



JAN LAKSHYA TRUST

बाल चिकित्सा विभाग
UHID: 107534813



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

ADITI

कमरा / Room

C-210

Queue /
संख्या

F23

Unit-I POC

1Y 7M 29D / F(महिला)

Rae bareilly, UTTARAKHAND, INDIA

Follow Up Patient

General Rs 0

MON से



Reporting 02:15:11
30/09/2024

SQ

फॉलो

N/v on 07/10/24

in POC 2nd CBC
Clinic

ms

07/10/24

Adv:

• CBC, LFT, KFT

• Next visit → 23/10/24 |

• may go home

Amish

JAIN LAKSHYA TRUST

D BIL IORB $\left\{ \begin{array}{l} \textcircled{R} \text{ Multifocal gp. "B"} \\ \textcircled{L} \text{ group "D"} \end{array} \right.$

07/10/24

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

Last EVA post 5th HD-COV \rightarrow 17/9/24

- \textcircled{R} Regressing mass τ cystic changes
- \textcircled{L} Calculated mass τ total RD

No further action

PLAN \rightarrow 1st HD-COV \Rightarrow EVA

Adv:

\textcircled{O} Next visit \rightarrow 23/10/24

\circ CBC, LFT, KFT

\cdot to cont. septan

ADITI

LC2110242629 107534813

LH21102401945 107534813



ADITI

30/09/24

Familial RB $\left\{ \begin{array}{l} \textcircled{R} \text{ group B - multifocal} \\ \textcircled{L} \text{ group D.} \end{array} \right.$

Post cycle 5 on 10/09/24 -
11/09/24.

clinically well.

To proceed with cycle 6.

$\textcircled{14.7} \rightarrow \frac{6.82}{3.36} \rightarrow 2.15 \textcircled{L}$

LF1/KF1 - \textcircled{N} .

Adv.

→ Inj. VINCRIStINE
0.2 mg iv SLOW
PUSH on D₁

Inj. CARBOPLATIN 220 mg / 100 ml NS
iv over 1 hour on D₁

Inj. ETOPOSIDE ^{100mg} in 250 ml NS iv
over 2 hours on Anti D₁ D₂.

Inj. G-CSF 40 mg s/c q 24 hrs
from D₃ till ANC recovery.

Post Chemo [- Syp EMSET 5ml/2mg x 3 days
4ml po q 8 hrs
- T. 25 DEXA 4mg 1/4 - 0 - 1/4 x 3 days

To take date
for cycle 6
from MCH-DC -
CANKIDS
Please
help.
on 02/10/24
and 03/10/24.

JAN LAKSHYA TRUST



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**

बाह्य चिकित्सा विभाग,
 UMID: 107534013

कमरा / Room
 C-210

OPR-6

Queue /
 संख्या N10
 Unit-I, POC,

Dept No: 20240030016184

P.D. Regn. No. _____

एकक / Unit
 विभाग / Dept

ADITI

पता / Address

नाम /

1Y 7M 22D / F/(महिला)
 Res bareilly, UTTARAKHAND, INDIA

MON सोम



General Rs. 0

Reporting: 02.06.21
 23/08/2024

199/24

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

38

S.K.

N/v on 30/09/24 POC Clinic
 2pm

CBG / LFT / KFT.

JAN LAKSHYA TRUST

- Screening screening in RPC

OPD. i/v/o Familial

RB.

Manasee



Dr. MANASEE DEKA
 Senior Resident
 DM Pediatric Oncology
 AIIMS, New Delhi- 110029



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)



meraaspatal.nhp.gov.in

2:45
2: pm
nd
10, pupd

ly Pip taz 800mg w stat
ly Amoxicillin 1200mg w stat
ly Emset 1.5mg IV @ stat
LVF DNE (1:100 kcal) @ 30 u/hr.

ly

C/SIB SRP.0

C/O bil RB - Rt. much ~~more~~ 9/8
Lt. 9/8

→ post vit cycle HPOEV
(14/8 to 15/8)

• C/O ↓ oral intake
→ occasional ep vomiting

• no h/o loss of stool / fever / cough / tach

⇒ C/O swelling & redness over post aspect of left arm
(at the site of G-CSF injn)

? cellulitis

%

vitals - stable

ANC: 370

Adv

local: mild swelling @ e left arm
no local redness temp
- mild redness @

1. USU local site
2. MV after USU

Optus
Rto

ret 57 66 wml



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 107534813 Sex: Female
Patient Name: Mrs ADITI Sample Received Date: 22-Oct-2024 00:03 AM
Age: 1Y 8m Department: Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 21-Oct-2024 18:33 PM Sample Collection Date: 21-Oct-2024 14:45 PM
Recommended By: Lab Reference No: 2414763018

Sample Details : LC2110242629

Sample Type : Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLDH)	12	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.2	mg/dL	0.2 - 0.4
Uric Acid (Uricase/Colorimetric)	3.3	mg/dL	2.4-5.7
Calcium (5-Nitro-S'-methyl-BAPTA)	10.1	mg/dL	9-11
Phosphate (Phosphomolybdate Reduction)	5.7	mg/dL	2.5-4.5
Sodium (ISE (indirect))	139	mmol/L	135 - 145
Potassium (ISE (indirect))	4.7	mmol/L	3.5-5.1
Chloride (ISE (indirect))	101	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.15	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.08	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.07	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	22	U/L	0 - 23
AST (IFCC without pyridoxal phosphate)	45	U/L	<=32
ALP (PNPP, AMP Buffer - IFCC)	159	U/L	142 - 335
Total protein (Bijvet Method)	7.3	g/dL	5.6 - 7.5
Albumin (Bromocresol Green (BCG))	4.6	g/dL	3.8 - 5.4
Globulin (Calculated)	2.7	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.7		0.8-2.0

-----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)
22-Oct-2024 00:32



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

BABY ADITI, 1 YRS / F

UID: 05.24.1094

24.05.2024

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.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG, PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)

TREATMENT PROTOCOL FOR RETINOBLASTOMA

VHID

Name ADITI Father's name Rajjan Age 14 Sex M POC NO 199/24
 Family history PATIENT HAD RB
Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis/Others
 Unilateral/bilateral.....MT..... HBsAg..... HIV.....

L Intraocular/Extraocular

R Intraocular/Extraocular

↓ ↓
 Group D Metastatic/
 Non metastatic

↓ ↓
 Group Multifocal B Metastatic/
 Non metastatic

Baseline workup/Investigations

USG R & L eye - Intraocular Mass & Multifocal spots & calcification
 EUA (R) multifocal group B / (L) group D RB

Indirect Ophthalmoscopy

MRI Date:

Report.....

Review of imaging in Radioconference: Yes/No

(R) & (L) intraocular Mass T1 hypointense & T2 hyperintense
ND ON involvement

Date: 9/06/24

Hb 10 TLC 12.9 Platelet 3,33,000 ANC 4.74 SGOT/SGPT/S.Bil/SAP 34/9/179

MT (-) HBsAg (-) HIV (-)

Enucleation: upfront/later..... Radiation: Yes/No.....

Chemotherapy details.....

Local treatment.....

Date:

ASOCT

PSOCT/OCTA

FAF/FFA

ICGA

JIAN LAKSHYA TRUST

USG

Apical Height
Basal Diameter

① Intraocular mass = high spike | 3.87mm
? RB | 3.43mm

② Intraocular mass with multiple high
spikes & calcification 2RB

UBM



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



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शरीरमाप खतु वर्मसाधना

बाल चिकित्सा विभाग
UHID: 107534813
ASHA:
ash@112023@aiims
Dept No: 20240030016194

कमरा / Room
C-210
Queue / संख्या
F19
Unit-III, Paediatric.

OPR-6

एकक / Unit

विभाग / Dept.

नाम / ADITI

1Y 5M 23D / F (महिला)
Rae bareilly, UT1, UKHAND, INDIA

Follow Up Patient
General Rs. 0

SAT सुप शक्ति



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

सं/O.P.D. Regn. No.

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

32

7-8 kg

To Flu on 7/8/24 Wed AM
T CBC/SE RPT RTI

8.8 / 8520 / 2700 / 559 x 10³

can go home

Nikita

13/08/24

Ij ver 0.2m

Ⓛ

Ij Carboplatin 150mg Ⓛ

Ij Etoposide 65mg Ⓛ



Dr. Amitabh
Resident
Paediatric Oncology
UMC - 52671
AIIMS - New Delhi



Pradhan Mantri Jan Arogya Yojana
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

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)



मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

Cycle no 5 Date..... Wt 7.8 kg BSA.....
 Hb 9 TLC 80w ANC 3610 Platelets 6L
 SGOT..... SGPT..... S Bil..... Urea..... Creatinine.....

Drugs	Dose given	Day
VCR	0.2 mg	D ₁
Carboplatin	220 mg	D ₁
Etoposide	100 mg	D ₂

10/09/24
 11/09/24

Next visit.....

Cycle no 6 → 2.10.24 Date..... Wt 8 kg BSA.....
 Hb 14.70 TLC 6.82 ANC 3.36 Platelets 2.15 (L)
 SGOT 23 SGPT 44 S Bil 0.18 Urea 8 Creatinine 0.3

Drugs	Dose given	Day
VCR	0.2 mg	D ₁ Adli
Carboplatin	220 mg	D ₁ Adli 2.10
Etoposide	100 mg / 250 ml NS	D ₁ Adli 2.10 D ₂ Adli 3.10

EVA ↓ MVI ↓ Prof Brauna ↓ Dr Deep ↓ Dr Abhishek ↓ Dr ...

16/7/24

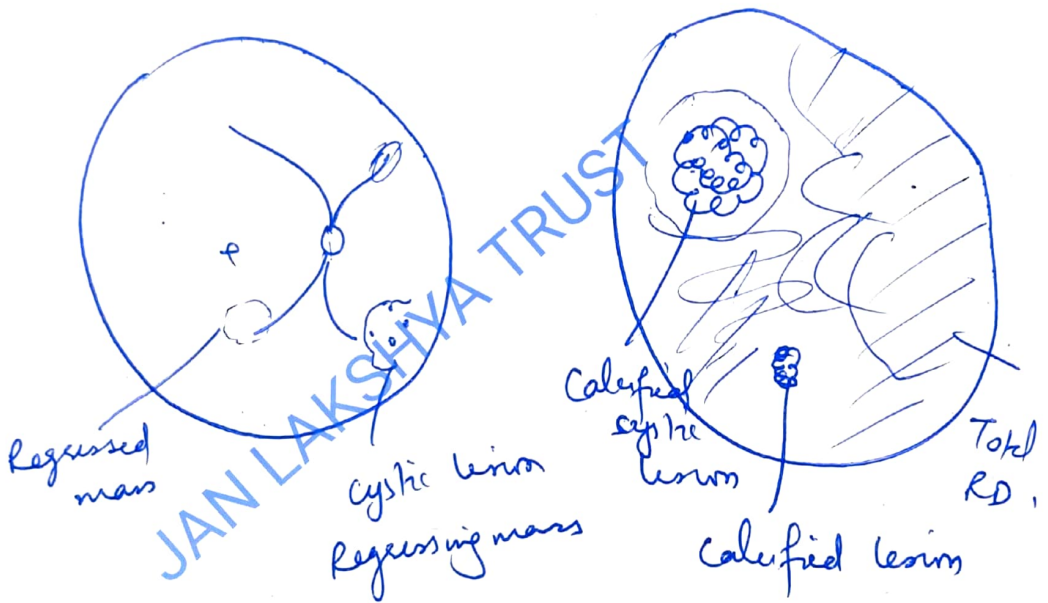
(Dr N. Loni)
Regressing

(RE) Multifocal Gp B

(LE) Regressing
Gp D

h/o 2 cycles of chemotherapy ~~last~~
last (July 2024)

Response to Chemotherapy noted



(LE)

AP - 4.4 cm

LBD - 7.8 cm



F/U after 2 more cycles of chemotherapy
old oncology clinic (1425)
Monday
Wednesday

(BE) - 2/d Mycin (3) x 5 days



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 107534813 Sex: Female
Patient Name: Mrs ADITI Sample Received Date: 21-Oct-2024 18:24 PM
Age: 1Y Sm Department: Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 21-Oct-2024 18:24 PM Sample Collection Date: 21-Oct-2024 14:45 PM
Recommended By: Lab Reference No: 2414762947

Sample Details : LH21102401945

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (S.S. - automated)	8.50	g/dL	11.0 - 14.0
Hematoerit (Direct Measure)	29.10	%	30 - 38
RBC count (Impedance)	3.18	$10^6/\mu\text{L}$	3.9 - 5.1
WBC count (Fluo. flow cytometry)	5.49	$10^3/\mu\text{L}$	6.0 - 16.0
Platelet count (Impedance)	465.00	$10^3/\mu\text{L}$	200 - 550
MCV (Calculated)	91.50	fL	72 - 84
MCH (Calculated)	26.70	pg	25 - 29
MCHC (Calculated)	29.20	g/dL	32 - 36
RDW-CV (Calculated)	20.00	%	11.6 - 14
Neutro (Fluo. flow cytometry)	35.10	%	30-60%
Lympho (Fluo. flow cytometry)	48.30	%	29-65%
Eosino (Fluo. flow cytometry)	1.10	%	1-4%
Mono (Fluo. flow cytometry)	15.30	%	2-10%
Baso (Fluo. flow cytometry)	0.20	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	1.93	$10^3/\mu\text{L}$	1.0-7.0
Lympho- Abs (Calculated)	2.65	$10^3/\mu\text{L}$	3.5-11
Eosino - Abs (Calculated)	0.06	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	0.84	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.01	$10^3/\mu\text{L}$	0.02 - 0.1

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr. Ginni Bharthi
21-Oct-2024 20:04

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. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on EXT no. 2526

4/9/24 B/L RB < RT. hyp B Multifocal
 Lt. hyp D
 Post 4# HDCEV (14/8 - 15/8/24)

Active salaries

$$9 > \frac{8020}{3610} < 6L$$

EVA d/t 17/9/24 (no slots available curⁿ)

Adv Meanwhile give 5th # HDCEV

Ij. Emset 1.5mg iv + Ij. Dexa 1.5mg iv

Ij. VCR 0.2 mg iv slow push (D₁) 10/9

Ij. Carboplatin 220mg / 100ml NS iv over 1hr (D₁)

Ij. Etoposide 100mg / 200ml 5% D_x iv over 2hrs (D₁)

Post CT → Ij. GCSF 40 ug s.c. OD D₃ till ANC see way

Syng Emset 5ml TDS

T. Dexa 4mg 1/2 tab OD

T. Lanzol JR 15mg 1/2 tab BBF OD

D₃ down
 12/9/24
 D₄ down
 13/9/24
 D₅ down
 14/9/24
 D₆ down
 15/9/24

x 3 days.

5% Permethrin whole body YA 0, 8, 14 days

D₇ down
 16/9/24
 on 10/9/24

GVA as planned.

18/9/24

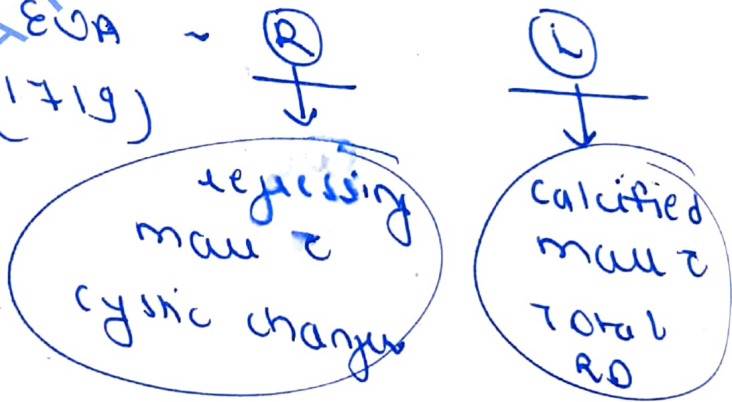
Adik / 11/24/17ch

BIK 40 RB
Bsis. (familial) [(R) multibcal
gp (L) gp (D)]

post 2 # HOCU - EVA (16/7) - response to chemo (R)

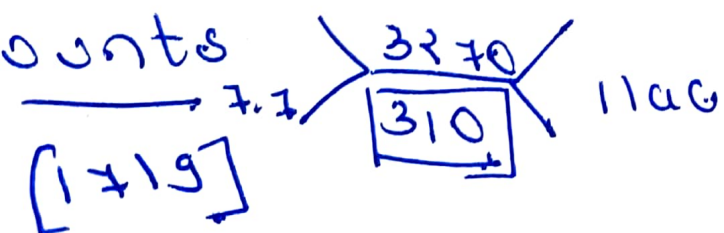
post total 5 # HOCU - EVA (17/9)

JAN LAKSHYA TRUST



5 # HOCU completed on [10/9 - 11/9/24]

due for 6 # on [11/10/24] @ daycare



23/09/24

Familial RB $\left\{ \begin{array}{l} \text{(R)} \text{ Group B - multifocal} \\ \text{(L)} \text{ Group D.} \end{array} \right.$

Post Cycle 5. HD-CEV
on 11/09/24

8.1 / 4500 / 87,000
990

Clinically well

Adv.

- N/V on 30/09/24
in POC clinic 2pm \bar{c} CBC/
LFT/KF

Meanase

JAN LAKSHYA TRUST

- Sibling screening
in RAC OPD

27/9

Illness in days

c/o cough/cold x 1 day

no fever / fast breathing

Vitaly stable

Adv

1. syp paracetamol (5mg/5ml) 2.5ml OD
x 5 days

2. N/V in OPD on 30/09/24

24

2pm

Other

N/v on 17/8/24. r reports

R.

N/v ~~20/8/24~~
28/8/24

Signature

Axis: b/L RA / (R) multiple group
(L) Group D

Post 4# HDCEV [14/8]
15/8

due for EVA. Constipation - 10 days
no vomiting / Abdo. distension / Pain abdomen
adv.

RF: WNL.

- CBC - R/A -

- EVA from RPC -

- Cont. Septant silt bath / Betadine
gargle.

- Syp. Lactulose 5ml Po TDS
x 5 days - (2Ft se n de)

- Sachet Mucopol 1/4th sachet
e 1 glass water BD x
5d. (2Ft se n de)

- N/v in OPD on 4/09/24

- CBC/R/A / LFT

Shiani

LC0309242598 107534813



LH03092401984 107534813



ADITI

Wt 7.4 kg

Advice

①
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

[Premedicate]

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

upto 5 days

Inj. G-CSF 35 mcg sc once day

Dr. S. S. 28/7

dat for 26/7 given 29/7

D1 28/7
D2 29/7
D3 30/7
D4 31/7
D5 1/8/24

② TIC oral septan as advised

③ on next opp visit

7/8/24 CBC / SE KAY & PT

317124

Adin
14/1/24

Blw 30RB

- Ⓜ multifocal gp B
- Ⓝ gp D

[HD CEU
cycle ① #
1616]

asis:

clinically well
due for cycle ②

117 9.0 / 5730 / 5.94100
790

RD + Inf + CRJ

wt 70 kg

Advice

① date @ daycare 6/7 Sunday
OK

② thj. vcr 0.2 mg iv slow push

[D1] thj / 6/7

Remedicate + Emset 1mg
dexta 1.2mg

[D1] thj carboplatin 150mg / 100ml iv

iv slow over

RD, ...
cankids

23 | 06 | 24

See in

B/L RB

left group D
(R) group B Mullford

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

complain of

const X 2 day

fec X 1 day 1c-

No complain of vomiting | loose stool | pain in abdomen
except | difficulty in respiration

on examination

PR - 120/m

BP 88/48

RR - 30/m

general examine - (N)

system -

Resp - B/L ves entry equal & No crackles seen

HA - soft L/SWP

CVS - SCS 15/5

CNS - S/S (+)

JAN LAKSHYA TRUST