



MISSION HOPP
An Effort Towards Changing

H.No.-203 , Gali No. -11
Geeta Colony , East Delhi
New Delhi - 110031

Date -

Registration Form

Reg. No -

* Patient Full Name BABY KIRTI MAHATO

* Patient's Date of Birth 27.10.1.2021 Age 4 Yrs.

* Patient's Gender FEMALE

* Patient's Guardian Name MANIK CHANDRA MAHATO

* Relation With Child FATHER

* Parmanent Address VII. GOURI GRAM PO. BHOSUDDIN
CHANDANKIYARI, MAHAL, BOKARO

Dist. BOKARO Pin Code 828303 State JHARKHAND

* Contact Number +91- [REDACTED] ; +91 - [REDACTED]

* Patient's Family Background SECURITY GUARD

* Parent / Guardian Proof AADHAAR Id No. [REDACTED]

* Hospital Name (where patient admitted) AUNS HOSPITAL, DELHI

* Name of Department ONCOLOGY DEPARTMENT

* Disease (patient suffering from) NEUROBLASTOMA

* Doctor's Name (who treated the patient) Dr. P.P. JAGDISH

* OPD Reg. No. UHD-107647044 Date 19.10.2025

* Approximate Treatment-Cost 1,80,000/-



(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO) MHO130/2025 (Only Office Use)



Dealing officers signature



Trustee signature with seal

BoD

011-45006398 support@missionhopp.org



<https://missionhopp.org>



Department of Pediatric Surgery
All India Institute of Medical Sciences, New Delhi 110029
REGIME FOR TREATMENT OF NEUROBLASTOMA STAGE: L2, M

Name: Rubi Mahato Age/Sex 3y7mt
IRCH/PAED(S) NO.: 183927 4502 Histo/FNAC No. S 2434907
INSS Stage: 2B 3 4 Why? _____ LI/L2/M/MS N-myc ampl Y/N _____
WEIGHT: 10 kg. HEIGHT 86 cm. SURFACE AREA _____ m²

DRUG DOSAGE AND ADMINISTRATION

1. **CYCLOPHOSPHAMIDE** :
 - 150mg/m²/day I/V in the first cycle and P.O. thereafter.
 - Daily dose to be dissolved in 100ml/m² of 5% dextrose and given over 30-60 minutes.
 - Continue hydration for at least 18 hours with 125ml/m²/hr of N/2 saline + 1ml/100ml KCl.
2. **CISPLATINUM** : (total dose not to exceed 540 mg/m²)
 - Pre-hydrate for 2 hours with 125ml/m²/hr of N/2 saline + KCl 5ml/500ml KCl + magnesium sulfate 2 mmol (4mEq)/500ml.
 - inj. Cisplatinum 90mg/m² to be dissolved in a total fluid of 120ml of N/2 to be given at over 6 hours. Via the second I/V line continue infusing the prehydration fluid with 20% mannitol 30ml/ 500ml.
 - After completing Cisplatinum continue hydration with the above fluid for the next 16 hours.
 - Maintain urine output >150ml/m².
 - If urine output is less then give inj. Lasix 0.5mg/kg I/V bolus.
3. **ADRIAMYCIN** : (Total dose not to exceed 375mg/m²)
 - 35mg/m²/dose I/V bolus over 10-15 min.
4. **EYOSIDE (VP-16)** -100mg/m²/day x 2 days.
 - Dissolve 125ml/m² of N/2 saline in 5% dextrose + 1ml/100ml KCl and give this over 1 hour.
5. **ANTIEMETIC**: Ondansetron
6. **ANTIBIOTICS** :
 - All patients to receive BACTRIM p.o. B.D as trimethoprim 150mg/m²/dose.
 - If fever/neutropenia then add gentamycin 180mg/m²/day.
7. **Oral MAGNESIUM GLUCONATE** :-3gm/m²/day (6 tabs/m²) in 2-3 divided doses.

MODIFICATION OF CHEMOTHERAPY AND SUPPORT

ANY MODIFICATION CAN BE MADE WHICH IS IN THE CHILDS BEST INTEREST.

1. If TLC < 2000/mm³ or absolute neutrophil count(ANC) <500, therapy to be modified as follows:
 - a) prior to CPM - delay 1 week.
 - b) prior to CIS-P day 71 - delay 1 week.
 - c) prior to ADR- omit dose.
 - d) CIS-P on day 8, 50 and 99 will be given regardless of TLC or ANC.
2. If bilirubin > 3mg% - omit ADR.
 - If bilirubin > 1.5 but < 3mg% - give ADR 50%.
3. All patients receiving ADR will be monitored by MUGA/ECHO and ADR discontinued if shortening of fraction is <45%. VP-16 will be substituted for ADR at a dose of 100mg/m².

Plan DPIDRF ⊕
not restorable
continue class, control RT

cloud & Dmg

- Turned not restorable
- control FIV in National analogy

JG
डॉ. पद्म योगेश जागदीश
Dr. Padma Yogesh Jagadish
संस्था: एडवोकेट्स एंड फोरेंसिक रिसर्चर्स
Institution: Advocates & Forensic Researchers
एडवोकेट्स एंड फोरेंसिक रिसर्चर्स, न्यू दिल्ली-२०
Advocates & Forensic Researchers, New Delhi-20

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We have cross this Document to
prevent from misuse



आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department

आवकत के अन्दर धूम्रपान न करें / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

UHD: 107647044
 ASHA: 0
 Dept No.: 20241220004210

कक्षा / Room: 0-11
 Patient Surgery OPD
 अर्थ / इति: 1

OPR-6
 ब.सं.वि. पंजीकृत नं. / O.P.D. Regn. No. _____

KIRTI MAHATO
 DOWANK CHANDRA MAHATO
 17, 17B, 17C, 17D, 17E, 17F
 4th FLOOR, SOUTH WING, PG BLDG, 10th
 CHANDANWADI, MANALI, BIKANER, RAJASTHAN
 Mob: 9778028277, Follow Us: Patankar, Chandra

07/07/23
 Queue: 17

 Recording: 08.3074

आयु / Age: _____
 पता / Address: _____

रोग / Diagnosis

दिनांक / Date: 3
 Hgt 91cm
 11 kg

उपचार / Treatment: (L) Spinal Ganglioma resection.

SIP. 5 year NACT
 (1/1/2020)

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 We have checked this document to prevent the misuse

MISSION HOP
 ALL RIGHTS RESERVED

DIR on 11/1/23
 (abt) 12/1/23
 Dr. Chandra

(L) Spinal ^{mass} resection
 no calcification.
 Kidney cannot be seen separately

a) (ERT (C+A+P) नदी 12/1/23
 Botched

- large lesion in left spinal location
- no calcification.
- lesion separate from (L) Kidney.
- emerging vertebra, (L) RV



CLEAN AND GREEN AIIMS / स्वच्छता का प्रति संकल्प, स्वच्छता से कायक कल्प
 अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org, Helpline: 1099 (24 hrs service)



• SNA ok.
 • Initially below bifurcation
 • Botched. (Pto)



भारतीय चिकित्सा आयोग / A.I.I.M.S. HOSPITAL

बाहरी रोगी विभाग / Out Patient Department

शुक्ल धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPD 167647044



Dist No: 2024022004250

KORTI MAHATO

Dr. Manik Chandra Mahato
37, 38, 39, 40, 41, 42, 43
VILL: OODHIGRAH, PO: BHOLUOH,
DIST: BOKARO SARAI, BOKARO
PIN: 771003/001 General Rx 3
Follow Up Patient

Ward / Room

Q-31

Queue / Floor

F11

Unit, Pediatric Surgery



Reporting Date: 24/12/2024

OPR-6

वि. परीक्षण नं. / O.P.D. Reg. No.

उम्र / Age

पता / Address



रिपोर्ट / Diagnosis

① Supradural Ganglio Neuroblastoma

उपचार / Treatment

SIP 5 cycles of CT6 (last on 13/12/24)

Childhood Neuroblastoma - L.D. Source for chemo

27/12/24
RPE (Axams) : Ganglio neuroblastoma

CECT (24/12/24)
M

8.1 x 4.1 cm large heterogenous mass involving L4-5 extending into pedic and pedicle region of lumbar spine - Weber's

Hx of tumor

appointment on

OPD Clinic

Well defined heterogenous mass on L4-5 pedicle and lumbar region displacing L4-5 superiorly & anteriorly. DRV. Mass is sclerotic for L4-5

HVA

L4-5 level vertebra

Bone AT Bone Density 27/12/24. No clo metast

MDP whole body bone scan (27/12/24) : NO Bone metast



Mass - well defined heterogenous mass, T1WI defined, BOLDERS - Project can be observed below mass and vertebra body



CLEAN AND GREEN AIIMS / स्वच्छ और हरी संरचना, स्वास्थ्य से बढ़ावा देना
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26506360, 26503444, www.orbo.org Helpline - 1050 (24 hrs service)



Patient Name	: Mrs KRITI NAHATO	Sample Collected	: Jul 15, 2024, 02:58 PM.
DOB/Age/Gender	: 3 Y/Female	Report Date	: Jul 17, 2024, 12:23 PM.
Patient ID / UHID	: 8965916/OF8965916	Barcode No	: ZD599694
Referred By	: Self	Report Status	: Final Report
Sample Type	: 24 hours urine		

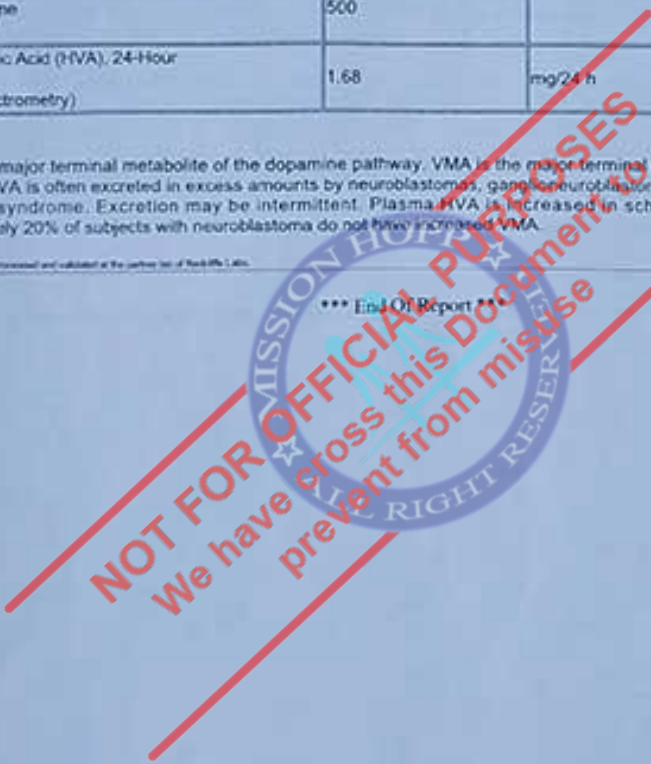
Homovanillic Acid (HVA) 24 Hrs Urine

Homovanillic Acid (HVA) (Mass spectrometry)	3.37	mg/L	
Urine Volume	500		
Homovanillic Acid (HVA), 24-Hour (Mass spectrometry)	1.68	mg/24 h	0.0 - 10.0

HVA is the major terminal metabolite of the dopamine pathway. VMA is the major terminal metabolite of the norepinephrine pathway. HVA is often excreted in excess amounts by neuroblastomas, ganglioneuroblastomas, pheochromocytomas, and in Riley-Day syndrome. Excretion may be intermittent. Plasma HVA is increased in schizotypal personality disorders. Approximately 20% of subjects with neuroblastoma do not have increased VMA.

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*** End Of Report ***



[Signature]
 Dr. Gulnar Salyedain
 MBBS, MD (Pathology)
 Consultant Pathologist



Booking Centre :- Apollo Ultrasound & Path Lab (Delhi), 990 Rajan Street Farash khana Delhi
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-35, Sector-63, Noida, Uttar Pradesh - 201301
 ☎ 926-969-0609 ✉ ccsupport@redcliffelabs.com 🌐 www.redcliffelabs.com
 ☎ 926-969-0609 for clinical queries ✉ ccsupport@redcliffelabs.com 🌐 www.redcliffelabs.com for legal purpose
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RAJENDRA INSTITUTE OF MEDICAL SCIENCE (RIMS) RANCHI

CT Report

Patient Name	KRITI MAHATO	Patient ID	JRAN-390043525
Age/Sex	3Y 3M 29D / F	Service Name	CT Scan Whole Abdomen With Contrast
Accession No.	1053130-700	Scan Date Time	24-06-2024 14:57:18
Referred By	DR ABHISHEK RANJAN	Report Date Time	26-06-2024 10:21

No free / loculated intra-peritoneal or pelvic fluid is seen.

Appendix appears normal.

No significant mesenteric / pre-para-aortic or retroperitoneal lymphadenopathy seen.

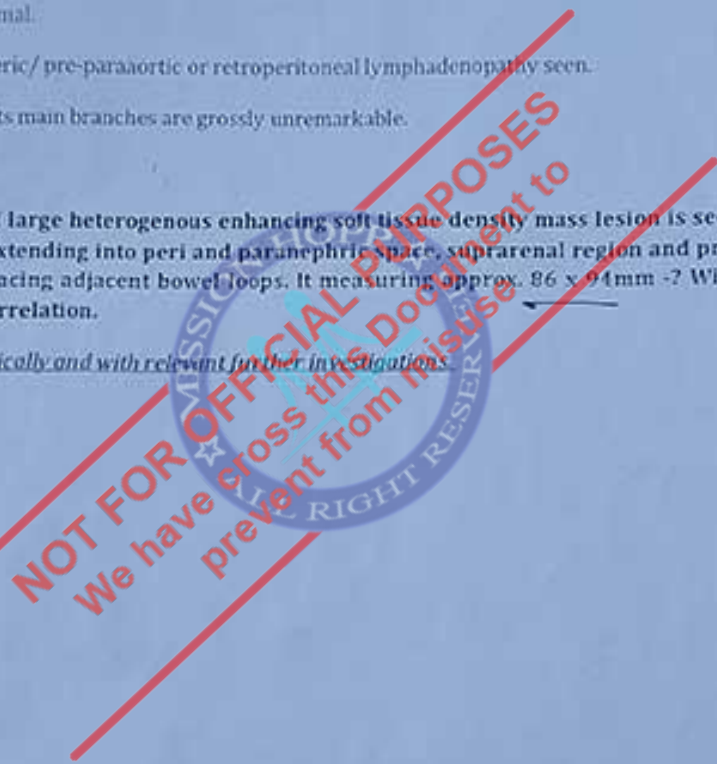
Abdominal aorta and its main branches are grossly unremarkable.

IMPRESSION :

There is evidence of large heterogenous enhancing soft tissue density mass lesion is seen involving left kidney and shows extending into peri and paranephric space, suprarenal region and pre-paravertebral region. Lesion displacing adjacent bowel loops. It measuring approx. 86 x 94mm -? Wilms tumor. Adv: Histopathological correlation.

- Please correlate clinically and with relevant further investigations

Dr. Ashish Kumar Jain
MD Radiology



N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

HOSPITAL NO: JRAN-390043525

REPORT TIME: 26-06-2024 10:21

HealthMap Diagnostics Private Limited

"The Annex", # 98/2, Rustom Bagh Road, HAL Airport Road Bengaluru - 560 017, Karnataka, India
P +91 804936 0300 F +91 80 49360395 Website : www.healthmapdiagnostics.com

CIN : U85110KA2015PTC079665

RIMS Ranchi Centre : Rajendra Institute of Medical Science, Rain Basera Building Bariyatu, Ranchi Jharkhand-834009

Ph.: +91-7361877774, 0651-2547733 | Email : ranchicentre@manipaltrust.com



RAJENDRA INSTITUTE OF MEDICAL SCIENCE (RIMS) RANCHI

CT Report

Patient Name	KRITI MAHATO	Patient ID	JRAN-390043525
Age/Sex	3Y 3M 29D / F	Service Name	CT Scan Whole Abdomen With Contrast
Accession No.	1053130-700	Scan Date-Time	24-06-2024 14:57:18
Referred By	DR ABHISHEK RANJAN	Report Date Time	26-06-2024 10:21

PROCEDURE: Few NCCT scans were obtained and oral contrast was given 60-90 minutes before the CECT scan. CECT axial scans of whole abdomen acquired from domes of diaphragm to pubic symphysis after on table L.V. non-ionic contrast administration.

OBSERVATION

There is evidence of large heterogenous enhancing soft tissue density mass lesion is seen involving left kidney and shows extending into peri and paranephric space, suprarenal region and pre-paravertebral region. Lesion displacing adjacent bowel loops. It measuring approx. 86 x 94mm. ? Wilms tumor. Adv. Histopathological correlation.

LIVER: Normal in size, attenuation and enhancement pattern. No obvious focal enhancing mass lesion seen. HBBT not dilated.

GALL BLADDER: is normal in size & wall thickness. No evidence of intraluminal filling defect seen. (USG is better modality to see gall bladder calculus).

CBD: Not dilated.

PANCREAS: Normal in size, attenuation and enhancement pattern. Pancreatic duct not dilated.

SPLEEN: Normal in size, attenuation and enhancement pattern.

KIDNEYS: Right kidney is normal in size, shape, position, axis, outline and attenuation pattern with adequate excretion of contrast. No obvious mass, calculi or hydro-nephrosis seen.

URETERS: Grossly unremarkable on both sides.

URINARY BLADDER: is unremarkable in distension and wall thickness. No intraluminal filling defect / enhancing mass / calculi seen.

UTERUS AND OVARIES: appears grossly unremarkable in size, size and attenuation.

No evidence of bowel wall thickening or abnormal dilated bowel loops / air fluid levels seen.

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

HOSPITAL NO: JRAN-390043525

REPORT TIME: 26-06-2024 10:21

HealthMap Diagnostics Private Limited

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P: +91 804936 0300 F: +91 80 49380395 Website: www.healthmapdiagnostics.com

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RIMS Ranchi Centre: Rajendra Institute of Medical Science, Rain Basera Building Bariyatu, Ranchi Jharkhand-834009

Ph: +91-7361877774, 0651-2547733 | Email: ranchicentre@manipalrtest.com



RAJENDRA INSTITUTE OF MEDICAL SCIENCE (RIMS) RANCHI

CT Report

Patient Name	KRITI MAHATO	Patient ID	JRAN-390043525
Age/Sex	3Y 3M 29D / F	Service Name	CT Chest without contrast for lungs
Accession No.	1053130-695	Scan Date Time	24-06-2024 14:57:18
Referred By	DR ABHISHEK RANJAN	Report Date Time	26-06-2024 10:20

CECT SCAN CHEST

PROCEDURE CECT of the thorax performed from apex to base of lungs after IV non-ionic contrast administration. Imaging done in mediastinal and pulmonary windows.

FINDINGS

Thymus appears normal for age.

Lung parenchyma shows normal broncho-vascular markings & attenuation pattern. No focal lung parenchymal lesion seen.

Trachea and both main bronchi are normal.

Bilateral hila are unremarkable.

Heart & mediastinal vessels are well-defined and are normal in outline & contrast enhancement pattern.

No significant mediastinal / hilar lymphadenopathy seen.

No evidence of pleural collection seen.

Bony cage is unremarkable.

IMPRESSION: No significant abnormality detected.

- Please correlate clinically and with relevant further investigations.

Dr. Ashish Kumar Jain

MD Radiology

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.	
HOSPITAL NO: JRAN-390043525	REPORT TIME: 26-06-2024 10:20

HealthMap Diagnostics Private Limited

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P: +91 804936 0300 F: +91 80 49360395 Website: www.healthmapdiagnostics.com
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Ph.: +91-7361877774, 0651-2547733 | Email: ranchicentre@manipaltnutest.com



MIS 2022-0134

PATIENT'S NAME: KRITI MAHTO	AGE/SEX: 3Y6M/F
REF. BY: AIIMS	REG./UID: KMO3655
TEST NAME: MULTISLICE CT - CHEST + WHOLE ABDOMEN	EXAM. DATE: 20-DEC-2024

Right kidney appears normal in position, contours and attenuation pattern with adequate contrast excretion bilaterally. CM differentiation is maintained. No evidence of any pelvicalyceal dilatation is apparent. No evidence of any focal enhancing lesion is seen. No perinephric collection is apparent.

Left kidney is displaced by mass, however normal in contours and attenuation pattern with adequate contrast excretion bilaterally. CM differentiation is maintained. No evidence of any pelvicalyceal dilatation is apparent. No evidence of any focal enhancing lesion is seen. No perinephric collection is apparent.

Urinary bladder is well distended with normal contours and attenuation. No definite focal lesion is noted.

Uterus is normal in size with normal contours and attenuation.

Visualized bowel loops appear normal. No definite obvious focal mass lesion is apparent, at present.

IMPRESSION: HPE PROVEN CASE OF GANGLIONEUROBLASTOMA, PRESENT STUDY SUGGEST:

- A relatively well defined heterogeneously enhancing soft tissue mass is seen in left paravertebral and lumbar region with focal cortical erosion of L1 vertebra and extension as described - ? adrenal origin.

Please correlate with clinical and biochemical parameters.

Dr. Sacchidanand Purkait Chief Consultant Radiologist	Dr. K. K. MISHRA Consultant Radiologist	Dr. Bhavesh Patel Consultant Radiologist	Dr. Rahul Bhartiya Consultant Radiologist
--	--	---	--

Disclaimer: (If is an interpretation of medical imaging/diagnostic based on clinical data. All modern machines/procedures have their own limitation. This is neither complete nor accurate hence, findings should always be interpreted in the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medical legal purposes. Any typographical error should be informed and report sent for correction within 7 days.



MIS 2022-0134



A - 1/10, GROUND FLOOR & BASEMENT, SAJDAJUJUNG ENCLAVE
NEW DELHI - 110029, CONTACT - 011 - 40727900 / 09599464433
eMAIL: info@sakshamimaging.com, http://sakshamimaging.com

PATIENT'S NAME: KRITI MAHTO	AGE/SEX: 3Y6M/F
REF. BY: AIIMS	REG./UID: KMO3655
TEST NAME: MULTISLICE CT - CHEST + WHOLE ABDOMEN	EXAM. DATE: 20-DEC-2024

CECT THORAX AND WHOLE ABDOMEN

STUDY PROTOCOLS:

POST CONTRAST (IV NON IONIC) CT OF THORAX and ABDOMEN PERFORMED USING HELICAL SECTIONS OF 5/7 MM THICKNESS TAKEN FROM THORACIC INLET TO PUBIC SYMPHYSIS.

Clinical details: HPE proven case of ganglioneuroblastoma.

FINDINGS:

There is relatively well defined heterogeneously enhancing soft tissue mass is seen in left paravertebral and lumbar region extending from D10 to L5 vertebral level, measuring ~ 9.1x10.0x13.0 cm (APxTRxCC). The mass is displacing the left kidney superolaterally with abutting the left renal vessels. On the medial aspect, the mass is seen extending in prevertebral region and reaching till contralateral renal hilum with elevation of abdominal aorta from vertebral column. Antero-medially and inferiorly, the mass is seen displacing the bowel loop. There is a small cortical erosion is seen involving the anterior surface of L1 vertebra on left side. The mass is seen separate from left kidney. Left adrenal gland could not be visualized separately. No evidence of calcification within the mass is seen. No evidence of extension into neural foramina is seen.

Bilateral lung fields are normal.

Trachea is central in position and shows normal bifurcation. Carinal angle is maintained. Mainstem bronchi appear normal.

No significant mediastinal or hilar lymphadenopathy is evident.

Cardiac size appears normal. Visualized vessels appear normal. No cardio-mediastinal shift is noted.

No obvious pleural or pericardial effusion is apparent.

Azygo-oesophageal recess and aorto-pulmonary window appear normal.

Liver is normal in size, outline and parenchymal attenuation. Intrahepatic biliary radicles are not dilated. Portal vein is normal. Hepatic veins and IVC are normal. No occult enhancing focus is noted.

Gall bladder appears distended with no obvious CT dense contents apparent. CBD appears normal.

Spleen is normal in outline, size and attenuation. No focal lesion is seen.

Pancreas is normal in size, contours and attenuation pattern.

Disclaimer: It is an interpretation of medical imaging/diagnostic based on clinical data. All modern machines/procedures have their own limitation. This is neither complete nor accurate; hence, findings should always be interpreted in the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis, but meant for medico-legal purposes. Any typographical error should be informed and report sent for correction within 7 days.

SAKSHAM IMAGING AND DIAGNOSTICS PRIVATE LIMITED

CIN-UT499N0L201EPTC132100



Department of Nuclear Medicine and PET-CT
All India Institute of Medical Sciences
New Delhi, India

Patient Name: KRITI MAHATO		Age/Sex: 3Y/ F
Study ID: MDP-50-20999-24	UHID: 107647044	Date: 14.08.2024

Indication: K/c/o left suprarenal ganglioneuroblastoma/ ganglioneuroma. Bone scan to rule out skeletal metastasis.

^{99m}Tc – MDP WHOLE BODY BONE SCAN

Findings:

- *Physiological radiotracer uptake noted in the growth plates of the axial & appendicular skeleton.*
- Rest of skeleton shows normal radiotracer distribution.
- Bilateral kidneys are visualized. However, it is noted that the left kidney appears to be displaced *supra-laterally*-likely secondary to mass effect from the left suprarenal mass.

Impression:

No definite scan evidence of osteoblastic skeletal metastasis in the present study.

Senior Resident

Consultant

Fr with CBC + LFT/RT on

wt-10.81g

14/11



Date: 19/11/20
Time: 7:30 AM

14/11/20

WR #10



20/11/20
7:30 AM

1. Inj. CISPLATIN in 250ml NS
+ 50 cc Mannitol

d1-25mg

d2-20mg

2. Inj. VP-16 in 250ml NS

d1-50mg

d2-50mg

(Daycare)

wt-11.21g

3. Inj. Mg SO4 in 250ml NS

4. Inj. Zofen 4mg IV d1-2

5. Inj. Zofen 2mg IV d1-2

6. Syn. Zofen 1mg d1-4

7. T. Decaman Inj 4(20114)

8. Fr with CBC + LFT/RT

HPT-CT on 5/12/20
outside
Lameer Bakery

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We have cross this document to
prevent from misuse



डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R.A. Irchla Institute Rotary Cancer Hospital
 ल/ A.I.I.M.S. Hospital

SNOWMAN
 TRIAL

IRCH No. J24865
 Clinic: Paed Surgery Clinic
 Dept: PAEDIATRIC SURGERY-IRCH
 General

Reg. Date: 11/07/2024
 Clinic No. 2024/4502
 KING PROHIBITED IN HOSPITAL PREMISES

OPR-6

नाम: KRITI MAHATO
 D/O: MANIK CHANDRA MAHATO
 Phone No. 777993087
 Address: VILL- GOURLGRAM, PO BHOPURDI, CHANDANKYARI, MAHAL, BOKARO, JHARKHAND, 761023, INDIA

No. _____
 क्लिनिक पंजीकृत नं./O.P.D. Regn. No. _____

लिंग / Sex	आयु / Age	जन्म तिथि / Date of Birth

विवरण / Diagnosis

दिनांक / Date	उपचार / Treatment
26/9/24	WR #3 T. Endoxan 50mg 1/2 Tab OD x 1 week
On 14/10	1057.13
16/10	100mg in 1057.13
17/10	200mg IV
17/10	Demora 2mg IV
17/10	Syr. Zofen 1 for d1-3
17/10/24	RV with CBC + LFT/RF

DAYCARE (2/3/2024)
 MEDICAL ONCOLOGY AIIMS
 Date: 14/10/24
 Time: 7:30 AM

Treat pt
 Requested on 4/10/24

W-10-519

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)
 बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients
 James [Signature]

INVESTIGATIONS (Date) 2/2

Hb/Hct	WBC/PLATELETS	SUGAR F/PP/R	UREA/CREATININE	NA/K/CA
9.2	3400/3.2 L		19/0.28	135/4.7/9.7
T PROTEINS / A : G	BILIRUBIN / D / I	SGOT / PT	ALKPO4ASE	HBsAG/HIV
7.7 / 4.9	0.17/0.60/0.11	29/53.9	224	
X RAYS (Date) <u>30/1/25</u> ACT ratio, otherwise N/A			ECG/ECHO/MUGA (Date)	
PFT	Actual	% Predicted	USG/CT/MRI	
FVC		
FEV ₁	OTHERS	
FEV ₁ /FVC		
PEFR		

RISK GROUP STATUS (ASA)

Reason for risk

FURTHER ORDERS AND INVESTIGATIONS To get ECG & skip
It provisionally accepted for

DATE FOR SURGERY CAN BE GIVEN

SEEN BY (CAPITALS)

* NEEDS FURTHER INVESTIGATIONS

SIGNATURE

Review PAC (Date)

ADMIT _____ DAYS PRIOR TO SURGERY

DESIGNATION

AND INFORM SR. ANAESTHESIOLOGY

DATE

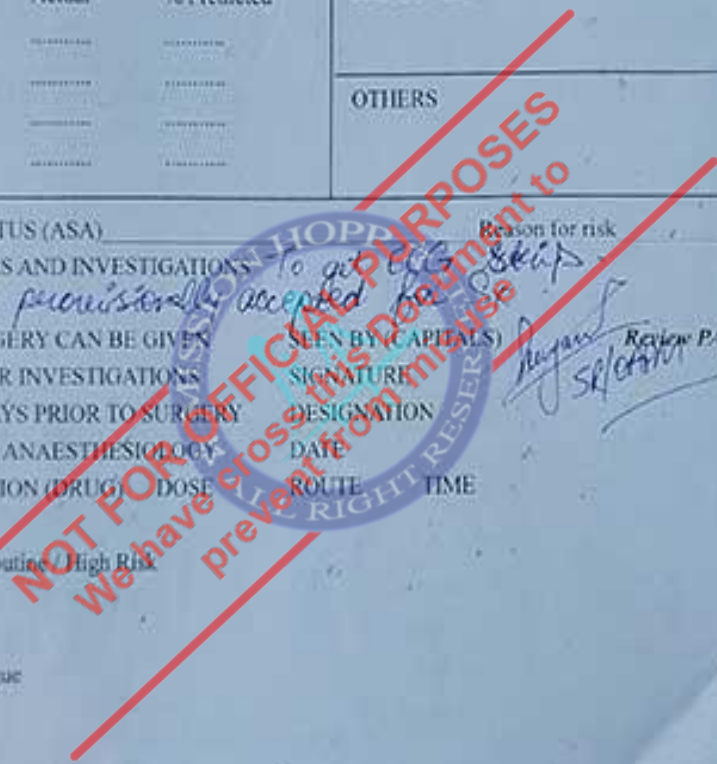
PRE-OP MEDICATION (DRUG) DOSE

ROUTE TIME

1. NPO after
2. Consent : Routine / High Risk
3. Sedative
4. Narcotic
5. Antisialagogue
- 6.
- 7.
- 8.
- 9.
- 10.

Investigations to be done on Morning of Surgery

ORDERED BY SIGNATURE NAME DATE / TIME



DR. B.R.A. INSTITUTE ROTARY CANCER HOSPITAL
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 NEW DELHI-110029

DEPARTMENT OF ANAESTHESIOLOGY

NAME: Kindi Mahato AGE/SEX 3/F UHID NO. 107649644 DATE: 10/2/25

DIAGNOSIS (STAGE) (C) Retropneumonal PROPOSED OPN. mass

CLINICAL HISTORY (BRIEF)

CVS - Breathlessness/Palpitation/Chest Pain Biopsy
 RS - Cough/Hemoptysis
 CNS - Seizure/Headache/TIA/CVA/Neurological Deficit
 Abdomen - Distension/Vomiting/Hepatitis/Renal Disease
 Endocrine - DM/Thyroid Disease/Parathyroid Disease
 H/O Allergy
 Any other significant History

HT/CAD FT - LSCS, CIAB
 Asthma → No H/O ICU admission
 TB - Fully immunized till date
- Milestones achieved.

CURRENT / PAST MEDICATION

1. Anti HT
2. Anti Diabetic
3. Anti Thyroid
4. Bronchodilators
5. Steroids
6. Chemotherapy Drugs
7. Radiotherapy Received
8. Any Other Drugs

PAST ANAESTHETIC HISTORY (-)

7-# Cisplatin + Docetaxel (10-10/2/25)

Weight <u>12 Kg.</u>	General Physical Examination	CVS <u>S.S (4)</u>
Height <u>102 mm</u>	- Temperature	Resp. System <u>BLAE (+)</u>
Pulse	- Pallor	<u>clear</u>
BP	- Icterus	Abdomen / CNS
R.R.	- Cyanosis <u>(N)</u>	<u>(N)</u>
BHT	- Clubbing	
	- Oedema	
	- Venous Access	

Airway Assessment:

Mouth Opening
 Loose Teeth/Buck Teeth/Dentures/Edentulous/Missing Teeth (-)
 Mallampati Score
 Neck Examination: Movements
 Radiation Induced Changes
 DIFFICULT AIRWAY ANTICIPATED
 Spine:

Adequate Paeds Airway

Receding Mandible
 Thyromental Distance
 Post Surgical Deformity
 YES/NO

Subluxation
 Mentohyoid Distance
 Submental Flat



- inj. Mg SO₄ 1 amp + $\frac{1}{2}$
10mg KCl in 250ml D₅S
d₁ + d₂

- inj. Zifen 4mg 1u] d₁ + d₂

- inj. Seronon 2mg 1u (store 4/10/25)

- Syp. Zifen 1 cap (100mg) | d₁-4

- T. Decamron 1mg (100mg) | d₁-4

- E. mth CBC + UA / AET on
6/3/25

~~MISSION HOPP
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prevent from misuse
RIGHT READER~~
Shavari

12/25 URTI (not neutropenic).

Rx:

1. Syp. AUGMENTIN DUO (33gm/30ml) 2.5ml (275mg BID) BID 1-0-1
x 5 days

2. Cap. LANZOL JR 15mg QD PRNF X 5 days 1-0-0

3. Syp. GCF 60mg qd QD (12/25) Syp. Cetsogene 2.5ml BID x 3 days

4. plenty of oral fluids
5. Flu in MD OPD on 19/2/25 E rec left list

Shavari



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr B.R. Bhargava Institute Rotary Cancer Hospital
 A.I.I.M.S. HOSPITAL

CK12 93570

OPR-6

DR. B.R. BHARGAVA, NEW DELHI
 TRCHI No. 324865
 Clinic: Pediatric Medical Oncology Clinic
 Deptt: MEDICAL ONCOLOGY
 General

Out Patient Department
 SMOKING PROHIBITED IN HOSPITAL PREMISES



नाम
 Name: KRITI MAHATO
 DO: MANIK CHANDRA MAHATO
 Phone No. 779931807
 Address: VILL- GOURLERAM, PO BHROJUDH, CHANDANUJARI,
 DISTRICT- SURABHO, GUJARAT, PIN- 320013, INDIA

वर्ग	लिंग	उम्र	जन्म तिथि/Date of Birth
Sex	Age		

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
3/12/25 Date: 10/2/25 Time: 7:30 AM	WR # 2) T. ENBDXAN (पेशाबिसात निदान)
12/25/25 Date: 11/2/25 Time: 10:30 AM	From 12/2/25 250ml NS + 50cc Mannitol
(Daycare)	d1 - 25mg d2 - 20mg - Inj. DOXORUBICIN in 100ml NS d1 - 10mg d2 - 7mg

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DR. B.R.A. BHILLADIAS, NEW DELHI
 IRCH No. 324865
 Clinic: Radiotherapy Evaluation
 Deptt. RADIATION ONCOLOGY
 Gurgaon
 नाम
 Name: KRITI MAHATO
 H/o: MANIK CHANDRA MAHATO
 Phone No. 779693807
 Address: VILL. GURGO GRAM, PO BHILLADIA, CHANDANKIYARI
 MAHAL, BOKARO, BHARHUND, Pin 82301, INDIA

रेडियोलॉजी यूनिट
 Hospital, All India Institute of Medical Sciences
 - 110029
 जल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली - 110029



UHID: 12647044

Age / Sex..... Phone No.....

647044..... Unit. ↓ Dr. S.S./D.P.

Retroperitoneal mass Biopsy
 ↓ sedation

Please report 9.00 a.m. at room no. 49/43 on

कृपया सुबह 9.00 बजे कमरा नं. 49/43 पर आए

18/07/2025 (Tuesday)

INSTRUCTIONS

Daycare

1. Patient to be admitted (get booking from SWC4 counter outside gate no. 1, IRCH) / RT ward / 9B / PCU at IRCH) / रोगी को भर्ती किया जाना है (गेट नंबर 1, आईआरसीएच के बाहर एसडब्ल्यूसी काउंटर 4 / आरटी वार्ड / 9 बी / पीसीयू से बुकिंग प्राप्त करें)
2. On the day of procedure Please pay Rs. 750/- (for CT) at cash counter no. 13 - IRCH / प्रक्रिया के दिन कृपया 750/- रुपये (सीटी) का भुगतान केश काउंटर नं. 13 - आईआरसीएच पर करें।
3. Please bring all previous investigations and films available and bring one adult attendant with you / कृपया पिछली सभी जांचों और फिल्मों और अपने साथ एक वयस्क व्यक्ति को लाएं।
4. Fresh Prothrombin Time / HB / TLC / DLC / plateletes Reports to be Provided / ताजा प्रोथ्रोम्बिन टाइम / एचबी / टीएलसी / प्लेटलेट्स रिपोर्ट साथ लाएं।
5. Patient to report fasting at least for two hours/overnight (Water and medicine and allowed) / रोगी कम से कम दो घंटे/रात भर खाली पेट आए। (पानी और दवा ले सकते हैं)
6. Report of the FNAC/Biopsy is directly sent to OPD counter no. SWSC3 (FNAC 3 days and biopsy 7 days later) / एनएनएसी/बायोप्सी की रिपोर्ट सीधे ओपीडी काउंटर नंबर SWSC3 पर भेजी जाती है। (FNAC 3 दिन और बायोप्सी 7 दिन बाद)
7. For TRUS/TVS Antibiotics CIPLOX TZ 500mg BD-Start 1 day prior TRUS/TVS / एंटीबायोटिक्स के लिए CIPLOX TZ 500 mg BD-Start 1 दिन पहले लें।
8. Please Bring / कृपया साथ लाएं।

CHIBACYTOLOGY ASPIRATION / L.P. NEEDLE..... G (ONE)
 BIOPSY GUN (CO-AXIAL/BARD MISSION/QUICK-CORE/OTHERS)..... 18G X 16cm G (ONE) ①

• Gelfoam ①

→ TO attend P.A.C. clinic in Rno 6s
 → Overnight Fasting

(SENIOR RESIDENT)
 SHARDA

2. Inj DOXDAU BICIN in 100 ml NS
 d1 - 10mg
 d2 - 7mg

3. Inj Mg SOA 1 Amp in 250 ml DMS
 d1 + d2

New put ward (Daycare)

4. Inj Zofen 4mg IV } d1
 5. Inj Demona 4mg IV } d2

6. Syri Zofen 100mg } d1-4
 T. Decadron 1mg } d1-4

8. Rx with CBC HFT/RFT
 26/9/24

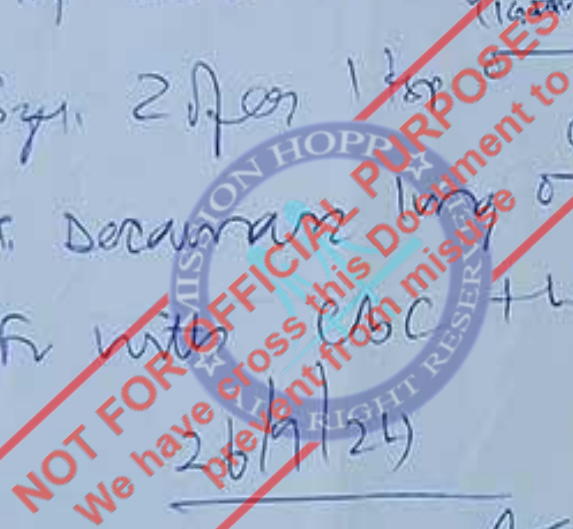
Amritha

17/10/24. Start T. Endoxan. 50mg d1-d2 (1 1/2 tabs OD)
 Met 181A

Chemo as above - 25/10 & 26/10
 as overleaf.



Flu (4/11/24) C-CBC/CRP/EA





डॉ. बी. आर. अम्बेडकर संस्थान रोटी नैज्ज अस्पताल
Dr. B.R. Ambekar Hospital

SNOWMAN TRIAL

DELHI, INDIA, NEW DELHI

IRCH No. 324865
Clinic: Paed Surgery Clinic
Dept: PAEDIATRIC SURGERY/DCCH
General

Reg. Date: 11/07/2014
Clinic No.: 3004-4502

EMISES
MISINCL

OPR-6
CHECKED
AIMS
Date: 15/9/24
Time: 7:30 AM

नाम/Name

Kaviti

Name: KRITI MAHATO
D.O: MANIK CHANDRA MAHATO
Phone No: 77989387
Address: VILL-GOURIGRAM, DIST-BHUBANESHWAR (JHARKHAND)

UHD: 1076410
Sex/Age: F/O
Room: 6 (Shift Afternoon)
Date: 15/9/24
Time: 7:30 AM

रिपोर्ट/Diagnosis

NB

दिनांक/Date

15/9/24

उपचार/Treatment

from 6/9 (6/9 से शुरू)

(112 सीसी एंजाइम
7 दिन तक)

T. ENDOXAN 50mg
1/2 Tab OD Id 1-7

DAYCARE
MEDICAL ONCOLOGY
AIMS
Date: 15/9/24
Time: 7:30 AM

1. Inj CISPLATIN in 250ml NS
50cc Mannitol

DAYCARE
MEDICAL ONCOLOGY
AIMS
Date: 15/9/24
Time: 7:30 AM

d1 - 23mg
d2 - 20mg

2. Inj VP16 in 250ml NS
d1 - 50cc
d2 -

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CK - 93570



डा. र
Dr. E

कैंसर अस्पताल
Cancer Hospital
SPITAL
ment
ITAL PREMISES

OPR-6

DR. B.R.A. AMBEDKAR NEW DELHI
TECH No. 324065
Class: Postgraduate Medical Oncology Clinic
Dept: MEDICAL ONCOLOGY
Govt
Name: KRITI MAHATO
D.O: MANIK CHANDRA MAHATO
Phone No: 77980347
Address: VILL. COURT GRAMP. PO BHOURDI, CHANDANPURA,
MARG, DOKAR, BIRSAKAND, Pin 320013, INDIA



UID-10747041

रक्त/Unit

स्तर/Dept.

नाम/Name

P.D. Regn. No.

जन्म तिथि/Date of Birth

Kanti

रिपोर्ट/Diagnosis

NMS

दिनांक/Date

उपचार/Treatment

5/12/24

WA# 13

(11/2 जीवां पर 21/12 पर)

5/12/24

T. Endoxan

2/2 Tal

5/12/24

on

(12/12 21/12)

(Daycare)

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LD-12K5

d1 - 25mg

d2 - 20mg

1mg Mg SO4

d1 & d2

1 Amp in 250ml DNS

1mg DOXORUBICIN

d1 - 10mg

d2 - 7mg

in 200ml DNS

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Week 17 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____ Cyclophosphamide _____ mg PO.

Day 2 Date _____ Cyclophosphamide _____ mg PO

Day 3 Date _____ Cyclophosphamide _____ mg PO

Day 4 Date _____ Cyclophosphamide _____ mg PO

Day 5 Date _____ Cyclophosphamide _____ mg PO

Day 6 Date _____ Cyclophosphamide _____ mg PO

Day 7 Date _____ Cyclophosphamide _____ mg PO

Week 18 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Day 2 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

EVALUATE FOR SURGERY (SECOND LOOK) AND RESECT IF FEASIBLE

NOT FOR OFFICIAL PURPOSES
We have crossed this document to prevent from misuse

Week 17 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____ Cyclophosphamide _____ mg PO.

Day 2 Date _____ Cyclophosphamide _____ mg PO

Day 3 Date _____ Cyclophosphamide _____ mg PO

Day 4 Date _____ Cyclophosphamide _____ mg PO

Day 5 Date _____ Cyclophosphamide _____ mg PO

Day 6 Date _____ Cyclophosphamide _____ mg PO

Day 7 Date _____ Cyclophosphamide _____ mg PO

Week 18 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Day 2 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

EVALUATE FOR SURGERY (SECOND LOOK) AND RESECT IF FEASIBLE

NOT FOR OFFICIAL PURPOSES
We have strict policies in place to prevent compromise to patient privacy

Week 10 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

0-2hrs: Prehydration N/3 _____ ml + KCl _____ ml + 10% mannitol _____ ml + Magnesium sulfate _____ ml

2-8hrs: I/V one CIS-P _____ mg in _____ ml N/3

I/V two N/3 _____ ml + KCl _____ ml + 10% Mannitol _____ ml

8-24hrs: Post hydration N/3 _____ ml + KCl _____ ml

Magnesium gluconate _____ mg BD orally to continue

Day 3 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Day 4 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

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MISSION HOPP
RIGHT RESPECT

Week 6 Hb _____ TLC _____ ANC _____ Platelets _____

WEIGHT: _____ kg. HEIGHT _____ cm. SURFACE AREA _____ m²

Day 1 Date _____ Cyclophosphamide _____ mg PO.

Day 2 Date _____ Cyclophosphamide _____ mg PO

Day 3 Date _____ Cyclophosphamide _____ mg PO

Day 4 Date _____ Cyclophosphamide _____ mg PO

Day 5 Date _____ Cyclophosphamide _____ mg PO

Day 6 Date _____ Cyclophosphamide _____ mg PO

Day 7 Date _____ Cyclophosphamide _____ mg PO

Week 7 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

0-2hrs: Prehydration N/3 _____ ml + KCl _____ ml + 10% mannitol _____ ml + Magnesium sulfate _____ ml

2-8hrs: IV one CIS-P _____ mg in _____ ml N/3

IV two N/3 _____ ml + KCl _____ ml + 10% Mannitol _____ ml

8-24hrs: Post hydration N/3 _____ ml + KCl _____ ml

Magnesium gluconate _____ mg BD orally to continue

Day 3 Date _____ Adriamycin _____ mg IV.

Week 3 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____ Cyclophosphamide _____ mg PO

Day 2 Date _____ Cyclophosphamide _____ mg PO

Day 3 Date _____ Cyclophosphamide _____ mg PO

Day 4 Date _____ Cyclophosphamide _____ mg PO

Day 5 Date _____ Cyclophosphamide _____ mg PO

Day 6 Date _____ Cyclophosphamide _____ mg PO

Day 7 Date _____ Cyclophosphamide _____ mg PO

Week 4 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Day 2 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

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CHEMOTHERAPY SCHEDULE FOR NEUROBLASTOMA

Week 0 Hb 16.5 TLC 10020 ANC 5270 Platelets 4.96 /mm³

Day 1 Date 29/8 Cyclophosphamide 75 mg IV or PO

Day 2 Date 30/8 Cyclophosphamide 75 mg IV or PO

Day 3 Date 31/8 Cyclophosphamide 75 mg IV or PO

Day 4 Date 1/9 Cyclophosphamide 75 mg IV or PO

Day 5 Date 2/9 Cyclophosphamide 75 mg IV or PO

Day 6 Date 3/9 Cyclophosphamide 75 mg IV or PO

Day 7 Date 4/9 Cyclophosphamide 75 mg IV or PO

Week 1 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

0-2hrs: Prehydration N/3 _____ ml + KCl _____ ml + 10% mannitol _____ ml + Magnesium sulfate _____ ml

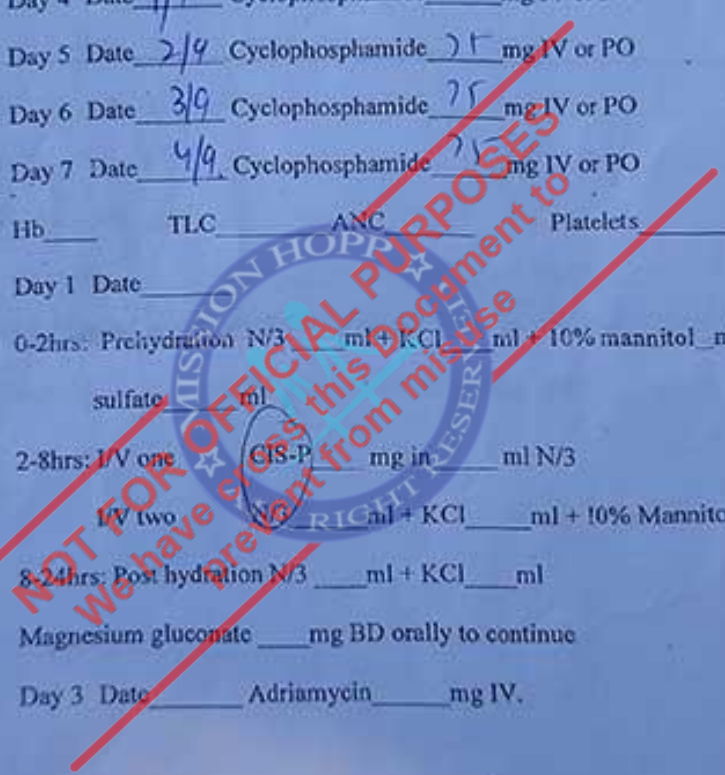
2-8hrs: I/V one CIS-P _____ mg in _____ ml N/3

I/V two N/3 _____ ml + KCl _____ ml + 10% Mannitol _____ ml

8-24hrs: Post hydration N/3 _____ ml + KCl _____ ml

Magnesium gluconate _____ mg BD orally to continue

Day 3 Date _____ Adriamycin _____ mg IV.





ओ मां ओ सं अस्पताल / A.I.I.M.S. HOSPITAL
 बहिष्कार विभाग / Out Patient Department



शुभचरणां कृते धूमपानं वर्जितम् / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

रोगी का पहचानकर्ता
 UHO 107647044
 कक्षा / Room 0-31
 डायग्नोसिस / Disease N36
 डॉ. मन्क चन्द्रा मन्डरे
 डॉ. मन्क चन्द्रा मन्डरे
 डॉ. मन्क चन्द्रा मन्डरे
 डॉ. मन्क चन्द्रा मन्डरे
 डॉ. मन्क चन्द्रा मन्डरे
 डॉ. मन्क चन्द्रा मन्डरे

रजि. नं. / Regn. No.
 उम्र / Age
 पता / Address
 डॉ. प्रदीप गौड़
 अस्प. अंतर्गत
 बाल अल्प विकासा OPD

History/Diagnosis

दिनांक / Date
 25 July
 उपचार / Treatment
 Mess
 Appointment on
 for
 Dept./Clinic

Child presented with left flank pain 2 months back moderate to severe intensity, relieved on oral analgesic. No h/o vomiting, fever, altered bowel habits.

& Shield



well defined, firm, bimanually palpable mass in left flank, able to reach upper & lower pole, non tender, not crossing midline

CECT 10/1A (24/6/24) - Large heterogeneous soft tissue density mass involving left kidney, extending into post & paranephric space, suprarenal region, pre-paravertebral region 26 x 94mm



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Week 29 Hb _____ TLC _____ ANC _____ Platelets _____

WEIGHT: _____ kg. HEIGHT _____ cm. SURFACE AREA _____ m²

Day 1 Date _____ Cyclophosphamide _____ mg PO.

Day 2 Date _____ Cyclophosphamide _____ mg PO

Day 3 Date _____ Cyclophosphamide _____ mg PO

Day 4 Date _____ Cyclophosphamide _____ mg PO

Day 5 Date _____ Cyclophosphamide _____ mg PO

Day 6 Date _____ Cyclophosphamide _____ mg PO

Day 7 Date _____ Cyclophosphamide _____ mg PO

Week 30 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____ Adriamycin _____ mg IV

Week 33 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

0-2hrs: Prehydration N/3 _____ ml + KCl _____ ml + 10% mannitol _____ ml + Magnesium sulfate _____ ml

2-8hrs: I/V one CIS-P _____ mg in _____ ml N/3

I/V two N/3 _____ ml + KCl _____ ml + 10% Mannitol _____ ml

8-24hrs: Post hydration N/3 _____ ml + KCl _____ ml

Magnesium gluconate _____ mg BD orally to continue

Day 3 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Day 4 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Week 29 Hb _____ TLC _____ ANC _____ Platelets _____

WEIGHT: _____ kg. HEIGHT _____ cm. SURFACE AREA _____ m²

Day 1 Date _____ Cyclophosphamide _____ mg PO.

Day 2 Date _____ Cyclophosphamide _____ mg PO

Day 3 Date _____ Cyclophosphamide _____ mg PO

Day 4 Date _____ Cyclophosphamide _____ mg PO

Day 5 Date _____ Cyclophosphamide _____ mg PO

Day 6 Date _____ Cyclophosphamide _____ mg PO

Day 7 Date _____ Cyclophosphamide _____ mg PO

Week 30 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____ Adriamycin _____ mg IV.

Week 33 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

0-2hrs: Prehydration N/3 _____ ml + KCl _____ ml + 10% mannitol _____ ml + Magnesium sulfate _____ ml

2-8hrs: I/V one CIS-P _____ mg in _____ ml N/3

I/V two N/3 _____ ml + KCl _____ ml + 10% Mannitol _____ ml

8-24hrs: Post hydration N/3 _____ ml + KCl _____ ml

Magnesium gluconate _____ mg BD orally to continue

Day 3 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Day 4 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Week 21 Hb _____ TLC _____ ANC _____ Platelets _____

WEIGHT: _____ kg. HEIGHT _____ cm. SURFACE AREA _____ m²

Day 1 Date _____ Cyclophosphamide _____ mg PO.

Day 2 Date _____ Cyclophosphamide _____ mg PO

Day 3 Date _____ Cyclophosphamide _____ mg PO

Day 4 Date _____ Cyclophosphamide _____ mg PO

Day 5 Date _____ Cyclophosphamide _____ mg PO

Day 6 Date _____ Cyclophosphamide _____ mg PO

Day 7 Date _____ Cyclophosphamide _____ mg PO

Week 22 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____ Adriamycin _____ mg IV.

Week 25 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

0-2hrs: Prehydration N/3 _____ ml + KCl _____ ml + 10% mannitol _____ ml + Magnesium sulfate _____ ml

2-8hrs: I/V one CIS-P _____ mg in _____ ml N/3

I/V two N/3 _____ ml + KCl _____ ml + 10% Mannitol _____ ml

8-24hrs: Post hydration N/3 _____ ml + KCl _____ ml

Magnesium gluconate _____ mg BD orally to continue

Day 3 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Day 4 Date _____

Etoposide _____ mg in _____ ml N/3 in 5% dex + KCl _____ ml

Week 13 Hb _____ TLC _____ ANC _____ Platelets _____

WEIGHT: _____ kg. HEIGHT _____ cm. SURFACE AREA _____ m²

Day 1 Date _____ Cyclophosphamide _____ mg PO.

Day 2 Date _____ Cyclophosphamide _____ mg PO

Day 3 Date _____ Cyclophosphamide _____ mg PO

Day 4 Date _____ Cyclophosphamide _____ mg PO

Day 5 Date _____ Cyclophosphamide _____ mg PO

Day 6 Date _____ Cyclophosphamide _____ mg PO

Day 7 Date _____ Cyclophosphamide _____ mg PO

Week 14 Hb _____ TLC _____ ANC _____ Platelets _____

Day 1 Date _____

0-2hrs: Prehydration N/3 _____ ml + KCl _____ ml + 10% mannitol _____ ml + Magnesium sulfate _____ ml

2-8hrs: I/V one CIS-P _____ mg in _____ ml N/3

I/V two N/3 _____ ml + KCl _____ ml + 10% Mannitol _____ ml

8-24hrs: Post hydration N/3 _____ ml + KCl _____ ml

Magnesium gluconate _____ mg BD orally to continue

Day 3 Date _____ Adriamycin _____ mg IV.



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	KRITI MAHATO	UHID NO.	107647044
Accession No.	S2434907	F.H Name	D/O MANDI CHANDRA MAHATO
Age/Sex	3Y Female	Additional ID	NA
Clinic Dept	Paediatric Surgery	Unit	N/A
Consultant Incharge	Not Mentioned	Request Date/Time	27-07-2024 09:00:00
		Receiving Date/Time	27-07-2024 11:35:43

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2434907A

Specimen labelled as "biopsy for hpc" comprises of four linear soft cores measuring 4.5 cm.

MICROSCOPIC EXAMINATION:

The case has been transferred to bone and soft tissue path to 25.07.2024 from head and neck pathology.

Sections examined show features consistent with ganglioneuroblastoma. Small neuron is present. Necrosis, calcification and mitosis are absent.

Mitotic-Karyorrhectic Index (MKI) is low (less than 2%).

The tumor cells are immunopositive for synaptophysin and CD117.

Kindly correlate clinically.

DIAGNOSIS:

S2434907A Core biopsy • Ganglioneuroblastoma 94903

Reporting Resident: Dr. Anur Acharya

Reporting Faculty: Dr. Adarsh Barwad

Reporting Date/Time: 09-08-2024 16:47

Disclaimer:

- This report is electronically generated and does not require a signature or stamp to be considered valid.
- The pathologic diagnosis is to be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.



प्रयोगशाला अयुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल
भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली - 110029
LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India
Institute of Medical Sciences, New Delhi-110029

U/HID:	107647044	Reg Date:	08/07/2024 10:04 AM
Patient Name:	Miss KRITI MAHATO		
Sex:	Female	Age:	3 years 7 months 3 days
Department:	PAED SURGERY	Unit Name:	Unit-1
Unit Incharge:		Sample Collection Date:	30/08/2024 12:24 PM
Lab Name:	Lab Oncology	Sample Received Date:	30/08/2024 12:24 PM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / Unit No:	20240220004250	Recommended By:	Dr. Minu Bajpal
Lab Reference No:	3128		

Sample Details: LOI-300824100-AP (Bone Marrow) / Report Date: 31/08/2024 09:57 AM

BMA PS

Report:

Cellular bone marrow aspirate shows haematopoietic cells of all series (M:E=2.5:1).
There is no evidence of metastasis in the smear examined.

Note: Peripheral smear and bone marrow touch preparation has not been submitted.
Advice: Correlation with bone marrow biopsy.

Senior Resident: Dr Gaddam Pranitha
Consultant: Dr Ritu Gupta

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(Dr Gaddam Pranitha)
Verified By

Authorized Sign



LABORATORY

DR. R.I.A. IRCHAHMSA NEW DELHI

Reg. Date-05/12/2024

LLH

IRCH No. 324065

Clinic: Paediatric Medical Oncology Clinic

Deptt. MEDICAL ONCOLOGY

General



UHID-107647044

Name:

UHID:

Age/Sex:

OPD/Ward:

Routine/Urgent:

पति

Name KRITI MAHATO

D.O. MANIK CHANDRA MAHATO

Phone No. 7779193807

Address VILL- GOURI GRAM, PO BHOJPUJH CHANDANKIYARI, MAJAL, BOKARO, JHARKHAND, Pin-828003, INDIA

Sex/Age F/3Y

Room 6 (Shift Afternoon)

Exempted by (Sign & Stamp)

Parameters	Parameters	Parameters	Parameters
CBC+ DLC	Amylase	FSH	CSF Chloride
CBC+ DLC+ Reticulocyte	Lipase	LH	CSF Glucose
PT	Magnesium	Estradiol	CSF Protein
INR	Cholesterol	Progesterone	Peritoneal or Pleural or Drain or Other Fluid: Albumin
APTT	Triglyceride	Cortisol	Peritoneal or Pleural or Drain or Other Fluid: Creatinine
TT	VLDL	Vitamin D	Peritoneal or Pleural or Drain or Other Fluid: Glucose
D Dimer	LDL	Troponin	Peritoneal or Pleural or Drain or Other Fluid: LDH
Fibrinogen	HDL	Iron	Peritoneal or Pleural or Drain or Other Fluid: Lipase
Glucose K.	IgG	Transferrin	Peritoneal or Pleural or Drain or Other Fluid: Total Protein
Glucose F.	IgA	Iron	Peritoneal or Pleural or Drain or Other Fluid: Triglyceride
Glucose FP	IgM	TIBC	Peritoneal or Pleural or Drain or Other Fluid: Urea
GTT-50g Glucose	LDH	Vitamin B12	Peritoneal Pleural Drain Other Fluid: Amylase
GTT-75g Glucose	CKP	Folate	Urine Protein
GTT-100g Glucose	HbA1c	Homocysteine	Urine Glucose
Urea	BCV	Troponin	Urine Urea
Creatinine	CRP	CK NAC	Urine Creatinine
Uric Acid	HbA1c	CK MB	Urine Uric acid
Calcium	Anti HAV (Total)	AFP	Requesting Doctor Name: Department: Signature: Seal
Phosphorus	Anti HAV (IgM)	CA125 (Rs.500/-)	
Sodium	EBV IgM	CA19.9	
Potassium	HBc Total	CEA	
Chloride	HBsAg	PSA	
Total Bilirubin	TSH	Free PSA	
Direct Bilirubin	FT3	β-HCG	
SGPT/ALT	FT4	hBAK	
SGOT/AST	T3		
Total protein	T4		
Albumin	Prolactin		
Alkaline Phosphatase	PTH		
GGT	Procalcitonin (Rs.1350/-)		

Remarks: