

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 26-04-25

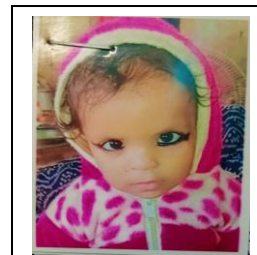
BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : ARPITA SINGH

AGE: 02yrs 01 month

RELIGION : HINDU

GENDER : FEMALE



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Baby Arpita Singh, who has Eye cancer (Retinoblastoma) and is hospitalized for treatment. Arpita's father cannot afford medical expenses due to unemployment. Your support can significantly help her to get the treatment she needs.

GUARDIAN 'S DETAIL :

FATHER'S NAME: Mr.Madan Singh

MOTHER'S NAME: Mrs. Nisha Singh

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: 1,50,000/-

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 इन्डियन मैनो यथ

काजलेश हैरनेश आगनिाइमेशन

मैदायप

सापेक्ष निवेदन है कि मैं ~~विश्व कौशल~~

जीशा सिंह नाम के मा

पोस्टर क्रायनगैल. थाना भोजधारा अथल. प्रतापगढ़ अरुणोरा

मेरे कर्म के अन्त में करत है जिसका नाम

आशिरा है और इसका इलाज अन्त अस्पताल में

मला रहा है जिसका रक्की ठीकरा 1. 50000

तक बढ़ाया है जिसका कुकलन करने में अरमर्षि है-

कृपया आपसे निवेदन है कि आप हमारे कर्म का इलाज में

सहयोग और आपकी कृपा होगी

में सदैव आपका आभारी रहूंगी

धन्यवाद

रामेश

जिला: अरुणोरा
नाम: रमेश



GOYAL MRI & DIAGNOSTIC CENTRE

B-112, SALDARDANG ENCLAVE, NEW DELHI - 110029

Phone: 011-40711134, 40403399, E-mail: goyaldmr@gmail.com

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

Dr. Pranay R Kapur
MBBS, DNB

15.04.2025

BABY ARPITA SINGH, 2 YRS / F

UID: 04.25.631

M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

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

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

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

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

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

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

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

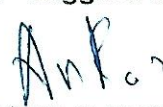
Bilateral basal ganglia and thalami are normal in signal intensity. The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage. Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Paranasal sinuses are unremarkable.

IMPRESSION:

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

Clinical correlation is necessary


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

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

Facilities Available: 3.0 Tesla GE Pioneer MRI, 1.2 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler,

Cervical X-Ray, Echocardiography, ECG, PET, EEG, sleep study, EMG, Pathology Lab (NABL & CAPRI Accredited)



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: 108098760 Reg Date : 01/02/2025 09:16 AM
Patient Name : Mrs Arpita singh
Sex : Female Age : 2 years 1 month 24 days
Department : Paediatrics Unit Name : Unit-III
Unit Incharge : Sample Collection Date: 07/02/2025 09:45 AM
Lab Name: Lab Oncology Sample Received Date: 08/02/2025 11:11 AM
Lab Sub Centre: Lab Oncology (IRCH)
Dept / IRCH No: 20250300017226 Recommended By: Dr. NISHITA PUROHIT
Lab Reference No: 528
Ward Name: DAY CARE PEDS MCH GF

Sample Details : LOI-070225069-BP (Bone Marrow) / Report Date: 12/02/2025 08:26 PM

BMA BMT PS

Report: Hemodiluted bone marrow aspirate however, Cellular bone marrow touch shows haematopoietic cells of all series (M:E= 1:1).

There is prominence of lymphoid cells including many hematogones.

There is no morphological evidence of metastasis in the smears examined.

Peripheral smear is unremarkable.

Advice : Correlation with bone marrow biopsy

Senior Resident: Dr Komal

Consultant: Dr G Smeeta

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

Authorized Signatory

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



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



9625270386
OPR-6 कनारत

एकक/Unit III
विभाग/Dept. Paed

डॉ. री० वि० पंजीकृत सं० / O.P.D. Regn. No. CK-99730

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

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
11/2/25 USG ② RB ③ EOLBITION inohent	Referred from RPC / Sympulse for 8 months. ② Proptosis ③ Xanthoria ④ bleedig from R eye - intermittent No fracture of raised ICP.
- Flw on 3/2/25 for d/w Ref. R-Sc K.	<u>Plan</u> : CEMRI Brain + Orbit, 2mm with paramy thyl. Optic nerve and orbital apex → CSF excretion / degree - Uyat / to need BMA/By early date / & setyender gth DR - CBC/LFT/UTI/Vile marker - MT - HIV

NU-8/2/25

Ami.



- Ophthal neuro for bleedg for orbital surgery
- To discuss with Ref R. Sell for urgent MRI though NHO ref.

5/2/25

dated
BMA + BMH + CBT

6/2/25

squint (R) eye since birth

(R) eye proptosis x 3 months

(L) eye leucocoria → 8 mont.

no fever

no seizures

no mild bleeding from (R) eye

1/2/25

14850
12 / 4560 2.62C

→ HBS Ag → neg
anti HCV → neg

LFT → @

→ vitals stable

HR: 110

RR: 28

PP 17/11

RS: RE = BS clear

Cvs: S1S2 heard

PA: soft NT

CNS: UCSISLLS

(R) eye proptosis

Plan

→ RC discussion

→ BNA + BL BM Biopsy

MCB
day care

MRI

→ CSF cleft in BL
temporoparietal region → ?
small clove lip schizencephaly

→ HIE - BL periventricular
peritrigonal region hypointensity

fu on 12/2/25

ECB (RAF)
LFT
at 9a

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



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

कमरा नंबर
Cabin No.

यू.एच.आई.डी. संख्या

UHID No. 108094760

आचार्य राधिका टंडन का एकक

Prof. Radhika Tandon's Unit

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

दिनांक DATE	निदान DIAGNOSIS
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उपचार Treatment
<p>17/2/25</p> <p>G/O/WSR Radio logy & Unit-6 WRC</p> <p>RE → Intraocular part minimal enhancement 1-2 mm</p> <p>Rest ON Normal</p> <p>LE → Optic. → ONH enhanced</p> <p>Rest ON → No thickening No enhancement</p> <p>RE → Breach in coat in Anterolateral Region Tumor in Preseptal Region</p> <p>LE → Large mass reaching upto retrolental region Coats Not Breached</p> <p>No pineal region inv</p>

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.

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

21/6/25

NRE & SR Radio

दिनांक - Date

उपचार - Treatment

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

L/E Coats thick, no breach,

RD + NI, size of mass. J1A & RD + NI = intracocular hemorrhage
? Enhancing nodule present in pineal region.
→ D/W Consultant → No Pineal involvement

- Consultant opinion for (R/E) Enucleation.

21/6/25 today (142 B, 2pm)

Paeds Oncology
referral into
? suspected pineal
involvement.

(Wed / Sat, 9:00 AM
Room 209, 210, 211)
2nd floor, New RAK.)
Dr Jagdish (Dr Aditya / Prof. Rakesh
Seth)
(Kindly opine)

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

इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी 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.

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

TREATMENT PROTOCOL FOR RETINOBLASTOMA

ARPITA
Name..... Father's name Madan Age 244 Sex fcn POC NO.....family history.....

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

Others.....

Unilateral/bilateral

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

L Intraocular/Extraocular

R Intraocular/Extraocular

Group Metastatic/Non metastatic

Group Metastatic/Non metastatic

Baseline workup/Investigations

USG

EUA

Indirect Ophthalmoscopy

CT/MRI date & report

Review of imaging at radioconference :Yes/No

Hb.....TLC.....Platelet.....ANC.....

SGOT/SGPT/S.Bil/SAP.....

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

anti - NR
HIV

Cycle no ① Date 7/2/25 Wt 8 kg BSA.....
 Hb 12.0 g/dL TLC 14,850 ANC 4560 Platelets 2.62/100
 SGOT.....SGPT.....S Bil.....Urea.....Creatinine.....

Drugs	Dose given	Day
VCR	0.2mg iv	7/2/25
Carboplatin	200mg iv	8/2/25
Etoposide	100mg iv	8/2/25
4mg ACST	40 mg sc	9/2/25
		10/2/25
		11/2/25
		12/2/25
		13/2/25

Chemotherapy: checked by Administrated by
 (Signature SR) (Signature JR/SR)
 Next visit.....

Cycle no ② Date 16/3/25 Wt 10.4 kg BSA.....
 Hb 10.6 TLC 13130 ANC 6370 Platelets 2.9 ✓
 SGOT.....SGPT.....S Bil.....Urea.....Creatinine.....

Drugs	Dose given	Day
VCR	0.2mg slow push	17/3/25
Carboplatin	280mg in 200mls over 2 hours	17/3/25
Etoposide	120mg iv 300mls	17/3/25
	over 3 hours	18/3/25
		19/3/25
		20/3/25

Next visit.....

GCSF 500ug x 5d

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



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



प्रवेशद्वार / Entrance

एकक / Unit

विभाग / Dept.

नाम / Name

बाह्य चिकित्सा विभाग

UHID: 108098760



Dept No: 20250030004257

ARPITA SINGH

W/O MADAN SINGH
2Y 4M 3D / F (महिला)

dhama sadar jila Allahabad, UTTAR

PRADESH, INDIA

Ph: 8459368672

Follow Up Patient

General Rs. 0

कमरा / Room

C-217

Queue /
संख्या

F56

Unit-I, PCSC PAEDS.

OPR-6

egn. No.

पता / Address

गुरु



Reporting: 01:58:35
17/04/2025

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

28

11-15

(N/V) in OPD on 21/4/25
at 2pm in

POC Clinic

Signature
SR

Seen in Genetics (217)

S/B SR ↓ Genetics

AC 735/25
MIS FMM

21/04/2025.

2y 3mo. old girl,

- (D) development.

- Bilateral retinoblastoma

(Rt EOR, Lt IOR)

- MRI brain (re discussion in oco)

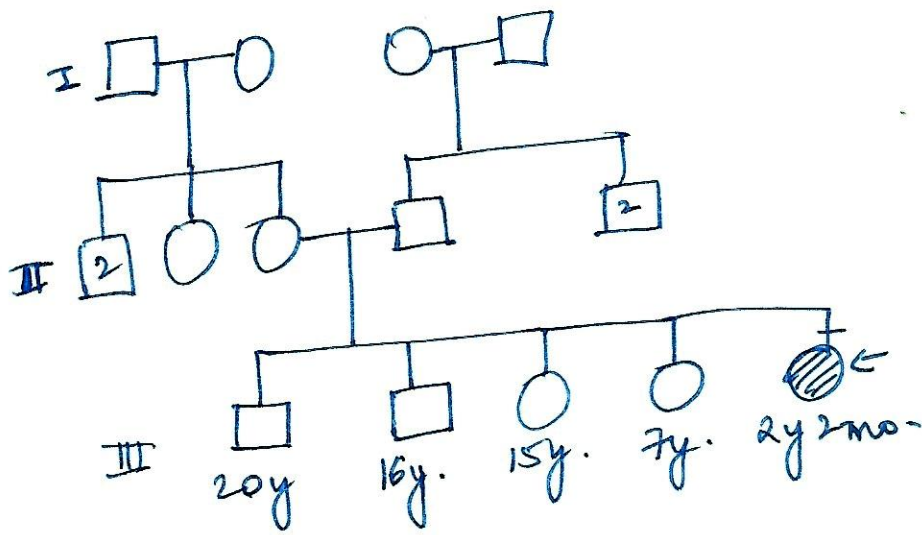
→ Polymicrogyria
Pachygyria.



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

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE





- (N) development.
- No seizures.

• O/E: Alopecia (post chemo Rx)
 Encephalomalacia
 Smooth bulbous tip of nose.
 Antverted nares.
 Large ears.
 (N) digits.

• Plan: (D/W Dr. NG na'am)

- 1) Karyotype
- 2) Ped onco, ophthal F/U as advised.
- 3) F/U & karyotype report.
- 4) USG KUB to 10 mm ab (N).
- 5) Screening 2D Echo → W Tower

Prerana
 R. Prerana



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

USG-81c

एम. आर. आई प्रपत्र 1 / MRI Form 1

दूरभाष सं. / Tel. No. : 26593614

26546455

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

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

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

1. Clinical Dept. or Unit Date of Requisition
OPD No. UHID No. Ward / Bed No.

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

3. रोगी का नाम / Patient's Name आयु / Age लिंग / Sex

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

4. General Patient Condition (Tick as appropriate)

(i) Critical and with life support

(ii) Ill but without life support

(iii) Ambulatory

5. Clinical Details : History :

Examinations

Relevant Investigations :

Previous CT / MR / Other Reports / Studies
(with numbers, if any)

6. Blood Urea / S Creatinine

7. Clinical Diagnosis :

8. Exact Anatomical site for MRI :

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

10. (a) Contrast Enhancement Required : Yes ☒ No ☐

(b) Allergic to any drugs :

(c) Implant in Body (Tick as appropriate)

Cardiac Pacemaker Aneurysmal clips Cardiac Valve/Prosthesis

Metallic Implants Sharpnel/Pellet Others None

हस्ताक्षर / Signature

नाम / Name

(साफ अक्षरों में / In Block letters)

पदनाम / Designation

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



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

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108098760

आपातकालीन नं. (Emergency No): 2025/030/0032128

दिनांक DATE: 24/03/2025

समय TIME: 06:56:14 PM

NON-MLC

नाम NAME: MRS ARPITA SINGH

आयु AGE: 2 years 3 months 10 days

लिंग / SEX: F

W/O: MADAN SINGH

पता ADDRESS: मकान संख्या H.NO: dhema sadar jila allahabad

गली / मुहल्ला STREET/MOH:

शहर ब्लॉक CITY BLOCK:

पिन PIN:

राज्य STATE: UTTAR PRADESH

दूरभाष सं. PHONE NO: 8459368672

मोबाइल MOBILE NO: 8459368672

स्थान Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative: FATHER

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min SpO2 %
Shifted to Paeds/ Main/ New Emergency 40 - 80/60 120/60 Received 96% on 19/3-20/3

Presenting Complaints: Fever (Temp upto 101°F) x 3 days.
B/c calf swelling (L.R.) x 1 day.
Erythematous rash over B/c 10 day.
H/o of laceration in left LL on 22/3/25

Primary Assessment (ABCDE): Assessment Pentagon

Airway	Circulation	Disability
Open & stable: Yes/No If No.....	HR...160/min	GCS...15/15
Breathing: RR 30/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential	CFT...4.3secs.	Pupil size...../min
Added sounds: None/Stridor/Wheeze/Crackles	BP.....mmHg	Pupillary Reactions.....
SpO2 on Room air...96% RA	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/ Asymmetrical Posturing/Flaccidity/Seizure
NR-10'8kg	Central pulse: Poor/Good	Blood Sugar.....mg/dl
	Skin temp: Warm/cool	Exposure: 97% R
	Others Local Exam - B/c LL swelling till knee JE Erythema warm, tender clear fluid filled vesicles over front aspect of left calf.	Temp..... Colour: Normal/pallor/cyanosis/mottled Any other skin lesions.....

Diagnosis

9:30 AM
Ib - VRS / CR / LFT / RFT / LFT / B/LFT
UIC Local
Dermatology review
Paeds and Gen
Augmentin 300mg IV only
Pain 150mg IV stat

Handwritten signature

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

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.एच.आई.डी. नं. UHID No.
Arpita	24/1/20		24/3/25 11 PM	108098760
प्रोफेसर इंचार्ज Professor I/C	Notes written by [Signature]			

CLINICAL NOTES

↓
counts 9.5 → 14,300 / 11,400 = 1.65/20 ~ on USS support

USG lactate - 1.2

USG Blw lower limbs
no elow
increased echogenicity
in sc put in Blw legs
↑ inflammatory changes

Advise and plan : ① ilio impending frw
↓
Stop Augmentin

Start inj. 20540 Rofex 1g in 705
inj. Telwarhan 100mg in 12hrly x 31054

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Arpita Singh Age/Sex : 24 F Ref. Deptt./Unit : ③ Date : 24/3/25
Indoor (Bed No.) / Outdoor / Casualty : 2414H UHID No. : LMP :

Examination Required :

Clinical History and Examination :

B/L AB & MACEV :: 19/3
24/3

Clinical / Working Diagnosis :

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

fever x 2 d
B/L lower limb tense swelling
& vesicular eruptions

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.

Signature of Patient / Date :

USG local area - B/L lower limb
lympho cellulitis

Your appointment is on :

Room No. :

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

X-Ray No. :

Size / No. of Films

Date :

Kvp/mAS:

Sign. of Radiographer :

P.T.O.

5/13/25

BLE LL DVT Scan

Report:

BLE CPT
SFV
R

(a) wall to wall compressibility
no echogenic foci within

(b) color flow

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

Sign. of Radiologist / Date :

5/13/25