

A close-up photograph of a young child with a shaved head, looking directly at the camera with a slight smile. The child is wearing a white t-shirt with a colorful space-themed pattern featuring cartoon aliens, spaceships, and the words 'SPACE' and 'aliens'. The background is slightly out of focus, showing an outdoor setting with a yellow and black striped barrier and other people in the distance.

Caring For The Girl Child Foundation



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029

Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

20.01.2025

MAST. BALESH SINGH, 2 YRS / M

UID: 01.25.692

M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Left globe is increased in size. Large mass lesion measuring 25 x 22 x 27 mm is seen involving the anterior and posterior chamber of the left globe. Lesion displays hypointense signal on both T1 and T2 weighted images. There is extraocular extension of the lesion into the retroocular fat. Left optic nerve is unremarkable. There is heterogeneous enhancement following administration of contrast.

Right globe is normal in size. Multiple small focal lesions are seen in the posterior chamber of the right globe, largest measuring 3 x 10 mm. No extraocular extension is seen. Right optic nerve is unremarkable. There is subtle enhancement following administration of contrast.

The optic chiasm, infundibulum and pituitary gland do not show abnormality.

Cerebral and cerebellar parenchyma is unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage.

Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Paranasal sinuses are unremarkable.

IMPRESSION:

- Findings are suggestive of bilateral retinoblastoma (L>R) with extraocular extension on the left side. Bilateral optic nerves are unremarkable.

Clinical and histopathological correlation is necessary

DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

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

(2A)
MSK
(Bc)

(X) Intracocular high spikes
noted 12PB (K=6.9)
2 mild amplitude spikes in VC
?? seeds
(wider gain)

(L) mod amplitude spikes noticed
no ocular structures identified
(wider gain)
hurry
1st/12/25

(#7)

Ref no clinic
registration
today

(142)
@2PM
today

19/3/25

File

B/f EVA = 1/4/25

~~ward~~ 7:30 AM

NPO
Solid 2PM
Liquid 4PM

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
6AM. इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

ब. रो. वि. कार्ड
O.P.D. Card

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
नई दिल्ली-110029



अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.



UHID: 108060720

ABHA:

Dept No: 20250050008044

Clinic No: 2025/RB/22

संख्या / Queue 3

कमरा / Room: 142

Unit-VI

Retinoblastoma

Dr. SR/JR RB -VI- R.142B

NITIKA

(HO) SAJJAN
2Y 3M 10D / F

FUSMAJRI, PIPRA MARORA, LAKHIMPUR

UPPER LUTTA PRADESH, Pin 261506, INDIA

Mobile

General Rs. 0

New Patient



Registration time:
15/01/2025 12:58:24 PM

हा टैंडन का एकक
Tandon's Unit

आयु
Age

पता
Address

2y

Lakhimpur, Uttarakhand

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

15/1/25

C/O/W Dr Sumit in New oncology Clinic

1. MRI done outside (12/1/25) s/o left eye globe by bulge and completely replaced by ill-defined irregular altered signal intensity mass lesion (28X27X2 mm) infiltrating into lateral rectus muscle tissue edema, posteriorly minimal extension in retrobulbar fat & partial involvement of optic Nerve near its attachment of disc shows altered signal intensity and proptosis of eye globe → thickening of optic nerve & effacement of perineural CSF space

2. RE globe minimally enlarged → nodular altered signal intensity soft tissue (3-4mm upto length 16x17mm) & do closely abutting optic Nerve

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

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

USG → mass at post pole c hyh spike cost ⊕
 whole globe filled c mass
 no intracellular contents distinguished
 hyh spikes s/o calcification ⊕

→ Paeds oncology consult sent

→ F/U P c reports for NRC (53) on Monday.

10:00 AM.

→ Date for (EUA) after

NRC

→ Dr. Raelva

210 / 211 / 209

(2nd floor, New RAK)

(EUA)

Route for Evn

(Wed / Sat. 9:00 AM)

(PNC)

BLU's registration

22/1/2025

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
 इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी रक्षा कर सकें।
 Eyes are God's most precious gift to man kind and eye donation is the most noble deed.
 Take full care of them so that they can take care of you.

ब. रो. वि. कार्ड O.P.D. Card



अनुभाग व दिन
Section and Day
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.



UHID: 108060720

ABHA:

Dept No: 20250300011151

संख्या / Queue 0

कमरा / Room: Emergency Unit-I

Paediatrics Emergency

NITIKA

Dr. Praveen Aggarwal

D/O SAJJAN
2Y 3M 16D / F

KUSMAURI, PIPRA MARORA, LAKHIMPUR
KHERI, UTTAR PRADESH, Pin: 261506, INDIA

Mob: null
General Rs. 0

MON, TUE, WED, THU, FRI, SAT,
SUN



Registration time:
01/02/2025 04:13:38 AM

स्टैंडन का एकक
Tandon's Unit

प्रायु
Age

पता
Address

Balesh Singh

F 2

दिनांक
DATE

निदान
DIAGNOSIS

Ⓡ 2 RB

उपचार Treatment

Ⓡ 1B SR Soniya RARE + unit VI

Ⓡ circumferential irregular enhancement
of walls seen

Ⓡ NO scleral, Retinal thickening
NOT

Ⓡ globe larger in size

2 separate
Ⓡ T2 hyper intense lesion ? closed funnel
(Subretinal projection) of central
medial wall

enhancing nodules
Ⓡ NO B10 mass inside Ⓡ Ⓡ signal low

Ⓡ ? Bleed Intracocular Ⓡ

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3/2/25

B/L NO extradural / ^{B/L} optic nerve involvement

- ① Enhancement of pterygoid thickening
- ② Enhancement outside scleral wall
- ③ ~~mass~~ extend across optic nerve ~~insertion~~

④ Enhancing mass extend behind sclera (not along O. Nerve.)

⑤ pineal gland normal

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⑥ cycle
no given.

B/L staging SVA.
L to monitor.

Patient has fever x 3 days
on IVABs Paeds
(Flupl ^{4B} PHDU / Clearance for
staging SVA date)

(Did onco → 142B
2pm Mon/Wed)

→ Paeds Oncology
con-referral
for opinion. ^{from}
start the
chemo.

(210/209/211)
Dr Adib / Prd Rachna
Wed/Sat

11/4/25

STAGING

(B) GUN 2nd 6 (for Summit for Paparazzi for Nijmegen)

VEC - 2 cycles (26-27 Jan 25
23-24 Feb 25)

(R)

(L)

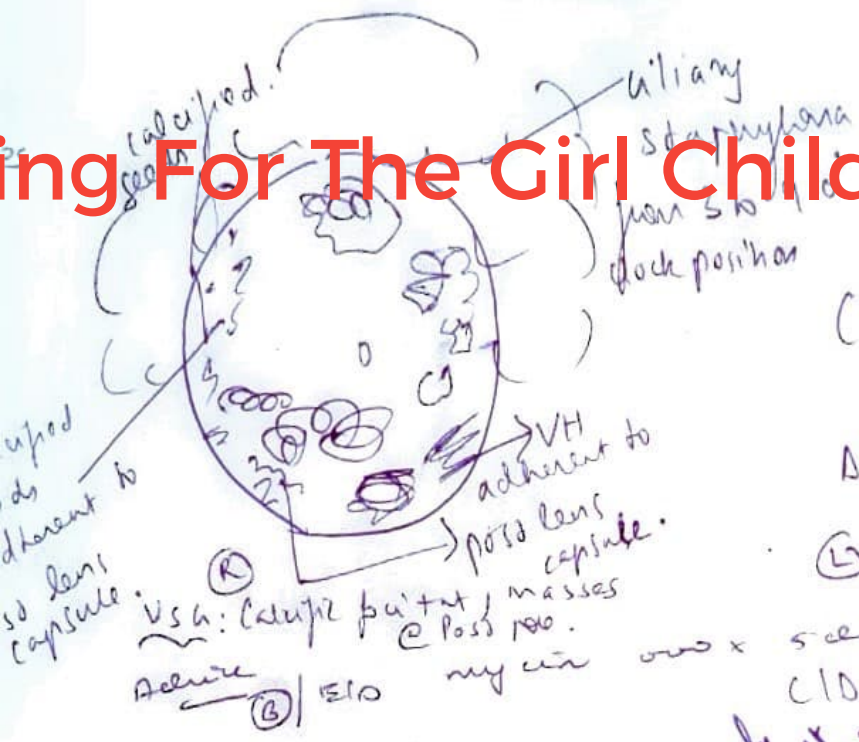
pupil fully dilated
retroillumination weak (+)
tumor cells (+) beneath lens
lens appears clear
scleral thinning 3-6
6 clock hours

total capsular

360° PS (+)

very shallow (flat) as when

ing For The Girl Child Foundat



A: B12 chemoradiation EOR B.

(L): VH → Deformed, late +nt, high spikes slo
C/D/W or Lom' calcified +nt

Adv!! 12h V.R. (info feedback unit 57)
→ Flupin MRI films for NRC @ RPC
on Monday, 10:00 AM, Room 53.

→ Flupin Paed oncology for further chemo &
Kindly arrange Chemoglobin
for surgical planning

9) CBC →

13/5/25
123 9.30 AM

MS
Sh



¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: NITIKA		Age/Sex: 2Y/F
Study ID: FDGN/38809/25	UHID: 108060720	Date: 20.02.2025
Indication: K/c/o bilateral retinoblastoma, post 1 cycle VCE (last 23.01.25), PET/CT for current disease status.		

Procedure: PET-CT acquisition was done 60 minutes after injection of 10mCi ¹⁸F-FDG by intravenous route, from the level of vertex to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck: Minimally FDG avid calcified soft tissue density mass noted involving almost entire posterior segment of left globe (measuring ~1.8x1.6cm). Non FDG avid plaque like calcification noted in posterior segment of right globe (max thickness ~5mm). Mildly FDG avid subcentimetric left intraparotid lymph node noted. Mucosal thickening noted in bilateral ethmoid and bilateral maxillary sinuses. Increased tracer uptake noted in bilateral palatine tonsils with FDG avid subcentimetric to enlarged bilateral cervical level IB, II and III lymph nodes noted- likely infective. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

Chest: Few subcentimetric bilateral axillary lymph nodes noted with no significant tracer uptake and maintained fatty hilum. FDG avid subcentimetric right lower paratracheal, subcarinal and bilateral hilar lymph nodes noted- likely infective. Increased FDG uptake noted in thymus- likely physiological.

Abdomen-Pelvis: FDG avid hypodense lesion (measuring ~9x7mm) noted in the vagina. Few subcentimetric non tracer avid mesenteric lymph nodes noted. Subcentimetric bilateral inguinal lymph nodes with mild FDG uptake - infective. Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder.

Musculo-Skeletal System: Degenerative changes noted in spine. Diffuse increased FDG uptake noted in the visualized axial and appendicular skeleton- likely reactive.

IMPRESSION:

- Metabolically inactive bilateral globe calcified lesions- residual disease.
- Metabolically active left intraparotid lymph node- ?metastatic ?infective- adv. FNA correlation.
- Metabolically active lesion in vagina-??nd primary ??infective - adv. Clinical examination/MR correlation.
- No previous PET/CT available for comparison.

Dr. Nivedita Kundu
Senior Resident

Prof. C S
Cons

प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029

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

108060720	Reg Date :	15/01/2025 09:26 AM
nt Name : Miss. NITIKA	Age :	2 years 3 months 13 days
: Female	Unit Name :	Unit-III
partment : Paediatrics	Sample Collection Date:	31/01/2025 08:50 AM
nit Incharge :	Lab Sub Centre:	Lab Oncology (IRCH)
Lab Name: Lab Oncology	Report Generated Date:	04/02/2025 05:51 PM
Sample Received Date: 31/01/2025 03:01 PM	Recommended By:	Dr. NISHITA PUROHIT
Dept / IRCH No: 20250030001761		
Lab Reference No: 438		
Ward Name: DAY CARE PEDS MCH GF		
Sample Details: LOI-310125013-BP (Bone Marrow)		

BMA BMT PS

Report: Cellular bone marrow preparation shows haematopoietic cells of all series (M:E=2:1).

There is no evidence of metastasis in the smear examined.

Peripheral smear is unremarkable.

Advice : Correlation with bone marrow biopsy findings

Consultant Dr Pranay Tanwar

Senior Resident: Dr Komal

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated.
Partial reproduction of the report is not permitted.

Authorized Signato

To
cousins,

Kindly consider RBI gene testing for the patient.

Thank You,

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

2/25

B/L CORB
Chromosome (M)

Caring For The Girl Child Foundation

①. metastatic w/ap. ~~pending~~ done → reports pending.

②. received C#1 HD CEV → 23/1, 24/1.

③. had IN post C#1.

↓
40 cold/cough (F)

✓ 40 peritular infiltrates (F)

likely viral


- currently afebrile.

27/1/25

To
contacts,

Kindly consider RBI gene testing for the patient.

Thank You,


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

Caring For The Girl Child Foundation

3/2/25

B/L CORB.
Chiarom ①

①. metastatic w/ap. ~~pending~~ done → reports pending.

② received C#1 HD CEV → 23/1, 24/1.