

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 26-04-25

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : RIYANSH KUMAR

AGE: 01 YRS

RELIGION : HINDU

GENDER :MALE



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Baby Riyanish Kumar, who has Eye cancer Retinoblastoma and is hospitalized for treatment. Riyanish's father cannot afford medical expenses due to unemployment. Your support can significantly help Shivam get the treatment he needs.

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR.RANJAN KUMAR

OCCUPATION:NA

SIBLING : NA

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : Eye cancer Retinoblastoma

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 2,00,000/-

TREATMENT IS DONE AT : Aims Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)



निवेदन - पत्र

सेवा में,

श्रीमान दृष्टि महोदय

काजलेश देलपनेश आर्गनाइजेशन,

महोदय,

सविनय निवेदन है कि मैं सुरेंद्रनाथ -
कुमार ग्राम - सदवानी, पो. चौपड़ा रामनगर
थाना - जानकीनगर, बलमानखी, जिला - पूर्णिया
राज्य - बिहार का स्थायी निवासी हूँ;
मेरे बच्चे को एक आँख में कैंसर (ट्यूमर)
है, जिसका नाम शिवांश कुमार है,
जिसका उम्र 1 वर्ष 1 दिन है। और
इसका इलाज एम्स अस्पताल में चल
रहा जिसका खर्च डॉक्टर ने लगभग
2,00,000 तक बताया जिसका भुगतान
करने में मैं असमर्थ हूँ।

अतः आपसे निवेदन
है कि आप हमारे बच्चे का ~~इलाज~~ इलाज
में सहयोग कर आपकी बड़ी कृपा होगी।
मैं शब्द आपका आभारी बताना

रहूँगा

आपका विश्वासी निवेदक
सुरेंद्रनाथ कुमार
ग्राम - सदवानी पो.
चौपड़ा रामनगर,
बलमानखी, पूर्णिया
बिहार



GOYAL MRI & DIAGNOSTIC CENTRE

B-112, SAIDARJUNG ENCLAVE, NEW DELHI - 110029

Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

14.04.2025

MAST. RIYANSH KUMAR, 1 YRS / M

UID: 04.25.575

M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

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

Right globe is normal in size. 8 x 7 mm focal lesion is seen in the posterior chamber of the right globe lateral to the optic nerve head. Lesion displays hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. There is associated retinal detachment. Findings are suggestive of residual lesion. Right optic nerve is unremarkable. Recommended: Comparison with previous scans.

Left globe and left optic nerves are unremarkable.

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

Cerebral and cerebellar parenchyma is unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage.

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

Mucosal thickening is seen in bilateral maxillary and ethmoid sinuses.

IMPRESSION:

- 8 x 7 mm heterogeneously enhancing focal lesion in the posterior chamber of the right globe lateral to the optic nerve head with associated retinal detachment. Findings are suggestive of residual lesion. Right optic nerve is unremarkable. Recommended: Comparison with previous scans.

Clinical correlation is necessary


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

ब० रो० वि० कार्ड
O.P.D. Card



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

कमरा नंबर
Cabin No.

R. P. Centre (Eye Centre)

UID: 107684610

Dept No.: 20240050095352

Clinic No.: 2024/00/214

RIYANSH KUMAR

3MM

Date: 29/07/2024

Ocular oncology-Dr
SR/JR OC-VI-R142 B

Unit-VI

Room No.: 142 B

Address: At sahawani jankinagar banmankhi purwa bihar, BIHAR, INDIA

Mobile: 7480034515



का एकक
ndon's Unit

आयु
Age

पता
Address

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

29/7/24

(R) Leucocoria. x 1 month

✓ CEMRY - well defined lobulated (R)

intraocular homogeneously calcaneous
mass lesion in post. segment arising
from retina s/o RB.

Blk ON @.

NRC review

Monday 10am

(Off Staging EWA)

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

Kindly keep this Card safely and bring it on your follow-up visits.

