

Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book



CK-91265
AIMSPOD



BLOOMING LIVES FOUNDATION

गण विज्ञान विभाग
Dept. No. 202300300230
UHID: 106934934

Name : Anay Yadav

UHID : 106934934

कक्षा / Room
C-2-10

Diagnosis: पुष्प

Reporting Date: 25/10/2024
Patient ID: 9648604630
General Rs 0
Flow Up Patient

Patient Details

Name : Anag Sarda

Age / Gender : 9m / m

Father's Name : Govindram

Address : C/P

Contact No : 9648604630

POC / PCSC No.: 245123 (1940/24)

Diagnosis: GCS level

Remarks :

- Carreling done
- Personal hygiene, oral care,
 - Parameters
 - Sick card given
 - Helpline number given
 - Sengos signs explained
 - Reeducation self

Diagnostic Work UP & Risk Stratification

Mixed gct : w/ front operated

AFP: 90% yolk sac

10% mature teratomas

diffuse positivity for AFP

serum AFP = 4, mo.

β-HCG = 0.3.

Portional seeds (+)

No pleural / pericardial effusion

Stage IV (liver metast) without portional seeds are

Name of treatment protocol

JEN . X 4

Risk - Standard risk x 1.

11/9/23

Poc discussion:

Advice:

Stage III Testicular : Standard risk - 1.

1. Parents have been counselled.
2. N/V on 20/9/23 with CBC, RFT, LFT to decide on next cycle.
3. Sup. Cytizine (5ml/5mg) 2ml BD

Sup m
SR.

20/9/23

cycle 1 JEB 29/8 - 31/8
 - not taken sup Sepicin
 - counselled by local case
 hygiene & 8/2 bath.
 photocopy - protocol

Stage IV Testicular MGC/T (Liver met) (Standard Risk - 1 (MAGIC))

Underwent upfront Surgery @ BHU, varanasi

Significant residual lesion of size 7.2 x 4.6 x 7.4 cm (hydronephrosis (left))

↑ ↑ AFP.

Started on JEB - C#1 → 29/8/23 - 31/8/23 (@ 75% dose (1/10 Age < 1yr))

- ✓ Tolerated well,
- ✓ grade-I CINV
- ✓ NO mucositis

Plan - Go ahead with C#2 JEB as charted from tomorrow

Im (19/9)

- 12.6 ~~12.8~~ 12.94
SR

- LFT/LFT - (N)

Inj Emvast
inj Emvast } 2mg iv stat

↓
chemo

- Inj ETOPOSIDE - 30mg/100ml NS in over 2 hours

- Inj Capecitabine - 150mg/100ml NS in over 2 hours

- Inj Bleomycin - 4mg iv over 30 min

↓
Post chemo

- Inj G-CSF - 400mcg sc on from Day 5 - Day 9

- Syg Emvast - 500mg TDS x 5 days

- Tas Demol (4) - 1/2 tabs BQ x 5 days

Please provide - same protocol JEB
(A. Naranjo / Pr. Shivan)

- Pln on - 25 (9) hours at 2pm in POC

5/9/23

Fertialda Stg IV GCT (Liver met.)

Post 2# JEB (20/9 - 22/9/23)

No APP done post initiation of chemotherapy.

Research post 2# JEB → form given

APP, CBC/ES/LFT

Cost GHSF support

6

NV 4/10/23 ~ CBC LFT/ESF
JH support

4/10/23

case of Stage IV testicular GCT
Standard Risk-1.

Post 2# JEB.

last cycle received from 20/9 - 22/9.

No active complaints.

12.4
9530
1550
3.02 lachls.

AFP = 475.

Plan:

1. To get on early date for interim CT. (currently dated December 2023)

2. DANGER signs explained.

3. Pedsx consult dated - 3/11/23

4. Pln on 18/10/23 to medical reports and get date next chemo cycle

Dr. SP.

7

Dis: Stage IV rupture GCT
SR I

Post 2nd JEB
16,360
12.6 / 4600 = 3.422

10. cough by cough
w/afe - stable
AFT 15T: WNL
AFP: 30.8

Rest S/E: WNL
Drop Depressa kid (400/0.5) 0.5 ml po od

- Adv:
- iCT dated on 20/10/23
 - Neurodean Drop every 6wks
 - cont. diff. sephar
 - Danger signs explained
 - Peds 5x consult to be taken on 2/11/23
 - Review on 25/10/23 ~ CT films

Swidan

10/23
K140 Testicular GCT Stage IV [Liver mets]

Post 2 cycles of JEB
Response assessment CT done
on 20/10/23 - RC discussion
awaited

clinically well

Post Surgery appointment
on 02/11/23

- RC discussion tomorrow
- To submit pre films to Dr

26/10/23 to do further course
N/V PSC
of action

RC discussion -
i-mass significant reduction (>80%)
encouraging vessels

Non resectable
dix mets

9910 Proj R-eth
Plan to give 1st JEB ~> Reassessment
tumor matter

1910
AFP = 30.8 (↓ from 475)

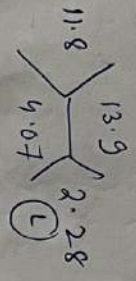
18.6 / 4600 = 3.42

Adv
- to take cycle-3 JEB
from winter thing

09/12/23

RC discussion in Post Surgery
delayed → to 22.12.23

c/s/B Dr R. Sethi Mian, to
go ahead with 4th cycle of
JEB.



LF7|KET-N

AFP - 9.26 ng/ml

Weight - 8.9 Kg

B-S-A - 0.43

JEB-4

Adv

- Inj. ETOPOSIDE

50mg / 150ml NS

iv over 2 hours
D1, D2, D3

Inj. CARBOPLATIN
260mg / 100ml NS iv over

1 hour on D2

Inj. BLEOMYCIN

6.5 IU iv slow push
on D3

Inj. G-CSF

45 ug s/c q 24h
x 5 days

N/v on 18/12/23

on POC Clinic
2pm - CBC

PROTOCOL is collect
from HCH-DC

SYP EMBET 2mg/5ml
Smtpo q 8H x 3d

- T. DEXA 4mg
1/2 TAB po q 12H x 3



Dr. MANJESH
Senior Fellow
Pediatric Oncology
Department of Medicine
All India Institute of Medical Sciences
New Delhi

12/1/24
oral case - 18/12
- 100 Bepham
- cycle 4500 last 11/12
- no fresh complaints
- photo copy - cf.

④ Revision QCT (mixed) stage II.
(time reduction)
completed cycle of JEB.
(December 2023)

repeat CT → liver ⑩ (no fresh lesions)

② Tails ⑩

① ~~ESSEN~~ - post OP
(no residual lesions)

AFP - slight rising trend

Baseline: 41,000

9 → 12 → 28 → 36

Peds 5x appointment on 14/12/2024

q/p/c Prof. R. SARI

(1) Peds 5x follow up tomorrow.

(2) Peds registration

Amman
24/1/24

Discussion in PESC

→ Surveillance - monthly AFP

→ Heavy alcohol

→

2. amman 10
Khalid O. Alsharif, MD
Med. and Surg.
Specialist - OMD

[Amey 14300]

18/1/24
④ Intensive
Mixed QCT

completed &

Stage IV (Liver mets)

Standard
risk - ③ High

upfront
surgery 11/1/23

chemotherapy ④ 4#
3EB

completed on
11/1/23

exclusion of residual
② intraop. (axillary
mass)

FIN

assessment

after 4
completes

[513124]

CT reports

③ DC

discussion

March 23 -
④ use in size
not as seche

AFP
baseline - 41,000

9

→ 12 → 28

(16/1/24)

[413]

→ 300

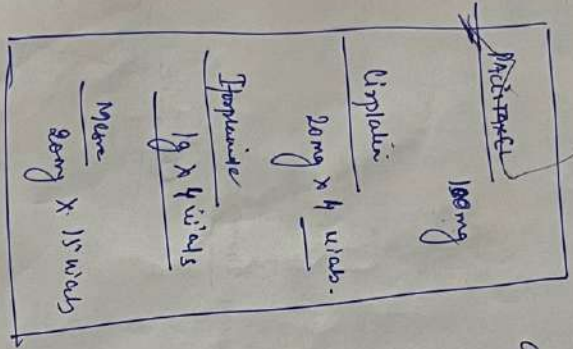
[16/1/24]

Peds 5x reflux
also surgically ④ in
AFP levels

BLOOMING LIVES FOUNDATION

Recall this

Preturano
Syr 100 units / 5ml
1. Desc of OS
5ml
1.5



CAP APRE PITANT (125mg, 80mg, 80mg)

From Day 6
inj G-CSF x 701 pnc recovery
600mg QOD



Cycle 2 TIP Prescription
- Cap APRE CAP (125mg, 80mg, 80mg)
before chemo: D1, D2, D3
- Inj. PACLITAXEL @ 175mg/m² on D1

- Inj. PACLITAXEL 85mg NS iv over 8h
GLASS BOTTLE D2-D5
500ml
D1

- IVE DNS @ 1:100KCL @ 60ml/hour for 8h
After 2hrs Rehydration [START]

- Inj. IFOSFAMIDE 720mg iv over 2h
@ 1500mg/m² 200ml NS D2-D5.

- Inj. MESNA 250mg/100ml NS iv @
[500mg/m²] 0, 4, 8 hours

- Inj. CISPLATIN 12mg / 500ml NS
@ 1:100KCL @ 3.8:100 @ 0.2:100 Mg SO4
monitored

over 8 hours. D2-D5

- Inj. G-CSF 50mg s/c 2 24hours

Fill ANC necessary.

HEARING ASSESSMENT before CISR
(6th floor 45 NEW RAK OPD)



Dr. N. S. EDEKA
Senior Resident
D.M. Pediatric Oncology
All India Institute of Medical Sciences
New Delhi - 110029



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

शरीरमाद्य ल

एक/उ
विभाग/D

बाल चिकित्सा विभाग
UHID: 106934934
ABHA: anayyadav.112022@abdm
Dept No: 20230030022711

कमरा / Room C-210
Queue / संख्या F5
Unit-III, Paediatric.

अनाय यादव / ANAY YADAV

S/O GAUTAM YADAV
1Y 7M 8D / M(पुरुष)
VILL-CHHITAUNI KHAS BURHANPUR,
AZAMGARH, UTTAR PRADESH Pin:223223
Ph: 9648604630 General Rs 0
Follow Up Patient

SAT बुध शनि

Reporting: 08 17 52
19/06/2024

पंजीकृत सं०/O.P.D. Rean. No

LC2206240307 106934934

LC2206240166 106934934

ANAYYADAV

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
30	10-4kg N/V 22/4pm 2 CPD/10/10 Antyepileptic sw

बाल चिकित्सा विभाग
UHID: 106934934
ABHA: anayyadav.112022@abdm
Dept No: 20230030022711

कमरा / Room C-210
Queue / संख्या F11
Unit-III, Paediatric.

अनाय यादव / ANAY YADAV

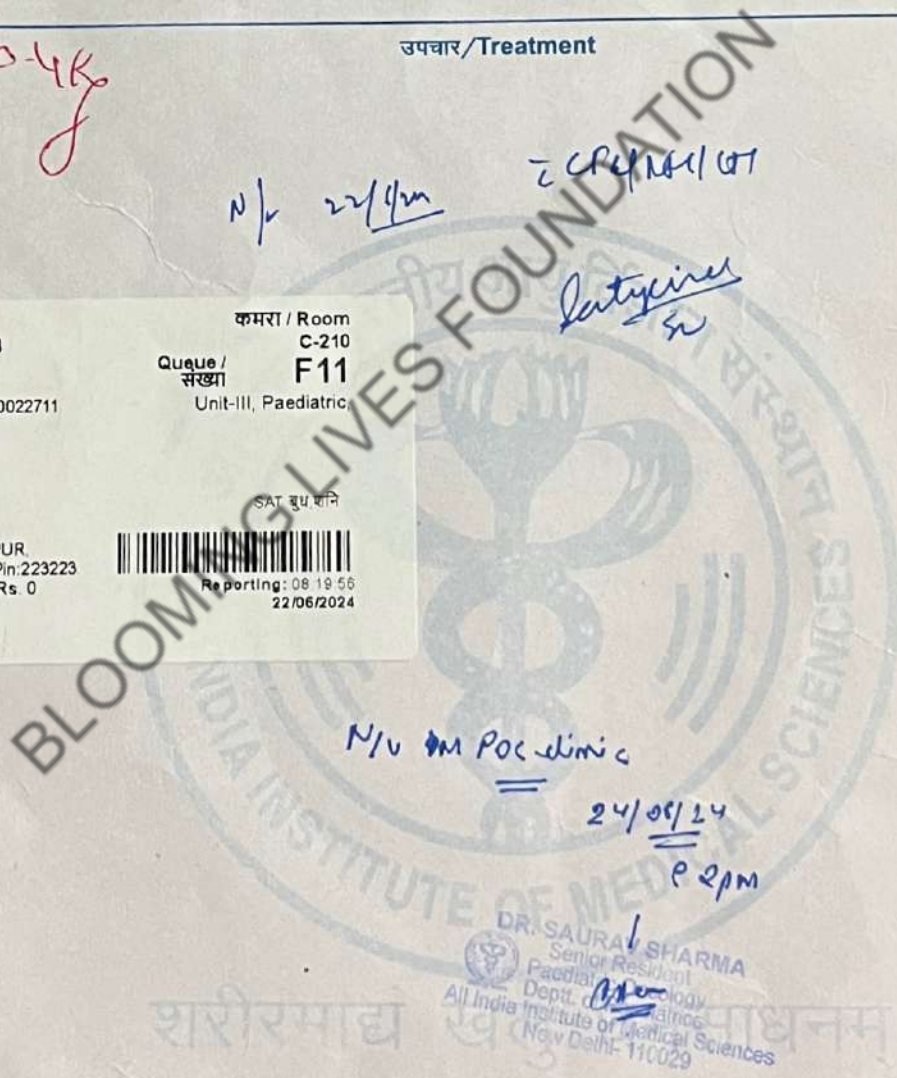
S/O GAUTAM YADAV
1Y 7M 11D / M(पुरुष)
VILL-CHHITAUNI KHAS BURHANPUR,
AZAMGARH, UTTAR PRADESH Pin:223223
Ph: 9648604630 General Rs 0
Follow Up Patient

SAT बुध शनि

Reporting: 08 19 56
22/06/2024

30

10.5kg



N/V in POC clinic
24/06/24
P 2pm

DR. SAURABH SHARMA
Senior Resident
Paediatric Neurology
Dept. of Paediatric Neurology
All India Institute of Medical Sciences
New Delhi- 110029



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)



बाल चिकित्सा विभाग
UHID: 108934834
ABHA: anayyadav112022@abdm
Dept No: 20230030023508

कमरा / Room
C-210
Queue / संख्या
F22
Unit-III, Paediatric,

अनाय यादव / ANAY YADAV

S/O GAUTAM YADAV
17.06.15D / M(पुरुष)

SAT बुध, रानि

VILL-CHHITAUNI KHAS, BURHANPUR,
AZAMGARH, UTTAR PRADESH. Pin: 223223.
Ph: 9648804630 General Rs. 0
Follow Up Patient



Reporting: 08 26 38
26/06/2024

10-3kg

- C/L CECT chest + Abdomen done on 21/06/24
report

Memor

- N/V on 27/06/24 in PCSC clinic 2pm

Memor

बाल चिकित्सा विभाग
UHID: 108934834
ABHA: anayyadav112022@abdm
Dept No: 20230030022711

कमरा / Room
C-210
Queue / संख्या
F8
Unit-III, Paediatric,

अनाय यादव / ANAY YADAV

S/O GAUTAM YADAV
1Y 7M 28D / M(पुरुष)

SAT बुध, रानि

VILL-CHHITAUNI KHAS, BURHANPUR,
AZAMGARH, UTTAR PRADESH. Pin: 223223.
Ph: 9648804630 General Rs. 0
Follow Up Patient



Reporting: 08 23 03
10/07/2024


N/V 20/07/24,

CBC / FT / WFT

2

Urce/orat - 19/0.3

9-915


Dr. Anjtabh
DM Resident
Pediatric Oncolog.
DMC - 52671
AIIMS - New Delhi

DISCHARGE RECORD

N. 10/60-2, KAKARMATTA, D.L.W. ROAD, VARANASI, Phone : 0542-2300620, 2300621, 6541002

पूछताछ मो. : 8601154132 | परामर्श (RMO) : 8601154289 | ओ.पी.डी. पूछताछ : 8601154514

Patient's Name : MASTER ANAY YADAV

Age/Sex: 08M/M

H.N. 2855 Bed A-02
UHIDNo. 135538

Consultant : Dr. Shachindra Nath Rai
M.S., M.Ch.

DOA: 31.07.2023

DOD 05.08.2023

Address : Phoolpur Azamgarh , Mobile No. 8052875941

DIAGNOSIS : LEFT INTRA - ABDOMINAL TESTIS WITH MASS

CLINICAL DETAIL :

0 -
ever
omiting
ain in abdomen.

O/E-
Pulse -130/mt
R/R - 32/mt
Temp-98.2 F
Weight - 7.6 Kg.
Oedema +ve

Pallor -ve
CVS - WNL
CNS - WNL
Chest - B/L Clear
P/A - B.S.(+)

INVESTIGATIONS : attached

TREATMENT / OPERATION : EXPLORATORY LAPARATOMY DONE UNDER G. A. ON 01.08.2023
On Exploration left intra-abdominal testicular mass of (20x15)cm size. There
was peritoneal seeding. Liver & Spleen were normal. Excision of mass &
~~multiple~~ biopsy was taken.

RESULT: IMPROVED

BIOPSY REPORT : X

ADVICE :

Feeding as advised:-

SYP. FARONET 3.5 ml BD <

SYP. ADMOL (120) 4.0 ml SOS .

To Come -----On.14.08.2023

S.N. Rai
Dr. Shachindra Nath Rai

OPAL HOSPITAL



ओपल
हॉस्पिटल

BLOOMING LIVES FOUNDATION

नाम _____

पता _____

दिनांक _____

ओपल हास्पिटल : N-10/60-2, ककरमत्ता,
डी.एल.डब्ल्यू रोड, वाराणसी - 221106.
रिसेप्शन : 0542-2300620 / 2300621, 8601154132
ओ.पी.डी. : (OPD) 8601154514 परामर्श (RMO) : 8601154289
E-mail : opal.hospitalpvt@gmail.com
opal.hospital@yahoo.com



Name	: MR. ANAY YADAV	Age / Sex	: 8 Month / Male
Lab. No.	: 231220065	UHID: 135538	Reg. Date/Time : 31/07/2023 18:29
Ref By Dr	: SHACHINDRA NATH RAI (MS, MCH)	Coll. Date/Time : 31/07/2023 18:54	
Doctor Advice	: Viral Marker (HBsAg, HIV I/II, HCV)	Com. Date/Time : 31/07/2023 19:10	

PATHOLOGICAL EXAMINATION REPORT



SEROLOGY

VIRAL MARKER

HBsAg - Result
(Card test of HBsAg)

: NON-REACTIVE

Note:-

- 1) Reactive results suggest acute / chronic infection / carrier state & should be confirmed with neutralization test (HBsAg confirmatory test).
- 2) Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HBsAg.
- 3) For diagnostic purposes, result should be used in conjunction with clinical history and other hepatitis markers for diagnosis of acute or chronic infection.
- 4) For heparin zed patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results.



HIV-I/II - Result

: NON-REACTIVE

(Recombinant screening test Of HIV I&II)

Note:-

- 1) positive test should be confirmed with western blot.
- 2) patient in window period may show negative test.
- 3) hence in suspected and susceptible patient repeat test after 3 month (window period).
- 4) Elisa with two different company kits also can be use for confirmation.
- 5) negative test does not rule out HIV infection.



Anti-HCV - Result

: NON-REACTIVE

Note:-

- 1) This is only a screening test. All reactive samples should be confirmed by supplemental assay like RIBA
- 2) A non reactive result doesn't exclude the possibility of exposure to or infection with HCV.
- 3) The presence of anti HCV doesn't imply a hepatitis C infection but may be indicative of recent &/or past infection by HCV.
- 4) Pt with auto-immune liver disease may show falsely reactive result.

reports to be clinically correlated

--End Of Report--

Prepared By Sandeep_G

Print. Date/Time : 31/07/2023 19:10

Patient Identity Has Not Been Verified. Not For Medicolegal

Page 1 of 1

Dr. Shubhranshu Shekhar
M.B.B.S, M.D(Path)

RADIOMETER ABL800 FLEX

ABL807 OPAL HOSPITAL
PATIENT REPORT

Syringe - S 250uL

11:48 AM
Sample #

8/3/2023
10882

Identifications

Patient ID 135538
Patient Last Name MST ANAY
Sex Male
Physician DR S N RAI
Sample type Venous
FO₂(l) 21.0 %

Blood Gas Values

pH 7.407 [7.350 - 7.450]
↓ pCO₂ 32.4 mmHg [38.0 - 45.0]
↓ pO₂ 40.8 mmHg [83.0 - 108]

Electrolyte Values

↓ cNa⁺ 133 mmol/L [136 - 146]
cK⁺ 4.0 mmol/L [3.5 - 5.0]
↓ cCa²⁺ 1.14 mmol/L [1.15 - 1.27]
↑ cCl⁻ 110 mmol/L [98 - 106]

Metabolite Values

cGlu 96 mg/dL [70 - 160]
? cLac 1.3 mmol/L [0.5 - 1.5]
ctBil 0.4 mg/dL [0.2 - 1.0]
?# cCrea mg/dL [-]

Oximetry Values

ctHb 15.7 g/dL [12.0 - 16.0]
↓ sO₂ 75.9 % [94.0 - 99.0]
FO₂Hb 74.2 %

Acid Base Status

cBase(B)_C -3.2 mmol/L [-2.0 - 3.0]
↓ cBase(Ecf)_C -3.9 mmol/L

Calculated Values

↓ Anion Gap_C 3.3 mmol/L [10.0 - 12.0]
AnionGap, K⁺_C 7.3 mmol/L [21.0 - 28.0]
↓ cHCO₃⁻(P)_C 20.0 mmol/L [36.0 - 48.0]
cHCO₃⁻(P, st)_C 21.2 mmol/L
↑ Hct_C 48.0 %
mOsm_C 271.7 mmol/kg

Notes

- ↑ Value(s) above reference range
- ↓ Value(s) below reference range
- # Value(s) below the reportable range
- c Calculated value(s)
- cCrea 0210: Calibration error(s) present
- cCrea 0951: Creatine is below the reportable range
- cLac 0210: Calibration error(s) present

DISCHARGE RECORD



JOPAL
HOSPITAL



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Liver
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Swelling
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To Come -----On.14.08.2023

S. N. Rai
Dr. Shachindra Nath Rai



Reg. No. : AL-1995

Phone : 7376095800

Dr. Mohan Kumar

M.B.B.S., M.D.

Ex. Professor and Head Dept. of Pathology

I.M.S., B.H.U.,

**Dr. MOHAN KUMAR
LAB**

An Exclusive Centre For CYTO & HISTOPATHOLOGY

DATE OF COLLECTION: 03.08.2023 DATE OF REPORTING: 07.08.2023
 PATIENT'S NAME : MASTER ANAY YADAV AGE: 08 MONTH SEX: MCH
 REFERRED BY : DR. S.N. RAI (M.S., M.CH.)

HISTOPATHOLOGY REPORT

HISTOLOGY NO. - MKH- 10280/6509-13/2023

Nature of specimen: Intraabdominal Testicular mass.


Gross: Received oval lobulated solid grey white mass of 11 x 8 x 7 cm. size with attached cord of 1 cm. length. Cut surface shows lobulated solid yellowish white appearance with necrotic foci. Serosal surface is nodular. Grossly tunica seems to be infiltrated.

Microscopy: Sections from representative areas of Testicular mass show

Malignant mixed germ cell tumour having predominantly area of endodermal sinus tumour and small focus mature teratoma showing skin, immature cartilage and respiratory epithelium. Endodermal sinus tumour showing predominantly reticular and microcystic pattern. Tumour is involving epididymis, cord and tunica. Lymphovascular or perineural invasion not identified.

Diagnosis: MALIGNANT MIXED GERM CELL TUMOUR OF TESTES

SHOWING ENDODERMAL SINUS TUMOUR (YOLK SAC TUMOUR) AND MATURE TERATOMA.



PROF. MOHAN KUMAR

Not Valid for Medico-Legal Purpose.

C. B. Plaza, Madhav Market, BHU Trauma Centre Road, Lanka, Varanasi

E-mail : labmohankumar49@gmail.com



DEPARTMENT OF RADIO-DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
 New Delhi

Patient Name: ANAY YADAV

Sex: M

Age: 2Y

UHID: 106934934

Report State: Provisional

OPD / Ward:

EXAMINATION DESCRIPTION:

PERFORMED ON: 2024-05-16 CR No:

Report:-

CECT Chest and Abdomen

Clinical - k/c/o testicular GCT stage 4, post 3 cycles of chemo, with upfront surgery now for recurrence, AFP raised

Chest:

Bilateral lung fields are normal.
 Tracheobronchial tree is normal.
 Mediastinum and vessels are normal. No significant lymph nodes.
 Cardiac chambers are normal.
 No pleural or pericardial effusion.
 Bony thorax is normal.

Abdomen:

A small hypodense soft tissue in the retroperitoneum measuring ~6x9mm abutting the aorta by < 180 degrees and likely conglomerated lymph nodal mass. Mass is abutting the left renal vein superiorly.

Liver is enlarged ~10cm. No focal lesion. No IHBRD.

Gall bladder is normally distended. No calculus or wall thickening or pericholecystic fluid collection.

CBD and portal vein are normal.

Pancreas is normal in bulk and attenuation. No focal lesion seen. MPD is not dilated.

Spleen is normal in size and attenuation. No focal lesion seen.

Bilateral kidneys are normal in size and attenuation. No calculi or hydronephrosis. No focal lesion seen.

Bilateral adrenals are normal.

Retroperitoneum and vessels are normal. No significant lymph nodes.

No free fluid in abdomen.

Urinary bladder is normally distended. No abnormal wall thickening or calculus seen.

No dilated bowel loops. No bowel wall thickening.

Visualised bony skeleton is normal.

Comparison - Compared to the previous scan dated 17 nov 23, there is reduction in size of the mass more than (>30%) s/o partial response.

Impression - Ill defined hypodense soft tissue in the retroperitoneum abutting the aorta as described.

Report Status: Verified: Monika Yadav

RADIOLOGY UNIT

Dr. B. R. Ambedkar Institute Rotary Cancer Hospital
All India Institute of Medical Sciences, New Delhi-110029

Patient Name: MrAnay Yadav	Age/Gender: 1 Year and 3 Months / M
Patient UHID : 106934934	IRCH No : 302936
Accession No : 1356606	Location : OTHERS
Date of Examination : 05-MAR-2024 11:26 AM	

Procedure: **CECT of Chest, Abdomen & Pelvis.**

Clinical background: Follow up case of MGCT of Left Testis post chemotherapy (suboptimal study – poor contrast due to pt movement during first scan, subsequently scan obtained delayed images only)

Chest

Both lungs: Normal, No focal lesion.

Mediastinum: Normal, No lymph node enlargement.

Trachea, main bronchi: Normal.

Serosal spaces: No pleural or pericardial effusion.

Abdomen & Pelvis

Liver: Normal. No focal lesion.

CBD/ Gall bladder: Normal.

Pancreas: Normal.

Spleen: Normal.

Both kidneys/ ureters: Normal, No hydronephrosis.

Retroperitoneum/ vessels: Normal. No lymph node enlargement.

Free fluid: No ascites.

Urinary bladder: Normal.

Right Testis is normal. Left testis is post op.

B/L subcentimetric inguinal lymph nodes are seen.

Additional information: None.

Comparison: None.

Impression: Left testis is post op . no suspicious lesions seen.

Radiologist: Dr. Sayantan Banerjee (SR) / Dr. Mukesh Kumar

BLOOMING LIVES FOUNDATION



DEPARTMENT OF RADIO-DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
 NEW DELHI

Patient Name:	ANAY YADAV	Gender/Age:	M/1 y
UHID:	106934934	Exam Date:	17/11/2023 11:54AM
OPD / Ward:	Paediatrics	Modality:	CT
Procedure	CECT CHEST AND ABDOMEN Main		

CECT Chest and Abdomen

Clinical - k/c/o testicular GCT stage 4, post 3 cycles of chemo, for response assessment and resectability.

Chest:

Bilateral lung fields are normal.
 Tracheobronchial tree is normal
 Mediastinum and vessels are normal. No significant lymph nodes.
 Cardiac chambers are normal.
 No pleural or pericardial effusion.
 Bony thorax is normal.

Abdomen:

Ill defined hypodense soft tissue in the retroperitoneum encasing the aorta by ~270 degrees and extending inferiorly along the origin of the common iliac vessels - likely conglomerated lymph nodal mass. Mass is abutting the left renal vein superiorly.

Liver in enlarged ~10cm. No focal lesion. No IHBRD.
 Gall bladder is normally distended. No calculus or wall thickening or pericholecystic fluid collection.
 CBD and portal vein are normal.
 Pancreas is normal in bulk and attenuation. No focal lesion seen. MPD is not dilated.
 Spleen is normal in size and attenuation. No focal lesion seen.
 Bilateral kidneys are normal in size and attenuation. No calculi or hydronephrosis. No focal lesion seen.
 Bilateral adrenals are normal.
 Retroperitoneum and vessels are normal. No significant lymph nodes.
 No free fluid in abdomen.
 Urinary bladder is normally distended. No abnormal wall thickening or calculus seen.
 No dilated bowel loops. No bowel wall thickening.
 Visualised bony skeleton is normal.

Comparison - Compared to the previous scan dated 20th october 23, there is reduction in size of the mass however less than (<30%) s/o stable disease.

Impression - Ill defined hypodense soft tissue in the retroperitoneum encasing the aorta as described.

DEPARTMENT OF RADIO-DIAGNOSIS

All India Institute of Medical Sciences (AIIMS)

Ansari Nagar, New Delhi - 110029

Patient Name: Anay Yadav

Sex: M

Age: 10Y

Patient ID: 106934934

Report state: Signed-off

OPD/Ward: Pediatric chest/OPD

EXAMINATION DESCRIPTION:

PERFORMED ON:

CR No.:

CECT ABDOMEN

20.10.2023 14:10

Admitting diagnosis:

Testicular GCT Stage IV with liver mets

Post two cycles of chemo (JEB)

To look for response

Report:

CECT Abdomen:

Findings:

Ill-defined hypodense soft tissue in the retroperitoneum encasing the aorta by ~270 degrees and extending along the left common iliac vessels - likely conglomerated lymph nodal mass. It is encasing the left renal vein and bilateral renal arteries. No other discrete node visualised

Liver is normal in size, attenuation and outline. Multiple ill-defined hypodense lesions (1 in segment VII, 1 in superior most aspect of caudate lobe, 1 in segment II). No IHBRD

Gall Bladder is normally distended and showing normal wall thickness. Portal vein and CBD is normal.

Spleen is normal in size, shape and outlines. No focal lesion. Splenic vein is of normal caliber.

Pancreas is normal in size and attenuation. SMA and SMV are normal.

Both kidneys are normal in size, shape, outline and attenuation. No hydronephrosis or calculus.

B/L Adrenals are normal in morphology and enhancement.

Bowel appears normal.

Urinary Bladder appears normal.

Visualized bones are normal.

Abdominal aorta and IVC appear normal.

No ascites noted.

Bilateral lung bases are normal.

Left testis is not visualised likely post operative

Compared to the outside CT dated 23/08/2023, there is significant decrease (>30%) in the size of the retroperitoneal nodal mass as well as the size of liver metastases - Partial Response

Impression:

Retroperitoneal nodal mass with hypodense lesions in the liver in a K/C/O Testicular Germ Cell Tumour (yolk sac and mixed) showing partial response compared to the previous CT films dated 23-08-2023.


अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029

फेसशीट (भर्ती एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)


Receipt No.: ACCOUNTS-28-3615/202425 AMT. RS. 60

Short Admissions

NON-MLC

General

Admission Valid till 8 AM

**कें. पं. सं.
C.R. No.**

H-604010-24

DAY CARE PEDI MCH

वार्ड/बिस्तर रGF/SA-2

14/05/2024

08:45 am

WARD / BED NO.

DATE

MR. ANAY YADAV

1 Y 6 M 3 D

M

नाम/NAME:

S/O GAUTAM YADAV

आयु/AGE:

लिंग/SEX:

पिता/पति का नाम / FATHER / HUSBAND NAME:

राष्ट्रीयता/NATIONALITY: Hindu

धर्म/RELIGION: Single

माता का नाम/MOTHER NAME: Other

वैवाहिक स्थिति/MARITAL STATUS:

व्यवसाय/OCCUPATION:

क.स्व.सं./सी.सी.एच.ए.सं./EHS NO./CHS NO.: 9648604630

स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता

संपर्क सं./CONTACT NO.:

LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS:

आधार सं./AADHAR NO.:

स्थायी पता/PERMANENT ADDRESS:

राज्य/STATE:

पिन/PIN:

VILL-CHHITAUNI KHAS, BURHANPUR AZAMGARH

null INDIA

राज्य/STATE:

पिन/PIN:

विभाग का विवरण/DEPARTMENT DETAILS

Paediatrics

Dr. SR Paediatrics

Unit-III

विभाग/DEPARTMENT:

यूनिट/UNIT:

14/05/2024

08:45 am

यूनिट अध्यक्ष/UNIT HEAD:

UHID No. 106934934

तारीख/DATE OF ADMISSION:

समय/TIME:

परामर्शदाता/CONSULTANT:

छुट्टी का तिथि/DATE OF DISCHARGE:

समय/TIME:

ओ.पी.डी./आपात सं./OPD CASUALTY NO.:

ड्यूटी पर तैनात कें.भ.का. स्टाफ का नाम NAME OF CAO STAFF ON DUTY:

CAC/MERITIK PED MCH

ड्यूटी पर तैनात कें.भ.का. स्टाफ के हस्ताक्षर

SIGN. OF CAO STAFF ON DUTY:
निदान एवं अन्य/DIAGNOSIS & OTHERS

अस्थायी निदान/PROVISIONAL DIAGNOSIS:

पिछली कें.पं.सं./PREV. C.R. NO.:

टिप्पणी/REMARKS:

सचेदनाहरण/ANAESTHESIA:

दिनांक/DATE:

समय/TIME:

अंतिम निदान/FINAL DIAGNOSIS:

आपरोटिव प्रक्रियाएं/OPERATIVE PROCEDURES:

द्वितीयक निदान एवं जटिलताएं

SECONDARY DIAGNOSIS & COMPLICATIONS:

कोड सं./CODE NO.:

मृत्यु का कारण/CAUSE OF DEATH:

 शव परीक्षा: हां/नहीं
AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/लामा/फरार/गंभीर/मृत्यु होना।

RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

 वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर
NAME & SIGN. OF SR. RESIDENT:

 परामर्शदाता के हस्ताक्षर
SIGN. OF CONSULTANT

Division of Paediatric Oncology

AIIMS, New Delhi

Treatment for Germ cell tumour (JEB protocol) Ref- JR Mann et al. JCO 2000 (CCLG)

Name: Anay Age/ Gender: 9mo / M

POC:

Site of disease: Left sided intra-abd. testicular mass

Local imaging: Pse of \Rightarrow large homogenous mesenteric mass displacing bowel loops, ifr \oplus , hepatic subcapsular peripheral seeding \oplus , LN normal.

CT chest:

AFP: 41, 410 ng/mL ($\uparrow\uparrow$)

B HCG: 0.2 LDH: 392

Comorbidities/ Complications:

Operated upfront on 01/08/23 outside

Biopsy (If done): Mixed GCT (90% yolk sac, 10% mature teratoma) Diffuse AFP \oplus

Stage: IV (Liver mets \oplus)

Risk stratification: SR I (as per MAGIC)

Plan of therapy: AX JEB

Weight: Height: BSA:

HIV: NR HBsAg: NR HCV: NR

Mantoux: Neg. CXR:

CBC:

RFT: (A2)

LFT:

75% dose

Cycle 1: JEB

Name Anay Age 9mo Sex M
 Weight 7.8 kg Height BSA 0.37 m²
 CBC:
 RFT: JN

Day 1 29/8/23

Inj. Ondansetron 2 mg iv q 8 hrly
 Inj. Etoposide 30 mg in 1.00 mL NS iv over 2 hours

Day 2

Inj. Ondansetron 2 mg iv q 8 hrly
 Inj. Dexamethasone 2 mg iv q 8 hrly
 • Inj. Carboplatin 150 mg in 50 mL NS over 2 hours
 • Inj. Etoposide 30 mg in 1.00 mL NS over 2 hours

Day 3

Inj. Ondansetron mg iv q 8 hrly
 • Inj. Bleomycin 4mg mg iv slow push
 • Inj. Etoposide 3.0mg mg in 1.00 mL NS over 2 hours

Doses- (75% dose to be administered for patients between 6 months- 1 year)

Carboplatin- 600 mg/m² on Day 2

Etoposide- 120 mg/m²/day from D1-D3

Bleomycin- 15 mg/m² on Day 3

BLOOMING LIVES FOUNDATION

Handwritten
30/8/23

Handwritten
31/8/23

22/4/24

Phony visit

- S.AFP - 28.3

- NV - 14/3/24 ERECT T + AFP

4/3/24

4/3/24 SPOTPM (or vander) c/dw Dr. Praveen

PAE AT

- WPO
 - solids - bare
 - clear fluids - yes
 - brast milk - yes

[Signature]

*PT has cold. kindly auscultate prior to procedure.

14/3/24

Ch(3/24) AFP

- 36.9

CT(5/3/24)

- WNC, B/L

no centinucle pigment

c/dw Dr. Gali Ayya

ALU

- AFP
 - cont
 - Pt
- flu & red over
Invert 18/4/24

18/4/24

Serial AFP ↑↑
to look for site of recurrence

Ref to POC Dr. Jogdish
Dr. Palus

Rem on 9/5/24

9/5/24

sa on 16/5/24

Ref

[Signature]

CU-86616 Seema-9717936244



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.स. अस्पताल/A.I.I.M.S. HOSPITAL

OPR-6

Out Patient Department
SMOKING PROHIBITED IN HOSPITAL PREMISES

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

IRCII No. 302936

Reg. Date-24/08/2021

Clinic Paed Surgery Clinic

Clinic No. 2023/4302

Deptt. PAEDIATRIC SURGERY-IRCII

General



ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

पुत्री
D of

लिंग
Sex

आयु
Age

जन्म तिथि/Date of Birth

UHID-10693493

Sex/Age M/1Y

Room 6 (Shift Afternoon)

नाम अनाय यादव

Name ANAY YADAV

S/O- GAUTAM YADAV

Phone No. 9648604630

Address H 27 CHANCAL PARK POLICE ENCLAVE, DELHI, Pin-0, INDIA

18 APR 2024

निदान/Diagnosis

Ⓛ Testis MGCT

दिनांक/Date

उपचार/Treatment

21/12/23

6 C/D/W Prof. Sandeep Agarwala

Last chemo
(11/12/23)

Good Response to chemotherapy

• Plan to F/u e monthly S. AFP

• Repeat CECT chest + Abd after 3 months.

S. AFP - 9.26
(2/12) ng/ml

R/v 25/1/24

e S. AFP

Final
SR Peds S

Hydroxy Ⓛ Testis MGCT

Chro Sandeep Agarwala

- Hydro on 22/2/24 e
S. AFP

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

(1940/24)



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

अस्पताल में धूम्रपान करना मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



बाल चिकित्सा विभाग
UHID: 106934934

कमरा / Room
C-217

OPR-6



Dept No: 20230030023084

Queue / संख्या
F46

Unit-I PCSC PAEDS

एकक /Unit

विभाग/Dept.

अनाय यादव / ANAY YADAV

रजिस्ट्रेशन संख्या/O.P.D. Regn. No.

नाम/Name

S/O GAUTAM YADAV / पत्नी/पुत्री
1Y 6M 19D / M/(पुरुष) W/D of
S.L. CHHITAUNI KHAS, BURHANPUR
ZAMGARH, UTTAR PRADESH Pin 223223
Ph: 9648604630 General Rs 0
Follow Up Patient

लिंग
Sex

उम्र
Age

पता/Address



Reporting: 01.31.20
30/06/2024

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

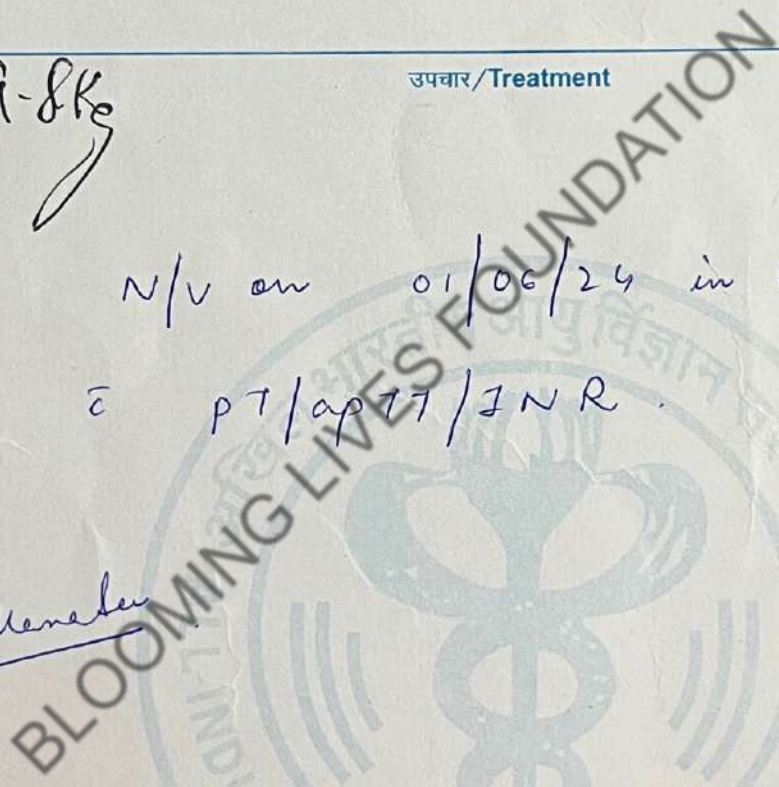


9-8kg

N/v on 01/06/24 in U3 OPD

PT/APTT/INR

Healthy



शरीरमाद्यं खलु धर्मसाधनम्



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)





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

शरीरमाद्यं खलु	शल चिकित्सा विभाग UHID: 106934934	कमरा / Room C-210	OPR-6
एकक / Unit	Dept No: 20230030023084	Queue / संख्या F4	
विभाग / Dept	Clinic No: 2023/POC/245	Unit-I, POC	पंजीकृत सं० / O.P.D. Regn. No.
नाम अनाय यादव / ANAY YADAV	लिंग/पुरु/मले/पुत्री F/S/W/D of	दिनांक SEMON. No.	वयु Age
S/O GAUTAM YADAV 1Y 6M 16D / M(पुरुष)			पता / Address 1940/24
VILL-CHHITAUNI KHAS, BURHANPUR AZAMGARH, UTTAR PRADESH Pin 223223 Ph: 9648604830 General Rs. 0		Barcode Reporting: 0143 OF 27/06/2024	
Follow Up Patient			

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
<p>mtz</p> <p><i>[Handwritten signature]</i></p>	<p>Adv</p> <p>CBC / एम आर आर</p> <p>S. AFP</p> <p>MTD (205)</p> <p>Crab - P/A</p> <p>GA for AFB & come to port</p> <p>29/7/24</p> <p><i>[Handwritten signature]</i></p> <p>Empo</p> <p><i>[Handwritten signature]</i></p> <p>MEB-PC</p> <p><i>[Handwritten signature]</i></p>

LC2705242763 106934934

ANAYYADAV

LH2705242026 106934934

ANAYYADAV

शरीरमाद्यं खलु धर्मसाधनम्



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)





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



शरीरमाद्यं खलु धर्मसाधनम्

बाल चिकित्सा विभाग
UHID: 106934934
Dept No: 20230030022711

कमरा / Room

OPR-6

एकक/Unit



Unit-I
Paediatric

210

J. Regn. No.

विभाग/Dept.

नाम/Name

Queue No: N8

पता/Address

अनाय यादव

ANAY YADAV

SM (M.D / M.PURSB)

S/O GALTAM YADAV

Add: H 27 CHANCAL PARK POLICE

ENCLAVE, DELHI, PIN: 110, INDIA

14/08/2023

सोम, गुरु

Mon, Thu (सोम, गुरु)



Mob: 9648604630 New Patient General FO Reporting: 10:00 AM-11:00 AM

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

7.4.23

h/o abdominal distension
1 month ago.

evaluated outside

CT-abdomen (30/1/23)

• large mixed density lesion seen @ left side of abdomen & in pelvic region (7.7x7.4cm) calcified areas i fat densit ? demand

- few nodense lesions @ para aortic location

- small hypodense area @ right lobe of liver (14x11mm)

Exploratory laparotomy on 1/8/23

① intra-abdominal testicular mass (20x15cm) i peritoneal seeding; mass excised.

Souin
7838926783



PM-JAY

प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

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)



My Hospital
meraaspatal.nhp.gov.in

Histopathology (7/8/23)

malignant MCGT of testes.

Viral markers
NR

O/E : vitals stable

o/s/B Peds Onco SR

Preop staging w/v not done

Operated on 1/8/23 - HPE s/o Mixed GCT
(Yolk sac + Mature teratoma)

Adv

To meet Dr. Shivam
(Ped. Oncology)

Room 211, 217

@ 2pm today

Rahnu
RC

Adv - HPE review in OncoPath - Submit Alom

- CECT Chest + Abdomen + Pelvis

- (CBC), LFT/KFT, LDH, BHCG, AFP

- R.No 205 → Mandatory test

- Outside CT kept for RC - to collect films 17/8/23 2pm
PCSC

- N/V Peds TH - 16/8/23 - R.No 209/210/211

Dr. Jagdish Prasad Meena
Dr. Jagdish Prasad Meena
अध्यापक / Additional Professor
बालरोग विभाग / Dept. of Pediatrics
एन.ए.एस., नई दिल्ली-29। I.M.S., New Delhi-29

Dr. Jagdish Prasad Meena

LH1408231752 106934934

LC1408232398 106934934

ANAYYADAV



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



अस्पताल

SMOKING IS PROHIBITED IN HOSPITAL PREMISES

सरोरमादा खतु धर्मसाधनम्

एकक / Unit

विभाग / Dept.

नाम / Name

बाल चिकित्सा विभाग,
UHID: 106934934
Dept No: 20230030023084
अनाय यादव / ANAY YADAV

कमरा / Room
C-210
Queue / संख्या
F12
Unit-III, Paediatric,

OPR-6

Regn. No.

पता / Address

S/O GAUTAM YADAV
1Y 6M 7D / M(पुरुष)
VILL- CHHITAUNI KHAS, BURHANPUR,
AZAMGARH, UTTAR PRADESH. Pin: 223223
Ph: 9648604630 General Rs. 0
Follow Up Patient

SAT बुध रति



Reporting: 08 19 27
18/06/2024

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

2

9.8 kg

बाल चिकित्सा विभाग,
UHID: 106934934
Dept No: 20230030023084
अनाय यादव / ANAY YADAV

कमरा / Room
C-210
Queue / संख्या
F30
Unit-III, Paediatric

S/O GAUTAM YADAV
1Y 6M 19D / M(पुरुष)
VILL- CHHITAUNI KHAS, BURHANPUR,
AZAMGARH, UTTAR PRADESH Pin: 223223
Ph: 9648604630 General Rs. 0
Follow Up Patient

SAT बुध रति



Reporting: 08 38 01
29/06/2024

N / VPCSC 2pm - 30/7/24

Signature



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)





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

शरीरमाद्यं खतु धर्मसाधनम्

बाल चिकित्सा विभाग
UHID: 106934934
Dept No: 20230030023508

कमरा / Room

OPR-6

एकक/Unit

विभाग/Dept.

नाम/

C-210
Unit-I
POC
Queue No: F5
25/09/2023

सं/O.P.D. Regn. No.

पता/Address

अनाय यादव
ANAY YADAV
10M 10M 11D / M (पुरुष)
S/O GAUTAM YADAV
Add: H 27 CHANCAL PARK POLICE
ENCLAVE, DELHI, Pin 0, INDIA
Mob: 9648804830 Follow Up... General F0 Reporting: 1:30 PM



निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

14

7-8kg

CBC
WBC/CF

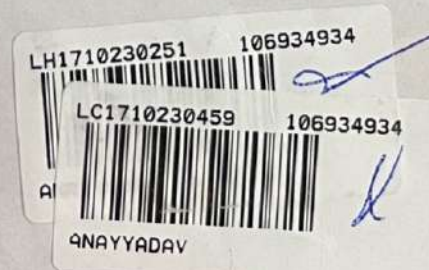
M/V

9/10/23

Reassessment - CT after 2 cycles

Adv
- Film on - 18/10/2023

APP
CS &
LFT
LFT



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department



बाल चिकित्सा विभाग
UHID: 106934934
Dept No: 20230030022711

कमरा / Room

LC1909231515 106934934

ISES

OPR-6

C-210
Unit-III
Paediatric
Queue No: F5

LH1909231076 106934934

No. _____

पता / Address

अनाय यादव
ANAY YADAV

9M 9M 18D / M(पुरुष)
S/O GAUTAM YADAV

Add: H 27 CHANCAL PARK POLICE
ENCLAVE, DELHI, Pin 0, INDIA

Mob: 9848604830 Fellow Up...

02/09/2023
बुध, रानि
Wed, Sat



JSSK ₹ 0 Reporting: 8:00 AM-9:00 AM

निदान / Diagnosis

Suspected Malign GCT - Mixed

दिनांक / Date

उपचार / Treatment

3

7-8 kg RC disen of
Preop. outside films

Large homogenous mesenteric mass displacing
bowel loops, calcifⁿ (+), Hepatic subcapsular
portoned seeding (+), Abd. & parastatic LN (+)

HC → 72cm

- Biopsy block NOT submitted by father, shall submit by today evening.

AFP = 41,410 ng/ml
(TT)
βHCG = 0.2
LFT = 392 U/L

- Prepone post op CECT chest + Abdo + PIV,
- Submit Biopsy blocks
- Collect films from R. No 217 - Dr Sanjawa.
- Fed & registration ↓ Prof. Sandeep Aggarwal

- N/U - POC - 21/8/23 - Monday 2pm

N/U 20/9/23
with CBC, RFT,
LFT.

LH3009230134 106934934
LC3009230285 106934934
ANAY ANAY YADAV

[Signature]



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

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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My Hospital
meraasptal.nhp.gov.in



(05462) 350176 - 350177
6306637414, 8957767320

Opposite RAMA Hospital Near Sukhdev Tiraha,
Narauli, Azamgarh, -276001

sarangdiagnosticcentre@gmail.com

ADVANCED IMAGING FACILITY

Patient Name	ANAY YADAV	Patient ID	03
Age Gender	008M/MALE	Scan Date	JUL 30 2023
Referring Doctor	DR NEERAJ SHARMA	Report Date	JUL 30 2023

CT ABDOMEN WITHOUT CONTRAST: MALE

CLINICAL HISTORY

abdomen swelling 10 days back no trauma no fever no vomiting

TECHNIQUE

The study was done by taking axial sections on a CT scanner from domes of diaphragm till pubic symphysis without administration of intravenous contrast. ? Oral contrast

FINDINGS

Liver:

- Liver is normal in shape, size and parenchymal density.
- **Small hypodense area seen at right lobe of liver , measures 14x 11 mm**
- No evidence of IHBR dilatation is seen.
- Portal vein is normal in caliber.

Gallbladder:

- Gallbladder is adequately distended with intraluminal fluid density contents and shows no calculi or sludge.
- Wall is smooth in contour with normal thickness and attenuation.
- CBD is not dilated.
- No peri-cholecystic collection / fluid or fat stranding seen.

Pancreas:

- Pancreas is normal in size, shape and density.
- MPD is not dilated.
- Peripancreatic fat planes are preserved.
- No parenchymal lesion or intraductal calcifications seen.

Spleen:

- Spleen is normal in size and parenchymal density.
- No focal lesion in spleen is seen.

Adrenals:

- Both adrenal glands are defined and appear normal in configuration.

Kidneys:

- Both kidneys are normal in size, position, shape and cortical outline.
- No evidence of calculus or hydronephrosis.
- Corticomedullary differentiation is maintained.
- Renal pelvis appears normal.
- Peri-nephric fat regions appear unremarkable bilaterally.

Ureters:

- Both ureters appear normal in course and calibre.
- No evidence of ureteric calculus / obstruction seen.

Urinary Bladder:

• 1.5 T MRI • 32 Slice CT • Ultra Sonography • 2D Echo • Digital X-ray • TMT • EEG • NCV • NEV

ANAY YADAV | 1

• ALL TEST HAVE TECHNICAL LIMITATION IF RESULTS ARE HIGHLY DISCREPANT PLEASE CONTACT LAB FOR A RE-CHECK.
• THIS OPINION IS NOT VALID FOR MEDICOLEGAL OR JUDICIAL PURPOSE. PLEASE INTIMATE FOR ANY TYPING MISTAKE WITHIN 3 DAYS.
• (IF NOT, CENTRE IS NOT RESPONSIBLE) THESE REPORTS IS TO HELP YOU FOR BETTER PATIENT MANAGEMENT.

ADVANCED IMAGING FACILITY

- Urinary bladder is adequately distended with smooth outline and appears normal.
- **Mild thickened urinary bladder wall - cystitis**

Gastrointestinal Tract

- Stomach is distended with normal gastric wall thickness.
- C-loop of the duodenum is defined.
- Visualized small and large bowel loops appear normal in calibre.
- Appendix and surrounding soft tissue in right iliac fossa appears unremarkable.
- Ileocecal junction appears defined.
- Colon is predominantly faecal loaded and is unremarkable.
- Rectum appears normal in the scan. The peri-rectal fat planes are intact.

Prostate and Seminal Vesicles:

- Prostate is normal in shape and size.
- Prostatic Capsule is intact.
- Seminal vesicles and peri-prostatic region appears unremarkable.

Miscellaneous:

- **Large mixed density lesion seen at left side of abdomen and in pelvic region, measures 77x 74 mm, calcified areas with fat density seen within**
- **Few isodense lesions are seen at para aortic location, largest measures 21x 20 mm**
- **Mild to moderate ascites**
- Bilateral lung bases appear normal. No pleural effusion is seen on either side.
- Visualized skeletal structures appears unremarkable.

IMPRESSION

- **Large mixed density lesion seen at left side of abdomen and in pelvic region, measures 77x 74 mm, calcified areas with fat density seen within -- ?? dermoid lesion**
- **Few isodense lesions are seen at para aortic location**
- **Mild to moderate ascites**
- **Mild thickened urinary bladder wall - cystitis**
- **Adv: CECT abdomen**

DIFFERENTIAL DIAGNOSIS

NA

RECOMMENDATION

Suggested clinical correlation.



Dr. Girishbhai Parmar

MD

Consultant Radiologist

Disclaimer

It is an online interpretation of medical imaging based on the available clinical data. Patient's identification in online reporting is not established, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.