

LY FOUNDATIO





LY FOUNDATION IO

Patient Details

Name : Anupita Singh

Age / Gender : 2y / F

Father's Name : Madan Singh

Address : Pratapgarh, UP

Contact No :

POC / PCSC No.: 42/25

Diagnosis: RB

Remarks :

PICC Line Care

अगर आपके बच्चे को PICC Line Care लगी हुई है तो डे केयर के डाक्टर या नर्स से जरूर संपर्क करें।

GENERAL COUNSELLING

- ① Accomodation.
- ② Blood Donation.
- ③ 2% Betadine gargles
- ④ Sitz Bath.
- ⑤ Thermometer.
- ⑥ Fever charting
- ⑦ Danger sign.
- ⑧ general hygiene.
- ⑨ sick card.
- ⑩ No Vaccination / Immunization
+U advice.

Helpline No:- 9810520067, 9868397536

HIV Status.....

HBV 0.....

ब. रो. वि. कार्ड
O.P.D. Card

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ. भा. आयु. सं., नई दिल्ली-110029



अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

R. P. Centre (Eye Centre)

UHID: 108098760
Dept. No. 20250050013768
Clinic. No.: 2025/RB/37
ARPITA SINGH
W/O: MADAN SINGH

Date: 12/02/2025
General
Retinoblastoma Dr. SR/JR
RB-VI- R.142B
Unit-VI
Room No.: 142

Address: dhema sadar jili alahabad, UTTAR PRADESH, INDIA
Mobile



डॉ. टंडन का एकक
Dr. Aruna Tandon's Unit

आयु Age	पता Address
------------	----------------

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

Handwritten notes in Hindi and English:

- RE: Entire vitreous cavity filled with high spikes of calcifications.
- LE: Heterogeneous mass at post pole @
- RE: Extra-scleral extension (+)
- RE: s/o Retinoblastoma spikes & calcifications @ optic disc

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting



अखिल भारतीय आयुर्विज्ञान संस्थान

USG-81c

एम. आर. आई प्रपत्र 1 / MRI Form 1

दूरभाष सं. / Tel. No. 26593614

26546455

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

नैदानिक एम. आर. आई. मांग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. or Unit Pediatrics Date of Requisition 05/04/20 Dr. Rachna Seth
 OPD No. _____ UHID No. 108098780 Ward / Bed No. _____
 2. Screening Dept. : Radio-Diagnosis Neuro-Radiology Cardiac Radiology
 (Tick as appropriate)
 3. रोगी का नाम / Patient's Name Amrita Singh आयु / Age 2y लिंग / Sex Female
 (साफ अक्षरों में / In Block letters)

जन्म तिथि / Date of Birth : दिन / Day _____ माह / Month _____ वर्ष / Year _____ वजन / Weight _____ कि. ग्रा. /Kg.

4. General Patient Condition (Tick as appropriate)
 (i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

5. Clinical Details : History : K/Lb (R+) EORB

Examinations (L) IORB

Relevant Investigations : Previous CT / MR / Other Reports / Studies (with numbers, if any) Received cycle chemotherapy.

6. Blood Urea / S Creatinine (+) EORB, (+) (L) IORB

7. Clinical Diagnosis : _____
 8. Exact Anatomical site for MRI : MRI Brain + Orhd.

9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study).
 10. (a) Contrast Enhancement Required : Yes No

(b) Allergic to any drugs : _____
 (c) Implant in Body (Tick as appropriate)
 Cardiac Pacemaker _____ Aneurysmal clips _____ Cardiac Valve/Prosthesis _____
 Metallic Implants _____ Sharpnel/Pellet _____ Others _____ None _____

हस्ताक्षर / Signature _____
 नाम / Name _____
 (साफ अक्षरों में / In Block letters)
 पदनाम / Designation _____

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

Cancel all orders by crossing through and initialing Rewrite all orders when turning over and after major alterations. Sister should sign in the column provided when the order is transferred to the treatment books.

यू.एच.आई.डी. नं.
UHID No.

नाम/Service: Anupama
उम्र Age: 24 yrs
लिंग Sex: F
वैवाहिक स्थिति Marital Status:
व्यवसाय/Occupation:
धर्म/Religion:

वार्ड/Ward: _____
बेड/Bed: _____
Date Order: _____
Date Cancellation: _____
Doctor's orders with signature: _____
The sister's signature with date: _____

CS/B Drama SR/SR. (Dr Pragyanka / Dr. Nelli)

- TD = 2 days

o/p ~~entire~~ all depend system = swelling grouped vesicle on b/c leg & dorsum of feet

K/c/o - Kaposi's sarcoma on chemotherapy (vincristine + etoposide)
1st cycle - 7/2/25 - 8/2/25
2nd " - 19/3/25 - 20/3/25

K/o fever since 22/3/25.

↳ erythema + swelling of b/c legs since 2 days

S's: - ? Neutrophilic swabs on D₂ of Augmentin

Time
cbc,
Pw c/s from vesicle.

Adv

- 1) ~~no~~ look for danger sign
- 2) Cont. Angimus (400 mg / 5ml) 2.5ml ^{symp.}
- 3) Documentation of fever remain in OPD & reports (3rd floor - A wing).

Handwritten notes on yellow paper:
feet erythema & grouped vesicles
inflammatory changes
No evidence of...
No...
No...

LY FOUNDATION

Handwritten notes on white paper:
Pediatric Oncology
Ances

DTP 15/04/25

05/04/25

(Rt) EORB

(L) IORB — staging 'EVA pending

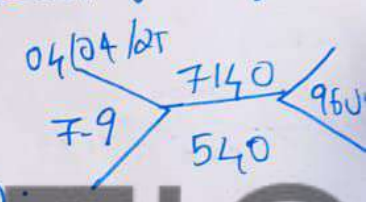
(Cancelled twice i/v/s LRTI).

No fresh complaints. 16hrs

Received a/c of HDCEV

% Pallor (R) HR-90/m Chest clear, kts
RR-30/m CVS-S/S heard
CFI-21 MUS-Swt

Reassessmt pending.



Adv

1) MRI Brain + contrast techms

2) EVA date → RPC consultation

3) Spbling screening

4) N/V → 09/04/25 Wednesday 9am
OPB

5) RB gene teching

[Signature]

DR. G. SHIRAWANI REDDY
All India Institute of Medical Sciences
New Delhi - 110029

adness over b/c lower limb resolve

Adv

1. rpt + CBC

↓
if counts (N)

↓
How stop iv antibiotics

2. ct. rpt from (betadine goggles)
set's bath as advised

3. Adv in day care for 2 hrs

Adv

Check Coulter CBC -

Stop Abx if ANC > 1000

Flu i/npt CBC/UA/As

on S/A/M

Dr. Anand
DM
Pediat
DMC -
AIIMS - New Delhi

28/3/25

Vi-lab
T-N

PR - 132/mt

RR - 30/mt

BP - 111/93 mmHg

SPO₂ - 100%

- CBC, PCT - to be send
Pus clt from vesicle

F.N. TV

FN-D₅

→ apathic & v/dho

→ smoking / address over b/c better than

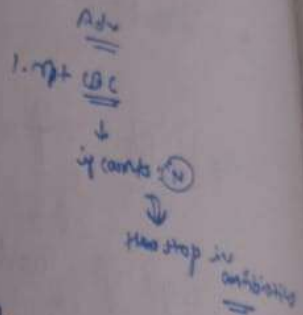
inu?

Pct: 0.09 ng/ml

pus < 5: sterile

Blood 4.8: sterile

LEFT/RIGHT: (N)



2. ct. rpt from / betadine swabs
3. N/A in day care for flu

flu
CBC

LY FOUNDATION

3/4/25

29/3

7.9) 4230 (54 x 10³

30

F-N D10

Afebrile for 72 hrs.

Blood < 1 - sterile

Adv

Coulter ANC

> 200

7.5) 6690 (94000

Mixed - 12.6

New - 3.8

- Abk stopped

- Check Coulter Ck.

Stop Abk if ANC

→ Flu + r/rpt CBC (LFTs)

on 3/4/25



Dr. Arjun Sharma
DM Pediatrics
DMC - New Delhi

Handwritten notes on a separate sheet:
- M.B
- bemat
- 6 m

PHYSICAL EXAMINATION
Resp.

किरण नैदानिक विभाग
भारतीय आर्य समाज संघ, नई दिल्ली-110029
DEPARTMENT OF RADIO DIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

RAY/CONTRAST STUDIES REQUISITION FORM

Date: 24/3/25
LMP:

Age/Sex: 24 F
Ref. Deptt./Unit: ③
UHID No.:

Outdoor / Casualty

Required:
and Examination:

Blw AB & Mncev : 19/3
20/3

LY FOUNDATIO

fever x 2 d

Medical / Working Diagnosis:

Blw lower limb tense swelling & vesicular eruptions

Blood Urea / S. Creatinine:
Allergy / asthma:
(for IVU patients only):

Signature of Referring Physician / Date:

Consent:

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date:

USG local area - Blw
till cellulitis

Appointment is on:

Time Slot: 8:30

9:00

9:30

10:00

10:30

Room No.:

11:00



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
15.04.2025

BABY ARPITA SINGH, 2 YRS / F

UID: 04.25.631

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.

Follow up case of retinoblastoma, on chemotherapy. Previous scans are not made available for comparative evaluation.

Right phthisis bulbi is seen. Plaque like soft tissue is seen in the posterior chamber of the right globe. Right optic nerve is thinned out.

Left globe is normal in size. 12 x 18 mm focal lesion is seen in the posterior chamber of the left globe. There is associated retinal detachment and vitreous hemorrhage. Lesion shows hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. Left optic nerve is unremarkable. Findings are suggestive of residual disease.

There is thickening of the gyri of the bilateral temporoparietal lobe with ill-defined interface of grey and white matter (R>L). Findings are suggestive of polymicrogyria pachygyria complex.

The optic chiasm, infundibulum and pituitary gland do not show abnormality.

Cerebral and cerebellar parenchyma is otherwise unremarkable. No acute infarct is seen on diffusion weighted images.

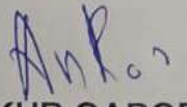
Bilateral basal ganglia and thalami are normal in signal intensity. The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage. Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Paranasal sinuses are unremarkable.

IMPRESSION:

1. Right phthisis bulbi with plaque like soft tissue in the posterior chamber of the right globe and thinned out right optic nerve.
2. 12 x 18 mm heterogeneously enhancing focal lesion in the posterior chamber of the left globe with associated retinal detachment and vitreous hemorrhage. Left optic nerve is unremarkable. Findings are suggestive of residual disease.
3. Thickening of the gyri of the bilateral temporoparietal lobe with ill-defined interface of grey and white matter (R>L). Findings are suggestive of polymicrogyria pachygyria complex.

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.



MIS 2022-0134

PATIENT'S NAME: ARPITA SINGH

AGE/SEX: 2/F

REF. BY: DR. AIIMS

REG./UID: AAH5232

TEST NAME: 3T MRI SCAN - CEMRI HEAD & ORBITS

EXAM. DATE: 05-FEB-2025

CEMRI BRAIN AND ORBITS

STUDY PROTOCOLS:

MR IMAGING OF THE BRAIN WAS PERFORMED USING FLAIR, T1 AND T2 WEIGHTED AXIAL SECTIONS, AND CORRELATED WITH T2W SAGITTAL AND FLAIR CORONAL IMAGES. IMAGING OF ORBITAL REGIONS WAS PERFORMED USING CORONAL STIR, T1W AND T2W SECTIONS AND CORRELATED WITH T1W AND T2W AXIAL AND SAGITTAL IMAGES. POST CONTRAST SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES. POST CONTRAST SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES.

FINDINGS:

There is evidence of CSF cleft is seen in the bilateral temporo-parietal region with normal cortex - likely small close lip Schizencephaly.

There is ill defined altered signal intensity in the form of T2/FLAIR hyperintensity is seen involving the bilateral periventricular and peritrigonal region with mild prominence of bilateral lateral, third and fourth ventricles - likely sequelae of hypoxic ischemic encephalopathy.

Right eye ball is bulky in size and shows heterogeneously enhancing mass lesion measuring approx 28 x 25 mm in posterior chamber of right eye ball causing loss of anterior posterior differentiation and involvement of lens causing irregularity of the right eye ball.

There is heterogeneously enhancing mass lesion measuring approx 18 x 12 mm also seen in posterior chamber of left eye ball involving the retina.

Rest of the cerebral parenchyma appears normal in signal intensity with maintained grey and white matter differentiation.

Diffusion weighted imaging carried out does not reveal any area revealing hyperintense signal intensity with increasing 'b' values.

Both cerebellar hemisphere and brainstem appear normal in morphology and signal intensity. Cerebellopontine angle regions appear normal.

Basal ganglia and thalamic regions appear normal in signal intensity.

Ventricles are normal in shape, size and outline. Septum is in midline. Basal cisterns and sylvian fissures are normal.

Sellar and parasellar regions appear normal.

Bilateral optic nerves grossly appear normal.

Optic chiasma appears normal in contours and signal intensity, at present.

Bilateral cavernous sinuses appear normal.

Reported & Signed by:

Dr BHAVESH PATEL

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

LY FOUNDATIO

Case
Blotter
A



MIS 2022-0134

saksham
IMAGING AND DIAGNOSTICS

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


PATIENT'S NAME: ARPITA SINGH	AGE/SEX: 2/F
REF. BY: DR. AIIMS	REG./UID: AAH5232
TEST NAME: 3T MRI SCAN - CEMRI HEAD & ORBITS	EXAM. DATE: 05-FEB-2025

IMPRESSION: CEMR imaging of brain and orbits reveals:

- CSF cleft in the bilateral temporo-parietal region with normal cortex - likely small close lip Schizencephaly.
- Ill defined altered signal intensity in the form of T2/FLAIR hyperintensity is seen involving the bilateral periventricular and peritrigonal region with mild prominence of bilateral lateral, third and fourth ventricles - likely sequelae of hypoxic ischemic encephalopathy.
- Bulky right eye ball with heterogeneously enhancing mass lesion in posterior chamber of right eye ball causing loss of anterior posterior differentiation and involvement of lens causing irregularity of the right eye ball - likely retinoblastoma.
- Heterogeneously enhancing mass lesion in posterior chamber of left eye ball involving the retina - likely retinoblastoma.

Please correlate clinically

Dr. Sachchidanand Purkait Chief Consultant Radiologist	Dr. K. K. MISHRA Consultant Radiologist..	Dr. Bhavesh Patel Consultant Radiologist	Dr Rahul Bhartiya Consultant Radiologist
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Reported & Signed by:  Dr BHAVESH PATEL

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SAKSHAM IMAGING AND DIAGNOSTICS PRIVATE LIMITED

CIN-U74999DL2018PTC338900

दिनांक - Date

उपचार - Treatment

सोमवार
53 Monday NRC at 9am c MRT Reports

Tues day
18/2/25
7m Joon
NPO 10+12 asked
8:00 AM

route for EVA
Camp Tuesday 18

EVA

18-2-25
Date EVA = ~~10/03/25~~
for 11/03/25

18/2/25
① extra 200ml PE
② Mycin ③

④ - Patch PE
Flu on Tuesday + Flu

11/3/25
BE
EVA cancelled NO VRTI

Flu c peds consultation report to onco clinic at
2pm on Monday/Thursday

missed multiple EVA dates i.v.o.
last chemo 11/20 - March 25.

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी रक्षा कर सकें।
Eyes are God's most precious gift to man kind and eye donation is the most noble deed.
Take full care of them so that they can take care of you.

DTP 15/04/25

05/04/25

(Rt) EORB

(L) IORB — staging 'EVA pending

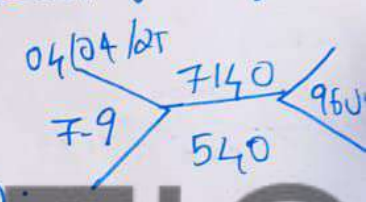
(Cancelled twice i/v/s LRTI).

No fresh complaints. 16hrs

Received aylee of HDCEV

9% Pallor (R) HR-90/m Chest clear, kts
RR-30/m CVS-S/S heard
CFI-21 M/S S/S -

Reassessment pending.



Adv

1) MRI Brain + contrast techms

2) EVA date → RPC consultation

3) Spbling screening

4) N/V → 09/04/25 Wednesday 9am
OPB

5) RB gene teching

DR. G. SHIRWAN REDDY
 All India Institute of Medical Sciences
 New Delhi - 110029

adness over b/c lower limb resolve

Adv

1. rpt + CBC

↓
if counts (N)

↓
How stop iv antibiotics

2. ct. rpt from (betadine goggles)
set's bath as advised

3. Adv in day care for 2 hrs

Adv

Check Coulter CBC -

Stop Abx if ANC > 1000

Flu i/npt CBC (LFTs)

on S/A/M

Dr. Anand
 DM
 Pediat
 DMG -
 AIIMS - New Delhi

ARTI HOSPITAL & MATERNITY CENTRE
Thana Padav, Sultapur, Infront of Sahu Dharmkanta, M...



Birth Certificate

It is certified that Smt. : S/O Mishra Singh
W/o : Mandira Singh Religion : Hindu
R/o : Village Dhama, Padava, Mandhata Kotdi
Delivered a 11/12/22 Child on 12/12/22 at 6:35 AM
By L.S.C.S. Weighing.....


Signature



भारत सरकार

Government of India



कमलेश बहादुर

Kamalesh Bahadur

जन्म तिथि / DOB : 01/01/1984

पुरुष / Male



5883

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: मलखान, 7, ग्राम डेमा,
पोस्ट नरायनगंज, थाना मानधाता
तहसील सदर जिला प्रतापगढ़, मऊ
आइमा, इलाहाबाद, नरायनगंज, उत्तर
प्रदेश, 212507

Address:

S/O: Malakhan, 7, gram dhema,
post narayanganj, thana
mandhata tahasil sadar jila
pratapgarh, Mau Aima, Allahabad,
Narainganj, Uttar Pradesh,
212507

5883



1947



help@uidai.gov.in

WWW

www.uidai.gov.in