



**DEPARTMENT OF PEDIATRICS
(DIVISION OF PEDIATRICS ONCOLOGY)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

Ansari Nagar, New Delhi - 110029

ESTIMATE CERTIFICATE

Ref. No: _____

TO WHOM IT MAY CONCERN

Date: 17/7/25

This is Certify that Shri/Smt/Kum. Ayesha Aged 4 yem
Sex F UHID 108181767 S/o./D/o/W/o: Mr. Shakti is getting
treatment in Division of Oncology of Department of Pediatrics AIIMS vide for
diagnosis High risk Neuroblastoma

It is proposed to treat the patient with Chemotherapy/ Bone Marrow Transplantation/Other Therapy
The approximate cost of the total treatment amount of Rupees.....
And approximate breakdown is given under the subheadings listed below. The cost under one
subheading may exceed the projected estimate and excess would then be used from the other
subheadings.

- | | |
|---------------------------------------|-------------------|
| 1. Chemotherapy | Rs 1, 00, 000/- |
| 2. Antibiotics/ Antifungal | } Rs 2, 00, 000/- |
| 3. Blood Component kits and tests | |
| 4. Investigations | Rs 2, 00, 000/- |
| 5. Room Charges for Isolation | Rs 2, 00, 000/- |
| 6. Post transplant immune suppression | Rs 1, 00, 000/- |
| 7. Miscellaneous charges | |

Total Cost: (in Words)	Rs 8, 00, 000/-
---------------------------	-----------------

Note:-

This Estimate Certificate is being issued to avail **Financial Assistance** for treatment only.

#The Cheque /Demand draft may be issued in favour of:

- ☐ AIIMS RAN & HMDG A/c 40207561985
- ☒ AIIMS PATIENTS TREATMENT A/c 10874588593
- ☐ AIIMS P.M.O. PATIENTS A/c 37671405137
- ☐ AIIMS DELHI AROGYA KOSH A/c 334776906094

[IFSC CODE: SBIN0001536]

For Account Transaction Please Contact: 011-26594746, 011-26546084.

डा. पंकज हरी
Dr. PANKAJ HARI
आचार्य / Professor
बालरोग चिकित्सा विभाग / Department of Pediatrics
अ.भा.आ.स. / AIIMS New Delhi

Ramesh

(Name & Signature of Consultant with stamp)

(Counter Signature of HOD with stamp)

डा. पंकज हरी/Dr. PANKAJ HARI
एम.डी.एफ.आई.ए.पी. एम.ए.एम.एस./MD, FIAP, FAMS
आचार्य एवं विभागाध्यक्ष / Professor & Head
बालरोग चिकित्सा विभाग / Dept. of Pediatrics
अ.भा.आ.स., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

CK-102020
PoD

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



Reporting: 10:18:38
27/09/2025



ST JUDE INDIA CHILDCARE CENTRE
7718836110, Mon to Sat -10 AM to 6 PM
CENTRE: DELHI/NOIDA

PO MOHD SHAKIR
Y 8M 18D / F (महिला)
PO MASEET CHANDPUR, BIJNOR,
UTTAR PRADESH. Pin: 246725, INDIA
General Rs. 0
Ph: 9927458634
Follow Up Patient



Reporting: 10:18:38
27/09/2025

VFO MASEET CHANDPUR, BIJNOR,
UTTAR PRADESH. Pin: 246725, INDIA
General Rs. 0
Ph: 9927458634
Follow Up Patient



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : Aysa

D : 108181767

Diagnosis: NB - HR.

Truly help
A Life Of Dignity For All

Diagnostic Work UP & Risk Stratification

High Risk Neuroblastoma.

USG → large heterogeneous mass rt suprarenal
 $\frac{14 \times 9}{IVC}$ encasing renal, aortic, celiac, SMA,

BMA - involved.

Biopsy - poorly diff NB

PET → large rt sided abd mass $\bar{c}$
- left suprarenal / abd / RP LN /
2 BM inv

n myc →

MKI → 2-4%.

lame of treatment protocol

For procurement.

- Inf Doxorubicin 11.5mg IV infusion over 1h
x 2 days
- Inf Topotecan 0.76mg IV infusion one day

more
- Inf Vincristine 0.5mg IV push Ds + Dr

- Septanil TLC

- Emetet / Dexamethasone chemo

- 10 syz Emetet 5ml PO TDS x 3d

Aditya Gupta

15/10/25

Truly help
A Life Of Dignity For All

27/9/25

Bed possible in 5-6 days
c/o/w Dr Shreshtha -

Plan

- ① CBC / LFT / RFT today
- ② change drugs.
- ③ can start TVD from tomorrow @ Daycare
(Already charted prior)

बाल चिकित्सा विभाग
UHID: 108181767
Dept No: 20250030006746
AYRA

कमरा / Room
C-207
Queue / संख्या
F36
Unit-III, Paediatric.

