

**CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM**

**SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT**

**PATIENT REG NO : CHO/585/**

**DATE : 30/07/2024**

**BENEFICIARY DEMOGRAPHY**

PATIENT'S NAME : ADITI.

AGE: 1 YRS 4 MONTHS.

RELIGION : HINDU.

GENDER : MALE  FEMALE  TRANSGENDER



**PATIENT'S FAMILY DETAIL ( IN MIN 30 WORDS)**

Baby Aditi is suffering with Eye Cancer Disease (RATINOBLASTOMA) and her treatment is going on AIIMS HOSPITAL. Baby Aditi's father is currently unemployed and hardly earns bread for his family. They are in very miserable situation currently, kindly help child for her chemotherapy and surgery treatment.

**GUARDIAN 'S DETAIL :**

FATHER'S NAME: MR.RAJJAN KUMAR

MOTHER'S NAME : MRS.KANCHAN

OCCUPATION: na

OCCUPATION : HOUSEWIFE

SIBLING : BROTHER  SISTER  TRANSGENDER

FAMILY INCOME: NA

**TREATMENT DETAILS:**

PATIENT SUFFERING FROM :Eye Cancer Disease (RATINOBLASTOMA)

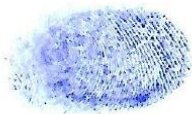
TREATMENT PRESCRIBED : CHEMOTHERAPY AND EYE SURGERY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED:1,20,000

TREATMENT IS DONE AT :Aiims 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)**

सेवा में

श्रीमान ट्रिस्टि महादय

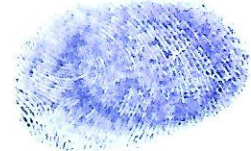
काजलेश हैं पिनेश आर्गनाइजेशन

महादय

साविनद निवेदन है की मेरा नाम रज्जन कुमार है।  
मैं ग्राम पोस्ट वारकोट का रहने वाला हूँ मेरी बच्ची का  
इलाज दिल्ली के एम्स हॉस्पिटल में चल रहा है,  
जिनकी आँखा में कैंसर है। जिसका खर्चा डॉनें 120000  
बलमा है जिसे पुरा करने में असमर्थ हूँ अतः श्री मान  
आपसे निवेदन है की मेरी बच्ची के इलाज में मदद करने  
की कृपा करे मैं सरयो अपना अभारी रहूँगा

धन्यवाद

अपका निवेदन  
रज्जन कुमार  
ग्राम वारकोट - अमठी





# GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG 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

24.05.2024

BABY ADITI, 1 YRS / F

UID: 05.24.1094

## 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 bilateral retinoblastoma showing -

10 x 12 mm focal lesion is seen in the posterior chamber of the left globe along the inferior aspect. Non contiguous 4 x 3 mm focal lesion is seen along the medial wall of the left globe. There is associated retinal detachment and subretinal hemorrhage. 5 x 4 mm focal lesion is seen in the posterior chamber of the right globe along medial aspect. Lesion displays hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. Bilateral optic nerves are unremarkable. No extraocular extension is seen. Findings are consistent with bilateral retinoblastoma (L>R).

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 sinuses.*

### IMPRESSION:

- 10 x 12 mm heterogeneously enhancing focal lesion in the posterior chamber of the left globe along the inferior aspect. Non-contiguous 4 x 3 mm enhancing focal lesion along the medial wall of the left globe with associated retinal detachment and subretinal hemorrhage. 5 x 4 mm enhancing focal lesion in the posterior chamber of the right globe along medial aspect. Findings are consistent with bilateral retinoblastoma (L>R).

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.

ब. रो. वि. कार्ड  
O.P.D. Card



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

कमरा नंबर  
Cabin No.

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

यू.एच.आई.डी. संख्या  
UHID No. 107534813

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
ADITI				

दिनांक DATE	निदान DIAGNOSIS
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22/5/24

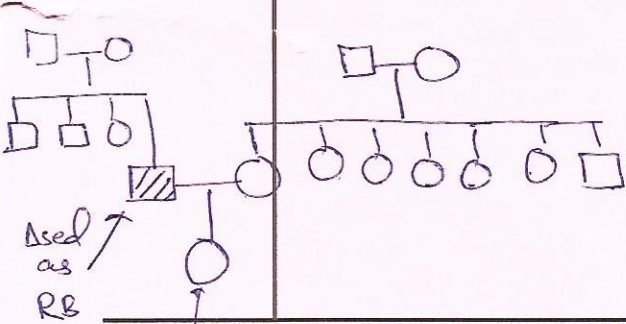
उपचार Treatment

U/S B New Oncology clinic

clo-squid x 6 bottles

FTMVD / CIAB / INICU  
stay x 1 day

VA < not cooperate



In children.

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

दिनांक - Date

उपचार - Treatment

143 USG RE OS

Intraocular mass. = high spikes in b/w. 3-87mm, 5-43mm  
Intraocular Mass ? RB  
with Multiple high spikes & calcifications

5.43  
3.82

? RB.

(27/5/24)

B L RB

✓ CEMRI Axial/coronal/sagittal sections = 2mm cut (contrast enhanced) (fat suppressed) through optic nerve & pineal gland

NR (review Monday 10am)

✓ off EWA (staying early date)

27/5/24  
ward 4A  
9am

4/06/24  
OT Sh floor  
8am

Signature

- NPO - Solid 12am
- water 6am
- Breastfeed 4am

\*

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.

ब. रो. वि. कार्ड  
O.P.D. Card



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

कमरा नंबर  
Cabin No.

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

यू.एच.आई.डी. संख्या 107534813  
UHID No. 107554793  
आचार्य राधिका टंडन का एकक  
Prof. Radhika Tandon's Unit

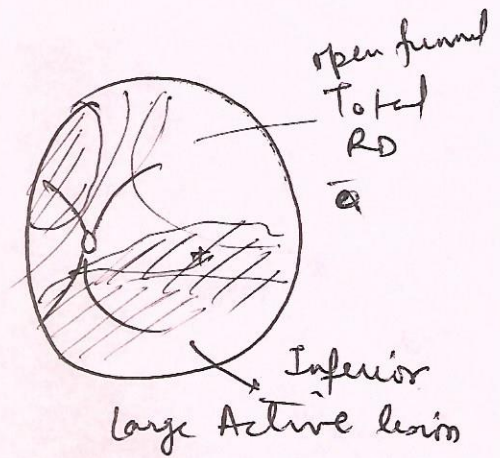
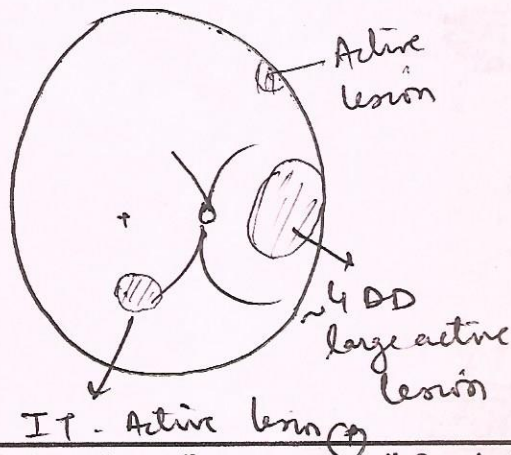
रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Adibi				

दिनांक DATE	निदान DIAGNOSIS
	(RE) Multifocal group B RB (LE) group D RB

उपचार Treatment

4/6/20

EVA ↓ UNIT 6 (B ↓ Dr Lome / M  
(STAGING) Deep / Dr Athurhok /  
EVA D Nantara)  
(BE) / AS WNR



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

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

To be planned for Refer to Peds Oncology  
 Intravenous chemotherapy  
 Prof Rachee Sethi / Dr Jagdish / Dr Atiya  
 2nd floor New RAK OPD # 209/210/211  
Wed/Sat: 9am

✓ Sibling  
succeeding → no sibling

R/A 2 cycles of Intravenous chemotherapy sn

(Be) Eto Mycin : : :  
 x 5 days  
 ↓  
 Stop X

Old oncology  
 clinic Mon/Wed  
 (142) 2pm

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.



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
Department Of Lab Medicine (Emergency and Ward)

UHID:	107534813	Sex :	Female
Patient Name :	Mrs ADITI	Sample Received Date :	25/06/2024 09:08 PM
Age :	1 year 4 months 24 days	Department :	Paediatrics
Unit Name :	Unit-I	Unit Incharge :	Dr. Rakesh Yadav
Lab Name:	Lab Medicine	Lab Sub Centre:	
Reg Date :	20/05/2024 08:47 AM	Sample Collection Date:	25/06/2024 04:04 PM
Report Generated Date:	25/06/2024 10:21 pm	Dept / IRCH No:	20240030016194
Recommended By:	Dr. Dilip SR Paeds	Lab Reference No:	738

Sample Details : WC-2506240737

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	6.5 mg/dL		• 15 - 42 mg/dL
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.23 mg/dL		• 0.52 - 1.04 mg/dL
Uric Acid (Uricase Method)	3.9 mg/dL		• 2.5 - 6.2 mg/dL
Calcium (Arsenazo III method)	9.9 mg/dL		• 8.4 - 10.2 mg/dL
Phosphorus (p-methylaminophenol sulfate)	4.5 mg/dL		• 2.5 - 4.5 mg/dL
Sodium (Potentiometric)	140 mmo/L		• 137 - 145 mmol/L
Potassium (Potentiometric)	4.2 mmo/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	110 mmo/L		• 98 - 107 mmol/L
Total Bilirubin (Modified diazo method)	0.42 mg/dL		• 0 - 1 mg/dL
ALT(UV with pyridoxal 5 phosphate method)	20 U/L		10.00-49.00
AST(UV with pyridoxal 5 phosphate method)	42 U/L		• 14 - 36 U/L
ALP	134 U/L		• 38 - 126 U/L • 156 - 369 U/L
Total protein (Biuret reaction)	6.9 gm/dl		• 6.3 - 8.2 gm/dl
Albumin (BCG Method)	4.2 gm/dl		• 3.5 - 5 gm/dl
Globulin (Calculated)	2.7 gm/dl		• 3 - 3.7 gm/dl
A G ratio (Calculated)	1.56		• 0.8 - 2
Total protein (Biuret reaction)	6.9 gm/dl		• 6.3 - 8.2 gm/dl

Over All Comment :

Kindly correlate results clinically.

Authorised Signatory  
Dr. Shyam Prakash

Verified By  
akhileshemercencych



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

(REVISIT)

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)



UHID No:107534813

आपातकालीन नं.(Emergency No): 2024/030/0063550

दिनांक DATE: 25/06/2024

समय TIME: 07:06:43 AM

NON-MLC

40

MR NAME: MRS ADITI

आयु AGE: 1 years 4 months 24 days

लिंग SEX: F

107534813

ADDRESS:

मकान संख्या H.NO:

Rac bareli

सूचना STREET MOH:

शहर प्रखण्ड CITY/BLOCK:

पिन PIN:

राज्य STATE:

UTTARAKHAND

दूरभाष नं. PHONE NO:

9268990281

मोबाइल MOBILE NO:

9268990281

स्थान Location:

Paediatrics Emergency

BY: Relative :

Criticality: Red / Yellow / Green

Response: Responsive / HR /min BP mmHg RR min spO2 %

Admitted to Paeds: Main New Emergency

B/L RB

Had fever 2 days back  
 visited ER → doc on August

Presenting Complaints

Now loose stools x 1 d (Aug-25)  
 a/w vom in stool

Primary Assessment (ABCDE): Assessment Pentagon

No vomiting / Allergy / instability

Airway

Circulation

Disability

Open & stable: Yes/No  
 If No.....

HR..... min

GCS.....

Breathing: RR 30/min

CFT.....secs.

Pupil size...../min

Efforts: Normal/Poor/increased

BP.....mmHg

Pupillary Reactions.....

Auscultation:

Air entry:

Normal poor/Differential

Peripheral pulse: Poor Good

Motor activity:

Added sounds:

None Stridor/Wheeze/Crackles

Central pulse: Poor Good

Normal &  
 Symmetrical Asymmetrical/  
 Posturing Flaccidity Seizure

SpO2 on Room air.....

Skin temp: Warm cool

Blood Sugar.....mg/dl

Exposure:

Temp.....

Colour: Normal/pallor/cyanosis  
 /mottled

Any other skin lesions.....

wt: 7.4kg

Diagnosis

A B/L RB / 1st

Formula  
 120ml  
 120ml

2mg piper 750mg / 20ml NS IV q 8h  
 100mg amikace 100mg / 10ml NS

By ... (20mg/5ml) 5ml 1x

led once 1x to Mr (unformed)

⑥ hyp zinc (20mg/5ml) 5ml 1x 1x

⑦ 2x 5ml/boon stool

ड्यूटी पर रहने पर  
Doctor on Duty  
आगरा एमरजेंसी विभाग  
Dept. of Emergency Medicine  
आगरा, २३ फरवरी - 110029  
A.I.M.S., New Delhi

25/6/24

C/S/B S.R.P.O.

40 b/l RB - 6th p.p.o

R+ p.p.o multifocal

\* cycle 1 HD-CEV

reverted

15/6 to 16/6

40 fever x 2 days

• loose stools x 1 day

8-10 times per day,

or w worms in stools

→ no No vomiting / tastes / burning micturition / bleeding from any site / ear discharge / cough / cold

O/E

HR - 120/min

oral mucosa: (N)

CVS: 9/2 @, M @

RR - 26/min

skin pinch: (N)

(NS: unswollen, irritable)

SpO2 - 98% @ R1A

CP + IPP+

tons: (N)

URT < 3sec

25-6-2024 (CW)

chest: b/l breath sounds @ clear

P.T.O.

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

नाम

Name

Aaditi

उम्र

Age

17/14M/F

सर्विस

Service

दिनांक

Date

यू.एच.आई.डी. नं.

UHID No.

107534813

प्रोफेसर इंचार्ज  
Professor I/C

Notes written by .....

CLINICAL NOTES

wt: 7.4 kg

IMV

ADU

(BC: 9.6 /  $\frac{5640}{520}$  / 2.24 hr)

ANC: 850  $\rightarrow$  520

1. orally allowed / OBS adlib
2. AMFIBIO
  - 7mg PIPITAZ 75mg iv 2 8hrly
  - 7mg AMIKACIN 110mg iv 2 24hrly
3. Syb Albendazole (20mg/5ml) 5ml Pro stat - 1 day
4. Syb Zinc (20mg/5ml) 5ml oo x 14 days
5. ~~data~~ clamped signs explained,  
 7/10 ROS  
Order  
 SK

fb<sub>2</sub>  
 (Send LFT/RFT)  
 ↓  
 then BS am  
iv antibiotic



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department



बाल चिकित्सा विभाग  
UHID: 107534813  
ABHA: [QR Code]  
adit.1@abdm  
Dept No: 20240030016194

ADITI

174M / D F (महिल)  
Rae Bareilly, UTTARAKHAND, INDIA

Ph: 9268990281 General Rs: 0  
New Patient

कमरा / Room  
C-207

Queue / संख्या  
N23  
Unit-III, Paediatric

NO SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

SAT बुध शनि



Reporting: 08/06/2024

ब०रो०दि० पंजीकृत सं० / O.P.D. Regn. No.

आयु  
Age

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

K/C/O B/C R/B

*(Handwritten notes in red and black ink)*

W/A (-2.07)

- Parent noticed squint 3 mo back.  
- not able to see for left eye

h/o RB fall. rec'd / 7<sup>th</sup> from  
Guwahati at 2 mo age  
RT eye enucleated (RB)  
(No Doc Available)

B/h Term (NVD) CIAB, ~2 kg  
I/h appropriate / Age  
1 day stay

D/h  
Normal  
L Speaks bisyllables  
H Localize sound well  
G/H walks without support  
E/H Picks and drinks from cup.  
V Squint 3 mo, Left eye not able to see  
(towards medial) 3 mo



24/5/2024

MR

Left - 10 x 12 mm heterogeneously enhancing  
 post. chamber Inf. aspect.  
 - 4 x 3 mm, enhancing focal lesion  
 medial wall alw Retinal Detachment  
 - Subretinal Membrane

Right - 5 x 4 mm enhancing focal lesion  
 post chamber along medial aspect  
 - Findings consistent w/ B/C RB

22 c regenerative  
 manifested SVB (A)  
 SVD (C) (B/E) (C/L)

CBC, CAT, RFT

goutier ~~can~~ work up  
 plant Asymmetry  
High dose C&L



2pm Monday clinic at  
 → 210 Room

10/6/24  
 (1:30pm)

Dr. Vishal ARSHNEY  
 Resident  
 Paediatrics  
 15, New Delhi



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

शरीरभाषा खलु धर्मसाधना

बाल चिकित्सा विभाग

UHID: 107534813

ASHA:

ashb.112023@abdn

Dept No: 20240030016194

कमरा / Room

C-210

Queue /  
संख्या

F19

Unit-III, Paediatric,

OPR-6

एकक / Unit

विभाग / Dept.

नाम / ADITI

सं / O.P.D. Regn. No.

पता / Address

1Y 5M 23D / F(महिला)

Rae bareli, UTI KHAND, INDIA

Ph: 9268990281

General Rs. 0

Follow Up Patient

SAT बुध शनि



Reporting: 09:07:31  
24/07/2024

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

*Handwritten notes:*  
32  
7.8kg

To Flu on 7/8/24 Wed AM  
T CBC / SE KPR RTT

8.8 /  $\frac{8520}{2700}$  / 559/103

can go home

Nikita



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





*P-59*

समय TIME: 05:45:58 AM

NON-MLC

*Mur*

Emergency No: 2024/030/0062709

दिनांक DATE: 23/06/2024

MRS ADITI

आयु AGE: 1 years 4 months 22 days

लिंग SEX: F

ADDRESS

मकान संख्या H.NO: Rae bareli

गली / मुहल्ला STREET MOH:

शहर प्रखंड CITY/BLOCK:

पिन PIN:

