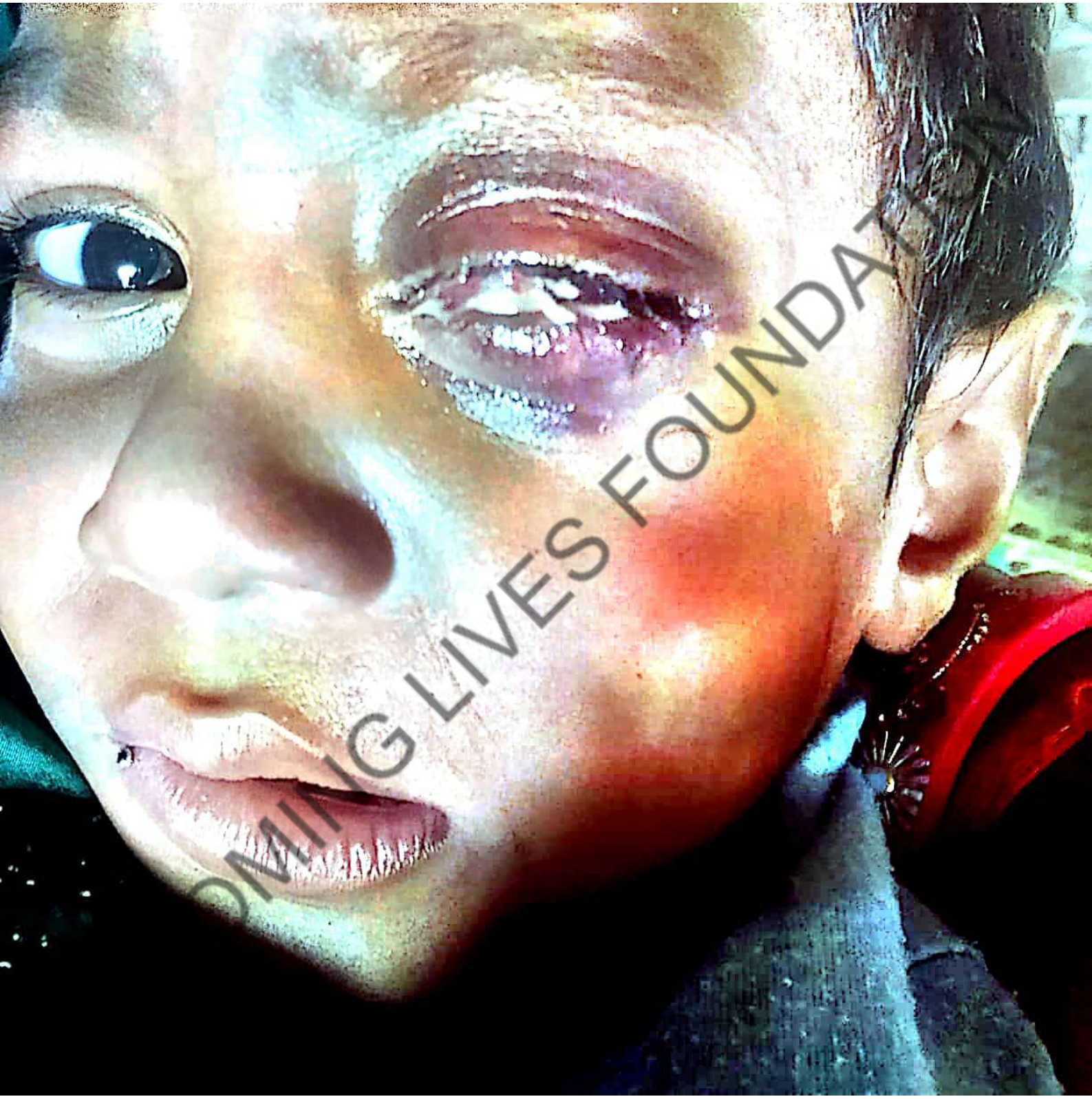


डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL — OPR-6

...ent

...ITAL PREMISES

शरीरमाद्यं खलु धर्मसाधनम्

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 359360
Reg.Date 16/12/2025
Clinic Radiotherapy Evaluation
Clinic No. 20 5//135968
Deptt. RADIATION ONCOLOGY
General
नाम किशोर किशोर
UHID- 08564918
Name KISHOR
S/O- MANO
[illegible]
Sex/Age M /2Y
Room 13 (Shift Morning)
Address VILL BARARI DIST MATHURA, UTTAR PRADESH, Pin 0,
INDIA

एकक /Unit

विभाग/Dept.

नाम /Name

O.P.D. Regn. No.

जन्म तिथि / Date of Birth

RT – 135968

U Prof. Dr. A. Biswas.

निदान / Diagnosis: (L) eye RB extraocular · HR – ON inv. / Choroid inv. / Sclera inv ; familial RB.

pT3N0M0 .

दिनांक / Date: 23 DEC 2025 / 4

उपचार / Treatment

S/P (L) eye enucleation + implant placement 5/8/25

S/P 4© HDCEV LD 7/12/25

↓

C/D/W Prof. Dr. A. Biswas Sir.

Plan: PORT to ~~local site~~ (L) Orbit (↓GA)
40Gy/20# | 4 weeks.

Adv: – RT appointment – 18/2/25 — NPO; iohexol inj. 50ml.
– anesthesia clearance (IRCH 60)
– Bring MRI films for next visit &
(R) eye EUA report on 22/12/25
–

[signature] JR-RO.

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

Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS),New Delhi,110029

Discharge Report

PROVISIONAL DISCHARGE CERTIFICATE

120

25-1393

UHID :	108450704	**Cr No:**	R-031375-25
Name:	Mr KISHOR KISHOR	**Department:**	R. P. Centre (Eye Centre)
Age/Sex:	1 year 11 mons 25 days / Male	**Unit:**	Unit-VI
Ward Name:	RPC 1A	**Bed No.:**	119
Address:	mathura, UTTAR PRADESH, INDIA		
Mobile No:		**Drug Allergy,if any :-** []	
Date of Admission:	26/07/2025 10:57:18 AM		
Date of Discharge :	06/08/2025 04:07:00 PM		

ICD Code: ,C69.2
ICD Description: Malignant neoplasm Retina

Diagnosis

RE WNL
LE GROUP E RB

Investigation

Systemic: NO SI

Ocular:
VISION
RE-FOLLOWS OBJECT
LE-DOES NOT FOLLOW OBJECT
IOP
RE-DIG NORMAL
LE-DIG NORMAL

Treatment/Operative Procedure

Surgeon: DR TAPASHREE
Date: 05/08/2025

Surgery: LE ENUCLEATION PLUS PRIMARY IMPLANT UNDER GA

IMPLANT PMMA 20
ON STUMP-17 MM

Condition at Discharge

Vision: LE enucleated
Anterior Seg.: LE
DISCHARGE +
CONGESTION +
CONFORMER AND IMPLANT IN SITU
TARSORRHAPHY INTACT

IOP: LE enucleated

Advice During Discharge

Oral:
SYP AUGMENTIN 228 MG/5 ML 2.5 ML TDS FOR 5 DAYS
SYP DIGENE 2.5 ML BBF
SYP OMNACORTIL 10 ML ABF
SYP PCM 125 MG/5 ML 6 ML TDS

Follow Up: IN OLD RB CLINIC ON 20/8/25 142 B 2:00 PM
COLLECT HPE REPORTS FROM 7TH FLOOR

Topical:
(L) E/D MOXI D 6TD 1wk 5 → 1wk 4 → 1wk 3 → 1wk 2 → 1wk 1 →
E/O OCUPOL 3TD FOR 3 WEEKS ----HS
E/D REFRESH LIQUIGEL 6TD

Position:

#142 RB
20/8/25
2 pm

VER ⊏ 12.6 uV 109 ms.
NSRS.
Cardiff ⊏ 6/19 @ 50 cm
Not forthcoming

USG (L) → large mass ≥ 50% globe

Tapasshree Cos W
SR-b. Archana

Prepared By: Dr. [redacted]

Signature Of Senior Resident

Date & Time

Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS),New Delhi,110029

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

25-1497

23/8/25

UHID :	108450704	**Cr No:**	R-035106-25
Name:	Mr KISHOR KISHOR	**Department:**	R. P. Centre (Eye Centre)
Age/Sex:	2 years 11 days / Male	**Unit:**	Unit-VI
Ward Name:	RPC 1A	**Bed No.:**	120
Address:	mathura, UTTAR PRADESH, INDIA		
Mobile No:		**Drug Allergy,if any :-** []	
Date of Admission:	20/08/2025 10:26:32 AM		
Date of Discharge :	23/08/2025 05:35:00 PM		

ICD Code: ,C69.2
ICD Description: Malignant neoplasm Retina

Diagnosis

RE FELLOW EYE
LE DISPLACED CONFORMER S/P ENUCLEATION FOR GROUP E RB WITH HIGH RISK FEATURES IN HPE

Investigation

Systemic: NO SI

Ocular: VISION
RE-6/19 AT 50 CM ON CARDIFF
LE-ENUCLEATED
IOP
RE-DIG NORMAL
LE-ENUCLEATED

Treatment/Operative Procedure

Surgeon: PROF BHAWNA CHAWLA
Date: 22/08/2025
Surgery: LE BIOPSY UNDER GA (HPE sent)

Condition at Discharge

Vision: LE enucleated
Anterior Seg.: LE
DISCHARGE watering (+)
CONGESTION (+)
CONFORMER visible
IOP: LE enucleated
Posterior Seg.: LE

Advice During Discharge

Oral:
SYP OMNACORTIL 10 ML ABF
SYP DIGENE 10 ML ABF

Follow Up:
IN OLD RB CLINIC ON 27/8/25 142B 2:00 PM
REFER TO PAEDS ONCOLOGY FOR CHEMO I/V/O HIGH RISK FEATURES ON HPE
COLLECT HPE REPORTS FROM 7TH FLOOR AFTER 1 WEEK

Topical:
E/D MILFLODEX 4TD 1wk-----3TD 1wk-----2TD 1wk-----OD 1wk----STOP
E/D CMC 0.5 PERCENT 6TD

Position:

HPE (Enucleated Eye)
- Poorly differentiated retinoblastoma
- Tumor is infiltrating choroid extensively & entire length of optic Nerve & inner sclera
- Resected margins is free of tumor (Outer sclera is also free)

Urgent referral to Paeds Oncology 27/8/25 for peds RC & starting chemo.

Prepared By: Dr. Ankush Kamboj
Signature Of Senior Resident
Date & Time
NEW RAK

OPR-6

बाल चिकित्सा विभाग .
UHID:108564918
Dept No: 20250030023385
Clinic No: 2025/I'OC/304
किशोर किशोर / KISHOR KISHOR
S/O MANO
2Y 2M 7D / M/(पुरुष)
VILL BARARI DIST MATHURA, UTTAR PRADESH. Pin:0. INDIA
General Rs. 0
Follow Up Patient

कमरा / Room C-210
Queue / संख्या F7
Unit-I, POC,
सोम
Reporting: 01:54:47 03/11/2025

व०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

आयु Age	पता/Address
	8279556185

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
12.4.25	N/V: 8/11/25 ĉ CBC

बाल चिकित्सा विभाग .
UHID:108564918
Dept No: 20250030023385
किशोर किशोर / KISHOR KISHOR
S/O MANO
2Y 2M 12D / M/(पुरुष)
VILL BARARI DIST MATHURA, UTTAR PRADESH. Pin:0. INDIA
General Rs. 0
Follow Up Patient

कमरा / Room C 216
Queue / संख्या F76
Unit-III, Paediatric,
बुध,शनि, Wed,Sat
Reporting: 09:02:37 08/11/2025

(N/V) on 26/11/25 ĉ CBC/LFT/LFT

बाल चिकित्सा विभाग
UHID:108564918

Dept No: 20250030023385

किशोर किशोर / KISHOR KISHOR

S/O MANO
2Y 3M 28D / M/(पुरुष)
VILL BARARI DIST MATHURA, UTTAR PRADESH Pin:0, INDIA
General Rs. 0

कमरा / Room
C 216
Queue / संख्या
F4
Unit-III, Paediatric,

बुध,शनि, Wed,Sat

Reporting: 09:23:01
24/12/2025

53
12.1y

- CBC/LFT/KFT now.

N/V on 03/01/26 - CBC.

Manohar
SR-Pedonco.

171

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029 (REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:108564918

आपातकालीन नं.(Emergency No): 2025/030/0154132 दिनांक DATE: 28/12/2025 समय TIME: 10:15:04 PM

NON-MLC

नाम NAME: **MR KISHOR KISHOR** आयु AGE : **2 years 4 months 1 days** लिंग /SEX : **M**

S/O : MANO

पता ADDRESS: मकान संख्या H.NO: VILL BARARI DIST MATHURA गली / मुहल्ला STREET/MOH:

शहर/प्रखड CITY/BLOCK: पिन PIN: 0

राज्य STATE: UTTAR PRADESH

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

K/C/o EORB. Chemotherapy received today

Repeated episodes of vomiting post chemotherapy

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	**Circulation**	**Disability**
Open & stable : Yes/No If No..... **Breathing:** RR 28.../min **Efforts:** Normal/Poor/increased **Auscultation:** Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air..96.% on RA 12Kg	HR.134../min CFT...2.3...secs. BP.....mmHg Peripheral pulse: Poor/Good Central pulse:Poor/Good Skin temp: Warm/cool Others	GCS.....15/15 Pupil size...../min Pupillary Reactions...B/L RTL **Motor activity:** Normal & Symmetrical/ Asymetrical/ Posturing/Flacidity/Seizure Blood Sugar.....mg/dl **Exposure:** Temp..... Colour:Normal/pallor/cyanosis/ mottled Any other skin lesions.....

Diagnosis Post Chemo vomiting

Adv

Inj Pantop 15mg iv stat

Inj Emset 2mg iv stat

NS DNS + 1:1 dKCl @ 10ml/hr

26/10/25

(L) RORB

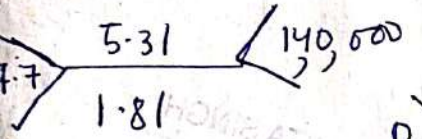
initial (L) group ←

↓

upfront enucleation

HPR :- • poorly differentiated RB.
• infiltrating entire length of ON.
cut end Negative.
• Scleral breach = Negative
• infiltration choroid

cycle 4 cour



Rx)

Premedication
Inj EMISET 2mg IV stat
Inj DEXA 2mg IV stat

i) Inj VCR 0.2 mg IV slow push D1

(ii) Inj CARBOPLATIN 300 mg in 100 ml NS IV slowly over 1 hour D1

chemodate
6/12/25 - 7/12/25

(iii) Inj ETOPOSIDE 130 mg in 300 ml NS IV slowly over 2 hour D1 | D2

IV Inj G-CSF 55 mcg - D4 (of chemo
D5
D6
D7 - 11/12/25 Sun
D8

Nikela

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

Patient Name	:	**KISHOR KISHOR**	UHID NO.	:	**108564918**
Accession No	:	**S2547004**	F/H Name	:	S/O MANO
Age/Sex	:	2Y /Male	Additional ID	:	NA
Clinic/Dept	:	Paediatrics	Unit	:	Unit III
Consultant Incharge	:	Dr. Rachna Seth	Request Date/Time	:	**02-09-2025 /10:27:39**
			Receiving Date/Time	:	**02-09-2025 /15:10:01**

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2547004A

Received single pieces of linear cores of bony tissue measuring 1.3 cm.

Accession No. : S2547004B

Received single pieces of linear cores of bony tissue measuring 0.5cm.

MICROSCOPIC EXAMINATION:

Received two specimens:

A. Bone marrow biopsy shows cellularity of approximately 60% with hematopoietic cells of all three series. There is no evidence of metastatic retinoblastoma in the sections examined.

B. Bone marrow biopsy is subcortical and fragmented with crushing artefact. Biopsy is suboptimal, however, there is no immunohistochemical or morphological evidence of metastatic retinoblastoma in the sections examined.

Note: Patient is a known case of retinoblastoma - vide clinical history.

DIAGNOSIS:

S2547004A	Bone marrow biopsy	Right	• Descriptive, see above
S2547004B	Bone marrow biopsy	Left	• Descriptive, see above

End Report

Reporting Resident: Dr. Archana Singh

Reporting Faculty: Dr. Lavleen Singh, M.D.
Assistant Professor

Reporting Date/Time: **15-09-2025 13:59**

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.

28/12/25
11PM

C/O familial (L) EORB/
Post 5th cycle HDCEV/
Day1 (28/12/25) ~~@~~

C/O multiple episodes of vomiting
NO Pain abdomen
NO loose stools
NO fever.

O/E → NO Signs of dehydration
HR = 110/min
RR = 24/min
CFT < 3sec
Pulses = WP
Peripheries warm.
Chest = clear
P/A = Soft.

to day day 2 of chemo -

CINV

Current → No Vomiting
mother not tried feeding

~~Plan @ sgp~~

Plan ① allow orally
If NO repeat vomiting → discharge
3 days ② Inj Emset (2mg/5ml) 5ml TDS
③ Tab Deser (4mg/tab) ½ tab BD
④ to visit daycare tomorrow for Day 2 chemo

29/10/2✓

(R) WNL.
(L) Enucleation x 5/8/25.
↓
Displaced conformer
for group E RB c̄
HRF in HPE
↓
(L) Biopsy done
(22/8/25)

(HDCEV)
2nd cycle chemo
(start 19/10)

Dilate (R)
PRC
↓
(153) OPTOS CP (not cooperative)
i prog.
just for
DR Sumit.

~~Plan~~ for EUA

(35A) Dr. Bahubali

19/11/25 ✓
~~Hall 2A~~ 7th Floor
OT

3/11/25.

2nd chemo 8/11

. Kindly get chemo slot

. RT registration to done for us . (IRCH)

. N/V ~~23~~ 24/12/25 ℞ CBC | RFT | LFT

- Syp EMISET (5ml/2mg) 5ml POPDS } x3days
- Tab DEXA 2mg POOD

Nikita

Dr. NIKITA SINGH
SR Pediatrics Oncology
Dept. of Pediatrics Oncology
AIIMS, New Delhi

Familial · (L) EORB · post 4 cycles HD-CEV

24/12/25

- No mouth ulcer
- 2% betadine
- Sitz bath
- on septran
- personal hygiene
- No fresh complaints.

— RT registration done.

— Due for cycle 5 chemo

— Pre-chemo Labs Not available.

Adv.

— Inj. VINCRISTINE 0.3mg i.v SLOW PUSH on D1

— Inj. CARBOPLATIN

8/11/25

c/o (L) EORB | Post 2nd HDLEU

due for 3rd HDLEU

- No mouth ulcer
- 2% betadine gargles.
- Sitz bath
- On septran
- Personal hygiene
- No fresh complaints

7/11/25 — Hb 8.4, TLC 32,500 → received GCSF, 21,090, 5.34L

(PS) → MCHC anaemia

ANC → 72.7

Reassessment MRI → To expedite
↳ dt 22/12/25

Adv

- Inj. vincristine 0.2mg IV slow push

dated on 10/11/25

(D1)
- (D1) Inj. carboplatin 310mg in 200ml NS IV over 1 hour.

- (D1) Inj. etoposide 130mg in 250ml NS IV over 2 hours
(D2)

Post chemo: - Inj. GCSF 55mcg SC OD x 5 days

- Syp. emeset (2mg/5ml) 4ml tds x 3 days

- T. dexa 4mg 1/2 tab BD x 3 days

- RT registration

- r/w (N/V) in OPD 26/11/25 c̄ CBC/KFT/LFT

Sumitha
SN

Anaesthesia Record

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences, New Delhi-110029

Name KISHOR | Age/Sex 2.5y/m | Ward/Bed | Ht/Wt 12 kg | CR No.

ASA Grade : 1 2 3 4 5 E | Diagnosis | Surgery EUA | Ph. No.

History & current drugs

FTNVD/ CIAB/ No h/o NICU stay

30 chemo - last (8/4/25)

No h/o ~~recent~~ recurrent/ Jaundice/ seizures

h/o rhinorrhea - 15 days back - resolved now

NPO 8pm

Prematurity / post gestational age / cyanosis / aponea

Previous Anaesthesia Exposure & its complications : h/o LE enucleation 1 hr 3-4 mon back ~~B~~ uh

Congenital Anomalies/Syndrome : Nephritic

Airway examination : Mallampati Class | Teeth WT

Neck movements | Retrognathia | High arched/cleft palate

Nasal Patency | Facies | Tongue

Tonsils | Intubation : simple/difficult

Respiratory System : Resp. Rate | Auscultation BL AEE; clear

Cardiovascular System : Heart rate | Pulse rate | Nack Veins

Precordial Thrill | Heart Sounds | Murmur | Preop. SpO_2

IV access : Four

Nervous System : MR / Delayed mile stones / CP / Seizures

Musculoskeletal system examination

19/11/25 EUA done ↓ unit-4 ↓ Prof. Bhaumik
Dr Sumit

Hyclo (R) WNL
(L) S/P Enucleation 5/8/25
(for GP & RB, HRF on HPE)

22/8/25 - Biopsy:-
S/P (L) HDCEL 1ant - - 8/11/25

Report

MZB
Nitin

(R) WNL

(R) [Eld mycin BTD x5d → stop.

F/up c̄ Bx reports after 2wks (Wednesday) 2pm
from 7th floor
(Ocular Pathology)
↓
No evidence of Malignancy

Tab. Milflodex TDS (L) x 3wks
0 0 0

[illegible]

Rotan.

Daycare SR

— To check Pre-chemo ~~chart~~ Labs before chemo administration

— To Take date from MCH-DC.

Chemo date.

28/12/25

29/12/25

30/12/25

31/12/25

01/01/26

02/01/26

03/01/26

last chemo for Tomilly

335mg/100ml NS iv over 1hour on D_1

— Inj. ETOPOSIDE 145mg/350ml NS iv over 2 hours on D_1 D_2

— Inj. GCSF 60mg s/c @ 24 Hourly x5 days from

— Syp. EMSET 5ml/2mg x3 days 5ml po @ 8Hrly

— T. DEXA 4mg x3 days 1/2 TAB po @ 12Hrly

— N/V on 03/01/26 c CBC

Menaka
SR-Pedo.

Histopathology Report

Ocular Pathology

Dr. Rajendra Prasad Centre for Opthalmic Sciences
All India institute of Medical Sciences
Ansari Nagar , New Delhi - 110029,India

Name of the Patient: Kishor
Lab Reference No. : **25-1393**

Age : 1.11 Years **Sex :** Male
Received on : 5/8/2025

UHID No. : 108450704
Date of Report : 19/8/2025

Unit Incharge : Prof. Tandon.

Ward IA **Bed No. :** 119

Nature of the Material Submitted : Enucleation.

Report :

- Enucleated left eye ball.
- Poorly differentiated retinoblastoma (LTD 18mm).
- The tumor is infiltrating the choroid extensively and infiltrating the entire length of optic nerve and inner sclera.
- The resected margin of the optic nerve is free of tumor.

AJCC - pT3c NoMo.

डॉ. रचना सेठ
Dr. RACHNA SETH
Professor

Reported By

Consultant : Dr. Seema Sen

Health Square

Wellnes / Diagnostics / Dental

Patient Name: MASTER KISHOR	Center Name: A S HEALTH SQUARE
Age / Sex: 2 Y / M	Referred By: AIIMS
Patient ID: 42291	Date: 14/07/2025

CEMRI BRAIN WITH ORBIT

MR IMAGING OF BILATERAL ORBITAL REGION WAS PERFORMED ON A 1.5 T MR SYSTEM USING STIR, T1W AND T2W SECTIONS IN AXIAL AND CORONAL PLANES AND CORRELATED WITH T2W SAGITTAL OBLIQUE IMAGES. ADDITIONAL, AXIAL T2 & FLAIR IMAGES OF BRAIN WERE OBTAINED. POST GAD T1 WEIGHTED FS IMAGES WERE OBTAINED IN MULTIPLE PLANES.

ORBIT:

The study reveals well defined lobulated left intraocular mass lesion in posterior segment arising from retina. The lesion is involving vitreous. No extraocular extension is seen. The lesion appears hyperintense on T1W images and hypointense on T2W images with respect to vitreous. Post gadolinium lesion shows intense homogeneous enhancement. The lesion measures 1.8 x 1.1 cm. There is thickening of sclera. There is associated subretinal hemorrhage.

Right eyeball is normal. Bilateral optic nerves show normal signal intensity and contours.

Bilateral extra-ocular muscles, intraconal and extraconal spaces show normal MR morphology with no evidence of any obvious focal signal alteration or collection apparent at present on the available MR images.

Retro-ocular space and fat planes are preserved.

Optic chiasma appears normal in contours and signal intensity. Bilateral cavernous sinuses appear normal.

BRAIN:

The study reveals no significant focal lesion in the brain. The cerebral parenchyma shows normal signal characteristics. Myelination pattern of the brain is normal.

No evidence of restricted diffusion noted. The basal ganglia, thalami and internal capsules appear normal.

The mid-brain, pons and medulla appear normal. The cerebellum appears normal.

The ventricular system appears normal. The septum is in mid line. The sulci, fissures & basal cisterns appear normal.

The pituitary gland, optic chiasm and bilateral parasellar regions appear normal.

• C#3 tentative date → 8/11/25 → 9/11/25

8/11/25 - 9/11/25

HDCEV

CEV

↓

Kindly noted

– N/v 3/11/25 at 2pm in ICU
c CBC/RFT/LFT

Dr. SATYENDRA BATRA
Senior Resident
Pediatric Oncology
Pediatrics
All India Institute of Medical Sciences
New Delhi-110029

Sat
Sr

3/11/25

– No mouth ulcer
– gargels
– Sit's bath
– on septran
– Personal hygiene
– No fresh complaints.

(1) EORB:

cycle 3 HdCEV dated 8/11 and 9/11.

8.8 → 330 → 1.16L.

Advice:

1. Inj. G-CSF 55 mcg S.C OD x 5 days (D1) 3/11/25
2. Rpt CBC on 7/11/25
3. OPD on 8/11/25.

Sanjana
SR.

4/10/25 c/o ⓛ EORB/ Rst 1st # HDCEV
19/9 – 20/9/25
↳ will be due fo. next cycle ~ 11/10/25

No complaints.
Blood Ix not done

Adv

— (N/v) on 11/10/25 ~~c~~
CBC/RFT/LFT

/
shivering

11/10/25

- 2-1. Betadine gargle
- Sitz bath - o o - explained
- Septran (Not taking)
- C/o - cold
  no fever
- file incomplete

23/12/25.

cont. chemo.

PAC → (60)

R/V on. 17/2/26. (9 AM)

R.NO-4

Jwrab.

