CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONSERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/ **DATE : 27/12/2025**

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : ARYAN SINGH

AGE: 2 YEAR 10 MONTHS

RELIGION : HINDU

GENDER :MALE ☐ FEMALE ☐ TRANSGENDER ☐

PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Child Aryan is suffering with Eye cancer (Retinoblastoma) and his treatment is going on AIIMS Hospital. Aryan's father is currently loading unloading worker and hardly earns bread for the family. They are in very miserable situation currently, kindly help child for his chemotherapy and eye surgery treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: Mr.Rakesh Kumar Roshan
AGE :52yrs.
OCCUPATION: Unemployed

MOTHER'S NAME : Mrs. Roopa Sinha
AGE : 48yrs.
OCCUPATION : Housewife

SIBLING : BROTHER SISTER [3] TRANSGENDER ☐

FAMILY INCOME: NIL

TREATMENT DETAILS:

PATIENT SUFFERING FROM : Eye Cancer (Retinoblastoma)
TREATMENT PRESCRIBED : Chemotherapy and Eye Surgery
APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 1.50 lakh
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,

श्रीमान् दृष्टि महोदय

कार्यालय हेल्थीकेयर आर्गनाइजेशन

महोदय

सविनय निवेदन यह है कि मैं राकेश कुमार रौशन एक कृषक मजदूर हूँ जिसकी आर्थिक स्थिति काफी गंभीर है। और मेरे बेटे आर्यन सिंह को आई कैंसर के कारण आखों से दिखाई नहीं देती है। इसके ईलाज के कारण डॉक्टर ने 150000/- तक की सूची बताया है। इसका ईलाज रुम्स में चल रहा है। जिसके लिए इस भुगतान राशि को देने में असमर्थ हूँ।

इसलिए निवेदन है कि मेरे बेटे का ईलाज के आर्थिक सहायता प्रदान करें जिसके लिए मैं आपका आभारी रहूँगा।

धन्यवाद

राकेश कुमार रौशन

जिला - बेगूसराई, बिहार

क्रमांक 1
S.No.1

प्रपत्र 5
FORM5

बिहार सरकार
GOVERNMENT OF BIHAR
योजना एवं विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
Bachhawara Gramin

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 तहसील बछवारा जिला बेगूसराय 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 BACHHAWARA GRAMIN OF TAHSIL/BLOCK BACHHWARA OF DISTRICT BEGUSARAI OF STATE/UNION TERRITORY OF BIHAR, INDIA

नाम / NAME: ARYAN SINGH

लिंग / SEX: MALE

आधार संख्या / AADHAAR NUMBER:

जन्म तिथि / DATE OF BIRTH:
11-02-2023
ELEVENTH-FEBRUARY-TWO THOUSAND TWENTY THREE

जन्म स्थान / PLACE OF BIRTH:
WARD 2, BACHHWARA, BACHHWARA, BEGUSARAI, BIHAR, 851111

माता का नाम / NAME OF MOTHER:
RUPA SINHA

पिता का नाम / NAME OF FATHER:
RAKESH RAUSHAN

माता का आधार नंबर / AADHAAR NUMBER OF MOTHER:
XXXX-XXXX-2334

पिता का आधार नंबर / AADHAAR NUMBER OF FATHER:
XXXX-XXXX-0204

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

माता-पिता का स्थायी पता / PERMANENT ADDRESS OF PARENTS:
BACHHWARA, BACHHWARA, BEGUSARAI, BIHAR,

पंजीकरण संख्या / REGISTRATION NUMBER:
B202510618200001476

पंजीकरण दिनांक / DATE OF REGISTRATION:
12-03-2025

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

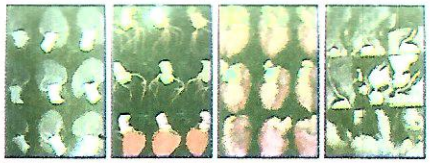
जारी करने की तिथि / DATE OF ISSUE:
12-03-2025

Updated On : 12-03-2025 00:24:46

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

प्राधिकारी के हस्ताक्षर / SIGNATURE OF ISSUING AUTHORITY :
रजिस्ट्रार (जन्म एवं मृत्यु)
Registrar (BIRTH & DEATH)
Bachhawara Gramin

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



Patient Name: MASTER ARYAN SINGH	**Center Name: A S HEALTH SQUARE**
Age / Sex: 2 Y / M	**Referred By: A.I.I.M.S.**
Patient ID: 73170	**Date: 19/11/2025**

MRI BRAIN WITH CONTRAST

MR imaging of the brain was performed using axial FLAIR, T1 and T2 weighted images, DWI, SWI and correlated with T2W sagittal and coronal images. The post contrast study was performed after I.V. injection of gadopentetate. No immediate adverse reaction is noted.

