



1. शिकायत

श्रीमान दीपक महोदय

काबलकेशी हॉस्पिटल आंशानाईसिवासी

महोदय

श्रीमान निवेदन है कि मैं

दिपक चौहान नाम का मजदूर

हूँ जिसका उत्पत्ति पंजाब का काशीपुर

जिला है मैंने विवाह का काम भी

आपके कारखाने के कारण किया है 1925 ई

वही है इसका इलाज के कारण

होकर मैं 105.438 रु का खर्चा

कराया है इसका इलाज अभी भी

चल रहा है जिसके लिए इलाजगाना

शाल को देना मे अत्यंत है

इसलिए निवेदन है कि मैंने इसका इलाज

के आर्थिक शहायता प्रदान करे जिसके

एकथावाद

दिपक

जिला

आदरणीय महोदय

OP

ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN

This is to certify that Shri/Ms. Virat Age 1 year Gender M.

s/o, D/o, W/o is getting treatment under Ophthalmology Dep

vide registration no. 1077603 UHID No. 107760350

is suffering from B/L Retinoblastoma

He/she has been advised for surgical items for IAC procedure of 1 cycles for Single regimen and the

approximate cost of the total treatment is Rs. One lakh one thousand four hundred

(in words): Rs. thirty eight rupees

item-wise break-up of expenditure of the estimate (if applicable) is as below.

<input checked="" type="checkbox"/> 1. INJECTION OMNIPACONE/LOMERON 300mg- 50ml	1000RS
<input checked="" type="checkbox"/> 2. THREE WAY CONNECTOR(BD) - 1	268RS
<input checked="" type="checkbox"/> 3. SHORT CONNECTING TUBES WITH 3 WAY-2	120RS
<input checked="" type="checkbox"/> 4. LONG CONNECTING TUBES WITH 3 WAY-2	308RS
<input checked="" type="checkbox"/> 5. LUER LOCK SYRINGES 10ml/0.1ml-1	43RS
<input checked="" type="checkbox"/> 3. MEDICUT 18G/PUNCTURE NEEDLE 18G/21G-1	315RS
<input checked="" type="checkbox"/> 4. EXCHANGE GUIDEWIRE(TERMO) 150cm, 32 ANGLED-1	2226RS
<input checked="" type="checkbox"/> 5. DOUBLE LARGE BORE Y-CONNECTOR(MERIT)-1	1250RS
<input checked="" type="checkbox"/> 6. FEMORAL SHEATH(ARROW) 5F X 7.5cm-1	1224RS
<input checked="" type="checkbox"/> 7. ENVOY 5F-1	12384RS
<input checked="" type="checkbox"/> 8. MARATHON-1/HEADWAY 21	52700RS
<input checked="" type="checkbox"/> 9. HYBRID/MIRAGE-1	26900RS
<input checked="" type="checkbox"/> 10. INJECTION MELPHALON 50mg/10ml	2,500RS
<input checked="" type="checkbox"/> 11. INJECTION TOPOTECAN 2.5mg/2.5ml	4,000RS
<input checked="" type="checkbox"/> 12. INJECTION CARBOPLATIN 150mg/15ml	1,000RS

Note

This estimate certificate is being issued to avail financial assistance for treatment only.

The said estimate certificate is valid and applicable to avail financial assistance from Rashtriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State illness assistance fund, Prime Minister's Relief Fund, Health Minister's Discretionary Fund (HMDF), and fund from other sources.



DIAGNOSTICS REDEFINED

CIN No.: U74999DL2004PTC131223

DATE: 27 April 2026	
PATIENT ID.: 11261286	AGE/SEX: 2 Y / M
NAME: MAST. VIRAT	REFERRED BY: AIIMS

MRI BRAIN CONTRAST

STUDY PROTOCOLS:

FLAIR T1W AND FAST SPIN ECHO T2W HIGH RESOLUTION AXIAL IMAGES OF BRAIN WERE OBTAINED ON A HIGH RESOLUTION DEDICATED PHASED ARRAY SURFACE COIL USING TWIN GRADIENT 16 CHANNEL HIGH DENSITY 3.0 TESLA SYSTEM WITH ZOOM GRADIENT COIL AND CORRELATED WITH T2W SAGITTAL, CORONAL, FLAIR AND DIFFUSION AXIAL IMAGES. CONTRAST WAS GIVEN.

SUPRATENTORIAL:

Cerebral parenchyma is normal in signal intensity with maintained grey and white matter differentiation.

There is no significant post contrast enhancement seen.

No evidence of restricted diffusion or blooming seen.

Bilateral basal ganglia and thalami are normal in volume and signal intensity.

Ventricles are normal in shape, size outline and location. Septum is in midline.

Basal cisterns and sylvian fissures are normal.

Sella and parasellar region are normal.

POSTERIOR FOSSA:

Brainstem is central and normal in signal intensity.

Fourth ventricle is central and normal.

Cerebellum is normal in signal intensity.

Major intracranial flow voids present.

IMPRESSION: CEMR IMAGING OF BRAIN DOES NOT REVEAL ANY SIGNIFICANT ABNORMALITY.

Investigations have their limitations. Ancillary investigations never confirm the final diagnosis of disease. It only helps in diagnosing the disease in correlation to the clinical symptoms. Not meant for medico legal purposes.

ADVISED: CLINICAL CORRELATION

Dr. Deepanshu Gupta
MBBS, MD (Radio-Diagnosis)
DMC Reg No. R/10529



DATE: 27.April.2026	
PATIENT ID.: 11261286	AGE/SEX: 2 Y / M
NAME: MAST. VIRAT	REFERRED BY: AIIMS

CEMRI REPORT - ORBIT

TECHNIQUE:

T2W FS Axial, Coronal, DWI, T1W Axial
ADC, T2W FS Sagittal Oblique Right & Left
Contrast was given.

OBSERVATION:

T2 / FLAIR hypointense lesion noted in left vitreous chamber, posterosuperior inferior part with diffusion restriction and enhancement within it.

Rest of the globe is normal shape. The lens is in normal position.

The lacrimal glands appear normal.

The extra ocular muscles show otherwise normal thickness and shape on both sides.

The optic nerves on both sides are normal in thickness.

The retro bulbar fat is normal on both sides.

Sellar, parasellar region and optic chiasm appear normal.

The region of lacrimal sac and preseptal compartment appear normal.

IMPRESSION:

- Findings are detailed above are in favour of neoplastic etiology in left orbit.

Note :- Owing to technical limitations, in case of any error in the study, the doctor cannot be held, responsible for claim of damages of any nature. Investigations have their limitations. Solitary investigations never confirm the final diagnosis of disease.

Dr. Deepanshu Gupta
MBBS, MD (Radio-Diagnosis)
DMC Reg No. R/10529



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



UHID: 107760350
Patient Name: Mr VIRAT VIRAT
Age: 2Y 3m
Reg Date: 18-Mar-2026 14:06 PM
Recommended By:
Lab Sub Centre: SMART Lab. New RAK OPD
Sex: Male
Sample Received Date: 18-Mar-2026 14:06 PM
Department: Paediatrics
Sample Collection Date: 18-Mar-2026 12:43 PM
Sample Details: LH18032601692
Lab Reference No: 2617461935

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb (SI S-photometry)	8.70	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	30.00	%	34 - 40
RBC count (Impedance)	4.09	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo flow cytometry)	10.92	$10^3/\mu\text{L}$	5.0 - 15.0
Platelet count (Impedance)	557.00	$10^3/\mu\text{L}$	200 - 490
MCV (Calculated)	73.30	fL	75 - 87
MCH (Calculated)	21.30	pg	24 - 30
MCHC (Calculated)	29.00	g/dL	
RDW-CV (Calculated)	27.30	%	11.6 - 14
Neutro (Fluo flow cytometry)	53.00	%	30-60%
Lympho (Fluo flow cytometry)	34.50	%	29-65%
Eosino (Fluo flow cytometry)	0.50	%	1-4%
Mono (Fluo flow cytometry)	11.50	%	2-10%
Baso (Fluo flow cytometry)	0.50	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	5.79	$10^3/\mu\text{L}$	1.5-8.0
Lympho- Abs (Calculated)	3.77	$10^3/\mu\text{L}$	6.0-9.0
Eosino - Abs (Calculated)	0.05	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	1.26	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.05	$10^3/\mu\text{L}$	0.02 - 0.1

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
18-Mar-2026 19:11

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it



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



UHID: 107760350 Sex: Male
Patient Name: Mr VIRAT VIRAT Sample Received Date: 18-Mar-2026 21:03 PM
Age: 2Y 3m Department: Paediatrics
Reg Date: 18-Mar-2026 16:16 PM Sample Collection Date: 18-Mar-2026 12:43 PM
Recommended By: Sample Details: LC1803262417
Lab Sub Centre: SMART Lab. New RAK OPD Lab Reference No: 2617463765

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Serum	27	mg/dL	17 - 49
Urea (Urease GDH)	0.3	mg/dL	0.2 - 0.4
Creatinine (Jaffe compensated)	3.0	mg/dL	3.4 - 7.0
Uric Acid (Urease Colorimetric)	9.8	mg/dL	8.8 - 10.8
Calcium (5-Nitro-5'-methyl-BAPTA)	5.8	mg/dL	2.5-4.5
Phosphate (Phosphomolybdate Reduction)	139	mmol/L	135 - 145
Sodium (ISE (indirect))	5.6	mmol/L	3.5-5.1
Potassium (ISE (indirect))	105	mmol/L	98-107
Chloride (ISE (indirect))	0.23	mg/dL	0 - 1
Bilirubin (T) (Colorimetric, Jendrassik-Gotro)	0.10	mg/dL	0 - 0.2
Bilirubin (D) (Diazo Gas 2-Jendrasik-Gotro)	0.13	mg/dL	0 - 0.9
Bilirubin (I) (Calculated)	29	U/L	0 - 26
ALT (IFCC without pyridoxal phosphate)	39	U/L	<=40
AST (IFCC without pyridoxal phosphate)	211	U/L	142 - 335
ALP (PNPP,AMP Buffer - IFCC)	7.5	g/dL	6.0 - 8.0
Total protein (Buret Method)	4.3	g/dL	3.8 - 5.4
Albumin (Bromocresol Green(BCG))	3.2	g/dL	3.0 - 3.7
Globulin (Calculated)	1.3		0.8-2.0
A/G ratio (Calculated)			

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Sudip Kumar Datta MD
(Biochemistry)
19-Mar-2026 01:33

ब. रो. वि. कार्ड
O.P.D. Card



अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार

28B
कमरा नंबर
Cabin No.

डा. राजेन्द्र प्रसा
अ. भा. आयु. स
Dr. Rajendra Pra
A.I.I.M.S., New
यू.एच.आई.डी.
UHID No.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
UHID:107760350
CR No.:R-026528-26
Name: MR VIRAT
VIRAT
Age 2Y 6M 8D/M
Date: 08/06/2026 11:48:12 AM
Ward Name: RPC 2A
Bed No: 220
Unit In-charge: Dr. Tanuj Dada
Unit-IV
ACCOUNTS-21-17355/202627
S O:DEEPAK
Address:VILLAT-ATERNA DELHI

6660/24

रोगी क
Name of t

Virat

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
8/6/26	(R) (L)	RAA OPO CBC, LFT, RFT PT/INR



108

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

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

यू०एच०आई०डी० संख्या
UHID No.

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



अनुभाग व दिन
Section and Day **IV**
सोमवार व बृहस्पतिवार
Monday & Thursday

कमरा नंबर
Cabin No.

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
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दिनांक DATE	निदान DIAGNOSIS
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उपचार Treatment

H/U/C/O (RE) Regressed Multifocal Wp B RB
(LE) Regressing Wp E RB

60 HDCEV Last - 11/3/25

30 IAC - (M+T) ← 21/05/25
11/8/25
8/11/25

EVA - 25/5/26

(LE) → ↑ Size of mass + Intralésional Hemm. + RD (localised) +
- Plan for emulsification Colicified mass

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
नटिंग रोगी विभाग / Out Patient Department



बाल चिकित्सा विभाग

UHID: 107760350



Dept No: 20240030025365

VIRAT VIRAT

कमरा / Room
C-210

ROHIBITED IN HOSPITAL PREMISES

Queue /
संख्या

F46

Unit-III, Paediatric

OPR-6

S/O DEEPAK
ZY 2M 11D / M (पुरुष)
VILLAT- ATERNA DELHI, INDIA

बुध, शनि, Wed Sat (बुध, शनि)



Reporting: 10:59 41
11/02/2026

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No.

आयु
Age

पता / Address

Ph: 9927051658
Follow Up Patient

General Rs. 0

निदान / Diagnosis

दिनांक / Date

15

12.1.24

K1c10 Bilateral Retinoblastoma - Left Group E; Right
Multifocal Group B with reactivation of B/L
Disease / Post 7th HDCEV

उपचार / Treatment

No lab reports available

Adv

Comer CBC, LFT, RFT
reports on

Monday Once Clinic



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

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



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

नाम Name VIRAT	उम्र Age 2 Y 8 M	लिंग Sex M	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No. 107760350
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	<ul style="list-style-type: none"> → Inj ceftriaxone 600mg IV BD → Inj pantep 15mg IV OD → Inj Emset 2mg IV SOS → Inj PCM 120mg IV TDS → SYP. Zinc (SM/20mg) SM/POX 14 days 		<p>4PM</p> <ul style="list-style-type: none"> → pt is conscious & oriented on O₂ via NP @ 2 L/min → IVF onflow → SpO₂ - 94%, HR - 126bpm <p>5:30 am</p> <ul style="list-style-type: none"> - patient conscious & oriented on O₂ via NP @ 2 L/min Temp - 100.3°F <p style="text-align: right;">G. Khan</p>

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

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion

Vedat

107760350

Date	Remarks	Investigation Advised	Treatment Advised
NA 11:20pm	Syp: Zine	Sml PO OD	1:15pm Child came for Complain of loose motion nausea, vomiting seen by Dr. Riga & Dr. Vashaka, Received on bed. vitals signs checked and Recorded.
11:20pm	{ Inj. pantop Inj. Emeset	10mg IV stat 2mg IV stat	BP- 92/58 mmHg SpO ₂ - 100% HR - 140/mt.
11:20pm	Inj. PCM 120mg	IV stat	9hr
11:20pm	R IVP RL	900ml IV over 4hrs. (@ 225ml/hr)	child is active - JRM- - orally allowed. - 14hr - SpO ₂ 90-1. CPM

Ⓡ Regressed Multifocal Grp B RB
Flu/40 → Ⓛ Reactivated Grp E RB with RD

Date:

05/05/2026

ASOCT

NRC Review ↓ SR Radiology

Initial MRI

Nov 2025

→ current MRI

April 2026

Tx received → 60 HD-CEV

→ Ⓛ 30 IAC (M+T)

→ Ⓛ 1 Intra vitreal topotecan

PSOCT/OCTA

Nov 2025

Ⓛ

→ T₂ Hypointense mass
FAF/FFA
intra-ocular

→ No % optic n/v involv

→ No % extra-scleral
extension.

ICGA

Ⓡ

→ No mass appreciated

Brain - WNL

USG

Apical Height

Basal Diameter

April 2026

Ⓛ → RD ⊕

→ T₂ Hypointense

→ Near superior aspect
enhancing mass

→ Not touching lens/CB

→ No % optic n/v involv.

→ Post coats enhancement.
But no definite extension
beyond sclera

→ Possible choroidal invasion

Ⓡ → No mass appreciated

Brain → WNL

UBM

[Signature]
Dr. Tammy, MD

Ⓡ/Ⓡ

→ FlU in RB Clinic (Wed) 2:00 P

142-B (6/5/2026) ~~142-B~~

for consultant opinion for

Ⓛ Evacuation

VIRAT (2yr/M) 107760350

Ocular Prosthesis:

#5/PRC

⇒ F/U in RB Clinic (Wed) 2:00PM.

with Dr. N. Loni Consultant opinion
for any \odot Intervention

~~Phulla~~
~~Dr. Loni~~

Form in WARD 2A with Dr. Sumit Grover	12:00 PM (afternoon)	\odot Prosthesis
--	-------------------------	--------------------

Low Vision Trial:

99 270 51658



C/S/b → Prof. Dr. Bhavna Chawla

→ D.O.A →

\odot Enucleation
+ 1° Implant + GA

DOA: 8/6/26 | ward
2A | Sam

Chawla