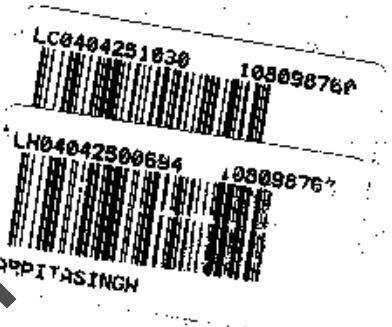
Department of Pediatrics CR10-99730
Division of Pediatric Oncology CR-RPC-~~100364~~ 100364
All India Institute of Medical Sciences, New Delhi

शरीरमाद्यं खलु धर्मसाधनम्



Patient Note Book

Name : Aupita Singh

UHID : 108098760

Diagnosis: RB

F - 9/12

Diagnostic Work UP & Risk Stratification

B/L RB ⟨ Ⓡ EORB
⟨ Ⓛ IORB

- Staging EUA : Pending.

- MRI RC discussion : Pending

- B/L BM Biopsy → BMA → Hemodiluted but no e/o mets. metastases
  → R/A
  CSF → Acellular.

- WB-PET : To Expedite 25/2/25 Minimally metabolically active ill defined soft tissue lesions plaques of calcification noted in B/L globes — residual primary

Ⓡ cycle 1 HDCEN : 7/02
8/02

Name of treatment protocol

2# HDCEN → re-assessment for EN.

666

Adis: B/L RB (R+) EORB / (L+) IORB | Staging EUA not done.

Adv:

- Inj. GCSF 40 mg SC 24 hrly till 12/02/2025.
- [Syp Septran (40/5) 5ml PO on alt. day]
- Sitz bath / Betadine gargle.
- C/R B/L BMBx & GCSF.
- Expedite PET
- Staging EUA at RPC. — Table no 1.
- RC discussion for MRI Brain + Orbit.
- To meet Rinky for Dietary advice. → NG in certain.
- Danger signs explained.
- Maintain - 20S.
- N/V in OPD on 12/02/2025 ± CBC/RFT/LFT.

Shivani.
SR/PO.

fu on 13/2/25
at 2pm PCSC

Serum LDH

13/2/25

RC dissemion → (R) EORB
(R) Scleral breech
Polymicrogyria
pachygyria

CBC → 11/2/25

18200
11
16240
2.2 L

RFT/LFT → e

Plan

→ PET scan → 25/2/25
→ collect BMA + CSF report
+BL bone marrow biop
→ Peds neuro opinion for polymicrogyria (Tues/friday)
pachygyria.
→ RT registration in IRCH.
→ fu c CBC/RFT/LFT on 22/2/25.

Dr Rema
JR Pedonco.

19/2

Seen in MCB DC.

HR - 116 B/min
RR -
SpO2 - 100%
BP - 94/49 mmHg

- afebrile > 24hrs
- c/o cough/coryza (+)
- no active complaints.

-Adv-

to send
PCT
Blood c/s

- Repeat CBC today
- Ct. Inj. Piptaz
- (D/C) Inj. Amikacin
- Inj. Teicoplanin 100mg iv 12hrly x 3doses
  f/b
  100mg iv OD.
- Syp. Cetirizine (5mg/5ml) 2ml HS.
- Syp. PCM (125mg/5ml) 6ml SOS.
- ? IV vitals daily

20/2
Canula.
(CBC)

O/E
HR = 106/m
RR = 32/m
PP/CP+/-
SpO2 = 98% RA

HS BLAD conducted sound (+)

Rest NAD

20/2
HR - 130
RR - 36
BP - 107/67
SpO2 - 92% — rechecked 98% ORA

LC2102251502 108098760
LH2102250I026 108098760
Arpitasingh

22/2/25

Arpita
2yr/Fch

Asis: B/L RB | Polymicrogyria ⓛ / cycle ①
and Pachygyria HDCEV
└ ⓛ GORB
└ ⓡ EORB
↓
[BM | CSF - ⓝ
ICT due for 25/2]

↓
[7/2 - 8/2/25]

OPN ~ Resp R Cus
⑤

baseline
ANC - non neutro
[IV Abx started impending FN]
CXR - Hyperinflated lung fields ⓑ
ⓡ paratracheal infiltrate ⓟ

Clinically - afebrile > 48hrs
no chest signs

Counts 10.2 \ 8780 / 4380 \ 82k
2/2

PCT ~ neg
Blood cls - awaited

Advise

① cont iv Zosyn/Teicoplanin until Blood c/s sterile

② ~~Syp Septran [40 mg/5ml] 5ml PO alt day~~

③ f/u @ next visit MCBI Daycare on 24/2/25 for FN review

f/u @ PET on 25/2/25

Dr. Nikita
[RMO SR]

24/2/25 @DAYCARE [FN review] → Baseline ANC also non neutropenic AB started i/v/o of impending FN

c/o B/L RB | (L) IORB (R) EORB |

child afebrile

D7 Piptaz

D5 Teicoplanin

child afebrile x 48 hours

cough +nt

(21/2) 10.2 > 8780 / 2380 < 82K

PCT → neg

17/2 BDCS → sterile

19/2 BDCS → sterile

since child — nonneutropenic, afebrile, PCT — neg } → stopping IV ABS

LH28022500525 108098760

LC2802250813 108098760

Arpitasingh

Adv

- (stop) IV Antibiotic
- Syp. cetirizine 2.5ml HS (5mg/5ml) x5 days.
- PET-CT d/f 25/2/25 → To report to MB daycare on 25/2/25 at 9am NPO from 3am
- (W/U) in OPD on 1/3/25 on Sat c CBC/KFT/LFT

[illegible]

01/03/2025.

10.8 — 8.94 / 1.69 — 4.50 (L)

Post Cycle 1 HDCEV on 07/02/25 08/02/25

Baseline LFT/KFT - (N)

↳ Staging EUA of (L) eye

- PENDING

To plan 2nd cycle of chemo after Staging EUA.

Adv.

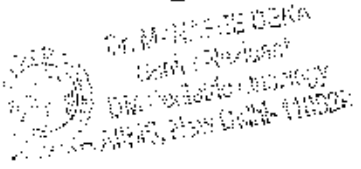
- baseline Refer to RPC OPD for urgent Staging EUA

(L) Eye.

[Child already received 1 cycle of HD-CEV on 07/02 & due for 08/02 2nd cycle now]

- N/V on 05/03/25.
- EUA.

Jeneeba



EUA dated on 07/3/25

No fresh issue

6/3/25

Counselling done.

- Oral care
- Sitz bath
- personal hygiene.

No fresh complain on Septran A/D.

EUA dated 7/3/25

Adv.

o Next visit → 8/3/2025

To cont. SEPTRAN

Dr. Arun

19/3/25 (R) €ORB

(L) IORB → EUA pending still !
had URI in between.

1st HDCEV → 7/2/25

did not (R) 2nd cycle yet !!

10.4 \ 14,000 / 2.57 L — 3340   RFT | LFT – (N)

plan

1. Syp cetrizine (5ml/5mg) 2.5 ml H/S X5days
2. (RPC) → "EUA" date
3. HDCEV 2nd cycle today → Daycare (chaalied prior!)
4. N/V 26/02/25 c̄ CBC | LFT | RFT

Shravani

DR. G. SHRAVANI REDDY
All India Institute of Medical Sciences

To
Apnaghar NGO,
Please extend the
stay for 15 days

Shravani

DR. G. SHRAVANI REDDY
All India Institute of Medical Sciences
New Delhi 110029

24/3/25 Seen in POC 2nd opinion

Recvd MD-CEV – 19/3 – 20/3/25

Had fever 2nd focus on 22/3/25

↓

Started on oral augmentin as non-neutropenic

Had received fluids via iv cannula from Lt. LL Cannula site 9.5 > 14300 / 11400 < 16.5L

Developed B/L calf swelling, skin redness (L >> R) since yesterday.

Clear- first in left calf > than right

Crops of fluid vesicles over left calf ⊕

Ass. > itching ⊕

No H/o insect bite, no other compl^n

O/E – VAal stgn stable

Chest – Clear

P/A – NAD

Local exam – Erythematous, ↑ temp B/L calf swelling (L > R)

Clear fluid vesicles over post. aspect of left calf

Plan

Peds Emergency – CBC, CPK, VBG

USG of local site

Dermatology SR review

Continue on Augmentin

Peds Onco SR shall review

Dr Sahil

OP Issues

25/3/25

F.N. ...

FN-D5

Vitals
T - N

PR - 132/mt

RR - 30/mt

BP - 111/93 mmHg

SPO_2 - 100%

- CBC, PCT } to be send
Pus c/s from vesicle

→ afebrile >48 hrs

→ swelling / redness over b/l lower limb resolved

INV

Pct: 0.09 ng/ml

pus c/s: sterile

Blood c/s sterile

LFT/RFT: (N)

Adv

1. Rpt CBC
↓
if counts (N)
⇓
then stop iv antibiotics

2. ... / betadine gargles / sitz bath as advised

3. N/w inadequate for F.N. ...

Plan
(CBC)

3/4/25

29/3
7.9) 4230 (54×10³
30

Coulter ANC
> 200

7.5) 6690 (94000
Mixed - 12.6
Neo - 3.81

- Abx stopped

FN D10

Afebrile for 72 hours.

Blood c/s - sterile

Adv

- Check Coulter CBC -
Stop Abx if AN...

→ F/u with repeat CBC
On 5/4/25

Dr. ...

05/04/25 (Rt) EORB

(Lt) IORB —— Staging EUA pending

(Cancelled twice i/v/o LRTI).

No fresh complaints. Afebr

O/E Pallor (+) HR-90/m Chest-clear, NVA

RR-30/m CVS-S1S2 heard

CFT-2s Abd soft

Received cycle 6 HDCEV

↓

Reassessment pending.

Adv

1) MRI Brain + contrast lesions

2) EUA date ——→ RPC consultation.

3) Sibling screening

4) N/V ——→ 09/04/25 Wednesday 9am

OPD

5) RB gene testing

04/04/25

7.9 | 7140 | 540 | 96UU

9/4/25 →

c/o. (R) EORB
(L) IORB
↓
Staging EVA not done

→ no fever
cough.

CBC
7600
8.8 > 820 < 4.09

→ HR → 100
RR → 25.
BP 177/1H
RS: AE = BS clear.
CVS: S1S2 heard
PA: soft NT
CNS: GCS 15/15.

received last HPCEV
on 19/3/2013.

Contrast please
MRI brain / orbit
9/4/25

Adφ

→ EUA → to go to RPC

42B groundfloor
Dr Lomi sir.

CDW c̄ Dr Lomi sir
by Dr Shivani mam

TO CANKIDS
→ MRI brain + orbit (contrast)

→ f/u on 12/4/25

16/4/25

(R) EORB
(L) IORB -

POST. 2 cycles & HD-CEV

MRI submitted for discussion

Adv:

1. Pt submit old MRI for discussion
DR AMITABH

- CBC, LFT, KFT
- To cont SEPTRAN (SP40) & 6 ml AID

NV 17/4/25 9AM

(signature)

17/4/25 ↓

Re discussion
↓
Baseline → (R) EORB, scleral breach tnt.

current → (R) phthisic.
(L) eye mass size reduced.

Brain → B/L cortical migration defect.
? syndromic.
? lissencephaly

Adv

C/D/w Prof. R.Sethi ma'am
↓
- genetics opinion
- Dietician review

- Karyo Genetics opinion I/v/o ? B/L cortical migration defect → Tue/Fri day OPD.

S/B Dietitian
F/u - 21st/5/25.
Small frequent meals.
Gradually stop breastfeeding.
Start complementary feeding.
fish

Staging EUA done.

ΔΔis:
(R) EORB
(L) IORB. | Post 2... HDCE...

EN dated on 8/5/2025.
No new Concerns

Adv:

- To cankids - for help
→ in pending karyotype.
Cards
→ Cons. septran/ Dilh boon/ Betadine gargle.
→ IRCH → RT registration
→ PTA → 6th floor RAK OPD.
→ N/U in OPD on 7/5/...
c̄ CBC/RFT/LFT

Shina...
SR/P...

14/5/2015

Dx: (R) EORB | Post 2# HDCEU | → EN done on
(L) IORB | for (Rt) Eye done
Gunpf. | on 9/5/2015.

No new concerns.

Rx:.

→ CBC/RFT/LFT. – Smart C
→ ARET Protocol – MCB Daycare.
← PTA/BERA → 6th floor RAK OPD
– RT registration – IRCH.

Requires cisplatin based therapy urgently.

Cycle 1. – To give after checking CBC/RFT/LFT.

D0

- Inj. Emset 2 mg + Inj. Dexamethasone 2mg slow IV push.
- T. Aprepit (80mg) · ½ tab D1, D2, D3.
- Inj. Vincristine 0.6 mg slow IV push.
- IVF DNS + 1:100 Kcl + 0.5:100 $MgSO_4$. @ 60 ml/hr x 2hr

After 2hrs.

- Inj. Cisplatin 40 mg in 360 ml DNS + 1:100 Kcl + 0.5:100 $MgSO_4$ x 6hr. 22/5/15 Pjas

- Inj. Mannitol (20%) 20 ml IV over 6hr.

Post hydration.

- IVFD NS + 1:100 Kcl + 0.5:100 $MgSO_4$ @ 60 ml/hr x 2hr.

24/5:

Day 1 & Day 2.

- IVF DNS + 1:100 KCl @ 60 ml/hr x 6 hrs.
- After 2 hrs of hydration.
- Inj. Cyclophosphamide 710 mg/100 ml IV over x 1 hr
- Inj. Mesna. 250 mg in 100 ml NS over 1 hrs at 0 h, 3h, 6h. (4).
- Inj. Etoposide. 45 mg in 150 ml IV over 2hrs.

Inj. GCSF 55 ug SC 24 hrly from Day 3 till ANC recovery.

Day 7 } Inj. VINCRISTINE 0.6 mg slow IV push.
Day 14 }

- Date for chemo from Daycare.
- Arrange chemo from Cankids.
- Septran / Sitz bath / Betadine gargle.
- N/V in OPD on 21/5/2025 c̄ CBC / RFT / LFT

Shiv
SR/PO

Diag: (R) EORB / (L) IORB | 2# HDCEV | EN |

21/05/2025

due for 1# ARET.

Karyotype: (N)

Adv:
→ F/U in Genetics OPD
Lissencephaly. → [2(...]

- RPC opinion for Prosthesis repositioning
- Cont. meds as Charted.

- N/V in OPD on 28/05/2025 c̄ CBC/RFT/LFT

Syp. Emset [5ml/2mg] 5ml TDS x 3 days

Shivani
SR/PO

26/05/2025

Dx: (R) EORB | Post 2 HDC EN → EN (9/5/25) ↓ 1# ARET [22/4 - 24/5]

No fresh concerns.

Adv:
- CBC/RFT/LFT — Smart lab
- Inj. Vincristine 0.6mg slow IV push.
- Syp. Emset (2/5) 5ml TDS x 5d
- Take ARET protocol from daycare
- Cont. Septran / Sitz bath / Betadine gargle.
- Genetics follow-up c̄ Karyotype
- RPC opinion for prosthesis replacement.
- Danger signs Explained.
- N/V in OPD on 28/5/2025
c̄ CBC/RFT/LFT

28/5/25 . B/L RB

△ : ⓡ CORB | Post Enucleation | on CH I ARET

. ↓ cough ⊖ × 1 day

. received D0, 1, 2 → 22/5 - 24/5

. no ↓ fever / cold / coryza.

Adv

GCSF 29/5

O/E

RR = 28/min

HR = 95/L.

RS BLAEC ⊖ no added sounds

- Inj. VCR 0.6 mg in NS 30/5/25

- Inj. GCSF 55 µg SC OD till ANC recovery

9 > 2210 / 1620 < 1.35 labs

RR/ LFT ⊖

- Syp. Augmentin 5ml BD (228.5mg/5ml) ×5d

- Syp. Cetrizine (5mg/5ml) 2ml

- N/v 4/6/25 i CBC/RFT/LFT

- Dietician review

Signs

Appt :→ R·no·112
Old O T Blo

DIVISION OF GENETICS DEPARTMENT OF PEDIATRICS
Old O.T. Block AIIMS
Ansari Nagar, New Delhi-110029, Ph. 011-26594585, 26593558

Requisition Form for Genetic Testing

Name : Arpita Singh
Fathers Name : Madan Singh
Ward/OPD/Clinic : OPD
Patient Address and contact no.
8459368672

Age/Sex: 21/yr/f
Genetic Clinic number GC 735/25
Referred by Dr. Nyna'am

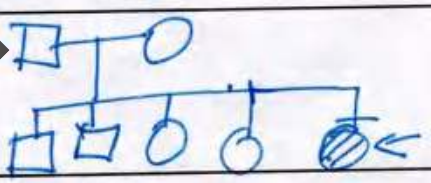
Date of requisition 21/04/2025
Hospital Regn. No. 10809877

Test Requested (Kindly tick as appropriate)

Karyotype (Heparin blood)	
DNA testing (EDTA blood)	
Chromosomal microarray (EDTA blood)	
Exome analysis (EDTA Blood)	

Provisional diagnosis
RB +
Pachygyria/polym

Clinical Details

Consanguinity Family history NCM	Pedigree 
History - Not significant/significant Oligohydramnios Polyhydramnios Hydrops fetalis IUGR Decrease fetal movements Birth weight Perinatal issues Recurrent abortion Early neonatal deaths Respiratory- cough/ recurrent infections/ ventilation GI-Meconium ileus/ Chronic diarrhea/ bulky oily stools Hepatomegaly/ Splenomegaly Hernia Hematologic- Anemia / Thrombocytopenia/ Blood transfusion Date of blood transfusion if any	Facial Dysmorphism Present/ Absent Microcephaly / Macrocephaly / Craniosynostosis Coloboma / cataract / aniridia Cleft lip/palate Nasal abnormality Ear abnormality Skin abnormality
Growth- Normal/Abnormal Failure to theive Short stature Bilateral Retinoblastoma Obesity Overgrowth (N) development Limb asymmetry	Spin - Normal / Abnormal Limb Contractures/webbing (specify details) Limb Malformation Hand Polydactyly / Ectrodactyly / Oligodactyly /Syndactyly / other Foot Polydactyly / Ectrodactyly / Oligodactyly /Syndactyly / other
	Chest - Normal/ Abnormal
	Cardiac - Normal / Abnormal
Neurological - Normal/Abnormal Encephalopathy Development delay Polymicrogyria/ Pachygyria Regression Speech dalay Intellectual disability Behavior abnormality Autistic features Karyotype — N — W Seizures/ Epilepsy Abnormal movements 16 May 2025 Hypotonia Hypertonia 9:30 Am to 12pm Reflexes	Fasciculation Muscle atrophy/hypertrophy Hand stereotypes Self mutilation Hearing loss Eye-Blindness/optic atrophy/retinitis pigmentosa /cherry red spot
	Genitalia - Normal/cryptorchidism/ Ambiguous
	Any other information
Investigations (Write findings wherever available) Karyotype old ot block NAD 22/4/25 Metabolic Neuroimaging Xrays	Doctors's Signatures

Incomplete form will not be accepted, Please specify the HIV/Hepatitis status of the patient, if any.

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

शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

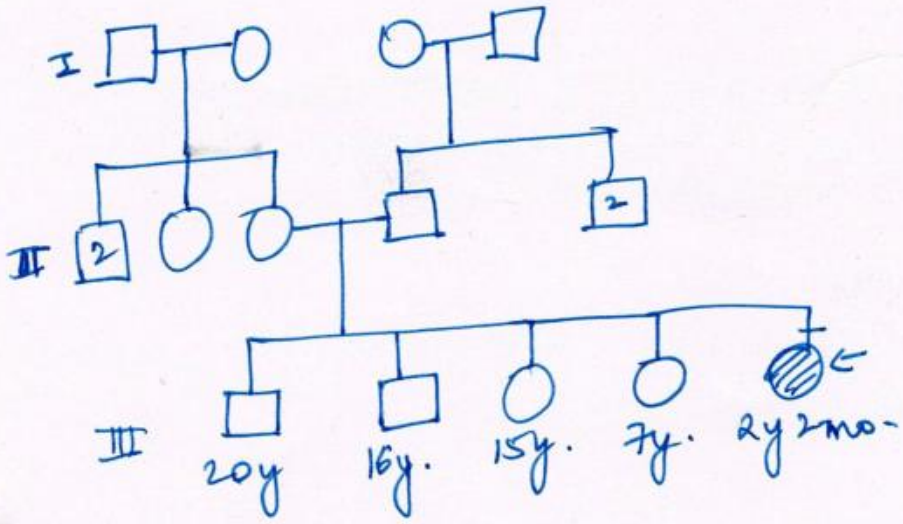
बाल चिकित्सा विभाग
UHID:108098760
Dept No: 20250030004257
ARPITA SINGH
W/O MADAN SINGH
2Y 4M 3D / F/(महिला)
dhema sadar jila allahabad, UTTAR PRADESH. INDIA
Ph: 8459368672
General Rs. 0
Follow Up Patient

कमरा / Room C-217
Queue / संख्या F56
Unit-I, PCSC PAEDS.
Reporting: 01:58:35 17/04/2025

एकक/Unit _____
विभाग/Dept. _____
Regn. No. _____
नाम/Name
पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
28	11-g N/V in OPD on 21/4/25 at 2pm in POC Clinic Seen in Genetics (217) S/B SR Genetics 21/04/2025. 2y 3mo. old girl, - (N) development. - Bilateral nethoblastoma (Rt EORB, Lt IORB) - MRI brain (RC discussion in onco) → Polymicrogyria Pachygyria. QC 735/25 MIS FNM



- (N) development.
- No seizures.
- O/E: Alopecia (post chemoRx)
  Enophthalmos
  Smooth bulbous tip of nose.
  Anteverted nares
  Large ears.
  (N) digits.

- Plan: (D/w A.R.G ma'am)

1) Karyotype
2) Ped onco, opthal F/U as advised.
3) F/U & karyotype repeat.
4) USG KUB to r/o renal ab (N).
5) Screening 2D Echo → CV Tower

Prerana
SR Genetics

DR. PRERANA MODANI
SENIOR RESIDENT
DIVISION OF GENETICS
DEPARTMENT OF PEDIATRICS
AIIMS, NEW DELHI-110029

Anaesthesia Record

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences, New Delhi-110029

Name Arpita Singh Age/Sex 2y/F UHID 08098760 Ht/Wt 11kg CR.No.

ASA Grade: 1 2 3 4 5 E Diagnosis BE EORB Procedure EUA Mobile No.

Significant history/ medication:

PTNVD/CIAB/No Wo New stay
No active URTI/fever.

Prematurity: Yes/No Post gestational age:
Cyanosis / apnoea: (-)
Previous Anaesthesia Exposure & its complications:

Congenital Anomalies/Syndrome:

Airway examination: Mouth opening: (N) pediatric airway. Mallampati Class Teeth Tongue
Neck movements Retrognathia High arched/cleft palate Tonsils
Intubation: simple / difficult

Respiratory System: Resp. Rate Auscultation B/L NVBS (+)

Cardiovascular System: Pulse rate/ Heart rate Heart Sounds S_1 S_2 (+) Murmur

Any Significant finding Preop.SpO_2

IV access: Easy / Difficult

Nervous System: MR / Delayed mile stones / CP / Seizures

Musculoskeletal system examination: head holding / difficulty in walking/ climbing stairs/ doing every day tasks

Investigations: HB RFT LFT TFT
X-Ray Chest ECG ECHO
CT Brain MRI

Anaesthesia details:

SN	Date	Induction	Airway device	Anaesthesia maintenance	Procedure	Extubation	Anaesthesia team
①	15/4/25	O_2 + Sevo	Classic LMA #2½	O_2 + N_2O + Sevo	EVA	100% O_2	Dr Vanita Dr Mukesh Dr Jayashree

PACU: O2 by face mask

Remarks:

ब॰ रो॰ वि॰ कार्ड
O.P.D. Card

दृष्टि
नेत्र अमूल्य उपहार है जो आप भी दे सकते हैं

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

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

अनुभाग व दिन Section and Day	कमरा नंबर Cabin No.
बुधवार व शनिवार Wednesday & Saturday VI	

यू॰एच॰आई॰डी॰ संख्या UHID No. 108098760

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Arpita	Madan	F	2y	

दिनांक DATE	निदान DIAGNOSIS
17/2/25	उपचार Treatment

C/O/WSR Radiology ↓ Unit-6 NRC

(RE) ON → Intraocular part Minimal enhancement 1-2 mm

(RE) Globe enlarged Tumor in Preseptal Regia

Large mass reaching upto retrobulbar region

Coats Not Breached

Rest ON Normal

(RE) Optic Nv. → ONH enhanced

No pineal region involvement

Rest ON → No thickening

No enhancement

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

21/4/25

NRCT SR Radio

दिनांक - Date | उपचार - Treatment

R/E → Shrunken mass,
Ophc nerve no enhancement
no thickening
→ No enhancement extraocularly
(remaining enhancement all intraocular)

L/E Coats intact, no breach,
RD+ve, s/o of mass. VH & RD-ve : intraocular hemorrhage
? Enhancing Nodule present in pineal region.
→ D/W/Consultant → No Pineal involvement
2°
- Consultant opinion for (RE) Endeavour

21/4/25 today (142 B, 2pm)

Paeds Oncology
referral i/v/o
? suspected pineal involvement.
(Wed/Sat, 9:00 AM
Room 209, 210, 211
2nd floor, New RAK.)
Dr Jagdish / Dr Aditya / Prof Rachna Seth
(Kindly opine)

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

9625270386
OPR-6 ज्योति

एकक/Unit PII
विभाग/Dept. Ped

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. CK-99730

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Arpita Sijl	Madan Sijl	F	2y.	

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
1/2/25	Referred from RPC Symptoms for 8 months.
USG (R) RB (L) EORB...ION involvement	(R) Proptosis (L) Leucocoria (+) | bleeding from Rt eye - intermittent
	No features of raised ICP.
-f/u on 3/2/25 for d/w Rf. R-Sck.	Plan: CEMRI Brain + Orbit, 2mm cuts passing through optic nerve and orbital apex
	→ CSF cytology | degrees - Urgent early date | to meet Dr Satyendra (opth. OPD)
	BMA/Bx
	- CBC/LFT/KFT/ Viral markers. NV-8/2/25
	- MT
	- HIV

CLEAN AND GREEN AIIMS / एम्स

- Ophthal neio for bleeding for orbital surgery .
- To discuss with Prof R. Sell for urgent MRI through NCD ref.

5/2/25 ← dated
BMA + BMbx + CSF

6/2/25

squint (R) eye since birth
(R) eye proptosis × 8 month
(L) eye leucocoria → 8 mont .

no fever
no seizures
mild bleeding from (R) eye

1/2/25

12 > 14850 / 4560 < 2.62C

→ HbsAg → neg
antiHCV → neg

LFT → (N) .

→ vitals stable

HR: 110

RR: 28

PP +++/+ .

MCB daycare

RS: AE = BS clear .

CVS: S1S2 heard

MRI

→ CSF cleft in BL temporoparietal region → ? small close lip schizencephaly
→ HIE - BL periventriculars peritrigonal region hyperintensity

PA: soft + NT

CNS: GCS 15/15

(R) eye proptosis .

f/u on 12/2/25
c̄ CBC/RFT
LFT
etc

Plan .

→ RC discussion
→ BMA + BL BM Biopsy

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name ARPITA ... Father's name Madan Singh ... Age 2y 4m ... Sex...... POC NO............family history.....................

UHID: 108098760

Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis

Others..

Unilateral/bilateral..

MT......................... HBsAg......................... HIV...............

L Intraocular/Extraocular R Intraocular/Extraocular → To assess after RC discussion

Group Metastatic/Non metastatic Group Metastatic/Non metastatic

Baseline workup/Investigations

USG ... (R) eye – high IO mass c few spikes of calcification
(L) ... high IO mass c high amplitude spikes s/o calcification c RD

EUA...

Indirect Ophthalmoscopy

....

CT/MRI date & report

5/2/25 → (R) EORB / polymicrogyria / pachygyria

Review of imaging at radioconference :Yes/No → To review @ RC

....

Hb 12.0 g/dl ... TLC 14,850 ... Platelet 2.62/30 ... ANC 4560

SGOT/SGPT/S.Bil/SAP (N)

MT.................. HBsAg........................HIV..............................

anti HIV – NR

Other Investigations

.....

.....

.....

Enucleation upfront/later.....

Radiation Yes/No .....

Chemotherapy

details.....

.....

Local

treatment.....

.....

.Additional notes

.....

.....

.....

.....

Chemotherapy schedules

Standard chemotherapy protocol for RB

VCR	1.5 mg/m2/day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1
Carboplatin	560mg/m2/day 18.6 mg/kg/day for children <3 yrs	Day 1
Etoposide	150 mg/m2/day 5 mg/kg/day for children < 3 yrs	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT&RFT must be done before every cycle		

NACT: CT followed by EN, local RT and adjuvant CT

VCR	0.025mg/kg/day Max dose 2.0 mg	Day 1
Carboplatin	28 mg/kg/day	Day 1
Etoposide	12 mg/kg/day	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle		

Augmented Chemotherapy

VCR	1.5 mg/m2/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/m2/day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m2/ 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/m2 30 mg/m2/day	Day 1	Wk 0.6,12,18..
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle .ECHO at baseline/ as indicated			

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

Cycle no ..(1).. Date..7/2/25..Wt..8kg..BSA.....

Hb..12.0 g/dl..TLC..14,850..ANC..4560..Platelets..2.62/dl..

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

Drugs	Dose given	Day
VCR	0.2mg iv	D1
Carboplatin	200mg iv	D1
Etoposide	100mg iv	D1 D2
inj. GCSF	40 sc	OD — D3 D4 D5 D6

7/2/25 Rs 78

8/2/25

9/2 10/2 11/2 12/2 13/2

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

(Signature SR) (Signature JR/SR)

Next visit.....

Cycle no ..(2).. Date..17/2/25..Wt..10kg..BSA.....

Hb..10.6..TLC..13130..ANC..6370..Platelets..2.9 L..

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

Drugs	Dose given	Day
VCR	0.2mg flow plan	D1
Carboplatin	280mg in 200ml over 2hour	D1
Etoposide	120mg in 300ml over 3hr	D1 D2

19/3/25 20/3/25

Next visit.....

GCSF 50mg x5d

D1 21/3 D2 22/3 D3 23/3 D4 24/3/25 D5 26/3/25

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029 (REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

103

UHID No:108098760

आपातकालीन नं.(Emergency No): 2025/030/0032128 दिनांक DATE: 24/03/2025 समय TIME: 06:56:14 PM

NON-MLC

नाम NAME: **MRS ARPITA SINGH** आयु AGE : **2 years 3 months 10 days** लिंग /SEX : **F**

W/O : MADAN SINGH

पता ADDRESS: मकान संख्या H.NO: dhema sadar jila allahabad गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK: पिन PIN:

राज्य STATE: UTTAR PRADESH दूरभाष सं. PHONE NO: 8459368672

मोबाइल MOBILE NO: 8459368672 स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive **HR** **/min** **BP** **mmHg RR** **/min** **spO2** **%**

Shifted to Paeds/ Main/ New Emergency C/o - ① EORB ... Received ... on 19/3-20/

Presenting Complaints

Fever (temp upto 101 F) x 3 days.
B/L calf swelling x 1 day
Erythematous rash ... x 1 day
H/o ... in left ... on 22/3/25

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No........ **Breathing:** RR 30 /min **Efforts:** Normal/Poor/increased **Auscultation:** Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air.... 96% RA Wt - 10.8kg	HR.. 160../min CFT.. <3 ..secs. BP.........mmHg Peripheral pulse: Poor/Good Central pulse:Poor/Good Skin temp: Warm/cool Others Local exam - B/L LL swelling till knee ... ⊕ Erythema ⊕ warm, tenderness ⊕ clear fluid filled vesicles ⊕ over ... aspect of L/R calf.	**Disability** GCS.... 15/15 Pupil size........../min Pupillary Reactions............. **Motor activity:** Normal & Symmetrical/ Asymetrical/ Posturing/Flacidity/Seizure Blood Sugar............mg/dl **Exposure:** Temp........ 97°F Colour:Normal/pallor/cyanosis/ mottled Any other skin lesions...........

Diagnosis

9:30 pm

I/v - VBG / CBC / LFT / KFT / CPK / Blood C/S
USG Local
Dermatology review.

Rx ① Inj Augmentin 300mg IV stat
② Inj PCM 150mg IV SOS

24/3/25

C1S1B
Peds onco
SR on call
11pm →

Arpita/2y1/fch

Δsis: B/L RB | post cycle ② HDCEV

Ⓛ IORB
Ⓡ EORB

[19/3 - 20/3]

↓

~ fever high gd upto 101°F x 3d

B/L calf swelling c̄ redness induration x 2d

↓ vesicular eruptions over last 12 hrs

On examn

Vitals - stable

Oral cavity - NAD

Local examn ~ tense, symmetrical B/L calf swelling c̄ overlying skin erythema, vesicular eruptions

local temp ~ cold to touch

distal pulses - palpable

Joints - B/L knee and ankle ~ no ROM / swelling

Systemic - N

एम.आर.-3 जनरल हिस्टरी
M.R.- 3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Arpita | उम्र Age 24yr/F/cw | सर्विस Service | दिनांक Date 24/3/25 11PM | यू.एच.आई.डी. नं. UHID No. 108098760

प्रोफेसर इंचार्ज Professor I/C

Notes written by Dr Nikita [Onco SR]

CLINICAL NOTES

↓
counts 9.5 \ 14,300 / 1.65 ... ~ on G-CSF support
22/3/25 11,400
↑

VBG lactate - 1.2

USG B/L lower limb — no clot
— increased echogenicity in SC fat in B/L legs c inflammatory changes

Advise and plan : ① i/v/o impending FN
↓
Stop Augmentin
8:30 AM Start Inj. Zosyn 4.5g iv TDS
Inj. Teicoplanin 400...

24/3/25

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight

↓ rls q 24hrly

(2) TIS CPK-MB

Pediatric Dermatology consult

(3) Syp PCM [illegible] ml PO qid
(125mg/5ml)

(4) Onco [illegible] will review

Nikita

एम.आर.-5 डाक्टर आर्डर

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२९

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Arpita Singh Age/Sex : 24 Y/F Ref. Deptt./Unit : (3) Date : 24/3/2...

Indoor (Bed No.) / Outdoor / Casualty UHID No. : LMP :

Examination Required :

Clinical History and Examination : B/L ... c MCCEU : 19/3/2013

↓

Fever x 2 d

Clinical / Working Diagnosis : B/L lower limb swelling tense swelling c vesicular ...

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

USG local area — B/L lower limbs
r/o cellulitis

Signature of Patient / Date :

Your appointment is on : Room No. :

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : Size / No. of Films

Date : Kvp/mAS:

Sign. of Radiographer :

Nikita
DR. NIKITA JAKHAR
Senior Resident
Paediatric Oncology
Deptt. of Paediatrics
... of Medical Sciences

24/3/25

Blc LL DVT Scan

Report :

Blc CFV
SFV
PA

- Normal wall to wall compressibility
- No echogenic foci within
- Normal flow

There is increased echogenicity of the subcutaneous fat in blc legs, likely inflammatory changes

Sign. of Radiologist / Date :

एम.आर.-5 डाक्टर आर्डर
M.R.- 5 Doctors Orders

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

Initial all orders Cancel by crossing through and initaling Rewrite all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

नाम Name Arpita. उम्र Age 2yr 3mo लिंग Sex F. वैवाहिक स्थिति Marital Status यू.एच.आई.डी. नं. UHID No.

सर्विस/Service वार्ड/Ward बेड/Bed व्यवसाय/Occupation धर्म/Religion

Date Order	Date Cancelation	Doctor's orders with signature	The sister's signature with date
	[Inv: cbc, Pus c/s from vesicle]	S/B Derma SR/JR. (Dr Priyanka/Dr Nidhi) - TD = 2 days O/O ~~erym~~ ill defined erythema c̄ overlying grouped vesicle on b/l leg & dorsum of feet K/c/o - Retinoblastoma on chemotherapy (vincristine + Etoposide carboplatin) 1st cycle - 7/2/25 - 8/2/25 2nd " - 19/3/25 - 20/3/25 H/o fever since 22/3/25. ↳ erythema & swelling of b/l legs since 2 days. Δ's :- ? Neutrophilic sweets on D2 of Augmentin Adv 1) ~~ao~~ look for danger sign 2) Cont. syrup Augmentin (457/5ml) 2.5ml BD 3) Documentation of fever Review in Skin OPD c̄ reports (2nd floor - A wing). Nidhi JR.	

DOCTORS ORDER

Initial all orders Cancel by crossing through and initaling Rewrite all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

Date Order	Date Cancelation	Doctor's orders with signature	The sister's signature with date
I AM	25/3/25	° NO fever spikes overnight ° dermat opinion ~ neutrophilic sweet syndrome [? Ccsf induced] [CIDLO SR on call] Advise ① T/C TOPY/TELEPHONIC on ambulatory basis ② Mometasone cream 2A BD x 1 week ③ F/U @ DAYCARE MCB - T/S skin scrapings from vesicle.	9 AM Hr-97 Spo2 97 Temp-98 RS-15 D/C for Dupa

TRULYHELP VERIFY

Dr. Nikita
Senior Resident
Paediatric Oncology
Deptt. of Paediatrics
All India Institute of Medical Sciences
New Delhi- 110029

OSG-81C

एम. आर. आई प्रपत्र 1 / MRI Form 1

दूरभाष सं. / Tel. No. :26593614
26546455

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

नैदानिक एम. आर. आई. माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. or Unit ..... Date of Requisition 05/04/21

   OPD No..... UHID No. 10809876 Ward / Bed No.....

   Dr. RACHNA SETH आचार्य / Professor बालरोग चिकित्सा विभाग / Department of ... ...

2. Screening Dept. : Radio-Diagnosis ☐ Neuro-Radiology ☐ Cardiac Radiology ☐
   (Tick as appropriate)

3. रोगी का नाम /Patient's Name ..... आयु /Age 2y लिंग /Sex Fem
   (साफ अक्षरों में / In Block letters)

   जन्म तिथि /Date of Birth : दिन /Day ..... माह /Month ..... वर्ष /Year ..... वजन /Weight ..... कि. ग्रा. /Kg.

4. General Patient Condition (Tick as appropriate)

   (i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

5. Clinical Details : History :

   K/C/O (RT) EORB

   (LT) IORB

   Examinations

   Relevant Investigations :

   Previous CT / MR / Other Reports / Studies (with numbers, if any) Received 2 cycles of chemotherapy.

6. Blood Urea / S Creatinine

7. Clinical Diagnosis : (RT) EORB , (LT) IORB

8. Exact Anatomical site for MRI : MRI Brain + Orbit.

9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study).

10. (a) Contrast Enhancement Required : Yes ✓ No.....

    (b) Allergic to any drugs :

    (c) Implant in Body (Tick as appropriate)

    Cardiac Pacemaker .....Aneurysmal clips.....Cardiac Valve/Prosthesis.....

    Metallic Implants.....Sharpnel/Pellet.....Others.....None.....

हस्ताक्षर / Signature .....

नाम / Name .....

(साफ अक्षरों में / In Block letters)

पदनाम / Designation .....

(Requisition may be signed by a Faculty Member/Sr. Resident)

RETINOBLASTOMA & OCULAR ONCOLOGY SERVICES

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI – 110029

Patient Note Book

NAME : Arpita Singh

AGE : 2yr SEX : F

UHID : 10809760

PHONE : 8459368672

DIAGNOSIS :

Staging EVA + Unit 6 (Dr Suman / Dr. Tapashree / Dr Nirajan) 15/4/25

Δ: Ⓡ EORB
Ⓛ IORB > post 2 cycles HDCEV (last 22/3/25)

↓

Ⓡ

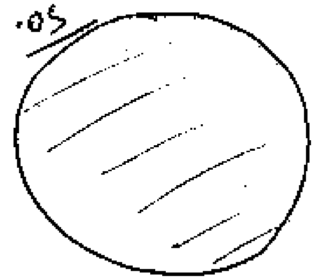
Ⓛ

Phthisical eye + nt

→ Cornea: clear
→ AC shallow.
→ Ectropion wear + nt
→ Lens clear
→ RD + nt: c mass behind OS

USG. Ⓡ Small deformed globe c̄ mod-high amplitude spikes

Ⓛ → Mass + nt c̄ heterogenous hyperechoic Δ mod-high amplitude spikes s/o RB.



Adv: Ⓑ [E/d Myciin 3+10 x 5 days

→ Continue systemic chemo cycles at Paeds oncology (RAH, and Aas)

Δ: Ⓡ EORB
Ⓛ group C RB

→ Repeat. LE MRI brain + orbit, fat suppressed, axial, sagittal, coronal c̄ 2mm cuts through O.N & Pineal gland.

→ F/up c̄ MRI films for NRC, on Monday (21/4/25, 10:00AM, ROOM 53)

↳ f/b consultant opinion for Ⓡ Enucleation.

M/SR

(24) VER (
(29) (CBC, LFT, RFT →

Dx/c/o

- (R) Enucleation + Implant
  + GA

- 12 cycles of chemotherapy
- EBRT

(continue chemocycles).

DOA 13 May 2025

Ward 1A 7:3 am

(29) CBC, LFT, KPT before

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

15.04.2025

BABY ARPITA SINGH, 2 YRS / F **UID: 04.25.631**

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 retinoblastoma, on chemotherapy. Previous scans are not made available for comparative evaluation.

Right phthisis bulbi is seen. Plaque like soft tissue is seen in the posterior chamber of the right globe. Right optic nerve is thinned out.

Left globe is normal in size. 12 x 18 mm focal lesion is seen in the posterior chamber of the left globe. There is associated retinal detachment and vitreous hemorrhage. Lesion shows hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. Left optic nerve is unremarkable. Findings are suggestive of residual disease.

There is thickening of the gyri of the bilateral temporoparietal lobe with ill-defined interface of grey and white matter (R>L). Findings are suggestive of polymicrogyria pachygyria complex.

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

Cerebral and cerebellar parenchyma is otherwise 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:

1. **Right phthisis bulbi with plaque like soft tissue in the posterior chamber of the right globe and thinned out right optic nerve.**
2. **12 x 18 mm heterogeneously enhancing focal lesion in the posterior chamber of the left globe with associated retinal detachment and vitreous hemorrhage. Left optic nerve is unremarkable. Findings are suggestive of residual disease.**
3. **Thickening of the gyri of the bilateral temporoparietal lobe with ill-defined interface of grey and white matter (R>L). Findings are suggestive of polymicrogyria pachygyria complex.**

Clinical correlation is necessary

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