

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 15-09-26

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : Rohit Kumar

AGE : 3 YRS 4 MONTH

RELIGION : Hindu

GENDER : MALE



FEMALE



TRANSGENDER



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Baby Rohit Kumar is diagnosed with RETINOBLASTOMA EYE CANCER . Father of Rohit Kumar is a loading unloading worker .He is a only earning person in a family. He cannot afford the medical and surgery expenses for his child. The family is struggling for their child's treatment and have no other source where they can find help for their child right now. They need financial assistance for Rohit's treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: Mr. Suresh Ram

MOTHER'S NAME : Durgavati Devi

AGE : 42 yrs

AGE : 33 yrs

OCCUPATION : Unemployed

OCCUPATION : Housewife

SIBLING : BROTHER - 3

SISTER -1

TRANSGENDER -

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : RATINOBLASTOMA EYE CANCER

TREATMENT PRESCRIBED : CHEMOTHERAPY AND EYE SURGERY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED:APPROX-15000-30000 MONTHLY

PARENT CONTRIBUTION : NIL

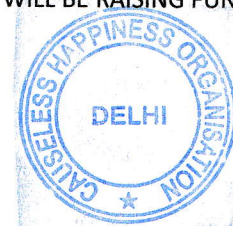
TOTAL AMOUNT FUND REQUIRED : APPROX-15000-30000 MONTHLY

TREATMENT GOING ON : AIIMS Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)



श्रीवा में।

सामान दृष्टि महोदय

कॉन्फेस डेपोजिशन ऑरिजिनलेशन

महोदय।

सविनय निवेदन है कि मैं नितिश कुमार
ग्राम बरइपहरी, थाना जौदोपुर जिला जोपाबांण
बिहार को रहने वाला हूँ

मैंने बच्चों की आँख में कैंसर है जिसका
नाम रोहित कुमार है यह बच्चा तीन शाखा
का है इसका इलाज का खर्चा एक महिना
में 150000 - 300000 हजार तक आ रहा है
मैं इस बच्चे का बड़ा भारी दुःख में कोई काम
नहीं करता हूँ क्यों कि मैं बड़ाई करता हूँ मैं
12th में हूँ और मैं पापा गाँव में ही हूँ परन्तु
काम करने की एक दिन में 300 से तक काम
रहते हैं और डॉक्टरों की इसका इलाज
जैसे ही दिन तक चले जा एक साल तक कोई
बर्बाद है कि इसका इलाज में 5 से 7 लाख
पैसे खर्चा हो सकता है और मैं 5 से 7 लाख
50000 तक खर्चा हो चुका है और अब तक
इस लिए आप से निवेदन है की बच्चों के इलाज
के लिए हमारी सहायता करें मैं सर्व आप से निवेदन
की हमलाओं का कुछ सहायता करें

नाम रोहित कुमार

ग्राम - बरइपहरी

थाना जिला - जौदोपुर जिला जोपाबांण

pin = 841428



PATIENT'S NAME: ROHIT KUMAR

AGE/SEX: 3/M

REF. BY: AIIMS

REG. ID: NMD26030003996

REG. DATE: 08-AUG-2026

EXAM DATE: 08-AUG-2026

¹⁸F-FDG WHOLE BODY PET-CT SCANEXAMINATION: ¹⁸F-FDG PET-CT scan, Vertex to mid-thigh.

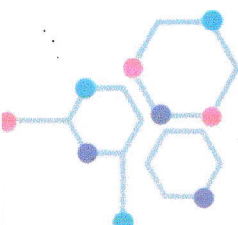
CLINICAL HISTORY: Patient is a suspected case of left eyeball tumour. He presented with shrunken left eyeball. Current PET CT scan is done for further evaluation.

PROCEDURE: Approximately 60 minutes after intravenous administration of appx. 1.8 mCi of [¹⁸F] 2-fluoro-2-deoxy-D-glucose (¹⁸F-FDG), contrast enhanced CT (serum creatinine 0.26 mg/dL) was obtained in a whole-body PET-CT scanner from the vertex to mid-thigh. Oral contrast administered for bowel opacification prior to the scan. IV contrast was administered during ct acquisition 5 ml. Whole body FDG PET emission scans were acquired over the same anatomical regions. Blood glucose level at the time of FDG injection was 128 mg/dL.

COMPARISON: None.

FINDINGS:**Head and Neck:**

- Mildly FDG avid (SUV max: 3.8) heterogeneously attenuating mass lesion, measuring approximately cm is seen in involving almost the entire left eyeball, showing extension into the retro bulbar region with continuous infiltration of the extraocular muscles and optic nerve. It is seen abutting the adjacent walls of the left orbit with no significant cortical erosion of the same. Tiny hyperdensities (calcific foci) are also seen in the left globe.
- The right eye ball appears unremarkable.
- No focal lesion or abnormal focal uptake is noted in the brain parenchyma .No abnormal enhancing lesion or abnormal FDG uptake is seen in brain parenchyma. Physiological tracer distribution noted in the brain parenchyma. (Note: All brain metastases may not be apparent on a PET/CT scan and a MRI can be performed where clinically indicated).
- Diffuse increased FDG uptake is seen in the posterior and both posterolateral walls of the nasopharynx in the region of adenoids and in bilateral palatine tonsils-likely inflammatory.
- Nasopharynx, oropharynx, hypopharynx and para pharyngeal spaces appear unremarkable Parotid, sub mandibular salivary glands and thyroid gland are normal.





A - 1/10, GROUND FLOOR & BASEMENT, SAFDARJUNG ENCLAVE
NEW DELHI - 110029, CONTACT - 011 - 40727900 / 09599464433
eMAIL:- info@sakshamimaging.com, http://sakshamimaging.com

PATIENT'S NAME: ROHIT	AGE/SEX: 3y/Male
REF. BY: DR. AIIMS	REG./UID: ROT0472
PATIENT'S REF: (None)	EXAM. DATE: 22-MAY-2026

MRI BRAIN AND ORBITS WITH CONTRAST

STUDY PROTOCOLS:

MR IMAGING OF THE BRAIN WAS PERFORMED USING FLAIR, T1 AND T2 WEIGHTED AXIAL SECTIONS, AND CORRELATED WITH T2W SAGITTAL AND FLAIR CORONAL IMAGES. IMAGING OF ORBITAL REGIONS WAS PERFORMED USING CORONAL STIR, T1W AND T2W SECTIONS AND CORRELATED WITH T1W AND T2W AXIAL AND SAGITTAL IMAGES. POST CONTRAST SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES. POST CONTRAST SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES.

FINDINGS:

Left eye ball is slightly shrunken in size and distorted in shape and shows heterogeneously irregular enhancing thickening of left sclera with loss of anterior and posterior chamber differentiation with moderate surrounding fat stranding along the intra and extraconal space of left orbit and heterogeneously enhancing soft tissue along the left eye ball extending along the immediate intraocular left optic nerve.

The cerebral parenchyma appears normal in signal intensity with maintained grey and white matter differentiation. No focal parenchymal lesion or signal alteration is apparent, at present.

Diffusion weighted imaging carried out does not reveal any area revealing hyperintense signal intensity with increasing 'b' values.

Both cerebellar hemisphere and brainstem appear normal in morphology and signal intensity. Cerebellopontine angle regions appear normal.

Basal ganglia and thalamic regions appear normal in signal intensity.

Ventricles are normal in shape, size and outline. Septum is in midline. Basal cisterns and sylvian fissures are normal.

Sellar and parasellar regions appear normal.

Right globe and right extra ocular muscles appear normal. Retro-ocular space and fat planes are preserved.

Reported & Signed by:  Dr BHAVESH PATEL

Disclaimer: This is an interpretation of medical imaging/diagnostic based on clinical data which is being provided in an electronic format which does not require any physical signatures. All modern machines/procedures have their own limitation. This is neither complete nor accurate, hence, findings should always be interpreted in the light of clinical-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico-legal purposes. Any



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:109126212

आपातकालीन नं.(Emergency No): 2026/030/0110603

दिनांक DATE: 13/09/2026

समय TIME: 07:00:42 AM

NON-MLC

नाम NAME: MR. ROHIT KUMAR

आयु AGE : 3 years 4 months 7 days

लिंग /SEX : M

S/O : SURESH RAM

पता ADDRESS:

मकान संख्या H.NO:

VILL-GAMHARIYA

गली / मुहल्ला STREET/MOH:POST-BARAIPATTI

शहर/प्रखंड CITY/BLOCK:

DIST-GOPALGANJ

पिन PIN:

841428

राज्य STATE:

BIHAR

दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO:

7488447434

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

↓ Med Onco
last chemo 9/9
#2VEC.

Metastatic RB.
Fever x 1 day.
cough x 1 day.

Primary Assessment (ABCDE) : Assessment Pentagon

Airway Open & stable : Yes/No If No..... Breathing: RR 24/min Efforts: Normal/Poor/increased Auscultation: Air entry: ✓ Normal/poor/Differential Added sounds: ✓ None/Stridor/Wheeze/Crackles SpO2 on Room air..... 98 wt = 9kg.	Circulation HR 150/min CFT 2 secs. BP.....mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others	Disability GCS 15/15 Pupil size...../min Pupillary Reactions. B/L ET Motor activity: ✓ Normal & Symmetrical/ Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: Temp..... Colour: Normal/pallor/cyanosis/ mottled Any other skin lesions.....
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Diagnosis

CBC
VB4
UR
Blood c/s.

Imp Metastatic RB / ? FN.
Adv. 11:30 AM
→ Inj PCM 100mg IV SOS
→ R/v w CBC → decide on Abx
→ Med Onco review.

Dr. ANWESHA SAHA
Senior Resident
Department of Pediatrics
AIIMS, New Delhi

Shubh

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
13/26. Rohit Kumar	CSF/B SR-MO. Metastatic RB. BM Bx positive CSF - lymphomononuclear cells MR1 (① eye infiltrating into extraocular intracranial space) indently (② side opt. nerve ??) Stage IVa. given 2# NEC LD - 3/3. took ACSF on 12/3/26 Current. i) cough x 1 day ii) fever x 1 day 103-104. (High grade) Normal stools, urine output Reduced appetite.		wt - 8kg rch - 0.7 Carbo - 270 Etopo - 70

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Rohit Kori उम्र Age 34 Sex M वैवाहिक स्थिति Marital Status यू.एच.आई.डी. नं. UHID No. 109126212

सेवा Service वाई Ward बेड Bed व्यवसाय Occupation धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
11 AM	→ Inj Magnex 450mg IV TDS		11 AM → pt is conscious & oriented on R/L
4:00 AM	→ Inj AMIKIN 135mg IV OD		→ HR - 114 bpm
4:00 AM	→ Inj PCM 135mg IV SOS		→ SpO ₂ - 99%
4:00 AM	→ Inj GCSF 50mg SLC OD		

NURSES DAILY RECORD

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	<u>24</u> ① Inj Magnex 450 mg IV TDS ② Inj Amikacin 135 mg IV ON ③ Inj PCM 135 mg IV SOS ④ IVF DNC (1:100 kcal) at 20 ml/hr. ⑤ Inj GCSF 50 mcg s/c OD. To trace CBE. ES CR, USC w/a.		

Sankeerth
SE-MO.

 **Dr. SANKEERTH**
Senior Resident
Department of Medical Oncology
Dr. B.R.A.I.R.C.H.A.I.M.S, New Delhi

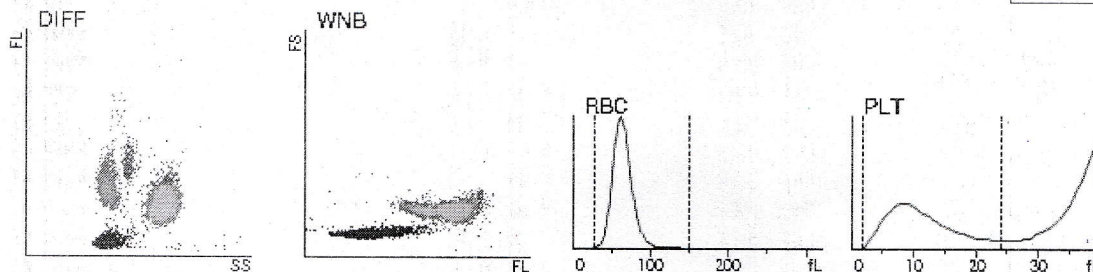
Hematology Analysis Report

First Name: **ROHIT KUMAR**
 Gender: **Male**
 Department:
 Mode: AL-WB-CD
 Serial No.: TW-25002239
 Diagnosis:

Last Name:
 Age: 3 Year(s)
 Bed No.:
 Date of Birth:

Sample ID: M.66
 Patient ID: 109126212
 Date of Analysis: 13-09-2026 11:29
 Ward:
 Tube Pos.: 1-4

Para.	Result	Unit	Ref. Ranges	Flag
1 WBC	13.28	10 ⁹ /L	4.00 - 12.00	Immature Gran? Neutrophilia Hypochromia Iron Deficiency? Microcytosis Anemia
2 Neu#	11.13	10 ⁹ /L ✓	2.00 - 8.00	
3 Lym#	1.89	10 ⁹ /L	0.80 - 7.00	
4 Mon#	0.25	10 ⁹ /L	0.12 - 1.20	
5 Eos#	0.00	10 ⁹ /L	0.02 - 0.80	
6 Bas#	0.01	10 ⁹ /L	0.00 - 0.10	
7 IMG#	0.25	10 ⁹ /L	0.00 - 999.99	
8 Neu%	83.8	%	50.0 - 70.0	
9 Lym%	14.2	%	20.0 - 60.0	
10 Mon%	1.9	%	3.0 - 12.0	
11 Eos%	0.0	%	0.5 - 5.0	
12 Bas%	0.1	%	0.0 - 1.0	
13 IMG%	1.9	%	0.0 - 100.0	
14 RBC	4.55	10 ¹² /L	3.50 - 5.20	
15 HGB	7.4	g/dL	12.0 - 16.0	
16 HCT	27.6	%	35.0 - 49.0	
17 MCV	60.6	fL	80.0 - 100.0	
18 MCH	16.2	pg	27.0 - 34.0	
19 MCHC	268	g/L	310 - 370	
20 RDW-CV	18.9	%	11.0 - 16.0	
21 RDW-SD	42.2	fL	35.0 - 56.0	
22 PLT	321	10 ⁹ /L	150 - 450	
23 MPV	11.1	fL	6.5 - 12.0	
24 PDW	15.4		15.0 - 17.0	
25 PCT	0.356	%	0.108 - 0.282	
26 P-LCC	118	10 ⁹ /L	30 - 90	
27 P-LCR	36.7	%	11.0 - 45.0	
28 NRBC#	0.000	10 ⁹ /L		
29 NRBC%	0.00	/100WBC		
* 30 HFC#	0.02	10 ⁹ /L		



Delivered by:
 Order Time:
 Comments:

Operated by: User
 Draw Time:

Validated by:
 Time of Printing: 13-09-2026 12:33

[The analysis results only answer to the corresponding sample]

*For research use only, not for diagnostic use.



शरीरमाद्यं खलु धर्मसाधनम्

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

अस
Def-58
एकक/Unit DP
विभाग/Dept. M.O
नाम/ Name
ROHIT
KUMAR

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

IRCH No. 375904

Reg. Date-05/08/2026

Clinic Paed. Lymphoma Leukemia Clinic

Clinic No. 2026/25187

Deptt. MEDICAL ONCOLOGY

General



Regn. No.

नाम

UHID-109126212

जन्म तिथि / Date of Birth

Name ROHIT KUMAR

Sex/Age M/3Y

S/O- SURESH RAM

Room 1 (Shift Morning)

Phone No. 7488447434

Address VILL-GAMHARIYA, POST-BARAIPATTI, DIST-GOPALGANJ,
BIHAR, Pin:841428, INDIA

निदान/ Diagnosis

दिनांक/ Date

उपचार/ Treatment

05/08/26

extra ocular/locally advanced

invasive RBC (Eye)

extrobulbar and
intra conal

CIDW Mr. Shunadeep sir, extension.

मवार - Board
Room

13/1 →

6/5 →

CBC CPS RFT/LFT (Dote Centre) Grate No. 3 के पास

HBsAg / Anti HCV / HIV [I II]

Iron profile / B12 / folate

CNS staging → LP for CSF cytology (Room)

BMA + biopsy (15) Dated on 7/8/26 @ 8:30 (15)

WB FDG-PET-CT (outside) (बाहर)

30 blood donation (blood bank)

EORB trial

F/u on 10/08/26.

Dr. JATIN
Project Research Scientist
Department of Medical Oncology
Dr. B.R.A.I.R.C.H, AIIMS, New Delhi

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

81 cm
10.3 kg

0/8/26

Adv:

→ Complete 30 Blood Donation

→ (R) - 13/8/26

[Signature]

डॉ. शुभादीप गंगुली / DR. SHUVADEEP GANGULY
सहायक प्राध्यापक / Assistant Professor
चिकित्सा अणुशास्त्र विभाग / Deptt. of Medical Oncology
डॉ. बी. आर. ए. आई. आर. सी. एच., न. न. आ. स. नई दिल्ली-29
Dr. B.R.A., I.R.C.H., A.I.I.M.S., New Delhi-29.
डीएमसी पंजीकरण संख्या / DMC Registration No. DMC/R/11642



ROBOTIC CORE CLINICAL LABORATORY NATIONAL CANCER INSTITUTE (NCI),
JHAJJAR, HARYANA.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
रोबोटिक कोर क्लिनिकल प्रयोगशाला नेशनल कैंसर इंस्टीट्यूट (एनसीआई), झज्जर, हरियाणा, अखिल
भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

UHID: 109126212
Age : 3 years 3 months 8 days
Reg Date :
Ward Name: RPC 1B
Unit Name : Unit-I
Department : Medical Oncology
Lab Name: NCI CORE LAB
Report Generated Date: 14/08/2026 07:32 pm
Recommended By: Dr. Amlesh Seth

Name: Mr. ROHIT KUMAR
Sex : Male
Verification Time: 14/08/2026 07:32 pm
Lab Ref No: 2573
Unit Incharge :
Sample Collection Date: 14/08/2026 11:08 am
Lab Sub Centre:
Dept / IRCH No: 375904
Sample Recieved Date: 14/08/2026 06:01 PM

Sample Details : E140826442

Report

Test Name	Result	Comment	Normal Range
Hemoglobin (Cyanide Free Colorimetric)	8.500 g/dL		• 13 - 17 g/dL
Hematocrit (Calculated)	30.6768 %		• 40 - 50 %
RBC Count (Fluorescence Flowcytometry)	4.980 $10^6/\mu\text{L}$		• 4.5 - 5.5 $10^6/\mu\text{L}$
WBC Count (Fluo. Flowcytometry)	13.380 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count (Fluorescence Flowcytometry)	648 $10^3/\mu\text{L}$		• 150 - 410 $10^3/\mu\text{L}$
MCV (Calculated)	61.600 fL		• 83 - 101 fL
MCH (Calculated)	17.0683 pg		• 27 - 32 pg
MCHC (Calculated)	27.7082 g/dL		• 31.5 - 34.5 g/dL
RDW-CV (Calculated)	16.300 %		• 11.6 - 14 %
Neutrophils (Fluo. Flowcytometry)	41.300 %		• 40 - 80 %
Lymphocytes (Fluo. Flowcytometry)	43.200 %		• 20 - 40 %
Eosinophils (Fluo. Flowcytometry)	6.900 %		• 1 - 6 %
Monocytes (Fluo. Flowcytometry)	5.800 %		• 2 - 10 %
Basophils (Fluo. Flowcytometry)	0.300 %		• 0 - 2 %
Neutrophils - Abs (Calculated)	5.52594 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs (Calculated)	5.78016 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs (Calculated)	0.92322 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs (Calculated)	0.77604 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs (Calculated)	0.04014 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$
Overall Comment :			

Authorised Signatory
Dr. Tanima Dwivedi

Verified By
(ankitlabnci)



UHID:	109126212	Name:	Mr. ROHIT KUMAR
Age :	3 years 3 months 8 days	Sex :	Male
Reg Date :		Verification Time:	14/08/2026 07:43 pm
Word Name:	RPC 1B	Lab Ref No:	2041
Unit Name :	Unit-I	Unit Incharge :	
Department :	Medical Oncology	Sample Collection Date:	14/08/2026 11:07 am
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Report Generated Date:	14/08/2026 07:43 pm	Dept / IRCH No:	375904
Recommended By:	Dr. Amlesh Seth	Sample Recieved Date:	14/08/2026 05:45 PM

Sample Details : S140826473

Report

Test Name	Result	Comment	Normal Range
Albumin (BCG Dye Binding)	4.500 g/dL		• 3.2 - 4.8 g/dL
Gamma-Glutamyl Transferase (IFCC Kinetic Enzymatic,GGCNA))	15 U/L		• < 73 U/L
Iron (Ferrozine)	12 ug/dL		• 65 - 175 ug/dL
Uric Acid (Uricase/Paroxidase)	2.800 mg/dL		• 3.7 - 9.2 mg/dL
Ferritin (CLIA)	4.600 ng/ml		• 22 - 322 ng/ml
UREA (Urease with GLDH)	10 mg/dL		• 9 - 23 mg/dL
CREATININE (Jaffe- Alkaline Picrate)	0.200 mg/dL		• 0.7 - 1.3 mg/dL
CALCIUM (Arsenazo III)	9.600 mg/dL		• 8.7 - 10.4 mg/dL
PHOSPHOROUS (Phosphomolybdate/UV)	5.100 mg/dL		• 2.4 - 5.1 mg/dL
SODIUM (NA) (Indirect ISE)	138 mmol/L		• 132 - 146 mmol/L
POTASSIUM (K) (Indirect ISE)	4.620 mmol/L		• 3.5 - 5.5 mmol/L
CHLORIDE(CL-) (Indirect ISE)	98.300 mmol/L		• 99 - 109 mmol/L
TOTAL BILIRUBIN (Vanadate Oxidation)	<0.2 mg/dL		• 0.3 - 1.2 mg/dL
DIRECT BILIRUBIN (Vanadate Oxidation)	<0.1 mg/dL		• < 0.3 mg/dL
INDIRECT BILIRUBIN (Calculated)	0.1 mg/dL		• < 0.9 mg/dL
SGPT/ALT (IFCC)	11 U/L		• 7 - 40 U/L
SGOT/AST (IFCC UV Kinetic Without Pyridoxal Phos)	50 U/L		• < 34 U/L
TOTAL PROTEIN (Biuret)	7.100 g/dL		• 5.7 - 8.2 g/dL
ALKALINE PHOSPHATASE (PNPP)	254 U/L		• 46 - 116 U/L
Vitamin B12 LEVEL (CLIA)	191 pg/mL		• > 300 Normal (pg/ml) • 200 - 300 Borderline low (pg/ml) • <= 200 Low (pg/ml) • 0.35 - 3.37 ng/ml (Deficient) • 3.38 - 5.38 ng/ml (Mild to moderate Deficiency) • > 5.38 ng/ml (Normal)
FOLIC ACID (CLIA)	19.900 ng/ml		
Transferrin Level (PEG Enhanced Immunoturbidimetric)	388 mg/dL		• 215 - 365 mg/dL
GLOBULIN (Calculated)	2.6 g/dL		• 2.5 - 3.4 g/dL
A/G Ratio (Calculated)	1.73077 ratio		• 1.2 - 2.2 ratio

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यू०एच०आई०डी० संख्या

UHID No. 109/26212



अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

कमरा नंबर
Cabin No.

आचार्य एम. एस. बजाज का एकक

Prof. M. S. Bajaj's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Rohit Kumar				

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

3/6/2016

उपचार Treatment

C/S/I. NRC + SR Radiology Unit 5

→ (L) no optic nerve thickening.

→ Optic disk + subd. thickening + enhancement
↓
i.e. shrunken globe
S/O bilateral eye.

→ ~ 1cm intraorbital part of ON enhance near

→ no definite intraocular mass

Pituitary gland WNL.

Finish A/O of Clinic (R) to Dr. Tushar SPM

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें। for Radha

Kindly keep this Card safely and bring it on your follow-up visits.

Mo'an's opinion

1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं

1. No Smoking

2. Use Dustbin

3. No Spitting

✗

दिनांक - Date

उपचार - Treatment

Adv

stop symp

continue w/d Moni (4) 12 weeks

w/d HA 27 (2)

w/d CMCS 7 (4)

Review in

Friday (4) 2:30pm
CA Turner

Turner
SM

5/6/20

C/S/B or Rachne Neck
unlikely to be RB

renal USG

(L) every 6 weeks

CE MRI after 6 weeks
Turner CST
SM

• CEMRI • #27 (L) USC.
tuesday 35A OPD.

Dilate
(P) eye
+ impact
PR

(K) CDRO.40 = 1
NRE healthy
PR (4)
No clo any
more action

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

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ब० रो० वि० कार्ड
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Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यू०एच०आई०डी० संख्या

UHID No. 109-126-212

आचार्य एम. एस. बजाज का एकक

Prof. M. S. Bajaj's Unit



नैत्र अमृत्य उपहार है
जो आप ही दे सकते हैं

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

V

कमरा नंबर
Cabin No.

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Rohit Kumar		M	3	

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
13-5-20 (27)		Orbital Cellulitis
CBC LF7 RF7		



कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

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

दिनांक - Date

उपचार - Treatment

29/1/20

P10/40 (L) Panophthalmitis

40 subconjunctival punction

+ 1 week

(L) subconj + cellular
daphnylome

Adw

CEM4 orbits + brain

T. (1st sat) T₂

RAIK, sag, oblique,
axial, coronal
2mm cuts

T pineal section

Tues 1st
1st

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

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ब. रो. वि. कार्ड
O.P.D. Card

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ. भा. आयु. सं., नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या
UHID No. 109126212

दृष्टि



नेत्र अमृत्य उपहार है
जो आप ही दे सकते हैं

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

V

कमरा नंबर
Cabin No.

आचार्य एम. एस. बजाज का एकक
Prof. M. S. Bajaj's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Rohit Kumar				

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

8/5/26

Imp

H/O fever

RB
ascler
cellulitis

H/O leucocoria
b lya

vsu s/o man
calyculer

उपचार Treatment

Imp

11/1/40 (L) Panophthalmitis

4/10/ endophthalmitis

Lb - new alve mya

0/6

(L) chemon
cary

(L) Ac myphema

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
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- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting

Adv
 Continue syp Augmentin
 4th for 1st
 PHDU Refused for
 evaluation for fever.
 + for CBC, WBC, WBT, WOT
 Tumor Ref for
 sampling
 CBC, WBC, WOT
 blood
 culture.

(P) (contd) c/c 57. 2ndy
 cnc. c/d Tcm 1-3 + 2ndy
 elome upen 67 mg

(11) Dr. Nadia
 (37/11/15)

etc. wd

(12) Paraffin gauze dressing

etc. sal wds

8/5

→ flu tomorrow morning was 1B, Dr. Tushar / Dr. Handi
 for consultant opinion at 10:30 AM

(4B) → PHDU opinion for evaluation of fever.

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

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रजिस्टर्ड / Junior Resident
 आर्य समाज के चिकित्सा विभाग केन्द्र
 R.P. Centre for Ophthalmic Sciences
 11/15, New Delhi-28