



SHIVANI KUMARI (05 YEARS)

UHID - 108197031

Retinoblastoma Eye Cancer

www.savioursfoundation.org



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

(REVISIT)

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)



UHID No:108197031

आपातकालीन नं. (Emergency No): 2025/036/0079230

दिनांक DATE: 13/07/2025

समय TIME: 10:49:00 AM

NON-MLC

108197031
 PCH 9

MR NAME: MISS. SHIVANI Kumari

AGE: 5 years 3 months 24 days

SEX: F

D/O: HIMMAT YADAV

ADDRESS:

पता H NO:

VILLAGE/JAMINA:

पता CITY/BLOCK:

पता / मुहल्ला STREET/MOH: DISTRICT GAYA

राज्य STATE:

BIHAR

पिन PIN:

824232

मोबाइल नं. MOBILE NO:

8409859080

घर का नं. PHONE NO:

पता Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

Traget: Responsive/
 Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

110/70

120/5

Extracranial

Left axonal.

Presenting Complaints

c/o cold and cough.

(last ~~observed~~ medication RT -> 11/5/25 Not received any chemo for last month -

Primary Assessment (ABCDE): Assessment Pending

No c/o fever.
 NO^{NO} Respiratory distress
 NO tachypnea at present

<p>Airway</p> <p>Open & stable: <u>No</u> If No.....</p> <p>Breathing: RR <u>24</u> /min Efforts: <u>Normal</u> / Poor / increased</p> <p>Auscultation</p> <p>Air entry: <u>Normal</u> / poor / Differential</p> <p>A / L lung sounds: <u>None</u> / Stridor / Wheeze / Crackles</p> <p>SpO2 on Room air: <u>96%</u></p> <p>wt = 17.5 kg.</p>	<p>Circulation</p> <p>HR: <u>126</u> /min</p> <p>CPT: <u>< 3 sec</u></p> <p>BP: <u>98/69</u> mmHg</p> <p>Perf. / cap. pulse: Poor / <u>Good</u></p> <p>Central pulse: Poor / <u>Good</u></p> <p>Skin temp: <u>Warm</u> / Cool</p> <p>Other: <u>Acute viral illness</u></p>	<p>Disability</p> <p>GCS: <u>15/15</u></p> <p>Pupil size: /min</p> <p>Pupillary Reaction: <u>B/L Reacting</u></p> <p>Motor activity:</p> <p><u>Normal & Symmetrical</u> / Asymmetrical</p> <p>Posturing / Flaccidity / Seizure</p> <p>Blood Sugar: mg/dl</p> <p>Exposure:</p> <p>Temp: <u>98.7</u> F</p> <p>Colour: <u>Normal</u> / pallor / cyanosis / mottled</p> <p>Any other skin lesions:</p>
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Diagnosis: unformed P-ONCO SR

child is Hemodynamically stable.
 child is D/S on anal medication

- ① syp Augmentin Dns (250mg/125mg) 5ml. 20 TMT 3 day
- ② syp Levocetirizine 5ml. 10 y 1 day (PTO)

INJECTED ACTIVITY (mCi):

Ht:

Urea:

TIME OF INJECTION:

Wt:

Creatinine

Previous Imaging

Site of Cannulation

Date Finding :-

Date Previous PET (Private/AIIMS)

Prof. RAKESH KUMAR

Kindly note patient's condition is very poor / no income can't contribute

Treatment history :

Instruction to Patients :

1. Please bring DD/Pay order for Rs. 5000/2500 in favour "AIIMS MAIN GRANT ACCOUNT" and write name of patient on reverse of 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. 100/-
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

5/3 to Prof. Bankim Ch. Prof. M. Tripathi sir, kindly consider for early delivery PET CT check in a card of mobile. PMS is intracranial extensive PET for baseline PET for disease involvement

Date : 14/10/25 Time : 9:00

Consent

I have been explained the risk with iodinated contrast media & radiopharmaceutical injection. I hereby give my consent for the injection of contrast media/ RP to the patient by any route and dose as deemed necessary for PET/CT Imaging/Biopsy. I understand that sedation if necessary will be administered by the treating department / anesthetist

S. Komal
Arun

Signature Name Date Relation

on 10/10/25
urgent basis
patient
family
urgent
Dr. Arjun

80/81

Hemphrajand
16/7/25

एम. आर. आई. माँग प्रपत्र / MRI Form 11

दूरभाष सं. Tel. No. 26533314
DR. PARANJ SETH
Director
Department of Radiology
All India Institute of Medical Sciences

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.
नैदानिक एम. आर. आई. माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

Clinical Dept. or Unit Paed unit (3) Date of Requisition 16/7/25

OPD No. _____ UHID No. 108197031 Ward / Bed No. _____

Screening Dept. : Radio-Diagnosis Neuro-Radiology Cardiac Radiology
(Tick as appropriate)

रोगी का नाम / Patient's Name Shivani आयु / Age 3y लिंग / Sex Female
(साफ अक्षरों में / In Block letters)

जन्म तिथि / Date of Birth : दिन / Day _____ माह / Month _____ वर्ष / Year _____ वजन / Weight _____ कि. ग्रा. / Kg _____

General Patient Condition (Tick as appropriate)

- (i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

Clinical Details : History : Eye x 1sd
Proptosis
Headache / vomiting
baseline MR slo
 cavernoma in
3rd CN extending
upto orbital apex

Examinations : _____
Relevant Investigations : _____
Previous CT / MR / Other Reports / Studies (with numbers, if any) : _____
Blood Urea / S Creatinine : _____

Clinical Diagnosis : Rhabdoid Tumor
and meningioma @
50.6y @
4H
NACI

Exact Anatomical site for MRI : Brain @ Orbit @ screening entire spine

Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study).

(a) Contrast Enhancement Required : Yes _____ No _____

(b) Allergic to any drugs : _____

(c) Implant In Body (Tick as appropriate)

Cardiac Pacemaker _____ Aneurysmal clips _____ Cardiac Valve/Prosthesis _____
Metallic Implants _____ Sharpnel/Pellet _____ Others _____ None _____

DATE 29/8/25 PAC
OTHER _____
150 X 8 HOUR
WITHIN 1 WEEK
SIGNATURE _____
Name / Name _____
(साफ अक्षरों में / In Block letters)
पदनाम / Designation _____

(Requisition may be signed by a Faculty Member/Sr. Resident)

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All India Institute of Medical Sciences, New Delhi-110029

108197031

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. सं. UHD No.
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
				स्थिति Status

Referred by Dr. SR Requesting Doctor to Dr. SA/PAC Consultant & Specialty

Findings :

Date :

TO,
PAC SR

[Rak Sid
4M 100M]

Kindly consider this
patient of intracranial
metastatic disease

Diagnosis or Impression :

Metastatic disease of
intracranial
① Orbit
② Spine

Recommendations:

Thanking you,
A. Nishant
[RC SR]

Consultant's Signature



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	: SHIVANI KUMARI	UHID NO.	: 108197031
Accession No	: S2516578	F/H Name	: D/O BHARAT YADAV
Age/Sex	: 4Y /Female	Additional ID	: NA
Clinic/Dept	: Paediatrics	Unit	: Unit III
Consultant Incharge	: Dr. Rachna Seth	Request Date/Time	: 01-04-2025 /00:00:00
		Receiving Date/Time	: 01-04-2025 /12:28:59

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2516578A

Specimen labelled as "Orbital mass " comprises of multiple linear soft cores measuring 0.2-0.4 cm in maximum dimension

MICROSCOPIC EXAMINATION:

Section examined shows a partly necrotic tumor composed of cells with scant to moderate, eccentric eosinophilic cytoplasm. Tumor cells show loss of IN11 immunoeexpression

Desmin and WT1 show cytoplasmic dot-positivity. p53 shows diffuse strong i.e. mutant-type staining. Myogenin and MyoD1 are negative. BRG1 expression is retained.

Features are those of extrarenal rhabdoid tumor.

Case transferred to the undersigned on 24/04/2025

DIAGNOSIS:

S2516578A

Orbital tissue biopsy

Orbital Mass Biopsy

• Extrarenal rhabdoid tumor S963/3

End Report

Reporting Resident: Dr. Kamlesh Darji

Reporting Faculty: Dr. Aanchal Kakkar, M.D.
Additional Professor

Reporting Date/Time: 29-04-2025 19:42

Disclaimer :

1. This report is electronically generated and does not require a signature or stamp to be considered valid.
2. The pathology diagnosis is to be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.