





wt = 12.2 Kg

सफदरजंग अस्पताल, नई दिल्ली-110029

SAFDARJANG HOSPITAL, NEW DELHI-110029

अन्तर्गमन बहिर्गमन चिह्न
INTAKE OUTPUT CHART

dx - Rt wilm tumor
Sx - ↓GA on 24/5/23

नाम/Name: Abhishek आयु/Age: _____
एचआरडी नं. MRD No. _____ वार्ड Ward: 19 फ्लॉर फ्लोर नं. Bed No.: 2 तारीख Date: 27/5/23
सभी इन्ट्रान मिली लि में किए जाएं - कुल प्रतिदिन सुबह 8 बजे
All entries to be made in ml. (milli litres) Total 8 A.M. Every Morning

पिछला समय Previous Time	अन्तर्गमन Intake					10 times voided		बहिर्गमन Output		अन्य Others
	ORAL		IV		Urine	Suction	Drainage	Suction	Drainage	
Day Total	Type	Qty.	Type	Qty.	Type	Qty.				
8 A.M.			NTA + DSA							- liquids allowed
9			320 ml							IVF 100 cc 320ml
10			KCC (100)							DS 1:00 PM
11			NTA							
12 Noon			NTA							
1 P.M.			Drop 320 ml							gly suppository BD
2			@ 40ml							
3										
4										- isop 320ml IV TDS
5										40ml
6			4 pm							
7			Drop 320 ml							
8			1 ps.							
9			2 pm							
10										
11										
12 Mid Night										
1 A.M.			Drop 240 ml							
2			TDS							
3										
4										
5										
6										
7										
कुल/Total										

Out. = 12.2.19

सफदरजंग अस्पताल, नई दिल्ली-110029
SAFDARJANG HOSPITAL, NEW DELHI-110029

अन्तर्गमन बहिर्गमन चिह्न
INTAKE OUTPUT CHART

Dist = (RT) Wilms's tumor
Sex = J CA on 24.10.15

नाम/Name Abhishek आयु/Age _____
 एमआरडी नं MRD No. _____ वार्ड Ward 19 पलंग नं Bed No. 15 तारीख Date 29/05/19
 सभी इन्द्रज मिली लि में किए जाएं -
 All entries to be made in ml. (milli litres) कुल प्रतिदिन सुबह 8 बजे
 Total 8 A.M. Every Morning

पिछला समय Previous Time	अन्तर्गमन Intake				बहिर्गमन Output		अन्य Others
	ORAL Type Qty.		IV Type Qty.		Other Type Qty.	Suction	
Day Total					11 times voided		
8 A.M.							- soft diet
9					1pm		
10					4pm		
11					voided		Buyang am
12 Noon							
1 P.M.							
2							
3							
4					7pm		Dorsely tray
5							
6							
7							
8						M ₂ DM 250cc	
9							
10							
11					LP		KCCO insertion
12 Mid Night					RP		
1 A.M.							
2					50cc		
3					LP		
4							
5							
6							
7							
कुल/Total							

3. **USG GUIDED TISSUE BIOPSY (31/3/2023)**- Lab no. S/3240/23 - Showed tumor of primitive mesenchyma and tubules formation. Focal rhabdoid differentiation is seen. Final diagnosis Wilm's tumour
4. **HISTOPATHOLOGY (ONCQUEST)** - Triphasic Wilms Tumour with rhabdomyoplastic differentiation
5. **SERUM BETA HCG (20/3/2023) outside:** <1.20 microIU/L
6. **ALPHA FETO PROTEIN (20/3/2023) outside:** 0.4ng/ml
7. **LDH (20/3/2023) outside:** 296U/L

Blood investigations

Date	Hb	TLC	PLT	Na/K	BU/creat
18/4/2023	8.4	8500	2.2	138/3.8	20/0.6

Treatment Given During Hospitalization Period:

Child was admitted with the above complaints and evaluated. Paediatric medicine opinion was sought i/v/o hypertension and child started on T.Amlodipine 2.5mg OD. USG guided biopsy report was s/o Wilm's tumour and child started on **Chemotherapy EE 4A regimen week 2 given on 18/04/2023** (Inj Vincristine). Child tolerated chemotherapy well. At present taking full orals, passing urine and stool normally, no fever spikes, no episodes of vomiting, hence being discharged. RAT negative for covid.

Discharge Advice:

1. Syb Septran (40/200 in 5ml) 1 tsp BD x 7 days f/b HS to continue
2. Syb Cefixime 100/5 1 tsp BD for 7 days
3. Syb PCM (125/5) 5ml SOS *7 days*
4. Syb MVI 1 tsp OD X *1 month*
5. Syb Tonoferon 1tsp OD X *1 month*
6. Radiotherapy to be planned in Week 6 postoperatively.
7. Plan : Neoadjuvant chemotherapy followed by surgery
8. To come to ER-2 in case of any fever, vomiting, diarrhea

① Child diet to be resumed around 19/05/2023

② LT. date = 10th day of June

Follow up in Opd 368 next week to meet Dr Archana Puri with CBC report for Week 3 of chemotherapy with laminated discharge summary

20/4/23

See you at ER-2 at dis

Dr Charulata
Senior Resident Paediatric Surgery

Abhishek A/M
21/4/23

ULG W/A Room 07

Limited evaluation due to highly gassy abdomen

Liver - (A) size and echotexture
no focal lesion, no IHRD

GB - Distended, lumen echofree, posthepatic dilatation of intrahepatic bile ducts

Pancreas - head, prox body normal

Spleen - Normal echotexture and size (7.5cm)

LK - 7.83 x 3.24 cm - (A) echotexture and size
no calculi nor bud

RK - Tx 7.58 cm

There is presence of a well defined isoechoic relatively heterogeneous round solid mass lesion seen arising from mid and lower pole of (R) kidney. no fat/hemorrhage or necrotic components seen within. The lesion shows internal vascularity within, having arterial waveform pattern. The mass is compressing the remaining renal parenchyma and forming claw sign with kidney s/o renal calyces. Lesion is not crossing midline.

Anteriorly and laterally, lesion is abutting liver

MPV, RPV & LPV are normal

- medially it is compressing IVC and displacing it to (L) side. however, normal colour flow with no obvious e/o thrombosis seen
- Rt Renal vein could not be evaluated well due to mass effect by lesion.
- Lb Renal vein shows normal colour flow.

Dr. Pooja (SR)
Dr. Pooja (RK)

UB - distended, lumen echofree
no acids

Imp:- In a biopsy proven case of Rt Wilms tumor; current study shows a well defined heterogenous lesion arising from mid and lower pole of (R) kidney and other findings as described. with no e/o IVC thrombosis.

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PULMONARY VALVE

Morphology	Normal/Atresia/Thickening/Doming/Vegetation		
Doppler	Normal/Abnormal		
Pulmonary Stenosis	Present/Absent	Level	
	PSG.....mmHg	Pulmonary annulus.....mm	
Pulmonary Regurgitation	Present/Absent		
	Early diastolia Gradient	End diastolic gradient... mmHg	

AORTIC VALVE

Morphology	Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation		No. of cusps 1/2/3/4
Doppler	Normal/Abnormal		
Aortic Stenosis	Present/Absent	Level	
	PSG.....mmHg	Aortic annulus.....mm	
Aortic Regurgitation	Absent/Trivial/Mild/Moderate/Severe		

FINAL IMPRESSION

SS/LC @ PA

TEE

SVC
— PA
IVC

SPV/LA

DIAGNOSIS

① PA - VA concordance

NO ASD OR VSD / PPA / CA

NO UG PEE CL

Imp: ① STG

Resident

Consultant



BIOSTAR DIAGNOSTIC CENTER

AN ISO 9001:2015 CERTIFIED LABORATORY

M. 8307172759 9467759328 7827312203
E-mail: biostardiagnostics786@gmail.com

FACILITIES AVAILABLE

Pathology C.T. Scan EEG & ECG
Ultrasound Digital X-ray EMG, NCV
M.R.I. Echocardiography
Colour Doppler

PATIENT NAME : MAST. ABHISHEK AGE; 04 YRS SEX:M
REF. BY. :SELF S.NO;- 30315 Date: 15.05.2023

BIOCHEMISTRY

Liver Function Test(LFT):-

Test Name	Value	Unit	Normal Value
TOTAL BILIRUBIN	0.9	mg/dl	0.1-1.2
CONJUGATED DIRECT	0.2	mg/dl	0.0-0.3
UNCONJUGATED INDIRECT	0.7	mg/dl	0.1-0.9
SGOT	44.7	I.U	5-40
SGPT	31.8	I.U	0-35
ALKALINE PHOSPHATE	506.8	U/L	Mal 1-12 yrs (54-645) 20-59 yrs (98-279) Femal-4-15yrs(54-645) 20-59yrs(98-279)
TOTAL PROTEIN	6.4	gm.%	6.0-8.0
ALBUMINO	3.3	gm.%	3.0-5.0
GLOBULIN	3.1	gm.%	1.5-3.5

**** End of Report****

DR. POONAM K GEDAM

MBBS, DPB PGDMCH

CONSULTANT PATHOLOGIST

- ▲ This report is persual of Doctor's only, not for medico legal cases ▲ This only a professional opinion. It may Kindly be correlated clinically.
▲ If the result (s) of the investigation (s) is are unexpected, the patient/consultant is advised to contact immediately for a recheck.

Shop No. 3, 25/4, Mandir Wali Gali Yusuf Sarai, New Delhi-110016
Shop No. 7, Safdarjung Hospital Gate No. 2 Near Metro Station, Opp. AIIMS Hospital, New Delhi-29

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स.जं.अ.-178
S.J.H.-178

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली
X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL, NEW DELHI

रोगी का नाम Name of Patient	आयु Age	स्त्री/पुरुष Sex	वार्ड Ward	बिस्तर संख्या Bed No.	यूनिट Unit	मासिक आय Monthly Income
Abhishek	4y	M	ओ.पी.डी. OPD	19	PS	रु. Rs.

भेजने वाले Referred by	ओ.पी.डी. नं./चि.रि.वि. संख्या	सी.जी.एच.एस. टोकन नम्बर CGHS Token No.
	OPD No./MRD No.	61876

किस अंग विशेष की जांच होगी है Exact part to be examined	तारीख Date
USG Doppler - Renal	2.10.2013

संक्षिप्त रोग संबंधी नोट
Short Clinical Notes

Fluo @ WT planning nephro
centric kindly do venous doppler

चिकित्सा अधिकारी के हस्ताक्षर
Signature of Medical Officer

पद
Designation

रोग संबंधी निदान
CLINICAL DIAGNOSIS

Abdomen - h anem

एक्स-रे नम्बर
X-RAY No.

बद्धासार्वभंड (USG) जांच के लिए रिपोर्ट का
IWC thrombus

ली गई फिल्म का नम्बर और आकार
No. and size of films

17

17/123 Senior resident

टेक्नीशियन
Technician

ओ.पी.डी. नम्बर / वार्ड के नम्बर 75
रुग्ण के नाम अनुसार या सी.जी.एच.एस. के साथ जाए।

एक्स-रे की रिपोर्ट
X-RAY REPORT

and is in contact with anterior abdominal wall. In the upper part it is seen abutting segment V, VI of liver and gall bladder.

Posteriorly- The mass lesion is seen limited by the residual overlying renal parenchyma. The lesion is seen to cause postero-medial displacement and compression of right renal vein and right renal artery. No obvious invasion into the vascular structures or vascular encasement seen.

Laterally- Extended...

एक्स-रे विशेषज्ञ
Radiologist

RS 75/-

X: N
te:

15/5/23

USG renal Doppler USS

kindly prepare the date
child is posted in CT
on next wk



(Rk) → large heterogeneous hyperechoic mass is seen arising from mid & lower pole - displacing the renal pelvis posteriorly.

⇒ (R) renal vein (upper pole), IVC shows (R) color flow with no intraluminal contents, lower pole division of (R) renal vein not visualised
(Lk) → (N), no Hounsfield, no calculus, (L) renal artery & vein - show (R) color flow.

in abd to witness tumor,
(Sup) (R) upper pole renal vein, main renal vein & IVC - patent with no intraluminal contents

Dr. Anand (SR)
Dr. King (SR)



VMMC AND SAFDARJUNG HOSPITAL, NEW DELHI-110029
DEPARTMENT OF RADIOLOGY

CT / MRI SCAN REPORT

Name of the Patient Ahluwalia Age 4yr 1M Sex: Male/Female
OPD/Ward _____ Kidney Function Test (KFT) _____
Referred by _____ Radiology Unit D Rishi, D Chandra, D Neha
Study No. 21698 17/5/23 (Wed) Part Examined CECT chest Plain/Contrast W/A
Clinical History _____

CECT ABDOMEN + THORAX

Clinical history: A 4-year-old male patient is a biopsy proven case of Wilm's tumor (Right), on neoadjuvant chemotherapy (6 cycles). Last cycle on 10/05/23.

Previous Investigations:

CECT W/A (Outside: 13/03/23): Wilm's Tumor

Procedure: Spiral volumetric data was acquired through chest and abdomen from domes of diaphragm to ischial tuberosities before and after injecting iodinated contrast agent IV and multiplanar reconstruction done. No immediate adverse reaction to contrast noted.

Study reveals:

ABDOMEN

- There is a large lobulated relatively well-defined, encapsulated soft tissue mass lesion forming a ^{multilobed} claw with right kidney seen arising from interpolar/ lower polar of right kidney, with relative sparing of part of upper pole and extending into the pelvi-calyceal system; measuring 9.1 x 8.2 x 9.6 cm (AP x TR x CC). It is seen extending from D11 to L5 vertebral level. Lesion shows few specks of soft calcifications (predominantly peripheral). No e/o internal areas of macroscopic fat or hemorrhage. The lesion shows heterogenous post contrast enhancement (average pre-contrast enhancement= 35 HU, average post-contrast enhancement= 60 HU) with non-enhancing hypodense areas within- s/o necrosis. Lesion is not crossing the midline. Extensions of the lesion are as follows-

Superiorly- The mass lesion is abutting segment V, VI of liver and gall bladder, with focal area of loss of fat planes, reaching at the level of D11 vertebra. On the superomedial aspect the lesion is seen closely abutting the porta structures ^{proximally} (CBD and portal vein); ~~with loss of fat planes~~. However; no frank extension seen.

Inferiorly- The mass lesion is extending mildly inferior to the lower pole of right kidney till the level of L5 vertebra. Mass is seen closely abutting the terminal ileum and caecum.

Medially - The mass lesion is seen to be closely abutting the IVC, with loss of fat planes, ^{likely of compression} leftward displacement of IVC (for a length of 8.1 cm) and mild luminal narrowing. However; no frank invasion into IVC seen. It is seen to closely abut the head and uncinate process of pancreas with ^{out} loss of fat planes. Lesion is not crossing the midline. The lesion is seen abutting the right psoas muscle. No intraspinal extension noted. There is mild displacement of superior mesenteric vein medially. *It is also closely abutting the 2nd part of duodenum.*

Junior Resident
Name & Signatures & Date

Senior Resident
Name & Signatures & Date

P=TO
Consultant/Specialist/MO
Name & Signatures & Date



दोस्रो प्रतिलिपि

नेपाल सरकार
गृह मन्त्रालय
जिल्ला प्रशासन कार्यालय मोरङ



नेपाली नागरिकताको प्रमाणपत्र

ना.प्र.नं. : ०५१०३६-४५१



नाम थर :

सुपेन कुमार सरवरिया

जन्म स्थान :

जिल्ला : मोरङ

स्थायी बासस्थान :

गा.वि. स. : xxx

जिल्ला : मोरङ

गा.वि. स. : बुधनगर

जन्म मिति :

साल : २०४७ महिना : ०५ गते : १०

बाबुको नाम थर :

वेचन लाल सरवरिया

पत्नी

ना.प्र.नं. :

xxx

आसुरको नाम थर :

ना.प्र.नं. :

xxx

ठगाना

ना.प्र.नं. :

पत्नी पत्राको नाम थर :

xxx

ठगाना

लिङ्ग : पुरुष

वडा नं. : ०

वडा नं. : ७

ना. कि. :

ना. कि. :

ना. कि. :

प्रशासकिय अधिकृत

SUSHAKTI CHARITABLE TRUST

OUR RELIGION IS HUMANITY

PAN NO. ABBTS0498N

S. No. 31.....

Date 30/5/23

सेवा में

सुशक्ति चैरिटेबल ट्रस्ट
ऑफिस नं०- 05, ग्राउंड फ्लोर
ईस्ट शफायर, सेक्टर- 45, नोएडा,
गौतमबुधनगर, उ० प्र०.

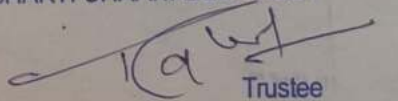
महोदय

मेरा नाम सुपेन कुमार है मैं नेपाल का रहने वाला
हूँ मेरे बच्चे का नाम आरिषेन है जो कि अभी
केवल चार साल का ही है और जन्म से ही
उसे लीवर में एंजुमा था जिससे डॉक्टर ने
कैसर बनवा दिया गया है और डॉक्टर ने ट्रापरेक्टा
के लिए कौल दिया है जिसका खर्चा उठाने में
हम असमर्थ हैं
कृपया कृपे हमारी सहायता की

धन्यवाद

सुपेन

For SUSHAKTI CHARITABLE TRUST


Trustee