FINDINGS:

Right eye ball is not seen – post operative status.

Retinal detachment is seen in left eyeball with enhancing lesion seen in posterior segment (7 x 8 mm). No periocular extension is seen.

Cerebral parenchyma show normal MR morphology with maintained grey-white matter differentiation. No focal lesion is seen. No midline shift seen. Corpus callosum is normal.

No abnormal leptomeningeal / parenchymal enhancement noted.

Diffusion weighted imaging carried out does not reveal any area displaying hyperintense signal intensity suggestive of restricted diffusion with increasing 'b' values.

Bilateral basal ganglia and thalami are normal.

Both the cerebellar hemispheres and brainstem show normal MR morphology. Bilateral CP angles are normal. No abnormal vascular loop noted. Bilateral 7th & 8th cranial nerve complexes are unremarkable.

The lateral, third and fourth ventricles appear normal.

Cortical sulci and bilateral sylvian fissures are normal.

The sella turcica is normal in size. No sellar mass. Suprasellar & parasellar regions appear normal.

No obvious extra axial collection seen.

IMPRESSION: CEMR study reveals

- **Retinal detachment in left eyeball with enhancing lesion seen in posterior segment. D/D:- Early retinoblastoma.**

Please correlate clinically.

Dr. SANDEEP DUA
HOD Radiology
MBBS, MD

The above report is a professional opinion and needs to be correlated with clinical history and other relevant investigation for final diagnosis. If incase results are alarming or unexpected may be due to typographic errors. hence please contact within 7 days (K)

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

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

दृष्टि
नेत्र अमूल्य उपहार है, जो आप ही दे सकते है

अनुभाग व दिन Section and Day	कमरा नंबर Cabin No.
सोमवार व बृहस्पतिवार Monday & Thursday **IV**	

यू०एच०आई०डी० संख्या UHID No.

आचार्य नम्रता शर्मा का एकक
Prof. Namrata Sharma's Unit

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

दिनांक DATE	निदान DIAGNOSIS
25/11/25	उपचार Treatment c/s/b Prof Sanjay Radio LNRC Sections inadequate to comment on ON involvement (L) Regression of tumor noted Adv: CE MRI orbit only (no brain). Review with fresh scans in OH ONCO Clinic (42) Mon/wed 2pm

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

VI OC/75/25

SOC/1257/25

ब॰ रो॰ वि॰ कार्ड
O.P.D. Card

डा॰ राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ॰ भा॰ आयु॰ सं॰, नई दिल्ली
Dr. Rajendra
A.I.I.M.S., N

नेत्र अमूल्य उपहार है जो आप ही दे सकते हैं

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

कमरा नंबर
Cabin No.
28/26A

UHID: 108144123
ABHA: singharyan2025111@abdm
Dept No: 20250050023064
Queue 12
कमरा / Room: 30
Unit-VI
RPC OPD

यू.एच.आई.डी / UHID No.
ARYAN SINGH
Dr. Noopur Gupta
S/O rakesh kumar roshan
2Y 1 D / M पुरुष
WED, SAT
बुध,शनि
रोगी / Name of
Chiran vipur fateha begusarai bihar, BIHAR, INDIA
Mob: 8757138?4 General Rs 0
New Patient
Registration time: 22/02/2025 08:30:58 AM

...Unit
...ss

Mother
Informat = Father
(Reliable)

दिनांक DATE	निदान DIAGNOSIS

?RB
BE whitish glow.
RE whitish glow
BE whitish opacity
since 15-20 days (?)

उपचार Treatment

25/26

cardiff
VA] not fixing.

AS
O/E = whitish pupillary reflexo

IOP < digital

(PRC) BE dilate

Fn < yellow glow
disc and rest details not appreciated

(child Extremely uncooperative)

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

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

स्वच्छ भारत

OPR-6

बाल चिकित्सा विभाग .
UHID:108144123

Dept No: 20250030005642

कमरा / Room
C 216

Queue / संख्या **F51**
Unit-III, Paediatric.

