

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 31-05-2022

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : VEVECHANA

AGE : 11 YEARS

RELIGION : HINDU

GENDER : MALE FEMALE TRANSGENDER



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Vevechana is suffering with Life threatening disease of Ewing Sarcoma (A rare type of cancer that occurs in bones or in the soft tissue around the bones) and her treatment is going on AIIMS Hospital. Vevechana's father is currently unemployed. They are in very miserable situation currently, kindly help child for medications and cancer treatment

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR. MOHAN LAL

AGE :48:

OCCUPATION : UNEMPLOYED OCCUPATION :

SIBLING : BROTHER SISTER TRANSGENDER

FAMILY INCOME: N/A

TREATMENT DETAILS:

PATIENT SUFFERING FROM : EWING SARCOMA (A rare type of cancer that occurs in bones or in the soft tissue around the bones)

TREATMENT PRESCRIBED : CHEMOTHERAPY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 15000-20000 (PER MONTH)

PARENT CONTRIBUTION : NA

TOTAL AMOUNT FUND REQUIRED : 15000-20000 (PER MONTH)

TREATMENT IS DONE AT : AIIMS HOSPITAL

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE. I AM NOT IN THE FINANCIAL POSITION 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)



सर्वो मे

श्री मान जी दृष्टी महोदय
आज निष हैपी नेत्रा अर्गनाइजेकान

महोदय:-

सबिनच निवदन इस प्रकार है कि मेरा
नाम मोहनलाल और इस समय में जोड़े
भी 8-महीना से नाम नहीं कर पा रहा है
इस समय मेरी बेटी विवचना का जन्म
इस हस्पिटल में चल रहा है। मेरी का
नाम विवचना है। उसका नाम में जोड़ा है
और मैं बाबू जी बहुत ही जाया मरीब आदमी
है। विवचना मही मरीब और जो भी आपकी
सहा होगी उसका मैं आपका जीवन में
आमारी रहेगा और बेटी का दुखान जीवन
में आपका परेपकार होगा



प्राणी मोहनलाल आठव.पो०
बरेली जिल्ला फुला त० फरीदपुर
जिला बरेली (उत्तर प्रदेश)

हृदय वक्ष एवं तंत्रिका विज्ञान

ब. रो. वि.

अ. भा. आ. सं., नई दिल्ली

Cardiothoracic & Neurosciences Centre
A.I.I.M.S., New Delhi- 11002

LC1405220658 105958627

LH1405220400 105958627

VEDECHANA...

दिनांक
Date

CV 2022/014/0009602 ₹0

Cardiology
Paed. Cardiology

UHID: 105958627

Date 13/05/2022 WED, FRI

विभाग
Deptt.

Name VEDECHANA ...

11Y 8D / F

D/O MOHAN LAL

Phone No. 7895149012

ब.रो.वि.सं.
O.P.D. No.

Consultant Room 21

Dr. Arvind B/ Er. Jay

Relan

DR SHATANIK

SR Room 14



Diagnosis

Δ: Ewing's Sarcoma ⊙ pelvis

⊂ Thrombus in inferior v/c

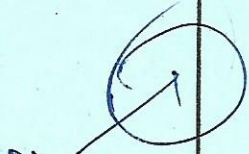


planned for IVC filter placement

To, Dr Arvind SR.
The SR. (Dr Shatanik/Dr Lidya),
ped cardio.

Please consider IVC filter placement
in this Ewing sarcoma ⊂ extensive
IVC thrombus. Please evaluate the
MRI for same

Thanky
Aeb
SR, ped onco.



R. Sh. 17
18/5/22

दिनांक
Date

R 21 (27)
22/5/22

Zivny's sarcoma.
on chemotherapy
induction regimen.

Referred for IVC filter.

~~Signature~~

Book for doppler IVC, BIL CIL ven
for IVC filter (34B) today.

PS
CHSR

- thrombus extent
- diameter of IVC.

To meet
Dr. Lamb.
10am
Cathlab
w/ Dr. Sajeev K.