राज्य STATE: UTTARAKHAND

दूरभाष सं. PHONE NO: 9268990281

मोबाइल MOBILE NO: 9268990281

स्थान Location: Paediatrics Emergency

BOUGHT BY: Relative

Criticality: Red / Yellow / Green

Response: Responsive/HR /min BP mmHg RR /min spO2 %

Unresponsive

Admitted to Paeds/ Main/ New Emergency

*1 pds omo.*

B/L RB

*on septam prophylaxis*

Presenting Complaints

*2 h/o fever :: yesterday 4 pm*

*HC CEV (750 dose)  
1st cycle completed on 16/6*

*op coryza ⊕*

*No cough / vomiting / loose stools.*

Assessment (ABCDE): Assessment Pentagon

*1st cycle received on 21/6/24*

*No h/o sed oral intake.*

Airway

Disability

Open & stable: Yes/No

Circulation

HR *40* mm

GCS *15/15*

Pupil size *7* /min

Pupillary Reactions *RT*

Breathing: RR *30* /min

Efforts: Normal/Poor/increased

CFL *2* secs.

BP *98/48* mmHg

Auscultation:

Normal poor/Differential

Peripheral pulse: Poor/Good

Central pulse: Poor/Good

Motor activity:

Normal & Symmetrical Asymmetrical/ Posturing Flaccidity/Seizure

Added sounds:

None/Stridor/Wheeze/Crackles

Skin temp: Warm/cool

Blood Sugar.....mg/dl

SpO2 on Room air *99%*

Others

Exposure:

Temp.....  
Colour: Normal/pallor/cyanosis /mottled  
Any other skin lesions *NO*

*PA: soft.*

*WE - 7.4 kg.*

Diagnosis

*Imp: B/L RB.*

*Adv: RVC reports.*

*Sharma*

Impending FN

Adv:  
Ren:  
7:00 AM

~~Inj Piptay 750 mg IV TDS~~  
~~Inj Amikacin 110 mg IV OD.~~  
Peds onco SR will renew (informed)

~~\_\_\_\_\_~~



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

नाम  
Name : *Abhili*  
प्रोफेसर इंचार्ज  
Professor I/C

उम्र  
Age *14/f*  
सर्विस  
Service

दिनांक  
Date *23/06/24*

यू.एच.आई.डी. नं.  
UHID No.  
*107534813*

Notes written by *D.R. Nelli*

CLINICAL NOTES

B/L RB.   
          *left group D*  
          *(R) group B mulla focal*

1st HDCCV group (15/06/24 - 16/06/24)

*complains for*  
*cough coryza x 2 days*  
*fever x 1 days*

No complen<sup>s</sup> complains of vomiting |  
*loss stool*  
*cough*  
*and difficulty in respiration*

Ag *grouped element*  
NO *falta* }  
*relaxa* } *Negative*  
*LN* }  
*cytes* }  
*elder* }

*examined -*  
*2/20*  
*22*  
*23/48*  
*20/20*

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight
-------	-------	-------	------	--------

lyptoms

Respiration - No cretals  
 Bilateral ves entry heard  
 No raddel sound

PA - soft L > NP  
 GCS 15/15  
 S2+ / M-

B/C/H - unaltd

ADMISSION OF MEDICINE PHARMAS  
 MEDICINE RECEIVED  
 NAME:   
 DATE: 23.06.2024  
 SIGN: R

CBC -  $\left. \begin{matrix} 4.44 \\ 0.85 \end{matrix} \right\} 2,69,000$   
ANC 850

IV ceftaz   
 IV vancomin } low dose regim

Ad) ct ceftaz

1) Syb Augmentin (5ml / 457 mg) 2.5 ml B 2 time  
 1x day

2) Syb CEFTRIZIME (5ml / 5mg) 2.5ml P.O.D

3) Nasal saline drop 2 drop every 4 hour

4) Syb PCM (5ml / 125mg) 4.5ml P.O.S.O.S

Dr NIKITA SINGH  
 DM Resident  
 Pediatric Oncology  
 Department of Pediatrics  
 IIMS, New Delhi

5/6/24

↓

CANCIDS

kindly review

qy VCR 1mg (1) week

qy CARBO PLATIN 457 (1) week

qy ETOPOSIDE 100mg (2) weeks

qy G-CSF 300mg (2) week

24/7/24

Dr NIKITA SINGH  
DM Resident  
Pediatric Oncology  
Department of Pediatrics  
AIIMS, New Delhi

ASIS: B/L IORB   
 (R) multifocal gr B   
 (L) gr D.

post 2# HDCEV ~ EVA on s/o response to chemo (R)  
(6/7 - 7/7) (16/7)

due for cycle (3) date @ daycare \_\_\_\_\_

Rechemo  
labs ~ B.B  $\frac{8520}{2400}$  5.59/20  
(22/7)

RPTILAT ~ (R)

Wt 7.4 kg

Advice

Day 1

Inj. vincristine 0.2 mg iv slow push  
for 26/7

Day 1

Inj. carboplatin 150 mg / 100 ml NS iv  
over 2 hrs  
for 26/7

medication

Inj. emset 1.5 mg iv / Inj. Dexam 1.5 mg iv

Day 1 and 2

Inj. Etoposide 65 mg / 200 ml NS  
iv over 2 hrs  
for 26/7

Day 3 onwards up to 5 days

D<sub>2</sub> 18/29/7

dat for 26/7 given 29/7

Inj. G-CSF 35 mcg sc once daily

D<sub>1</sub> D<sub>2</sub> for 28/7

the oral septan as advised 29/7

flu on next opp visit 7/8/24 2 CBC / SE KEM

- N/V on 07/10/24

in POC 2pm to CBC  
Venice

Hand

GCSF - 4.10.24 Kan.

5.10.24 David

06.10.24 D

7.10.24 Kalish

08.10.24 D

LH05102401164 107534813



ADITI

07/10/24

D BIL IORB (R) Multifocal gp. "B"  
(L) group "D"

3.4

Received 6 # HD-COV visit 3/10/24

Last EVA post 5 # HD-COV → 17/9/24

- (R) Regressing mass  $\tau$  cyclic changes
- (L) Calculated mass  $\tau$  total RD

No fresh issue

PLAN → 1 # HD-COV ⇒ EVA

Adv

Next visit → 23/10/24

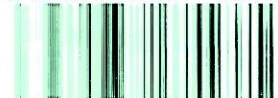
• CBC, UGT, KFT

• to cont. septan


Chish

107534813

107534813

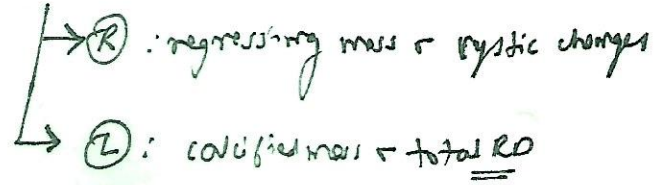


23/10/24

- 2-10 Betadine gargle
- Sitz bath - 
- On Septran AD
- C/o - cold  
Constipation
- last chemo - 31/10/24

C/O B/L RB - Rt. multilobed PPB  
lt PPB

→ post 5 cycles EVA



⇒ no fresh issues

⇒ planned for ~~1~~ 2 more # HA CEV

↓  
reassessment EVA

IMV<sup>m</sup>  
(2/1/10)

CBC : 8.5  $\frac{5490}{1930}$  4.156

LFT/RFT: (R)

Adv

1. Inj Emasec 2mg iv stat  
Inj Dexam 2mg iv stat

↓

- Inj. VINCRISTINE 0.2mg slow iv push
- Inj. CARBOPLATIN 220mg / 100ml NS over 2hr
- Inj. ETOPOSIDE 100mg / 200ml NS over 2hr

25/10/24

Outest → HARMIA

2 Inj. 6-LSF 40mg si. 00  
D<sub>3</sub> to D<sub>8</sub>

3 Nilv on 28/10/24



### Facilities Available

- PATHOLOGY
- ULTRASOUND
- M.R.I.
- C.T. SCAN
- DIGITAL X-RAY
- ECHO Cardiography
- EEG & ECG
- EMG, NCV

### Laboratory Test Report

## Baby ADITYI

Age / Sex : 1 YRS 6 months / F  
 Referred by : Dr. Self  
 UHID :



7469

Registered on : 28/10/2024 08:53 AM  
 Collected on : 28/10/2024  
 Received on :  
 Reported on : 28/10/2024 09:05 AM

Scan to download



## HAEMATOLOGY

### COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
HEMOGLOBIN	L 8.8	g/dl	11.2 - 16.5
TOTAL LEUKOCYTE COUNT	H 27,200	cumm	4,000 - 11,000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	H 90	%	45 - 75
LYMPHOCYTE	L 07	%	20 - 40
EOSINOPHILS	01	%	1 - 6
MONOCYTES	02	%	2 - 10
BASOPHILS	00	%	< 2
PLATELET COUNT	H 7.62	lakhs/cumm	1.5 - 4.5
TOTAL RBC COUNT	L 3.2	million/cumm	3.9 - 4.8
HEMATOCRIT VALUE, HCT	L 24.9	%	36 - 46
MEAN CORPUSCULAR VOLUME, MCV	L 77.8	fL	83 - 101
MEAN CELL HAEMOGLOBIN, MCH	27.5	Pg	27 - 32
MEAN CELL HAEMOGLOBIN CON, MCHC	H 35.3	%	31.5 - 34.5

### Clinical Notes:

A complete blood count (CBC) is used to evaluate overall health and detect a wide range of disorders, including anemia, infection, and leukemia. There have been some reports of WBC and platelet counts being lower in venous blood than in capillary blood samples, although still within these reference ranges.

### Possible causes of abnormal parameters:

	High	Low
RBC, Hb, or HCT	Dehydration, polycythemia, shock, chronic hypoxia	Anemia, thalassemia, and other hemoglobinopathies
MCV	Macrocytic anemia, liver disease	Microcytic anemia
WBC	Acute stress, infection, malignancies	Sepsis, marrow hypoplasia
Platelets	Risk of thrombosis	Risk of bleeding

~~~ End of report ~~~

**Dr. Ashwin Banga**  
 (M.D) MD. Consultant  
 Microbiologist  
 REG. NO. 4897



h/o 7 cycles of chemo

(D/F WA)

(12/11/24)

NO explained  
OT 7th floor  
7:30 am

son



अ. भा. आ. सं. 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

एकक / Unit  
 विभाग / Dept

नाम / Name

बाल चिकित्सा विभाग  
 UHID:107534813



Dept No: 20240030016194  
 Clinic No: 2024/POC/199

ADITI

कमरा / Room  
 C-210

Queue / संख्या  
**F59**

Unit-I, POC

OPR-6

n. No.

पता / Address

1Y8M 27D / F(महिला)  
 Rae bareli, UTTRAKHAND, INDIA

Ph: 9268990281 General Rs 0  
 Follow Up Patient

MON सोम



Reporting: 02.04.35  
 28/10/2024

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

*LU*  
*S.F.K*

NIV - 13/11/2024  
 CABC / CP7 / RFT

*Sharma*



(25/26) Cardiff

~~UNIVER~~

~~ORBITAL AND BRAIN~~

~~2mm sections from~~

25/11/24

~~axial, sagittal and coronal plane~~

~~sections from~~  
~~axial, sagittal and~~  
~~coronal plane~~

→ CEMRI (orbit and Brain) T<sub>1</sub>, T<sub>2</sub>, Fat  
Suppressed  $\tau$  2mm sections from optic nerve  
and parietal gland in Axial, sagittal and coronal  
plane → to be done before EVA

→ Date for EVA . 10/12/24 Tuesday  
7:30am 7th Floor

NPO → Solids बंद  
12am रोटी, दाल,  
चावल 8 घंटे  
2am liquids बंद दूध, दूध  
4am 4 घंटे पानी बंद 6 घंटे

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.

14/11/24

25/26 corneal  $\frac{6}{45}$   
~~not~~ fixing  
at seen

O/P/w Prof R. Seth Malan

Family can decide upon enucleation of non-functional eye,  
also explained about prosthesis

Explain about theoretical risk of reactivation of disease if  
non-functional eye is retained

family to decide & f/o = RPC team

PCSC file — Thursday 2pm — 2 CBC  
Mr. Abhijeet RFI/HH

PCSC new files on 28/11/24  
at 2:00

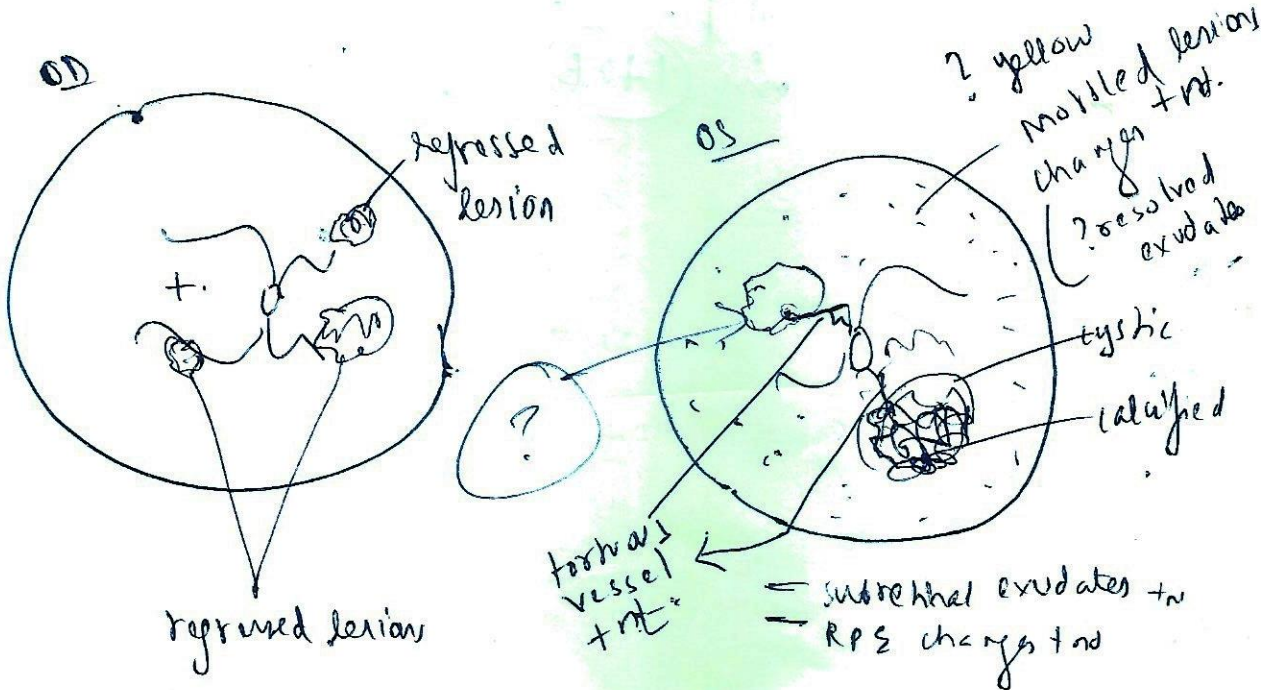
Also mention  
any activity in left eye,  
if evident?

↳ doesn't follow light

→ SVA ↓ Vmid 6 (Dr ~~Sumid~~ / Dr Deep / Dr Niranjana / Dr Anya)

11/24

→ Chemo: Total 7 cycles (last → 26/10/24)



Adv: BIS

→ Sid My on 31/10x  
5 days

Dij SVA: [7/1/25]

NPO explained.

OT 5m from 8:00 AM

→ To receive last cycle of chemo before ~~next~~ SVA, date ..

Recher Netcam. picture of left eye & Recher



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

20

(REVISIT)

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107534813

आपातकालीन नं.(Emergency No): 2024/030/0124711

दिनांक DATE: 07/11/2024

समय TIME: 06:28:20 PM

NON-MLC

नाम NAME: MR. ADITI

आयु AGE: 1 years 9 months 6 days

लिंग/SEX: F

S/O:

पता ADDRESS:

मकान संख्या H NO: Rae bareli  
 शहर प्रखंड CITY BLOCK:  
 राज्य STATE: UTTARAKHAND  
 मोबाइल MOBILE NO: 9918519666

गली / मुहल्ला STREET/ MOH:  
 पिन PIN:  
 दूरभाष सं PHONE NO:  
 स्थान Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative

Triage: Responsive/  
 Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

K/c/o Retinoblastoma, on chemo

Presenting Complaints

Referred from daycare for PRBC transfusion

Primary Assessment (ABCDE): Assessment Pentagon

| Airway                              | Circulation                 | Disability                                 |
|-------------------------------------|-----------------------------|--------------------------------------------|
| Open & stable: Yes/No<br>If No..... | HR <sup>128</sup> min       | GCS <sup>15/15</sup>                       |
| Breathing: RR <sup>20</sup> /min    | CFT <sup>28</sup> secs.     | Pupil size <sup>3mm</sup> /min             |
| Efforts: Normal/Poor/increased      | BP.....mmHg                 | Pupillary Reactions <sup>RR</sup>          |
| Auscultation:                       | Peripheral pulse: Poor/Good | Motor activity:                            |
| Air entry:                          | Central pulse: Poor/Good    | Normal & Symmetrical                       |
| Normal/poor/Differential            | Skin temp: Warm/cool        | Asymmetrical                               |
| Added sounds:                       | Others                      | Posturing Flaccidity/Seizure               |
| None/Stridor/ Wheeze/ Crackles      |                             | Blood Sugar.....mg/dl                      |
| SpO2 on Room air <sup>100%</sup>    |                             | Exposure:                                  |
| 8.8 kg                              |                             | Temp <sup>afeb</sup>                       |
|                                     |                             | Colour: Normal/pallor/cyanosis/<br>mottled |
|                                     |                             | Any other skin lesions.....                |

Diagnosis Retinoblastoma / sev. anemia

Kindly transfuse 130 mL PRBC from bag no: 2024-B41526  
 (B-ve) over 4 hrs with Inj. Lasix 5mg IV midway

Dr. SB Mithun Krishna  
 Senior Resident  
 Dept of Paediatrics