एकक/Unit
विभाग/Dep

पंजीकृत सं/O.P.D. Regn. No.

ARYAN SINGH

आयु/Age

पता/Address

S/O rakesh kumar roshan
2Y 7M 9D / M/(पुरुष)
Chiranjivipur fateha begusarai bihar BIHAR INDIA
Ph: 8757136324 **General** Rs 0
Follow Up Patient

बुध, शनि, Wed,Sat

Reporting: 08:20:52
20/09/2025

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

बाल चिकित्सा विभाग .
UHID:108144123

Dept No: 20250030005642

कमरा / Room
C 216

Queue / संख्या **F65**
Unit-III, Paediatric.

ARYAN SINGH

S/O rakesh kumar roshan
2Y 7M 16D / M/(पुरुष)
Chiranjivipur fateha begusarai bihar BIHAR INDIA
Ph: 8757136324 **General** Rs 0
Follow Up Patient

बुध, शनि, Wed,Sat

Reporting: 08:18:38
27/09/2025

Details in notebook.
FU & CBC, URT RPT on
11/10/25

27/10/25

c/s/b Prof Bhanna.

pt. to f/u c̄ HPE report.

conformer expulsion (+) → no need to reinsert currently.

5/12/25 @ 2pm 142B

R. P. Centre (Eye Centre)

HID: 108144123
Dept No: 20250050023064
Clinic. No: 2025/OO/75
ARYAN SINGH 2Y M
S/O: rakesh kumar roshan

Date: 27.10.2025
Ocular oncology-Dr. S
JR OC -VI- R.142 B
Unit VI
Room No.: 142

Address: Chanjivipur fateha begusarai bihar, BIHAR, INDIA
Mobile: 8757 36324

PPC

RB/RCE, i/med ~~Emm~~ 27/10/25

OT - 5th 9:00 AM

22/11/25

NPO – 8hr solid
2h = liq

Advice

Date for (2) EUA → MRI → NRC review

Dr. Zakir

#137
USG for BSE
(L) – Inferior RD (+)
calcification (+)

Inf mass approx 3×7mm

Histopath Report (Enucleated RE)
- Well differentiated RB (LTD 10mm)
- Numerous Hurwitts
- Retina
  - degeneration
  - dysplastic changes.
- All structures iris, ciliary body, choroid, optic nerve c̄ margins free from tumor

Imp : Viral URTI

Adv

- Defer. Sx i/v/o fever + cough (Likely viral URI)
- Saline naval drops 2 B/N 2 4 hourly x 3 days
- Syp Cetirizine (5mg/5ml) 2.5 ml PO HS x 3 days.
- Syp PCM (125 mg/5 ml) 8 ml PO SOS if fever > 100°F
- w/f any fast breathy/shortness of breath./high grade fever lethargy
- ENT opinion for B/L ear itching ? Impacted wax ? Otitis. externa/media
- Review with { CBC report & CXR

Sr Peds.

10814412 3

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..... CR No..... Ward / Bed No. .....

2. Screening Dept. : Radio-diagnosis [✓] Neuro-Radiology [ ] Cardiac Radiology [ ]
   (Tick as appropriate)

3. रोगी का नाम /Patient's Name ..... ARYAN SINGH ..... आयु /Age 2yr. लिंग /Sex M.....
   (साफ अक्षरों में / In Block letters)

   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 : K/c/o Retinoblastoma c Retinal detachment c RE enucleated for group E RB.

   Examinations

   Relevant Investigations :

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

6. Blood Urea / S Creatinine

7. Clinical Diagnosis : c E-MRI - Brain & (L) orbit for localisation & extent of tumor

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 ..... Anshuman .....
(साफ अक्षरों में / In Block letters)
पदनाम / Designation..... JR-IPC .....

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

ब० रो० वि० कार्ड
O.P.D. Card

दृष्टि
नेत्र अमूल्य उपहार है जो आप ही दे सकते है

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

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

अनुभाग व दिन Section and Day	कमरा नंबर Cabin No.
बुधवार व शनिवार Wednesday & Saturday	VI

यू०एच०आई०डी० संख्या
UHID No. 108144123

आचार्य प्रदीप वैंक्टेश का एकक
Prof. Pradeep Venkatesh's Unit

28/26A

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Aryan	2/24	M		SOC/1257/25

दिनांक DATE	निदान DIAGNOSIS
15/Sep/25	

उपचार Treatment

27 Main AIIMS

EBE Gen reduced Grade RB

RE C/P GKT

Adv

CBC, LFT, RFT, PT, INR

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

T.K No. 9897
G.K done on 5/8/25

एम.आर.आइ. प्रपत्र MRI F
दूरभाष सं. / Tel No. 26588500 Ext.

C.N. CENTRE

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 NSx 1 Date of Requisition 04/8/25

OPD No. 108144123 CR No. .... Ward / Bed No. ....

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

3. रोगी का नाम / Patient's Name Aryan Singh आयु / Age 2y 5m लिंग / Sex M
साफ अक्षरों में / In Block Letters)

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

4. General Patient Codition (Tick as appropriate)
(I) C... life support (ii) Ill but without life support (iii) Ambulatory

DEPTT. OF NI & INR CNC - AIIMS
Aryan Singh 2/M
UHID : 108144123
Appt. Date/Time : 16.12.2026 14:00:00
Location : MR5/Gamma Knife

5. Cli...

Δ: BE Grade E Retinoblastoma

E...

Relevant Investigations:

S/P 1° G K T

Previous CT / MR / Other Reports / Studies
(With number, if any)

6. Clinical Diagnosis: ....

7. Exact Anatomical site for MRI CEMRI Brain with orbit to assess follow up

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

9. (A) Contrast Enhancement Required: Yes .... No............
(B) Implant in Body (Tick as appropriate)

Cardiac Pacemaker .... Aneurysmal Clips .... Cardiac Valve/Prothesis............

Metallic Implants............ Sharpnel/Pellet............ Others............ None............

MRI LGA

हस्ताक्षर / Signature............

नाम / Name............

साफ अक्षरो में / in Block letters)

पदनाम / Designation............

Dr. KANWALJEET GARG
Additional Professor
Deptt. of Neurosurgery & Gamma Knife Centre
AIIMS, New Delhi

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

NPO - 25/8/25 - 11 pm - solid
26/8/25 - 4am - breastmilk
ADEQUATE

Anaesthesia Record

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences, New Delhi-110029

Name: Aryan | Age/Sex: 2½y/male | UHID: 10814413 | Ht/Wt: 13kg | CR.No.

ASA Grade: 1 2 3 4 5 E | Diagnosis: RB | Procedure: EUA + Retcam review | Mobile No.

Significant history/ medication:

- FT/NVD/CIAB/R/O NICU admission x 1 wk I/v/o ? meconium aspiration.
- No h/o recent URTI/fever
- No h/o mv. O2 via nasal cannula

chemotherapy
EO CEV
Last - 8/7/25

Prematurity: Yes/(No)
Cyanosis / apnoea: (-)
Post gestational age:

Previous Anaesthesia Exposure & its complications:
H/o 2 EUA ↓ GA - U/E -

Congenital Anomalies/Syndrome:

Airway examination: Mouth opening: (N) pediatric airway | Mallampati Class | Teeth | Tongue
Neck movements | Retrognathia | High arched/cleft palate | Tonsils

Intubation: simple / difficult

Respiratory System: Resp. Rate | Auscultation B/L AE (+)

Cardiovascular System: Pulse rate/ Heart rate | Heart Sounds S1,S2 (+) | Murmur

Any Significant finding | Preop.SpO_2

IV access: Easy / Difficult

Nervous System: MR / Delayed mile stones / CP / Seizures
(N) dmpk

Musculoskeletal system examination: head holding / difficulty in walking/ climbing stairs/ doing every day tasks

Investigations: HB | RFT | LFT | TFT
X-Ray Chest | ECG | ECHO
CT Brain | MRI

Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS),New Delhi,110029

Discharge Report

PROVISIONAL DISCHARGE CERTIFICATE

UHID :	108144123	**Cr No:**	R-038921-25
Name:	Mr ARYAN SINGH	**Department:**	R. P. Centre (Eye Centre)
Age/Sex:	2 years 7 mons 6 days / Male	**Unit:**	Unit-VI
Ward Name:	RPC 1A	**Bed No.:**	129
Address:	Chiranjivipur fateha begusarai bihar, BIHAR, INDIA		
Mobile No:	8757136324		
Date of Admission:	13/09/2025 10:43:35 AM		
Date of Discharge :	17/09/2025 08:48:00 AM		

Drug Allergy,if any :- []

Please Laminate.

ICD Code: ^C69.2

ICD Description: Malignant neoplasm Retina

Diagnosis

BE CHEMOREDUCED GROUP E RB WITH LE S/P GKT

Investigation

Systemic NO SI

Ocular
VA
RE PL POSITIVE PR INACCURATE
LE PL POSITIVE PR INACCURATE
IOP
RE DIG NORMAL
LE DIG NORMAL
VER - BE EXTINGUISHED RESPONSE

PR + + + +

Treatment/Operative Procedure

Surgeon .

Date 17/09/2025

Surgery SURGERY DEFERRED IN VIEW OF PLAN FOR CHEMO / observation

Condition at Discharge

Vision	SAME AS ADMISSION	**IOP**	SAME AS ADMISSION
Anterior Seg.	SAME AS ADMISSION	**Posterior Seg.**	SAME AS ADMISSION

Advice During Discharge

Oral

Follow Up IN ROOM 142B IN RB CLINIC AFTER PAEDS ONCO OPINION

Topical .

Position .

F/U after 3 weeks in old RB clinic (142) [illegible]

Refer to Paeds oncology

Kindly opine for Chemotherapy before proceeding for Enucleation.

V. Sreenivas

Prepared By: Dr. ~~Ankush Kamboj~~

Signature Of Senior Resident

[illegible] Prof Bhavna Chawla

Date & Time

MRI
(R) mass occupying 10% of globe
(L) mass occupying 20% of globe

To keep under close observation [illegible]
[illegible]

प्रयोगशाला कायचि कित्सा विभाग
DEPARTMENT O' LABC 'ATORY MEDICINE
रुधिर वि ान
Iematol gy
अखिल भारतीय आयुर्विज्ञान संस्थान, ंसारी नगर, नई दिल्ली-110029
All India Institute of Medic il Scier es, Ansari Nagar, New Delhi-110029

UHID:	108144123	**Reg Date :**	22/02/2025 08:30 AM
Patient Name :	**Mr ARYAN SINGH**		
Sex :	Male	**Age :**	2 years 8 months 4 days
Department :	R. P. Centre (Eye Centre)	**Unit Name :**	Unit-VI
Unit Incharge :	Dr. Pradeep Venkatesh	**Sample Collection Date:**	15/10/2025 09:07 AM
Lab Name:	Hematology	**Sample Received Date :**	15/10/2025 10:22 AM
Lab Sub Centre:	Hematology (Ward)		
Dept / IRCH No:	20250030005642	**Recommended By:**	Dr. Muskaan [illegible]
Lab Reference No:	255		

Sample Details : HMW-1510250427 (Blood) / Report Date: 15/10/2025 10:58 am

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
CBC PACKAGE				
Hb(SLS-photometry)	9.8	g/dL	• 11 - 14 g/dL	
HCT (Cumulative Pulse Height Detection)	35.1	%	• 34 - 40 %	
RBC COUNT (Hydrodynamic Focusing DC Detection)	5.18	10*6/uL	• 4 - 5.2 10^6/µL	
T.L.C (Fluo.flowcytometry)	9.56	10*3/uL	• 5 - 15 10^3/µL	
PLATELET COUNT (Hydrodynamic Focusing DC Detection)	381	10*3/uL	• 200 - 490 10^3/µL	
MCV (Calculated)	67.8	fl	• 75 - 87 fL	
MCH (Calculated)	18.9	pg	• 24 - 30 pg	
MCHC (Calculated)	27.9	g/dL	• 31 - 37 g/dL	
RDW CV (Calculated)	20.4	%	• 11.6 - 14 %	
RDW CV (Calculated)	20.4	%	• 11.6 - 14 %	
NEUTRO (Fluo.flowcytometry)	38.1	%	• 30 - 60 %	
LYMPHO (Fluo.flowcytometry)	49.2	%	• 20 - 65 %	
MONO (Fluo.flowcytometry)	8.1	%	• 2 - 10 %	
EOSINO (Fluo.flowcytometry)	4.3	%	• 1 - 4 %	
BASO (Fluo.flowcytometry)	0.3	%	• 0 - 1 %	
ABSOLUTE NEUTROPHIL COUNT (Calculated)	3.65	10*3/uL	• 1.5 - 8 10^3/µL	
ABSOLUTE LYMPHOCYTE COUNT (Calculated	4.70	10*3/uL	• 0.9 - 3 10^3/µL	
ABSOLUTE MONOCYTE COUNT (Calculated)	0.77	10*3/uL	• 0.2 - 1 10^3/µL	
ABSOLUTE EOSINOPHIL COUNT (Calculated)	0.41	10*3/uL	• 0.1 - 1 10^3/µL	
ABSOLUTE BASO COUNT (Calculated)	0.03	10*3/uL	• 0.02 - 0.1 10^3/µL	