बुध, शनि, Wed, Sat (बुध, शनि)
Reporting: 10:16:38
27/09/2025

D/O MOHD SHAKIR
4Y 6M 16D / F (महिला)
VPO MASEET CHANDPUR, BIJNOR,
UTTAR PRADESH. Pin: 248725, INDIA
Ph: 9927458834 General Rs. 0
Follow Up Patient

Shanai
SR PO.

27/9
12.3 / 3000 13.08

6/10/25

Repeat CT done show 8 x 7 x 6 cm mass.
very minimal reduction as compared to
August.

Plan

- To proceed to TVD.
(Charted prior).
- Arrange for chemo.
Dr. Vishaka → co-ordinator
for bed admission
- Daycare
11/10/25 to 14/10/25

(210) Moiv sishi
4 days for 1 hr to politician.

Shanai
SR PO.

12pm

Long waiting list in Cubicle for admission explained.
Option of Pvt Ward admission and outsourcing
to SJH explained: Not willing

Advice:

1. To wait chemo.
2. To meet Sister Tincy and Dr. Shrestha
for adding name to list and decide
on D₁ based on expected delay.

Dr. Shrestha
kindly ~~see~~ check
regarding status
of the beds

Aditya Gupta

डा. आदित्य कुमार गुप्ता
Dr. Aditya Kumar Gupta
अपर आचार्य/Additional Professor
बालरोग विभाग/Department of Pediatrics
जे मा आ रा, नई दिल्ली-29/AIIMS, New Delhi

Parjima
SR
A Life Of Dignity For All

plan tentative possibility of D5/D6 admission dates and
start D1 → D4 accordingly.

3. C/L protocol.

4. chemo to arrange.

5. N/v on 17/9/25 C CBC
RFT
UCT

Sanjam
SR.

17/9/25:

Refractory NIB.

To start Topotecan from tomorrow: D1

D5 and D6 → 22/9 or 23/9.

Advice:

1. To try cubicle of SHH admission on Monday.
2. To meet Dr. Amitabh Sir in Daycase on Monday.

Sanjam

P-7.0

② 210 → Sister Tiney TVD protocol.

③ N/V 10/9/25 = CBC/UA/RT

④ Fund amangement explained

Inani
DR. G. SHRAVANI REDDY
Senior Resident
Paediatric Oncology
Dept. of Paediatrics
All India Institute of Medical Sciences
New Delhi - 110029

Refractory Neuroblastoma

MCOTEC complete.

Metastatic CR.

Primary PR → Not resectable.

Planned for 2# TVD.

Advice:

B.S.A: 0.51M².

1. Inj. Irinotecan 0.76 mg / 12/10/25 [Signature] 13/10 [Signature] Some Ns iv over 30 min D₁ - D₄

D₅ and D₆ need to be admitted in Cubicle.

2. To meet Sister Tiney and Dr. Shreshtha in Room - (210) →

→ Ped Sp new

28/08/25

(31)

PET.

↓ in size
Metastatic CR.

CT.

(14/8)

large mass $8.4 \times 7 \times 6.6$
retroperitoneal region.

IDRF+

but child may benefit
from maximal possible resection.

Dr Divya

(31)

kindly review.

(31)

Aditya Gupta

Review 30/8/25

TM

8/9/25

HR/metastatic NB

Post 8 cycles Rapid WJEC.

Post 8 # PET → metastatic CR
Primary PR.

Pediatric Surgery → non resectable.
Funds → pending.

cd/w Br AKG su

(1) To proceed i 2 # TVD flb reassessment.

Last card not shown



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



शरीरमाध्यं खलु धर्मसाध

बाल चिकित्सा विभाग

UHID:108181787

कमरा / Room

C-207

OPR-6

एकक / Unit

Queue /
संख्या

F24

विभाग / Dept.

Dept No: 20250030006746

Unit-III, Paediatric.

त सं० / O.P.D. Regn. No.

नाम

AYRA

पता / Address

D/O MOHD SHAKIR
4Y 8M 21D / F/(महिला)

VPO MASEET CHANDPUR, BIJNOR,
UTTAR PRADESH. Pin:246725. INDIA
Ph: 9927458834 General Rs. 0

Follow Up Patient

बुध, शनि, Wed, Sat (बुध, शनि)



Reporting: 09:53:27
01/10/2025

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

37

As per father the mass is reducing in size.

↓
father wants to get an imaging done.

Advised usg
father wants a CT scan (will get it done from outside)

* → CELT. abdomen.

Aditya Gupta

डा. आदित्य कुमार गुप्ता
Dr. Aditya Kumar Gupta

अपर आचार्य / Additional Professor
बाल रोग विभाग / Department of Pediatrics
अ.प.आ.स. सं. दिल्ली-29/AIIMS, New Delhi-29

Dear Sir/Mam.

This patient is a child with cancer (Nephroblastoma)

The mother is having black discharge
can give ENT appointment (Urgently)

Aditya Gupta

15/10/25

Dr. G. SHRAVAN REDDY
Senior Resident
Paediatric



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प



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 / 26588500
Phones / 26588500,
26588700

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

रसीद संख्या / Receipt No.:

Ansari Nagar, New Delhi 110029

दिनांक / Dated :

जमाकर्ता / Received From:

रोगी प्रकार / Patient Type :

ओ.पी.डी. / यू.एच.आई.डी. सं. / OPD / UHID No.:

कक्ष संख्या / Room No. :

के नामे / ON ACCOUNT OF

Printed on 19 Oct 2025 10:41:30 AM

Refund Receipt After Bill Settlement of Settlement Id: 955609

Dept No: 0

IRCH No : 342778 UHID : 108181767

DATED: 19/10/2025

Receipt No: REFUND-28/2636/202526 [Original] Hospital Receipts

Received From: BABY AYRA , Age : 4 Yrs 7 Mons 8 Days

Billing Type :

SI No.	Service Name	Quantity	Rate	GST	Net Amount
2	REPRODUCTIVE BIOLOGY (CRIA) - PROCALCITONIN (PCT)	1	1350	0.00	1350.00
3	ADMISSION CHARGE - BED CHARGE FOR 1 DAY	1	35	0.00	35.00
4	ADMISSION CHARGE(CAFFIMS) - BED CHARGE FOR 1 DAY	3	35	0.00	105.00

Payment Mode : Cash

Total Service Amount(Including GST as applicable above) Rs.: 1490.0

Donation Adjusted Rs.: 0.0

Advance Adjusted Rs.: 350.0

Grant Adjusted Rs.: 0.0

Exempted Amount Rs.: 1350

Refund Amount Rs.: 210.0

Refunded Successfully

Rupees Two HundredTen Only

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.)

रुपये शब्दों में / Rs. in Words

Note: Excess Deposit^NA patient discharge. kindly settle bill. 1350/- rs PCT PAYMENT EXEMPTED BY UNIT HEAD.

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

Truly
A Life Of Dignity For All

Patient Details

Name : Ayra



Age / Gender : 4y / F

Father's Name : Md Shabkir

Address : cp

Contact No : 99 27458634

POC / PCSC No.: 126/25

Diagnosis : MB

Remarks :

PICC Line Care

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

Truly help
A Life Of Dignity For All

कमरा / Room C-209 F17
Queue / संख्या Unit-III Paediatric
कमरा / Room C-209 F17
Queue / संख्या Unit-III, Paediatric

बाल चिकित्सा विभाग UHID: 108181767
Dept No: 20230030006746
बाल चिकित्सा विभाग UHID: 108181767
Dept No: 20230030006746

- ② (210) → Sister Tiny TWD protocol
- ③ N/V 10/9/25 = CBC/LFT/URT
- ④ Fund amangement explained

Inani
 DR. G. SHRAVANI REDDY
 Senior Resident
 Paediatric Oncology
 Dept. of Paediatrics
 All India Institute of Medical Sciences
 New Delhi - 110029

Refractory Neuroblastoma

HCOTEC complete.

Metastatic CR

Primary PR → Not resectable.

Planned for 2# TWD.

Advice:

B.S.A. 0.51M².

1. Inj. Irinotecan 0.76 mg / some ds in over 30 min D₁ - D₄

DS and DB need to be admitted in cubicle.

2. To meet Sister Tiny and Dr. Shreshtha in Room. (210)

11:14 AM



प्रयोगशाला अतुल्य विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India Institute
of Medical Sciences, New Delhi-110029

UHID:	108181767	Reg Date :	11/03/2025 12:57 PM
Patient Name :	Baby AYRA	Age :	4 years 6 days
Sex :	Female	Unit Name :	Unit-I
Department :	DEPT. OF EMERGENCY MEDICINE	Sample Collection Date:	17/03/2025 10:49 AM
Unit Incharge :	Dr. Rakesh Yadav	Lab Sub Centre:	Lab Oncology (IRCH)
Lab Name:	Lab Oncology	Report Generated Date:	20/03/2025 10:45 AM
Sample Received Date:	17/03/2025 11:49 AM	Recommended By:	Dr. Praveen Aggarwal
Dept / IRCH No:	20250030006746		
Lab Reference No:	981		

Sample Details : LOI-170325080-AP (Bone Marrow)

BMA PS

<p> Report: Received one stained bone marrow aspirate slide for review labelled as "BMA 11/25".</p>
<p> Bone marrow aspirate is hemodiluted and aparticle and shows haematopoietic cells of all series along with an occasional cluster of large atypical cells having marked pleomorphism and scant cytoplasm.</p> <p> Features are of bone marrow involvement by a metastatic tumor.</p> <p> Advice : 1) Clinical correlation</p> <p> 2) Correlation with bone marrow biopsy</p> <p> </p> <p> </p> <p> Senior Resident: Dr Komal</p> <p> Consultant: Dr Amar Ranjan</p>

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

Trulyhelp
A Life Of Dignity For All

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.



¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: Ayra		Age/Sex: 4Y/F
Study ID: FDGN/39214/25	UHID: 108181767	Date: 21.03.25

Indication: Suspected Neuroblastoma. PET/CT for staging.

Procedure: PET-CT acquisition was done 60 minutes after injection of ¹⁸F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck:

Mucosal thickening noted in bilateral maxillary sinuses- sinusitis. Increased tracer uptake noted in nasopharynx and bilateral palatine tonsils- infective/inflammatory. Minimally FDG avid subcentimetric bilateral cervical level II lymph nodes seen with maintained fatty hilum- reactive. Increased tracer uptake noted in both lobes of thyroid gland. FDG avid left supraclavicular lymph node is seen measuring ~ 8 x 5 mm.

Thorax:

No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall.

Abdomen-Pelvis:

Heterogeneously FDG avid large lobulated soft tissue mass with internal areas of necrosis and calcifications, is seen in the abdomen predominantly on right side, extending from the level of D10-L4 vertebra, measuring ~ 11.4 x 10.8 x 11.7 cm (AP X T X CC). The mass is encasing the IVC and abdominal aorta with loss of fat planes with inferior surface of liver, GB and right kidney. Right adrenal gland is not visualized separately from the mass. The mass is causing displacement of bowel loops and pancreas (to the left side). FDG avid enlarged retrocrural, perilesional mesenteric, bilateral renal hilar and para-aortic lymph nodes are seen, largest measuring ~ 2.1 x 1.3 cm in right renal hilar region. Mild free fluid noted in pelvic cavity with no significant FDG uptake. Normal FDG distribution is noted in the liver, spleen, and urinary bladder.

Musculo-Skeletal System:

FDG avid bone marrow lesions are noted in sternum, left ala of sacrum, right iliac bone, ischium and right femur. Physiological FDG distribution is seen in rest of the visualized axial and appendicular skeleton.

IMPRESSION:

- Metabolically active large lobulated soft tissue mass with internal areas of necrosis and calcifications, in the abdomen predominantly on right side- primary malignancy with left supraclavicular, abdominal and retroperitoneal lymph nodes and bone marrow lesions – metastasis.


Dr. Komal Bishnoi
Senior Resident


Dr. Shamim A Shamim
Consultant

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.



¹⁸F-FDG WHOLE BODY PET-CT STUDY

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Thorax:

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IMPRESSION:

- Metabolically active large lobulated soft tissue mass with internal areas of necrosis and calcifications, in the abdomen predominantly on right side- primary malignancy with left supraclavicular, abdominal and retroperitoneal lymph nodes and bone marrow lesions - metastasis.


Dr. Komal Bishnoi
Senior Resident


Dr. Shamim A Shamim
Consultant

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.



¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: AYRA		Age/Sex: 4Y/M
Study ID: FDG/35708/25	UHID:108181767	Date:19.08.2025
Indication: C/o right neuroblastoma, p/ 8 cycles of CT (LD- 27.07.25). FDG PET/CT for response assessment		

Procedure: PET-CT acquisition was done 60 minutes after injection of 10mCi¹⁸F-FDG by intravenous route, from the level of vertex to mid-thigh.

PET-CT Findings:

Head and Neck: Previously noted left supraclavicular lymph node, measuring~ 0.9 x 0.8 cm vs 0.9 x 0.7 cm – **no significant interval change**. Increased tracer uptake noted in bilateral palatine tonsils with few sub-centimetric bilateral cervical lymph nodes – infective.

Thorax: Mild increased tracer uptake noted in the thymus –physiological. Few sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum. Physiological FDG uptake is seen in the myocardium.

Abdomen-Pelvis: Previously noted large heterogeneously FDG avid soft tissue density mass noted in the right suprarenal region with coarse internal calcifications within, measuring~ 5.4 x 7.3 x 8.2 cm vs 10.7 x 10.8 x 10.8 cm (previously) – shows interval decrease in size and FDG uptake. The mass is encasing the portal vein, IVC and abdominal aorta and the mass is abutting the liver and superior pole of right kidney with loss of fat planes noted. Right suprarenal gland is not visualized separately. Previously noted peripancreatic, paraaortic, bilateral perirenal and retrocrural lymph nodes, largest measuring~ 0.7 x 0.5 cm vs 2.1 x 1.4cm (previously) in the right perirenal region - shows interval reduction in size. Mild pelvic ascites noted. Few sub-centimetric bilateral inguinal lymph nodes noted with preserved fatty hilum. Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder.

Musculo-Skeletal System: Previously noted marrow lesions shows complete resolution of FDG uptake. Physiological FDG distribution is seen in the visualized axial and appendicular skeleton.

IMPRESSION:

- Metabolically active right suprarenal mass with extensions as described above with metastases to left supraclavicular and abdominal lymph nodes – residual disease.
- As compared to previous scan (FDGN/39214/25 dated 21.03.25), there is significant reduction in size of primary and abdominal lymph nodes with no significant change in left supraclavicular lymph node – suggestive of partial metabolic response.

Dr Kavir M
Junior Resident

Prof. Rakesh Kumar
Consultant



Name : **BABY. AYRA**
Visit No. : **CD250225024**
Age/Gender : **4 Y / Female**
Referred Client : **BHANWAR SINGH**
Referred by : **N/A**
Doctor Name : **CNBC HOSPITAL**

Patient UID. : **P48171309**
Registered on : **25/02/2025 10:59**
Collected on :
Approved on : **25/02/2025 18:27**
Barcode No

CT SCAN

TRIPLE PHASE CT ABDOMEN

TECHNIQUE:-CT scanning of the Upper Abdomen was performed before and after the administration of intravenous nonionic contrast. Images were acquired at arterial, porto-venous and delayed phase. No adverse reaction noted after 30 minutes of post procedure observation.

Clinical History:-Abdomen pain On/Off.

-There is a large heterogeneously enhancing mass lesion seen predominantly in the retroperitoneum causing anterior displacement of pancreas and is seen to encase the infrahepatic part of IVC and right renal vein with the mass measuring approximately 83.6 x 10.3 x 10.2 mm in size.

-The mass is seen to drape anterior and lateral to the aorta with encasement of left renal vein and displacement of bilateral renal arteries posteriorly.

-The mass is seen to displace the root of mesentery and small bowel loops inferiorly and to the left side with upliftment of superior mesenteric vessels.

-The mass is seen to extend up to porta hepatis with no invasion into the portal vein or into CBD.

-The mass is seen to lie in close relation to the inferior surface of liver with possibility of mild invasion cannot be definitely ruled out.

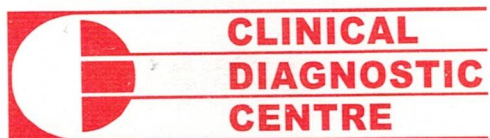
-The mass is also seen to abut the gallbladder with no invasion.

-There is mild prominence of CBD measuring approximately 3.5 mm in luminal calibre an antero-posterior dimension.

-There is presence of few superior pancreatic nodes measuring 8 mm in SAD, right pararenal nodes largest measuring 11.8 mm in SAD and left pararenal nodes largest measuring 1.2 cm in SAD.

-There are subcentimetric lymph nodes seen along the lesser curvature of stomach with multiple small mesenteric lymph

DR. ARPIT GARG
MBBS, MDRD (GOLD
MEDALIST) FRCR
CONSULTANT RADIOLOGIST
DMC NO 25082



(A Unit of M.M. Diagnostics Pvt. Ltd.)

69, Hargovind Enclave, Opp. Railway Reservation Centre, Karkardooma, Delhi - 110092

Tel. : 011 43076300, 011 43062301 Mob. : 9599193988, 7827574956, 8090100434

E-mail : clinicaldiagnosticcentre@gmail.com Website : www.clinicdiagnosticcentre.com

Name	: BABY. AYRA	Patient UID	: P48171309
Visit No.	: CD250225024	Registered on	: 25/02/2025 10:59
Age/Gender	: 4 Y / Female	Collected on	:
Referred Client	: BHANWAR SINGH	Approved on	: 25/02/2025 18:27
Referred by	: N/A	Barcode No	
Doctor Name	: CNBC HOSPITAL		

CT SCAN

nodes, largest measuring 7.5 mm in SAD.

-The mass is seen to show areas of cystic degeneration within with no extension into the spinal canal and not lying in close proximity to neural foramen.

-The mass is seen to show hyperenhancement on arterial phase with no washout.

-Liver is normal in size, shape and normal position. The liver parenchyma reveals normal attenuation value. There is no evidence of dilated IHBR seen. Portal and hepatic veins are normal.

-The gall bladder is distended. No hyperdense calculus seen

-Pancreas is normal in size & attenuation. No peripancreatic fat stranding seen.

-Spleen is normal in size, normal in shape and location. The attenuation value is normal.

-Both kidneys are normal in size, shape and position with normal cortico-medullary demarcation and CT attenuation pattern. Prompt excretion of contrast is seen on either side.

-Right adrenal gland is not separately visualised. Left adrenal gland appears normal.

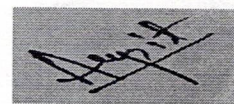
-The ureters are well opacified. No focal dilatation is seen. No obvious intra-luminal filling defect visualized.

-Urinary bladder is distended. There is no calculus or mass seen.

-Uterus and ovaries are prepubertal.

-Visualized bowel loops are normal.

-Visualised bones appear normal.



DR. ARPIT GARG
MBBS, MDRD (GOLD MEDALIST) FRCR
CONSULTANT RADIOLOGIST
DMC NO 25082

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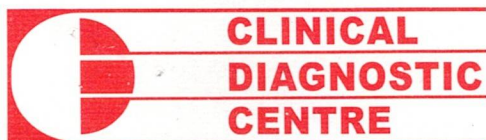
MRI

LAB, CT SCAN, Digital X Ray, Portable X Ray, Dental OPG, Mammography, Ultrasound, Liver Elastography, Color Doppler, ECHO, ECG, EEG, NCV, EMG, PFT, PSG, Radiological Interventions (CT/USG Guided FNAC & Biopsy)

FIBROSCAN

On Panel CGHS, DGEHS, DJB, ESI, MCD, BSES, DVB, DDA, DAK, NORTHERN RAILWAY

Timings : Daily : 07.00 am - 10.00 pm ■ Sunday : 08.00 am - 06.00 pm ■ Report Collection Time : 07.00 pm - 09.30 pm Except Sunday



(A Unit of M.M. Diagnostics Pvt. Ltd.)

69, Hargovind Enclave, Opp. Railway Reservation Centre, Karkardooma, Delhi - 110092

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E-mail : clinicaldiagnosticcentre@gmail.com Website : www.clinicdiagnosticcentre.com

Name : **BABY. AYRA**
Visit No. : CD250225024
Age/Gender : 4 Y / Female
Referred Client : BHANWAR SINGH
Referred by : N/A
Doctor Name : CNBC HOSPITAL

Patient UID. : **P48171309**
Registered on : 25/02/2025 10:59
Collected on :
Approved on : 25/02/2025 18:27
Barcode No

CT SCAN

IMPRESSION:-TRIPLE PHASE CT ABDOMEN reveals:- *an arterial phase hyperenhancing heterogeneous mass lesion in the retroperitoneum uplifting the pancreas, encasing bilateral renal veins, infrahepatic IVC with multiple retroperitoneal nodes in bilateral pararenal stations, subcentimetric lymph nodes in superior pancreatic and mesenteric stations with extension of mass up to the porta hepatis.*

-Possibility of neuroblastoma may be considered.

-Suggested histopathological correlation.

-Suggested clinical correlation.

*** End of Report ***

All tests have technical limitations. Collaborative clinicopathological interpretation is mandatory. In case of Unexpected/alarming results/typographical error, doctor/patient is advised to contact lab immediately for necessary action.

xrRichText1

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MBBS, MDRD (GOLD MEDALIST) FRCR
CONSULTANT RADIOLOGIST
DMC NO 25082

Page 3 of 3

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MRI

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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: 108181767 Reg Date : 11/03/2025 12:57 PM
Patient Name : Baby AYRA Age : 4 years 6 months 16 days
Sex : Female Unit Name : Unit-III
Department : Paediatrics Sample Collection Date : 27/09/2025 05:07 PM
Unit Incharge : Hematology Sample Received Date : 27/09/2025 09:04 PM
Lab Name : Hematology
Lab Sub Centre : Hematology (Ward)
Dept / IRCH No : 20250030006746 Recommended By: Dr. NISHITA PUROHIT
Lab Reference No : 938

Sample Details : HMW-2709250922 (Blood) / Report Date: 27/09/2025 11:17 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
CBC AND PS PACKAGE (Send with Pink Form)				
BASO (Fluo.flowcytometry)	0.8	%	• 0 - 1 %	
EOSINO (Fluo.flowcytometry)	2.3	%	• 1 - 4 %	
Hb(SLS-photometry)	12.3	g/dL	• 11 - 14 g/dL	
HCT (Cumulative Pulse Height Detection)	39.0	%	• 34 - 40 %	
LYMPHO (Fluo.flowcytometry)	46.0	%	• 29 - 65 %	
MCH (Calculated)	26.2	pg	• 24 - 30 pg	
MCHC (Calculated)	31.5	g/dL	• 31 - 37 g/dL	
MCV (Calculated)	83.0	fL	• 75 - 87 fL	
MONO (Fluo.flowcytometry)	7.4	%	• 2 - 10 %	
NEUTRO (Fluo.flowcytometry)	43.5	%	• 30 - 60 %	
PLATELET COUNT (Hydrodynamic Focusing DC Detection)	308	$10^3/\mu\text{L}$	• 200 - 490 $10^3/\mu\text{L}$	
RBC COUNT (Hydrodynamic Focusing DC Detection)	4.70	$10^6/\mu\text{L}$	• 4 - 5.2 $10^6/\mu\text{L}$	
T.L.C (Fluo.flowcytometry)	7.45	$10^3/\mu\text{L}$	• 5 - 15 $10^3/\mu\text{L}$	
NUCLEATED RBC	0.1			

Over All Comment :

(VANIANAND)
Verified By

(Dr.Tushar Sehgal)
Authorized Signatory



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW
DELHI

Department Of Lab Medicine (Emergency and Ward)



UHID: 108181767 Reg Date : 11/03/2025 12:57 PM
Patient Name : Baby AYRA
Sex : Female Age : 4 years 6 months 16 days
Department : Paediatrics Unit Name : Unit-III
Unit Incharge : Sample Collection Date: 27/09/2025 05:08 PM
Lab Name: Lab Medicine Sample Received Date : 27/09/2025 09:23 PM
Lab Sub Centre:
Dept / IRCH No: 20250030006746 Recommended By: Dr. NISHITA PUROHIT
Lab Reference No: 1063

Sample Details : WC-2709250985 (Serum) / Report Date: 27/09/2025 11:34 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
Calcium (Arsenazo III method)	10.1	mg/dL	8.40-10.20	
Chloride (Potentiometric)	105	mmo/L	98.00-107.00	
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.40	mg/dL	0.52 - 1.04 mg/dL	
Phosphorus (p-methylaminophenol sulfate)	6.5	mg/dL	2.5 - 4.5 mg/dL	
Potassium (Potentiometric)	5.0	mmo/L	3.50-5.10	
Sodium (Potentiometric)	140	mmo/L	137.00-145.00	
Urea (Urease method)	26	mg/dL	15.00-42.00	
Uric Acid (Uricase Method)	4.5	mg/dL	2.5 - 6.2 mg/dL	
A/G ratio (Calculated)	1.59		0.80-2.00	
Albumin (BCG Method)	5.1	gm/dl	3.5 - 5 gm/dl	
ALP(PNPP,AMP Buffer-IFCC)	250	U/L	• 38 - 126 U/L • 144 - 327 U/L	
ALT(UV with pyridoxal 5 phosphate method)	29	U/L	• <35 U/L	
AST(UV with pyridoxal 5 phosphate method)	50	U/L	• 14 - 36 U/L	
Direct Bilirubin (Calculated)	0.32	mg/dL	• 0 - 0.6 mg/dL • 0 - 0.3	
Globulin (Calculated)	3.2	gm/dl	3.00-3.70	
Indirect Bilirubin (Caffeine sodium benzoate method)	0.00	mg/dL	0.00-0.90	
Total Bilirubin (Modified diazo method)	0.32	mg/dL	• 0 - 1 mg/dL	
Total protein (Biuret reaction)	8.3	gm/dl	• 6.3 - 8.2 gm/dl	

Over All Comment :

Kindly correlate results clinically.

(Sudhahar T)

Verified By

Authorized Sign



DISCHARGE SUMMARY
Paediatrics Unit III, Division of Pediatric Oncology
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, New Delhi
Department of Pediatrics

Name: Ayra	Age/Sex: 4 Y / F	Bed No: C5/5
UHID: 108181767	Date of admission : 01/04/25	Date of discharge: 12/4/25
Address: Chandpur, Bijnor Contact : 9927458634		
Consultants in charge: Prof R Seth/ Dr K R Jat/ Dr A Gupta/ Dr JP Meena		
Diagnosis: Neuroblastoma/HR/Rapid COJEC protocol/Post cycle 1/Sigmoid enterocolitis/FN		

Presenting complaints:

- Abdominal pain for 3 days
- Fever for 3 days
- Vomiting for 3 days
- Loose stools for 3 days

History of presenting illness:

The child is a k/c/o Right adrenal neuroblastoma/HR/on rapid COJEC protocol, currently presented with fever for 3 days, upto 102-104F, associated with chills and rigors and relieved on giving medication required 3 times/day. She also developed loose stools, 3-4 times/day, semisolid, small volume, not blood stained, a/w tenesmus. The child has not defecated for the past 24 hours. She also developed vomiting episodes, 2-3 episodes/day, large volume, increasing on intake of food with 1 episode of blood in vomitus. There is also a history of on and off episodes of bilious vomiting. H/o abdominal pain, epigastric, persistent, increasing on intake of food, not a/w burning chest pain. No h/o retching/ yellowish discoloration of eyes/skin/ No h/o bleeding from any other site. No h/o burning micturition/ increased frequency/urgency. No h/o LOC/lethargy/abnormal body movements. No h/o PRBC transfusion recently. H/o mild cough with coryza for the last 10 days with no difficulty in breathing or oxygen requirement. No h/o abnormal eye movements/deviation eyes. Oral ulcers present on tongue for the last 3 days.

Past History:

The child was apparently well till Feb 2025, when she complained of abdominal pain. The parents noted a right sided abdominal mass. They visited Chacha Nehru hospital for the same where she was

diagnosed to have neuroblastoma. They took LAMA and presented to AIIMS casualty on 11/3/25. Further evaluation was done and the child was started on chemotherapy from 26/3/25.

27/2/25 - Tru Cut biopsy - suggestive of small round blue cell tumor

4/3/25 - BMB - Negative

BMA - s/o involvement of BM metastasis

18/3/25 - USG abdomen by Dr Manisha - Heteroechoic mass/ stippled calcification/ encasing right renal vein/aorta/celiac artery/ SMA/IVC/ 14 X 9 cms/ mass crossing midline

Birth history :

Full term/NVD/Home delivery/birth weight- 1.5 kgs/CIAB/No h/o NICU stay/No antenatal complications

Family history:

2nd born child of non-consanguineously married parents. No h/o similar illness in the family. No h/o TB contact. No h/o any malignancy.

Development history :

Attained milestones appropriate for age

Immunization history :

Immunised as per age

EXAMINATION:

Child is conscious, alert.

Vitals at admission :

PR : 100/min

RR:24/min

SpO2: 98% on room air

CP/PP- +++/++

Peripheries - warm

सं. 1
NO. 1



उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
ग्राम पंचायत मसीत
GRAMA PANCHAYAT MASIT

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि ग्राम पंचायत मसीत तहसील चांदपुर जिला बिजनौर राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR GRAMA PANCHAYAT MASIT OF TAHSIL/BLOCK CHANDPUR OF DISTRICT BIJNOR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME: AAYRA SHAKIR

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:
02-01-2021
SECOND-JANUARY-TWO THOUSAND TWENTY ONE

जन्म स्थान/ PLACE OF BIRTH:

MASIT, CHANDPUR, BIJNOR,
UTTAR PRADESH

माता का नाम / NAME OF MOTHER:
SHAHNIN

पिता का नाम / NAME OF FATHER:
MOHD SHAKIR

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME
OF BIRTH OF THE CHILD:

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:

MASIT, , CHANDPUR, BIJNOR, UTTAR PRADESH

MASIT, CHANDPUR, BIJNOR,
UTTAR PRADESH

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2022: 9-03067-000014

पंजीकरण तारीख / DATE OF REGISTRATION:
13-02-2022

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
13-02-2022

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
ग्राम पंचायत मसीत
GRAMA PANCHAYAT MASIT

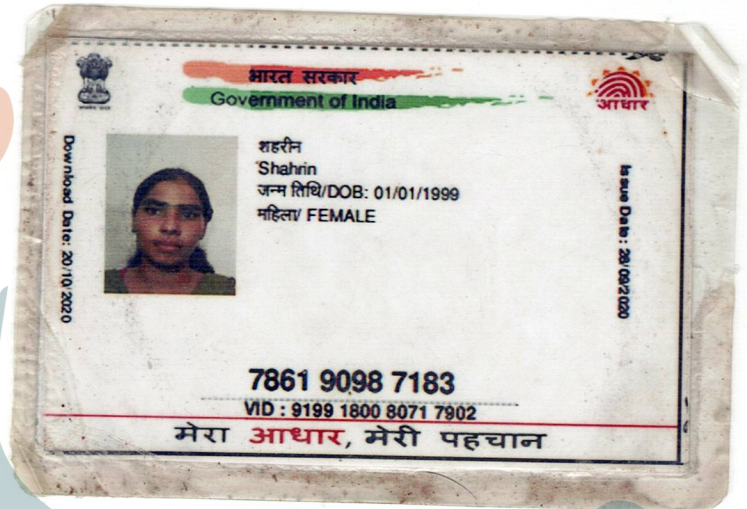
UPDATED ON :
13-02-2022 11:58:36



"THIS IS A COMPUTER GENERATED CERTIFICATE."
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

* प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH *





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