www.youthhelpingtrust.org

Course 3; Date: 1/7/21 to _____ CR No: _____

Hb: 10.8 gm% TLC: 4360 /Cumm. ANC 2079 Platelet 5200 BU 32 Cr 0.4

Height: 106 Weight: 14 kg Surface area: 0.648

Doses:

Ifoshphamide 970 mg/day Carboplatin: 410 mg, on D3 Etoposide: 65 mg/day

Mesna: 325 mg/dose

Administration:

Day 1 Date: 1/7/21

0 - 1 hour 130 ml N/2 saline + 1:1 ml Kcl

1 - 2 hours 130 ml N/2 saline + 1:1 ml Kcl

2 - 3 hours 970 mg Ifosphamide dissolved in 130 ml of N/2 saline over 1 hour — Not given because not available. ~~C~~ patient.

3 - 4 hours 325 mg Mesna in 130 ml N/2 saline over 1 hour

4 - 5 hours 65 mg Etoposide dissolved in 130 ml of N/2 saline over 1 hour

5 - 6 hours 325 mg Mesna in 130 ml N/2 saline over 1 hour

6- 8 hours 130 ml N/2 saline + 1:1 ml Kcl over two hours

8 - 9 hours 130 mg Mesna in 1:1 ml N/2 saline over 1 hour

9 - 24 hours 130 ml N/2 saline + 1:1 ml Kcl (@ ___ ml/hour) /hr

Day 2 Date: _____ _____ Neupogen 70 mg subcutaneously

0 - 1 hour 130 ml N/2 saline + 1:1 ml Kcl

1 - 2 hours 130 ml N/2 saline + 1:1 ml Kcl

2 - 3 hours 970 mg Ifosphamide dissolved in 130 ml of N/2 saline over 1 hour

3 - 4 hours 325 mg Mesna in 130 ml N/2 saline over 1 hour

4 - 5 hours 65 mg Etoposide dissolved in 130 ml of N/2 saline over 1 hour

5 - 6 hours 825 mg Mesna in 130 ml N/2 saline over 1 hour

6- 8 hours 130 ml N/2 saline + 1:1 ml Kcl over two hours

8 - 9 hours 130 mg Mesna in 1:1 ml N/2 saline over 1 hour

9 - 24 hours 130 ml N/2 saline + 1:1 ml Kcl (@ ___ ml/hour) /hr

Day 3 Date:_____ _____Neupogen 70 mg subcutaneously

0 - 1 hour 130 ml N/2 saline + 1:1 ml Kcl

1 - 2 hours 130 ml N/2 saline + 1:1 ml Kcl

2 - 3 hours 970 mg Ifosphamide dissolved in 130 ml of N/2 saline over 1 hour

3 - 4 hours 325 mg Mesna in 130 ml N/2 saline over 1 hour

4 - 5 hours 65 mg Etoposide dissolved in 130 ml of N/2 saline over 1 hour

5 - 6 hours 325 mg Mesna in 130 ml N/2 saline over 1 hour

6- 8 hours 130 ml N/2 saline + 1:1 ml Kcl over two hours

8 - 9 hours 325 mg Mesna in 130 ml N/2 saline over 1 hour

9 - 10 hours 410 mg Carboplatin dissolved in 130 ml of N/2 saline over 1 hour

10 - 24 hours 130 ml N/2 saline + 1:1 ml Kcl (@ ___ ml/hour) /hr

Neupogen/ Grastim

Day 4 Date_____Neupogen 70 mg subcutaneously

Day 5 Date_____Neupogen 70 mg subcutaneously

Day 6 Date_____Neupogen 70 mg subcutaneously

Day 7 Date_____Neupogen 70 mg subcutaneously

Please collect Hemogram/ LFT/ RFT forms for next visit.
Patient to be discharged with advice to continue the hematinics, multivitamin, and septran which he/she was already on.

Next Visit in IRCH on Thursday _____at 1 PM
To come to Pediatric Surgery OPD, at 3rd floor in OPD block at 9 AM for admission on _____ for next course..