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

(RE) USG for PSE - Intraocular mass
filling $\frac{1}{3}$ rd of globe
= high spikes of
calcification
s/o RB

Staging EWA (13 Aug 2024)

OT 7th floor
8am

NPO explained

~~room~~ - Milk

8hrs - Solid

6hrs - Hemisolid

4hrs - Liquid

↓
Date (13/8/24) Dr.
NPO explained
casualty (63)

Ward 4B
PHDU
↑

6/9/24 C/S/B Anesthesia Team

Dr. Neha ~~pagare~~ Gang, Dr. Paggi
Dr. Prithvi

Pt having Fever x 1 day
~~deferred~~ for elective procedure.
postponed
Adm
Pediatric Consultant
for current illness
for further
JP/A

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

↓
P/O in 142 B on Mon/Wed 2pm after clearance

MADHIPURA CHRISTIAN HOSPITAL

Emmanuel Hospital Association

Ward No. 12 Bhurki, Mission Road, Madhepura - 851113

Thursday, August 29, 2024

Declaration of Birth

TO WHOMSOEVER IT MAY CONCERN

This is to declare that a living male child was delivered at 22:34 hrs on 28-Apr-2024 named RIYANSHI KUMAR by Mrs. MANORAMA KUMARI wife of Mr. RANJAN KUMAR, resident of WN 14, ADHAR 41771608544808, SAHAWANI, BANMANKHI, Dist. PURNIA, BIHAR, INDIA

The birth occurred at this hospital and the birth weight of the baby is 3.16 kg in our records

Mother's Patient Number: PAT158003

Child's Patient Number: PAT160034

Note: Kindly register with the Bihar Govt within 21 days.

Medical Records Department



Medical Officer

ब. रो. वि. कार्ड O.P.D. Card

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

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

दुष्टि

नेत्र अप्रत्यक्ष उपहार है
जो आप ही दे सकते हैं

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

कमरा नंबर
Cabin No.

यू.एच.आई.डी. संख्या

UHID No. 107684610 ✓

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

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Riyansh Kumar	Ranjah	M	11M	H.No - Ward no - 14, Sahawahi
दिनांक DATE	निदान DIAGNOSIS	Bahmakhri, Bihar M1 - 7480034575		

Exempted Category under Janani Suraksha Karyakarm उपचार Treatment

P.O.B. 28/04/24

Valid upto 27/04/25

अवधि विशु सुरक्षा कार्यक्रम श्रेणी के अंतर्गत छूट प्राप्त श्रेणी

जन्म तिथि.....

वैधता.....

478/JSSK/MSWO/RPC/12/04/25, Bed charge 175/-

303/JSSK/MSWO/RPC/23/4/25 Bed charge 175/-

507/JSSK/MSWO/RPC/24/4/25 R.B.S. 6806/-

कोरेलुरी बाबु / KORELURI BABU
निगरानी चिकित्सा / Social Welfare Officer
Supervising Medical Officer
डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र / Dr. R.P. Centre
अ. भा. आयु. सं., नई दिल्ली / A.I.I.M.S., New Delhi-110029

Now not eligible for JSSK.

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

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- थूकिये नहीं 3. No Spitting



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

UHID: 107684610 Sex : Male
Patient Name : Mr RIYANSH KUMAR Sample Received Date : 07-Apr-2025 17:07 PM
Age : 11m 14d Department : Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date : 07-Apr-2025 17:07 PM Sample Collection Date: 07-Apr-2025 15:15 PM
Recommended By: Lab Reference No: 2515583732

Sample Details : LH07042502153

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (By photometry)	12.20	g/dL	11.1 - 14.1
Hematocrit (Direct Method)	38.20	%	36 - 40
RBC count (Impedance)	4.89	$10^6/\mu\text{L}$	4.1 - 5.3
WBC count (Flow, Fluor. - Impedance)	8.17	$10^3/\mu\text{L}$	6.0 - 18.0
Platelet count (Impedance)	289.00	$10^3/\mu\text{L}$	200 - 550
MCV (Calculated)	78.10	fL	88 - 94
MCH (Calculated)	24.90	pg	24 - 30
MCHC (Calculated)	31.90	g/dL	30 - 36
RDW-CV (Calculated)	21.10	%	11.6 - 14
Neutro (Flow, Fluor. - Impedance)	34.40	%	20-40%
Lympho (Flow, Fluor. - Impedance)	49.20	%	37-73%
Eosino (Flow, Fluor. - Impedance)	1.20	%	1-4%
Mono (Flow, Fluor. - Impedance)	14.60	%	2-10%
Baso (Flow, Fluor. - Impedance)	0.60	%	0-1%
NRBC	1	%	
Neutro - Abs (Calculated)	2.81	$10^3/\mu\text{L}$	1.0-6.0
Lympho- Abs (Calculated)	4.02	$10^3/\mu\text{L}$	4.0 - 12.0
Eosino - Abs (Calculated)	0.10	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	1.19	$10^3/\mu\text{L}$	0.2 - 1.2
Baso - Abs (Calculated)	0.05	$10^3/\mu\text{L}$	0.02 - 0.1

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
07-Apr-2025 17:42

Examination Under Anesthesia (EUA)

Chaitali Basu

Dr. Chaitali Basu
Patient Name: RIYANSH KUMAR Age Sex: 5/M Patient ID: 107684619 Date: 15/10/2024

Dr. Chaitali Basu
Patient Name: RANJAN KUMAR

Dr. Chaitali Basu
Patient Name: Dr. Sahawani Jankinagar, purnea, Bihar Tel: 7480034515

I, Dr. Chaitali Basu, with the language I understand best, that my daughter/son/..... is to undergo Examination Under Anaesthesia (EUA) for the purpose of.....

- I hereby certify that I am doing so to thoroughly examine the patient who is not otherwise co-operative for normal examination.
- I hereby certify that if any need for an intervention is felt by my doctor, I give my consent for performing any procedure as may be considered suitable. I hereby certify that I have fully understood the reasons why the above procedure is considered necessary, its advantages and possible alternative modes of treatment. I also hereby certify that no guarantee or assurance has been made as to the results of the examination or treatment.
- I hereby certify that I am aware of all the inherent risks of General Anaesthesia. The risk of complication with serious after effects and/or death is always present.

I hereby give my full, free and voluntary consent.

Signature of Patient/Guardian: Ranjan Kumar
Patient Name: RANJAN KUMAR Relationship: Father Date: 15/10/2024
Patient Name: Dr Sahawani, Jankinagar, purnea, Bihar
Patient Name: Dr Sahawani, Jankinagar, purnea, Bihar Tel: 7480034515

Declaration by Doctor

I, Dr. Chaitali Basu, have explained the nature and consequences of the procedure to be performed, and discussed the risks that particularly apply to this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Signature of Doctor

Signature of

Signature of

Witness 1

Signature: Ranjan Kumar
Name: RANJAN KUMAR
Address: Dr Sahawani, PO- Chopra, Purnea -
Tel: 7480034515

Witness 2

Signature: Manorama Kumari
Name: MANORAMA KUMARI
Address: Dr Sahawani, Jankinagar, Purnea
Tel: 70330 44642



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग

(REVISIT)



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107684610

आपातकालीन नं.(Emergency No): 2025/030/0034926

दिनांक DATE: 31/03/2025

समय TIME: 01:45:58 PM

NON-MLC

नाम NAME: MR RIYANSH KUMAR

आयु AGE: 11 months 3 days

लिंग SEX: M

S/O :

पता ADDRESS:

मकान संख्या H.NO:

At sahawani jankinagar banmankhi
purnea bihar

गली / मुख्य सड़क STREET/MAIN:

शहर ब्लॉक CITY,BLOCK:

पिन PIN:

राज्य STATE:

BIHAR

दूरभाष नं. PHONE NO:

7480034515

मोबाइल MOBILE NO:

7480034515

स्थान Location:

Paediatrics Emergency

इसका BROUGHT BY: Relative FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

W/O Right Rhinoblastoma (JO)

- GTPD - received (W/O)
on 21/3/25

25/3/25
Presenting Complaints

W/O fever x 1 day

- up to 101°F

- also coryza, cough

11.970
2.14
21/3/25

Primary Assessment (ABCDE) : Assessment Pentagon

No of loose stools, vomiting, pain abdomen, lethargy
activity (N), oral acceptance: good
fast breath

Airway Open & stable: Yes/No If No..... Breathing: RR 30/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air: 97% wt = 8.5 kg	Circulation HR...../min CFT.....secs. BP.....mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others	Disability GCS..... Pupil size..... min Pupillary Reactions: R/L Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: Temp..... Colour: Normal/pallor/cyanosis/ mottled Any other skin lesions.....
---	--	---

Diagnosis

Imp: RB / ~~AFI~~ AFI - to rule out
FM.

Adv

cannula

- CBC ✓

- CXR ✓

→ R/O E report

1) Paracetamol 850mg IV TDS

M.D.

Inj paracetamol 85mg i/v SOS
 feeds Once SR to 8/w

8

31/03/21
SPW

C/S/B SR P.O.

C/O Rt. eye g/p O RB / reactivation of O/S

Post 6 # HD-CEV

↓
 reactivation → started on Augmented clonidine (wk 0)

h/o fever x 1 day

cold x 1 day

→ no h/o cough / vomiting / loose stools / rashes / ear discharge / perianal rash

O/E

HR - 110/min

RR - 20/min

SpO₂ - 98% JRA

CP + IPP+

CRT < 3sec

chest - clear

PIA - soft, B+

norm tendr

CBC: 11.4 \times 3660 \times 1.836
240

CXR: NAD

imp: impending FN

Adv

1. Inj Piptra 2 / Inj Amik
2. Syp PCM (125mg/5ml)
 Und SOS
3. danger signs explained
4. FN in day 0/5
 1 fw

Outcome

SR P.O.

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

Augmented chemotherapy for Retinoblastoma

Augmented Chemotherapy

VCR	1.5 mg/m ² /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1	Wk 0,6,12,18..
Carboplatin	560 mg/m ² /day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m ² / 3.3 mg/kg/day for children < 3 yrs	Day 1,2,3	Wk 3,9, 15, 21
Cyclophosphamide	65mg/kg/day	Day 1	Wk 0.6,12,18..
Idarubicin/ Doxorubicin	10 mg/m ² 30 mg/m ² /day	Day 1	Wk 0.6,12,18..
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle .ECHO at baseline/ as indicated			

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

Week 0..... Date.....Wt.....8 Kg.....BSA.....

Hb.....8.4.....TLC.....5600.....ANC.....1450.....Platelets.....4.03 (L) ..

SGOT.....68.....SGPT.....19.....S Bil.....0.18.....Urea.....28.....Creatinine.....0.3

Drugs	Dose given	Day
VCR	0.4 mg	D1
Cyclophosphamide	520 mg	D1
Idarubicin/ Doxorubicin	8 mg	D1

Chemotherapy: checked byAdministrated by

(Signature SR)

(Signature JR/SR)

Next visit.....

12/04/25 : (R) group D RB / post 6 cycles of
HDCEV / (R) eye reactivation on
EUS in March / received 1 cycle of
augmented chemotherapy on
21/03/25

1
one episode of PN - treated with i/v antibiotics
Pipz and Amikacin

- planned for CEMRI brain + orbit
scans
- planned for enucleation in
ophthalmology.

CBC/LFT/RFT
report unavailable

Advice

- PN in the OPD on 26/04/25
after enucleation surgery.

Dr. [Signature]

20/4/25

Neural Hearing.

→ 5Hz. Both.

→ on leprosan Alt / Day

→ MRI R/c Done.

→ to give photocopy.

→ on Syg Augmentation for 5 Days

→ c/o cold and cough.

(R) group D

↓
6 # HDCEV

↓
Reactivated mass

↓
1 # Any chemo.

? planned for eradication.

CEMRI Brain + orbit.

12.1 $\frac{9570}{4460}$ / 2.07L

RPC → admission → 23/4/25.

plan

① 24/04/25 at 2pm → "RC discussion"
(2pm / PLSC). film collection.

24/4/25.

RC discussion

↓
② TORB
can be eradicated.

~~current~~ ~~current~~ child admitted in opthal.

Senior Resident
Dept. of Paediatrics
All India Institute of Medical Sciences
New Delhi-110029