



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



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

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

OPR-6  
Specialist / Paediatric / Generalist  
Days  
Date, Time (AM, PM)  
Specialist / Dept.  
Room No. / Floor  
Date: 16/03/2022

gn. No. \_\_\_\_\_  
घर/Address \_\_\_\_\_

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

11.12

9/3/22

क 0 next OPD own

16/3/22

next  
or next date.

Paediatric  
CL No 20220030002691  
UHID 105795155  
SORYA 4Y9M3D

paediatric  
Queue No F5  
Room 11-10  
HID 105795155 16-03-2022

Detail & in booklet

10.12

Adv  
Next visit on 19-03-2022 for next

cycle 12 ferrous passive

10  
Aman

Give appointment

in Room (10)



CLEAN AND GREEN AIIMS / DR. ADITYA GUPTA  
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# ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Somya AGE 4 1/2 yrs SEX MF DATE 31/3/22  
ECHO No. 6542/22 CY No. 105795155 UHID No. 105795155 C.R. No.   
HEIGHT  cm WEIGHT  kg. BSA  m<sup>2</sup> Ref. Physician Dr Setu

Referring Diagnosis

Quality of Imaging Good Done by Dr Joshi Checked by Dr

## MITRAL VALVE

Morphology Normal AML - Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming  
PML Normal Thickening / Calcification/ Prolapse/Paradoxical motion/Fixed.  
Subvalvular deformity Absent Present/ Absent Score

Doppler Normal Normal / Abnormal

Mitral stenosis Absent Present / Absent RR interval  msec  
EDG  mmHg MDG  mmHg MVA  cm<sup>2</sup>

Mitral regurgitation Absent Absent/Trivial/Mild/Moderate/Severe

## TRICUSPID VALVE

Morphology Normal Normal/ Atresia/ Thickening/ Calcification/ Prolaps/ Vegetation/ Doming

Doppler Normal Normal/ Abnormal

Tricuspid stenosis Absent Present/Absent RR interval  msec  
EDG  mmHg MDG  mmHg

Tricuspid regurgitation Absent Absent/Trivial/Mild/Moderate/Severe Fragmented Signals  
Velocity  m/sec Pred. RSVP-RAP+  mmHg

## PULMONARY VALVE

Morphology Normal Normal/Atresia/Thickening/Doming/Vegetation

Doppler Normal Normal/Abnormal

Pulmonary stenosis Absent Present/Absent Level   
PSG  mmHg Pulmonary annulus  mm

Pulmonary regurgitation Absent Present/Absent

Early diastolic gradient  mmHg End diastolic gradient  mmHg

## AORTIC VALVE

Morphology Normal Normal / Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4

Doppler Normal Normal / Abnormal

Aortic stenosis Absent Present/Absent Level   
PSG  mm Hg Aortic annulus  mm

Aortic regurgitation Absent Absent/Trivial/Mild/Moderate/Severe

Department Of Pathology  
All India Institute Of Medical Sciences Delhi  
Tel +91-11-26588500/26588700  
Fax +91-11-26588500/26588700

Patient Name	Surya	Acc. No.	123856
F/I Name		Hosp. Reg. No.	185795155
Age/Sex	4 Y/Male	UHID No.	---
Clinic/Dept/Unit	Paediatrics/Unit 3	Consultant Incharge	Dr. Parvina Sethi
Reporting Date	16/02/2022	Reg Date	12/02/2022

**Histopathology report**

**Report :**

Bilateral bone marrow biopsies are adequate with normocellular marrow comprising of normal hematopoietic elements. There is no infiltration of tumor in the biopsies examined.

Reporting Incharge: Dr. M. C. Sharma

Reporting SR: Dr. Raja Sankar

Verify By: Dr. Farah

**Disclaimer**

1. This is a computer generated report, signature is not required.
2. In case of any discrepancy/concerns, kindly contact the undersigned at the earliest.
3. This report should be accessed by authorized person only - in ADMS format.

Printed on: 18/02/2022

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All India Institute Of Medical Sciences Delhi  
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Fa +91-11-26588500/26588700

Patient Name  
F/H Name  
Age/Sex  
Clinic/Dept/Unit  
Reporting Date

Sorya  
Rajendra Pal  
4 Y/Male  
Paediatrics/Unit 3  
14/02/2022

Acc No 223173  
Hosp. Reg. No 105795155  
UHID No. —  
Consultant Incharge Dr. N/A  
Reg Date 08/02/2022

### Histopathology report

#### Report :

Biopsy from "left hemithorax mass" comprises of multiple cores of a small round cell tumor infiltrating skeletal muscle. The tumor is arranged in sheets with perivascular pseudorosettes. The tumor cells show hyperchromatic nuclei with frequent mitotic activity. The tumor cells are strongly immunopositive for NKX2.2, while are negative for myogenin and TdT. Features are those of an Ewing sarcoma.

Reporting Incharge: Dr. Asit Ranjan Mishra

Reporting SR: Dr. Anju G.S.  
Verify By: Dr. Subashini

#### Disclaimer

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Printed on: 18/02/2022

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 All India Institute of Medical Sciences, New Delhi-110029  
 परामर्श अभिलेख / CONSULTATION RECORD

एन.आई.सी.ए.  
 नई दिल्ली-110029

नाम: SORYA  
 आयु: 4 yrs  
 लिंग: Male  
 वैवाहिक स्थिति: Single  
 सेवा: [Blank]  
 माई: [Blank]  
 विभाग: [Blank]  
 व्यवसाय: [Blank]  
 वार्ड: C5  
 बेड: (11)  
 धर्म: [Blank]  
 पृ. एम. आई. सी. ए. चीड नं.: 1057951  
 पता: [Blank]  
 स्थिति: [Blank]

Referred by Dr. SR Pediatric Oncology to Dr. SR (J. N. Landeep Aggarwal)  
 Requesting Doctor Dr. Prashant Consultant & Specialty SR Pediatric

Findings: Presenting complaints (8800719116) Date: 18/02/2022

- ① Chest pain (left side) x 2 months
- ② low grade fever & wt loss x 2 months
- ③ Respiratory distress, feeding difficulty x 15 days

Iuv  
 ① CXR → Left side heartthorax opacity, erosion of 5th rib  
 ② CT chest → large mass on left side of mediastinum arising from b  
 it's Ewing sarcoma  
 opposite side lung - Normal

Diagnosis or Impression:

- ① USG guided Biopsy → Small round blue cell tumor  
 NKX2.2 +ve & CD99 +ve  
 Ewing sarcoma
- ② Bone Marrow Biopsy - ~~negative~~ NO METASTASIS
- ③ PET-CT → NOT done, machine not working

Treatment:-

Started on chemotherapy as per COG AEW51021  
 from 08/02/2022.

It is requested to register the patient & your side, as child is  
 suitable for surgery as a part of local control &  
 induction (around 12 weeks from now)  
 Thanking you  
 Dr. Prashant

NO METASTASIS chest wall EWS (left side)  
 arising from 5th rib

Consultant's Sign



**<sup>18</sup>F-FDG WHOLE BODY PET-CT STUDY**

Patient Name: Sorya		Age/Sex: 4 Y/M
Study ID: FDG/19099/22	UHID: 105795155	Date: 08.03.2022

**Indication:** Chest wall ewing's sarcoma

**Procedure:** PET-CT acquisition was done 60 minutes after injection of 10 mCi <sup>18</sup>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:** Normal physiological FDG distribution is seen in the head and neck region. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

**Thorax:** FDG avid large heterogeneous density mass in left chest region causing collapse of whole of left lung with central area of necrosis and calcification extending from D2 to D11 vertebra causing mediastinal shift to right side.

**Abdomen-Pelvis:** Normal FDG distribution is noted in the liver, spleen, 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:** FDG avid lytic sclerotic lesion in left 6<sup>th</sup> rib posterolaterally. Physiological FDG distribution is seen in the visualized axial and appendicular skeleton

**IMPRESSION:**

- Metabolically active heterogeneous mass in left chest region likely originating from 6<sup>th</sup> rib- primary.

Prof Rakesh Kumar  
Consultant

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 All India Institute of Medical Sciences, New Delhi-110029  
 परामर्श अभिलेख / CONSULTATION RECORD

पत्र सं. /  
 M.R. /

नाम Name	उम्र Age	लिंग Sex	विवाह स्थिति Marital Status	पिता का नाम Father's Name
SORVA	4 yrs	Male		
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	पंजीकृत सं. / CID No.
	CS/11	11		10579515
				Religion Caste Status

Referred by Dr. SR Pediatric Oncology (8900719116) to Dr. SR (Dr. Abhinav Kumar Sr.)  
 Requesting Doctor Dr. Prashant Consultant & Specialty SR Pediatric  
 Date: 18/02/2022

Findings: Left side chest wall Ewing's Sarcoma (w/o lung metastasis) 6th rib  
 (Bone marrow biopsy - ~~Positive~~ No Metastasis)

Child is diagnosed as a case of Ewing's Sarcoma and started on chemotherapy as per COG AEWS 1021 protocol from 08/02/2022. Currently child has improved symptomatically.

Diagnosis or Impression:

CXR - 90 left side hemithorax opacity & erosion of 5th rib (CXR in file)  
 CT Chest - 90 large left side mediastinal mass arising from 5th rib & significant mediastinal shift & no airway compromise.

USG Guided Mass Biopsy -

- Small round blue cell tumor.  
 - MxX 2.2 ⊕ve, CD99 ⊕ve  
 90 Ewing's Sarcoma

Recommendation:

Please register the child & your side for planning Radiotherapy Post Induction for local control (around 12 wts for now)

Kachar  
 Sd/-

**Measurements**

Aorta  
LV es 23mm  
IVS ed 6mm  
RV ed  
EF 55%  
IVS Motion  
IAS

**Normal Values**

(21-22mm/m<sup>2</sup>)  
(16-19mm/m<sup>2</sup>)  
(06-10mm)  
(4-14mm/m<sup>2</sup>)  
(62-80%)  
Normal/Flat/Paradoxical

**Normal Values**

LA es (21-22 mm/m<sup>2</sup>)  
LV ed 32mm (19-32 mm/m<sup>2</sup>)  
PW(LV)ed 5mm (07-11mm)  
RV Anterior wall (upto 5mm)

**CHAMBERS**

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy  
Contraction Normal/Reduced  
LA Normal/Enlarged/Clear/Thrombus  
RA Normal/Enlarged/Clear/Thrombus  
RV Normal/Enlarged/Clear/Thrombus

**PERICARDIUM**

Normal/Thickened/Calcification/Effusion.

**REMARKS**

Large mass of soft tissue density  
in internal cavitation occupies  
(L) precord. (L hemithorax)  
displacing mediastinum to (R)

**TEE**

(N) LV  $\phi$   
(N) valves

**DIAGNOSIS**

No pericardial effusion  
no clot/veg

**Final Impression**

(N) wfn

hol  
Resident

Consultant



1/2/22	HRCT thorax	Large heterogenous soft tissue density with focal areas of hyperdensity, calcification seen involving entire left hemithorax with marked contralateral displacement of mediastinal structures, depression of left hemidiaphragm, encasing and destroying left 7th rib, partially encasing left 7th rib, measuring 15.6 x 11.2 x 11.4 cm. Etiology
24/2/22	CECT chest and PNS	No evidence of chest or PNS infection

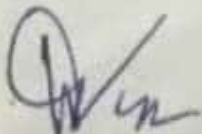
**Condition at Discharge:** stable and satisfactory

**Plan at discharge:**

1. Continue IE chemotherapy from C5 day care as per protocol
2. PET CT on 3/2/22 (verbally confirmed with SR, nuclear medicine)

**Advice at Discharge:**

1. Day 5 IE to be taken on 2/3/22 from C5 daycare f/b Inj G-CSF
2. Tab Septran (160/800mg) ½ tab alternate day
3. PET/CT to be done from daycare.
4. Betadine gargles and Sitz bath
5. Pediatric oncology helpline number 9810590067
6. Review in pediatric oncology OPD on 5.3.22 with CBC/LFT/RFT



SR: Dr Debabrata

JR: Dr Renji

PNET/Ewing Sarcoma Protocol (COG - EWS1031)

Name: SORVA Age: 4 yrs Sex: male  
 Weight: 12 kg Height: 105 cm HSA: 0.56 PCR:  
 Diagnosis: left chest wall Local and Metastatic Ewings (bilateral) NO / secondary metastases  
 Tumor location: Head & Neck (thorax) Abdominal pelvic / spine - extremities

Regional LAP (clinical/radiological): Yes - No NA

BM biopsy: (N) Echo: (N) LDH: 326

CT/MRI findings

PET CT findings: could not be done @ Baseline & treatment

• Local therapy planning to be initiated with surgical and radiation oncology team

**DOSAGE AND ADMINISTRATION:**

Drugs	Doses	Infusion	Route
Vincristine (V) <u>(0.9mg)</u>	1.5 mg/m <sup>2</sup> /dose OR 0.05 mg/kg/dose for >10 kg or <1 yr Maximum dose: 2 mg	IV push over 1 min	IV
Doxorubicin (D) <u>(21ug)</u>	37.5 mg/m <sup>2</sup> /dose OR 1.25 mg/kg/dose for >10 kg or <1 yr Cumulative dose: 375 mg/m <sup>2</sup>	Normal Saline Infusion over 1 hour	IV
Cyclophosphamide (C) <u>(675ug)</u>	1200 mg/m <sup>2</sup> /dose OR 40 mg/kg/dose for >10 kg or <1 yr	Normal saline infusion over 1 hour	IV
Mesna with cyclophosphamide	720 mg/m <sup>2</sup> /day or 24 mg/kg/day in >10 kg or <1 yr	Short iv over 15 min at 0, 4 and 8 hours of cyclophosphamide	IV
Ifosfamide (I) <u>(1gm)</u>	1800 mg/m <sup>2</sup> /dose OR 60 mg/kg/dose for >10 kg or <1 yr	Normal Saline Infusion over 1 hour	IV
Mesna with ifosfamide	1080 mg/m <sup>2</sup> /day or 36 mg/kg/day in >10 kg or <1 yr	@ 0, 4 and 8 hours off ifosfamide over 15 min	IV
Etoposide (E) <u>(56ug)</u>	100 mg/m <sup>2</sup> /dose OR 3.3 mg/kg/dose for >10 kg or <1 yr	Normal Saline Infusion over 2 hours	IV
Ondansetron	0.15 mg/kg/dose (max. 8 mg) Q8H	30 min before chemotherapy	IV
Hyperhydration	3000 ml/m <sup>2</sup>	Start 6 hours prior and 6 hours post CPM/Ifosfamide	IV
Growth Factor (G-CSF)	5 mcg/kg (maximum 300 mcg)	Till ANC is at least 750/ $\mu$ L	SC

Begin G-CSF support at least 24-36 hours after the last dose of chemotherapy. If given daily then continue a minimum of 7 days and until ANC  $\geq$  750/ $\mu$ L postadir and discontinue at least 24 hours prior to next cycle of chemotherapy. If given daily, growth factor administration is to be continued in weeks where vincristine

18/2/2022

Thanks for the referral.

2/2/22 RA on call (Radiation Oncology).

4 year old boy

Presented with c/o Cough

shortness of breath } X 4 months

S.LDH = 445.97

Presented to emergency with fever and chest pain.  
Patient was evaluated outside initially before being  
to A&E.

5 A&E.

USG Abdomen + Chest (2/2/2022)

Heterogeneous cystic lesion seen in whole of the left lung  
with minimal pleural free fluid.

HACT - Thorax - (1/2/2022)

Large heterogeneous soft tissue density lesion with focal  
of hyperdensity, calcifications seen involving entire left lung  
causing marked contralateral displacement of mediastinal  
depression of left hemidiaphragm, encasing and destroying  
left 6<sup>th</sup> ribs, partially encasing left 7<sup>th</sup> ribs.  
Lesion measures 15.6 x 11.2 x 11.2 cms. → Neoplastic etiology

O/E Child is awake, Lansky Performance Score: 40

RR ≈ 30/min.

USG guided Biopsy from Lung lesion: → Small Round Cell Tumor  
Immunopositive

Bone Marrow Biopsy: :- B/A Bone Marrow Biopsy  
Immunonegative

No infiltration of tumor. Features are

PET-CT Scan: Not done.

Patient has been started on COG AEW51031 Protocol and  
received week 1 of chemotherapy with VDC on 8/2/2022  
and week 2 by VCR on 15/2/2022.

Advice

1) PET-CT

2) Pediatric Surgery opinion for



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OPR-6

QR Code  
UNID: 105725155  
Dept No. 202203002001

45

Room / Room

10  
UNID:  
Patient  
Queue No. 700  
24/09/2022

SORYA

Dr. Anil K. Singh

Dr. Anil K. Singh

Address: MCHALLA, BHANSAI, JHARU, OR  
BALASOR, MADHYA PRADESH, PIN-753021,  
INDIA

Mobile: 9179550962 Follow up: Service: 22 Reporting: 100  
AM 9:00 AM



बहिरंग रोगी सं./O.P.D. Regn. No.

वयु / Age	पता / Address

रोग / Diagnosis

दिनांक / Date

6

13.1kg

उपचार / Treatment

RFT/LFT - 24/09/22.

CBC <

Next OPD 7/09/22

Meena  
82



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विभाग / Out Patient Department



Reg. No. \_\_\_\_\_  
Age \_\_\_\_\_  
Sex \_\_\_\_\_

MR No. \_\_\_\_\_  
Patient Name \_\_\_\_\_  
Room No. \_\_\_\_\_  
Ward No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_  
Blood Group \_\_\_\_\_  
Religion \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Pin Code \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Reg. No. \_\_\_\_\_  
Address \_\_\_\_\_

Spec. Diagnosis

FVC 6<sup>th</sup> mth ESET & slow walk PC

Spec. Date

Spec. Treatment

13 kg. 5/8/22

Walk @ slow pace 22.7.22

Appointment on 2/9/22  
to  
Dr. Ped. Sec. (P)

already dated for 25.11.22

Called to try for early

1/8/22  
17/9.0  
T20 3750  
wt - 47.2 kg

Not possible today

Can try again on 2/9/22

Sudhy



1947

www.uidai.gov.in

8162 2329 1639

www

Address: S/O Rajendra Pal Mohalla  
Banwar Banwar, Gwalior, Madhya Pradesh, 475001

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Print Date: 11/09/2021

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Madhya Pradesh, 475001

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colony bhagat ji baba, nabe ka  
pas, Morar, Gwahor,  
Madhya Pradesh - 474006

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भारत सरकार  
Government of India



प्रियंका पाल  
Priyanka Pal  
जन्म तिथि/ DOB: 05/10/1997  
महिला / FEMALE



8704 0487 5831

मेरा आधार, मेरी पहचान

भारत सरकार  
Government of India



Issue Date: 09/05/2014

राजेंद्र पाल  
Rajendra Pal  
जन्म तिथि / DOB: 10/06/1992  
पुरुष / Male

7797 8900 2455

मेरा आधार, मेरी पहचान

भारत सरकार  
Government of India



सौर्य  
Sorya  
माता : प्रियंका  
Mother Priyanka  
जन्म तिथि / DOB: 11/05/2017  
पुरुष / Male



बाल आधार

यह आधार 5 वर्ष की उम्र तक ही वैध है

8162 2329 1639

मेरा आधार, मेरी पहचान