DEPARTMENT OF PEDIATRIC SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI-110029

DISCHARGE SUMMARY

NAME	Adil Razza	**AGE**	5y8m	**SEX**	M
FATHER'S NAME	Md. Arif	**DOA**	07/03/21	**CR No.**	H-211189-21
ADDRESS	Village swar	**DOO**	10/03/21	**UHID No.**	104576817
		DOD	13/03/21		
DIAGNOSIS:	**Right wilms tumor with stage 4 post NFU+ Lt lung metastases**				
HISTORY & EXAMINATION:	H/O high grade fever for 3 months in May, 2019. H/O abdominal lump +. Referred to AIIMS. Diagnosed to have rt wilms tumor wth metastases in rt lung. DD4A given for 6 weeks. Then underwent Rt Nephroureterectomy (14/08/19) I/O finding: Rt kidney enlarged 12*10cm. Cystic, necrotic mass occupying upper poleand middle area of right kidney.Spill & rupture+. Enlarged LN along aorto caval and rt para caval area and mesenteric region. Post p CT at 3mnths cam normal. Mets resolved. Post op CT at 1 yr showed recurrence of mets in lt lung.Now admitted for metastatectomy.				
OPERATIVE PROCEDURE	**Left lung metastatectomy (SA/AD/AB/GP)**				
OPERATIVE FINDINGS	- Left posteo lateral thoracotomy done through 5th ICS - 2 nodules seen in lt apico posterior segment - Nodules excised and liga clips placed at excision site. - Cavity closed with Vicryl 2-0 - ID o 20 placed.				
POST OP COURSE	- Child started on Inj Augmentin/Gentamycin/PCM - Allowed orally on POD 1. ICD removed on POD-2. - At the time of discharge, taking orally well and passing urine and stool well - RT registration done.				
ADVICE ON DISCHARGE	- Laminate discharge summary - Continue incentive spirometry - Syp Augmentin (5ml/220mg) 5ml TDS for 5 days, then - Syp A-z/ Vitcofol/Septran to continue - Collect cytology report from 1085 - Furthur plan- ICE 3 courses or RT -				
ADMISSION SR CONSULTANT	Dr. Ankur Prof. S. Agarwala	**MANAGING SR**	Dr. Mehak		
		FOLLOW UP VISIT	18.3.21, Thursday IRCH with fresh Hemogram room no 6 at 2pm		

DATE: 13/03/21

SIGNATURE:

INVESTIGATIONS

12/08/21 C/D/w Prof. S. Aggarwala

Adv

- To restart chemo after 2 weeks

F/u on 01/07/21 ē Hgm ā Cours 3 chemo (COVID on 30/06/21)

- Cont Syp. Vitcofol/Septran/A-Z

SR/psy.

1/7/21

CBC 30/6/21 - Hb-10.8
TLC-4360
ANC-2079
Plt-152000

To Cantidh

Please Provide

1. Inj Ifosfamide 1gm - 3
2. Inj Carboplatin 500mg - 1
3. Inj Etoposide 100mg - 2
4. Inj mesna 300mg - 10
6. Inj Granstim 300µg - 2
7. Syp Vitcofol - 1
8. Syp A-Z - 1
9. Syp Septran - 1
10. Nyril powder - 1

1/7/21 SR/psy

Adv

- Cours 3 chemo today.
- F/u after 3 weeks with Hgm
- CECT chest/abd/pelvis after 3 months

SR/psy 1/7/21

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
...y Cancer Hospital
...S. HOSPITAL

OPR-6

...Department

...D IN HOSPITAL PREMISES

Ticket

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

IRCH No. 231131 Reg.Date-27/06/2019

Clinic Paed Surgery Clinic Clinic No. 3804/2019

Deptt. PAEDIATRIC SURGEN... General

UHID-104576817

नाम आदिल रज्जा

Name ADIL RAZZA

S/O- MD. AARIF ALLI

Sex/Age M /5Y

Room 6 (Shift Afternoon)

Address VILLAGE SWAR, UTTAR PRADESH, Pin:0, INDIA

एकक/Unit

विभाग/Dept.

...ीकृत सं/O.P.D. Regn. No. RT-107853

आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis — Ca. (Rt) WT c Lung Mets

दिनांक/Date	उपचार/Treatment
12/6/21	Radiation completion Summary · RT completed. WLD 12cy 1 fx wef. 3/6/21 – 12/6/21 using Direct AP fields in Co60 energy. (wef. 3/6/21 – 12/6/21). – No Acute toxicities Noted. – No/H/o. Adv: , Wear loose clothes. : Review in RT OPD after 1 month on Tuesday c fresh CBC, LFT, RFT. . Medical oncology Review

RADIOLOGY UNIT रेडियोलोजी एकक

डा. बी. आर. अम्बेडकर संस्थान रोटरी केन्सर अस्पताल, अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली–110029

DR. BR Ambedkar Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi-110029

APPOINTMENT FOR RADIOLOGICAL TEST रेडियोलोजी टेस्ट की तारीख

Name of the Patient : Adil Razzq. UHID No. 10457681?

Age/Sex : 61M IRCH No.

Scheduled date तारीख 28/9/2021 Tue Room No. कमरा नं. (43) / 49 / 46 / 30 Please report at समय (8.30) am.

Name of the Test / Procedure टेस्ट का नाम

	Test	Type	Body part (s)
	CT scan सीटी स्कैन	CECT, NCCT, HRCT Multiphase CT, CT angiography	Head, Orbit, Face-Neck, Chest, Abdomen, Pelvis, other.....
	Ultrasound अल्ट्रासाउंड	Abdpmen-Pelvis, KUB, Neck, Breast, Scrotum, TVS, TRUS, other.....	
	Colour Doppler डॉपलर	Upper limb, Lower Limb, Other.....	
	GI tract study बेरियम	Barium Swallow, Barium Follow Thru, Distal Cologram, Gastrograffin Study, other.....	
	Urinary study आईवीपी	IVP, MCU, other.....	
	Mammography मेम्मोग्राफी	Bilateral, Right, Left	
	Othre अन्य		

Signature of booking clerk/officer Date given on: 2/7/21

Please read carefully and follow checked ✓ instructions चिन्हांकित ✓ सूचनाओं का पालन करें :

- ☑ Bring contrat injection lomeprol400mg/lohexol350mg/lobitridol350mg/other equivalent.....(30).....ml यह दवा साथ लाएं.
- ☑ Fasting for 4 hours (only water or medicines are allowed) 4 घंटे खाली पेट रहें (पानी, दवाएं ले सकते हैं)
- ☐ Do not pass urine for 3-4 hours 3–4 घंटे पेशाब रोके रहें.
- ☑ Bring 1 litre of drinking water for you पीने का पानी साथ लाएं.
- ☑ Bring on adult attendant with you एक वयस्क साथी साथ लाएं.
- ☑ Bring previous X-rays or other films, if any पुराने एक्सरे या फिल्में साथ लाएं.
- ☑ Pay Rs. 200/300/750/1500/..... at Cash Counter no. 13 (each body part is charged separately) इतना शुल्क जमा करें. exempted
- ☐ Special instruction विशेष सूचनाएं .....

General information सामान्य जानकारियां :

- Contrast injection during CT scan can occasionally cause side effects ranging from mild allergy like itching to severe breathlessness, hypotension or shock, These cannot be predicted but chances are higher in those with history of asthma or allergy to medicine. So please inform if you have history of asthma or allergy to any medicine सीटी स्कैन में कंट्रास्ट दवा के इंजेक्शन से कभी कभी दुष्परिणाम (उल्टी, खुजली, शॉक इत्यादि) हो सकते हैं, यदि आपको दमा या कोई एलर्जी है तो पहले बताएं.
- Ladies if you could be pregnant, inform radiographer, nurse or doctor before the test महिलाएं यदि गर्भवती हैं तो पहले बताएं,
- Your test is likely to be over before 1 pm आपका टेस्ट 1 बजे के पहले पूरा हो सकता है.
- Report will be sent to OPD counter No. 9 or ward after two working days रिपोर्ट दो दिन के बाद काउंटर 9 या वार्ड में भेज दी जाएगी.

Consent of the Patient for contrast Injection कंट्रास्ट इंजेक्शन के लिए रोगी की सम्मति।

I have been explained the risks associated with iodinated contrast medium injection. I hereby give my consent for injection of contrast media to me by any route deemed necessary मुझे कंट्रास्ट इंजेक्शन के दुष्परिणाम की जानकारी दी गई है. मैं कंट्रास्ट इंजेक्शन के लिए अपनी सम्मति प्रदान करता हूँ/ करती हूँ.

Signature of Patient or attendant_____ Name_____

Date : _____ Relation with the Patient _____

डॉ0 बी0 आर0 अम्बेडकर संस्थान रोटरी कैन्सर अस्पताल
Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

Kindly give date after 3 months

n Form (Other than X-ray)

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 231131
Clinic Paed Surgery Clinic — Reg.Date-27/06/2019
Deptt. PAEDIATRIC SURGERY-IRCH General — Clinic No. 3804/2019
नाम आदिल रज्जा
Name ADIL RAZZA — UHID-104576817
S/O- MD. AARIF ALLI
Sex/Age M /5Y
Address VILLAGE SWAR, UTTAR PRADESH, Pin:0, INDIA — Room 6 (Shift Afternoon)

Patient Status
- [x] Outdoor
- [ ] Indoor (Ward / Bed No.)

General Condition of the Patient :
- [x] Ambulatory
- [ ] Non-ambulatory
- [ ] Critical with life support

Payment Status :
- [x] Paying
- [ ] Exempted by (Sign & Stamp)
- [ ] EHS (No.)

[ ] Surgical Oncology [ ] Anaesthesiology

Dr. Vishesh Jain / Associate Professor / Department of Pediatric Surgery / A.I.I.M.S., New Delhi-110029

Investigation Requested (Separate requisition is required for each type of investigation)

CT
Type
- [x] CECT
- [ ] NCCT
- [ ] HRCT
- [ ] Dual phase CT
- [ ] Other (Specify)

Body Part(s)
- [ ] Head
- [ ] Orbit
- [ ] PNS
- [ ] Face / mandible
- [ ] Neck
- [x] Chest
- [x] Abdomen
- [x] Pelvis
- [ ] Other (specify)

Ultrasound
- [ ] Abdomen & Pelvis
- [ ] Upper Abdomen
- [ ] Pelvis
- [ ] KUB
- [ ] Breast
- [ ] Scrotum
- [ ] Neck
- [ ] TVUS
- [ ] TRUS
- [ ] Colour Doppler of
- [ ] Other (specify)

Fluoroscopy & Special Radiography
- [ ] Barium Swallow
- [ ] Barium Meal UGI
- [ ] Barium Meal Follow Through
- [ ] Gastrografin Study
- [ ] Loopogram
- [ ] Distal Cologram
- [ ] Sinogram
- [ ] IVP
- [ ] Other (specify)

Image Guided Interventions
Procedure
- [ ] FNAC
- [ ] Core Biopsy
- [ ] Fluid Aspiration only
- [ ] Fluid Aspiration for cytology
- [ ] Catheter Drainage
- [ ] Other (specify)

of (organ/ lesion)

As per the requirement, Please provide filled cytology/histopathology form

Mammography
- [ ] Bilateral
- [ ] Right
- [ ] Left

Films Review
- [ ] CT
- [ ] MRI
- [ ] Other

Clinical Diagnosis : FUO (RF) c/o with lung met post excision of lung met on ICE

Clinical details : To look for recurrence

Previous imaging :
- [ ] None
- [x] At BRAIRCH (study/date)
- [ ] Outside (details)

For CT & IVP only:
Blood urea, creatinine
any history of allergy, asthma

Signature & Name of the Doctor
Date : SR/PS 1/7/21

For the use of Radiology Department only
Appointment on : 28/9/2021
Contrast Details : IVP 8:30 A
Study number/ Date :
Senior Resident/ Technologist :
Comments :

RADIOLOGY UNIT

Dr. B. R. Ambedkar Institute Rotary Cancer Hospital
All India Institute of Medical Sciences, New Delhi-110029

Patient Name: MrAdil Razza	Age/Gender: 6 Years and 0 Months / M
Patient UHID : 104576817	IRCH No : 231131
Accession No : 974509	Location : RO OPD
Date of Examination : 24-JUN-2021 10:12 AM	

Procedure: CECT of Chest, Abdomen & Pelvis.

Clinical background: F/U/C/O Wilm tumor (post op), completed chemotherapy

Limited study due to patient motion artifacts

FINDINGS:

Chest:

Both lungs: fibrotic changes are seen in LUL. No nodule seen in RLL- likely due to motion artefact
Mediastinum: Normal, No lymph node enlargement.
Trachea, main bronchi: Normal.
Serosal spaces: No pleural or pericardial effusion.

Abdomen & Pelvis:

Liver: Normal. No focal lesion.
CBD/ Gall bladder: Normal.
Pancreas: Normal.
Spleen: Normal.
Right kidney is post op. No residual/recurrent lesion. Left kidney is normal.
Retroperitoneum/ vessels: Normal. No lymph node enlargement.
Free fluid: No ascites.
Urinary bladder: Normal.
Additional information: None

Comparison: Compared to previous scan dated 11/02/2021, no nodules seen in LUL and RLL

Impression: F/C/O Wilms tumor, normal post op scan

Radiologist: Dr. Roshni A (SR) / Dr. Krithika Rangarajan

RADIOLOGY UNIT

Dr. B. R. Ambedkar Institute Rotary Cancer Hospital
All India Institute of Medical Sciences, New Delhi-110029

Patient Name: MrAdil Razza	Age/Gender: 5 Years and 7 Months / M
Patient UHID : 104576817	IRCH No : 231131
Accession No : 940037	Location : SO OPD
Date of Examination : 11-FEB-2021 12:22 PM	

Procedure: CECT of Chest, Abdomen & Pelvis.
Clinical background: F/U/C/O Wilm tumor (post op), completed chemotherapy

FINDINGS:
Chest:
Both lungs: New appearance of 6mm nodule seen in LUL (compared to previous scan).
Nodule measuring 3mm is seen in superior segment of right lower lobe- seen on MIP thin images – stable from previous scan.
Mediastinum: Normal, No lymph node enlargement.
Trachea, main bronchi: Normal.
Serosal spaces: No pleural or pericardial effusion.
Abdomen & Pelvis:
Liver: Normal. No focal lesion.
CBD/ Gall bladder: Normal.
Pancreas: Normal. Spleen: Normal.
Right kidney is post op. No residual/recurrent lesion.
Left kidney is normal.
Retroperitoneum/ vessels: Normal. No lymph node enlargement.
Free fluid: No ascites.
Urinary bladder: Normal.
There is descent of left testes into scrotal sac (compared to previous scan).
Additional information: Thymus gland is enlarged, 2.3cm in maximum AP diameter.

Comparison: Compared to previous scan dated 13/08/2020, left lung upper lobe nodule is new finding **(progressive disease)**

Impression: F/C/O Wilms tumor, present scan shows solitary left lung upper lobe metastasis

Radiologist: Dr. Kushal Bhatkal (SR) / Dr. Chandrashekhara S.H.

भारत सरकार
Government of India

Adil. Raza
Adil. Raza
जन्म तिथि/ DOB: 27/07/2015
पुरुष / MALE

[redacted]

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O मो आरिफ अली, 208, ., पोस्ट सिमरिया, ग्राम स्वार खुर्द, मिलक, रामपुर,
उत्तर प्रदेश - 243701

Address:
S/O Md Aariph Alee, 208, ., post simaria, gram swar khurd, Milak, Rampur,
Uttar Pradesh - 243701

[redacted]

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