
FLY FOUNDATION

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग /Out Patient D

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

HM-081026334-E 109513855

LC0810262328 109513855

LH08102601573 109513855

LB081026329 109513855

Mr YASHYASH

अस्थिरोग विभाग

UHID: 109513855

Dept No: 20260080103981

यश यश / YASH YASH

S/O BABLU
9Y 0M 0D / M/(पुरुष)
B-35A SURAKSHA VIHAR VIKAS NAGAR
UTTAM NAGAR, DELHI, Pin:0, INDIA
New Patient General Rs. 0

कमरा / Room C-111

Queue / संख्या N33

Unit-II, Orthopedics,

Reporting: 08:44:44 07/10/2026

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
Room no. 27 CBC, LFT, KFT, ESR, CRP, PT INR	c/o Swelling at (R) knee & prox leg. × 3 mo. - H/o trauma 3 mo ago - c/w by pop - No H/o any comorbidities - No H/o wt loss / fever O/E (R) knee • Firm swelling of 10×10 cm with irreg. surface. fixed to underlying str. no skin changes No deficit ROM 10-120.
	(X) - Prox tibia epi-metaphysis mixed lesion extending into diphysis & poor zone of transition & crossing growth plate, ~~not E~~ c surrounding soft tissue involvement MRI - Reported neoplastic / OGS)

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अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029 (-REVISIT-)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

AIMS EMERGENCY PASS ISSUED

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:109513855

आपातकालीन नं.(Emergency No): 2026/030/0132780 दिनांक DATE: 29/10/2026 समय TIME: 06:44:21 PM

NON-MLC

नाम NAME: **MR YASH YASH** आयु AGE : **9 years 22 days** लिंग /SEX : **M**

S/O : BABLU

पता ADDRESS: मकान संख्या H.NO: B-35A SURAKSHA VIHAR VIKAS NAGAR UTTAM NAGAR गली / मुहल्ला STREET/ MOH:

शहर/प्रखड CITY/ BLOCK: पिन PIN: 0

राज्य STATE: DELHI दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative **Criticality: Red / Yellow / Green**

Triage: Responsive/ Unresponsive **HR** /min **BP** mmHg **RR** /min **spO2** %

Shifted to Paeds/ Main/ New Emergency

2 Med Oncology FIDL (R) Tibial EWS

Presenting Complaints Received chemotherapy today

Multiple episodes of vomiting

Wt = 17.9 kg

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	**Circulation**	**Disability**
Open & stable : Yes/No If No..... **Breathing**: RR 24 /min **Efforts**: Normal/Poor/increased **Auscultation**: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air.....99	HR 108 /min CFT <3 secs. BP 110/75 mmHg Peripheral pulse: Poor/Good Central pulse:Poor/Good Skin temp: Warm/cool Others	GCS.....15/15 Pupil size...../min Pupillary Reactions..... B/L RTL **Motor activity**: Normal & Symmetrical/ Asymetrical/ Posturing/Flacidity/Seizure Blood Sugar.....mg/dl **Exposure**: Temp.....Afebrile Colour:Normal/pallor/cyanosis/ mottled Any other skin lesions.....None

Diagnosis CINV

Commence Adm.

VBG . Med Onco review

CBC . Inj. Emeset 2.5 mg IV stat

Inj Dexa 2.5 mg IV stat

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Stafford 3 ABG
AIIMS DELHI

ANALYZE SAMPLE

Patient Information
Sample Type: Venous
Patient ID : 109513855
Name : YASH
Gender : Male
Age : 9
Department : EMERGENCY 1 M.1
Hospital Name : AIIMS DELHI

FIO2 : 0.21
Pat. Temp : 37.0 °C

BLOOD GAS at 37°C

	Result	Unit	Status	Ref. Ranges
pH	7.36			[7.33 - 7.43]
pCO2	40.4	mmHg		[38.00- 55.50]
pO2	58.7	mmHg	HIGH	[30.00- 50.00]
cHCO3[std]	24.77	mmol/L		
cHCO3[p]	23.2	mmol/L		[23.00- 29.00]
ctCO2[p]	24.4	mmol/L		[24.14- 30.67]

HEMATOCRIT

Hct	33.00	%		[0.00 - 51.00]
SO2	90.21	%		
Hb	11.00	g/dL		[0.00 - 17.00]

ELECTROLYTES

Na	130	mmol/L	LOW	[135.0- 150.0]
K	3.64	mmol/L		[3.50 - 5.50]
iCa	1.06	mmol/L	LOW	[1.10 - 1.35]
Cl	101	mmol/L		[92.00- 110.0]

METABOLITES

GLU	113	mg/dL		[80.00- 140.0]
LAC	3.29	mmol/L	HIGH	[0.50 - 2.00]

CALCULATED PARAMETERS

nCa	1.04	mmol/L	
TCa	2.07	mmol/L	
O2Ct	13.97	Vol%	
pO2%	7.72	%	
BE	-1.57	mmol/L	
BE-B	-0.77	mmol/L	
BE-ECF	-2.35	mmol/L	
mOsm	268.7	mmol/k	[275.0- 295.0]
Anion Gap			
AG-Na	5.95	mmol/L	
AG-K	9.59	mmol/L	
pH[TC]	7.39		
pCO2[TC]	37.71	mmHg	
pO2[TC]	58.67	mmHg	
pO2/FIO2	279.3	mmHg	

TRef = 27.56°C

User:
RP LOT: 26044
Oct-29-26 20:09:12

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OPD | 26 | 29/10

→ No episode of vomiting since coming here.
→ Oral acceptance good.
→ No electrolyte Ab (N)

c/o Med Onco SR.

↳ To review in OPD
• Tab Emeset 2mg PO TDS.

Inj
IR Pedis

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31/10/26

- Inj. PegGCSF 2mg S.C. stat (D3)
(कीमत ₹ 15)

- Post chemo

✓ T. Emeset 2mg PO TDS (3)
✓ T. Dexa 2mg PO BD (AF) (2) → $D_2 - D_4$
study drug (APR)

- (R) - on 12/11/26 ~~C~~ CBC/LFT/KFT

- R/V - SOS if fever

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डॉ. शुभदीप गांगुली (Dr. SHUVADEEP GANGULY)
सहायक आचार्य (Assistant Professor)
चिकित्सा अर्बुदविज्ञान विभाग (Dept. of Medical Oncology)
डॉ बी आर ए आई आर सी एच, अ.भा.आ.सं. नई दिल्ली-29
Dr. B.R.A. I.R.C.H., A.I.I.M.S., New Delhi-29
डीएमसी पंजीकरण संख्या (DMC Registration No. 0000)

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

UHID:	109513855	Sex :	Male
Patient Name :	Mr YASH YASH	Sample Received Date :	26-Oct-2026 21:43 PM
Age :	9Y	Department :	Medical Oncology
Reg Date :	26-Oct-2026 18:54 PM	Sample Collection Date:	26-Oct-2026 14:58 PM
Recommended By :		Sample Details :	LC2610263232
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2618841316

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea (Urease/GLDH)	22	mg/dL	17 - 49
Creatinine (Jaffe compensated)	**0.45**	mg/dL	0.7-1.2
Uric Acid (Uricase Colorimetric)	**3.2**	mg/dL	3.4 - 7.0
Calcium (5-Nitro-5'-methyl-BAPTA)	10.1	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybate Reduction)	4.3	mg/dL	2.5-4.5
Sodium (ISE (indirect))	142	mmol/L	135 - 145
Potassium (ISE (indirect))	3.9	mmol/L	3.5-5.1
Chloride (ISE (indirect))	102	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.45	mg/dL	0 - 1
Bilirublin (D) (Diazo Gen 2 Jendrassik-Grof)	0.17	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.28	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	**31**	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	32	U/L	<=40
ALP (PNPP,AMP Buffer - IFCC)	**128**	U/L	142 - 335
Total protein (Biuret Method)	7.1	g/dL	6.0 - 8.0
Albumin (Bromocresol Green(BCG))	4.4	g/dL	3.8 - 5.4
Globulin (Calculated)	**2.7**	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.6		0.8-2.0
LDH (L to P - IFCC Reference)	**318**	U/L	120 - 300

FLY FOUNDATION

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Sudip Kumar Datta MD
(Biochemistry)
27-Oct-2026 02:38

SEROLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
HBs Ag (ECLIA)	0.34	COI	< 1.0 Non Reactive ≥ 1.0 Reactive

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005

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PDF.js viewer

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

UHID:	109513855	**Sex :**	Male
Patient Name :	Mr YASH YASH	**Sample Received Date :**	26-Oct-2026 21:43 PM
Age :	9Y	**Department :**	Medical Oncology
Reg Date :	26-Oct-2026 18:54 PM	**Sample Collection Date:**	26-Oct-2026 14:58 PM
Recommended By :		**Sample Details :**	LC2610263232
Lab Sub Centre:	SMART Lab. New RAK OPD	**Lab Reference No:**	2618841316

Anti HCV Ab (ECLIA)	0.04	COI	< 1.0 Non Reactive ≥ 1.0 Reactive

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Suneeta Meena MD
(Microbiology)
27-Oct-2026 02:38

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PDF.js viewer

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

ilac-MRA MC-7061

UHID:	109513855	Sex :	Male
Patient Name :	Mr YASH YASH	Sample Received Date :	26-Oct-2026 18:52 PM
Age :	9Y	Department :	Medical Oncology
Reg Date :	26-Oct-2026 18:52 PM	Sample Collection Date:	26-Oct-2026 14:58 PM
Recommended By :		Sample Details :	LH26102602268
Lab Sub Centre:	SMART Lab. New RAK OPD	Lab Reference No:	2618841285

HEMATOLOGY Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb *(SLS-photometry)*	**10.70**	g/dL	11.5 - 15.5
Hematocrit *(Direct Measure)*	**33.70**	%	35 - 45
RBC count *(Impedance)*	4.02	10^6/µL	4.0 - 5.2
WBC count *(Fluo. flow cytometry)*	7.89	10^3/µl	5.0 - 13.0
Platelet count *(Impedance)*	332.00	10^3/µL	170 - 450
MCV *(Calculated)*	83.80	fL	77 - 95
MCH *(Calculated)*	26.60	pg	25 - 33
MCHC *(Calculated)*	31.80	g/dL	31 - 37
RDW-CV *(Calculated)*	14.00	%	11.6 - 14
Neutro *(Fluo. flow cytometry)*	41.60	%	23-53%
Lympho *(Fluo. flow cytometry)*	46.30	%	23-53%
Eosino *(Fluo. flow cytometry)*	**5.30**	%	1-4%
Mono *(Fluo. flow cytometry)*	6.00	%	2-10%
Baso *(Fluo. flow cytometry)*	0.80	%	0-1%
NRBC	0	%	
Neutro - Abs *(Calculated)*	3.29	10^3/µl	2.0-8.0
Lympho- Abs *(Calculated)*	3.65	10^3/µl	1.0-5.0
Eosino - Abs *(Calculated)*	0.42	10^3/µl	0.1 - 1.0
Mono - Abs *(Calculated)*	0.47	10^3/µl	0.2 - 1.0
Baso - Abs *(Calculated)*	0.06	10^3/µl	0.02 - 0.1

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

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Tushar Sehgal DM (Hematopathology) 26-Oct-2026 19:05

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28-10-2026, 07:4

C/D/W Dr. Venkatesan Sir

- AB1 - ward. - Dr. Gaurav Mittal

P/L Post for Biopsy under GA in OT tomorrow

Dr Shivam JR.

10/10/26 - Under all aseptic strict precautions, Biopsy & Bone & Sample sent for HPE by Dr Anamya, Dr Ashley.
(R) A/K slab applied

Adv.

- Tab Cefti 250 mg BD x 3 days.
- Tab. Dicla 25 mg BD x 3 days. f/b 10 days.
- Tab PCM 650 mg TDS x 3 days. f/b SOS
- Limb elevation, active toe, movements.
- F/U in ortho OPD after 1 week with reports.

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Junior
Dept. of Orthopaedics
AIIMS, New Delhi-110029

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

अस्थिरोग विभाग

UHID: 109513855

कमरा / Room C-111

Queue / संख्या F154

Unit-II. Orthopedics

Dept No: 20260080103981

OPR-6

यश यश / YASH YASH

S/O BABLU
9Y 0M 12D / M(पुरुष)
B-35A SURAKSHA VIHAR VIKAS NAGAR
UTTAM NAGAR DELHI Pin:0 INDIA
General Rs 0
Follow Up Patient

Reporting: 09:10:31
19/10/2026

ओ०पी० पंजीकृत सं०/O.P.D. Regn. No.

आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
Adv Open Pinning & ISD	Post fibular lesion Curettage (R/O on 10/10/26) Review HPE report
	Rx T. Cefixi 200mg BD T. Pcm 500mg SOS T. Ulcm IOD x 4d
	R/A 4d in OPD Aanya (JR)

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अस्थिरोग विभाग

UHID 109513855

Dept No: 20260080103981

यश यश / YASH YASH

S/O BABLU
BY DM 18D / M(पुरुष)
B-35A SURAKSHA VIHAR VIKAS NAGAR
UTTAM NAGAR DELHI Pin 0 INDIA
General Rs 0
Follow Up Patient

कमरा / Room C-111
Queue / संख्या F151
Unit-II Orthopedics

Reporting: 09:24:47
23/10/2026

(R) Proximal tibia lesion
Evaluate
HPE done on 10/10/26

HPE.
S26574776A.
4.

open biopsy and nail

S/o Kuvvig Saroona / C099, NKX2-2 (+)

Adv:

-To meet Dr Rachana Meena, IDSS, 1st floor, Teaching Block.

-To meet Prof S Bakhshi Sir / Dr. Deepam Pushpam Medical oncology IRCH

-Review on 28/10/2026

C19

26/10/2026
8 AM

Registered in Ped MOC — Dr Sanyukta DP/SG

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

UHID:	109513855	Sex :	Male
Patient Name :	Mr YASH YASH	Sample Received Date :	08-Oct-2026 15:05 PM
Age :	9Y	Department :	Orthopedics
Reg Date :	08-Oct-2026 15:05 PM	Sample Collection Date:	08-Oct-2026 12:33 PM
Recommended By :		Sample Details :	LH08102601573
Lab Sub Centre:	SMART Lab. New RAK OPD	Lab Reference No:	2618732517

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb (SLS-photometry)	12.70	g/dL	11.5 - 15.5
Hematocrit (Direct Measure)	39.50	%	35 - 45
RBC count (Impedance)	4.76	10^6/µL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	7.56	10^3/µl	5.0 - 13.0
Platelet count (Impedance)	270.00	10^3/µL	170 - 450
MCV (Calculated)	83.00	fL	77 - 95
MCH (Calculated)	26.70	pg	25 - 33
MCHC (Calculated)	32.20	g/dL	31 - 37
RDW-CV (Calculated)	**14.20**	%	11.6 - 14
Neutro (Fluo. flow cytometry)	29.10	%	23-53%
Lympho (Fluo. flow cytometry)	**58.90**	%	23-53%
Eosino (Fluo. flow cytometry)	**5.20**	%	1-4%
Mono (Fluo. flow cytometry)	6.00	%	2-10%
Baso (Fluo. flow cytometry)	0.80	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	2.21	10^3/µl	2.0-8.0
Lympho- Abs (Calculated)	4.45	10^3/µl	1.0-5.0
Eosino - Abs (Calculated)	0.39	10^3/µl	0.1 - 1.0
Mono - Abs (Calculated)	0.45	10^3/µl	0.2 - 1.0
Baso - Abs (Calculated)	0.06	10^3/µl	0.02 - 0.1

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
08-Oct-2026 23:35

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प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
Hematology
अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

HID:	109513855	Reg Date :	07/10/2026 08:44 AM
Patient Name :	Mr YASH YASH		
ex :	Male	Age :	9 years 1 day
epartment :	Orthopedics	Unit Name :	Unit-II
nit Incharge :		Sample Collection Date:	08/10/2026 12:32 PM
ab Name:	Hematology	Sample Received Date :	08/10/2026 03:05 PM
ab Sub Centre:	Hematology		
ept / IRCH No:	20260080103981	Recommended By:	
ab Reference No:	297		

Sample Details : HM-081026334-E (EDTA Whole Blood) / Report Date: 08/10/2026 05:30 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
ESR (Modified Westergren Method)	13	mm/hr	• 0.00-20.00	

Overall Comment :

Dr. HARSHITA MITTAL LAB MEDICINE)
erified By

( )
Authorized Signatory

nterpretation/ Comments:

SR is a nonspecific parameter, clinically useful in disorders associated with an increased production of acute phase reaction roteins, immunoglobulins and plasma fibrinogen,

levated in acute and chronic infections and malignancies.

xtremely high ESR values are seen in:

Multiple myeloma

Leukemias

Lymphomas

Breast and lung carcinomas

Rheumatoid arthrities

Systemic Lupus Erythematosus

Pulmonary infraction

SR is elevated in normal pregnancy.

SR is decreased in:

Polycythemic disorders

Sickle cell disease

eference - Tishkowski K, Zubair M, Erythrocyte Sedimentation Rate. [Updated 2023 Apr 23]. In: statpearls [Internet}. Treasure sland (FL) : Statpearls Publishing; 2025 Jan.

FLY FOUNDATION

UHID:	109513865	**Sex :**	Male
Patient Name :	**Mr YASH YASH**	**Sample Received Date :**	08-Oct-2026 20:51 PM
Age :	9Y	**Department :**	Orthopedics
Reg Date :	08-Oct-2026 18:42 PM	**Sample Collection Date:**	08-Oct-2026 12:32 PM
Recommended By :		**Sample Details :**	**LC 0810262328**
Lab Sub Centre:	**SMART Lab. New RAK OPD**	**Lab Reference No:**	2618735222

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea (Urease/GLDH)	29	mg/dL	17 - 49
Creatinine (Jaffe compensated)	**0.45**	mg/dL	0.7-1.2
Uric Acid (Uricase Colorimetric)	**3.1**	mg/dL	3.4 - 7.0
Calcium (5-Nitro-5'-methyl-BAPTA)	9.7	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybate Reduction)	4.1	mg/dL	2.5-4.5
Sodium (ISE (indirect))	143	mmol/L	135 - 145
Potassium (ISE (indirect))	3.6	mmol/L	3.5-5.1
Chloride (ISE (indirect))	102	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.61	mg/dL	0 - 1
Bilirublin (D) (Diazo Gen 2 Jendrassik-Grof)	**0.25**	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.36	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	18	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	31	U/L	<=40
ALP (PNPP,AMP Buffer - IFCC)	**141**	U/L	142 - 335
Total protein (Biuret Method)	7.2	g/dL	6.0 - 8.0
Albumin (Bromocresol Green(BCG))	4.5	g/dL	3.8 - 5.4
Globulin (Calculated)	**2.7**	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.6		0.8-2.0
CRP (Particle-enhanced immunoturbidimetric assay)	**0.1**	mg/L	1.0 - 5.0

Test Observations:

FLY FOUNDATION

----End of Report----

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Sudip Kumar Datta MD (Biochemistry) 09-Oct-2026 10:12

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

UHID:	109513855	**Sex :**	Male
Patient Name :	**Mr YASH YASH**	**Sample Received Date :**	08-Oct-2026 15:56 PM
Age :	9Y	**Department :**	Orthopedics
Reg Date :	08-Oct-2026 15:56 PM	**Sample Collection Date:**	08-Oct-2026 12:33 PM
Recommended By :		**Sample Details :**	**LB081026329**
Lab Sub Centre:	**SMART Lab. New RAK OPD**	**Lab Reference No:**	2618733240

HEMATOLOGY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : Citrated Plasma			
PT *(Mechanical Viscoelastic)*	13.50	sec	13.1 - 16.3

Test Observations:

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

INR	1.00		0.8-1.2
APTT *(Mechanical Viscoelastic)*	**28.50**	sec	29.8 - 35.3

Test Observations:

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

FLY FOUNDATION

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
09-Oct-2026 00:03

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Dr. Piyush MRI & Diagnostic Centre
PLOT NO. 237, Ground Floor, Near Pipal Chowk, Niti Khand 2, Indirapuram, Ghaziabad, U.P.-201014
Mob.: 9220444706, 9873549834, Telephone: 0120-4387951 Email: drpiyushpetct@gmail.com

Patient Name	: YASH	UHID	: 147891
Sex / Age	: M/9Yrs	Report Date/Time	: 24-10-2026
Modality	: FDG WB PET CT	Ref. Phys.	: AIIMS HOSPITAL

CONTRAST ENHANCED (18F-FDG) WHOLE BODY PET-CT SCAN

INDICATION: Patient is a recently diagnosed case of Ewing's sarcoma of right tibia (diagnosed on 12.10.2026). PET-CT scan is being done for pre-treatment staging.

ACQUISITION PROTOCOL:

Scanner: GE Discovery- IQ Gen 2 PET-CT	**Radio-isotope:** 18F-FDG, 60 minutes uptake period
Dose: 5.0 mCi was injected intravenously after 5-6 hrs fasting. **Injection to scan time-** 60 minutes	**Extent of Study:** Brain and Skull base to mid-thigh
Semiquantitative analysis of FDG uptake: SUV Value corrected for dose administered and patient body weight	**Special acquisition:** HRCT Chest (with Breath holding instruction)
Blood Glucose level: 85mg/dl	**Intervention:** None.
Serum creatinine level: 0.45 mg/dl	**Contrast:** 15 mL non-ionic iodinated IV contrast and 10 mL oral iodinated contrast
Height: 118 Cm	**Weight: 18 Kg**

A whole body CT was obtained for attenuation correction and coregistration. The PET images were reconstructed with IR algorithm and slices were reformatted into transaxial, coronal and sagittal views.

The overall biodistribution of FDG is within normal physiological limits.

FINDINGS:

Diffuse increased FDG uptake (SUVmax: 11.3) is noted in the bilateral cervical, supraclavicular, suboccipital, paravertebral and suprarenal regions with no definitive morphological abnormality in CECT images, likely brown fat uptake.

Brain:

Normal physiological tracer distribution is noted in the brain parenchyma. No focal lesion or abnormal uptake noted in the brain. *Note: All brain metastases may not be apparent on a PET/CT scan and a MRI can be performed where clinically indicated.*

1. Clinical Correlation is essential for final diagnosis.
2. If test results are unsatisfactory, please contact personally.
3. This report is for perusal of doctors only.
4. Not for medico legal cases.

FLY FOUNDATION

Dr. Piyush MRI & Diagnostic Centre
PLOT NO. 237, Ground Floor, Near Pipal Chowk, Niti Khand 2, Indirapuram, Ghaziabad, U.P-201014
Mob.: 9220444706, 9873549834, Telephone: 0120-4387951 Email: drpiyushpetct@gmail.com

Head and Neck:

Diffuse FDG uptake (SUVmax: 7.9) posterior and bilateral lateral walls of nasopharynx, likely inflammatory.

Diffuse increased FDG uptake (SUVmax: 11.5) is noted in the mildly enlarged bilateral palatine tonsils. FDG avid a few bilateral submandibular and bilateral level II & III cervical lymph nodes are noted, likely inflammatory.

Oropharynx, hypopharynx and larynx appear normal with no abnormal FDG uptake seen in relation to them.

Thyroid gland is normal in size and attenuation pattern with no focal abnormal FDG uptake.

Bilateral major salivary glands appear normal with no abnormal FDG uptake.

No significant FDG avid rest of cervical and supraclavicular lymphadenopathy noted.

Thorax:

Mildly FDG avid (SUVmax: 3.3) ill-defined thickening noted in the anterior mediastinum, likely thymic tissue.

The heart and the mediastinal vascular structures are well opacified with I/V contrast. The trachea and main bronchi appear normal.

Both lung fields are showing normal attenuation. No focal abnormal FDG uptake is noted in the lung parenchyma.

No evidence of pleural thickening or effusion.

No significant FDG avid mediastinal lymph nodes are seen.

Abdomen and Pelvis:

Liver (CCD ~11.6cm). Intrahepatic biliary radicals are not dilated. Portal and hepatic veins are normal.

Focal increased FDG uptake (SUVmax: 3.0) noted in the segment IV of liver with no corresponding CT changes ? significance.

Gall bladder, pancreas, kidneys and adrenals appear normal with no abnormal FDG uptake seen in relation to them.

Stomach and bowel loops appear normal.

FLY FOUNDATION

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PET STUDY: FDG WHOLE BODY PET CT, PSMA PET SCAN, DOPA PET SCAN, DOTA NOC PET SCAN
RADIOLOGY: DIGITAL MRI, MULTISLICE CT SCAN, CBCT, 3D/4D ULTRASOUND, FETAL ECHO, COLOUR DOPPLER, DIGITAL X-RAY, OPG, ECG, 2D ECHO, EEG, EMG, NCV, HOLTER MONITORING, PATH LAB

Dr. Piyush MRI & Diagnostic Centre
PLOT NO. 237, Ground Floor, Near Pipal Chowk, Niti Khand 2, Indirapuram, Ghaziabad, U.P.-201014
Mob.: 9220444706, 9873549834, Telephone: 0120-4387951 Email: drpiyushpetct@gmail.com

No significant FDG avid abdominal lymphadenopathy noted.

There is no ascites.

No FDG uptake is noted in the male genitalia.

Physiological biodistribution of tracer noted in the spleen, kidneys and urinary bladder.

Musculoskeletal System:

Plaster cast noted in the right lower limb.

FDG avid (SUVmax: 6.6) mixed osteolytic sclerotic skeletal lesion with periosteal reaction noted in the proximal epiphysis, metaphysis and adjacent diaphysis of right tibia. It measures approximately 6.9x7.2x11.1 cm in size. It is infiltrating into the adjacent muscles and closely abutting the right fibula with no erosions. Right patella and knee joint appear unremarkable. It is not reaching up to the cutaneous level.

Few very low grade FDG avid (SUVmax: 1.2) right external iliac (~0.7x0.5 cm), right popliteal (~0.8x0.4 cm) and right inguinal (~0.8x0.7 cm) lymph nodes are noted.

No FDG avid lytic/sclerotic lesion is seen in rest of the visualized skeleton.

IMPRESSION: In this recently diagnosed case of Ewing's sarcoma of right tibia; PET CT scan findings are suggestive of:

- **FDG avid mixed osteolytic sclerotic skeletal lesion with periosteal reaction in the proximal epiphysis, metaphysis and adjacent diaphysis of right tibia as described above, likely primary mitotic pathology.**
- **Few very low grade FDG avid right external iliac, right popliteal and right inguinal lymph nodes, appear suspicious for being metastatic.**
- **There is an absence of FDG avid visible mitotic disease elsewhere in the regions of the body surveyed.**

Suggested: Histopathological correlation.

Please correlate clinically.

Dr. Babita Drolia
Consultant
(Nuclear Medicine Physician)
DNB, MNAMS, FANMB
RMC Reg. No. 25384

This is a nuclear medicine physician imaging opinion and not the final diagnosis. It only helps in arriving at the diagnoses. All final diagnosis are taken in correlation with details of clinical and lab data. In case of discrepancy with imaging opinion, review of the same may be done with clinical correlation. This report is not valid for Medico-Legal-Purposes.

1. Clinical Correlation is essential for final diagnosis.
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PET STUDY: FDG WHOLE BODY PET CT, PSMA PET SCAN, DOPA PET SCAN, DOTA NOC PET SCAN
RADIOLOGY: DIGITAL MRI, MULTISLICE CT SCAN, CBCT, 3D/4D ULTRASOUND, FETAL ECHO, COLOUR DOPPLER, DIGITAL X-RAY, OPG, ECG, 2D ECHO, EEG, EMG, NCV, HOLTER MONITORING, PATH LAB

FLY FOUNDATION



ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

NAME : Master Yash
AGE / SEX : 09 Yrs./ M

DATE : 24th Oct 26
REG. NO. :

Quality of Imaging : Good / **Fair** / Poor.

MEASUREMENTS	ABSOLUTE VALUE	NORMALS (Adult)
		ABSOLUTE / m^2
Aortic Root Diameter	18.5	20 - 37 mm < 22 mm / m^2
Aortic Valve Opening	11.0	15 - 26 mm
Left Atrial Dimension	23.8	19 - 40 mm < 22 mm / m^2
RV Dimension (basal)	N	20 - 28 mm
RV Thickness	N	03 - 05 mm
LV ED Dimension	34.0	37 - 56 mm < 32 mm / m^2
LV ES Dimension	22.1	22 - 40 mm
IVS Thickness	ED- 05.7 ES – 08.4	06 - 11 mm
LVPW Thickness	ED- 05.7 ES – 08.4	06 - 11 mm
IVS / LVPW Ratio	N	< 1.25
Pulmonary Artery	N	15 - 21 mm
Inferior Vena Cava	N	12 - 17 mm
IVC inspiratory collapse	> 50 %	> 50 %

INDICES OF LV FUNC.		
EPSS	N	< 9 mm
FS %	35	24 – 42 %
LV Ejection fraction	65	60 ± 6 %

M MODE / 2D IMAGING:

1 . LV normal in size. No concentric LVH. Good contractility. No thrombus.
2 . LA normal in size. No LA clot.
3 . RV & RA normal in size. RV contractility normal (TAPSE 15 – 20 mm).
4 . Mitral valve leaflets and motion normal. No annular calcification.
5 . Normal tricuspid & pulmonic valves.
6 . Aortic valve tricuspid. Leaflets normal with normal opening.
7 . IAS accessible by TTE & IVS appear intact. No PDA / CoA.
8 . Pericardium normal.

FLY FOUNDATION



NAME : Master Yash
AGE / SEX : 09 Yrs./ M

DATE : 24th Oct 26
REG. NO. :

RWMA - No LV RWMA at rest.

DOPPLER:

MV	E	0.80	m / sec	A	0.53	m / sec	MR	0/4
TV		0.55	m / sec				TR	1/4
AV		1.19	m / sec				AR	0/4
PV		0.64	m / sec				PR	0/4

PA pressure : Normal.

COLOUR FLOW MAPPING:

Trace TR.

FINAL IMPRESSION:

- Normal cardiac chambers and valves.
- No LV RWMA at rest.
- Normal LV systolic function.
- Normal forward flow velocities across the valves. Trace TR.
- Normal pericardium.

FLY FOUNDATION

DR. NEERAJ MALIK MD
SR. CONSULTANT

This is only a professional opinion and not the final diagnosis. It should be clinically interpreted by the referring clinician.

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

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

Patient Name	: **YASH YASH**	UHID NO.	: **109513855**
Accession No	: **S2657476**	F/H Name	: S/O BABLU
Age Sex	: 9 Y /Male	Additional ID	: N/A
Clinic/Dept	: Orthopaedics	Unit	: Unit II
Consultant Incharge	: Dr. Venkatesan Sampath Kumar	Request Date/Time	: **10-10-2026 /17:17:50**
		Receiving Date/Time	: **12-10-2026 /11:29:55**

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2657476A

Specimen: right knee

Grossing: Received multiple soft pieces of tissue together measuring 1.2 x 0.8 x 0.4 cm.

MICROSCOPIC EXAMINATION:

Section shows a malignant small round cell tumor.
The tumor cells are immunopositive for CD99 and NKX2.2.
Features are consistent with Ewing sarcoma.

DIAGNOSIS:

S2657476A	Knee Biopsy	Right	• Ewing sarcoma 9364/3

End Report

Reporting Resident: Dr. Prajna G

Reporting Faculty: Dr. Adarsh Barwad, M.D. FRCPath
Additional Professor

Reporting Date/Time: **22-10-2026 14:42**

FLY FOUNDATION

Disclaimer :

1. This report is based on the tissue submitted and examined. The findings should be interpreted in conjunction with clinical, radiological, and other laboratory data. Ancillary studies (immunohistochemistry, special stains, molecular tests) are interpreted within technical limitations. The diagnosis pertains only to the material received. If there is any clinical–pathological discrepancy, repeat sampling or further evaluation is recommended.
2. As per laboratory policy, paraffin blocks and stained slides are retained for 10 years. Remaining formalin fixed tissue samples are preserved for 2 weeks after issue of report for non-oncology specimens and 4 weeks after issue of report for oncology resection specimen, unless otherwise requested by the referring clinician within above time frames.

3/11, ASAF ALI ROAD, (OPPOSITE MCD OFFICE, NEAR DELITE CINEMA), NEW DELHI-110002
Tel.: 011- 40552301, 40552302, 40552303

DR. SUNIL SUNEJA
M.B.B.S. MD.
SENIOR CONSULTANT IN IMAGING
FORMERLY AT VIMHANS HOSPITAL

DATE : 30.09.2026

NAME : MAST YASH AGE/SEX: 09 YRS./M

REFD BY: DR. R.M.L.H

3T MRI RIGHT KNEE

Using the knee coil, images of the above mentioned knee acquired in sagittal T1 and T2 fat suppression T2 followed by coronal T1, T2 & T2 fat suppression & axial T1 & T2 images acquired. Imaging done on advanced workstation.

FINDINGS:

There is expansile ill defined ill marginated lytic lesion seen in the upper end of tibia involving the meta-diaphysial and epiphysis. Knee joint appear spared.~ 9 x 5 x 6 cms in dimensions .The lesion reveals hyperintense signal on T2/T2Fat sat and hypointense on T1W images .There is break in continuity of bone seen on anterior aspect of lesion with extra osseous soft tissue component including periosteal reaction. There is compression over the adjacent myofascial structure seen.

Findings are suggestive of high grade mitotic pathology ? osteosarcoma further workup with Biopsy correlation suggested.

The rest of bones shows normal alignment the normal signal from the bone marrow .

Anterior cruciate ligament contusion seen.

Posterior cruciate ligaments appear intact and normal signal intensity pattern.

The Quadriceps tendon and Ligamentum patellae appears normal.

The anterior menisco-femoral and posterior menisco – femoral ligaments appears intact.

The medial and lateral collateral ligament is intact and normal in signal intensity pattern.

No significant synovial effusion is seen.

The meniscii appears normal signal intensity pattern.

Neurovascular bundles are normal. Soft tissue oedema seen around knee joint.

IMPRESSION: **MRI findings are suggestive of:-**
Ill defined permeative destructive lesion at the proximal tibia with other findings as described: High grade mitotic pathology: d/d osteosarcoma. Biopsy suggested.
Please correlate clinically.

DR. Sunil Suneja, MD
Consultant Radiologist
(Please contact us for any typographical errors in the report)
Fibro scan facility available now.
s/p

FLY FOUNDATION

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

UHID:	109513855		
Patient Name :	Mr YASH YASH	Sex :	Male
Age :	9Y	Sample Received Date :	23-Oct-2026 22:33 PM
Reg Date :	23-Oct-2026 18:40 PM	Department :	Orthopedics
Recommended By :		Sample Collection Date:	23-Oct-2026 19:21 PM
Lab Sub Centre:	SMART Lab, New RAK OPD	Sample Details :	LC2310263310
		Lab Reference No:	2618826687

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea (Urease-GLDH)	28	mg/dL	17 - 49
Creatinine (Jaffe compensated)	**0.45**	mg/dL	0.7-1.2
Uric Acid (Uricase Colorimetric)	**3.3**	mg/dL	3.4 - 7.0
Calcium (5-Nitro-5-methyl-BAPTA)	9.6	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybdate Reduction)	4.2	mg/dL	2.5-4.5
Sodium (ISE Indirect)	139	mmol/L	135 - 145
Potassium (ISE Indirect)	3.7	mmol/L	3.5-5.1
Chloride (ISE Indirect)	102	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.41	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen 2 Jendrassik-Grof)	0.17	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.24	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	**42**	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	33	U/L	<=40
ALP (PNPP-AMP Buffer - IFCC)	**120**	U/L	142 - 335
Total protein (Biuret Method)	7.1	g/dL	6.0 - 8.0
Albumin (Bromocresol Green (BCG))	4.1	g/dL	3.8 - 5.4
Globulin (Calculated)	3.0	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.4		0.8-2.0
LDH (L to P - IFCC Reference)	267	U/L	120 - 300
CRP (Particle enhanced immunoturbidimetric assay)	**0.2**	mg/L	1.0 - 5.0

Test Observations:

FLY FOUNDATION

Dr Sudip Kumar Datta (MD Biochemistry)	Dr Tushar Sehgal (DM Hematopathology)	Dr Suneeta Meena (MD Microbiology)	Dr Sudip Kumar Datta MD (Biochemistry) 23-Oct-2026 23:25

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

ilac-MRA

UHID:	3985	Sex :	Male
Patient Name :	Mr YASH YASH	Sample Received Date :	23-Oct-2026 23:33 PM
Age :	9Y	Department :	Orthopedics
Reg Date :	23-Oct-2026 18:40 PM	Sample Collection Date:	23-Oct-2026 16:23 PM
Recommended By :		Sample Details :	LC2310263310
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	261582668?

SEROLOGY

Test Name	Result	UOM	Bio. Ref. Interval
HBs Ag	0.32	COI	< 1.0 Non Reactive ≥ 1.0 Reactive
Anti HCV Ab	0.05	COI	< 1.0 Non Reactive ≥ 1.0 Reactive

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

Dr Sudip Kumar Datta
(MD Biochemistry)

Dr Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Suneeta Meena MD
(Microbiology)
23-Oct-2026 23:25

FLY FOUNDATION

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

UHID:	109513855	Sex :	Male
Patient Name :	Mr YASH YASH	Sample Received Date :	23-Oct-2026 18:32 PM
Age :	9Y	Department :	Orthopedics
Reg Date :	23-Oct-2026 18:32 PM	Sample Collection Date:	23-Oct-2026 16:21 PM
Recommended By :		Sample Details :	LH23102602359
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2618826599

HEMATOLOGY

Test Name	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb	10.60	g/dL	11.5 - 15.5
Hematocrit	32.40	%	35 - 45
RBC count	3.94	10^6/µL	4.0 - 5.2
WBC count	8.24	10³/µl	5.0 - 13.0
Platelet count	348.00	10^3/µL	170 - 450
MCV	82.20	fL	77 - 95
MCH	26.90	pg	25 - 33
MCHC	32.70	g/dL	31 - 37
RDW-CV	14.10	%	11.6 - 14
Neutro	37.20	%	23-53%
Lympho	50.00	%	23-53%
Eosino	4.70	%	1-4%
Mono	7.40	%	2-10%
Baso	0.70	%	0-1%
NRBC	0	%	
Neutro - Abs	3.06	10³/µl	2.0-8.0
Lympho- Abs	4.12	10³/µl	1.0-5.0
Eosino - Abs	0.39	10³/µl	0.1 - 1.0
Mono - Abs	0.61	10³/µl	0.2 - 1.0
Baso - Abs	0.06	10³/µl	0.02 - 0.1
PS for (Others)	(-)		

Remarks: RBC- Predominantly normocytic normochromic. TLC and DLC- As given. No atypical cells/blasts seen. Platelets- as given. No MP/Hemoparasites seen . Impression: Normocytic Normochromic Anemia. Advice 1. Iron profile. 2. serum vitamin B12 and Folate study. Kindly correlate clinically

FLY FOUNDATION

----End of Report----

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LABORATORY ONCOLOGY UNIT, Dr. B.R.A.IRCH, AIIMS, NEW DELHI & NCI-AIIMS, JHAJJAR

Requisition Form For Investigations

Name:

UHID:

Age/Sex: 4

OPD/Ward:

Routine/Urgent:

- Clinical Diagnosis
- Clinical Details:
- Payment Status: EWS
  Paying
  EHS (No:)
  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	Other Fluid: Creatinine
TT	HDL	Vitamin D	Other Fluid: Glucose
D-Dimer	LDL	Testosterone	Other Fluid: LDH
Fibrinogen	VLDL	Iron	Other Fluid: Lipase
Glucose R	IgG	Transferrin	Other Fluid: Total Protein
Glucose F	IgA	Ferritin	Other Fluid: Triglyceride
Glucose PP	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	CRP	Folate	Urine Protein
GTT- 100g Glucose	IL6	Homocysteine	Urine Glucose
Urea	HCV	Troponin	Urine Urea
Creatinine	CHIV	BNP/NT-proBNP	Urine Creatinine
Uric Acid	HBsAg	CK MB	Urine Uric acid
Calcium	Anti HAV (Total)	AFP	
Phosphorus	Anti HAV IgM)	CA125 **(Rs.500/-)**	**Requesting Doctor**
Sodium	HBc IgM	CA19.9	Name :
Potassium	HBc Total	CEA	Department :
Chloride	HBeAg	PSA	
Total Bilirubin	TSH	Free PSA	Sign :
Direct Bilirubin	FT3	β-HCG	
SGPT/ALT	FT4	Anti Thyroglobulin **(Rs.550/-)**	Seal :
SGOT/AST	T3	Anti Thyroid Peroxidase	
Total protein	T4	HbA1c	
Albumin	Prolactin		
Alkaline Phosphatase	PTH		
GGT	Procalcitonin **(Rs.1350/-)**		

LH26102602268 109513855

LC2610263232 109513855

MrYASHYASH

FLYFOUNDATION

Note: • For Lipid Profile testing, a 9–12 hour fasting sample is preferred (water only allowed).
• For Iron, TSH, FT3, FT4, T3, T4, Prolactin, Testosterone & Cortisol Assay, please provide sample in the morning (8-10AM).
• Please inform the laboratory about any medications such as Steroids, Levothyroxine, Iron Supplements, Hormonal Therapy etc being taken, as it may affect test results.

LABORATORY ONCOLOGY UNIT, Dr. B.R.A.IRCH, AIIMS, NEW DELHI
& NCI AIIMS JHAJJAR

Investigations

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 381899 **Reg. Date**-26-10-2026

Clinic Paediatric Medical Oncology Clinic **Clinic No.** 2026-8764

Deptt. MEDICAL ONCOLOGY
General

UHID-109513855

Name YASH

S/O- BABLU

Sex/Age M-9Y

Room Board Room (**Shift** Morning)

Address B-35A SURAKSHA VIHAR VIKAS NAGAR UTTAM NAGAR, DELHI, Pin-0, INDIA

- Clinical Diagnosis
- Clinical Details:
- Payment Status:
  Paying
  EHS (No:)
  Exempted by (Sign & Stamp)

E9

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	Testosterone	Peritoneal or Pleural or Drain or Other Fluid: LDH
Fibrinogen	HDL	Iron	Peritoneal or Pleural or Drain or Other Fluid: Lipase
Glucose R	IgG	Transferrin	Peritoneal or Pleural or Drain or Other Fluid: Total Protein
Glucose F	IgA	Ferritin	Peritoneal or Pleural or Drain or Other Fluid: Triglyceride
Glucose PP	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	CRP	Folate	Urine Protein
GTT- 100g Glucose	IL6	Homocysteine	Urine Glucose
Urea	HCV	Troponin	Urine Urea
Creatinine	CHIV	CKNAC	Urine Creatinine
Uric Acid	HBsAg	CK MB	Urine Uric acid
Calcium	Anti HAV (Total)	AFP	
Phosphorus	Anti HAV (IgM)	CA125 (**Rs.500/-**)	
Sodium	HBc IgM	CA19.9	
Potassium	HBc Total	CEA	
Chloride	HBeAg	PSA	
Total Bilirubin	TSH	Free PSA	
Direct Bilirubin	FT3	β-HCG	
SGPT/ALT	FT4	Anti Thyroglobulin (**Rs.550/-**)	
SGOT/AST	T3	Anti Thyroid Peroxidase	
Total protein	T4	HbA1c	
Albumin	Prolactin		
Alkaline Phosphatase	PTH		
GGT	Procalcitonin (**Rs.1350/-**)		

Requesting Doctor

Name :

Department :

Sign :

Seal :

LH23102602359 109513855

LC2310263310 109513855

MrYASHYASH

FLY FOUNDATION

Note: • For Lipid Profile testing, a 9-12 hour fasting sample is preferred (water only allowed).
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• Please inform the laboratory about any medications such as Steroids, Levothyroxine, Iron Supplements, Hormonal Therapy etc

अस्पताल PREMISES

एकक/Unit _____

विभाग/Dept. _____

नाम/ Name

DR. B.R.A. IRCH AIIMS, NEW DELHI

Reg Date 26.10.2026

Name YASH

Age 17 Y

Address

Room Day Care Room (Shift Morning)

jn. No. _____

म तिथि / Date of Birth

निदान/ Diagnosis

A: ® tibial EWS

दिनांक/ Date

26/10/26

Adv

- CBC/LFT/RFT/LDH/viral marker
- 30 Blood Donations
- Plan: to initiate CHT post BT donation
- Rev on 28/10/26

Hb- 11.9 g
Wt- 17.9 kg

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Prachistha: 9990543550
Megha: - 6280661952

New Private Ward, first floor, Room No 1014

CK-130891

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL

OPR-6

अस्पताल

DR. B.R.A. IRCH,AIIMS,NEW DELHI

PREMISES Ginger Trial

एकक/Unit Pr-H/SB/DPK4

विभाग/Dept. Medonc

IRCH No. 381899 | Reg.Date 26/10/2026
Clinic Paediatric Medical Oncology Clinic | Clinic No. 2026/8764
Deptt. MEDICAL ONCOLOGY
General

UHID-109513855

नाम/ Name

नाम यश यश
Name YASH
S/O- BABLU

Sex/Age M/9Y
Room Board Room (Shift Morning)

Address B-35A SURAKSHA VIHAR VIKAS NAGAR UTTAM NAGAR, DELHI, Pin:0, INDIA

egn. No.

न्म तिथि / Date of Birth 21/2/2017

निदान/ Diagnosis	- (R) Tibial EWS
दिनांक/ Date	उपचार/ Treatment

28/10/26

Adv: - C#1 VAC (Ginger Trial)

- Anti-emetics as per Ginger.

Pre-chemo

Inj. Emeset 2mg iv stat f/b 2mg PO TDS
Inj Dexa 2mg iv stat f/b 2mg PO BD (AF) → D1
cap Absorcap 80 mg (D1-D3)
study drug (APR) → D1

Wt:- 17.9 kg
Ht:- 119 cm
BSA:- 0.77 m²

- Inj. VCR 1.5 mg slow i.v.p- D1
- Inj. Doxorubicin 55 mg/250 ml NS (i.v. 30 min D1
- Inj. Cyclophosphamide 900 mg/ 100 ml-D/i.v. 1 hr D1
- Inj. Mesna 800 mg i.v.p. D1

29/10.

FLY FOUNDATION



MY FOUNDATION



FIR FOUNDATION

भारत सरकार
Government of India

आधार



बब्लू
Bablu
जन्म तिथि/DOB: 10/04/1986
पुरुष/ MALE

Issue Date: 06/05/2012

2593

VID : 9132 8494 1353 8394

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
S/O ओम प्रकाश, बी-३५ए, सुरक्षा विहार, विकास नगर, उत्तम नगर, वेस्ट दिल्ली, दिल्ली - 110059

Address:
S/O Om Prakash, B-35A, SURAKSHA VIHAR, VIKAS NAGAR, UTTAM NAGAR, West Delhi, Delhi - 110059

Download Date: 22/12/2014

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VID : 9132 8494 1353 8394

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