Over All Comment :

(RUPALI BAINS)
Verified By

(Dr.Tushar Sehgal)
Authorized Signatory

8/11/25

on September

6cycle received

CBC

LFT | DFT | Meldon

c/o BL RB gPE.

RBI genetive.

Post 6 # ADLEV

guna lanye → (L) eye.

↓

underwent (R) enucleation → 21/10/25

(HPE) → well differentiated RB

all free of tumor

EUA

(10/10/25)

↓

BE intraocular

internet

fundus details not

visible

NRC last (13/10)

↓

(L) stable disease

(R) → > 50% globe

↓

(R) eye enucleated

Adv

- To do CBC | KFT | LFT.

- RPC review → on monday

- (N/V) in OPD on 12 | 11 | 25

c CBC | KFT | LFT

22/10/25 BLCA done I unit 4 I ~~[illegible]~~ Prof- Bhavna Chawla/
Dr Somi/ Dr Deep / Dr Ameet/
Dr Lekhi

Date:

ASOCT

4y/o (R/E) Enucleated (for CGPE) - 29/10/25

(LE) CGP E RB c RD.

PSOCT/OCTA

G(-) HDCEV (last 8 July 2025) HPE: No HPE

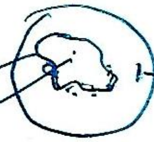
(R) CKT 5/8/25

142B

Report Nitin ji

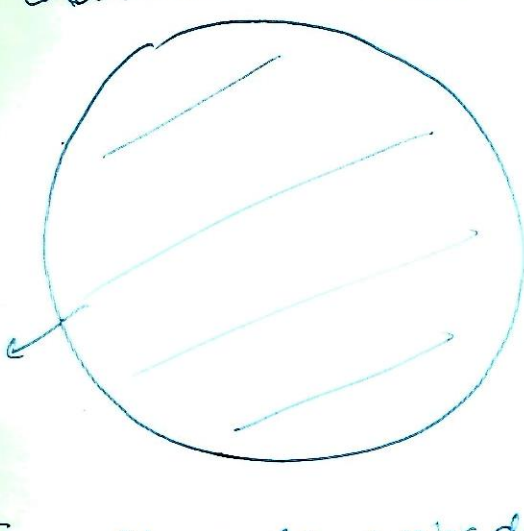
FAF/FFA

A/S OD:
cornea - clear
AC - shallow/irregular.
NVI (+)
post synechiae
cataractous lens



ICGA

OS



No glow

USG
Apical Height
Basal Diameter

USG LE = RD c d/o apshc changes
in retina
c calcified lesion AT = 6.14
HD = 8.95.

UBM

MRI - Tue 5/3. 10:00 am

Adv
- old mydriatic [illegible] x LE x 5d.
- ~~[illegible]~~
~~[illegible]~~
~~(R) Enucleation.~~
- RHA (4) weeks for repeat (R) USG
old RB clinic (1/3) Monday/Wed

Ocular Prosthesis:

NRC discussion (25/11/25)

(L) Regression noted. Extent of Regression couldn't be assessed

Optic Nerve involvement couldn't be commented

Scan inadequate.

Low Vision Trial:

Adv: CE MRI (orbit) (to be repeated) only → no brain.

Review with fresh scans in RB clinic (142) Mon/wed 2pm.

24/12/25

(153)

(L) USG AP: 5.61 | RD (+)

PBSD: 7.06 | Disc ridge VM (+)

R/A 1 wk (142) RB clinic

21/1/2026.

R No 143

at 11 AM,