शरीरमाद्यं खलु धर्मसाधनम्

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

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



OPR-6

एकक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री Paediatric	लिंग Sex	आयु Age	पता/Address
Paediatric CL No: 20220030008261 UHID: 105958627 VEVECHANA 11Y0MONTH 	Queue No: F35 Room: 14 IHID 105958627 21-05-2022 			144/22

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>1</p> <p>Room 50 kindly give BMA & BMB report of this pt.</p> <p><i>Dr. Gupta</i></p>	<p><i>Dr. Gupta</i></p> <p><u>clo</u> Localized Ewing sarcoma, of pelvis & massive IVC thrombosis</p> <p><u>Adv.</u> Details in doc notebooks</p> <ul style="list-style-type: none"> - proceed for <u>CR 3 IE</u>. - RT consult ↓ <u>Dr. Anil IRCA</u> Friday/Saturday. - Take <u>ortho</u> appointment ↓ <u>Prof. Sheeh Alam Khan</u>. - <u>ped cardio</u> follow up for <u>IVC filter</u> & MRI films <p><i>Neel</i> ARIPD -</p>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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)



meraaspatal.nhp.gov.in

8076 503563



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



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

New Patient
Dept Reg. 2022/003/0008261

LH2005220112 105958627



VEVECHANA...

OPR-6

Paediatrics/Paediatric
/Unit-III

General/१०

कमरा/Room: 14
Days : WED
Queue No : N10
11Y महिला/F

Name: Miss. VEVECHANA ...

Regn. No. _____

D/O MOHAN LAL

Ph. 7895149012

पता/Address _____



UHID : 105958627

Date .07/05/2022

LC2005220257 105958627



VEVECHANA...

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

10

21.8/6

Care of (L) pelvic lymphoma

- MRI films deposited, will drive in RC
- PET CT deposited will drive in conference

document
& comment
2 mins:

- 1) IVC thrombosis
- 2) S.C compression

- Patient 40 kg weight = submass in (L) lower limb.
- Power is B/L lower limbs > 3/5
- (L) lower limb pitting edema (+)



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
 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)



Plan: s/o imaging suggestive of compression myelopathy + paraspinal



→ Plan to start oral dexamethasone 3.5mg PO
~~QID~~ QID

→ Outside biopsy s/o SRBC in CD99(+),
To start definitive therapy post echo.

(C5 dayan)

2/19/22

→ Vinal mantess, NCI chest → Dr. Shivam please

→ no 2 → Mantoux Reading on 9/5/22 ^{help} learn

→ To complete above. w/u i start VDC

1:30 PM
Moseley
200214A

~~7/5/22~~
~~Please contact~~
Dr. Shivam

lower
for km.

Please discharge
on 8/05/22
Manning, we w/
over



DEPARTMENT OF NUCLEAR MEDICINE & PET/CT

Name	: VEVECHNA DEVI	Date	: 29/04/2022
Age/Sex	: 11 YEARS / FEMALE	PT No.	: BLK/PT/CT/23734/22
MRD No.	: BLKH.1014061	OPD/IPD	: OPD
Referring Doctor	: LNJP HOSPITAL		

WHOLE BODY PET/CECT SCAN

PROCEDURE: Whole body PET/CT scan was performed 60 minutes after intravenous injection of 5 mCi of ^{18}F -FDG, in a multidetector 16 slice, time of flight Discovery GE 710 PET/CT scanner from vertex to mid-thigh. A separate sequence with breath hold (deep inspiration) was performed for lung examination. Serial multiplanar sections were obtained after intravenous contrast administration of Visipaque. Images were reconstructed using Vue Point FX and Sharp IR, and slices formatted into transaxial, coronal and sagittal views. A semi-quantitative analysis of FDG uptake was performed by calculating SUV_{max} value corrected for dose administered and lean body mass (g/ml). The patient's blood glucose (as measured by glucometer) was 106 mg% at the time of injection and body weight was 22 kg. Water was used as oral contrast.

CLINICAL DATA: Patient is a suspected case of Ewing's sarcoma left iliac bone. PET-CT being done for whole body evaluation.

FINDINGS:

The overall distribution of FDG is within normal physiological limits.

Physiological uptake of FDG noted in relation to brown fat of bilateral supraclavicular and axillary regions.

Head & neck:

No focal abnormally increased FDG concentration is seen in bilateral cerebral or cerebellar hemispheres.

(Note: If there is a strong suspicion for brain metastasis then MRI is suggested for further evaluation as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain.)

Normal physiologic uptake noted in the nasopharynx, oropharynx, hypopharynx and larynx.

Soft tissue thickening with increased FDG uptake noted in bilateral tonsillar regions.

The thyroid gland is sharply demarcated and shows homogenous pattern on the CT scan. No abnormal FDG uptake is seen in the thyroid and the neck structures.

There is no significant cervical lymphadenopathy seen with abnormal FDG uptake.

Thorax and mediastinum:

There is no supraclavicular or axillary lymphadenopathy.

Soft tissue thickening with no abnormal FDG uptake noted in anterior mediastinum; likely thymic tissue.

No focal pulmonary parenchymal lesion with abnormal FDG uptake seen. There is no evidence of pleural effusion seen on either side. The trachea and both main bronchi appear normal.

Pleural based soft tissue thickening with no abnormal FDG uptake noted in lateral basal pleura of right lower lobe measuring 0.6 x 1.0 cm.

There is no hilar or mediastinal lymphadenopathy.

The heart and mediastinal vascular structures are well opacified with intravenous contrast.

Bilateral breast and axillae appear unremarkable.

Abdomen & pelvis:

Liver is enlarged in size with a craniocaudal extent of 14.3 cm with mild diffuse hypoattenuation. Intrahepatic biliary radicles are not dilated.

Gall bladder is normally distended with no evidence of intraluminal radio-opaque calculi.

No focal lesion with abnormal FDG uptake is seen in the liver, spleen, pancreas, adrenals and kidneys.

Stomach, small and large bowels appear normal in caliber and fold pattern.

No significant abdomino-pelvic lymphadenopathy with increased FDG uptake is seen.

Urinary bladder is normal in size, shape and distension.

There is no evidence of free fluid in the peritoneum.



Department of Radio-Diagnosis

ana Azad Medical College & Lok Nayak Hospital, New Delhi

me: VIVECHNA
REF: DR. VINOD KUMAR

Age/Sex: 11Yrs/F

CR No.928053

Date: 11/4/22

MRI PELVIS AND ABDOMEN

Multiplanar MR imaging of the pelvis was performed on 3T magnet system using body coils. TSE & STIR, TRUFISP and HASTE sequences were used to acquire T1 and T2 W images. Post gadolinium images were also obtained. The study reveals:

OBSERVATIONS:

MRI PELVIS

There is e/o an ill defined large expansile heterogeneous mass lesion centered in left iliac bone causing marrow infiltration and cortical disruption, extending into left sacroiliac joint with extensive intra and extrapelvic component. The lesion shows intermediate signal on T1WI, heterogeneously hyperintense on T2/STIR and PDFS images with heterogeneous post contrast enhancement and diffusion restriction .

Medially, the lesion is reaching the midline , infiltrating the left sacroiliac joint, sacrum, spinal canal (upto L4-L5 intervertebral level), cauda equina, filum terminale, intervertebral discs at L5-S1,S1-S2,S2-S3 & S3-S4 levels and neural foramina at L4-L5,L5-S1,S1-S2 and S2-S3 on the left and S1-S2,S2-S3 on the right side with erosions in posterior elements and posterior cortical margins of lower lumbar and sacral vertebrae. There are also loss of fat planes noted with recto-sigmoid junction and sigmoid colon proximally with no obvious invasion seen.

There is pre and right paravertebral soft tissue extension which show superior extension to L3-L4 disc level encasing bilateral common iliac arteries, left internal iliac artery and its branches. Enhancing soft tissue contents noted in infrarenal IVC and left common iliac veins which appears expanded s/o thrombus formation.

Anteriorly, it extends into the left iliacus and displaces the ipsilateral psoas muscle and bowel loops superiorly. Posteriorly and laterally, the lesion is seen infiltrating the left levator ani, piriformis, gluteal and paraspinal muscles which appear bulky and show heterogeneous enhancement .

Inferiorly the lesion is reaching upto the superior articular surface of the acetabular margin of left hip joint with no obvious joint invasion.

Mild atrophy of the left gluteus maximus is seen as compared to the right side.

1

Department of Radio-Diagnosis
Maulana Azad Medical College & Lok Nayak Hospital, New Delhi

Mild free fluid noted in Pouch of Douglas.

- Uterus is normal in morphology & signal pattern.
- Urinary bladder appears partially distended.
- Both femoral and acetabular articular surface & cartilage are smooth and regular. No obvious erosion or destruction noted.
- Rest of the musculofascial planes around left hip joint appear normal in morphology and signal pattern
- No e/o joint effusion in the visualized joints.

IMPRESSION:

MRI Pelvis reveals an ill-defined large expansile enhancing heterogeneous mass lesion centered in left iliac bone extending into left sacroiliac joint with extensive intra and extrapelvic component with extensions into lumbo-sacral vertebrae, spinal canal compressing the cauda equina, neural foramina, intervertebral discs, adjacent pelvic muscles and showing loss of fat planes with recto-sigmoid junction and sigmoid colon as described above.

Pre and right paravertebral soft tissue extending into the left common iliac vein and infrarenal IVC s/o tumor thrombus

Findings likely to represent round cell tumor likely Ewing's.

Adv - HPE

Arundh

Arundh

Arundh

011 2659 4753 *Arundh*

- 23/5/22
- 2x Betadine gargles
 - Sitz bath
 - not taking Septran as advised

local to pelvic abs 2 IVC & iliac vein tumor thrombosis
 On wk #3 (IE) Day 1 today

90 Fever
 ↳ 100.7°F 1/2 hr back

No cough / noisy fast breathing
 No vomiting / loose stools / abd. disten
 No urinary incontinence / frothy urine / seizures / head
 No OM / perianal lesion

9/E → HR = 108
 RR = 20
 CFT = 23
 SpO₂ = 98% 4RA

Chest - Clear.
 P/A - soft, non tender
 BS ⊕

Last CBC on 20/5
 9.8 19630 2.8
 16000

Plan

- ✓ T. Augmentin (625mg) 1 tab p/o BD x 7 days.
- T. PCM (500mg) 3/4 tab p/o sos if temp > 100°F
- To cont. IE

Inj PEG. GCSF 2 mg SC
 or 28/5/22
 28/5/22

CBC on 30/5/22
01/6/22
3/6/22

7339001260

SENIOR RESIDENT
 Department of Pediatrics
 All India Institute of Medical Sciences
 Ansari Nagar, New Delhi-110029

Next chemo 6/6/22

AIMS FREE GENERIC PHARMACY
 (✓) MEDICINE RECEIVED
 NAME: 28/5/22
 DATE: 28/5/22
 SIGN: 28/5/22

26/5 (D4 of IE)

Dij: Enset 4mg + Dexa 3mg iv

Dij: Pantop 20mg iv

IVF DNS + 1:100 Kcl iv @ 110 ml/hr x 8 hrs (2 hrs Pochydr)

Dij: Ifosfamide 1600mg / 100ml NS iv over 1hr

Dij: Mesna 500mg / 100ml NS iv @ 0, 3, 6 hrs of infusion

Dij: Etoposide 90mg / 300ml NS iv over 2hrs

Cont Post CT antiemetics

27/5 (D5)

Dij: Enset 4mg + Dexa 3mg iv

Dij: Pantop 20mg iv

IVF DNS + 1:100 Kcl iv @ 110ml/hr x 8 hrs (2 hrs Pochydr.)

Dij: Ifosfamide 1600mg / 100ml NS iv over 1hr

Dij: Mesna 500mg / 100ml NS iv @ 0, 3, 6 hrs

Dij: Etoposide 90mg / 300ml NS iv over 2hrs

Cont Post CT antiemetics

Dr. RACHNA SETH
शुभ / Professor
Senior Professor / Department of Pediatrics
All India Institute of Medical Sciences, New Delhi-110029

SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029

27/5/22

To come to POC clinic on 30/5/22

To continue Post CT anti emetics

30/5/22
day case

inj Enoxaparin 0.2mg 5
X 2 mo

30/5/22

localised pelvic EVS → (non metastatic)

→ 1st chemo → WK 3-7E (20/5 - 27/5/22).

Pa. ortho Appt → 7/6/22

• RT Registration → 3/6/22.

→ CINV → (+) (on mifepristone)

→ ZVC Thrombus → on Enoxaparin.

Plan:

• T. Emeset (4mg) 1 tab tid

• T. Dexam (4mg) 1 tab BD

→ T. Pantop (40mg) 1 tab OD

5 days

• continue Enoxaparin; refresh.

• UG Doppler → Rv in paired cardio opp.

ortho; RT

Q
T
cor-mechanisms

N/N → 6/6/22



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 105958627 Sex : Female
Patient Name : Miss. VEVECHANA ... Sample Received Date : 23-Jun-2022 13:06 PM
Age : 11Y 1m Department : Paediatrics
Lab Name : Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date : 23-Jun-2022 12:23 PM Sample Collection Date: 23-Jun-2022 08:47 AM
Recommended By: Dr. S. K. KABRA Lab Reference No: 2211288042

Sample Details : LC2306220357

Sample Type : Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Ureasa/GLDH)	14	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.3	mg/dL	0.5-0.9
Uric Acid (enzymatic colorimetric)	3.2	mg/dL	2.4-5.7
Calcium (5-Nitro-5'-methyl-BAPTA)	9.5	mg/dL	8.8 - 10.8
Phosphorus (molybdate UV)	5.3	mg/dL	2.5-4.5
Sodium (Ion Selective Electrodes)	142	mmol/L	135 - 145
Potassium (Ion Selective Electrodes)	4.0	mmol/L	3.5-5.1
Chloride (Ion Selective Electrodes)	106	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.27	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.14	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.13	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	61	U/L	0 - 23
AST (IFCC without pyridoxal phosphate)	48	U/L	<=32
ALP (IFCC)	133	U/L	129 - 417
Total protein (Biuret)	6.7	g/dL	6.0 - 8.0
Albumin (BCG)	4.4	g/dL	3.8 - 5.4
Globulin (Calculated)	2.3	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.9		0.8-2.0
Total Amylase (IGCC)	74.00	U/L	28 - 100
Total Cholesterol (CHOD-PAP)	154	mg/dL	105-218

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Sudip Kumar Datta MD
(Biochemistry)
23-Jun-2022 15:03

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 2526



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 105958627 Sex: Female
Patient Name: Miss. VEVECHANA ... Sample Received Date: 23-Jun-2022 11:54 AM
Age: 11Y 1m Department: Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 23-Jun-2022 11:54 AM Sample Collection Date: 23-Jun-2022 08:47 AM
Recommended By: Dr. S. K. KABRA Lab Reference No: 2211287679

Sample Details : LH2306220198

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	8.70	g/dL	11.5 - 15.5
Hematocrit (Direct Measure)	29.60	%	35 - 45
RBC count (Impedance)	3.43	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	1.72	$10^3/\mu\text{L}$	5.0 - 13.0
Platelet count (Impedance)	239.00	$10^3/\mu\text{L}$	170 - 450
MCV (Calculated)	86.30	fL	77 - 95
MCH (Calculated)	25.40	pg	25 - 33
MCHC (Calculated)	29.40	g/dL	31 - 37
RDW-CV (Calculated)	18.40	%	11.6 - 14
Neutro (Fluo. flow cytometry)	53.50	%	23-53%
Lympho (Fluo. flow cytometry)	18.00	%	23-53%
Eosino (Fluo. flow cytometry)	0.60	%	1-4%
Mono (Fluo. flow cytometry)	27.30	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.60	%	0-1%
Neutro - Abs (Calculated)	0.92	$10^3/\mu\text{L}$	2.0-8.0
Lympho- Abs (Calculated)	0.31	$10^3/\mu\text{L}$	1.0-5.0
Eosino - Abs (Calculated)	0.01	$10^3/\mu\text{L}$	0.1- 1.0
Mono - Abs (Calculated)	0.47	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.01	$10^3/\mu\text{L}$	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Amod kumar saroj (M.D
Pathology)
23-Jun-2022 15:57

IE

D₁ - 22/6/2022 ✓
D₂ - 29/6/2022 ✓
D₃ - 30/6/22 ✓
D₄ - 1/7/22 ✓
D₅ - 2/7/22 ✓ 2/7

LH0607220839 105958627



VEVECHANA...

AIIMS PATIENT SERVICES PHARMACY
✓ MEDICINE RECEIVED
NAME :
DATE : 2/7/22 - (WB)
SIGN :

2/7/22

Tab. Septoran DS 1 1/2 tab every alternate day
Tab. Emeect 1-1-1 (4mg)
Tab. Dema 1/2 - 1/2 - 1/2 (4mg)

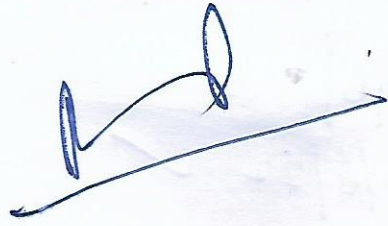
↓

hy. u-ur 150 mg si oo ↓

03/07/22 # 3/7/22
04/07/22 ✓ 4/7
05/07/22 # 5/7
06/07/22
07/07/22
↓
08/07/22 ✓

SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences

N/v → DPD on 06/7/22



4/7/22

Inj Enoxaparin 0.2 ml

4/7/22

5/7/22

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

डॉ. रचना सेठ
Dr. RACHINA SETH
आचार्य / Professor

आचार्य / Professor
Dr. RACHINA SETH
आचार्य / Professor
A.I.I.M.S., New Delhi - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: varechana

Age/Sex: 14y 1/f

Ref. Deptt./Unit: paeds

Date: 6/6/22

Indoor (Bed No.) / Outdoor / Casualty

OPD No. / UHID No.:

LMP:

Examination Required:

105 958627

✓ Ultrasound Doppler Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination:

CU (L) pelvic swelling varicosa

2 (L) renal vein thrombus

on Enoxaparin

Clinical / Working Diagnosis:

USA Doppler to look for

thrombus resolution

Any Previous Studies (Please provide No. if available):

Blood Urea / Serum Creatinine (for CT patients only):

Any h/o allergy or asthma:

Signature of Referring Physician / Date: [Signature]

Consent:

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date: [Signature]

BM-12 Doppler

US / CT Number:

No. of Films used: 16/7/22

Signature of Radiographer / Date: [Signature]

Please Exempt

CAI: Dr. RACHINABETH
Dr. RACHINABETH / Professor / Radiology
एम. आर. आई प्रपत्र 1 / MRI Form
दूरभाष सं. Tel. No. : 2659361
2654645

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

1. Clinical Dept. or Unit Paeds. Date of Requisition 8/6/22

OPD No. UHID No. 105958627 Ward / Bed No.

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

3. रोगी का नाम / Patient's Name KEVECKANA DEVI आयु / Age 11yr लिंग / Sex F
(साफ अक्षरों में / In Block letters)

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

4. General Patient Condition (Tick as appropriate)
(i) Critical and with life support (ii) III but without life support (iii) Ambulatory

5. Clinical Details : History : 90% ch pelvic Ewing sarcoma.

Examinations

↓ on Chemotherapy.

Relevant Investigations :

Previous CT / MR / Other Reports / Studies
(with numbers, if any)

6. Blood Urea / S Creatinine

7. Clinical Diagnosis :

8. Exact Anatomical site for MRI : MR of pelvis for Response Assessment

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

10. (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

PRC dt for PAC 9/9/22

Kindly give date

around Aug 1st week. 2022

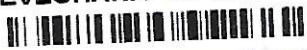
(Requisition may be signed by a Faculty Member/Sr. Resident)

→ PAC
→ NPO for 24hrs
18:00 AM

हस्ताक्षर / Signature [Signature]
नाम / Name Dr. Mohan

(साफ अक्षरों में / In Block letters)
पदनाम / Designation VR

1000 + 500 = 1500



Go: Ewing sarcoma (LH) ~~bone~~ - M. lum.
received 4 cycles of chemotherapy ↓ Dr Payne Letti

last on 15/6/2022

HP report - no Ewing sarcoma - Biopsy done
(2216321) - L1/L2 vertebral

→ planned for IVC filter from dept of
Cardiology for thrombus noted in infrarenal IVC
extending to iliac & left external iliac vein.

→ next chemotherapy cycle planned on 25/6/2022

UOLW Dr Shah Alam Khan Sir

— Review ^{Immediately} after last chemotherapy.
in ortho ops for fresh MRI of pelvis
and planning for sp.

[Signature]

CT-8

kindly give date for I-wic of Anger

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

L. Pruthi

Dr. Prakash

Pl consult
radiologist

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: VEVEUTANA Age/Sex: 11/F Ref. Deptt./Unit: ped-3 Date: _____

Indoor (Bed No.) / Outdoor / Casualty _____ OPD No. / UHID No.: _____ LMP: _____

105958627

Examination Required :

Ultrasound	Doppler (Arterial / Venous)	Interventional Procedure
<input checked="" type="checkbox"/> CT	HRCT	Dual Phase CT
		CT Angiography

Clinical History and Examination :

cto Pelvic EWL.
on chemotherapy

Clinical / Working Diagnosis :

NCET chest - to look for metastasis

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date : L. Pruthi
Dr. Prakash

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : Rajlaxmi
24/08/22

CT8 DF

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :