



EK PARIVARTAN FOUNDATION REGISTRATION NO: 130

EK PARIVARTAN FOUNDATION PAN NO: AAATE9879M

EK PARIVARTAN FOUNDATION 80G NO: AAATE9879MF20221

EK PARIVARTAN FOUNDATION NGO DARPAN : DL/2019/0230573

EK PARIVARTAN FOUNDATION GUIDESTAR INDIA : 11308

EK PARIVARTAN FOUNDATION CSR REG NO : CSR00040314

EK PARIVARTAN FOUNDATION TM APP NO : 5822870

EK PARIVARTAN FOUNDATION MSME NO : DL-02-0040746

EK PARIVARTAN FOUNDATION WEBSITE : WWW.EPFNGO.ORG

EK PARIVARTAN FOUNDATION E-MAIL : INFO@EPFNGO.ORG

PATIENT NAME	MASTER ANSH RAJ
PATIENT FATHER NAME	MR. SUJIT KUMAR DAS
DOB AND GENDER	3 YR / MALE
DISEASE NAME	EAR TUMOR
TREATMENT HOSPITAL	(AIILS) ALL INDIA INSTITUTE OF MEDICAL SCIENCE
REGISTRATION NO	107675514
DEPARTMENT NAME	PAEDIATRICS
TREATMENT COST	APPROX 2 TO 3 LAKH
PATIENT FATHER OCCUPATION	LABOR
PATIENT ADDRESS	SITAMARHI, BIHAR, 843332

EK PARIVARTAN FOUNDATION



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EK PARIVARTAN FOUNDATION



UHID: 107675514



Dept No: 20240030020108

ANSH RAJ

S/O SUJIT DAS
4Y 0M 0D / M(पुरुष)
VII khap ps mejorgunj, BHAR, Pin:0, INDIA

Ph: 9334901329 General Rs. 0
Follow Up Patient

कमरा / Room
C-210

Queue /
संख्या F26
Unit-III, Paediatric.

SAT शुभ शनि



Reporting: 08 40 12
01/01/2025

11 → 12/11
EK PARIVARTAN FOUNDATION

N/V POPD - 11/1/2025

E CBC / UMPFT

08/11

Sign

NON METASTATIC RMS Protocol (IRS IV)
Division of Pediatric Oncology
Dept of Pediatrics, AIIMS-New Delhi

Evaluation:

Imaging modality	Result
MR! → initially	temporal fossa intracranial component not there
CT scan 25.10.24.	Primary Mass Stable Necrosis seen. Intracranial component
PET CT →	as compared to August scan reduction in size of the mass is 15-20% (not fulfilling PR criteria)

WEEK 9:

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Surgery:

Delayed Primary Excision? Yes/No

Date for surgery:

Surgical Notes:

Pathology of post resection Specimen:

Margins:

Nodes:

Final Impression:

29/12/24
@ Day camp

8: $\begin{matrix} 6280 \\ 4150 \end{matrix}$ \leftarrow 5.5 exam \rightarrow can proceed to
chemo
LF1/LFT \rightarrow (N)
Sutures

1/1/2025

d-PM-RMS & intraaxial extensions
middle cranial fossa @ temporal lobe / FR
(up-3, stage 3, FR)

8: $\begin{matrix} 6280 \\ 4150 \end{matrix}$ \leftarrow 5.5 1

~~NO FE~~ Ho fall on floor & imp us
to stand
Rec'd to - 5012 Gy in 24h
(29/8/24 - 1/10/24) \rightarrow swelling
& pain

LF1/LFT = (N)

last wk - 9 \rightarrow 29/12/24

SPNATC

\downarrow
soft & sensitive

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Adv

1/1

Swelling (N)

At Ankle

Tenderness

(N)

Restiction of

ROM

- dy VCR 0.8 mg 1/v slow pushy - 5/1/25
- 12/1/25

- ~~Supp 2 hrs~~ Supp

- R/v in SPNATC for further follow up.

- @ teptan on admed

- 2/v 11/1/25 \rightarrow CBC, POPD
41 LF1/LFT

Jan
2025

NON METASTATIC RMS Protocol (IRS IV)
 Division of Pediatric Oncology
 Dept of Pediatrics, AIIMS-New Delhi

Week 16
 Day 1
 Day 1

Radiotherapy Yes/No

Start Date:

End Date:

RT Dose and Fractions:

Chemotherapy during RT (*Cyclophosphamide may be omitted. If so readjust in week 26/44):

Week 9	Date	Drug	Dose	Sign
Day 1	29/12/21	VCR		-----
Day 1		Cyclophosphamide*		-----

Week 10	Date	Drug	Dose	Sign
Day 1	5/1/25	VCR	0.8 mg	<i>[Signature]</i>

Week 11	Date	Drug	Dose	Sign
Day 1		VCR		-----

Week 12	Date	Drug	Dose	Sign
Day 1		VCR		-----
Day 1		Cyclophosphamide*		-----

Week 13	Day 1, Date
No Chemo	

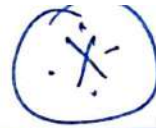
Week 14	Day 1, Date
No Chemo	

Week 15	Day 1, Date
No Chemo	

Complications during RT:

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C/d/w Prof. R. Seth Ma'am



- To proceed with IRS-IV protocol till II point of assessment and then decide on chemo escalation

Plan:

(CHECK LABS BEFORE CHEMO)

1. To get week 9 Vc (6h chemo) date from Daycare 29/12/24

2. Inj. Emeret 4mg iv

Inj. Dexa 4mg iv

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iv f DNS+ (1:100) KCL @ 90 ml/hr X 6 hours.

2h after hydration starts

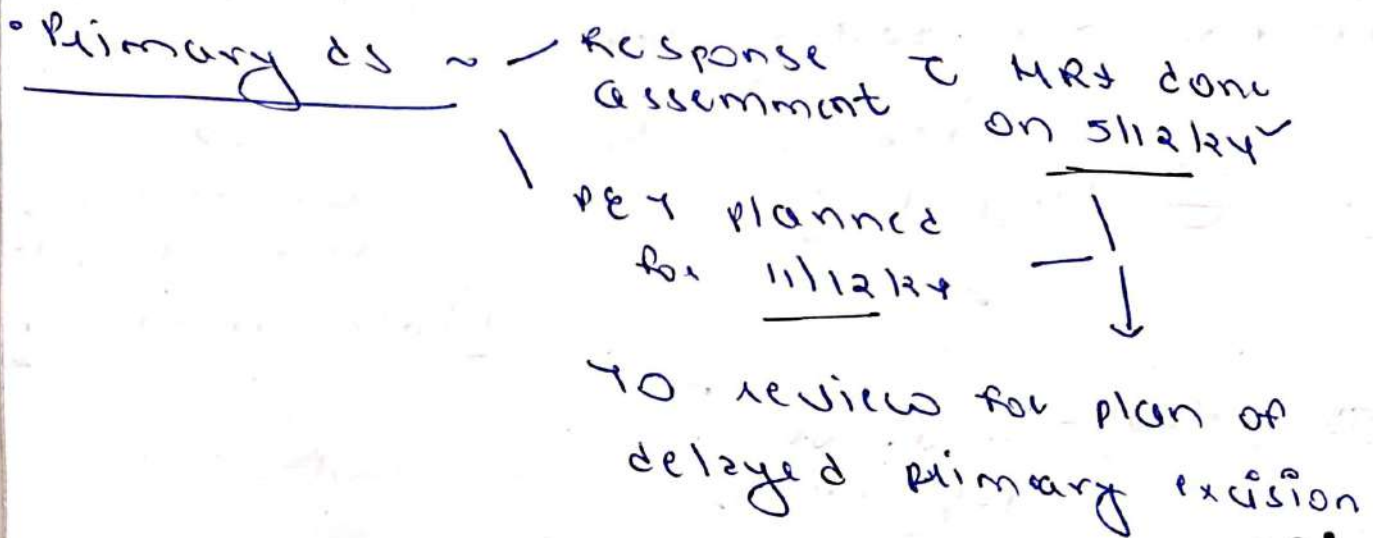
Inj. CYCLOPHOSPHAMIDE 1.25g / 200ml NS iv over 2h

Inj. MESNA 300mg iv @ 0, 4, 6h.

Inj. VINCRISTINE 0.85mg iv slow push.

3. N/r in OPD on 1/1/25 & CBC/RFT/LFT

↓
 on 20/11 [011]
 teicoplanin [07]



Advise and plan

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① To cont in Abx for total 10 days then stop [11/12/24]

② cont syp PCM [250mg/15ml] 4ml BID qid x 7d
 syp analgesic [100mg/15ml] 5ml BID TDS

③ RC discussion of films for
response assessment

④ ENT Head and neck clinic @ reg.
[As advised
on 14/12/24 flu]

⑤ TIS CBC and
RFT/HRP
flu on 14/12/24 Sat JAM
↓
As per ENT opinion to decide on
further chemotherapy initiation

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14/12/24

21/12/24

Oldw Prof. R. Seth Maam



- Case has been discussed with Dr. Rajeev Kumar Sir,
Consultant, ENT. To meet in OPD on Monday 23/12/24
Room (613).



To m/w in POC clinic
2pm

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Dr. Sanjana S.
DM, Pediatric Oncology
AIIMS, New Delhi
DMC-109666

23/12/24

Case has been discussed and reviewed by
Dr. Rajeev Kumar Sir.

Not amenable for resection
High risk of residual hemiplegia

P.F.O.



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



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

याल चिकित्सा विभाग
UJHC-1076

कमरा / Room C-210
Queue / संख्या F39
Unit-1 POC.

OPR-6

Dept No: 2024/20108
Clinic No: 2024/POC/283

संरो०वि० पंजीकृत सं०/O.P.D. Regn. No.

ANSH RAJ

General Rs 0

Reporting: 01 44 26
23/12/2024

आयु
Age

पता/Address

107675514

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

12.4K

LC2712241921 107675514

LH27122401403 107675514

ANSHRAJ

N/v 1/1/25 T CBC
RFT
LFT

28/12/24
G-26/103
87 4.15x10³ 5.51 Lacs
LFT RFT
SWA LK

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AIIMS FREE TO
CASE NO. 9312mm
DATE

Syp. Cefixime
sml hs.
Nasolwt drops x3d
O'aid

Dr. Sanjana. S
DM, Pediatric Oncology
AIIMS, New Delhi
DMC-100686



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)



18/12/24

- ENT review done:
Not amenable to resection

- PET discussed:

No primary baseline scan.

Latest scan: Residual disease in squamous temporal region, minimal extension into infratemporal fossa, para-pharyngeal spaces.

Plan:

Review on 21/12/24: Plan for chemo escalation to VIT after discussion & faculty

21/12/24

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21/12/24

- 2.1. Betadine gargle
- Sitz bath
- on Septran AD
- C/O - cough only
no fever
- PET-CT Report (Photocopy)
- MRI Report

Adv

- ENT opinion. → for surgery
(post reassessment)

- (N/v) in OPD on → 18/12/2024.
(To discuss w Prof. K. Sreeni, ma'am)

- To (t) sephra

7
Summary

~~to take date from Mrs. Jaylene
for vct/cy do/wst
(t)~~

Plan:

~~to continue w~~

chemotherapy

~~met w vct, cyclophosphamide~~

If not resectable by ENT.

- then plan to shift to vchemo → VIT
followed by maintenance of
vinorelbine / cyclophosphamide.

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18/12/24

- d.i. Betadine gargle
- Sit bath
- On Septra APD.
- no fresh complaints
- Last chemo - 19/11/24
- photocopy pending (protocol).

14/12/2024

clo PM-RMS ± intracranial extension, middle
cranial fossa and (R) temporal lobe IIR
[gp III, stage 3]

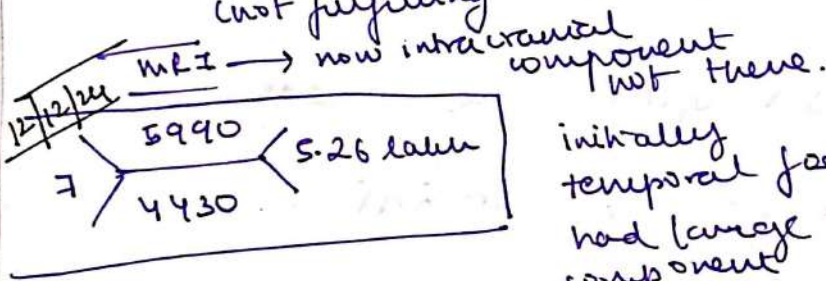
RT given past week 29/8/24 - 1/10/24 [50.2 Gy
24#]

memo ~~with~~ completed → 19/11/24
(last v Ac)

Re discussion

↓
as compared to august scan
reduction in size in the mass
reduction is 15-20%.

(not fulfilling PR criteria)



initially temporal fossa had large component

↓
not there now

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RT Scan done on 11/12/2024
↳ discussion pending

ENT on 14/11/24 → advised patient not
candidate for sx currently
referred to Head & neck
clinic

Prognosis explained

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



¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: ANSH RAJ		Age/Sex: 3 Y/M
Study ID: FDG/32464/24	UHID: 107675514	Date: 11.12.2024
Indication: Case of anaplastic embryonal rhabdomyosarcoma (right parotid space) status post chemotherapy (19-11-2024) and radiotherapy (01-10-2024). PET/CT for response assessment.		

Procedure: PET-CT acquisition was done 60 minutes after injection of 10mCi ¹⁸F-FDG by intravenous route, from the level of vertex to mid-thigh.

PET-CT Findings:

Brain, Head and Neck: FDG avid ulceroproliferative large exophytic soft tissue mass with areas of necrosis noted in right parotid region, pushing right auricle laterally; measuring ~6.9 x 7.6 x 6.9 cm; extending from clivus to C5 vertebral level. Superiorly, it is extending intracranially in right temporal region by eroding temporal bone; Medially it is extending till lateral nasopharyngeal wall and causing mild bulge into nasopharynx; Anteriorly it is abutting ramus and condyle of mandible. Mild FDG avid few sub-centimetric bilateral level II, right level Ib, III and V cervical lymph nodes noted – likely reactive.

Thorax: Few sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum. No suspicious nodules in bilateral lung fields. Physiological FDG uptake is seen in the myocardium.

Abdomen-Pelvis: Hepatomegaly (span – 12.3 cm) noted with no focal abnormal FDG uptake. Splenomegaly (span ~8.4 cm) noted with no abnormal tracer uptake. Few sub-centimetric mesenteric and bilateral inguinal lymph nodes noted - benign. Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder. No ascites is noted.

Musculo-Skeletal System: Diffusely increased tracer uptake noted in axial and appendicular skeleton - likely reactive marrow stimulation. Physiological FDG distribution is seen in the visualized axial and appendicular skeleton.

IMPRESSION:

- Metabolically active necrotic mass in right parotid space with extensions as described – residual disease.
- No previous PET/CT available for comparison.

Dr. Sanjiv L.S.
Senior Resident

Dr. Madhavi Tripathi
Consultant

11/12/24

Ansh Raj | 34 ymo | Male

asis: FM-AMS

2 intraauricular
extension ~ middle auriab.
BSSC and (R)
temporal lobe

[gp (III) stage (3)]

- 3R | RTx gun
post week (2)

↓
total week (8)
chemo complete
[last on 19/11/24]

2 FN - reactive
polyarthralgia and cellulitis

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• Clinically

no fever since 24 hrs

joint swelling and
erythema in (R) wrist/ankle
(L)

minimal swelling 2
tenderness (L) ankle (+)
(pain relief adq)

Inux

fresh counts (na)

Blood etc ~ sterile
[11/12/24]



DEPARTMENT OF RADIO-DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

Patient Name: ansh raj

Sex: M

Age: 3Y

UHID: 107675514

Report State: Signed-off

OPD / Ward:

EXAMINATION DESCRIPTION:

PERFORMED ON: 2024-11-04 CR No:

Report:-

History : K/C/O right parameningeal RMS with extension into right temporal region. Received 3 cycles of chemoradiotherapy. Now C/O fungating mass on right side of face with active discharge
CECT face

CT scan of the face was performed with I.V. contrast using 24 x 0.6mm collimation.

Neck:

An ill defined heterogenously enhancing mass showing predominant areas of necrosis with specks of calcification measuring 7.7 cm x 7.7 cm x 5.6 cm (CC x AP x TR) epicentered in right parotid space with non visualization of right parotid gland. The mass is extending superiorly from clivus and inferiorly till lower border of C5 vertebra. The mass is extending anteriorly anteriorly till posterior border of ramus of right mandible causing its cortical erosion, laterally extending till right pinna displacing it laterally while causing destruction of squamous part of temporal bone, medially extending through the right stylomandibular tunnel extending till the right lateral border of pharyngeal mucosal space causing its bulge with anterior displacement and mild effacement right parapharyngeal of fat pad while causing destruction of right greater wing of sphenoid and superomedially showing extra axial intracranial extension into right temporal region abutting the dura mater, posteriorly the mass is extending into posterior cranial fossa on right side showing intracranial extra axial extension abutting dura mater surrounding the right cerebellar hemisphere while causing destruction of mastoid and petrous parts of right temporal bone (causing dehiscence of superior and lateral semicircular canals, facial nerve canal on the right side), clivus on its right side. The mass causes enhancement of right internal carotid artery, external carotid artery and its branches causing their luminal attenuation. There is luminal attenuation of right internal jugular vein with its non visualization from and above the level of right lateral mass of atlas along with non visualization of right sigmoid sinus likely due to compression by the mass.

Both Orbits: Normal

Paranasal sinuses/ nasal cavity: Normal.

Oral cavity: Normal.

Rest salivary glands : Normal

Maxilla/ mandible: Normal.

Nasopharynx: Normal

Oropharynx: Normal.

Left Infra-temporal cistern spaces: Normal.

Visualized thyroid gland and hypopharynx : Normal

Lymph node enlargement: None.

CECT Head

Sequential axial scans were performed starting from the base of the skull employing 5mm sections after injecting IV contrast.

Bilateral cerebral brain parenchyma show normal attenuation and enhancement pattern.

Bilateral basal ganglia and thalami are normal.

Cerebellum and posterior fossa structures are normal.

Ventricles and cisternal spaces are normal.

No abnormal meningeal enhancement seen.

No intracranial hemorrhage / shift of midline structures.

IMPRESSION

In a K/C/O right parameningeal RMS with extension into right temporal region. Received 3 cycles of chemoradiotherapy. Now C/O fungating mass on right side of face with active discharge, the current scan shows

Mild reduction of tumor size compared to previous scan dated 1/8/24 with similar lytic bony destruction and extensions, vascular encasement with luminal attenuation and intracranial extension into middle cranial fossa involving right temporal lobe with no evidence of distant metastasis.

Preliminary by: Dr. Ajeith S (Junior Resident), 29-Oct-2024 09:10

Report Status: Verified / Dr. Ashu Bhalla



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

Patient Name	: Ansh Raj	UHID NO.	: 107675514
Accession No	: S2437823	F/H Name	: S/O SUJIT DAS
Age/Sex	: 3Y /Male	Additional ID	: NA
Clinic/Dept	: N/A	Unit	: N/A
Consultant Incharge	: Dr. Rachna Seth	Request Date/Time	: 12-08-2024 /08:53:04
		Receiving Date/Time	: 12-08-2024 /12:00:39

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2437823A

Specimen labelled as "Right bone marrow biopsy " comprises of two linear bony cores measuring 0.3 to 0.4 cm.

Accession No. : S2437823B

Specimen labelled as "Left bone marrow biopsy " comprises of three linear bony cores measuring 0.3 to 0.4 cm.

MICROSCOPIC EXAMINATION:

A. Sections examined show significant collagenous tissue and fragmented marrow spaces which shows cellularity of approximately 70% with hematopoietic cells of all three series. There is no evidence of metastatic rhabdomyosarcoma in the sections examined.

B. Sections examined show skeletal muscle and partly washed out marrow spaces which, however, show cellularity of approximately 80% with hematopoietic cells of all three series. There is no evidence of metastatic rhabdomyosarcoma in the sections examined.

Note: Patient is a known case of parameningeal rhabdomyosarcoma, right ear mass - vide clinical history and histopathology accession number S2436559.

DIAGNOSIS:

S2437823A	Bone Marrow	Right bone marrow biopsy	• Free of tumor
S2437823B	Bone Marrow	Left bone marrow biopsy	• Free of tumor

End Report

Reporting Resident: Dr. Pummi Kumari

Reporting Faculty: Dr. Aanchal Kakkar

Reporting Date/Time: 21-08-2024 19:11

Disclaimer :

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



DEPARTMENT OF RADIO-DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

Patient Name: ansh raj

Sex: M

Age: 3Y

UHID: 107675514

Report State: Signed-off

OPD / Ward:

EXAMINATION DESCRIPTION: PERFORMED ON: 2024-08-05 CR No:

Report:-

C/o mass protruding from right ear ? RMS , ? Ewings

CECT Head, Neck and Chest

There is a large heterogeneously enhancing irregular infiltrative mass seen epicentered in the right parotid space. It measures 8.6 x 6.6 x 7.4 cm (TR x AP x CC). Few non enhancing necrotic areas are seen within. Few tiny scattered calcific foci are seen within the mass (more likely from bone destruction)

Laterally the mass is causing overlying skin infiltration and ulceration.

Medially the mass is infiltrating into right carotid space , parapharyngeal and perivertebral space, pharyngeal mucosal space. Right CCA is normal , right ICA and IJV are encased within the mass (from approx C2 and above).

Mass is seen to extending along right carotid canal and right IJV with lytic destruction of right petrous temporal bone, bony facial canal, jugular foramen also involving squamous temporal bone, mastoid, right middle ear cavity .

Anteriorly the mass is infiltrating into masticator space with loss of fat planes with pterygoids , masticator , temporalis muscle,

Mass is causing lytic destruction greater wing of sphenoid, mandibular fossa.

Cranially mass has intracranial extension into middle cranial fossa and right temporal lobe.

Posteriorly mass is infiltrating into anterior sternocleidomastoid

Inferiorly mass is extending till C2 vertebral level.

Multiple discrete homogeneously enhancing subcentimetric bilateral level V lymphnodes present

maxilla including the alveolar processes appear normal. The zygomatic arch, frontal and temporal bones appear normal.

The nasal septum is fairly in the midline. No obvious abnormal soft tissue is seen in the nasal cavity and the paranasal sinuses.

Left maxillary sinusitis.

The parotid, submandibular and sublingual glands appear normal in bulk and density.

The orbits posterior cranial fossa are normal.

CHEST

Both the lungs are normal.

Tracheobronchial tree is normal.

No significant mediastinal adenopathy is noted.

Heart and mediastinal vascular structures are normal.

No pleural or pericardial fluid is seen.

Bones are normal.

Scanned sections through upper abdomen are unremarkable.

BRAIN

heterogeneously enhancing extension of primary mass is seen in middle cranial fossa involving right temporal lobe.

Small enhancing nodule is also seen in right cerebello pontine angle

Non opacification of right transverse sinus is likely thrombosed. - ? Thrombosed

Bilateral basal ganglia and thalami are normal.

Cerebellum and posterior fossa structures are normal.

Ventricles and cisternal spaces are normal.

No abnormal meningeal enhancement seen.

No intracranial hemorrhage / shift of midline structures.

Impression:There is a large heterogeneously enhancing irregular infiltrative/ destructive mass measuring 8.6 x 6.6 x 7.4 cm (TR x AP x CC) seen epicentered in the right parotid space causing lytic bony destruction and extensions as described.

Intracranial extension into middle cranial fossa involving right temporal lobe.

No evidence of distal metastasis.

Possibilities - Aggressive mesenchymal tumour ? Rhabdomyosarcoma

Preliminary by: Sachani Nisarg (Junior Resident), 03-Aug-2024 14:58

Report Status: Verified / Dr. Ashu Bhalla

Dr. Ashu Bhalla

Professor

Report Status: Verified: Ashu Bhalla



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	: ansh raj	PHID NO.	: 107675514
Accession No	: S2435669	PH Name	: S/O SUJIT DAS
Age/Sex	: 3Y /Male	Additional ID	: NA
Clinic/Dept	: Paediatrics	Unit	: Unit III
Consultant Incharge	: Dr. Rachna Seth	Request Date/Time	: 31-07-2024 /11:19:45
		Receiving Date/Time	: 31-07-2024 /15:06:38

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2435669A

Specimen labelled as "ear mass " comprises of four linear soft cores measuring 0.2 x 1 cm.

MICROSCOPIC EXAMINATION:

Sections examined show histological features of anaplastic embryonal rhabdomyosarcoma. Tumor cells are immunopositive for desmin and myogenin.

Fluorescence in situ hybridization is being performed for FOXO1 fusion status and a supplementary report will follow.

DIAGNOSIS:

S2435669A	External auditory canal biopsy	Biopsy from mass protruding from right ear	• Embryonal rhabdomyosarcoma NOS 8910/3
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End Report

Reporting Resident: Dr. Om Prakash

Reporting Faculty: Dr. Aanchal Kakkar

Reporting Date/Time: 08-08-2024 18:23

Disclaimer:

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



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

UHID: 107675514 Sex: Male
Patient Name: Mr ansh raj Sample Received Date: 23-Jul-2024 16:38 PM
Age: 3Y 6m Department: DEPT. OF EMERGENCY MEDICINE
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 23-Jul-2024 16:38 PM Sample Collection Date: 23-Jul-2024 14:49 PM
Recommended By: Dr. Rakesh Yadav Lab Reference No: 2414329342

Sample Details : LB230724302

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
-------------------------	--------	-----	-----------

PT (Mechanical Clot)	14.30	sec	13.1 - 16.3
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Remarks:

- All samples sent for coagulation must be filled till the frosted mark on the vial.
- Blood samples should not be collected from intravenous lines.
- Normal coagulation results do not exclude clotting abnormalities.
- In results above the normal range-
 - Heparin contamination must be excluded
 - Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done
- Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
- For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
- In case of any discrepancies noted please communicate with lab immediately on the numbers provided

INR	1.06		0.8-1.2
-----	------	--	---------

APTT (Mechanical Clot)	26.90	sec	28.6 - 35.8
------------------------	-------	-----	-------------

Remarks:

- All samples sent for coagulation must be filled till the frosted mark on the vial.
- Blood samples should not be collected from intravenous lines.
- Normal coagulation results do not exclude clotting abnormalities.
- In results above the normal range-
 - Heparin contamination must be excluded
 - Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done
- Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
- For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
- In case of any discrepancies noted please communicate with lab immediately on the numbers provided

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

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Tushar Sehgal DM
(Hematopathology)
23-Jul-2024 18:28



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

UHID: 107675514 Sex: Male
Patient Name: Mr ansh raj Sample Received Date: 23-Jul-2024 16:38 PM
Age: 3Y 6m Department: DEPT. OF EMERGENCY MEDICINE
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 23-Jul-2024 16:38 PM Sample Collection Date: 23-Jul-2024 14:49 PM
Recommended By: Dr. Rakesh Yadav Lab Reference No: 2414329342

Sample Details : LB230724302

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
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PT (Mechanical Clot)	14.30	sec	13.1 - 16.3
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Remarks:

- All samples sent for coagulation must be filled till the frosted mark on the vial.
- Blood samples should not be collected from intravenous lines.
- Normal coagulation results do not exclude clotting abnormalities.
- In results above the normal range-
 - Heparin contamination must be excluded
 - Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done
- Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
- For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
- In case of any discrepancies noted please communicate with lab immediately on the numbers provided

INR	1.06		0.8-1.2
APTT (Mechanical Clot)	26.90	sec	28.6 - 35.8

Remarks:

- All samples sent for coagulation must be filled till the frosted mark on the vial.
- Blood samples should not be collected from intravenous lines.
- Normal coagulation results do not exclude clotting abnormalities.
- In results above the normal range-
 - Heparin contamination must be excluded
 - Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done
- Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
- For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
- In case of any discrepancies noted please communicate with lab immediately on the numbers provided

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

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Tushar Sehgal DM
(Hematopathology)
23-Jul-2024 18:28



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

UHID:	107675514	Sex :	Male
Patient Name :	Mr ansh raj	Sample Received Date :	22/07/2024 09:49 AM
Age :	3 years 6 months 21 days	Department :	Paediatrics
Unit Name :	Unit-1	Unit Incharge :	Dr. Rakesh Yadav
Lab Name:	Hematology	Lab Sub Centre:	Hematology PT
Reg Date :	20/07/2024 08:33 AM	Sample Collection Date:	22/07/2024 08:59 AM
Report Generated Date:	22/07/2024 12:50 pm	Dept / IRCH No:	20240030020108
Recommended By:	Dr. Dilip SR Paeds	Lab Reference No:	120

Sample Details : HPT-2207240141

Test Name	Result	Comment	Normal Range
PROTHROMBIN TIME (PT) (Photo-optical)	13.200 sec		• 12.1 - 14.5 sec
Activated partial thromboplastin time (APTT) (Photo-optical)	21.000 sec		• 33.6 - 46.3 sec
International normalised ratio (INR) (calculated)	1.123		• 0.9 - 1.1 Non anticoagulated • 2 - 3 Anticoagulated

Over All Comment :

Authorised Signatory
Dr Tushar Sehgal

Verified By
Chandanm



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

UHID:	107675514	Reg Date :	20/07/2024 08:
Patient Name :	Mr ansh raj	Age :	3 years 7 month
Sex :	Male	Unit Name :	Unit-III
Department :	Paediatrics	Sample Collection Date:	12/08/2024 09:0
Unit Incharge :		Lab Sub Centre:	Lab Oncology (I)
Lab Name:	Lab Oncology	Report Generated Date:	16/08/2024 02:1
Sample Received Date:	16/08/2024 11:24 AM	Recommended By:	Dr. Dilip SR Pae
Dept / IRCH No:	20240300087868		
Lab Reference No:	3003		
Ward Name:	DAY CARE PEDS MCH GF		

Sample Details : LOI-120824029-BP (Bone Marrow)

EK PARIVARTAN FOUNDATION
BMA BMT PS

Report: Cellular particulate bone marrow preparation shows haematopoietic cells of all series (M:E=1.5). There is no evidence of any metastasis in this preparation.

Peripheral blood is unremarkable.

Advice : Correlation with bone marrow biopsy.

Senior resident: Dr Rani Sahu

Consultant: Dr G Smeeta

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Authori:



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW
DELHI
Department of Microbiology



UHID: 107675514 Reg Date : 20/07/2024 08:33 AM
Patient Name : Mr ANSH RAJ
Sex : Male Age : 3 years 9 months 22 days
Department : Paediatrics Unit Name : Unit-I
Unit Incharge : Dr. Rakesh Yadav Sample Collection Date: 23/10/2024 08:54 PM
Lab Name: Microbiology Lab Sub Centre: Blood Culture (Microbiology Room No. 2071)
Sample Received Date: 24/10/2024 02:50 PM Report Generated Date: 26/10/2024 11:38 AM
Dept / IRCH No: 20240030020108 Recommended By: Dr. Dilip SR Paed
Lab Reference No: 35065
Ward Name: DAY CARE PEDS MCH GF

Sample Details : MBL-231024192 (B) (cc)

EK PARIVARTAN FOUNDATION

TEST NAME : BLOOD FOR CULTURE

TEST METHOD : CONVENTIONAL/AUTOMATED CULTURE

Culture Result Sterile
{Conventional
Method):

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Authorized Signatory



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**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW
 DELHI**
 Department of Microbiology



UHID:	107675514	Reg Date :	20/07/2024 08:33 AM
Patient Name :	Mr ansh raj		
Sex :	Male	Age :	3 years 7 months 18 days
Department :	Paediatrics	Unit Name :	Unit-I
Unit Incharge :	Dr. Rakesh Yadav	Sample Collection Date:	19/08/2024 04:06 AM
Lab Name:	Microbiology	Lab Sub Centre:	Blood Culture (Microbiology I
Sample Received Date:	19/08/2024 11:28 PM	Report Generated Date:	22/08/2024 10:06 AM
Dept / IRCH No:	20240300087868	Recommended By:	Dr. Dilip SR Paeds
Lab Reference No:	26791		
Ward Name:	DAY CARE PEDS MCH GF		

Sample Details : MBL-190824029 (Bone Marrow)

TEST NAME : BONE MARROW ASPIRATES FOR CULTURE

TEST METHOD : CONVENTIONAL/AUTOMATED CULTURE

Culture Result Sterile
 {Conventional
 Method}:

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Authori: