.00	IU/L	< 10.00 Non Immune ≥ 10.00 Immune
Anti HCV Ab (ECLIA)	0.04	COI	< 1.0 Non Reactive ≥ 1.0 Reactive

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



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

UHID: 108060720  
Patient Name : Miss BALESH SINGH  
Age : 2Y 3m  
Lab Name: Dept of Laboratory Medicine  
Reg Date : 23-Jan-2025 20:11 PM  
Recommended By:  
Sample Details : LC2301252218

Sex : Female  
Sample Received Date : 23-Jan-2025 20:09 PM  
Department : Gastroenterology  
Lab Sub Centre: Smart Lab New OPD Block  
Sample Collection Date: 23-Jan-2025 16:05 PM  
Lab Reference No: 2515210053

Sample Type : Serum

Report

SEROLOGY

Test Name (Methodology)	Result	UOM	Reference
Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Suneeta Meena MD (Microbiology) 24-Jan-2025 00:39

Trulyhelp Verify



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

UHID: 108060720 Sex: Female  
Patient Name: Miss. NITIKA Sample Received Date: 04-Feb-2025 00:48 AM  
Age: 2Y 3m Department: Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date: 03-Feb-2025 18:04 PM Sample Collection Date: 03-Feb-2025 17:16 PM  
Recommended By: Lab Reference No: 2515263095  
Sample Details: LC0302252856 Sample Type: Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLDH)	21	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.2	mg/dL	0.2 - 0.4
Uric Acid (Uricase Colorimetric)	1.8	mg/dL	2.4-5.7
Calcium (5-Nitro-5'-methyl-BAPTA)	9.0	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybdate Reduction)	4.9	mg/dL	2.5-4.5
Sodium (ISE (indirect))	141	mmol/L	135 - 145
Potassium (ISE (indirect))	4.0	mmol/L	3.5-5.1
Chloride (ISE (indirect))	106	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.10	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.07	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.03	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	17	U/L	0 - 23
AST (IFCC without pyridoxal phosphate)	21	U/L	<=32
ALP (PNPP,AMP Buffer - IFCC)	150	U/L	142 - 335
Total protein (Biuret Method)	6.4	g/dL	6.0 - 8.0
Albumin (Bromocresol Green(BCG))	3.8	g/dL	3.8 - 5.4
Globulin (Calculated)	2.6	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.5		0.8-2.0

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

Dr. Sudip Kumar Datta  
(MD Biochemistry)

Dr. Tushar Sehgal  
(DM Hematopathology)

Dr. Suneeta Meena  
(MD Microbiology)

Dr Sudip Kumar Datta MD  
(Biochemistry)  
04-Feb-2025 07:53



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

DEPARTMENT OF PEDIATRICS

DAYCARE SHORT ADMISSION

DISCHARGE SUMMARY

Name	Nitika	Gender	male
Age	02 year 03 months	Unit	III
UHID	108060720	DOA	31/01/2025
Diagnosis	B/L EORB	DOD	31/01/2025
Consultant	DR.RACHNA SETH		

Child was admitted for lumbar puncture and bone marrow aspiration/biopsy. After informed & written consent, with all aseptic precautions, Lumbar puncture, Bone marrow aspiration and B/L Bone marrow Biopsy done, uneventfully. Samples [CSF, Bone marrow aspiration (BMA) for cytology, Bone marrow Biopsy for cytology/morphology, PS for cytology] sent. Reports awaited. No complication noted during hospital stay. Vitals stable at the time of discharge

Advice at discharge.

- 1) Strict Hygiene
- 2) Continue OPD medications as advised
- 3) Follow up in Paediatric Unit 1 (New RAK OPD) on (Wednesday, Saturday) as advised
- 4) Danger signs explained

Senior resident

Dr Sanjana/Dr Sharan/  
/Dr Shreshtha/Dr. Anu/Dr. Ajan Singh Kardam



Dr. Ajan Singh Kardam  
MBBS, MD Paediatrics  
Senior Resident  
AIIMS, New Delhi

Junior resident

Dr Divyansh/Dr Radhe



AIIMS  
All India Institute of Medical Sciences  
Department of Medical Sciences  
New Delhi-110029

नकदी रसीद / CASH RECEIPT  
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष / 2658  
Phones / 2658

रसीद संख्या / Receipt No.:  
जमाकर्ता / Received From:  
ओ.पी.डी./यू.एच.सी./आपात स. / OPD / UHID No / Days  
के नामे / ON ACCOUNT OF

दिनांक / Dated :  
रोगी प्रकार / Patient Type :  
रूम संख्या / Room No. :



SI No.	Service Name	Amount
1	ADVANCE - SHORT ADMISSION	60.00

Printed on 29 Jan 2025 08:44:56 AM

भुगतान का प्रकार / Payment Mode :  
रुपये / INR (Rs.) Cash  
रुपये शब्दों में / Rs. In Words  
60.00 (Including 0.0% GST on room rent only)  
Rupees Sixty Only

MR.ASHOK ANAND BILLING

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।  
THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

विभाग/DEPARTMENT : Dr. SR Paediatric यूनिट/UNIT : 29/01/2025 08:49 a  
यूनिट अध्यक्ष/UNIT HEAD : र्ती की तिथि:/DATE OF ADMISSION : समय/TIME :  
परामर्शदाता/CONSULTANT : UHID No. 08060720 DISCHARGE : समय/TIME :  
ओ.पी.डी./आपात स./OPD/ CASUALTY NO. :  
छुट्टी पर तैनात क.भ.का. स्टाफ का नाम NAME OF CAO STAFF ON DUTY :  
दयूटी पर तैनात क.भ.का. स्टाफ का नाम NAME OF CAO STAFF ON DUTY :  
SIGN. OF CAO STAFF ON DUTY :

निदान एवं अन्य/DIAGNOSIS & OTHERS

अस्थायी निदान/PROVISIONAL DIAGNOSIS :

पिछली क.भ.सं./PREV.C.R.NO.:

टिप्पणी/REMARKS :

संवेदनाहरण/ANAESTHESIA :

दिनांक/DATE :

समय/TIME :

अंतिम निदान/FINAL DIAGNOSIS :

आंशिक प्रक्रियाएं/OPERATIVE PROCEDURES :

द्वितीयक निदान एवं जटिलताएं  
SECONDARY DIAGNOSIS & COMPLICATIONS :

कोड सं./CODE NO.:

मृत्यु का कारण/CAUSE OF DEATH :

शव परीक्षा: हां/नहीं  
AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/लाभा/फरार/गंभीर/मृत्यु होना।  
RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर  
NAME & SIGN. OF SR. RESIDENT:

परामर्शदाता के हस्ताक्षर  
SIGN. OF CONSULTANT





अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029

फेसशीट (भर्ती एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



शरीरमात्रं खतु परमत्वम्

FULL Receipt No.: ACCOUNTS-28-25867/202425 AMT. RS. 60

Short Admissions

NON-MLC

\*\*\*Admission Valid till 8 AM\*\*\*

के.पं.सं. CR.No.	H-719148-25	वार्ड/बिस्तर सं. WARD / BED NO.	DAY CARE PEDS MCH GF/SA-30	दिनांक DATE	29/01/2025	समय TIME	08:49 am
नाम/NAME :	MISS. NITIKA	वार्ड/बिस्तर सं. D/O SAJJAN	राष्ट्रीयता/NATIONALITY :	2 Y 3 M 11 D	F	आयु/AGE :	लिंग/SEX :
पिता/पति का नाम / FATHER / HUSBAND NAME :		राष्ट्रीयता/NATIONALITY :	Hindu	धर्म/RELIGION :	Single	वैवाहिक स्थिति/MARITAL STATUS :	
माता का नाम/MOTHER NAME :	Service	क.स्वा.को.सं./सी.सी.एच.एच.सं./EHS NO.	09944946247	संपर्क सं./CONTACT NO. :		आधार सं./AADHAR NO. :	
व्यवसाय/OCCUPATION :		संयुक्त सं./CONTACT NO. :		राज्य/STATE :		पिन/PIN :	
स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :		स्थायी पता/PERMANENT ADDRESS :		राज्य/STATE :	LAKHIMPUR KHERI	पिन/PIN :	
	KUSMAURI PIPRA MARORA	राज्य/STATE :	null	पिन/PIN :	INDIA		

विभाग/वर्ग/विभाग/DEPARTMENT DETAILS	Paediatrics	यूनिट/UNIT :	Unit-III	समय/TIME :	08:49 a
विभाग/DEPARTMENT :	Dr. SR Paediatric	यूनिट/UNIT :	29/01/2025	समय/TIME :	
यूनिट अध्यक्ष/UNIT HEAD :		भर्ती की तिथि:/DATE OF ADMISSION :		समय/TIME :	
परामर्शदाता/CONSULTANT :		डिस्चार्ज/DATE OF DISCHARGE :		समय/TIME :	
ओ.पी.डी./आपात सं./OPD/ CASUALTY NO. :	UNIT No. 108060720	ड्यूटी पर तैनात के.भ.का. स्टाफ का नाम NAME OF CAO STAFF ON DUTY :		ड्यूटी पर तैनात के.भ.का. स्टाफ के हस्ताक्षर SIGN. OF CAO STAFF ON DUTY :	

निदान एवं अन्य/DIAGNOSIS & OTHERS	अस्थायी निदान/PROVISIONAL DIAGNOSIS :	पिछली के.पं.सं./PREV.C.R.NO. :
टिप्पणी/REMARKS :	संवेदनाहरण/ANAESTHESIA :	दिनांक/DATE :
अंतिम निदान/FINAL DIAGNOSIS :	ऑपरेटिव प्रक्रियाएं/OPERATIVE PROCEDURES :	समय/TIME :
द्वितीयक निदान एवं जटिलताएं SECONDARY DIAGNOSIS & COMPLICATIONS :	कोड सं./CODE NO. :	
मृत्यु का कारण/CAUSE OF DEATH :		शव परीक्षा: हां/नहीं AUTOPSY: YES/NO
परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/लामा/फरार/गंभीर/मृत्यु होना। RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED		
वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर NAME & SIGN. OF SR. RESIDENT :		परामर्शदाता के हस्ताक्षर SIGN. OF CONSULTANT

## सहमति प्रपत्र/CONSENT FORM

मैं स्वयं/मेरे रोगी ..... के अस्पताल में भर्ती रहने के दौरान उपयुक्त चिकित्सा/शल्यक मूल्यांकन एवं उपचार आवश्यक समझी जाने वाली किसी प्रकार की शारीरिक जांच, नैदानिक मूल्यांकन, बायोप्सी, आधान आदि को निष्पादित करने के लिए एतद्वारा, सहमति देता/देती हूँ।

I hereby give my consent for the performance of any physical examination, diagnostic evaluation, Biopsy, Transfusion etc. that may be deemed necessary in the proper medical/surgical evaluation & treatment for me/my patient ..... while the patient is in Hospital.

### शिक्षण एवं अनुसंधान हेतु नैमिक चिकित्सा उपचार के भाग के रूप में एकत्रित किए गए आंकड़ों/प्रतिबिंबों/जैविक नमूनों के बचे हुए भागों के प्रयोग हेतु सहमति CONSENT FOR USE OF REMNANT DATA/IMAGES/BIOSPECIMENS COLLECTED AS PART OF ROUTINE MEDICAL CARE FOR TEACHING & RESEARCH

मैं, एतद्वारा, किसी भी प्रकार की सामग्री (आंकड़ें, प्रतिबिंबों, जैविक नमूनों/सूक्ष्म जीवविज्ञान नमूनों), जो मेरे/मेरे बच्चे के/आश्रित के नैमिक उपचार (जांच, निदान, उपचार, इलाज आदि) के भाग के रूप में एकत्रित किए गए हैं तथा जिनकी इस प्रकार की उपयोगिता नहीं है और जिसका प्रयोग शिक्षण एवं अनुसंधान हेतु अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली द्वारा भंडारित/संग्रहित/नष्ट करने के लिए किया जाएगा, के प्रयोग हेतु सहमति देता/देती/नहीं देता/नहीं देती हूँ। मैं समझता/समझती हूँ कि इस सामग्री का प्रयोग संस्थान की नीति समिति के विधिवत रूप से अनुमोदन से, उनके द्वारा स्वीकृत दिशा-निर्देशों एवं मानक प्रक्रियाओं के अनुसार किया जाएगा। मुझे से न तो भविष्य में संपर्क किया जाएगा और ना ही मुझ पर इस संबंध में किसी प्रकार की वित्तीय वचनबद्धता होगी।

I hereby give/ do not give my consent for the use of any remnant material (data, images, biological specimens/microbiology specimens) that have been collected as a part of my/my child's/ward's routine care (investigation, diagnosis, treatment, management) and that do not have any further utility for such care but would be otherwise stored/archived/discarded to be utilized by the All India Institute of Medical Sciences, New Delhi for teaching and research. I understand that this material will be utilized in accordance with the accepted guidelines, standard procedures and duly approved by the Institutional Ethics Committee. I may neither be contacted in future nor will there be any financial commitment in this regard.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)

Signature of Patient \_\_\_\_\_

(Relative only if patient is unable to sign.)

नाम (स्पष्ट शब्दों में) / Name (Capital letters) \_\_\_\_\_

पता/ Address \_\_\_\_\_

संबंध/Relationship \_\_\_\_\_

रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature \_\_\_\_\_

नाम (स्पष्ट शब्दों में) Name (Capital letters) \_\_\_\_\_

पता/ Address \_\_\_\_\_

### परामर्श के विरुद्ध छुट्टी लेने पर जिम्मेदारी से मुक्ति

### RELEASE FROM RESPONSIBILITY FOR DISCHARGING AGAINST ADVICE

मैं, उपचार कर रहे चिकित्सक की सलाह के विरुद्ध अ.भा.आ.सं. अस्पताल, नई दिल्ली से रोगी को ले जा रहा हूँ/छुट्टी ले रहा हूँ। मुझे इसमें सम्मिलित जोखिम के बारे में सूचित कर दिया गया है एवं मैं, एतद्वारा, उपचार कर रहे डॉक्टर एवं अस्पताल को इस प्रकार की छुट्टी के परिणामस्वरूप हो सकने वाले किसी प्रकार के दुष्प्रभावों की जिम्मेदारी से मुक्त करता/करती हूँ।

I am leaving/taking away the patient from the AIIMS Hospital, New Delhi against the advice of the Attending Physician. I acknowledge that I have been informed of the risk involved and hereby release the Attending Physician and the hospital from all responsibility for any ill effects which may result from such discharge.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)

Signature of Patient \_\_\_\_\_

(Relative only if patient is unable to sign.)

नाम (स्पष्ट शब्दों में) / Name (Capital letters) \_\_\_\_\_

पता/ Address \_\_\_\_\_

संबंध/Relationship \_\_\_\_\_

रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature \_\_\_\_\_

नाम (स्पष्ट शब्दों में) Name (Capital letters) \_\_\_\_\_

पता/ Address \_\_\_\_\_



1/2/25  
7am.

c/s/B Peds onco SR oncall

c/o Familial RB/B/L EORB.

↓ BMA + BX + CSF → 31/1/25

HIDCEV 23/1 - 24/5 ; completed 4 CSF on 29/1/25

c/o cough/coryza x 5 days. → on cetirizine  
low grade fever 100.5° at night

No rash/loose stools/respiratory distress/mucositis

o/e Afebrile  
HR = 112/min  
RR = 32/min  
mild Ica (+)  
SpO<sub>2</sub> = 98%.

o/I VBG - (N)  
lac → 2.7

CXR - (R) perihilar infiltrates (+)

7.8 / 374 / 119L  
210

No nasal flaring  
Chest - clear → no wheezes/crpts.  
CP/PO +1/+1.

Di:- FN/?LRTI

plan (wt = 10 kg)

PET → 20/2/25  
not done  
on 29/1/25  
1/1/0 (+) chemo.

Notes

- ✓ Syp PCM (5ml/250mg) 3ml so
- Fever charting
- Blood c/s to send.
- inj PIPTAZ to continue
- inj AMIKACIN 150mg IV OD
- D/C inj Teicoplanin
- inj GLSF 50mg s/c OD.
- ✓ Syp Cetirizine (5ml/5mg) 2.5ml  
H/S x 5 days x—o
- N/V 03/02/25 at 2pm POC  
for FN urine

Shuni  
in POC.

- Alternate day → for FN urine  
- Dexamethasone 1mg IV qd

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
MITAKA	24	F		10P660720
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	1/2/25		
<del>6AM</del>	inj pcm 150mg iv sos		
<del>6AM</del>	inj piper 2 gm iv 2pk		
<del>6AM</del>	inj fero 100mg iv 0, 1, 2, 3		
	flb		
	100mg op		
8AM	Inj - GCSP 50mg s/c op		
8AM	Inj - Amikacin 150 mg iv op		

Truhelp Verify



# GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAIDAROUNG 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

MAST. BALESH SINGH, 2 YRS / M

UID: 01.25.692

20.01.2025

## 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.

Left globe is increased in size. Large mass lesion measuring 25 x 22 x 27 mm is seen involving the anterior and posterior chamber of the left globe. Lesion displays high intense signal on both T1 and T2 weighted images. There is extraocular extension of the lesion into the retroocular fat. Left optic nerve is unremarkable. There is heterogeneous enhancement following administration of contrast.

Right globe is normal in size. Multiple small focal lesions are seen in the posterior chamber of the right globe, largest measuring 3 x 10 mm. No extraocular extension is seen. Right optic nerve is unremarkable. There is subtle enhancement following administration of contrast.

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.

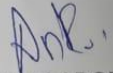
Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Paranasal sinuses are unremarkable.

### IMPRESSION:

Findings are suggestive of bilateral retinoblastoma (L>R) with extraocular extension on the left side. Bilateral optic nerves are unremarkable.

Clinical and histopathological 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)

# A Life Of Dignity For All

# Ti

# p



# Patient Details

Name : Balesh Singh (Nitika)

Age / Gender : 2y / R

Father's Name : Sajjan

Address : Lakhimpur, U.P.

Contact No : 9994946247

POC / PCSC No.: 31/25-

Diagnosis: EORB

Remarks :

HIV Status

HBV 0

## PICC Line Care

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

# Diagnostic Work UP & Risk Stratification

do white eye reflex in BL eye  
since x 2 years

do protrusion of ⊙ eye x 10 days

H/O RB in father (underwent enucleation in childhood)

MR 1 → RL discussion → BL intraorbital part of ON involved  
optic chiasma → ⊙

US 4 → ⊙ mass @ Post pole ± high spike calcification + ut.  
⊙ whole globe mass filled, high spikes slo  
calcification

Metastatic w/o:

PET scan → 29/1/25

BMA + BL BMBx dff → 31/1/25

CSF. dff → 31/1/25

Trulyhelp Verify

enrolled → iv arm

do BL EO RB

Name of treatment protocol

received 1st HD-CEV from 23/1 - 24/1/25



# Consultations

27/1/25

Policy discussion:

- ↳ RBI gene testing
- ↳ metatatic workshop → expedite.
- ↳ RT registration.

Adv

- RBI gene testing

- PET scan → d/f 29/1/25

- BMA + BLSMBx  
CSF for metatatic cell } → 31/1/25

(\*) - syp. cetrizine (5mg/sml) 2-5ml HS x 5 days

- Iry (50mcg SC OD x 5 days)

(D1) - 25/1 ✓

(D2) - 26/1 ✓

(D3) - 27/1

(D4) - 28/1

(D5) - 29/1

Trulyhelp Verify

- (DL) HIV report

(\*) - syp. sephran (40mg/sml) sml alternate day

- oral care / sitz Bath

- (Nlv) in OPD on 1/2/2025  
CBC / KFT / UFT

- RT registration

To  
cousins,

27/1/25

Kindly consider RBI gene testing for the patient.

Thank You,

1  
Suresh  
Dr. Shreshtha Kausik  
Senior Resident  
DM. Pediatric Oncology  
Department of Pediatrics  
AIIMS, New Delhi-110029

3/2/25

B/L CORB  
Chiasma (M)

① metastatic w/pt. pending done → reports pending.

② received C#1 HPCR → 23/1, 24/1.

③ had FN post C#1.

↓  
✓ 40 cold/cough (F)

✓ 40 pericular infarctes (F)

likely viral

- currently asymptomatic.

④ Per dated → 20/2/25.

Adv,

① q/c Blood & report

② q/c BMA - PS, CSF & RMBx report.

③ to continue inj. Pip taz / Amikacin  
for ~~ambulatory~~ ambulatory basis

④ inj. GCSF 50mg sc tid till ANC recovery.

⑤ PN review from MCB Daycare.

⑥ W/L ~~q/c~~ = UAC / HPT / UA

W/L  
UAC / HPT / UA

Tullyhelp Verify

Satyendra

108060720

LC0302252856

108060720

LH03022502077

108060720

NITIKA

5/2/25

FN review

- afebrile
- no active complaints
- PLT - negative

8.1  $\frac{15,860}{9350}$  (1. lac)

Blood  $\frac{C}{S}$  - sterile

Adv.

- STOP iv antibiotics
- STOP inj. G-CSF

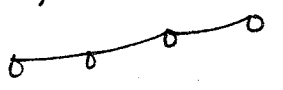
**Trulyhelp Verify**

- Syp. Cetirizine (1mg/5ml) 2 ml 45.  $\times$  0  
 - Syp. Amoxicillin (2mg/5ml) 5ml 508. 2 ml

- cough signs explained

- N/C 8/2/25 E CBC/PM/UA

Satyendra  
Sr.

⊖ old Tobramycin 10 QID  


8/02/2025

B/L EORB

planned for NACT (LT → EN → RT)

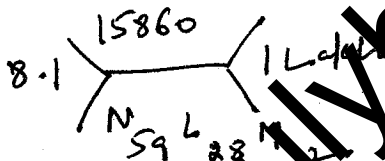
# received ① cycle of HDCEV (23/1/25 - 24/1/25)

metastatic w/v

PET: redated to 20/2/2025

BMA + BMB  
CSF } done on 31/1/25  
reports awaited.

HIV: NR



$WBC = 21/0.2$   
 $CRP = 9.0/4.9$   
 $AST/ALT/ALP = 21/17/150$

Truhelp Verify

to get PET done before #2 HDCEV

2) (RT registration)

3) PET dated on 20/02/2025  
NPO: 9am, Day

4) N/V on 22/02/25

CBC  
LFT  
RFT

~~BMA + BMB~~  
Reports

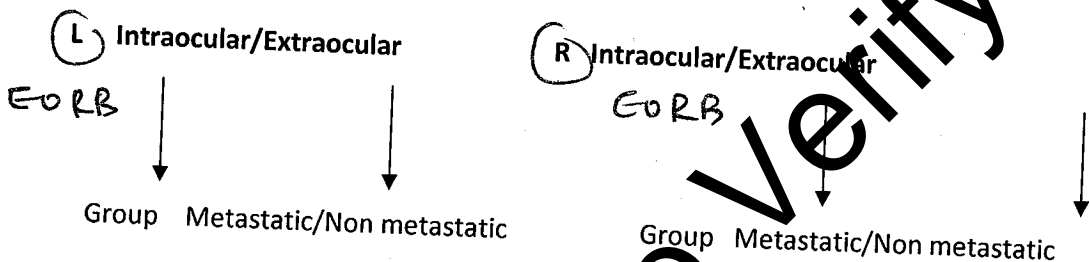
Dr. [Signature]

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name..... Ballesh Singh ..... Father's name ..... Age..... 2y 3ms F ..... Sex..... F ..... POC NO..... family history..... father H/o of Rb +nl underwent enucleation  
Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis  
Others.....  
Unilateral/bilateral.....  
MT..... HBsAg..... HIV.....



Baseline workup/Investigations

USG..... (B) mass @ Post pole - high spike calcification +nl  
(B) whole globe filled mass, no fo contents distinguished  
high spikes/lo calcification +nl  
EUA.....

Indirect Ophthalmoscopy

CT/MRI date & report

BL EORB (BL intraorbital part of ON involved)  
optic chiasma → (N)

Review of imaging at radioconference: Yes/No

↓  
to BL EORB

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

ब. रो. वि. कार्ड  
O.P.D. Card



अनुभाग व दिन  
Section and Day VI  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.



UHID: 108060720  
ABHA:  
Dept No: 20250300011151

संख्या / Queue 0  
कमरा / Room: Emergent  
Unit-I  
Paediatrics Emergency

Dr. Praveen Aggarwal

NITIKA

D/O SAJJAN  
2Y 3M 16D / F  
KUSMAURI, PIPRA MARORA, LAKHIMPUR  
KHURI, UTTAR PRADESH, Pin: 281508, INDIA  
Mob: 9994946247 General Rs. 0  
null

MON, TUE, WED, THU, FRI, SAT,  
SUN



Registration time:  
01/02/2025 04:13:38 AM

स्टैंडन का एकक  
Tandon's Unit

प्रायु  
Age पता  
Address

Bareshsingh

दिनांक DATE	निदान DIAGNOSIS
	Ⓜ 2 RB

उपचार Treatment

3/2/25

CSFB SR Sonography right eye

Ⓜ circumferential irregular enhancement  
of walls seen

Ⓜ no schell Retinal thickening  
not

Ⓜ globe larger in size

2 sep at  
Ⓜ 12 hypo intense lesion 2 closed funnel  
(Subretinal projection) of central  
choroid plexus medial aspect

Ⓜ no no mass inside Ⓜ (signal low)

Ⓜ ? bleed Extracocular ⊕

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।  
Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting

BIL NO extracerebral / optic nerve involvement <sup>B/L</sup>

- Ⓜ Enhancement of pterygoid thickening
- Ⓛ enhancement outside scleral wall
- Ⓜ mass extend across optic nerve ~~insertion~~

Ⓜ Enhancing mass extend behind sclera (not along O. Nerve.)

Ⓜ pineal gland normal

DIF Study SUV

↳ temporary

1 cycle chemo given.

patient has been 3 days on IVAB. <sup>of Paeds</sup>  
 (Flupl & HADU clearance for Study SUV date)  
 (Old ONCO -> 142 B)  
 dpm Mon/Wed

→ Paeds Oncology  
 con-referral for opinion.  
 start IV chemo.

(d10/209/211)  
 Dr Adib / Prig Rachna  
 Wed/Sat

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।  
 इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी रक्षा कर सकें।  
 Eyes are God's most precious gift to man kind and eye donation is the most noble deed.  
 Take full care of them so that they can take care of you.



CKIA - 98964

# ब. रो. वि. कार्ड O.P.D. Card



अनुभाग व दिन  
Section and Day VI  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
नया राधा आश्रम सं. नई दिल्ली-110029



UHID: 108060720  
ABHA:  
Dept No: 20250050006044  
Clinic No: 2025/R B/22

संख्या / Queue 3  
कमरा / Room: 142  
Unit-VI  
Retinoblastoma

NITIKA

Dr. SR/JR RB -VI- R.142B

D/O SAJJAN  
2Y 3M 10D / F  
MUSMAURI, PIPRA MARORA, LAKHIMPUR  
KHURI, UTTAR PRADESH, Pin:281506, INDIA  
Mob: 9984946247 General Rs. 0  
New Patient

Registration time:  
15/01/2025 12:58:24 PM

का टंडन का एकक  
Nitika Tandon's Unit

आयु Age	पता Address
5y	Lakhimpur, Uttar Pradesh

दिनांक DATE	निदान DIAGNOSIS
15/1/25	<p>उपचार Treatment C/O/W Dr Sumit in New oncology Clinic</p> <p>1. MRI done outside (12/1/25) sp left eye globe by bulky and completely replaced by ill defined irregular altered signal intensity mass lesion (28X27X21 mm), infiltrating into lateral rectus muscle + IM soft tissue edema, posteriorly minimal extension in retrobulbar fat, a partial involvement of optic nerve near its attachment of disc shows altered signal intensity and proptosis of eye glob → thickening of optic nerve + encasement of perineural CSF space</p> <p>2. Eye globe minimally enlarged → nodular altered signal intensity soft tissue (3-4mm upto lvs to 16x17mm) + do closely abutting optic nerve</p>

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।  
Kindly keep this Card safely and bring it on your follow-up visits.

- 1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
- 1. No Smoking 2. Use Dustbin 3. No Spitting

USG → mass at post pole c high spike. Cont ⊕  
 whole globe filled c mass  
 no intravascular contents distinguished  
 high spikes s/o calcification ⊕.

→ Paeds oncology consult sent

→ F/u p c reports for NRC (53) 20/1/25  
 on Monday. 10:00 AM.

→ Date for (EUA) after NRC

→ Paed sonography  
 Dr. Raelva / Dr. Heitger / Dr. Jogleish

210/20.5 (2nd floor, New RAK)  
 (Wed/Sat. 9:00 AM)

(EUA)

Date for EUA  
 (PNC)  
 representation

**Verify**

20/1/25  
 did not  
 come as  
 advice.  
 31/1/25  
 the next  
 Monday  
 (53) 10 AM  
 NRC report  
 for NRC

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवम में दान करना परमश्रेष्ठ है।  
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ब. रो. वि. कार्ड  
O.P.D. Card

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ. भा. आयु. सं., नई दिल्ली-110029

Dr. Rajendra Prasad Centre  
A.I.I.M.S., New Delhi-110

यू.एच.आई.डी. संख्या  
UHID No.

रोगी का नाम  
Name of the Patient

दिनांक  
DATE

निदान  
DIAGNOSIS



नेत्र अमृत्यु उपहार है  
जो आप ही दे सकते हैं

अनुभाग व/दिन  
Section and Day VI  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.



UHID: 108060720  
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NITIKA

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null

संख्या / Queue 0

कमरा / Room: Emergent  
Unit-I

Paediatrics Emergency

Dr. Praveen Aggarwal

MON, TUE, WED, THU, FRI, SAT,  
SUN



Registration time:  
01/02/2025 04:13:38 AM

VAK / NOT  
cooperative

उपचार Treatment

clo whichzamples @ 3 months  
of age

Outside diagnosed

Bln

Retino blastoma

Trulyhelp Verify

fixed dilated pupil  
ant scleral extension  
hypheana (+)

Distorted ant. segment  
staphyloma (+)

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

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2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें
3. थूकिये नहीं

1. No Smoking

2. Use Dustbin

3. No Spitting

2A  
MSG  
RB

① Intracocular high spikes  
note at 2PB (hr 6.9)  
= mild amplitude spikes in VC  
?? needs  
(wides gain)

② mod amplitude spikes noticed  
no ocular structure identified  
(wides gain)

142  
@ 2PM  
today

#7

RB / Ono clinic  
registration  
today  
15/1/25  
Print of

Trulyhelp Verify

Clear

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।  
इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी रक्षा कर सकें।  
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Trulyhelp Verify