

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



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Piyush Kumar

HID : 108414592

Diagnosis: NB - IR

बाल चिकित्सा विभाग
UHID:108414592
ABHA:
piyushkumar072024@abdm
Dept No: 20250030017006

पियुष कुमार / PIYUSH KUMAR



बाल चिकित्सा विभाग
UHID:108414592
ABHA:
piyushkumar072024@abdm
Dept No: 20250030017006

भाला / Room
C-210
Queue /
रुक्षा
Unit-III, Paediatric
F32

रुक्षा / Room
C-210
Queue /
रुक्षा
Unit-III, Paediatric
F32

बाल चिकित्सा विभाग
UHID:108414592
ABHA:
piyushkumar072024@abdm
Dept No: 20250030017006

भाला / Room
C-210
Queue /
रुक्षा
Unit-III, Paediatric
F32

भाला /
रुक्षा
Unit-III, Paediatric
F32



Patient Details

Name : Piyush Kumar

Age / Gender : 1y/m

Father's Name : Gautam Kumar

Address : Madhepur, Bihar

Contact No : 7488391787

POC / PCSC No.: 288/20

Diagnosis: NB

Remarks :

PICC Line Care

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

→ Counselling done
→ Personal hygiene
→ Sitz bath.
→ Danger signs explained
→ Risk card given
→ Temp. monitoring
→ Help line no. given
→ Blood donor
→ Accomodation
→ NGO.

~~10/11/25~~
22/11/25

D NB-IR | BIL supravaginal

Post 4 cycles of IR-NB chemo

PGT-CT date 20/11/25

CT dated - 25/11/25

Baseline CT from outside

Adv

- o Next visit → 26/11/25 → submit CT
- o collect PET-CT report
- o to cont sign IR-NB

24/11/25
D0 NB | IR | Post 4#
(B) (L supravaginal)
(Nuts → LN, liver)

due for cycle 5

3410
7.9
1300
3.49 L
KFT/F1 → (N)

Chemo date

29/11/25

to

1/12/25

for response
assessment

PET CT → 20/11/25

CT → done on 25/11/25

Adv

- RC discussion

- PET CT discussion

- (N/V) at 2pm on 27/11/25 217 p.m. clinic

- take date for cycle 5 chemo.

10/9/2025

- \sim BSL-1R (B/L Segmented)
- MYC-N - not amplified
- Cycle-14 - 20/8-23/8/25 NO cranius
- Seen in Pediatric Surgery - on 9/9/2025
 - ↳ Registration on 19/9/2025

8/9/2025

11 > 8130.
AVL = 2650
 $n = 32.5$ L
 $L = 52.8$ %
 $m = 12.90$ %

RF-1 CF-7-②

$$A_{LVEF} = \frac{55-60\%}{\textcircled{N} \text{ Br } \phi}$$



O/E:

no p/w
no murmur
stable vital

ES/WS-NMS

Heart/Heart - mitigation lines

Plan:

Diagnostic Work UP & Risk Stratification

25/6/25: CBC

7.1 10540
N L E
32 50 91.

MCV = 78

MCH = 21.60

MCHC = 27.50

WT = 78 kg

WT = 9.5 kg

MI = 23.7

Iron profile

Iron = 24 ↓

Transferrin = 176 ↓

TsAT = 10.1

TIBC = 238

Ferritin = 328

Transferrin = 17.5

RBC count = 3.29

USG, r
(10/7/25)

- RK = WNL

- RK = well defined, hyperechoic lesion
46x35x38mm

RFT/LFT] WNL

UDH = 553

T-B / DB = 0.20/0.13

Supraselal
orgnlb

NB

CECT
(11/7/25)

- Blc Supraselal
mall

L>R

○ met to Ⅱ seg of Rlobe of liver

PET-CT
(30/7/25)

- RC discusion

- R Non cystic mall 4.8x6cm

ADC avid - R supra-selal mall

① - 6.8x7cm → cystic mall

→ 1st Tissue Bx (24/7) - Neoselal only
no viable tumorcell
organized septa + tht

→ Bonemarrow PS (26/7) = No mett

→ 2nd Bx
① mall
R supra
cavat LN → metatatic NB
small round
blue cell

MI > 4.1

Phox2B +

poorly differentiated

Schwanian NB

Astrogl

Calcification / nucleoli

Ablent

Name of treatment protocol

Nmyc → Negative

• Cank. Sinusitis

1g. GCSF 50mg s/c OD. x 5 days
from 1/2

1/1/2023

1/9 Addy

Shan

(Saturday) 9 AM

CBC/CRP/INR

1/9/2023

Semi in Day care

do 'no grade fever - 100.6°F - documented since

Aug 17

no rhinitis/urine

cough ✓

no GI symptom

no discharge from ears.

virus (1)

D+1
Since chemo \rightarrow not able to neutropenic

likely viral

RS
CRS

1A

Plan:

1. Syr. Cetirizine (5mg/5ml) 2-5ml
NS OD

2. Nasalcare nasal drops 2°

9. 810

(PTD)

3 day

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

1

2

3

4

5

6

7

8

9

10

11

12

13

14

</

wt = 10kg

ht = 75cm

BSA = 0.96

Cycle 2 - week 3

(wt based as 212kg)

Premed

1ij. EMESET 1.5mg IV

1ij. DEXA 1.5mg IV

1ij. Paracet. 10mg IV

12/9/2025

① → IVP DWS @ 1:100 ml @ 60ml/hour for 6 hours

10, convulsions, plan help after 2 hours prehydration

→ 1ij. cyclophosphamide 330 mg / 100 ml NS over 1 hour

→ * 1ij. MESNA 100mg / 50ml NS @ 0, 3, 6 hours

→ 1ij. CARBOPLATIN 180 mg / 200 ml NS over 2 hours

→ 1ij. DOXORUBICIN 10mg / 100 ml NS over 1 hour

Post chemo

• Syr. Emeset (2mg/5ml) 4ml 3 days

• Tab DEXA 4mg (1) x 3 days

Tab 8

30/08/2025

→ NB-IR (BIL Supra-renal)
(WNL - Not amplified)

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

CBC - 06.8 6.9) $\frac{3440}{110}$ (126 $\times 10^3$

Wgt/K - 128/3.37

- Had loose motions \rightarrow visited to Peds GR \rightarrow now passive
- PRBC dated on 02/09/25

Adv

2nd cycle dated on 12/09/25

① ECHO \rightarrow

Dr. VISWAKARMA }
Dr. SHRGHATA } SR

② To cont SGPT/AMAN

③ To cont Cefixime / zinc

④ Next visit \rightarrow 10/09/2025 |

④ 10/09/2025



CBC, LFT, RFT \rightarrow 09/09/25



प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi



UHID: 108414592
Patient Name: Mr. PIYUSH KUMAR
Age: 1Y 6m
Reg Date: 30-Jan-2026 16:20 PM
Recommended By: SMART Lab- New RAK OPD
Lab Sub Centre:

Sex: Male
Sample Received: 30-Jan-2026 16:20 PM
Department: Pediatrics
Sample Collected: 30-Jan-2026 13:20 PM
Sample Details: L1E30012601630
Lab Reference: 2617187563

HEMATOLOGY

Test Name	Result	Bio. Ref. Interval
Sample Type: EDTA Whole Blood	9.30	11.0 - 14.0
Hb (g/gm hemoglobin):	29.30	30 - 36
Hematocrit (Direct Measure):	3.43	3.9 - 5.1
RBC count (Impedance):	3.81	6.0 - 16.0
WBC count (Fluor. flow cytometry):	185.00	200 - 550
Platelet count (Impedance):	85.40	72 - 84
MCV (Calculated):	27.10	25 - 29
MCH (Calculated):	31.70	32 - 36
MCHC (Calculated):	19.00	16 - 14
RDW-CV (Calculated):	39.40	30-60%
Neutro (Fluor. flow cytometry):	26.80	29-65%
Lympho (Fluor. flow cytometry):	1.00	1-4%
Eosino (Fluor. flow cytometry):	32.30	2-10%
Mono (Fluor. flow cytometry):	0.50	0-1%
Baso (Fluor. flow cytometry):	3	
NRBC	1.50	1.0-7.0
Neutro - Abs (Calculated):	1.02	3.5-11
Lympho- Abs (Calculated):	0.04	0.1 - 1.0
Eosino - Abs (Calculated):	1.23	0.2 - 1.0
Mono - Abs (Calculated):	0.02	0.02 - 0.1
Baso - Abs (Calculated):		

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. Sunetra Datta
(MD Microbiology)

Dr. Vibhuti Viradiya
30-Jan-2026 18:10

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainer tube. Do not use a needle to collect blood. This practice must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate collection, handling, and transport. Please inform SMART Lab in case of any discrepancies with the expected results.

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainer tube. Do not use a needle to collect blood. This practice must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate collection, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results.

CT-8

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

Date for
Mod 1st week

Form:

वात चिकित्सा विभाग
UHID: 108414592



Dept No: 20250030017008

पियुष कुमार / PIYUSH KUMAR

S/o GAUTAM KUMAR
TY 4M 12D / मृग्नका
AT DURGI TOLA POST- BUDHMA DIST-
MADHEPURA BIHAR PIN 0. INDIA
Ph: 7488391757 General Re: 0
Follow Up Patient

कमरा / Room
Queue / संख्या F23
Floor / Paediatric

दृष्टि / Vision: Wed Sat (मंग. शन.)



Reporting: 08.20.40
06/12/2025

Ultrasound

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination :

40.

11R-NB/ Nost 8th chemo

CT Abdomen to
for septicemia
& response assessment

Clinical / Working Diagnosis :

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 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.

CT84E OPD

10/3/2026

Signature of Patient / Date :

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
फैसली 110029 /Ansari Nagar, New Delhi - 110029

वात चिकित्सा विभाग
UHID: 108414592



Dept No: 20250000017006

पियुष कुमार / PIYUSH KUMAR

S/O GAUTAM KUMAR
1Y 4M 12D / M/F/964
AT DURGI TOLA POST- BUDHMA, DIST-
MADHEPUR BIHAR Pin 0. INDIA
Ph: 7488391787 General Rs. 0
Follow Up Patient

UHID No./ Clinic / Dept. :

कमरा / Room
C-210
Queue /
संख्या F23
Unit-III, Paediatric

0

विशेषज्ञान Wed Sat (विशेषज्ञान)



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 : _____

Brief Clinical History :

Room No. F

Treatment History :

Kindly give Revising date
Dr. Srinivas

Past History

Kid 10 IR-NB post 8# chemo

for x- cavitment

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

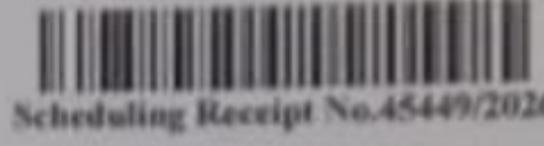
Desired Study Whole Body PET (Eyes to thighs) Brain only Cardiac only

Early date
Exemption

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/LOMERON(400)/ IOPAMIRO(300)/OMNIPAQUE (300)/ ULTRAVIST(300)	1. नॉइयानिक कॉट्रास्ट 100मी ली [जेनेटिक्स/ ४००/ इओमेरोन(400)/इओपारोन(300)/ ओनिपाक्यूए(300)/उल्ट्राविस्ट(300)] ०/८
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 रूपये 750 / -
5. BRING ALL OLD X RAYS AND OTHER INVESTIGATIONS ON THE DAY OF INVESTIGATION	5. सभी पुराने एक्सरेओरअन्य 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 HEREBY GIVE MY CONSENT FOR INJECTION OF IONIC/NON IONIC CONTRAST MEDIA BY ANY ROUTE.

रुक्त टेस्ट दोगा २४/१/२०२६ को किं पॉक दूरी

5/31/2026

29-01-2026, 15:

C(DW) Dr. Suprajit/Dr. Shabir



DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY
A.I.I.M., NEW DELHI-110029

Appointment for Intervention Radiology Procedure

Name: Piyush Kumar Age/Sex: 11 months / M Date: 22/7/25
UHID: 108414592 Ward/OPD: 60 Room No.: 60 Time: 8.30 am

You are booked for: USG - guided R hyperechoic mass Bx (2N enblstn)

Pre Intervention Instructions:

- A. Patient should be admitted SIA
- B. Patient to be shifted in hospital clothes with a trolley
- C. One attendant to accompany the patient
- D. Consent form to be signed
- E. Lab tests: Prothrombin Time (PT report) PT INR of 1.5 to 2.5 mm
- F. Patient should come with IV cannula inserted from the right side
- G. Patient can take light diet and water 4 hours before the procedure
- H. Bring all your previous investigation (X-ray, US, CT etc) and copy
- I. To bring following items:

- PCN set (Percutaneous Nephrostomy) -8F, Size (One)
- Pigtail catheter / Malecot drainage Catheter (One)
- Amplatz Super stiff/Ultra stiff metallic Guide wire (0.035): Length: 145cm (One)
- Automatic core biopsy gun 14/16/18G (One)
- Semi-Automatic co-axial biopsy gun 18/20 G (One) (10/15/20 MM throw)
- Get biopsy preservative solution bottles for routine Cytology and Electron microscopy from pathology Department 1st Floor Teaching Block
- I.P. Needle 18G/20G/23G
- Chiba Needle 23G
- Bring FNAC/Biopsy form your concerned OPD/Ward duly filled by your Doctor
- Deposit Rs. _____
- Any other _____

18G semi-automated Bx gun
TOCM (BARD)

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 detection 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.....

Add. : 7/1/4, Yusuf Sarai Main Market, Aurobindo Marg, New Delhi - 110016 ☎ 011-40597371, 40597407, 40597461

MRI 3.0/1.5 TESLA • 128 SLICE CT • SPIRAL CT SCAN • 4D COLOR DOPPLER/ULTRASOUND • DIGITAL X-RAY • ECG/EEG • ADVANCED PATHOLOGY

* Clinical Correlation is essential for final diagnosis * If test result are unsatisfactory please contact personally * This report is only for perusal of doctors.

* Not for medico legal cases * All congenital anomalies in a fetus may not be diagnosed in routine obstetric ultrasound. * Not included in NABL accreditation.

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 gravitational 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
A Life Of Dignity For All
TM

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 breech in the wall /perihepatic fluidTM 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 adjacant 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 epigastric 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



¹⁸F-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 ¹⁸F-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: 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.

Hemant
Dr. Hemant Khairwa
Senior Resident

Bangkim
Dr. Kh. Bangkim Chandra
Consultant



¹⁸F-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 ¹⁸F-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

Rakesh
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	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 breech 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 adjacant 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 epigastric region , more towards left side , with internal sludge and septae within.The lesion appears to displace the stomach , splen 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

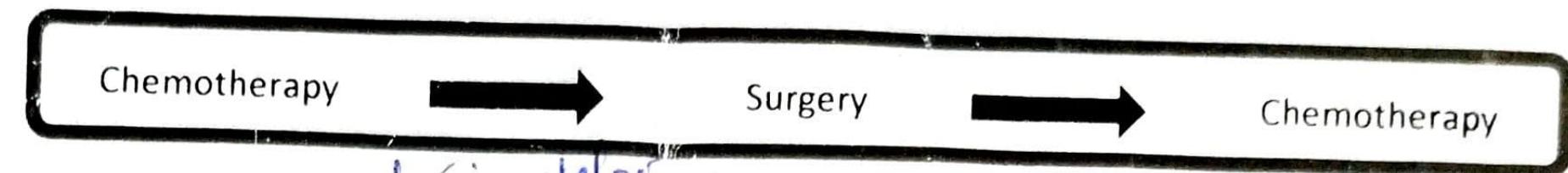
(Dr.AmarRanjanIRCH)

Authorized Signatory

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

Intermediate risk neuroblastoma

N Engl J Med 2010;363:1313-23



Cycle 1 (Week 0)

Hb: 7.9 TLC: ANC: 3,140 Plt: 2.95 lkl
Urea: 13 Creat: 0.2 Bil: 0.25

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

over 2 hours 40 100

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

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

Day 3: Inj. Etoposide 40 mg in 100 ml NS

Toxicity and grading:

Toxicity and grading.....
4-CSF (50Mg) D1-23/3/25 Dr (24/3/25) 25/3/25
.....
.....

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

$$wt = 10 \text{ kg}$$

Urea: 16 Creat: 0.32 Bil: 0.18

$$Ht = 75 \text{ cm}$$

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

$$BSA = 0.46 \text{ m}^2$$

Inj. Doxorubicin 10 mg in 100 mL NS

Inj. Cyclophosphamide 330 mg in 100 mL NS

over 1 hour 50 mins

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

Toxicity and grading:

Gr CSF Song OO D2
13/9/23 Adly
14/9 SW
15/9 ✓
16/9 SW
17/9/23 Ad



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.	

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.

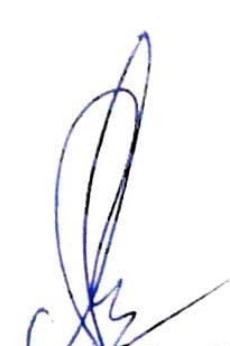
Both hila are normal in size, have equal density and bear normal relationship.

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

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.

values

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

2a 11/25
free
TM
D2 - ETOPOSIN
42mg
30/11/25
free
D3 - ETOPOSIN
free
31/12/25
D1 G-CSF
SS 2/12/25
D2 3/12/25
8
P3 4/12/25
D1 Q5 12/12/25
D2 6/12/25
8
26

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/m²/ day
- Doxorubicin: 30 mg/m²/ day
- Carboplatin: 560 mg/m²/ day
- Cyclophosphamide: 1000 mg/m²/ 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: 26/09/2015

TM

TRUvahelp
A Life Of Dignity For All



95 संविधान परिषद भारत प्राधिकरण

Unique Identification Authority of India



Print Date: 30/12/2022

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

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

2373 5151 1876



help@uidai.gov.in



1947



www.uidai.gov.in



क्रमांक 1
S.No.1



प्र० ५
FORMS

वित्त राज्यालय
GOVERNMENT OF BIHAR
प्रोजेक्ट एवं विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
सदर अस्पताल मधेपुरा
SADAR HOSPITAL MADHEPURA



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 / पियुष 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 / पिंकी 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

माते 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, DURGI 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

टिप्पणी (यदि कोई हो) / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:

19-02-2025

Updated On : 19-02-2025 09:34:21



This QR code can be used to check the authenticity of the certificate'

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण आवश्यक है / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"



प्राप्तिकर्ता के पात्रता / SIGNATURE OF ISSUING AUTHORITY :

रजिस्ट्रेटर (जन्म एवं मृत्यु)
Registrar (BIRTH & DEATH)
सदर अस्पताल मधेपुरा
SADAR HOSPITAL MADHEPURA