

**CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM**

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

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

**DATE : 15-4-26**

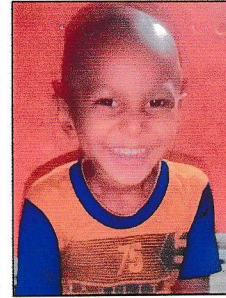
**BENEFICIARY DEMOGRAPHY**

PATIENT'S NAME : KISHORE

AGE: 2

RELIGION : HINDU

GENDER :MALE



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

Master Kishore has retinoblastoma, an eye cancer. His father is unemployed and cannot afford his treatment. Any assistance you can provide for his urgent medical needs would be greatly appreciated.

**GUARDIAN 'S DETAIL :**

FATHER'S NAME: Mr. Mano

MOTHER'S NAME: Mrs. Anju

OCCUPATION: Loading Unloading worker

SIBLING : 1 Brother 1 Sister

FAMILY INCOME: Rs 4000-5000 (approx)

**TREATMENT DETAILS:**

PATIENT SUFFERING FROM : EYE CANCER ( RETINOBLASTOMA)

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY

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

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)**





श्री ११ मं

श्रीमान हार्दिक महादय

कावलेश वृ पितेश आगवाइयेशन

मं महादय,

श्रीवक्ष्य निवेदन है कि मेरा नाम माना

आमा वरारा मधुरा जी का रहने वाला

हूँ मेरे बच्चे का नाम किशोर है

इसका जन्म मेरे केशर वरदा विली

अपने इलाक़े में हुआ है जिसका

क्षेत्रफल है १,२००००० वर्ग मीटर

हजार वर्ग है कृपया आप से निवेदन

कि मेरे बच्चे को इलाक़े में कुछ

अच्छाग कर मेरे आपका सेवा आधार

रुहगा धन्यावाद

आपका निवेदन

माना

वरारा मधुरा जी



क्रमांक 1  
S.No.1



प्रपत्र 5  
FORM5



उत्तर प्रदेश सरकार  
GOVERNMENT OF UTTAR PRADESH  
चिकित्सा एवं स्वास्थ्य विभाग  
DEPARTMENT OF MEDICAL AND HEALTH  
सामुदायिक स्वास्थ्य केंद्र फराह  
COMMUNITY HEALTH CENTRE FARAH

जन्म प्रमाण-पत्र  
BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा उत्तर प्रदेश जन्म और मृत्यु रजिस्ट्रीकरण नियम 2002 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 UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि सामुदायिक स्वास्थ्य केंद्र फराह तहसील मथुरा जिला मथुरा राज्य/संघ प्रदेश उत्तर प्रदेश, 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 COMMUNITY HEALTH CENTRE FARAH OF TAHSIL/BLOCK MATHURA OF DISTRICT MATHURA OF STATE/UNION TERRITORY OF UTTAR PRADESH, INDIA

नाम / NAME: KISHOR

लिंग / SEX: MALE

आधार संख्या / AADHAAR NUMBER:

जन्म तिथि / DATE OF BIRTH:

17-07-2023

SEVENTEENTH-JULY-TWO THOUSAND TWENTY THREE

जन्म स्थान / PLACE OF BIRTH:

CHC FARAH, FARAH, MATHURA, MATHURA, UTTAR PRADESH

माता का नाम / NAME OF MOTHER:

ANJU

पिता का नाम / NAME OF FATHER:

MANO

माता का आधार नंबर / AADHAAR NUMBER OF MOTHER:

XXXX-XXXX-2400

पिता का आधार नंबर / AADHAAR NUMBER OF FATHER:

XXXX-XXXX-5508

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

BARARI, MATHURA, MATHURA, UTTAR PRADESH, 281005

माता-पिता का स्थायी पता / PERMANENT ADDRESS OF PARENTS:

BARARI, MATHURA, MATHURA, UTTAR PRADESH, 281005

पंजीकरण संख्या / REGISTRATION NUMBER:

B-2023: 9-90897-001752

पंजीकरण दिनांक / DATE OF REGISTRATION:

25-07-2023

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

जारी करने की तिथि / DATE OF ISSUE:

27-01-2026

Updated On : 27-01-2026 13:41:16



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

LOKENDRA SINGH  
DEO-HIMS/CRS  
CHC-FARAH

REGISTRAR (BIRTH & DEATH)  
सामुदायिक स्वास्थ्य केंद्र फराह  
COMMUNITY HEALTH CENTRE FARAH

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

# 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 Sci  
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या  
UHID No.

बाल चिकित्सा विभाग. UHID: 108564918  
कमरा / Room C-210  
Queue / संख्या F40  
Unit-III, Paediatric.  
Dept No: 2025003C023385  
किशोर किशोर / KISHOR KISHOR  
S/O MANDU 2Y 0M 7D / M (पुरुष)  
VILL BARARI DIST MATHURA, UTTAR PRADESH, Pin: 0, INDIA  
Ph: 9105367312 General Rs. 0  
Follow Up Patient  
बुध, शनि, Wed, Sat  
Reporting: 08:37:09  
02/09/2025

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

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

**उपचार Treatment**

CLSL in old onco clinic  
(R) WM.  
(Fluc 8 4 (L) S nucleation for yPE RB  
CHRF in HPE)

Orbital.  
BX: No elo  
malignant cells

→ (L) long term in situ  
→ well centered now.

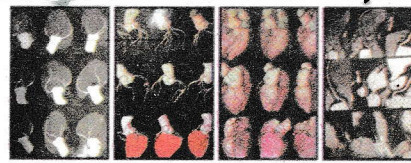
BMA + BMB: done  
PET  
LT pending

Adv: → Flup in Paeds Oncology for  
→ adjuvant chemo ilvlo HRF on HPS  
Flup in BMA + BMB depend 4 PET LT report to  
ad RB clinic.

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

Dr. NIRANJANA J  
Senior Resident  
Unit 6, R.P. Centre  
AIIMS New Delhi 110029



Patient Name: MASTER KISHOR	Center Name: A S HEALTH SQUARE
Age / Sex: 2 Y / M	Referred By: AIIMS
Patient ID: 42291	Date: <u>14/07/2025</u>

## CEMRI BRAIN WITH ORBIT

MR IMAGING OF BILATERAL ORBITAL REGION WAS PERFORMED ON A 1.5 T MR SYSTEM USING STIR, T1W AND T2W SECTIONS IN AXIAL AND CORONAL PLANES AND CORRELATED WITH T2W SAGITTAL OBLIQUE IMAGES. ADDITIONAL, AXIAL T2 & FLAIR IMAGES OF BRAIN WERE OBTAINED. POST GAD T1 WEIGHTED FS IMAGES WERE OBTAINED IN MULTIPLE PLANES.

### ORBIT:

*The study reveals well defined lobulated left intraocular mass lesion in posterior segment arising from retina. The lesion is involving vitreous. No extraocular extension is seen. The lesion appears hyperintense on T1W images and hypointense on T2W images with respect to vitreous. Post gadolinium lesion shows intense homogeneous enhancement. The lesion measures 1.8 x 1.1 cm. There is thickening of sclera. There is associated subretinal hemorrhage.*

Right eyeball is normal. Bilateral optic nerves show normal signal intensity and contours.

Bilateral extra-ocular muscles, intraconal and extraconal spaces show normal MR morphology with no evidence of any obvious focal signal alteration or collection apparent at present on the available MR images.

Retro-ocular space and fat planes are preserved.

Optic chiasma appears normal in contours and signal intensity. Bilateral cavernous sinuses appear normal.

### BRAIN:

The study reveals no significant focal lesion in the brain. The cerebral parenchyma shows normal signal characteristics. Myelination pattern of the brain is normal.

No evidence of restricted diffusion noted. The basal ganglia, thalami and internal capsules appear normal.

The mid-brain, pons and medulla appear normal. The cerebellum appears normal.

The ventricular system appears normal. The septum is in mid line. The sulci, fissures & basal cisterns appear normal.

The pituitary gland, optic chiasm and bilateral parasellar regions appear normal.

Print Report

Close



ROBOTIC CORE CLINICAL LABORATORY NATIONAL CANCER INSTITUTE  
(NCI), JHAJJAR, HARYANA.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
रोबोटिक कोर क्लिनिकल प्रयोगशाला नेशनल कैंसर इंस्टिट्यूट (एनसीआई), झज्जर, हरियाणा,  
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

UHID:	108564918	Sex:	Male
<b>Patient Name :</b>	<b>Mr KISHOR KISHOR</b>	<b>Sample Received Date :</b>	11/03/2026 05:30 PM
Age :	2 years 6 months 15 days	<b>Department :</b>	Paediatrics
Unit Name :	Unit-III	<b>Unit Incharge :</b>	
Lab Name:	NCI CORE LAB	<b>Lab Sub Centre:</b>	
Reg Date :	27/08/2025 10:12 AM	<b>Sample Collection Date:</b>	11/03/2026 10:06 AM
Report Generated Date:	11/03/2026 07:03 pm	<b>Dept / IRCH No:</b>	359360
Recommended By:	Dr. S. KABRA	<b>Lab Reference No:</b>	2485

**Sample Details : E110326275****Report**

Test Name	Result	Comment	Normal Range
<b>CBC</b>			
Hemoglobin (Cyanide Free Colorimetric)	8.700 g/dL		• 13 - 17 g/dL
Hematocrit (Calculated)	29.1508 %		• 40 - 50 %
RBC Count (Fluorescence Flowcytometry)	4.060 $10^6/\mu\text{L}$		• 4.5 - 5.5 $10^6/\mu\text{L}$
WBC Count (Fluo. Flowcytometry)	4.050 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count (Fluorescence Flowcytometry)	78 $10^3/\mu\text{L}$		• 150 - 410 $10^3/\mu\text{L}$
MCV ( Calculated)	71.800 fL		• 83 - 101 fL
MCH ( Calculated)	21.4286 pg		• 27 - 32 pg
MCHC ( Calculated)	29.8448 g/dL		• 31.5 - 34.5 g/dL
RDW-CV (Calculated)	20.300 %		• 11.6 - 14 %
<b>DLC</b>			
Neutrophils (Fluo. Flowcytometry)	4.400 %		• 40 - 80 %
Lymphocytes (Fluo. Flowcytometry)	81.600 %		• 20 - 40 %
Eosinophils (Fluo. Flowcytometry)	1.100 %		• 1 - 6 %
Monocytes (Fluo. Flowcytometry)	6.700 %		• 2 - 10 %
Basophils (Fluo. Flowcytometry)	0.300 %		• 0 - 2 %
Neutrophils - Abs (Calculated)	0.1782 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs (Calculated)	3.3048 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs (Calculated)	0.04455 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs (Calculated)	0.27135 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs (Calculated)	0.01215 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$

Over All Comment :

**Authorised Signatory**  
Dr.Tanima Dwivedi

**Verified B**  
anjulabn

Reports generated between 5:00 PM to 9:30 AM on all days, weekends and on holidays are PROVISIONAL. Any changes, if required after further review, will be communicated by 11:00 AM on the next working days.



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



बाल चिकित्सा विभाग

UHID:108564918

कमरा / Room  
C-210

OPR-6

Queue / संख्या  
F14

Dept No: 20250030023385

Clinic No: 2025/PDC/304

Unit-I, POC

जीकृत सं/O.P.D. Regn. No.

किशोर किशोर / KISHOR KISHOR

S/O MANO  
2Y 6M 27D / M/(पुरुष)  
VILL BARARI-DIST MATHURA, UTTAR  
PRADESH. Pin:0. INDIA  
Ph: 9105387912  
Follow Up Patient



Reporting: 01:50:26  
23/03/2026

पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

वह

13-14

N/V : 13/4/2026 E CBC  
RFT  
LFT

बाल चिकित्सा विभाग

UHID:108564918

कमरा / Room  
C-210

Queue / संख्या  
F11

Dept No: 20250030023385

Clinic No: 2025/PDC/304

Unit-I, POC

किशोर किशोर / KISHOR KISHOR

S/O MANO  
2Y 7M 17D / M/(पुरुष)  
VILL BARARI DIST MATHURA, UTTAR  
PRADESH. Pin:0. INDIA  
Ph: 9105387912  
Follow Up Patient



Reporting: 01:40:46  
13/04/2026

13-14

R/V 23/4/26  
CBC RFT  
LFT

Dr Nikita  
JR



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





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

बाल चिकित्सा विभाग,  
UHID:108564918

कमरा / Room  
C 216

OPR-6



Dept No: 20250030023385

Queue / संख्या  
F11  
Unit-III, Paediatric.

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

किशोर किशोर / KISHOR KISHOR

S/O MANO  
2Y 5M 4D / M(पुरुष)  
VILL BARARI DIST MATHURA, UTTAR  
PRADESH. Pin: 0. INDIA  
Ph: 9105367912 General Rs. 0  
Follow Up Patient

पिता/पुत्र/पत्नी/पुत्री  
F/S/W/D of

बुध, शनि, Wed, Sat

लिंग  
Sex

आयु  
Age

पता/Address

Reporting: 09:02:27  
31/01/2026

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

51  
12-4-26

बाल चिकित्सा विभाग,  
UHID:108564918

कमरा / ROOM  
C 216

OPR-6



Dept No: 20250030023385

Queue / संख्या  
F31  
Unit-III, Paediatric.

किशोर किशोर / KISHOR KISHOR

S/O MANO  
2Y 5M 25D / M(पुरुष)  
VILL BARARI DIST MATHURA, UTTAR  
PRADESH. Pin: 0. INDIA  
Ph: 9105367912 General Rs. 0  
Follow Up Patient

बुध, शनि, Wed, Sat

Reporting: 10:10:4  
21/02/2021

Details in notebook.

13-4  
66

FN in Peds OPD on 14/03/26 c  
CBC, LFT, RFT reports

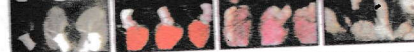
R-PAC  
Reducta

cough, cold (+)  
no fever  
Milk Buffalo milk @ 7am  
Paediatric medicine R/v for  
optimisation of URTI &  
use shatofn yuki  
SROT



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





Patient Name: MASTER KISHOR	Center Name: A S HEALTH SQUARE
Age / Sex: 2 Y / M	Referred By: AIIMS
Patient ID: 42291	Date: 14/07/2025

### CEMRI BRAIN WITH ORBIT

The corpus callosum appears normal. Intracranial vascular structures in view are normal.

Paranasal sinuses and mastoid regions in view are unremarkable. No abnormal leptomeningeal or parenchymal enhancement is seen.

**IMPRESSION:** MR findings reveal :

- Well defined lobulated left intraocular homogeneously enhancing mass lesion in posterior segment arising from retina suggestive of retinoblastoma.
- Bilateral optic nerves are normal.

\*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).

(A Unit of Superb Imaging)

H-1A, Main Market Road, Hauz Khas, New Delhi-110016

Website: myhealthsquare.com ★ E-mail: info@myhealthsquare.com

For Appointments Please Call Ph.: 011-45317777, 011-45317716 📞 +91-9310971546



DEPARTMENT OF RADIODIAGNOSIS & INTERVENTIONAL RADIOLOGY  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
NEW DELHI

Patient Name:	KISHOR KISHOR	Gender/Age:	M/2 y
UHID:	108564918	Exam Date:	22/12/2025 11:49AM
OPD / Ward:	Radiation Oncology	Modality:	MR
Procedure	MRI SCAN UNDER GA	Room:	NMR MAIN

**CEMRI ORBITS WITH SCREENING BRAIN MRI**

History: EORB post enucleation and chemotherapy

**STUDY PROTOCOL:**

Brain

3D postgad T1

Orbits

Axial : T1, T2 DIXON ,postgad T1

Cor : T2FS, postgad T1

Sag: PG

**LEFT ORBIT**

The left globe is not seen with ocular implant seen in situ.

There is thickening and bulbous enlargement of the resected margin of the optic nerve appearing isointense on T1, hyperintense on T2 with peripheral hypointense rim and post contrast enhancement limited to the intraorbital segment of the nerve. The intracanalicular and the intracranial segments appear normal. The left medial rectus also appears mildly bulky with heterogeneous post contrast enhancement.

There is focal defect along the medial wall of the left orbit with herniation of the orbital fat into the adjacent ethmoid cells.

**RIGHT ORBIT**

Right optic nerve is normal in bulk and signal intensity.  
Extraocular muscles are normal in bulk and signal intensity.  
Retroorbital fat is normal. No intraorbital mass lesion is seen.  
Right globe is normal in outline and signal intensity.

**BRAIN**

Both the cerebral hemispheres show normal MR morphology, signal intensity and gray-white mater differentiation.

Both lateral ventricles and third ventricle is normal in size.

Brain stem and cerebellar hemispheres are showing normal MR morphology, signal intensity and outline.

Fourth ventricle is normal in size and midline in position.

Basal cisterns are normally visualized.



*[Handwritten signature]*

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

(771) (REVISIT)



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108564918

आपातकालीन नं.(Emergency No): 2025/030/0154132

दिनांक DATE: 28/12/2025

समय TIME: 10:15:04 PM

NON-MLC

नाम NAME: MR KISHOR KISHOR

आयु AGE : 2 years 4 months 1 days

लिंग /SEX : M

S/O : MANO

पता ADDRESS:

मकान संख्या H.NO:

VILL BARARI DIST MATHURA गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK:

पिन PIN: 0

राज्य STATE:

UTTAR PRADESH

दूरभाष सं. PHONE NO: 9105367912

मोबाइल MOBILE NO:

9105367912

स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

*K/C/O EORB*  
*Repeated episodes of vomiting post chemotherapy*  
*Chemotherapy received today*

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : <u>Yes</u> /No If No.....	HR <u>134</u> /min	GCS <u>15/15</u>
Breathing: RR <u>28</u> /min Efforts: <u>Normal</u> /Poor/increased	CFT <u>43</u> secs.	Pupil size...../min
Auscultation: Air entry: <u>Normal</u> /poor/Differential	BP.....mmHg	Pupillary Reactions <u>B/L RT</u>
Added sounds: <u>None</u> /Stridor/Wheeze/Crackles	Peripheral pulse: Poor/ <u>Good</u>	<u>Motor activity:</u> <u>Normal &amp; Symmetrical</u> / Asymmetrical/ Posturing/Flacidity/Seizure
SpO2 on Room air <u>96.7%</u> on RA <u>12kg</u>	Central pulse: Poor/ <u>Good</u>	Blood Sugar.....mg/dl
	Skin temp: <u>Warm</u> /cool	Exposure: Temp..... Colour: <u>Normal</u> /pallor/cyanosis/ mottled Any other skin lesions.....
	Others	

Diagnosis

*Post chemo vomiting*

*Adv*

*10:30 AM*  
*by Pantop 15mg iv stat*  
*by Euset 2mg iv stat*  
*NSP DNS + 1:100KCl @ 10ml/hr*

23/12/25.

cont. chemo.

PAC → 60

R/V on. 17/2/26.  
R.NO-4

9 AM

Jurab.

17/2/26:

details in file.

Pedia

Plan:

1. PAC to be done today - 60

↓  
f/u in 28 for planning tomo after PAC.  
(9am 18/2/26)

60

11 MAR 2026

Sanjiv  
Sr.

~~60~~  
18 FEB 2026

18/2/26. c/s/ RT-planning.

• Patient reviewed in room-60 →

fever with cold and asked to follow-up after 1 week

Adu (i) CBC/LFT/KFT

(ii) Syn. L2Z (S/S) 2.5ml oors.

(iii) To alv in Room 60 after 1 week.

(iv) To alv in Room 28; 8:30am on 25/2/26.

~~60~~  
25 FEB 2026

11/3/26 - To admit in IRCH RT ward (1st floor) for CT sim ↓ GUA

Su  
Jair



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108564918

(Emergency No): 2025/030/0145181

दिनांक DATE: 06/12/2025

समय TIME: 09:52:45 AM

NON-MLC

NAME: MR KISHOR KISHOR

आयु AGE : 2 years 3 months 10 days

लिंग /SEX : M

S/O : MANO

ADDRESS:

मकान संख्या H.NO:

VILL BARARI DIST MATHURA

गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK:

पिन PIN:

0

राज्य STATE:

UTTAR PRADESH

दूरभाष सं. PHONE NO:

9105367912

मोबाइल MOBILE NO:

9105367912

स्थान Location:

Paediatrics Emergency

ब्रॉट ब्रॉट BY: Relative : FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

Fluclucit ERB

Day 1 VEC yesterday  
D2 today

Presenting Complaints

do - multiple episodes of vomiting  
- no fever

- passing urine

Primary Assessment (ABCDE) : Assessment Pentagon

<p><b>Airway</b></p> <p>Open &amp; stable Yes/No If No.....</p> <p><b>Breathing:</b> RR 30/min Efforts: Normal/Poor/increased</p> <p><b>Auscultation:</b></p> <p>Air entry: Normal/poor/Differential</p> <p>Added sounds: None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air: 100%</p> <p>wt - 12kg</p>	<p><b>Circulation</b></p> <p>HR: 140/min</p> <p>CFT: 2 secs.</p> <p>BP: 112/94 (88)</p> <p>Peripheral pulse: Poor/Good</p> <p>Central pulse: Poor/Good</p> <p>Skin temp: Warm/cool</p> <p>Others dehydrated</p>	<p><b>Disability</b></p> <p>GCS: 15/15</p> <p>Pupil size: 3mm</p> <p>Pupillary Reactions: R2</p> <p><b>Motor activity:</b></p> <p>Normal &amp; Symmetrical/ Asymmetrical/ Posturing/Flacidity/Seizure</p> <p>Blood Sugar: .....mg/dl</p> <p><b>Exposure:</b></p> <p>Temp: afab</p> <p>Colour: Normal/pallor/cyanosis/ mottled</p> <p>Any other skin lesions: .....</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Diagnosis ANV/compensated shock

10:30am

IV canula / CBC / VBA / Bloods

IV RL 240ml 1 v over 30min

0.2m 5ul/min

IV RL 1L 1 v over 4hrs

IV ceftriaxone 600mg QBD

10:30am

try pantop 1mg 1 v over

try emlet 2mg 1 v over

def as per + 2000ml @ 45ml/hr

maintain



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



UHID: 108564918 Sex: Male  
Patient Name: Mr KISHOR KISHOR Sample Received Date: 02-Jan-2026 17:03 PM  
Age: 2Y 4m Department: Paediatrics  
Reg Date: 02-Jan-2026 17:03 PM Sample Collection Date: 02-Jan-2026 16:31 PM  
Recommended By: Sample Details: LH02012601758  
Lab Sub Centre: SMART Lab, New RAK OPD Lab Reference No: 2617039484

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb (SLS-photometry)	8.10	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	28.10	%	34 - 40
RBC count (Impedance)	3.88	10 <sup>6</sup> /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	6.24	10 <sup>3</sup> /μl	5.0 - 15.0
Platelet count (Impedance)	394.00	10 <sup>3</sup> /μL	200 - 490
MCV (Calculated)	72.40	fL	75 - 87
MCH (Calculated)	20.90	pg	24 - 30
MCHC (Calculated)	28.80	g/dL	
RDW-CV (Calculated)	20.00	%	11.6 - 14
Neutro (Fluo. flow cytometry)	53.60	%	30-60%
Lympho (Fluo. flow cytometry)	42.60	%	29-65%
Eosino (Fluo. flow cytometry)	0.30	%	1-4%
Mono (Fluo. flow cytometry)	2.90	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.60	%	0-1%
Neutro - Abs (Calculated)	3.34	10 <sup>3</sup> /μl	1.5-8.0
Lympho- Abs (Calculated)	2.66	10 <sup>3</sup> /μl	6.0-9.0
Eosino - Abs (Calculated)	0.02	10 <sup>3</sup> /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.18	10 <sup>3</sup> /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.04	10 <sup>3</sup> /μl	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)  
02-Jan-2026 18:28

**Attention:** Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005



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



UHID: 108564918 Sex : Male  
Patient Name : Mr KISHOR KISHOR Sample Received Date : 12-Jan-2026 13:43 PM  
Age : 2Y 4m Department : Paediatrics  
Reg Date : 12-Jan-2026 13:43 PM Sample Collection Date: 12-Jan-2026 11:59 AM  
Recommended By : Sample Details : LH12012601436  
Lab Sub Centre: SMART Lab. New RAK OPD Lab Reference No: 2617086350

### HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb (SLS-photometry)	8.00 ✓	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	27.70	%	34 - 40
RBC count (Impedance)	3.79	10 <sup>6</sup> /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	4.61 ✓	10 <sup>3</sup> /μl	5.0 - 15.0
Platelet count (Impedance)	230.00 ✓	10 <sup>3</sup> /μL	200 - 490
MCV (Calculated)	73.10	fL	75 - 87
MCH (Calculated)	21.10	pg	24 - 30
MCHC (Calculated)	28.90	g/dL	
RDW-CV (Calculated)	21.80	%	11.6 - 14
Neutro (Fluo. flow cytometry)	20.40	%	30-60%
Lympho (Fluo. flow cytometry)	59.90	%	29-65%
Eosino (Fluo. flow cytometry)	3.00	%	1-4%
Mono (Fluo. flow cytometry)	16.50	%	2-10%
Baso (Fluo. flow cytometry)	0.20	%	0-1%
NRBC	1	%	
Neutro - Abs (Calculated)	0.94 ✓	10 <sup>3</sup> /μl	1.5-8.0
Lympho- Abs (Calculated)	2.76	10 <sup>3</sup> /μl	6.0-9.0
Eosino - Abs (Calculated)	0.14	10 <sup>3</sup> /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.76	10 <sup>3</sup> /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.01	10 <sup>3</sup> /μl	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)  
12-Jan-2026 17:00