Please Help For Eye Cancer

Click Here To Donate

सेवा में,

Youth helping Trust
Delhi

श्री मान जी.

सविनय निवेदन है कि हमारी लड़की हैया ओराओन पाँच साल की है, और पिछले तीन महिने से आँख कैंसर से पीड़ित है अत: हमारी लड़की का इलाज दिल्ली के ऐम्स ब हॉस्पिल में पिछले तीन महीने चल रहा है परन्तू अब मैं अपनी लड़की का इलाज करोन में असमर्थ हूँ क्योंकि मैं दिहाड़ी मजदूरी करके अपनी परिवार का गुजर बसर करता हूँ और ऐम्स हॉस्पिटल के बाहर सड़क में तीन महीने से रहकर अपनी बेटी का इलाज करवा रहा हूँ

अत: आपसे से मेरा निवेदन है कि. मेरी बेटी के इलाज के लिए मुझे आर्थिक सहायता प्रदान करे जिससे कि मैं अपनी बेटी की जिंदगी बचाने में सक्षम हो सकूँ।

आकाश ओराओन

दिनांक → 8/11/2022

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.स - OPR-6

बहि SES

अस्पताल के अ

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

UHID: 106150874

IRCH No. 279688

General

नाम हृहेया ओराओन

Name HHEYA ORAON

D/O- AKASH ORAON

Sex/Age F /5Y

Address NAGRA KATA JALPAI GURI, WEST BENGAL. INDIA

एकक/Unit _____

विभाग/Dept. _____

नाम/Name

तिथि/Date of Birth

9/6/22. 6:01 PM

निदान/Diagnosis c/o Burkitt's lymphoma (B-NHL) Sino nasal mass

दिनांक/Date	उपचार/Treatment
2/11/22	P/ AA2 (wef 3/10/22)
	1 Tab levocetirizine 10 mg 3/11/22 1AM, 3/11/22 7AM, 3/11/22 1PM
	2. Plenty of oral fluids
	3 HMW / SI / SD TDS
	4. Tab Nodoris 250 mg TDS × 3 days ½ — ½ — ½
	5 Tab Emeset 2 mg TDS × 3 days 0 — 0 — 0
	6. Continue Acivir / 6MP / septran
	7. Inj GCSF 60 mcg S/C OD 3/11/22 - 8/11/22 (OD 7/11/22) Room (15)
	8 F/U in OPD on 7/11/22 c CBC / LFT / RFT

Rishikesh

7/11/22

D1 7/11/22 — (M) +GCSF

D2 8/11/22 — (M) +GCSF

Inj. MAGNEX 1gm IV BID

Inj. AMIKACIN 500mg IV OD x 3day

Inj. G-CSF 60mcg S/C OD x 3day

F/U with CBC on 9/11

207.

डा. बी. आर. अम्बेडकर संस्था
Dr. B.R. Ambedkar Institute F
/A.
Out P
KING P

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

IRCH No. 279688 Reg.Date-22/08/2022

Clinic Paediatric Medical Oncology Clinic Clinic No. 2022//6475

Deptt. MEDICAL ONCOLOGY
General

नाम हहेया ओराओन UHID-106150874

Name HHEYA ORAON

D/O- AKASH ORAON Sex/Age F /5Y

Room Board Room (Shift Afternoon)

Address NAGRA KATA JALPAI GURI, WEST BENGAL, INDIA

ISSUE / COMPATIBILITY LABEL

Sample ID : **2022-R55247**
Patient : **Miss HHEYA ORAON .**
Patient's Blood Group : **B Pos**
Hosp/Dr : AIIMS Hospital /dr rukshar
UHID: **106150874**
Pt. Hosp. Req. No.: I-726200-22
Wd-Bed No.: **pcopd / no / no**

Product : **LD-PRBC**
Blood Group : **B Pos**
Bag ID : **2022-B29019**
XMatching Report : Compatible
X-matched By : Shubham
Issue No.: 91326
Issue Dt :26/Oct/2022 1:16 PM
Colln. Dt : 14/Oct 2022
Exp. Dt : **25/Nov/2022**
Issued By : Vikas

BLOOD CENTRE, MAIN HOSPITAL DEPARTMENT OF TRANSFUSION MEDICINE AIIMS, New Delhi
Ansari Nagar , New Delhi- 110029 Lic.No. 646/81

निदान/Diagnosis B-NHL

दिनांक/Date	उपचार/Treatment
20/10/2022	d#10 of CC#1 → 1st floor shanti lab + 1 donor + 1 SDP kit ↓ 2nd floor daycare 1. SDP lin 2 bags – today & transfuse, 2. Inj. MAGNEX 1gm IV BD x 5 days 3. Inj. G-CSF 6 Dmcg S/C OD x 5 days 4. Daily Fu 5. Fu with CBC + LFT/RFT on 26/X/22
D1 21/10/22	Adv. PLT → 3000 → Refer to Peds casualty → 4 ORDP Tx → Inj. Magnex 1gm IV BD SR no to review
D2 22/10/22	
D3 23/10/22	
D4 24/10/22	
D5 25/10/22	
26/10/22	

Transfusion slip

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

daily follow up ; OPD on 26/10/22

22/10/22 1. Transfuse 1/2 bag SDP
2. Inj Magnex 1 gm IV BD x 3 days
3. Inj G-CSF 60 μg S/C OD x 3 days
4. Syp Acyclovir (100mg/5ml) 5ml TDS x 1 week
5. 1 O PRBC Tx (10ml/kg)

6.4 / 270 / 40 / 11000

23/10 ✓ (E)
24 M + GCSF (E).

Please issue SDP

22/10

Resident SR-MS

1/2 SDP issued on 22/10/22

26/X/22

BT - 10

Stop Magnex / G-CSF

~~CBC~~

F/u with CBC on 31/X

30/10/22

31/X/22 Admit for AA #2

with (R) + HD-MTX

+ IT

CT - 3/11

F/u with CBC on 7/11

6/11/22

CR - 66524

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.
बहिरंग
अस्पताल के अन्दर

OPR-6

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 279688 Reg.Date-22/08/2022
Clinic Paediatric Medical Oncology Clinic Clinic No. 2022//6475
Deptt. MEDICAL ONCOLOGY
General
नाम हृहेया ओराओन UHID-106150874
Name HHEYA ORAON
D/O- AKASH ORAON Sex/Age F /5Y
Room Board Room (Shift Afternoon)
Address NAGRA KATA JALPAI GURI, WEST BENGAL, INDIA

एकक/Unit DR SB/DP
विभाग/Dept. MO C
नाम/Name
106150874
I/Date of Birth

HHEYA
106150874

निदान/Diagnosis ① sinorbital mass c intracranial extension
? Burkitt lymphoma

दिनांक/Date	उपचार/Treatment
	P/ Prephase (18/8/22) wt - 8 kg
22/8/22	Adv.
	- Plenty of oral fluids
	- K-bind sachet ¼th packet BD OO
	- T. Allopurinol 100 mg ½ tab BD OO
	- T. Lanzol JR 15 mg OD O.
2D ECHO TEST	- Syp cremaffin 1tsp OD HS. O2TC
	- F/U on 25/8/22 c CBC/LFT/KFT.
	Aastha
25/08/22	→ Bx s/o. Burkitt's Lymphoma
File NA	PET-CT (FDG/21036/22)
	→ ① sino-orbital malignancy c intracranial extension,
	→ No other site

25/8/22
File NA

- BM* / Bx = Awaited
- 2 ⊖ Blood Donation done

- Post prephase - No appreciable improvement
  - Snoring Letter

~~Adv:~~

- overall - Stg I St. Jude. 8(01/9).
- Complete 6 ⊖ Blood Donation (Chair AIIMS Blood Bank)
- Plan admission

Priya Sister
2nd floor
243

for AA#1 - without HD/Dx
+ R
+ TIT.
+ Continue Allopurinol / K-Bind.
- F/U : CBC/LFT/KFT on.

01/9/22

Sh

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.सं. OPD Ticket ... ITAL ... t ... PREMISES

OPR-6

अस्पता

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

IRCH No. 279688
Reg.Date-22/08/2022
Clinic Paediatric Medical Oncology Clinic
Clinic No. 2022//6475
Deptt. MEDICAL ONCOLOGY
General
UHID-106150874
नाम हृहेया ओराओन
Name HHEYA ORAON
Sex/Age F /5Y
D/O- AKASH ORAON
Room Board Room (Shift Afternoon)
Address NAGRA KATA JALPAI GURI, WEST BENGAL, INDIA

एकक/Unit DR. S.B
विभाग/Dept. DR. D.P
नाम/Name

Regn. No. PDMO C-6475
जन्म तिथि/Date of Birth
CKID-66524
IR 04

निदान/Diagnosis Burkitt's lymphoma

दिनांक/Date	उपचार/Treatment CC 1
Date 22 AUG 2022 10/10/2022	Inj. Dena. 25mg in 100ml NS D1, D2
	Tab Cantol 1x1 5mg OP . सुबह M E शाम
	Inj. AraC . ~~1gm 10NS~~ . 1gm 1gm
	1gm 1gm
One unit BTA	10/10/22 in 10NS
	Lowden eye drop 1% in each eye twice each
	Inj. ETOPOSIDE . D1 - 125mg in 10 S/.n D1
Deepu	D2 - 100mg in 10 S%. D.
	है कैसर
2ND	Inj. VCR O. 7mg IVP D1 Only
OK 11/10/22 F1004 (8:00AM)	Syp 100Z 2.5ml HS - रात को (रातजी)
+PRBC (12/10)	IT - MTX - 12mg; AraC 30mg; (Hydrocort) 10mg] Dated on 10/10/22 @ 8:30am ROOM NO. 15 P.1.0

inj. GCSF 50 µg SC D sunwards × 6 days. (15)
Fever precautions

F/V on 20/10/2022 ē CBC, RFT, LFT

Deepam

डॉ. दीपम पुष्पम, एम.डी., डीएम
Dr. DEEPAM PUSHPAM, M.D., DM
सहायक आचार्य / Assistant Professor
चिकित्सा अर्बुदविज्ञान विभाग / Deptt. of Medical Oncology
डॉ.बी.रा.अ.सं.रो.कैंसर अस्पताल/Dr. B.R.A., IRCH,
अ.भा.आ.सं., नई दिल्ली/AIIMS, NEW DELHI-110029

14/10/22

ROOM NO: 15

D1 / M + GCSF

[Inj. Magnex 500mg IV bd 1—0—1] 5d
[Inj. Amikacin 150mg IV. od 1—0—0]
[Inj. GCSF 50 µg s/c. od × 5 days]
Syp PCM 5ml bd 1—0—1
Syp mucaine gel 2tsp 1—1—1.

R/w TMM in 2nd floor.

2nd floor
IRCH MRO ward
Dr. Sushant

D1 13/10/22 (N)
D2 16/10 (M) ē GCSF (E)

D3 17/10 (M) + G (E)
D4 18/10 (M) + GCSF (E)
D5 19/10 (M) + GCSF (E)

[Inj. GCSF · 50 µg s/c]
given @ 9pm on 14/10/22
(Manju Nrg officer) MRO.

(5)

20 OCT 2022

CH19 - 66524 (208)

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

/Out Patient Department

SMOKING PROHIBITED IN HOSPITAL PREMISES

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

IRCH No. 279688 Reg.Date-22/08/2022

Clinic Paediatric Medical Oncology Clinic Clinic No. 2022//6475

Deptt. MEDICAL ONCOLOGY General

UHID-106150874

नाम हृहेया ओराओन

Name HHEYA ORAON

D/O- AKASH ORAON Sex/Age F /5Y

Room Board Room (Shift Afternoon)

Address NAGRA KATA JALPAI GURI, WEST BENGAL, INDIA

lo. 279688

बo रोo विo पंजीकृत सं०/O.P.D. Regn. No. 106150874

पति/पुत्री / D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
	F	5yr	106150874

BFCH

निदान/Diagnosis

BURKITT'S LYMPHOMA

दिनांक/Date	उपचार/Treatment
	P/ BBI + Rituximab + PRBC (13/9/22)
15/9/22	Adv
	(1.) Tab Leucovorin 10 mg @ 42 hrs @ 7pm (15/9/22) — शाम को 48 hrs @ 1am (16/9/22) रात को 54 hrs @ 7 am (16/9/22) सुबह
3 दिन	(2.) Tab Nodoris 250 mg TDS 3. Tab Ensure 2mg TDS o — o — o x 3 days o — o — o खाने के बाद खाने से पहले
3 दिन	(4.) Syp T. Lanzol junior 10D BBF x 3 days o — खाली पेट
D3 19/9 D4 19/9 20/9	5. Syp mucaine gel 5 ml TDS 5 - 5 - 5
	6. Syp cremaffin 1 tsp P/o OD HS (if constipation) ~~as advised~~
D1 16/9 D2 17/9	7. Inj. I-G-CSF 100 mcg s/c OD (16/9/22 - 20/9/22) R-No (5) कमरा नं० (15)
	8. Syp A to Z 1 tsp OD — o — खाने के बाद
	9. F/U in OPD on 22/9/22 ≡ CBC/LFT/KFT.

To meet ✱ priya sharma before D/s

Aastha

वरिष्ठ रेजीडेंट/SENIOR RESIDENT
चिकित्सा अर्बुदविज्ञान/MEDICAL ONCOLOGY
डॉ. बी.आर.अं., रो.कै.अ./Dr. B.R.A., I.R.C.H.
अ.भा.आ.सं., नई दिल्ली/AIIMS, New Delhi-29

HOSPITAL PHARMACY
RECEIVED
17/9/22

22/9/2022

d#9 of BB#1

Cont G-CSF x 5 day

F/v with CBC on 26/9

~~LFT RFT~~

GCSF D1 22/09

D2 23/9

D3 24/09. D4 26/9

[signature]

OK DAY CARE CC1 30/9/22 1/10/22

OK DAY CARE TRY 29/9/22

Date 28/09/2022

Wt = 8.7 kg
Ht = 95 cm
BSA = 0.49

Dexa = 50mg
Vincristine - 0.7mg IVP
Ara C = 2x4x0.49 = 3.9 = 4gm
Etoposide = 150x3x0.49 = 220mg

D13 of BB1 Mucositis resolving. CBC recov

CC1

inj. Emeset 4mg IVP.

inj. Dexamethasone 30mg in 100ml NS D1
20mg in 100ml NS D2

inj. VCR 0.7mg IVP D1 only

		M	E	
inj. Ara C.	D1	1gm	1gm	in 500ml NS D1, D2
	D2	1gm	1gm	

inj. ETOPOSIDE. D1 - 120mg in 10% D
D2 - 100mg in 10% D

TIT - Ara C 30mg
Hydrocort 15mg
MTX - 12mg

Done 27/9/22 8:30 Room NO. 15.

inj G-CSF 50ug SC D5 onwards x 6 days

F/v on 10/10/2022 c CBC, RFT, LFT

D5 6/10 D6 7/10/22 D7 8/10 D8 9/10 D8 10/10

[signature]

ब० रो० वि० कार्ड

R. P. Centre (Eye Centre) — General ₹0
UHID: 106150874
Dept. No.: 20220050085438
HHEYA ORAON 5Y/F
D/O: AKASH ORAON
Date: 16/08/2022
RPC OPD-Dr. Rachna Meel
Unit-V TUE, FRI
Room No.: 32
Address: NAGRA KATA JALPAI GURI, WEST BENGAL, INDIA

अनुभाग व दिन
tion and Day
वार व शुक्रवार
day & Friday
V

कमरा नंबर
Cabin No.

एकक

Name of the Patient	S/D/W	Sex	आयु Age	पता Address

दिनांक DATE	निदान DIAGNOSIS
16 AUG [redacted]	उपचार Treatment ① sino-orbital malignancy c intracranial extension → Pls f/u c ENT → PET scan & review.

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.

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

ब० रो० वि० कार्ड

दृष्टि

अनुभाग व दिन Section and Day / वार व शुक्रवार Day & Friday	कमरा नंबर Cabin No.
V	

R. P. Centre (Eye Centre)
General
₹0
UHID: 106150874
Dept. No.: 20220050085438
HHEYA ORAON 5Y/F
D/O: AKASH ORAON
Date: 12/08/22
RPC OPD Dr. Rachna Meel
Unit V TUE, FRI
Room No.: 32
Address NAGRA KATA JALPAI GURI, WEST BENGAL INDIA

एकक

दिनांक DATE	निदान DIAGNOSIS	पता Address
	(L) Sino Orbital Malignancy c Intracranial ext^n	

उपचार Treatment

Matelite ↑↑

12 AUG 2022

CECT (10/8/2022)
4.7 x 3.0 x 7.9cm enhancing mass involving ethm, max & sphenoid sinuses & left nasal cavity. Intracranial, extradural ext^n + (L)

Rfd to Dr Sucheta Singh
ENT OPD

Rachna

Adv PET scan
Rfd to Dr Nishikant
Rad & Nuclear Medicine

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.

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

LE [e/o genteal g:l. BD

To follow up n' 62

every alternate day to

look for cornea status.

GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

10.08.2022

MS. HHEYA ORAON, 5YRS / F **UID NO. : 08-22-6325**

CECT ORBIT

Serial axial sections of the orbit were performed on CT Revolution ACT 32 Slice CT Machine, before and after administration of 30 ml intravenous non-ionic contrast (Omnipaque). No adverse contrast reaction was noted till 30 minutes after the contrast injection.

4.7 x 3.0 x 7.9 cm enhancing mass lesion with lobulated margins is seen involving the left ethmoid, maxillary, sphenoid sinuses and left nasal cavity. There is erosion of the lamina papyracea, cribriform plate & planum sphenoidale. There is intracranial, extradural extension of the mass causing indentation on bilateral basifrontal lobes and left temporal lobe. The mass is extending along the left sylvian fissure. Adjacent brain parenchyma appears normal. There is breach in the medial wall of left orbit with extraconal and intraconal intraorbital extension, abutting the left superior, medial rectus muscles, left optic nerve with evidence of proptosis. Inferiorly, the mass is extending into the nasopharynx.

Right globe appears normal in size and position without any calcification or other abnormality. The right extra-ocular muscle is symmetrical.

The right optic nerve is normal in size and outline. The retro-bulbar fat is well preserved on right side.

IMPRESSION

- **Enhancing mass lesion with lobulated margins involving the left paranasal sinuses, left nasal cavity, nasopharynx with bone destruction, left intraorbital, intracranial extension and left proptosis. Findings are suggestive of neoplastic etiology (? Esthesioneuroblastoma).**

Advice: CEMRI Brain and PNS for better evaluation.

DR PRANAY R KAPUR
MBBS, DNB

GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

MC-2147

Lab No	:	226325	Date /CT	:	10-Aug-2022 /10:42
Patient Name	:	MISS. HHEYA ORAON	Rec.Time	:	11:10
Ref. Doctor	:	SELF	Age /Sex	:	5 Years / Female
	:		Sample Type	:	WHOLE BLOOD
			Print Date /Time	:	10-Aug-2022 / 16:26

PERIPHERAL SMEAR

RBC - RBC shows marked anisopoikilocytosis and are essentially microcytic hypochromic.
Many target cells are seen +++, Pencil cells +, Ovalocytes +.
WBC- Total and differential leukocyte counts are within normal limits.
Platelets - Normal in numbers and morphology.
Hemoparasite - No haemoparasite seen.
No atypical cells seen.
IMPRESSION: MICROCYTIC HYPOCHROMIC PERIPHERAL BLOOD PICTURE.

ADVISED : High Performance Liquid Chromatography to rule out hemoglobinopathy.

CHECKED
TECHNICIAN
Dr. PANKAJ GOYAL (MD) LAB DIRECTOR

DR. SHEEFA HAQ(DNB,PATH)
HOD PATHOLOGY
SR.CONSULTANT PATHOLOGIST

GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

MC-2147

Lab No	:	226325	Date /CT	:	10-Aug-2022 / 10:42
Patient Name	:	MISS. HHEYA ORAON	Rec.Time	:	11:10
Ref. Doctor	:	SELF	Age /Sex	:	5 Years / FEMALE
	:		Sample Type	:	BLOOD SERUM
			Print Date /Time	:	10-Aug-2022 / 12:06

BIOCHEMISTRY

TEST NAME	RESULT	UNIT	BIO.REF.RANGE
BUN	15.0	mg/dl	5 - 20
BLOOD UREA	32.1	mg/dl	10 - 42

Method : BUN - Urease UV
Urea - Calculated

Interpretation:-

Urea is the major nitrogen synthesized mainly in the liver. It is mostly the end product of protein metabolism.
More than 90% of urea is excreated through the kidneys.
A low BUN 6-8 mg/dL is frequently associated with states of overhydration or liver dieases.
A BUN of 10 to 20 mg/dL almost always indicate normal glomerulur function.
A BUN of 50 to 150 mg/dL implies serious impairment of renal function.
Increased in Pre renal conditions like Diabetes, dehydration, Cardiac failure, severe burns etc.
Post renal condition like obstruction of urinary tract by stone, tumor or enlarged prostate.
Decreased in cases of diuresis, Severe Liver Damage, Low protein and high Carb diet.

SERUM CREATININE	0.26	mg/dl	0.2 - 0.6

Method: Jaffe Rate
Interpretation :
Creatinine is formed by the hydrolysis of creatine and phosphocreatine in muscle and ingestion of meat. It is used to diagnose and monitor acute and chronic renal diseases as well as for monitoring renal dialysis. Level are increased in renal disorders , Gigantism, Acromgaly and certain drugs like aminoglycosides, penicillin etc.

*** END OF REPORT ***

CHECKED
TECHNICIAN
Dr. PANKAJ GOYAL (MD) LAB DIRECTOR

Sheefa

DR. SHEEFA HAQ(DNB,PATH)
HOD PATHOLOGY
SR.CONSULTANT PATHOLOGIST

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

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DEXA/BMD•MAMMOGRAPHY•ECHO•TMT•HOLTER•ECG•EEG
EMG/NCV•SLEEP STUDY•BERA•PFT•ADVANCED LAB TESTS

PATIENT'S NAME: HHEYA	**AGE/SEX: 5/F**
REF. BY: DR. AIIMS	**REG. ID: HHA9948**
TEST NAME: ULTRASOUND - WHOLE ABDOMEN	**EXAM. DATE: 06-AUG-2022**

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size, contours and parenchymal echogenicity. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. Portal and hepatic veins are normal.

Gall bladder is adequately distended and shows normal walls and anechoic lumen. No pericholecystic fluid collection seen. Porta hepatis and extrahepatic biliary system are normal.CBD is normal in course and caliber.

Spleen is normal in size, shape and parenchymal echotexture.
Pancreas is normal in size, contours and echogenicity. Pancreatic duct not dilated. Peripancreatic fat planes are normal.

Both kidneys show normal size, shape, outline, echotexture. Cortico-medullary differentiation is maintained. No evident pelvicalyceal dilatation or renal calculus is seen.

Retroperitoneal structures and great vessels are normal.

No evident lymphadenopathy is seen. No ascites/peritoneal or pleural collection is seen.

Urinary bladder is distended with normal outline and wall thickness. Lumen is anechoic. B/L UV junctions are clear.

OPINION:- ULTRASOUND FINDINGS REVEAL NO SIGNIFICANT ABNORMALITY.
Please correlate clinically.

Dr. Sacchidanand Purkait
Consultant Radiologist

Dr. K. K. MISHRA
Consultant Radiologist..

Dr. Bhavesh Patel
Consultant Radiologist

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

^{18}F-FDG WHOLE BODY PET-CT STUDY

Patient Name: HHEY ORAON		Age/Sex: 5Y/F
Study ID: FDG/21036/22	UHID:106150874	Date: 22.08.2022

Indication: C/o left sino-orbital malignancy (small round cell tumor). PET-CT for baseline staging.

Procedure: PET-CT acquisition was done 60 minutes after injection of 10 mCi ^{18}F-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: **An FDG avid irregular soft tissue density lesion is noted in the left sino-orbital region displacing the left eyeball anteriorly and inferiorly, invading the anterior cranial fossa superiorly, the left nasal cavity, ethmoid, sphenoid and maxillary sinuses medially with destruction of left medial and lateral orbital walls. The lesion is extending further into the nasopharynx.** Visualized larynx and thyroid do not show any abnormality on CT.

Thorax: Physiological FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Lungs, large airways, pleura, heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: *Diffuse FDG uptake noted in spleen-reactive.* Normal FDG distribution is noted in the liver, kidneys, gastrointestinal tract and urinary bladder. Liver, biliary ducts, gall bladder, spleen, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted.

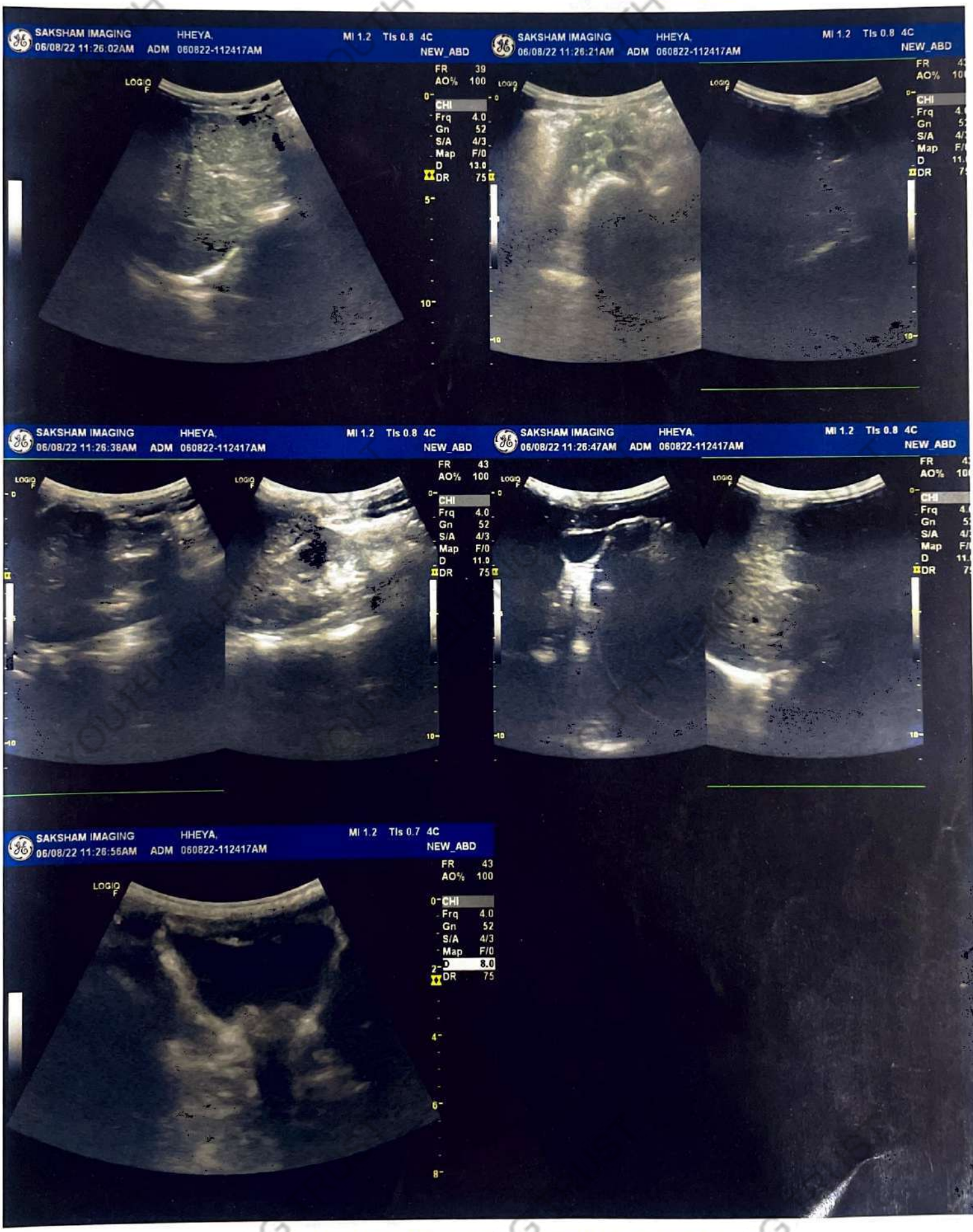
Musculo-Skeletal System: *Post-intervention changes noted in the left iliac bone.* Physiological FDG distribution is seen in the visualized axial and appendicular skeleton.

IMPRESSION:

- **Metabolically active left sino-orbital mass with extensions as described-primary.**
- **No definite evidence of any other metabolically active disease elsewhere in the body in the present study.**

Dr. Sneha Prakash
Senior Resident

Dr. Kh. Bangkim Chandra
Consultant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MI 1.2 TIs 0.7 4C
NEW_ABD

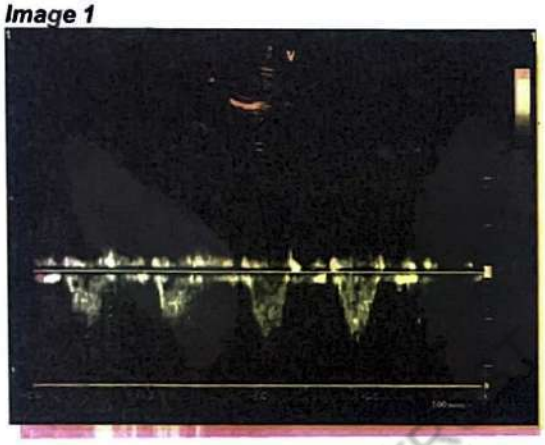
Skyline Diagnostic,C-30,Neeti Bagh

Ph:011-46081629,26965337

Name **BABY HHEYA ORAON**
Patient Id **29723082209**

Date **23/08/2022**
Sonographer **Default user**
Diagnosis Dr.

Image 1



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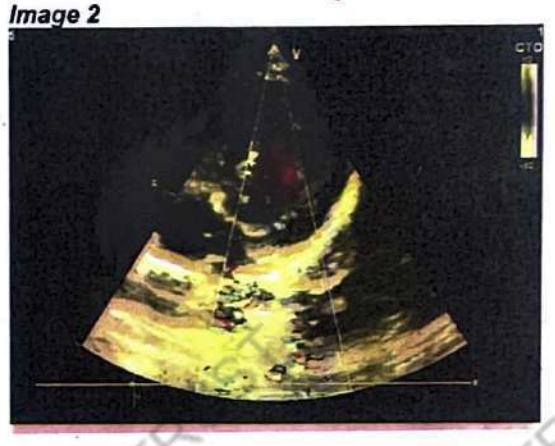

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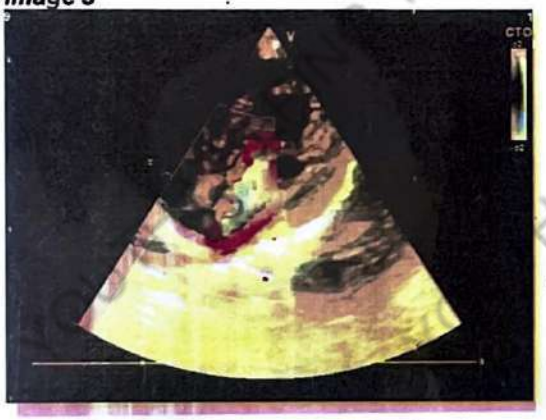

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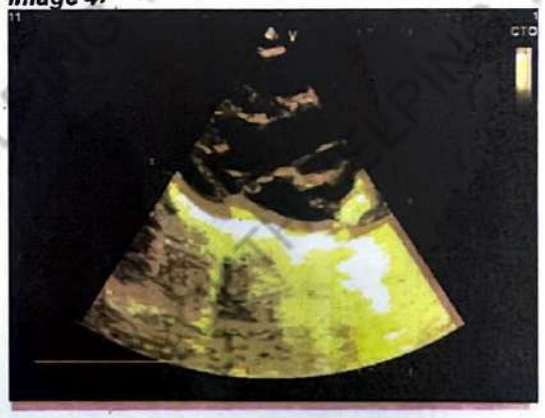

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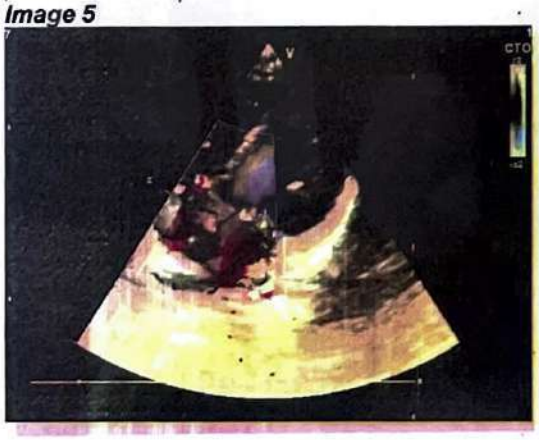

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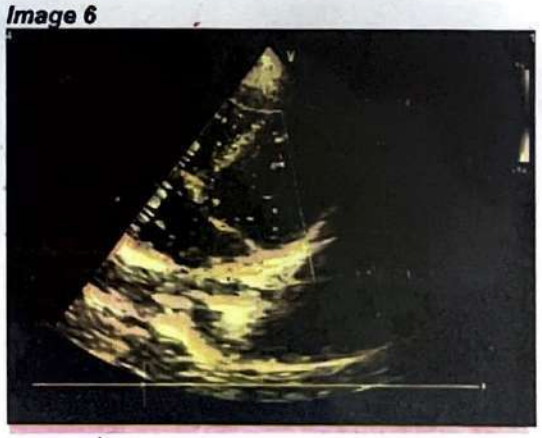

Print Date: 23/08/2022

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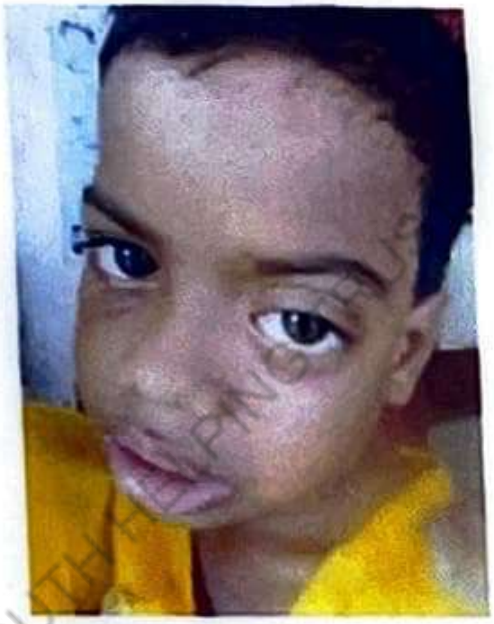

HHEYA ORAON

Date of Birth/DOB: 12/09/2017

Female/ FEMALE

Issue Date: 28/07/2022

6589 0641 2132

VID : 9199 8214 2226 8839

मेरा आधार, मेरी पहचान

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GOVERNMENT OF INDIA

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AKASH ORAON
পিতা: বিষ্ণু উরাও
Father : BISHNU ORAON

জন্ম সাল/Year of Birth: 1993
পুরুষ / Male

[redacted] 4666

आधार - साधारण मानुषेर अधिकार

भारत सरकार
Government of India

Manila Oraon

DOB: 04/07/1994
FEMALE

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UNIQUE IDENTIFICATION AUTHORITY OF INDIA

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