













PATIENT NAME	RISHAB RAJ
PATIENT FATHER NAME	MR. PAWAN PASWAN
CURRENT AGE AND SEX	5 YEAR / MALE
DISEASE NAME	BRAIN TUMOR (RHABDMYOSARCOMA)
TREATMENT HOSPITAL	AIIMS (ALL INDIA INSTITUTE OF MEDICAL SCIENCE)
UHID NO	10512-101

DEPARTMENT NAME	RADIATION ONCOLOGY GENERAL
TREATMENT COST	APPROX 3,45,000 THREE LAKH FOURTY FIVE THOUSAND
PATIENT FATHER OCCUPATION	DAILY WAGES LABOUR
PATIENT ADDRESS	DARBHANGA, BIHAR

CK-56159



अ० मा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

धूमपान का अन्त्य भुगतान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

New Patient
Dept Reg. 2021/009/0005668

OPR-6

ENT/Unit-I

General/F 0

कक्षा/Room: 4110 ENT
Days: Tue, Fri
(मंगल, बुध)

Regn No

एक/Unit

विभाग/Dept

नाम/Name

Name: Mr. RISHAV
RAJ

Queue No: N5

पता/Address

S/O PAVAN PASWAN

SV 100 गुण/म



UNIT: 105485101 Date: 27/07/2021

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

4/7/21

c/o

- Referred from NemoRx OPD for surgery

No h/c seizures/
LOC

Headache x 1m
Drooping of L eyelid x 2 weeks
poor feeding / irritability (L)

0/4:



ptosis (+)
pupil - deviated right
com ⊖



Bulge over
L soft palatal
region.

CEH-1 face: all clinical isolated
extra-axial dural based soft tissue lesion in
medial aspect of L temporal lobe extending into
ITF, PPS causing pressure effects over
oropharynx & multiple non-enhancing areas
im.
feature S/O Meningioma / Meningeal
hemangiopericytoma.



CLEAN AND GREEN AIIMS / एम्स का यही राकल्य 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)



मेरा ब्रैचियल

O/D/I Dr. Chitron Anil Singh (Consultant ENT)

Plan: bx from soft palate oral cavity (soft palatal sulge)
↓ G/A

Adv.

- Get date from Room No. 4106 ✓
- Flut Unit-1 w/ ENT-OPD on Tue/Friday.

[Signature]
JR-ENT

Tran.
17/9/21
4106/9 AM

[Signature]
Sur

(1115)
3-3-34

Tran.
18/9/21
20
4106/9 AM

Patent must
be due to ship
in holiday in Mumbai

D/F
7/11/21
4106/9 AM

HAER
ON ATION
REAL MARKER
L. K. F. E
CXR
CG
PAC PORTA CABIN
M. F

ON ATION PROFILE
MARKER
I, SE

PAC PORTA CABIN
M. F

5 (NOC) 192/2021

ब० रो० वि० कार्ड
O.P.D. Card



नेत्र अस्पताल कागज़ है
जो आप ही दे सकते हैं

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

कमरा नंबर
Cabin No.

श० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
भ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasa
A.I.I.M.S., New Del

यू०एच०आई०डी० सं०
UHID No.

रोगी का न
Name of the

R. P. Centre (Eye Centre)

UHID: 105648427
Dept. No.: 20210050062014
RISHAB RAJ
S/O: PAWAN PASWAN

Date: 26/10/2021
General
RPC OPD-Dr. SR UNIT 3
5A
Unit-III
Room No.: 5A

Address: HAYANTI PUR, BIHAR, INDIA

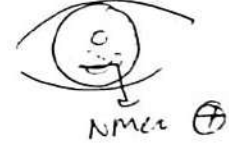


दिनांक
DATE

DIAGNOSIS

Treatment

In < unconscious
Refused from pediatric oncology
brain tumor detected 2 months ago.
No dropping of VL B/E :: 2 months.
on toxic examination
OD - WML
per - B/E optic disc pale.
fr sharp.
#7: neuroophthal clinic



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

Anaesthesia



UND 105485101
Dept No 20211083001801
Date No Clinic No 1

Room / Room
B-414
Unit
PRE ANAESTHETIC CLINIC
PAC

11/08/2021

REHAB RAJ

SYNAPSE

SOPANAN PASWAN

Add: 111, JAYANTIPUR, DSR-1A

DARBANGA BHAR NOA

MON, TUE, WED, THU, FRI



New Patient: General: PD Reporting: 8:00 AM

Your Sr. No. is

1st Floor, Porta Cabin

00 AM - 12.00 Noon

HECKUP (PAC) CLINIC

Y, PAIN MEDICINE AND CRITICAL CARE
OF MEDICAL SCIENCES

LHI-110029

नाम / Name Date

आयु / लिंग / पता
Age / Sex 54 / M Address

103 Ht/Wt 12.5 BMI

निदान / Diagnosis ? Meningioma
? Meningial hemangiopericytoma Surg. Planned :

Bx from cereb. (left parietal
ridge)
↓ GA

PREOPERATIVE CHECK LIST

HISTORY - (Tick the relevant points)

Systemic illness : CVS RESP Endocrine
GIS CNS Others

Significant Details of the above if any

DOB 31/1/2017

40 3 fever on & off x 10 months
mild grade, reduced intake
→ Headache x 1 month
not afw vomiting / seizures.
40 Ptosis of lt eye
deviation of lt eye } 1 month
Smelling on left side x 10 days.
Poor feeding

FT VD @ home / CIB
No h/o NCV stay.
No h/o epileptic spells /
Seizure

H/o 1 ep. of fever in past
5 days
No h/o cough /
cold /
No h/o weight.

Pregnancy

Others

CURRENT DRUGS

Bronchodilators : Salbutamol 150mg B.D.
Antihypertensive : Syntex 9 mg 2 tsp B.D.
Anti-diabetic :
Any Other :

ALLERGIES

Smoking

Alcohol

AST HISTORY : ANAESTHETIC IF ANY

GENERAL CONDITION : BP : Anaemia Cyanosis METS
Pulse Jaundice Oedema Ascites
IV Access Int.

Lt eye ptosis (+)
 U side Deviation of L of mouth
 Airway Facial Features Thyro Mental Distances Teeth *New loose*
 Mallampatti Grading Mouth Opening > 3 ft. Neck Movements *Adeq*
bulge over (+) soft palate region (+)
 UPPER AIRWAYS : OBSTRUCTION Intubation Simple / Difficult

RESPIRATORY SYSTEM : Dyspnoea Grade Auscultation: *rfl NVBS (+)* No added sounds
 Cough / Sputum *(-)* Breath Holding Time RR

CARDIOVASCULAR SYSTEM : Neck veins Murmurs *(-)*
 Findings if any Heart sounds *S1, S2 (+)*

ABDOMEN : LIVER SPLEEN KIDNEY OTHERS

CNS : SPINE

INVESTIGATION : Hb% TLC : P L : M E :
 PLATELET :

RFT : Na/K B.UREA S. Creat R/E URINE ALB GAR B.SUGAR F
 Micro PP R

LFT : A/G : OT/PT ALK T. Protein : S : Bil.

Special Investigations ECG ECHO X-RAY CHEST USG

ASA Grading PFT CT

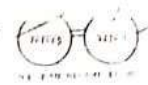
SPECIAL PROBLEMS :
 CG-MRI *free (10/7/20)*. PET
Well-defined homolateral extra-axial
dural based soft ts. lesion in medial
aspect of (+) temporal lobe extending
into ITF, DRS causing pressure effects
over oropharynx & multiple non-
enhancing areas w/o Sfo Meningeal/
meningeal hemangiopericytoma.

INSTRUCTIONS AND ADVICE :

1. Date can be given for Operation
2. Admit - Days Prior to Surg. ** Pediatric review 11/10. fever cp, nasal congestion, -> Sfo*
can be wtd
3. Further Advice. - CBC, S. electrolytes
4. Referred to - Pediatric review - *COVID report < 72h of procedure:*
Anti-epileptic drug to be continued on morning of procedure
Signature: *Teyong SK-a*
5. Reviewed Later *NPO / 8h for solids.*
> 2h for clear liquids. Name: *Teyong.*
To be reviewed by anaesthesia team.



जवा मोठ ओठ संठ अर्यतोठल, A.I.I.M.S. HOSPITAL
वहिरंग रोगी विभाग / Out Patient Department



अर्यतोठल क अन्तर ठावठान मन्ठः २१४ SMOKING IS PROHIBITED IN HOSPITAL PREMISES

संठ अर्यतोठल संठ अर्यतोठल

Dept Reg. 2021/001/0007893

General/W/O

OPR-6

एकक/Unit

Pediatrics/Paediatric /Unit-1

बनठ/Room: 3-33

विभाग/Dept.

Name: Mr. RISHAV RAJ

Days :

Queue No : N9

Regn. No.

नाम/Name

S/O PAWAN PASWAN

SY IN 60 गुण/म

पता/Address



निदान/Diagnosis

दिनांक/Date
11 12-45 Kh

उपचार/Treatment

23/8/2021

Referred from Ped Nephro OPD

Poor consciousness x 10 days

Not opening eyes.

Had no recall prior to this

2 Vomiting (projectile - inability to talk)

CE -> Vitals

HR: 110/min

SpO₂: 99.

pupils - Dilated

CNS : 1 Led tone

Brisk reflexes



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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मेरा अर्यतोठल
My Hospital
meraaspatal.nhp.gov.in

Plan

Under Neuro & flu.

① Urgent emergency referral

(Large mass in $\odot$ intra temp foss
& $\odot$ middle cranial fossa
causing erosion of sphenoid + temporal

MR I: Extra axial dural based soft
tissue mass in medial aspect
of $\odot$ temporal lobe with
extension

- Midline
- SIV fluids
- Starts urgent neurosurgery referral for decompression
- Starts urgent neurosurgery referral for meningioma meningothelial hemangioperic
- Starts on high dexamethasone 6mg stat

high dexamethasone 2mg QID

- Mannitol 5ml/kg after BP.
- Urgent Neuro & referral

Gang

Routine/ Emergency:

Date 26/9/21 OT -1

Surgical procedure Done: Em. Tracheostomy

Anaesthesiologist Dr. Jyoti [on Cases], Dr. Prashant, Dr. Rashmi; Surgeons Dr. Mahesh et al

Anaesth. care start: 1:30am End: Time of Induct. 1:35am Surg. Start: 2:00am End: 2:35am

Induction: O₂ + Sev + Air

Maintenance: O₂ + Sev + Air

Airway maintenance: E.T.T./ Supraglottic device/ tracheostomy (O₂ by Fm) size Pt. Position: Supine

Method: Direct Laryngoscopy / Macintosh/McCoy/FOB/Other Aided devices

Respiration: Spont. / Cont. Vent. setting: VCV / PCV TV RR 20 PAP 15 PEEP 1

Central Line: Site: Attempts: Use of USG: Yes/No IBP: Allen's Test Site: Attempts:

RA: CSE/SAB/ Epidural (Lumbar/ Thoracic/ Caudal) TAP/PVB/ Peri. N. B. USG/ Nerve Stimulator/None

Time	1:30	2:00	2:30
E.C.G.			
Pulse •			
NIBP/ IBP S V D A			
CVP +			
Temp. ▲			
NMT			
B. Sugar			
SpO ₂	100	100	95
EtCO ₂	36 38		
Inhal Agents	Sev + Air		
I.V.Fluid	100ml + 18		
Drug	Fentanyl 12, Rocuronium 10, Vecuronium 10		
Urine (ml)			

Shifting note
PR: 12:16pm
SpO₂: 99% on O₂
It can be shifted to ward.
Respirator
PR/Anes.

Post Op: Pulse 110/min, BP: 120/80 mmHg, SpO₂: 99%, Conscious: Shifted to: ICU/PACU/Ward
Intra op. Events if any: ETT: In-situ/out
Epidural Cath.: In Situ/Out

Blood loss	Minimal
Blood / Bl. Products-	none
Colloids	None
Total Fluids	~140ml
Total Urine Output	N/C

POST OP INSTRUCTION:
1. Oxygen by polymask / IPPV/ SIMV/ PEEP/ CPAP (T-piece)
2. Watch Vitals...../A.....hourly
3. I.V. Fluids Continue TillF.O..
4. Analgesia.....
5. Invest
6. Blood / Bl. product transf.
Signature: Rashmi
Name of Anaesthesiologist

DEPARTMENT OF ANAESTHESIOLOGY, PAIN MEDICINE AND CRITICAL CARE, (MAIN OT), NEW DELHI

O.T. Reg no.

Name *Rishav Raj* Age *5y* M/F *M* UHID No. *105485101*

Date: *27/9/21*

Pre operative Diagnosis *Embryonal Rhabdomyosarcoma*

Ward *6* Bed *13* Wt. *13kgs* Alt. *111*

BMI *13* Blood Group *B+*

Previous Anaesthetic History

Proposed Surgical Procedure *Tracheostomy*

Physical Status: ASA *I*

Family history

Any drug allergy

Upper Airway: *airway is obscured by mass in the mouth*

Exercise tolerance (METS)

Neck Movements

Teeth

General Examination: Pulse *124*/mt, BP *100/62* mmHg, Jaundice

Systemic Examination: CNS *Normal* CVS *S1, S2 ⊕ M6*

Cyanosis

Edema

Anemia

Others

Respiratory

Spine

Others

Endocrine

Renal

Hepatic

Significant Details of the above if any: *E/V patient of Embryonal Rhabdomyosarcoma. Apparently asymptomatic until 3m ago. Presently deviation of (L) eye, deviation of angle of mouth a/w or and off, lethargy, headache. Protrusion of (L) eye followed by (R) eye, swelling intra-orally, rapidly progressing in size.*

Details of drug therapy:

Investigations (*27/9/21*)

Investigations	Alk Phos	KFT	Urine	Other
<i>11.6</i>	Viral Markers	Urea	Micro	
<i>11.6</i>	Blood Sugar	Creatinine	Macro	
<i>11.6</i>	F	Calcium	Sugar	
<i>11.6</i>	PP	Phosphate	Acetone	
<i>11.6</i>	R	Na/K <i>143/45</i> (<i>Ag 11</i>)		

Chest X-Ray:

debilitated mass episterned at the foramina of base of skull on the (L), T2 hyperintense extra-axial extensions of skull base malignant lesion. erosion of sphenoid & temporal bones? neural origin? RMS. large areas of necrosis, immunopositive for desmin & myogenin (focal).

Anesthetic instructions:

1. Informed consent: GA / Regional procedure/ special procedure (*parental*).
2. NPO guidelines *Valien as an emergency case*.
3. Premedication

Lishmoni
Signature

Name of Anaesthesiologist



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

LC2910211271 105485101

LH2910210754 105485101

RISHAVRAJ

पता/Address

एक/Unit

विभाग/Dept.

नाम/Name

Pediatrics/Pediatrics
Unit 111

Name Mr. RISHAV RAJ

S/O Pawan Paswan

General/P

Age/Room: 14

Days: Wednesday

Queue No: 1

Sy 30 100 500/M



UNIT: 105485101

Date: 27/11/2021

निदान/Diagnosis

दिनांक/Date

11/6/21

(2)

उपचार/Treatment

Parameningeal

Embryonic & MS
No lithocranial Extension
to chest wall

VAC on 27.9

V - 5.10.21

V - 13.10.21

crying

being fed by NG.

Seen at RPC,

Bi optic disc pale

NNR @ left

left facial

drooping +

CBE RFT LFT

To review & reports on 1

Refer to ENT OPD for laryngoscopy

Follow up plan. & care.

Supp. Fevers - 100mg/ml to 1ml PO BD

Tab. Azithromycin 1-2-1/2

Supp. Calcium 200mg/sml to 5ml sml BD.

Vit D Sachet - 60,000 Units

one sachet 1x1 for 5 mae wks.

Supp A-Z - 5ml PO OD

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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Moxiflox eye drops - 1 drop tds.

मेरा अस्पताल

My Hospital

meraaspatal.nhp.gov.in

PTD



Jan Arogya Yojana

RINO: 10

CPC

PEF/HR

- No fever as advised

- Tracheostomy care as advised

NO on Saturday. 30.10.21



Follow Up Patient
Dept Reg. 2021/003/0007893

General/7 D

Pediatrics/Pediatric

/Unit-111

Ward/Room: 34

Days: Saturday

Queue No: F37

Name: Mr. RISHAV RAJ

Sy No 130 374/M

S/O PAMAR PASWAN

Ph. 6203162108

UNIT: 105485101

Date: 30/10/2021

40 RMS - Parameningeal

non - metastatic

40 polynia

polydip

33

11.90k

no fever/resp. distress

no seizure/focal activity

Nitin

PR: 100/m

RR: 20/m

Temp: warm

CP/PP: 1+1+

HR: 2-2+

HR: 2-2+

HR: 2-2+

HR: 2-2+

GPE. Paller ②

no elo activity

and activity ②

Tracheostomy in situ ②

R. HEE ②

N. ②

RLE conducted sound

① - facial palsy ②

moving all 4 limbs

no organomegaly

Finally give today
OPD appointment
New for fees
over

on. Hbome. - 11 mg/m³/d.

LVP - 20 mg/kg/d.



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

Pr - 115231

OPR-6

Out Patient Department
NO ENTRY OF VISITORS
NO ENTRY OF VEHICLES
NO ENTRY OF ANIMALS
NO ENTRY OF FIREARMS
NO ENTRY OF DRUGS
NO ENTRY OF ALCOHOL
NO ENTRY OF TOBACCO
NO ENTRY OF GAMING
NO ENTRY OF BETTING
NO ENTRY OF LOUING
NO ENTRY OF SMOKING
NO ENTRY OF DRINKING
NO ENTRY OF GAMING
NO ENTRY OF BETTING
NO ENTRY OF LOUING
NO ENTRY OF SMOKING
NO ENTRY OF DRINKING

DR. B.D.A. IRCH, AIIMS, NEW DELHI
IRCH No. 263899
Clinic Radiotherapy Evaluation
Dept. RADIATION ONCOLOGY
General
नाम
Name RISHAV RAJ
S/O- PAWAN PASWAN
Address VILL- JAYANTI PUR PS BHUJA, DARBANGA, BIHAR, INDIA
Reg. Date-01-10-2021
Clinic No. 2021-1231
UHID-1054-3001
Sex/Age M/Y
Room 13 (Shift Morning)

योरोगी पंजीकृत सं/O.P.D. Regn. No. ↓ Dr. A. Biswas

लिंग
Sex
आयु
Age
जन्म तिथि/Date of Birth

निदान/Diagnosis Parameningeal embryonal RMS - admitted @ BS ward

दिनांक/Date

14.10.21

उपचार/Treatment

Planning CECT taken post sedation

ECOG-4

IRCH for N.A.

Adv

Photocopies of all relevant documents
performed scan for fusion & planning CT
CEMRI CD for fusion & planning CT
to be submitted R. (40) p's father
High Risk Case [explained Mr. Pawan
conservative Mx /
Rev. at B. to continue
conservative Mx /

Vard
SR/RT

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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

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



¹⁸F-FDG WHOLEBODY PET-CT STUDY

Patient Name: RISHAV RAJ		Age/Sex: 5Y/M
Study ID: FDGN/26217/21	UIID: 105485101	Date: 12.10.2021

Indication: Rhabdomyosarcoma of the skull base, post chemotherapy, look for residual disease.

Procedure: PET-CT acquisition was done 60 minutes after injection of 10 mCi ¹⁸F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck: Large ill defined soft tissue density mass noted along the medial side of base of skull (left > right) and clivus, extending into bilateral maxillary & ethmoid sinus and into the posterior nasopharynx, causing erosion of the left pterygoid bone, with focal FDG uptake in the nasopharynx. (Focal increased tracer uptake noted in left side of the tongue, with no obvious CT abnormality). Tracheostomy tube noted in-situ.

Thorax: Physiological FDG uptake is seen in the myocardium. Lungs, large airways, pleura, heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen/Pelvis: Tracheostomy tube noted in-situ. Relatively increased FDG uptake noted in the spleen compared to liver- likely reactive. Liver, biliary ducts, gall bladder, spleen, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted.

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

IMPRESSION:

- Mildly metabolically active soft tissue density mass in the skull base as described above- residual disease.
- No previous PET CT available for comparison.

J. Sai Moulily

Dr. J. Sai Moulily
Senior Resident

Rakesh

Prof Rakesh Kumar
Consultant



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

Patient Name: Rishav Raj

Sex: M

Age: 005Y

UHID: 105485101

Report State: Signed-off

OPD / Ward:

EXAMINATION DESCRIPTION:

PERFORMED ON: 2021-10-08 **CR No:**

Report:-

MRI : FACE WITH BRAIN

IMAGING PARAMETERS

Axial T1 and T2 DIXON, ADC, DWI

T2 COR DIXON

SAG TSE, $\Rightarrow$

Post GAD 3D, $\Rightarrow$

There is large ill defined mass lesion of size ~7.7x8.2x6.6 cm noted in bilateral parotid space, buccal space, mastigator space, parotid space, parapharyngeal space, danger, carotid space, maxilla with alveolar region, bilateral maxillary sinus, ethamoidal sinus and sphenoid sinus with extension into the left basifrontal, left temporal lobe, left CP angle and bilateral apex of orbit involving the extraocular muscle (Globe appears normal), region with involving the cavernous sinus with mild narrowing the caliber, however no thrombus seen. The mass shows heterogenously hyperintense on T2, isointense on T1 and diffusion restriction on DWI/ADC and heterogenously enhancement on Post gad. Encasing the ilateral carotid vessels (left>Right) Contiguous enhancement of the pituitary stalk also noted.

Larynx is normal. No focal area of abnormal signal alteration or mass lesion seen.

Epiglottis, aryepiglottic folds and vocal cords are normal and symmetrical.

Bilateral pyriform fossae are normal with no mass lesion seen.

Great vessels of neck show normal signal void in both sides.

No significant cervical lymph adenopathy seen.

Diagnosis:-

K/C/o Parameningeal RMS, present scan shows large ill defined heterogenously enhancing mass lesion in bilateral parotid space, buccal space, mastigator space, parotid space, parapharyngeal space, danger, carotid space, maxilla with alveolar region, bilateral maxillary sinus, ethamoidal sinus and sphenoid sinus with extension into the left basifrontal, left temporal lobe, left CP angle, pituitary stalk and bilateral apex of orbit involving the extraocular muscle, region with involving the cavernous sinus with mild narrowing the caliber.

Verified By

Dr. Manisha Jana Consultant

फिरण नैदानिक विभाग

DEPTMENT OF RADIODIAGNOSIS

.I.M.S., NEW DELHI - 110029

PLAIN X-RAY CONTRAST STUDIES REQUISITION FORM

Indoor (Bed No.) / Outdoor usually

Examination Required

Clinical History and Examination :

KLCTO RARS E' cvent complant
pau abdomen & tendu
? Neutropenic enfeit

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine
Any h / o allergy or asthma
(for IVU patients only) :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for performance of any diagnosis 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 _____

Your appointment is on :

Room No. :

Time Slot: 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

Rev No.

Se / No. of Films

Date :

hp/mAS:

Sign. of Radiographer :

P.T.O.

2.3.15

USG w/A

10/1/21

Liver - (N)

Report: UB - Minimally distended

PV/CB₃
Spleen
Bk Kidney
Pancreas

UB - distended with Foley catheter
free fluid - NO

Bowel - wall is normal, no bowel wall thickening

Sign. of Radiologist / Date :

Imp:

(N) - healthy

Salon

YOUTH HELPING TRUST



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग / Department of Nuclear Medicine & PET
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029
T.: 91-11-26593210

Physician request form for Position Emission Tomography (PET) Scan
(Please Note : Scan will not be done if form is not properly filled)

Name: Rishav Age: 5 Yrs. Sex: M F
Referred by: Dr. Rachna Seth Requisition Date: 5/11/21

UHID No. / Clinic / Dept.: 105485101 / Pediatric

Brief Clinical History: Deviation of left eye x 3 Months
Head tilt to left x 3 Months
Headache x 3 M.

Progressive swelling of left orbit and left
side of face & soft tissue mass x 1 month

Treatment History: IRS IV protocol → On week 1 Paraneoplastic RMS
chemo

What you expect from PET / CT Scan: Baseline PET Scan

Past History ☐ DM ☐ HT ☐ TB ☐ Renal Failure ☐ Previous malignancies 3 No.

Investigations:

Bld. Sugar Fasting PP Random Date:

Ultrasound/ECHO/CT/MRI/Plain/Contrast
MRI brain & face: ?? hemangio pericytoma
CECT brain: Isolated heterogeneously enhancing lesion in left
intratemporal space & CD middle cranial fossa = erosion of
sphenoid & temporal bone

Previous Nuclear Medicine PET No. & Date Not done

Indication of PET/CT: Initial Dx / Staging Treatment Resp. Monitoring / Restaging / Prognostication

Desired study ☒ Whole Body PET (Eyes of thighs) ☐ Brain only ☐ Cardiac only

P.T.O.

1. Please bring DD/Pay order for Rs. 5000/7500 in favour of "DIRECTOR AIIMS" and write name of patient on reverse DD with date of scan. **Payment is to be made on the day of the test.**
For 2nd PET Scan charge are only Rs. 4000/-
2. Charge for PET/CT film is Rs. 77/-
3. Patient may eat light breakfast before 7 am after that may take water only, no food for at least 4-6 hours.
4. Must bring all old records.
5. Study is subject to availability of RADIOISOTOPE
6. Report shall be available 24-48 hrs. after test.
7. Study may take whole day. have patience and cooperate with staffs.

21. scan only

Appointment Date:

2/11/21

Time: 9 am

A

Payment:

W Body

Cardiac

Brain

Receipt No/DD No.

Amount

Dt.

Signature

Screened

DM (re)

CT/PT (re)

AX (re)

IPNM

To Prof Rakesh

Respected Sir

Child is a c/o PM RMS

21c extension

admitted needing
urgent PET scan. Please
allow for early PET

Gay

YOUTH HELPING TRUST

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

(REVISED)



(DEPT. OF EMERGENCY MEDICINE)

UHID No:105485101

आपातकालीन नं. (Emergency No): 2021/030/0096542

दिनांक DATE: 06/11/2021

समय TIME: 12:22:28 PM

NON-MLC

190

NAME: MR. RISHAV RAJ

आयु AGE: 5 years 3 months 20 days

लिंग /SEX: M

DOCTOR: PAWAN PASWAN

ADDRESS: मकान संख्या H.NO: VILL- JAYANTIPUR PS BIIHAJA
शहर/प्रखंड CITY/BLOCK:
राज्य STATE: BIHAR

VILL- JAYANTIPUR PS BIIHAJA
BIHAR

गली / मुहल्ला STREET/MOH: DARBANGA
पिन PIN:

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics Emergency

UHID No:105485101

BROUGHT BY: Relative: FATHER

Criticality: Red / Yellow / Green

Age: Responsive/ Unresponsive HR /min BP mmHg RR /min SpO2 %

Admitted to Paeds/ Main/ New Emergency

FCU of Parameningeal Rhabdomyolysis

Presenting Complaints

on T Tube

polyuria & evaluation

referred from OPD for BCG & SE

& perianal area to screen

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No.....	HR /min CFT..... secs. BP /mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others	GCS..... Pupil size...../min Pupillary Reactions..... Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....

Diagnosis

Reds and opion

Review is required

2

164
RT/SE

6/11/21
Red Emergency

Refer to patient notebook.

K. Padma Sengupta
SR/Red Em

Adv
• Palliative medicine consult in view
of pain in the R. maxillary region
(% parameningeal abs)

- ^{Syp}~~Tab~~ PCN (210mg/5ml) 3-5ml qid
... relief in pain
Tab Lact 1/2 tab qid

Akshay

YOUTH HELPING TRUST



ओ भात आत संत अस्पताल / A.I.I.M.S. HOSPITAL

CUC-051121096 105485101



RISHAVRAJ

Out Patient Department

SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

Unit

निभाग/Dept.

वैद्यकीय पंजीकृत सं. O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Paediatric	Paediatric			
CL No 20210030007893	Queue No. F22			
UHID 105485101	Room. 14			
RISHAVRAJ 5Y3M13D	JHID 105485101 03-11-2021			

CUC-051121037 105485101



RISHAVRAJ

निदान/Diagnosis

दिनांक/Date

28

उपचार/Treatment

Refer to patient notebook

URM-051121021 05-5101



RISHAVRAJ

To PRC,

Kindly provide Red Unit 3 OPD appointment

on 5/11/21

H. Kumar Sagaria
SR/Red Unit



RISHAVRAJ

MS / एस का यही संकल्प, स्वच्छता से काया कल्प

सूत्र उपहार/ORGAN DONATION - A GIFT OF LIFE

0588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

मेरा अस्पताल मेरा जीवन
meraaspatal meraaajeevan

6/11/21
Red OPD

To Red Emergency,

polyuria & evaluation

→ Please check VSA
serum electrolytes
(S RFT)

→ Please call shall
review

T. Radma Sagar
SR/Red/Dr

10/11/2021

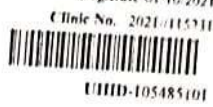
cross testing from casualty - child is
tracheostomized:

10/11/2021
SR Red Dr



डा. बी. आर. अम्बे
Dr. B.R. Ambedkar
अ.भा.आ.सं.
बहिरंग रोग
अस्पताल के अन्दर धुमपान

DR. B.R.A. IRCHAHMS, NEW DELHI
IRC II No. 263899
Clinic Radiotherapy Evaluation
Dept. RADIATION ONCOLOGY
General
नाम
Name RISHAV RAJ
NO. PAWAN PASWAN



OPR-6

एक/Unit ↓ Dr A Biswal
विभाग/Dept.

Sex/Age M:5Y . 11523/
Room 13 (Shift Morning)

नाम/Name	विभाग/पलकी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
Rishav Raj		M	5.	

निदान/Diagnosis Pharyngeal RMS. to intracranial extension

दिनांक/Date 18/11/21 उपचार/Treatment Stage 1 (intermediate risk)

Pt seen in (R) 40.

7.20ay/4# completed today
No fresh complaints

Adv, continue RT
Syrup Emet 5ml. od.
Syrup Victrol. Sml od

1750/31652
2

R.T. Time

23/11/21 - 7:30
24/11/21 - 8:30
25/11/21 - 8:30
26/11/21 - 8:30
27/11/21 - 8:30

22/11/21

- 1) Sgs. Levamisole 100mg/ml 1ml OD (2)
- 2) Sgs. Calcium vit D Suspension (1)
- 3) Sgs. Antimicrobial Sml OD (1)
- 4) Emet 5ml. payment. (1) → (2)

23/11/2021

To the NO(IST),
Please exempt RT charges

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)
वाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

DR. B.R.A. IRCHAHMS, NEW DELHI
DR. B.R.A. IRCHAHMS, MD, DNB, FRCR
DR. B.R.A. IRCHAHMS, Associate Professor
DR. B.R.A. IRCHAHMS, Department of Radiation Oncology
DR. B.R.A. IRCHAHMS, AIIMS, New Delhi-110029

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यू०एच०आई०डी० संख्या
UHID No.



अनुभाग व दिन Section and Day सोमवार व बृहस्पतिवार Monday & Thursday
--

कमरा नंबर
Cabin No.

आचार्य एस. के. खोखर का एकक
Prof. S. K. Khokhar's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
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दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
10/13/22	MR Sleep Pupils AD Sluggish ① Exposure keratopathy Adm.	C/S/B faculty in N. C. Unit I KICP RNS & BIL Optic atrophy with ① TUN Bilateral Adm. ② VER ③ 135 ④ 135 ⑤ 135 ⑥ 135 ⑦ 135 ⑧ 135 ⑨ 135 ⑩ 135 ⑪ 135 ⑫ 135 ⑬ 135 ⑭ 135 ⑮ 135 ⑯ 135 ⑰ 135 ⑱ 135 ⑲ 135 ⑳ 135 ㉑ 135 ㉒ 135 ㉓ 135 ㉔ 135 ㉕ 135 ㉖ 135 ㉗ 135 ㉘ 135 ㉙ 135 ㉚ 135 ㉛ 135 ㉜ 135 ㉝ 135 ㉞ 135 ㉟ 135 ㊱ 135 ㊲ 135 ㊳ 135 ㊴ 135 ㊵ 135 ㊶ 135 ㊷ 135 ㊸ 135 ㊹ 135 ㊺ 135 ㊻ 135 ㊼ 135 ㊽ 135 ㊾ 135 ㊿ 135

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
③ 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