Health Square

Wellnes / Diagnostics / Dental

Patient Name: MASTER KISHOR	**Center Name: A S HEALTH SQUARE**
Age / Sex: 2 Y / M	**Referred By: AIIMS**
Patient ID: 42291	**Date: 14/07/2025**

CEMRI BRAIN WITH ORBIT

The corpus callosum appears normal. Intracranial vascular structures in view are normal.

Paranasal sinuses and mastoid regions in view are unremarkable. No abnormal leptomeningeal or parenchymal enhancement is seen.

IMPRESSION: ***MR findings reveal :***

- ***Well defined lobulated left intraocular homogeneously enhancing mass lesion in posterior segment arising from retina suggestive of retinoblastoma.***
- ***Bilateral optic nerves are normal.***

Please correlate clinically.

Dr. SANDEEP DUA
HOD Radiology
MBBS, MD

The above report is a professional opinion and needs to be correlated with clinical history and other relevant investigation for final diagnosis. If incase results are alarming or unexpected may be due to typographic errors, hence please contact within 7 days (K).

11/10/25

C10. ⓛEORB

C10 . ⓛEORB

→ received 1cycle HPCEV .

No complaints currently .

→ vitals stable

RS : NE = BS clear .

CVS : S1S2 heard

PA : soft NT

CNS : UCS ISILS .

RBC → 9.9 / 9390 / 1940 / 3.85L .

RFT/LFT → ⓒ

due for 2nd HPCEV

Plan

→ PET advised to discussion 18/10/25 to 19/10/25

→ IV Emeset 1.5mg stat

IV Dexa 1.5mg stat

date for HPCEV

D1 → IV Vincristine 0.2mg slow fun in 100ml NS over

D1 → IV carboplatin 390mg in 400ml NS over 3 HOURS

D1 P2 → IV Etopodide 132mg in

D3 to D7 → INJ G-CSF 55mcg SC OD

Dr 11/10/25 .

Post chemo

→ Syp. Emeset 2mg/5ml
4ml ⊢—•—⊣
x 3 days

– T. Dexa 4mg ½ —o— ½
x 3 days

→ f/u on ~~18/10/25~~ 29/10/25

→ RT registration

HOD sign been given
– had already for exemption.
– To collect PETCT report urgently.

Dr. REMA KURADE
Senior Resident
DM Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-110029

F

29/10/25

- No mouth ulcer
- 2% betadine gargle.
- Sitz bath
- on Sepbar
- No fresh complaints
- Personal hygiene.

Δ: Ⓛ EORB
Post 2# HDLEV
(18/10 – 19/10).

. no active complaints.

. reassessment MRI pending
↳ Date not taken

. ~~Plasma~~ , 8.4 > 6080 / 2230 < 1.98L

INJ. G-CSF 55mcg S/C OD x5days

N/V — OPD 04/10/25 Saturday with CBC, LFT, RFT

Adv

—HIV (ICTC, Rummus)

—HBSAg, anti HCV, anti HBs

CBC, LFT, RFT

(Smartgab)

Dr. RUKSANA SIDHIQUE P.R.
DM Resident
Pediatric Oncology
AIIMS, New Delhi

8/9/25

10.1 — 21,390. — 3.91

N 77.4 M 5

ANC = 16,470

Investigations

Hb	ESR	TLC/DLC		B. Urea	S. Cr.	Na/K	Ca
B. Sugar F.	PP	R	T.P/A/G	OT/PT		TFT	
X-Ray Chest			ECG				
ECHO							
CT Brain			MRI				
Others							

Preanaesthetic Instructions :

Premedication

Drug	Dose	Route	Time

Anaesthesiologist
(Name)

Anaesthesia details :

19/11/25 Anesthesia notes (Prof Renu / Dr Bonda / Dr Subashree / Dr Deepak)

I - O_2 + sevo → cl MASK

M - O_2 + air + sevo

R - 100% O_2

vitals

procedure - n/k

HR - 110 - 125/m

SpO_2 - 100%

Dept DR/Anes