



REDMI NOTE 8  
AI QUAD CAMERA





Plan - Excision

Cl/w Prof S. Agrawal

Adv.

- 10 Blood donation
  - Flw in PCOPD on 22/10/21 for date (MCH Block)
- for Sr.

  
SR/PSW  
14/10/21

file place  
Sudhy Agrawal  
16/11/21

16/11/21

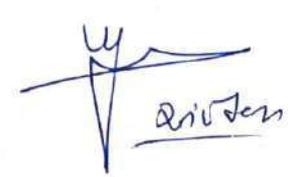
- Adv. -
- Review on 30/12/21 - Rx repeat
  - Flw Peds Onco OPD after discharge

file place  
Sudhy Agrawal  
6/1/22

06.01.22 - pt of HPB - 2136636 - consistent  $\bar{c}$  Neuroblastoma.

- Adv Dr Sandeep Agrawal Sr  
To flw  $\bar{c}$  Peds Neuro OPD for opinion regarding further mgmt  
Flw in Peds Onco clinic on 07/04/22



  
Dr. J. Sen.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
DEPARTMENT OF PEDIATRICS  
UNIT II SUMMARY

1  
Patient Copy

NAME: Arohi Rathor	AGE: 1 year 9 months	SEX: Male	Bed No: C6/33-5/27
UHID: 105487764	Date of Admission: 29/07/21	Date of discharge: 9/8/21	
DIAGNOSIS: Opsoclonus Myoclonus syndrome under evaluation			
Consultants In charge: Prof. Madhulika Kataria, Prof. Sheffali Gulati, Prof. V Jain, Dr. Neerja Gupta, Dr. Biswaroop Chakrabarty, Dr. Prashant Jambhari, Dr. Rajni Sharma.			
ADDRESS: VILL AND PO SAHJADI PUR DS JALON			

PNC 100/21

**Chief Complaints:**

Abnormal movements of head, body and limbs x 4 months  
Difficulty in walking x 4 months  
Difficulty in sitting and speaking x 4 months

**History of Presenting Illness:**

Child was apparently normal 4 months back when she developed unsteady gait and started crawling. Child also had difficulty in sitting and speaking, these movements were present even during sleep.  
No h/o altered sensorium  
No h/o seizures  
No h/o fever/vomiting/loose motion  
No h/o loss of consciousness  
No h/o head injury  
No h/o measles  
No h/o facial weakness/deviation  
No h/o breathlessness

**Past history:** No history of similar illness in the past

**Birth history:** FTNVD, birth weight not known, cried at birth, no adverse perinatal events.

**Immunization history:** Immunised for age as per NIS

**Family history:** second born out of non consanguineous marriage, no history of similar illness in family.

**Developmental history:**

**Gross :** sits with support at 6 months  
Sits without support at 8 months  
Stands without support at 11 months

**Language:** cooing at 1 month  
Monosyllables at 6 months

Bisyllables at 1 year

**Social:** Recognises mother at 3 months  
Stranger anxiety at 6 months

## EXAMINATION AT ADMISSION:

**General condition** – Child is in minimally conscious state

### Vitals at admission:

PR:108/min  
RR 28/min  
SpO2 98% on room air  
Peripheries warm  
CRT < 2sec

No pallor, icterus, cyanosis, clubbing, edema, lymphadenopathy

## ANTHROPOMETRY ON DISCHARGE

Parameter	Measurement	WHO Z score
Weight	9 kg	- 1.72
Length	79 cm	-1.80
HC	46 cm	-0.64

## SYSTEMIC EXAMINATION:

### Neurologic examination:

Higher mental function: Child is in minimally conscious state, no vocalization, no eye contact, recognizes family members, responds to mother.

### Cranial nerves:

II: Pupil 3 mm bilaterally, RTL

III, IV, VI: continuous jerky eye movements with frequent blinking

VII: No facial deviation

IX, X: normal

XII: no tongue fasciculation, no abnormal tongue deviation.

Motor: Bulk – normal

Tone: generalized hypertonia

Power:

	Right	Left
Shoulder	>3/5	>3/5
Elbow	>3/5	>3/5
Wrist	>3/5	>3/5
Hip	>3/5	>3/5
Knee	>3/5	>3/5
Ankle	>3/5	>3/5

Hip	>3/5	>3/5
Knee	>3/5	>3/5
Ankle	>3/5	>3/5

DTRs: could not be elicited  
Hyperkinetic movement of limbs  
Vibratory movements of limbs  
Titubation present  
Sensory: Pain/Temperature/Touch: normal  
Cerebellar signs: B/L opsoclonus

Tremors +

Titubation of head+

Past pointing +

No meningeal signs.

P/A - Soft, non tender, no organomegaly.

RS - Trachea central. B/L air entry equal, normal vesicular sounds heard in all areas. No added sounds

CVS -Precordium normal, S1, S2 normal, no murmurs

#### HOSPITAL COURSE :

**Neurological:** Child presented with abnormal body movements, inability to walk, inability to sit and speak since 4 months. On examination child had hyperkinetic movements of limb with opsoclonus. Possibility of autoimmunity/ paraneoplastic etiology was kept. CSF analysis was done. There was no evidence of meningitis. CSF was sent for OC3 and serum for autoimmune antibodies, report is awaited. Child was started on IVIG(2g/kg over 2 days, 30/7/21 to 1/8/21). There was no significant improvement post IVIG. USG abdomen was done to rule out neuroblastoma, there was no evidence of any mass. Child was started on ACTH from 30/8/21 (1ml/60U) 0.3ml IM and gradually hiked to 0.7ml. MIBG scan is scheduled on 1/8/21 and planned to hike ACTH to 1ml/day and adjust dose of ACTH on follow up basis and to plan on Rituximab therapy based on response at 2 weeks.

#### WARD INVESTIGATIONS:

##### Hemogram

Date	Hb	TLC	DLC(N/L)	Platelet Count(in lacs)
30/7/21	10.8	20930	N27L58	6.68L

##### Biochemistry

Date	BU/Cr	Na/K	OT/PT/ALP	Uric acid
30/7/21	26/0.3	137/4	148/75/255	3.4

#### OTHERS:

		Culture – sterile OCB- awaited Autoimmune – awaited
--	--	---

**EXAMINATION AT DISCHARGE:**

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- PR: 108/min
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**SYSTEMIC EXAMINATION:**

**Neurologic examination:**

Higher mental function: Child is in minimally conscious state, no vocalization, no eye contact, recognizes family members, responds to mother.

Cranial nerves:

- II: Pupil 3 mm bilaterally, RTL
- III, IV, VI: continuous jerky eye movements with frequent blinking
- VII: No facial deviation
- IX, X: normal
- XII: no tongue fasciculation, no abnormal tongue deviation.
- Motor: Bulk – normal
- Tone: generalized hypertonia
- Power:

	Right	Left
Shoulder	>3/5	>3/5
Elbow	>3/5	>3/5
Wrist	>3/5	>3/5
Hip	>3/5	>3/5
Knee	>3/5	>3/5
Ankle	>3/5	>3/5

- DTRs: could not be elicited
- Hyperkinetic movement of limbs
- Vibratory movements of limbs
- Titubation present

Wrist	>3/5	>3/5
Hip	>3/5	>3/5
Knee	>3/5	>3/5
Ankle	>3/5	>3/5

*P. Jasmine care foundation*

*Please help the person*

*1  
Lama*

**SENIOR RESIDENT**

DTRs: could not be elicited  
 Hyperkinetic movement of limbs  
 Vibratory movements of limbs  
 Titubation present  
 Sensory: Pain/Temperature/Touch: normal  
 Cerebellar signs: B/L opsoclonus  
 Tremors +  
 Titubation of head +  
 Past pointing +  
 No meningeal signs.  
 P/A - Soft, non tender, no organomegaly.  
 RS - Trachea central, B/L air entry equal. Normal vesicular sounds heard in all areas. No added sounds  
 CVS -Precordium normal, S1, S2 normal, no murmurs

**Plan on discharge:**

- 1) To do MIBG scan on 11/08/21
- 2) To do PET scan on 20/8/21
- 3) To do MRI if MIBG report is normal
- 4) To adjust dose of ACTH on follow up basis
- 5) To plan Rituximab therapy depending on response at 2 weeks

**ADVICE AT DISCHARGE: (W-5 g)**

- 1- Inj ACTH 0.7 ml ~~orally once in a day~~ <sup>IM once daily</sup> 12/08/21 followed by 1 ml ~~orally once in a day~~ <sup>IM</sup> once in a day to be continued (ACTH started on 03/08/21)
- 2- Tab Clonazepam 0.25 mg 1/2 tab orally at night
- 3- Tab Lanzol junior (15mg/1 tab) 1 tab orally once in a day
- 4- Review after 2 weeks in PNC on 18/08/21 (Wednesday) at 2 pnt with MIBG reports
- 5- Side effects of medication/ risk of infection has been explained to parents, to maintain environmental hygiene
- 6- In any case of emergency visit pediatric casualty or call on peds neuro helpline no.9873638521/9953742140

*To adjust from 5 day care 10/8/21*

*11/8/21  
Lama  
fill  
20/8/21*

**Junior Resident**  
 Dr Pawan/Dr Aakash/ Dr Gayatri

**Senior Resident**  
 Dr Puneeth/ Dr Richa/ Dr Sakshi



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

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान करना / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

Third Floor



एकक / Unit

विभाग / Dept.

नाम / Name

पि

आरोग्य रजिस्ट्रार

UMID: 105487764  
Dept No: 20210220003332

आरोहि राठोर  
AROHI RATHOR  
1Y/F0  
D/DORAMU RATHOR

बनर / Room  
G-31  
Unit-I  
Paediatric Surgery OPD  
Queue No: F27

05/11/2021

मंगल, शुक्र  
TUE, FRI

Add: VILL AND PO SAHJADI PUR DS  
JALON, UTTAR PRADESH, PIN 0 INDIA



Follow Up: ... General "B" 0 Reporting: 8:00 AM-9:00 AM

OPR-6

डॉ. संदीप अग्रवाल  
Sandeep Agarwala  
Paed Surgery O.P.D.  
(शुक्रवार) Friday  
Address

निदान / Diagnosis

OMS & Presacral NB (4)

दिनांक / Date

28

उपचार / Treatment

11.5 kg

Zyn / F

MIBG - MIBG  
11.8.21

Heterozygous lesion  
presacral region

Appointment on.....  
for.....  
Deptt./Clinic.....

VMA (24/24) - 13.4 (N)

BMA - No Mets  
23.10.21

3 x 2 cm lesion in presacral region calcified  
(A) neural foramen etc. (B) S1, S2, S3

No foramina extension, lesion displaced ant.  
No ORF.

clinically asymptomatic presently  
No constipation, no urinary complaints

PIA soft, AT, No lump felt 4 cm below posteriorly  
around 4 cm from A-hey  
behind presacral region of lesion

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

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Not able to reach Superior Maxilla



25/10/24

PLS-7

for date of surgery

PLT-662K

Try on 3/12/24

Sandhya Agarwal

बाल स्वास्थ्य क्लिनिक  
UHD: 105487784  
Dept No: 20210220003332  
आरोहि राठोर  
ARCHI RATHOR  
1Y / F()  
D/O RAMU RATHOR

कमरा / Room  
G-31  
Unit-I  
Paediatric Surgery OPD  
Queue No: F50

03/12/2021  
संलग्न मुद्रा  
TUE, FRI

Add: VILL AND PO SAHJADI PUR DS  
JALON, UTTAR PRADESH, Pin 0, INDIA



Follow Up... General ₹ 0 Reporting: 8:00 AM-9:00 AM

OMAs & Presacral Neuroblastoma

H/O tremors noted in B/L U-8 months ago

Regression of milestones noted

Initially evaluated at Gwalior - Govt hosp

Referred to AIIMS

Diagnosed as Presacral NB & OMAs.

Currently on Sij NCTH - 3/8/24

Received IVIg (2g/kg) - 30/7 to 1/8/24

✓ Child active, ✓ Fair

✓ vitals stable

P/A Soft P/R - 3x3 cm swelling ⊕

over Pre-sacral region

Firm in consistency,

2cm from anal verge

Upper border not

totally appreciated.

✓ Overlying mucosa - mobile

✓ No swelling over back.

To try on 10/12/24 in mang OPD

Sandhya Agarwal

Handwritten notes and stamps on a form, including '43', '12/12/24', and 'BP-105/83'. The form has fields for Appointment on, for, and Dept/Clinic.

MIBG (11/11/24) →  
MIBG concentrating mass in  
Presacral/Pararectal location.  
No mets.

29/11/24 - VMA - 13.47 mg/g

23/12/24 - BMA - No mets

6/9/24 - CECT Abd - 3x2.4x3.5 cm  
lesion in pelvis (S2-S4), few calcifications  
Extension to S2 Sacral foramina  
Anteriorly abutting recto-sigmoid.  
Likely neuroblastoma.  
No mets.



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



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

शरीरमाप

बाल बालपचिकित्सा

UHD: 105487764  
Dept No: 20210220003332

कक्षा / Room

G-31

Unit-I

Paediatric Surgery OPD

Queue No: F62

एकक / L

विभाग / I

आरोहि राठोर  
AROH RATHOR

1Y / F()  
D/O RAMU RATHOR

10/12/2021

संगल, शुक्र  
TUE, FRI

Add: VILL AND PO SAHADI PUR DS  
JALON, UTTAR PRADESH, Pin 0, INDIA



Follow Up... General 10 Reporting: 8 00 AM-9 00 AM

डा. संदीप अग्रवाल  
Dr. Sandeep Agarwal  
Paed Surgery O.P.D.  
(बुधवार) Friday  
वि० पंजीकृत / O.P.D. Regn. No: OPR-6

आयु  
Age

पता / Address

निदान / Diagnosis

omg = Presaval. MB

दिनांक / Date

27

उपचार / Treatment

Appointment on

for

Department

9/12/21

Hb - 8.7 (of 10.21)

No cough / URI

→ Mass from Anal verge

→ Canjet above it.

→ Chance of rectal injury / CSF leak explained.

Adit

→ RFSx

Adit ABx used

BP clearing.

*Signature*



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

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



My Hospital  
meraaspatal.nhp.gov.in



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



अस्पताल में अन्दर-धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

डा. संदीप अग्रवाल  
Dr. Sandeep Agarwala  
Pediatric Surgery O.P.D.  
(शुक्रवार) Friday

एकक / Unit \_\_\_\_\_  
विभाग / Dept. \_\_\_\_\_  
नाम / Name \_\_\_\_\_

वास्तु वास्तुचिह्निका  
UHID: 106487784  
Dept No: 20210220003332

आरोहि राठोर  
AROHI RATHOR  
1Y / F()  
D/ORAMU RATHOR

कमरा / Room  
G-33  
Unit-I  
Paediatric Surgery OPD  
Queue No: N10

01/10/2021  
सोम, बुध, शनि  
MON, FRI, SAT

Add: VILL AND PO SAHAJDI PUR DS  
JALON, UTTAR PRADESH, Pin 0, INDIA



New Patient General FO Reporting: 9 00 AM-10 00 AM

No. \_\_\_\_\_  
पता / Address \_\_\_\_\_

poc 2<sup>nd</sup>/21

निदान / Diagnosis

Neuroblastoma ± Opsoclonus & Myoclonus - Ataxia Syndrome

दिनांक / Date  
28  
10/10/21  
7/10/21  
Pediatric IRCH  
Ped SX Room No. 6.

उपचार / Treatment  
H/o regression of milestones - since 9 months of age back  
Difficulty in walking ± unsteadiness & frequent falls.  
Progressive in nature with occasional episodes of myoclonic jerks.  
Abnormal chaotic eye movements.  
No h/o fever, no abd pain, lump.  
H/o normal passage of stool & urine.  
Not started on chemo.  
Reviewed in Peds Neuro → Started on Inj. AcTH (started on 3/8/21)  
Referred to Peds Onco as USG abd showed - Presacral mass (AIIMS - 24/8/21)  
↓  
Bone Marrow Bx (23/8/21) (230821119-AP)  
- No metastasis.



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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MIBG scan (11/8/21) (MIBG-D-50-1993-21; SP-50) -

MIBG concentrating heterogeneous mass lesion in presacral/pararectal location - likely Neuroblastoma.

VMA (19/8/21) (Spot urine) - 13.47 mg/g Creat (U)

O/E :- Normal B/L limb movement.  
:- PLA - No lump, soft

Advice

- CECT chest + Abd + Pelvis ↓ GA → Done on 6/9/21
- Review in IRCH Room No. 6 on 7/10/21 at 2PM.

Choswami

5/10/21  
 Review in POC  
 Monday 9AM  
 on 11/10/21, 2PM  
 Room 149

Pl. register in IRCH/  
 Peds.  
 Gang  
 Sandip Agawale  
 5/10/21

RESIDENT  
 Department of Pediatrics  
 Institute of Medical Sciences  
 and Hospital  
 401029



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



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

सर्वीरमाय स्वच्छ धर्मसाधनम्

New Patient  
Dept Reg. 2021/003/0006159

General/F 10

OPR-6

Paediatrics/Paediatric  
Unit-II

कक्ष/Room: 4

Days :

नाम: आरुहि राधे

TUE, FRI (मंगल, बुध)

Name: Miss AROHI RATHOR

Queue No : N7

पिता: रघु राधे

1Y GM महिला/F

D/O RAMU RATHOR

/O.P.D. Regn. No.

पता/Address

211  
21  
8882358558  
Sangam Vihar.



UHID : 105487764

Date: 20/07/2021

निदान/Diagnosis

दिनांक/Date

14

Opsoclonus - Myoclonus - Ataxia

उपचार/Treatment

Syndrome

8.7kg

e/o regression of milestones noted since last 4 months.

- Apparently well & developmentally normal, till 4 months back.

- Initially, mother noticed difficulty in walking i/f/o unsteadiness of gait & frequent falls.

- progressive in nature - and gradually became non-ambulatory.

- e/o occasional episodes of myoclonic jerks.

- e/o abnormal chaotic eye movements.

Symptoms - not preceded by any febrile illness.

o/e

Opsoclonus ⊕

Myoclonic jerks ⊕.

Cerebellar signs - ataxia ⊕, past-pointing ⊕

tremors ⊕.

Imp: OMAS

Birth h/o: Unremarkable  
Dev h/o: Appropriate for age till 15 months of age



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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My Hospital meraapatal.nhp.gov.in

c/o/w Dr. Prashant Sankar

Anatomy Test  
R.No. (2)

Reading room 22/7/21  
Omm

Adv.

→ Planned for admission for evaluation & management

↓  
Kindly issue form for stay (Sharamshale)

*[Signature]*  
CDR (Govt AM)

Chest X-Ray

Covid test

Reqs casually  
Dr. Kaulsh to help

*[Signature]*  
SR Peds neuro  
27/7/21

Dial

16/8/21

child flut to OMAS

Recd IUTg & on

Response to ACTH (+)

Is ACTH 1ml IM OD

MIBG done on 16/8/21

Please make a card for  
18/8/21

S/o Mass lesion in presacral/  
para rectal location

likely neuroblastoma

see discussed I Dr. George

→ Take appointment for pedsonco  
Room (12) Wed

Rno 14

5 Day care + mtr

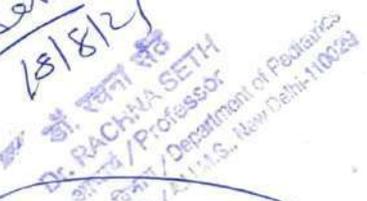
to decide on further line

of managed line.

PEI scan dated on 20/8/21

Dr George

Dr. Abesh





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बहिरंग रोगी विभाग / Out Patient Department



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

New Patient  
Clinic No. 203/2021  
Dept. Reg. 2021/003/0012133

OPR-6

एकक/Unit  
विभाग/Dept.  
नाम

General/र०  
Paediatrics/POC/unit-I कमरा/Room: 14  
नाम: अरोहि राथर Days: Monday  
Name: Miss AROHI RATHOR Queue No: N15  
पिता: रघु राथर 1Y BM 29D महिला/F  
D/O RAMU RATHOR

त सं०/O.P.D. Regn. No. \_\_\_\_\_

पता/Address



UHID: 105487764 Date: 18/10/2021

POC-211/21

निदान/Diagnosis

GMS - MB L1

दिनांक/Date

उपचार/Treatment

11.15  
Notes in Quico Copy  
MV after 1 man in POC  
Today's case  
3/11/21

डॉ. जगदीश प्रसाद मीना  
Dr. Jagdish Prasad Meena  
सह-आचार्य / Associate Professor  
बालरोग चिकित्सा विभाग / Department of Pediatrics  
अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-110029

Signature

शरीरमाद्यं खलु धर्मसाधनम्



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

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

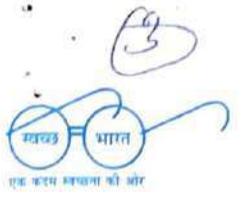
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraaspatal.nhp.gov.in



अ० भी० आ० सं० अस्पताल / **A.I.I.M.S. HOSPITAL**  
 बहिरंग रोगी विभाग / **Out Patient Department**



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

Follow Up Patient  
 Dept Reg. 2021/003/0006159

OPR-6 Paedi'a

Paediatrics/Paediatric  
 /Unit-III  
 नाम: आरु रथर  
 Name: Miss ARUHI RATHOR  
 पता: रजु रथर  
 D/O RAMU RATHOR

General/W O  
 कमरा/Room: 14  
 Days: WED, SAT  
 Queue No: F14  
 1Y GR 29D  
 लिंग/M/F

77

संरो०वि० पंजीकृत सं०/O.P.D. Regn. No. 105487764

UHID : 105487764 Date: 18/08/2021

आयु Age	पता/Address
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निदान/Diagnosis

9.41E 40 OMAS

दिनांक/Date  
18

18/8/21

उपचार/Treatment

nos: 7/10/19

Abn movement x 4 months  
 Diff in walking x 4 months  
 Diff in sitting & speaking x 4 months  
 O/E: vitals - (N)  
 P/A - Not palpable.  
 MRBG → 3 x 1.6 x 3.1 cm tumor  
 ? NB  
 Plan  
 (1) CBC / UPT / RFT / Renitin / LDH  
 (2) Day care → BMA + Bx (Date)  
 (3) CXR Abdomen + Pelvis  
 (4) Urinary VMA → 'CAN KIDS'

Daycare  
 Dr. Kulkarni



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Dr Kutiba  
Day care

- Give BMA+Bx → 23/8/21  
date  
Give urinary collection  
plastic bottle

5 R/V on Monday

POC 23/8/21

for registration  
GAM inksels Gay



डॉ. रचना सेठ  
Dr. RACHNA SETH  
ज्यागर्य / Professor  
अपभ्रम विज्ञान विभाग / Department of Pediatrics

• ~~Syp~~ Maxtra  
3.5ml BD.

R/W 5 day on 23/8/21

25/08/21

BMA+Bx

25/8/21 ~~Syp~~ WYSOWNE

5mg/5ml 2.5ml PO  
BD

23/9/2021

① ~~Syp~~ augmentin (200mg/5ml) 3.5ml tds

Review in IRCH  
1/10/21  
Ped's OPD for

paracetamol

Thursday 29/9/21

29/9/21

Friday 1/10/2021

New RAK

② Syp. Salbutamol (5mg/2ml)  
2.5ml — 2.5ml — 2.5ml  
x 3 days

③ Syp. Promethazine -  
3ml — 3ml — 3ml  
x 3 days

→ Syp. Augmentin to continue  
1/10/21  
in SA for resection

Well nourished

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS, PEDIATRICS ONCOLOGY NUTRITION, FEED/DIET SHEET

Name: Aarushi Rathore

Age/Sex: 2y/F

Date: 27/10/2021

Height / Weight: 78cm / 11kg

UHID:

DOB: 2/10/2019

MUAC - 15 cm

Diagnosis:

Bed no: OPD

NB

Feed/Diet Plan:

सुबह (8:00 Am) - 1 दही पराठा + आमलेट

(11:00 Am) - 1 केलो + 100ml दूध + चीनी

(1:00 pm) - 1/2 कटोरी दलिया खिचडी + तेल / घी मिक्चर

(5:00 pm) - 1 फल (केला / सेब / संतरा)

(8:00 pm) - 1 दही पराठा + 1/2 कटोरी सब्जी

(10:00 pm) - 100ml दूध + चीनी

Notes:



27/10/2021

Please give early date

# विकिरण नैदानिक विभाग

अ० भ  
DEPART  
A.I.

## ULTRASOUND/COMF

आर० राधिका  
Uhid: 105487764  
Dept No: 20210220003332

आरोहि राठोर  
AROH RATHOR  
1Y / (F)  
D/DRAMU RATHOR

कमरा / Room  
G-33  
Unit-I  
Paediatric Surgery OPD  
Queue No: N10

Address: VILL AND PO SAHJADI PUR DS  
JALON, UTTAR PRADESH, Pin D, INDIA



01/10/2021  
रविवार, शुक्र, शनि  
MON, FRI, SAT

New Patient General PO Reporting: 9:00 AM-10:00 AM

FORM

Date :

LMP :

Name: Amra

Indoor (Bed No.) / Outdoor / Casualty

OPD No. / UHID No. :

### Examination Required :

- Ultrasound
- Doppler (Arterial / Venous)
- Interventional Procedure
- CT CECT chest + HRCT Abdomen + Pelvis
- Dual Phase CT
- CT Angiography

### Clinical History and Examination :

↓ GA

ClO Opsoclo  
? Neuroblastoma  
Myoclonus ±  
or MIBG

### Clinical / Working Diagnosis :

Any Previous Studies (Please provide No. if available) :

Blood Urea / Serum Creatinine (for CT patients only) :

Any h/o allergy or asthma :

Signature of Referring Physician / Date :

[Signature]  
SR Ped Sx.

### 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 :

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :

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 : Arohi Rasthor

UHID No. 105487764

Age/Sex : 21F

IRCH No.

Scheduled date तारीख 27/12/22 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 मेमोग्राफी	Bilateral, Right, Left	
Othre अन्य		

Signature of booking clerk/officer Diphi

Date given on: 26/12/22

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

- Bring contrast injection Iomeprol 400mg/Iohexol 350mg/Iobitridol 350mg/other equivalent... 50ml 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 रोकें रहें.
- Bring 1 litre of drinking water for you पीने का पानी साथ लाएं.
- Bring an adult attendant with you एक वयस्क साथी साथ लाएं.
- Bring previous X-rays or other films, if any पुराने एक्सरे या फिल्मों साथ लाएं.
- Pay Rs. 200/300/750/1500/..... at Cash Counter no. 13 (each body part is charged separately) इतना शुल्क जमा करें.
- Special instruction विशेष सूचनाएं ..... Exempted

General information सामान्य जानकारीयां :

- 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 \_\_\_\_\_

*Give date in July 2022*

डॉ० बी० आर० अम्बेडकर संस्थान रोटरी कैंसर 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**  
**Radiology Requisition Form (Other than X-ray)**

*Ambedkar*

(Stick label or write in block letters)		Patient Status	
Patient's Name : <b>AROH RATHOR</b>		<input type="checkbox"/> Outdoor	<input type="checkbox"/> Indoor (Ward / Bed no.)
Age / Sex: <b>18/F</b>		General Condition of the Patient:	
IRCH Number: <b>264229 / 105487764</b>		<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Non-ambulatory
Department / Clinic: <b>Paeds Surg</b>		<input type="checkbox"/> Critical with life support	
<input type="checkbox"/> Medical Oncology	<input type="checkbox"/> Radiation Oncology	Payment Status:	
<input type="checkbox"/> Surgical Oncology	<input type="checkbox"/> Anaesthesiology	<input type="checkbox"/> Paying	<input checked="" type="checkbox"/> Exempted by (sign & stamp)
		<input type="checkbox"/> EHS (no.)	

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

<p><b>CT</b></p> <p>Type</p> <p><input checked="" type="checkbox"/> CECT</p> <p><input type="checkbox"/> NCCT</p> <p><input type="checkbox"/> HRCT</p> <p><input type="checkbox"/> Dual phase CT</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Body Part(s)</p> <p><input type="checkbox"/> Head</p> <p><input type="checkbox"/> Orbit</p> <p><input type="checkbox"/> PNS</p> <p><input type="checkbox"/> Face/ mandible</p> <p><input type="checkbox"/> Neck</p> <p><input type="checkbox"/> Chest</p> <p><input checked="" type="checkbox"/> Abdomen</p> <p><input checked="" type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p><b>Ultrasound</b></p> <p><input type="checkbox"/> Abdomen &amp; Pelvis</p> <p><input type="checkbox"/> Upper Abdomen</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> KUB</p> <p><input type="checkbox"/> Breast</p> <p><input type="checkbox"/> Scrotum</p> <p><input type="checkbox"/> Neck</p> <p><input type="checkbox"/> TVUS</p> <p><input type="checkbox"/> TRUS</p> <p><input type="checkbox"/> Colour Doppler of _____</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p><b>Fluoroscopy &amp; Special Radiography</b></p> <p><input type="checkbox"/> Barium Swallow</p> <p><input type="checkbox"/> Barium Meal UGI</p> <p><input type="checkbox"/> Barium Meal Follow Through</p> <p><input type="checkbox"/> Gastrografen Study</p> <p><input type="checkbox"/> Loopogram</p> <p><input type="checkbox"/> Distal Cologram</p> <p><input type="checkbox"/> Sinogram</p> <p><input type="checkbox"/> IVP</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p><b>Image Guided Interventions</b></p> <p>Procedure</p> <p><input type="checkbox"/> FNAC</p> <p><input type="checkbox"/> Core Biopsy</p> <p><input type="checkbox"/> Fluid Aspiration only</p> <p><input type="checkbox"/> Fluid Aspiration for cytology</p> <p><input type="checkbox"/> Catheter Drainage</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Of (organ/ lesion) _____</p> <p>As per the requirement, Please provide filled cytology/histopathology form</p>
<p><b>Mammography</b></p> <p><input type="checkbox"/> Bilateral</p> <p><input type="checkbox"/> Right</p> <p><input type="checkbox"/> Left</p>		<p><b>Films Review</b></p> <p><input type="checkbox"/> CT</p> <p><input type="checkbox"/> MRI</p> <p><input type="checkbox"/> Other _____</p>	

Clinical Diagnosis: *do NB Pelvis & OMAS.*

Clinical details: *Resection completed*

Previous imaging:

None

At BRAIRCH (study / date)

Outside (details)

For CT & IVP only:

Blood urea, creatinine

Any history of allergy, asthma

*AD*  
*Ambedkar*  
*Sc.*

Signature & Name of the Doctor

Date:

*7/7/2022*  
*Thursday*

<b>For the use of Radiology Department only</b>	Study number/Date:
Appointment on:	Senior Resident/Technologist:
Contrast Details:	Comments: