

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 14/04/25

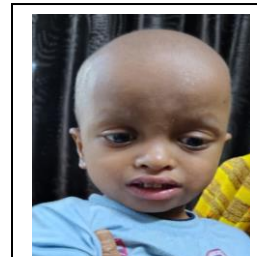
BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : SHIVAM KUMAR

AGE: 3 YRS

RELIGION : HINDU

GENDER :MALE



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Master Shivam Kumar, who has high-risk neuroblastoma cancer and is hospitalized for treatment.

Shivam's father cannot afford medical expenses due to unemployment. Your support can significantly help Shivam get the treatment he needs.

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR.SURESH SAHANI (32)

MOTHER'S NAME: MRS. AASHA DEVI (25)

OCCUPATION:NA

SIBLING : 2 Sisters and 1 brother

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : High risk neuroblastoma.

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY

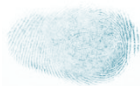
APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 8,00,000/-

TREATMENT IS DONE AT : Aims 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)



सेवा में:

श्री मान मोहरध

कार्लस कंपनी ने अर्जेंट जेलन

मोहरध

सर्वोच्च निर्देश इस प्रकार है मेश
नाम सुरेश सद्दी है और मेश आगरी

कोई काम नहीं कर रहा है
मेश बेरा का नाम शिवाम कुमार है

और इसका डीएम उ. सावरकर
जिल्हा गौड का कंसल्ट है

जिल्हा इलाज A111115 में खल रहा है

और डॉक्टर ने इलाज की खर्च

१०.०००० रुपय का खर्च बताया है

जिल्हा लिवे आगरी है

मेश बेरा का तरीका बहुत

खराब है इस लिवे निर्देश है कि

मेश बेरा का इलाज के लिए समर्थक

आदरता खदान कट में लिवे में

अपका सर्वेय आगरी रहुगा

धन्यवाद:-

सुरेश सद्दी

जिल्हा: गौपाकगौड

डिप्टी: विचार



DEPARTMENT OF PEDIATRICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi - 110029

ESTIMATE CERTIFICATE

Ref. No: _____

TO WHOM IT MAY CONCERN

Date: 25/2/25

101841062

This is to certify that Shri./Smt./Kumari ANUJ Aged 2y Sex M UHID S/o.D/o.W/o

ANUJ is getting treatment in Department of Pediatrics, AIIMS vide and for diagnosis

melanotic neuroblastoma high risk

The approximate cost of the treatment is Rupees Rs. 8, 00, 00/-

Item wise break up of expenditure of the estimate (if applicable) is as below.

	Cost in Rs.
1. <u>chemotherapy</u>	<u>Rs. 3, 50, 00/-</u>
2. <u>pre transplant work up</u>	<u>Rs. 2, 00, 00/-</u>
3. <u>post transplant work up</u>	<u>Rs. 2, 00, 00/-</u>
4. <u>supportive care</u>	<u>Rs. 2, 00, 00/-</u>
5. <u>miscellaneous</u>	<u>Rs. 1, 00, 00/-</u>
6. _____	_____

Total Cost:
(In Words)

Rs

8, 00, 00/-



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

UHID: 107841062
Patient Name : Mr. SHIVAM KUMAR
Age : 3Y
Lab Name: Dept of Laboratory Medicine
Reg Date : 05-Apr-2025 14:45 PM
Recommended By:
Sample Details : LC0504251989
Sex : Male
Sample Received Date : 05-Apr-2025 22:16 PM
Department : Paediatrics
Lab Sub Centre: Smart Lab New OPD Block
Sample Collection Date: 05-Apr-2025 13:22 PM
Lab Reference No: 2515575805
Sample Type : Serum

Report

BIOCHEMISTRY

Test Name	Result	UOM	Reference
Urea (Urea eq) (mg/dL)	25	mg/dL	17 - 49
Creatinine (Creatinine) (mg/dL)	0.3	mg/dL	0.3 - 0.5
Uric Acid (Uric Acid) (mg/dL)	3.7	mg/dL	3.4 - 7.0
Calcium (Calcium) (mg/dL)	9.3	mg/dL	8.8 - 10.8
Phosphate (Phosphate) (mg/dL)	4.5	mg/dL	2.5-4.5
Sodium (Sodium) (mmol/L)	139	mmol/L	135 - 145
Potassium (Potassium) (mmol/L)	4.2	mmol/L	3.5-5.1
Chloride (Chloride) (mmol/L)	103	mmol/L	98-107
Bilirubin (T) (Bilirubin) (mg/dL)	0.08	mg/dL	0 - 1
Bilirubin (D) (Bilirubin) (mg/dL)	0.05	mg/dL	0 - 0.2
Bilirubin (I) (Bilirubin) (mg/dL)	0.03	mg/dL	0 - 0.9
ALT (ALT) (U/L)	22	U/L	0 - 26
AST (AST) (U/L)	42	U/L	<=40
ALP (ALP) (U/L)	271	U/L	142 - 335
Total protein (Total protein) (g/dL)	7.3	g/dL	6.0 - 8.0
Albumin (Albumin) (g/dL)	4.6	g/dL	3.8 - 5.4
Globulin (Globulin) (g/dL)	2.7	g/dL	3.0 - 3.7
A/G ratio (A/G ratio)	1.7		0.8-2.0

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr. Khyathi Nayak
06-Apr-2025 11:07



DEPARTMENT OF RADIODIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
 NEW DELHI

Patient Name:	SHIVAM KUMAR	Gender/Age:	M/2 y
UHID:	107841062	Exam Date:	18/03/2025 12:53PM
OPD / Ward:	Paediatrics	Modality:	CT
Procedure	CECT CHEST AND ABDOMEN Main	Room:	
	CT8 GE OPD RAK BLOCK		

CECT CHEST AND ABDOMEN

Clinical details: k/c/o high risk neuroblastoma s/p 4# chemo for response assessment

FINDINGS:

Chest:

Both the lungs are normal.
 Tracheobronchial tree is normal.
 No significant mediastinal adenopathy is noted.
 Heart and mediastinal vascular structures are normal.
 No pleural or pericardial fluid is seen.
 Bones are normal.

Abdomen:

Multiple enlarged pre-para aortic, inter aorto-caval, retrocaval, precaval and mesentric lymph nodes are seen, largest measures - 1.1 cm in short axis diameter. Few of the lymph nodes show internal non enhancing areas attributing to heterogenous enhancement. Few of the lymph nodes are conglomerated. Few of the lymph nodes show internal calcific foci. Liver is normal in size, attenuation and outline. No focal lesions or IHBRD is seen. GB is distended and appears normal. CBD is normal. Pancreas is normal in bulk and enhancement. MPD is normal. Spleen is normal in size and shows homogeneous enhancement. Both kidneys are normal in size and enhancement. No hydronephrosis or calculus seen. Bilateral adrenals are unremarkable. No significant adenopathy noted. Urinary bladder is normal. No free fluid seen in peritoneum. Visualised bones are normal.

IMPRESSION:

In a k/c/o neuroblastoma, retroperitoneal lymphadenopathy noted as described. Compared to previous scan done on 09/10/2024, there is significant reduction in size of retroperitoneal lymph nodes -s/o partial response

Preliminary by: Dr. Sayantan Banerjee (Senior Resident), 18-Mar-2025 20:39

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.

¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: SHIVAM KUMAR		Age/Sex: 3Y/M
Study ID: FDG/33105/25	UHID:107841062	Date: 31.01.2025

Indication: K/c/o Metastatic Neuroblastoma status post 4 cycles of chemotherapy. PET/CT for response assessment.

Procedure: PET-CT acquisition was done 60 minutes after injection of 10mCi ¹⁸F-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: Symmetrical FDG uptake noted in nasopharynx (adenoids) and bilateral palatine tonsils with FDG avid bilateral level II cervical lymph nodes (largest on the left side measuring 1.2 x 0.6 cm). Non FDG avid bilateral IV cervical paratracheal lymph node is noted (size 0.7 x 0.4 cm). Few FDG avid left supraclavicular lymph nodes are noted (largest measuring 0.6 x 0.4 cm compared to previous size 0.9 x 0.6 cm).

Thorax:

Physiological FDG uptake is seen in the myocardium. Previously seen Non FDG avid ground glass opacity (~6 x 7 mm) in the upper lobe of left lung is not visualized in the present scan. Few mildly FDG avid subcentimetric bilateral axillary lymph nodes noted with preserved fatty hilum - benign.

Abdomen-Pelvis:

FDG avid well defined mass is noted in the paraaortic region (measuring ~ 2.4 x 1.5 cm compared to previous size 3.1 x 2.6 cm) with specks of calcification shows interval reduction in size, extent and FDG uptake. Previously seen FDG avid paraaortic, aortocaval, paracaval, precaval, peripancreatic, preaortic, and mesenteric lymph nodes, now show significant reduction in size, number and FDG uptake (largest mesenteric lymph node measuring 1.4 x 0.9 cm compared to previous 1.8 x 1.9 cm). Previously seen FDG avid bilateral retrocrural lymph nodes, now show reduction in size with resolution of FDG uptake (presently measuring subcentimetric in size).

Previously seen FDG avid bilateral common iliac and right external iliac lymph nodes are not visualized in the present scan. Bilateral adrenals are unremarkable. Liver is measuring ~ 8cm CC.

Musculo-Skeletal System: Interval resolution of previously seen patchy FDG uptake is noted in the multiple visualized axial and appendicular skeleton with residual sclerosis noted.

IMPRESSION:

- Metabolically active paraaortic mass lesion with multiple abdominal and left supraclavicular lymph nodes- residual disease
- Compared to previous scan FDGN/37232/24 dated 21.10.2024, there is significant reduction in size and extent of the primary paraaortic mass; with reduction in size, number and metabolic activity of abdominopelvic lymph nodes with resolution of previously seen bony lesions- overall suggestive of partial response to therapy.


Dr. Priyanka GB
Senior Resident


Dr. Shamim A Shamim
Consultant



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

UHID: 107841062
Patient Name : Mr. SHIVAM KUMAR
Age : 2Y 11m
Lab Name: Dept of Laboratory Medicine
Reg Date : 22-Mar-2025 14:00 PM
Recommended By:
Sample Details : LH22032501362

Sex : Male
Sample Received Date : 22-Mar-2025 14:00 PM
Department : Paediatrics
Lab Sub Centre: Smart Lab New OPD Block
Sample Collection Date: 22-Mar-2025 12:17 PM
Lab Reference No: 2515501490

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (Hb Spectrophotometry)	9.50	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	31.60	%	34 - 40
RBC count (Impedance)	4.74	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo flow cytometry)	9.28	$10^3/\mu\text{L}$	5.0 - 15.0
Platelet count (Impedance)	395.00	$10^3/\mu\text{L}$	200 - 490
MCV (Calculated)	66.70	fL	75 - 87
MCH (Calculated)	20.00	pg	24 - 30
MCHC (Calculated)	30.10	g/dL	
RDW-CV (Calculated)	18.90	%	11.6 - 14
Neutro (Fluo flow cytometry)	47.90	%	30-60%
Lympho (Fluo flow cytometry)	35.50	%	29-65%
Eosino (Fluo flow cytometry)	2.80	%	1-4%
Mono (Fluo flow cytometry)	13.00	%	2-10%
Baso (Fluo flow cytometry)	0.80	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	4.45	$10^3/\mu\text{L}$	1.5-8.0
Lympho- Abs (Calculated)	3.29	$10^3/\mu\text{L}$	6.0-9.0
Eosino - Abs (Calculated)	0.26	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	1.21	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.07	$10^3/\mu\text{L}$	0.02 - 0.1

Remarks: Microcytic Hypochromic Anemia. Advice- 1. Reticulocyte count 2. Iron studies 3. Hb HPLC (if clinically indicated, as per results of iron studies) 4. Kindly correlate clinically

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

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Sunil Saroj
22-Mar-2025 14:59



बिहार सरकार
GOVERNMENT OF BIHAR
योजना एवं विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
सदर अस्पताल गोपालगंज
SADAR HOSPITAL GOPALGANJ

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रेशन अधिनियम, 1969 की धारा 12/17 तथा बिहार जन्म और मृत्यु रजिस्ट्रेशन नियम 1999 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि सदर अस्पताल गोपालगंज तहसील गोपालगंज जिला गोपालगंज राज्य/संघ प्रदेश बिहार, भारत के रजिस्टर में उल्लिखित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR SADAR HOSPITAL GOPALGANJ OF TAHSIL/BLOCK GOPALGANJ OF DISTRICT GOPALGANJ OF STATE/UNION TERRITORY OF BIHAR, INDIA

नाम / NAME: SHIVAM KUMAR

लिंग / SEX: MALE

आधार संख्या / AADHAAR NUMBER:

जन्म तिथि / DATE OF BIRTH:

22-02-2022

TWENTY-SECOND-FEBRUARY-TWO THOUSAND TWENTY TWO

जन्म स्थान / PLACE OF BIRTH:

SADAR HOSPITAL GOPALGANJ, GOPALGANJ (NAGAR PARISHAD), GOPALGANJ, GOPALGANJ, BIHAR

माता का नाम / NAME OF MOTHER:

ASHA DEVI

पिता का नाम / NAME OF FATHER:

SURESH SAHANI

माता का आधार नंबर / AADHAAR NUMBER OF MOTHER:

पिता का आधार नंबर / AADHAAR NUMBER OF FATHER:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

MADHU SAREA, MANJHA, GOPALGANJ, BIHAR,

स्थायी पता / PERMANENT ADDRESS OF PARENTS:

MADHU SAREA, MANJHA, GOPALGANJ, BIHAR,

पंजीकरण संख्या / REGISTRATION NUMBER:

B-2022: 10-90298-001278

पंजीकरण दिनांक / DATE OF REGISTRATION:

17-05-2022

टिप्पणी (यदि कोई हो) / REMARKS (IF ANY):

संकेत की तिथि / DATE OF ISSUE:

1-03-2025

dated On : 11-03-2025 15:58:25



is QR code can be used to check the authenticity of the certificate

प्राधिकारी के हस्ताक्षर / SIGNATURE OF ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)

Registrar (BIRTH & DEATH)

रजिस्ट्रार सह-उपाधीक्षक
SADAR HOSPITAL GOPALGANJ
सदर अस्पताल, गोपालगंज

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	: SHIVAM KUMAR	UHID NO.	: 107841062
Accession No	: S2507780	F/H Name	: S/O SURESH SAHANI
Age Sex	: 2Y /Male	Additional ID	: na
Clinic Dept	: Paediatrics	Unit	: Unit III
Consultant Incharge	: Dr. Rachna Seth	Request Date/Time	: 11-02-2025 /10:09:00
		Receiving Date Time	: 11-02-2025 /14:40:08

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2507780A

Received single pieces of linear cores of bony tissue measuring (cumulative length) 1.6 cm.

Accession No. : S2507780B

Received two pieces of linear cores of bony tissue measuring (cumulative length) 0.8 cm.

MICROSCOPIC EXAMINATION:

Received two specimens:

A. Bone marrow biopsy is subcortical, consisting predominantly of cartilage, inadequate for opinion on metastasis.

B. Bone marrow biopsy shows cellularity of approximately 90% with hematopoietic cells of all three series. There is no evidence of metastatic neuroblastoma in the section examined

Note: Patient is a known case of neuroblastoma, post therapy vide clinical history and histopathology accession number s2449157, s2449617

DIAGNOSIS:

S2507780A	Bone marrow biopsy	Right	• Inadequate for opinion, see description above
S2507780B	Bone marrow biopsy	Left	• Descriptive, see above

End Report

Reporting Resident: Dr. Shreya Sadhu

Reporting Faculty: Dr. Lavleen Singh

Reporting Date/Time: 03-03-2025 15:51

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.

Adv C/L N-MYC report from R. No 1082, Teacher
Cont Septem / 8th bed
Danger signs explⁿ

F/V 5/3/25 ~ CBC
RFT/UT
Expedite funds for ASCT

Shaul

- 15/2/25
- oral hygiene
 - Sitz bath
 - On septum old

9.6 > 11190 < 4.58L
5430

UT/NA - (N)

CT Chest + Abdo d/f 18/3/25

No fresh complaint

Post 5th # OFEC → 25/2 - 25/2/25

CT on 18/3/25

No fresh issues.

NMYC - Not auf

Adv

C# 6 OFEC → d/f 19/3/25 Sam Daycare

Uj. Enret + Depa 2mgiv

IVF DNS + 1:100 KCl iv @ 60ml/hr x 6hrs
(240 Pchyd)

Uj. VCR 0.75 mg iv. slow push - D,

Uj. Cyclophosphamide 300 mg/100ml NS iv over 1hr - D,

Uj. Mesna 300mg/100ml NS iv over 1hr @ 2hrs - D,

Uj. Carboplatin 250mg/200ml NS iv over 1hr - D,

Uj. Etoposide 100mg/200ml NS iv over 3hrs - D,

Post CT -> Ig. Grctf 55 ug S.C. OD from D3 till Awe recovery.

For Ennet 5ml TDS
T. Loxa (4mg) 1/2 tab OD
T. Lanzol JR 15mg 1 tab BBT OD

x 3d

Cont Septoran / Sitz bath
RC discⁿ of CT shall be done on 20/3
Expedite funds for ASCT



F/U 24/3/25 POC 2pm ~ CBC
RT/HT

24/3/25
RC discⁿ of CT done on 18/3 (Post 5#)
Para-osteoma led
Recto sigmoid thickening led
skeletal sclerosis (+)

Rel f⁺ = 23/3/25
To plan scan after f⁺ cycle by PET, CT Aldo & BMA+Bp

Cont Septoran
Expedite funds for ASCT
F/U 7/4/25 ~ CBC
RT/HT

7/4/25

Counselled on

Betadine gargle

- Sitz bath

- personal hygiene

N/O cough x 2 days

On Septan N/O.

5/4/25

9.9 / 6360 / 3.051
1680

RFE/CF: WNL

Chest: bilateral air entry equal
No added sounds.

Post 4# : PET : 12/12/24

BME: 12/12/24

Post 5# CT: TR

Ⓡ cycle 6 in 23/3/25

No new concerns.

Cough x 2 days.

Adv's:

- Sup. ceftriaxone (500) 2.5ml
PO QD

- Garg. Septan 2x daily
Betadine gargle.

- N/V in OPD on 16/04/25
C Bcl RFE/CF

Shirani
SR/PO