

**Pediatrics**



# Patient Note Book

Piyush Kumar

108414592

NB - IK

UHID:108414592

**ABHA:**

piyushkumar072024@abdm

Dept No: 20250030017006

पिण्डुष कुमर / PIYUSH KUMAR

कभरा

Ques 8  
संरूप

Unit-III. Pa



S/O GAUTAM KUMAR  
1Y 4M 1D / M/(पुरुष)

AT DURGI TOLA POST- BUDHMA, DIST-  
MADHEPURA, BIHAR, Pin: 0 INDIA

Ph: 7488391787 General Rs. 0

Follow Up Patient



Reporting: 08.28.07  
26/11/2025

Name :

Piyush Kumar

Age / Gender :

1y/m

Father's Name :

Gautam Kumar

Address :

Madhepur, Bihar

Contact No :

7488 391 787

POC / PCSC No.:

288/25

Diagnosis:

NB

Remarks :

- counselling done
- personal hygiene
- Sitz bath.
- Danger signs explained
- sick card given
- Temp. monitoring
- Helpline no. given
- Blood donation
- Accommodation - NGO.

PICC Line Care

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

Reporting



Follow Up Patient  
Ph: 7488391787  
MADHEPURA, BIHAR, Pin: 0 INDIA  
AT DURGI TOLA POST- BUDHMA, DIST-  
1Y 4M 1D / M/(पुरुष)



~~17/11/25~~  
22/11/25

D NB-IR / BIL suprarenal  
Post 4 cycles of IR-NB chemo

PCT-CT done 20/11/25

CT dated - 25/11/25

Baseline CT from outside

Adv

- Next visit → 26/11/25 → submit CT
- collect PCT-CT report
- to cont separation

24/11/25

do NB/IR Post 4# → for response assessment  
(BIL suprarenal)  
Cncts → add LN, liver

PE-CT → 20/11/25  
\$0 PR

CT → done on 25/11/25

due for cycle 5

3410 / 3.49 L  
7.9 / 1300

KFT / LFT → (N)

Chemo date  
29/11/25  
to  
1/12/25

Adv

- RC discussion
- PE-CT discussion
- (N/V) at 2pm (217) pcc clinic on 27/11/25.
- take date for cycle 5 chemo.

Signature



10/9/2025

• NBL-1R (B/L Supplemental)

• MYC-N - not amplified

- Cycle 14 - 20/8-23/8/25

NO chrom

- Seen in Pediatric Surgery - on 9/9/2025

↳ Registration on 19/9/2025.

8/9/2025

11 > 8130.  
3,000,000  
MVL = 2650  
N = 32.5 %  
L = 52.8 %  
M = 12.90 %

RF-5/4F-7-②

20- ECHIO - LVEF = 55-60%  
L  
② BV  $\phi$

O/E:

no p / low

no metastasis

Stable vitals

AS / no - nms

Heating / Healed - malignant virus

Plans:



# Diagnostic Work UP & Risk Stratification

Wt = 78 kg  
Wt = 9.5 kg

25/6/25, CBC  
7.1  $\left\{ \begin{array}{c} 10540 \\ N \quad L \quad E \\ 32 \quad 50 \quad 94 \end{array} \right\} 2.61 L$

MCV = 78  
MCH = 21.60  
MCHC = 27.50  
RBC count = 3.29  
MI = 23.7

Iron profile

Iron = 24 ↓  
Transferrin = 176 ↓  
TIBC = 238  
Ferritin = 328  
Potate = 17.5

TSAT = 10.1

RFT/LFT } WNL

UDH = 553  
T-B/PB = 0.20/0.13

USG  
(10/7/25)

- RK = WNL

- LR = well defined, hyperechoic lesion  
46 x 35 x 35 mm

Suprarenal  
origin } (NB)

CECT  
(14/7/25)

- B/L Suprarenal mass  
L > R

c met to VII seg of @lobe of liver ? NB

PET-CT  
(30/7/25)

- RC discussion

- (R) Non-cytic mass 4.8 x 4 cm

FDG avid - (R) supra-renal mass

(L) - 6.5 x 7 cm → cytic mass  
organised septa etc

→ 1st Tissue Bx (24/7) - Nerve only  
no viable tumour cells

→ Bone marrow PS (26/7) = No mets

→ 2nd Bx  
① mass  
② supra  
caval LN

metastatic NB  
small round  
blue cell

MI > 4+

Phox2B +ve

Poorly differentiated

Schwannian

stroma

Calcification / nucleoli

Absent

Name of treatment protocol

Nmyc → negative



Cont. Symptoms

ly. GCSF 500g s/c OD. x 5 days  
from (172)

N/V - 20/9/2025

13/9 Addy

(Saturday) 9 AM

CBC/CF7/MF7

Shm

Dr. SHARAN SHANUBHOGUE  
Senior Resident-DM  
Pediatric Oncology  
Department of Pediatrics  
AIIMS, New Delhi-29

12/9/2025

Seen in Daycare

do low grade fever - 100.6°F - documented since

weight

no PB/retentions/urine

eatry ✓

no GI symptoms

no discharge from ears.

vitals (A)

D+1

Since

chemo

→ not  
likely  
to

neutropenic

likely viral

RS / NMD

14

Plan:

1. Symp. LETIMINE (5mg/5ml) 2.5ml  
NS OD

2. Nasal drops 2°

9

810

(910)

2 days



wt = 10 kg

Ht = 75 cm

BSA = 0.96

Cycle 2 - week 3

(wt based as 21 kg)

Premed

inj. EMESE7 1.5 mg IV

inj. DEXA 1.5 mg IV

inj. PAN70P 10 mg IV

12/9/2025

→ IVF DNS 1:100 kcal @ 60 ml/hour for 6 hours

To, convuls, please help

after 2 hours prehydration, stay

→ inj. Cyclophosphamide 330 mg / 100 ml NS over 1 hour

→ ~~inj. MESNA~~ 100 mg / 50 ml NS @ 0, 3, 6 hours

→ inj. CARBOPLATIN 180 mg / 200 ml NS over 2 hours

→ inj. DOXORUBIN 10 mg / 100 ml NS over 1 hour

Post-chemo

• Symp. EMESE7 (2 mg / 5 ml) 4 ml

3 days

• Tab DEXA

4 mg

8 tabs

x 3 days



30/08/2025

▷ NB-IR (BL supra-renal)  
(Wmjc - Not amplified)

Received 1st cycle - 20/08/25 to 22/08/25

CBC - ~~06.9~~ 0.9)  $\frac{3440}{110}$  ( $126 \times 10^3$ )

Wt/K - 12.8 / 3.37

- Had fever + loose motions → visited to  
Ped's GR → now passive

- PRBC dated on 02/09/25

Adv

2nd cycle dated on 12/09/25

① ECHO → Dr. VISNAKHA } SR  
Dr. SHRISHA

② To cont SCPTRAV

③ to cont Cefixime / ZINC

④ Next visit → 10/09/2025



Phos 1.40

CBC, LFT, RFT → 09/09/25



UHID:	108414592	Sex :	Male
Patient Name :	Mr. PIYUSH KUMAR	Sample Received:	30-Jan-2026 16:20 PM
Age :	1Y 6m	Department :	Pediatrics
Reg Date :	30-Jan-2026 16:20 PM	Sample Collected:	30-Jan-2026 13:20 PM
Recommended By :		Sample Details:	LH30012601630
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference:	2617187563

HEMATOLOGY

Test Name <small>(Methodology)</small>	Result	Bio. Ref. Interval
Sample Type : EDTA Whole Blood		
Hb <small>(Hb Spectrometry)</small>	9.30	11.0 - 14.0
Hematocrit <small>(Direct Measure)</small>	29.30	30 - 36
RBC count <small>(Impedance)</small>	3.43	3.9 - 5.1
WBC count <small>(Fluo. Flow cytometry)</small>	3.81	6.0 - 16.0
Platelet count <small>(Impedance)</small>	185.00	200 - 550
MCV <small>(Calculated)</small>	85.40	72 - 84
MCH <small>(Calculated)</small>	27.10	25 - 28
MCHC <small>(Calculated)</small>	31.70	32 - 36
RDW-CV <small>(Calculated)</small>	19.00	11.6 - 14
Neutro <small>(Fluo. Flow cytometry)</small>	39.40	30-60%
Lympho <small>(Fluo. Flow cytometry)</small>	26.80	29-65%
Eosino <small>(Fluo. Flow cytometry)</small>	1.00	1-4%
Mono <small>(Fluo. Flow cytometry)</small>	32.30	2-10%
Baso <small>(Fluo. Flow cytometry)</small>	0.50	0-1%
NRBC	3	
Neutro - Abs <small>(Calculated)</small>	1.50	1.0-7.0
Lympho- Abs <small>(Calculated)</small>	1.02	3.5-11
Eosino - Abs <small>(Calculated)</small>	0.04	0.1 - 1.0
Mono - Abs <small>(Calculated)</small>	1.23	0.2 - 1.0
Baso - Abs <small>(Calculated)</small>	0.02	0.02 - 0.1

Remarks: Bicytopenia present. Kindly correlate clinically, with drug history, and further investigation and follow up is suggested.

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

Dr. Sudip Kumar Datta  
 (MD Biochemistry)

Dr. Tushar Sehgal  
 (DM Hematopathology)

Dr. Suneel  
 (MD Microbiology)

Dr Vibhuti Viradiya  
 30-Jan-2026 18:10

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainer; avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results. Opening of caps and filling it must be done immediately after collection. For more information, please call us on the same day on Ext.no. 7004/7005



LT-8

विकिरण नैदानिक विभाग  
अ०भा०आ०सं०, नई दिल्ली-110029  
DEPARTMENT OF RADIODIAGNOSIS  
A.I.I.M.S., NEW DELHI - 110029

Date for  
Moth 1st week  
1st week

वाल् चिकित्सा विभाग  
UHID: 108414592



Dept No: 20250030017006

पियुष कुमार / PIYUSH KUMAR

S/O GAUTAM KUMAR  
1Y 4M 12D (M/पुं०)

AT DURGITO LA POST-BUDHMA DIST.  
MADHEPURA BHAR Pin 0, INDIA  
Ph: 7483391757 General Res 0  
Follow Up Patient

कमरा / Room

C-19

Queue /  
संख्या

F23

Unit: III Paediatric

रुप रोजी, Wed Sat (रुप रोजी)



Reporting: 08:20:40  
06/12/2025

GRAPHY REQUISITION FORM

Ref. Deptt. / Unit :

Date :

OPD No. / UHID No. :

LMP :

Ultrasound

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination :

40.

11R-NB | NOX 8th chemo

Clinical / Working Diagnosis :

CECT Abdomen to

look for resectability

& response assessment

Any Previous Studies (Please provide No. if available) :

Blood Urea / Serum Creatinine (for CT patients only) :

Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby given 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.

CT & CHE OPD

Signature of Patient / Date :

10/3/2026

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :





# PET - SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान/ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग/Department of Nuclear Medicine & PET  
110029 / Ansari Nagar, New Delhi - 110029

*Early date  
Exemption.*

वात चिकित्सा विभाग  
UHID: 108414592  
Queue / संख्या  
F23  
Unit-III, Paediatric  
Dept No: 20250030017006  
पियुष कुमार / PIYUSH KUMAR  
S/O GAUTAM KUMAR  
1Y 4M 12D / M/(पुरुष)  
AT DURGI TOLA POST- BUDHMA, DIST-  
MADHEPURA, BIHAR, Pin 0, INDIA  
Ph: 7488391787 General Rs 0  
Follow Up Patient  
बुध, शनि Wed, Sat (बुध, शनि)  
Reporting: 08:20:40  
06/12/2025

mission Tomography (PET) Scan  
ne if form is not properly filled)

Age : \_\_\_\_\_ Yrs. Sex : M F

Requisition Date : \_\_\_\_\_

UHID No./ Clinic / Dept. :

Brief Clinical History :

K40 IR-NB / post 8th chemo  
↓  
for x - assessment  
Room No. 7  
Screening 230/11/26  
AD-PR-CT  
SX ⊕  
RT ⊕  
LT → LD 20/1/26  
metast  
→ 10/2/26  
Buy on 6/3/26  
JP-NM  
@ 9:00am

Treatment History :

*Kindly give Early date*

Past History ☐ DM ☐ HT ☐ TB ☐ Renal failure ☐ Previous Malignancies

Investigations :

Blood Sugar \_\_\_\_\_ Fasting \_\_\_\_\_ PP \_\_\_\_\_ Random \_\_\_\_\_ Date :

Urea \_\_\_\_\_ Creatinine \_\_\_\_\_ BP \_\_\_\_\_ PR \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Ultrasound / ECHO / CT / MRI / Plain / Contrast :

Previous Nuclear Medicine / PET : No. & Date

Indication of PET / CT : Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study ☐ Whole Body PET (Eyes to thighs) ☐ Brain only ☐ Cardiac only

P.T.O.





Appointment ID: 2026012918572



Scheduling Receipt No.45449/2026

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi,

Radiology Observation Scheduling Receipt ## 64087/2026

## ACKNOWLEDGMENT

UHID No: 108414592

Name: PIYUSH KUMAR

Age: 2 years 28 days

Address: AT DURGI TOLA POST- BUDHMA, DIST- MADHEPURA PIN:0

Sex: Male

Observation Type: CTSCAN

Observation Name: CECT ABDOMEN

Part Name:

Scheduling Date: 10/3/2026 08:30:00

Room No: CT8 GE OPD RAK BLOCK

Queue No: 47

Recommended by: Dr. Jeeva Sanker

Department: Paediatrics

Note:-

CTSCAN::CECT ABDOMEN

PATIENT TO BRING THE FOLLOWING/रोगी निम्नलिखित लानेकी:

1. NON IONIC CONTRAST :100ML [XENETIX/IOMERON(400)/ IOPAMIRO(300)/OMNIPAQUE (300)/ ULTRAVIST(300)	1. नॉइयानिक कॉन्ट्रास्ट 100मी ली [जेनेटिक्स/ इओमेरॉन(400)/इओपामीरो(300)/ ऑनिपाकुए(300)/अल्ट्राविस्ट(300)
2. FASTING FOR 6 HOURS BEFORE INVESTIGATION	2. जांचसे 6 घंटे पहले तक कुछन खाओ
3. BLOOD UREA,SERUM CREATININE REPORT	3. रक्त युवरीया क्रियेटिनिन की रिपोर्ट
4. PLEASE PAY RS 750/-	4. कृपया भुगतान रुपये 750 / -
5. BRING ALL OLD X RAYS AND OTHER INVESTIGATIONS ON THE DAY OF INVESTIGATION	5. सभी पुराने एक्सरेऔरअन्य जांचला ने टेस्ट के दिन
6. PLEASE BRING ONE ATTENDANT WITH YOU	6. मरीजअपने रिश्तेदार केसाथ आइए

**CONSENT:** I HAVE BEEN EXPLAINED THE COMPLICATIONS AND RISKS ASSOCIATED WITH IONIC/NON IONIC CONTRAST MEDIUM INJECTION.I HERE BY GIVE MY CONSENT FOR INJECTION OF IONIC/NON IONIC CONTRAST MEDIA BY ANY ROUTE.

रक्त टेस्ट होगा 28/2/2026 को किने PAC होगा

5/3/2026

29-01-2026, 15:







PATIENT ID.: 21253806	
NAME: MST. PIYUSH KUMAR	AGE/SEX: 01 Y / M
REFERRED BY: AIIMS	DATE: 14.July .2025

### CECT WHOLE ABDOMEN

CT SCAN WHOLE ABDOMEN WAS PERFORMED AFTER ORAL AND IV NON-IONIC CONTRAST.

Suboptimal scan due to motion blur artifact.

#### FINDINGS:

A large well-defined slightly thick walled peripherally enhancing hypodense (HU22) cystic lesion measuring approx. 71 (CC) x 68 (AP) x 78 (TS) mm is seen in the left upper abdomen causing mass effect. Few enhancing irregular septations are seen within. No obvious solid component is seen. No calcification is seen. The lesion is abutting the body and tail of pancreas. Posteriorly the lesion is abutting and indenting the left kidney, however intervening fat planes appears preserved. Anteriorly the lesion is stomach and transverse colon with preserved fat planes.

A similar smaller bilobed lesion Measuring approx. 49 (CC) x 50 (AP) x 44 (TS) mm is seen abutting the head of pancreas, adjacent liver and superior pole of right kidney, however intervening fat planes are preserved.

Liver is mildly enlarged, in size (span 100 mm). Ill defined ill marginated hypodense lesions with surrounding edema are seen in the both lobes, larger segment VII of right lobe measuring approx. 32 x 25mm - ? nature.

CBD & Intrahepatic bile ducts are not dilated. Portal veins and the IVC appear normal.

Gall bladder is partially distended & appears normal. (Please correlate with USG /MRCP for detention of gall bladder stones).

Pancreas appears otherwise grossly normal.

Spleen is mildly enlarged, size (span 71 mm) with variegated enhancement

Both kidneys are of otherwise normal size and attenuation. No growth or hydronephrotic changes seen in either kidney.

The bowel appears grossly normal.

There is no evidence of free fluid is seen.

Urinary bladder is distended and does not show any obvious intraluminal pathology.

Contd.....



PATIENT ID.: 21253806	
NAME: MST. PIYUSH KUMAR	AGE/SEX: 01 Y / M
REFERRED BY: AIIMS	DATE: 14.July .2025

## CECT CHEST

CT SCAN CHEST WAS PERFORMED WITH I.V. BOLUS INJECTION OF CONTRAST.

### Findings:-

*Mosaic pattern of attenuation is seen.*

*Mild bilateral gravitation congestion is seen.*

Bilateral lung parenchyma appears normal. There is no e/o any focal lesion.

No evidence of abnormal enhancement is seen.

Bilateral pleural cavities are normal. There is no e/o any effusion or thickening.

Trachea & major bronchi appear normal.

There is no e/o cardiomegaly or pericardial effusion.

No mediastinal lymphnodes are seen.

Mediastinal vessels are normally opacified.

### IMPRESSION: CECT chest study reveals:-

- No significant abnormality

Please correlate clinically.



Dr. RUHI GAUTAM  
Senior Consultant Radiologist  
(DMC No. 34692)

The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes





# JAIN DIAGNOSTIC CENTRE

154/35-36, Opp. Maharishi Valmiki Hospital  
Pooth Khurd, Main Bawana Road, Delhi-110039  
Ph. 011-27762258, 9891845552, 9868009532  
e-mail : drashjain@yahoo.co.in

Date	10/07/2025	Srl No. 1022	Rpt. Dt. 10/07/2025
Name	MST. PIYUSH KUMAR		Sex M
Ref. By	AIIMS		Age 1 Yrs.

## ULTRASOUND WHOLE ABDOMEN

Scan was done on the High resolution latest Samsung V7 USG machine capable of 3D/4D and Fibroscan .  
Bowel were examined with the high resolution Linear Probe of 1- 14 Mhz.

**Liver:-** Liver is normal in size measuring 9.7 cm in long axis with presence of few rounded hypoechoic lesions within , largest 9mm .No obvious breach in the wall /perihepatic fluid collection seen. Portal vein appears normal. Intra hepatic bile ducts are not dilated.

**Gall bladder:-** It is normal in distension and outline. No evidence of any gall stone seen. Gall bladder wall thickness is normal. Common bile duct is not dilated.

**Right kidney** is 5.0cm in its long axis. Echopattern is normal. Pelvi - calyceal system is not dilated.No calculus seen.

**Left kidney** is 5.9 cm in its long axis. Echopattern is normal. Pelvi - calyceal system is not dilated.No calculus seen.

There is presence of a well rounded hyperechoic , measuring 46x53x38mm with adjacent hypoechoic foci with diffuse intralesional echoes seen in Right sided Supra renal region with displacement of Rt Kidney inferiorly . The superior pole of Mass appears to infiltrated the the inferior margin of Liver , for the area 35x15x25 mm .  
Another large well defined multi-loculated thick wall cystic lesion measuring 64x72x78mm with few residual solid areas is seen in the epihastric region , more towards left side , with internal sludge and septae within. The lesion appears to displace the stomach , splenn and left kidney peripherally .

**Pancreas:-** It is normal in shape, size and echotexture. Tail region suboptimally seen due to bowel gas.

**Spleen:-** It is normal in size 5.5 cm ,with normal shape and echotexture.

**Urinary bladder** is normal in shape, size and wall thickness. No evidence of calculus/ mass lesion seen in it.

No free fluid is seen in abdomen. No pleuro - pericardial effusion seen.

**IMPRESSION: POSSIBILITY OF RIGHT SIDED NEUROBLASTOMA , WITH LIVER INVASION AND METASTASIS TO LIVER .**

**Dr. Ashish Jain**  
MBBS, MD (Radiodiagnosis)  
Consultant Radiologist



**<sup>18</sup>F-FDG WHOLE BODY PET-CT STUDY**

Patient Name: PIYUSH KUMAR		Age/Sex: 1Y/M
Study ID: FDG/39077/25	UHID: 108414592	Date: 20.11.2025
Indication: C/o neuroblastoma (bilateral adrenal mass). Post CT (last on 31.10.2025). PET/CT for response assessment.		

**Procedure:** PET-CT acquisition was done 60 minutes after injection of 4 mCi <sup>18</sup>F-FDG by intravenous route, from the level of vertex to mid-thigh. CT was done for attenuation correction and anatomical localization.

**PET-CT Findings:**

Head and Neck: Increased FDG uptake noted in bilateral nasopharyngeal and palatine tonsils with few FDG avid subcentimetric bilateral cervical level II, III lymph nodes – reactive. (TM)

Thorax: Mild FDG uptake noted at GE junction – likely inflammatory. Physiological FDG uptake noted in thymus gland. FDG avid right paratracheal lymph node noted with calcification – likely infective. Few non FDG avid subcentimetric bilateral axillary lymph nodes noted with preserved fatty hilum – likely benign. Physiological FDG uptake is seen in the myocardium.

Abdomen-Pelvis: Mild peripherally FDG avid large, well-defined cystic mass noted in left suprarenal region measuring ~ 5.3 x 4.8 cm Vs previously 6.7 x 7.1 cm, medially abutting the pancreas, anteriorly abutting transverse colon and posteriorly abutting the left kidney with maintained intervening fat planes. Mildly FDG avid well-defined heterogeneous density mass with cystic component noted in right suprarenal region measuring ~ 2.6 x 1.3 cm Vs previously 4.6 x 3.8 cm abutting the adjacent liver and the right kidney. Few mildly FDG avid retroperitoneal lymph nodes noted, adjacent to right suprarenal mass. Few FDG avid hypodense lesions noted in both lobes of liver, largest in segment II of liver measuring ~ 1.4 x 0.9 cm Vs previously 1.6 x 2.4 cm. Normal FDG distribution is noted in the spleen, small bowel, kidneys and urinary bladder. Few non FDG avid subcentimetric bilateral inguinal lymph nodes noted with preserved fatty hilum – likely benign.

Musculo-Skeletal System: Diffuse linear FDG uptake noted in spinal cord at the level of D10-D12 vertebrae. Physiological FDG distribution is seen in the visualized axial and appendicular skeleton.

**IMPRESSION:**

- Metabolically active bilateral suprarenal lesions with retroperitoneal lymph nodes and liver lesions – residual disease.
- As compared to the previous scan FDG/35452/25 (dated 30.07.2025); there is reduction in size and FDG uptake of bilateral adrenal lesions, retroperitoneal lymph nodes and liver lesions – suggestive of partial response.

  
Dr. Hemant Khairwa  
Senior Resident

  
Dr. Kh. Bangkim Chandra  
Consultant



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



**<sup>18</sup>F-FDG WHOLE BODY PET-CT STUDY**

Patient Name: PIYUSH KUMAR		Age/Sex: 1Y/M
Study ID: FDG/35452/25	UHID: 108414592	Date: 30.07.2025
Indication: c/o Right suprarenal mass under evaluation. FDG PET/CT for baseline evaluation.		

**Procedure:** PET-CT acquisition was done 60 minutes after injection of 10mCi <sup>18</sup>F-FDG by intravenous route, from the level of vertex to mid-thigh. CT was done for attenuation correction and anatomical localization.

**PET-CT Findings:**

Head and Neck: Increased FDG uptake noted in bilateral nasopharyngeal and palatine tonsils with few FDG avid subcentimetric bilateral cervical level II, III lymph nodes – reactive.

Thorax: Physiological FDG uptake noted in thymus gland. Few subcentimetric non FDG avid right paratracheal, subcarinal and bilateral hilar lymph nodes noted with some of them showing calcifications – likely reactive. Few non FDG avid subcentimetric bilateral axillary lymph nodes noted with preserved fatty hilum – likely benign. Physiological FDG uptake is seen in the myocardium. Lungs, large airways, pleura heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: FDG avid large, well-defined cystic mass noted in left suprarenal region measuring ~ 6.7 x 7.1 cm, medially abutting the pancreas, anteriorly abutting transverse colon and posteriorly abutting the left kidney with maintained intervening fat planes. FDG avid well-defined heterogenous density mass with cystic component noted in right suprarenal region measuring ~ 4.6 x 3.8 cm abutting the adjacent liver, head of pancreas and the right kidney. Few FDG avid para-caval, pre-caval, retro-caval, aorto-caval, para-aortic and mesenteric lymph nodes noted, largest in pre-caval region measuring ~ 1.3 x 1.7 cm. Hepatomegaly noted (CC span ~ 11.3 cm) with few FDG avid hypodense lesions noted in both lobes of liver, largest in segment II of liver measuring ~ 1.6 x 2.4 cm. Normal FDG distribution is noted in the spleen, small bowel, kidneys and urinary bladder. Few non FDG avid subcentimetric bilateral inguinal lymph nodes noted with preserved fatty hilum – likely benign.

Musculo-Skeletal System: Physiological FDG distribution is seen in the visualized axial and appendicular skeleton.

**IMPRESSION:**

- Metabolically active masses in bilateral suprarenal regions with metastatic abdominal lymph nodes, liver lesions as described above – likely Wilms tumour. Adv: HPE correlation.

  
Dr. Jagatti Krishna P.  
Junior Resident

  
Prof. Rakesh Kumar  
Consultant





# JAIN DIAGNOSTIC CENTRE

154/35-36, Opp. Maharishi Valmiki Hospital  
Pooth Khurd, Main Bawana Road, Delhi-110039  
Ph. 011-27762258, 9891845552, 9868009532  
e-mail : drashjain@yahoo.co.in

Date 10/07/2025  
Name MST. PIYUSH KUMAR  
Ref. By AIIMS

Srl No. 1022

Rpt. Dt. 10/07/2025  
Sex M  
Age 1 Yrs.

## ULTRASOUND WHOLE ABDOMEN

Scan was done on the High resolution latest Samsung V7 USG machine capable of 3D/4D and Fibroscan .  
Bowel were examined with the high resolution Linear Probe of 1- 14 Mhz.

**Liver:-** Liver is normal in size measuring 9.7 cm in long axis with presence of few rounded hypoechoic lesions within , largest 9mm .No obvious breach in the wall /perihepatic fluid collection seen. Portal vein appears normal. Intra hepatic bile ducts are not dilated.

**Gall bladder:-** It is normal in distension and outline. No evidence of any gall stone seen. Gall bladder wall thickness is normal. Common bile duct is not dilated.

**Right kidney** is 5.0cm in its long axis. Echopattern is normal. Pelvi - calyceal system is not dilated.No calculus seen.

**Left kidney** is 5.9 cm in its long axis. Echopattern is normal. Pelvi - calyceal system is not dilated.No calculus seen.

There is presence of a well rounded hyperechoic , measuring 46x53x38mm with adjacent hypoechoic foci with diffuse intralesional echoes seen in Right sided Supra renal region with displacement of Rt Kidney inferiorly . The superior pole of Mass appears to infiltrated the the inferior margin of Liver , for the area 35x15x25 mm .

Another large well defined multi-loculated thick wall cystic lesion measuring 64x72x78mm with few residual solid areas is seen in the epihastric region , more towards left side , with internal sludge and septae within. The lesion appears to displace the stomach , splenn and left kidney peripherally .

**Pancreas:-** It is normal in shape, size and echotexture. Tail region suboptimally seen due to bowel gas.

**Spleen:-** It is normal in size 5.5 cm ,with normal shape and echotexture.

**Urinary bladder** is normal in shape, size and wall thickness. No evidence of calculus/ mass lesion seen in it.

No free fluid is seen in abdomen. No pleuro - pericardial effusion seen.

**IMPRESSION: POSSIBILITY OF RIGHT SIDED NEUROBLASTOMA , WITH LIVER INVASION AND METASTASIS TO LIVER .**

**Dr. Ashish Jain**

MBBS, MD (Radiodiagnosis)  
Consultant Radiologist

**ON PANEL - DGEHS (DELHI GOVT.), TPDDL (NDPL), JSSK**

### Terms & Conditions

• This report is not valid for medicolegal Purpose • All Congenital anomalies may not be detected on USG • All test have technical limitations, collaborative clinicopathological interpretation is mandatory • In case of disparity test may be repeated immediately.





प्रयोगशाला अबुर्द 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: 108414592 Reg Date : 25/06/2025 10:34 AM  
Patient Name : Mr PIYUSH KUMAR  
Sex : Male Age : 1 year 1 day  
Department : Paediatrics Unit Name : Unit-III  
Unit Incharge : Sample Collection Date: 26/07/2025 09:11 AM  
Lab Name: Lab Oncology Sample Received Date: 28/07/2025 11:48 AM  
Lab Sub Centre: Lab Oncology (IRCH)  
Dept / IRCH No: 20250030017006 Recommended By: Dr. NISHITA PUROHIT  
Lab Reference No: 2707  
Ward Name: DAY CARE PEDS MCH GF

Sample Details : LOI-260725023-BP (Bone Marrow) / Report Date: 29/07/2025 04:58 PM

BMA BMT PS

**Report:** Cellular bone marrow preparation shows haematopoietic cells of all series (M:E=2:1).

There is no evidence of any metastasis on the smears examined.

Peripheral smear is unremarkable.

**Advice :** Correlation with bone marrow biopsy

Senior Resident: Dr Komal

Consultant: Dr Amar Ranjan

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.

( drkomalirch )

Verified By

( Dr.AmarRanjanIRCH )

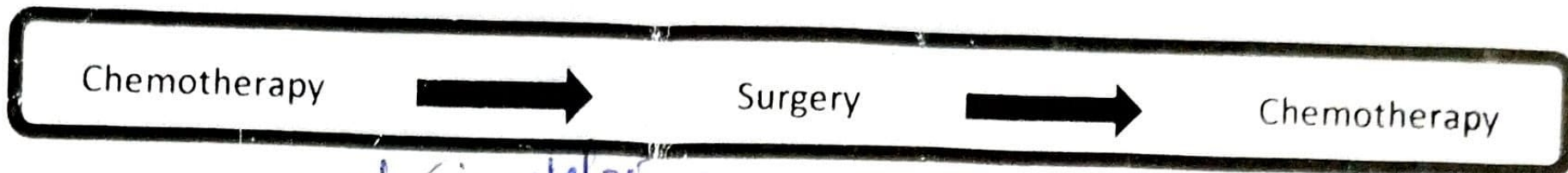
Authorized Signatory

\*\*\*\*\*END OF THE REPORT\*\*\*\*\*



# Intermediate risk neuroblastoma

N Engl J Med 2010;363:1313-23



## Cycle 1 (Week 0)

20/8/25 - 23/8/25

Hb: 7.9 TLC: ANC: 3,140 Plt: 2.95/l

Urea: 13 Creat: 0.2 Bil: 0.25

Day 1: Inj. Carboplatin 175 mg in 200 mL NS over 2 hours

Inj. Etoposide 40 mg in 100 mL NS over 2 hours

Day 2: Inj. Etoposide 40 mg in 100 mL NS over 2 hours

Day 3: Inj. Etoposide 40 mg in 100 mL NS over 2 hours

## Toxicity and grading:

G-CSF (50mcg) D1-23/8/25 D2 (24/8/25) 25/8/25

20/8/25 21/8/25 22/8/25 23/8/25 24/8/25 25/8/25

Smidhi

Take date for imaging of local area, MIBG/PET-CT after 2-3 months

## Surgery consultation

## Cycle 2 (Week 3)

8/9

Hb: 11 TLC: 8130 ANC: 2650 Plt: 3,00,000

Urea: 16 Creat: 0.2 Bil: 0.18

Day 1: Inj. Carboplatin 180 mg in 200 mL NS over 2 hours

Inj. Doxorubicin 10 mg in 100 mL NS over 1 hour

Inj. Cyclophosphamide 330 mg in 100 mL NS over 1 hour

Inj. Mesna 50mcg mg iv push @ 0, 3, 6 hours

IVF Dose 1: 100 @ 60mcg/h for 6 hours

## Toxicity and grading:

G-CSF 50mcg D0 D2

13/9/25 tally

14/9/25 Sm

15/9/25 ✓

16/9/25 Sm

17/9/25 Ad

wt = 10kg

ht = 75cm

BSA = 0.46 m<sup>2</sup>

12/9/25 - Smidhi





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Ph. 011-27762258, 9891845552, 9868009532  
e-mail : drashjain@yahoo.co.in

Date	10/07/2025	Srl No. 1022	Rpt. Dt. 10/07/2025
Name	MST. PIYUSH KUMAR		Sex M
Ref. By	AIIMS		Age 1 Yrs.

## X-RAY CHEST PA VIEW

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.


The heart and trachea are central in position and shows normal size.

The domes of the diaphragms are normal in position, and show smooth outline.

**IMPRESSION : NO SIGNIFICANT ABNORMALITY IN PRESENT X-RAY .**

Please correlate clinically



  
**Dr. Ashish Jain**  
MBBS, MD (Radiodiagnosis)  
Consultant Radiologist

**ON PANEL - DGEHS (DELHI GOVT.), TPDDL (NDPL), JSSK**

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Cycle 5 (Week 12)

Hb: 7.9 TLC: 3410 ANC: 1300 Plt: 349.  
Urea: 16 Creat: 0.2 Bil: 0.18

Day 1: Inj. Carboplatin 330 mg in 100 mL NS  
over 2 hours  
Inj. Etoposide 42 mg in 100 mL NS  
over 2 hours  
Day 2: Inj. Etoposide 42 mg in 100 mL NS  
over 2 hours  
Day 3: Inj. Etoposide 42 mg in 100 mL NS  
over 2 hours

Toxicity and grading:

Cycle 6 (Week 15)

Hb: TLC: ANC: Plt:  
Urea: Creat: Bil:

Day 1: Inj. Carboplatin 330 mg in 100 mL NS  
over 2 hours  
Inj. Doxorubicin mg in mL NS  
over 1 hour  
Inj. Cyclophosphamide mg in mL NS  
over 1 hour  
Inj. Mesna mg iv push @ 0, 3, 6 hours  
IVF @ for

Toxicity and grading:

Cycle 7 (Week 18)

Hb: TLC: ANC: Plt:  
Urea: Creat: Bil:

Day 1: Inj. Cyclophosphamide mg in mL NS  
over 1 hours  
Inj. Mesna mg iv push @ 0, 3, 6 hours  
IVF @ for  
Inj. Etoposide mg in mL NS  
over 2 hours

29/11/25

See

D2 - ETOPOSIM

42mg

30/11/25

See

D3 - ETOPOSIM

See

31/12/25

D1 GCSF

SS 2/12/25

D2 3/12/25

D3 4/12/25

D4 5/12/25

D5 6/12/25



Day 2: Inj. Etoposide .....mg in .....mL NS  
over 2 hours

Day 3: Inj. Etoposide .....mg in .....mL NS  
over 2 hours

Toxicity and grading:.....

#### Cycle 8 (Week 21)

Hb:.....TLC:.....ANC:.....Plt:.....

Urea:.....Creat:.....Bil:.....

Day 1: Inj. Carboplatin .....mg in .....mL NS  
over 2 hours

Inj. Etoposide .....mg in .....mL NS  
over 2 hours

Inj. Doxorubicin\* .....mg in .....mL NS  
over 1 hour

Day 2: Inj. Etoposide .....mg in .....mL NS  
over 2 hours

Day 3: Inj. Etoposide .....mg in .....mL NS  
over 2 hours

Toxicity and grading:.....

Imaging of local area, MIBG/PET-CT

Surgery if resectable

#### Dose of drugs

- Etoposide: 120 mg/m<sup>2</sup>/ day
- Doxorubicin: 30 mg/m<sup>2</sup>/ day
- Carboplatin: 560 mg/m<sup>2</sup>/ day
- Cyclophosphamide: 1000 mg/m<sup>2</sup>/ day

< 12 kg

- 4 mg/kg/day
- 1 mg/kg/day
- 18 mg/kg/day
- 33 mg/kg/day

#### Follow up imaging

RESIDUAL MASS IN IR NB: Residual mass with PR/ VGPR and metastatic CR post completion of therapy in asymptomatic child can be followed up with close observation.





भारत सरकार

Government of India



पिंकी कुमारी

Pinki Kumari

जन्म तिथि / DOB : 05/03/2002

महिला / Female



2373 5151 1876



2373 5151 1876

मेरा आधार, मेरी पहचान

Issue Date: 25/09/2015





भारतीय विशिष्ट पहचान प्राधिकरण

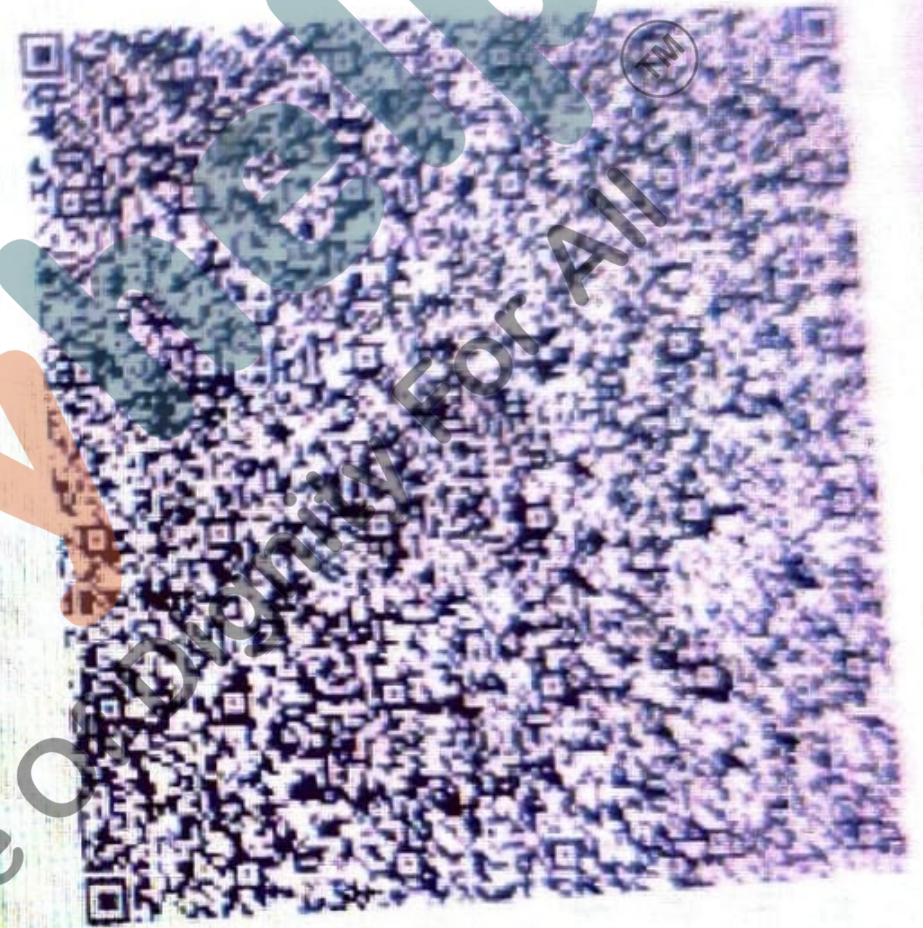
Unique Identification Authority of India



पता: द्वारा: गौतम कुमार, दुर्गी टोला, वॉर्ड न  
06, मुरहो, मधेपुरा, बिहार, 852114

Address: C/O: Gautam Kumar, durgji tola,  
ward no 06, Murho, Madhepura, Bihar,  
852114

Print Date: 30/12/2022



2373 5151 1876



1947



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www.uidai.gov.in



फॉर्म 1  
S.No.1



बिहार सरकार

GOVERNMENT OF BIHAR

योजना एवं विकास विभाग

DEPARTMENT OF PLANNING AND DEVELOPMENT

सदर अस्पताल मधेपुरा

SADAR HOSPITAL MADHEPURA

फॉर्म 5  
FORMS



जन्म प्रमाण-पत्र

## BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा बिहार जन्म और मृत्यु रजिस्ट्रीकरण नियम 1999 के नियम 8/13 के अंतर्गत जारी किया गया)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि सदर अस्पताल मधेपुरा तहसील मधेपुरा जिला मधेपुरा राज्य/संघ प्रदेश बिहार, 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 SADAR HOSPITAL MADHEPURA OF TAHSIL/BLOCK MADHEPURA OF DISTRICT MADHEPURA OF STATE/UNION TERRITORY OF BIHAR, INDIA

नाम / NAME: PIYUSH KUMAR / पियूष कुमार

लिंग / SEX: MALE / पुरुष

आधार संख्या / AADHAAR NUMBER:

जन्म तिथि / DATE OF BIRTH:

17-07-2024

SEVENTEENTH-JULY-TWO THOUSAND TWENTY FOUR

जन्म स्थान / PLACE OF BIRTH:

SADAR HOSPITAL MADHEPURA, MADHEPURA (NAGAR PARISHAD),  
MADHEPURA, MADHEPURA, BIHAR / SADAR HOSPITAL MADHEPURA,  
मधेपुरा (नगर परिषद), मधेपुरा, मधेपुरा, बिहार

माता का नाम / NAME OF MOTHER:

PINKI KUMARI / पिकी कुमारी

पिता का नाम / NAME OF FATHER:

GAUTAM KUMAR / गौतम कुमार

माता का आधार नंबर / AADHAAR NUMBER OF MOTHER:

XXXX-XXXX-1876

पिता का आधार नंबर / AADHAAR NUMBER OF FATHER:

XXXX-XXXX-4362

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

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

WARD NO - 06, DURGHI TOLA, MURHO, MADHEPURA, MADHEPURA,  
BIHAR, 852114 / वार्ड नं - 06, दुर्गी टोला, मुरहो, मधेपुरा, मधेपुरा, बिहार, 852114

पंजीकरण संख्या / REGISTRATION NUMBER:

B202410902860003591

पंजीकरण दिनांक / DATE OF REGISTRATION:

23-09-2024

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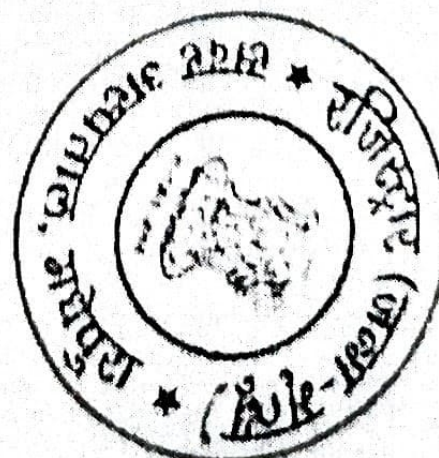
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19-02-2025

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रजिस्ट्रार (जन्म एवं मृत्यु)

Registrar (BIRTH & DEATH)

सदर अस्पताल मधेपुरा

SADAR HOSPITAL MADHEPURA

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