



Caring for the girl child foundation



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Deborah

107967901

BIL 12B ← 12E gp(F)
L + gp(C)

To
ICTC (PMOS, near Gate 1)
Kindly consider for HIV testing for this pt.

Senior Resident
Cancer Oncology
Satyajit

विश्वविद्यालय
UNID: 107967901
Dept No: 20240030033850
RISH KUMAR

कमरा / Room
C-210
Queue /
संख्या F40
Unit-I POC

ISH KUMAR
70 / M (58)
PUR MAFAPUR MUZAFFARPUR
n.d. NOIA
26933 General Rs 0
Patient

VON 808
Reporting: 02 45 55
09/12/2024

Sup on 23/12/24
CBC/PT/ET

Senior Resident
Pathology
Dr. *[Signature]*
All India Institute of Medical Sciences

UNID: 107967901
A.
ihkumar_191910@abdm
No: 20240030033850

कमरा / Room
C-210
Queue /
संख्या F31
Unit-I POC

MUZAFFARPUR
General Rs 0

MON सोम
Reporting: 01 58 38
16/12/2024

M/L to PD = 28/12/24
CBC/PT/ET -
[Signature]
28/12

Caring for the girl child foundation

2. $\frac{1}{2}$ cup of $\frac{1}{2}$ cup of (1 cup of 10)
One for week 2nd Augmented
on 22/12/24

40 days of 1 day x 2 day
NO 40 fever / TB / ~~AD~~

for
PPT
15-30 sec

1228 hr n 1221.

15-16 weeks
clear

GA
15-16 weeks
clear

add
Kaochard 2 x 3 days.
- CBC / 15/17/19
- to give 17 on chanted
after 17/17/19

* Symp Septum (40mg / 5ml) 6.5 ml
AD

- N/V PDD - 28/12/24
CBC / 17/19
[Signature]

1/1/24

700000 (2)
111000000

BA = 0.44m

Induction 1st dose 2mg + enalapril 2mg i-v stat

↓
12FC DNS + 1.100 cc @ 55ml/hr + Shower

↓
after shower

- 1st Cyclophosphamide 580mg/100ml NS i-v over 1 hour
- 1st mesna 200mg i-push @ 0, 2, 4 hrs.
- 1st VCR 0.5mg i-push
- 1st Doxorubicin 9mg/100ml NS i-v over 1 hour

↓

Post Chemotherapy 1st enalapril (2mg/100ml) 5ml i-v
Tab. Dose 2mg 1 tab BD

1st G4F 100mg x OD x 5 day → D2 onward

Ampon

23/12/24

2 AM/PM/CH

5/12/24

h2

Came at 10^{am}

redated for 22/



Goyal MRI & Diagnostic Centre Safdarjung Enclave

(A Unit of Goyal Brothers Prakashan)
B-1/12, Safdarjung Enclave, New Delhi - 110029
Email : goyalmri@yahoo.com
Phone No : 40771234
GSTIN :-07AAAFG5737A1ZU

Facilities Available:

3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, 3D-4D Diagnostic Ultrasound, Color Doppler for Carotid and Peripheral Vessels, Digital X-Ray, DEXA Bone Densitometry, ECG-ECHOCARDIOGRAPHY, EMG-NCV-EEG, Pathology Laboratory (NABL accredited)

Bill / Receipt

Patient Name	AKARSH KUMAR	Number	19168
Age	2 Year	Mobile No.	
Address	ND	Date	19/10/2024
Ref.by(Dr.)	AIIMS	Time	14:35:31
On Account of		Gender	Male

S.No.	Particulars / Investigations	Amount(in Rs.)
	Medical Laboratory and Diagnostic-imaging services [SAC Code-999316]	11000.00
1	MRI BRAIN & ORBIT CONTRAST	11000.00
Sub Total		11000.00
Discount		6000.00
Total		5000.00
Paid		3500.00
Balance		1500.00
Net Balance		1500.00

Amount in words :Three Thousand Five Hundred
Payment Mode : Cash
Account : CASH
Payment Details :
Remarks : DA

For Goyal MRI & Diagnostic Centre
Safdarjung Enclave
Goyal MRI & Diagnostic Centre
NABL Approved
Certificate No. [Signature]
CGHS Circle [Signature]
NRE [Signature]
[Vikash Yadav]

Caring for the girl child foundation



Caring for the girl child foundation

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S.
Ansari Nagar, New Delhi-110029



Consultant		Sr. Resident		Section	
C.R. No.	O.P.D. No.	Sp. Clinic No.	Ward / Bed No.	Sex	Nationality
<div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="font-size: small;">DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES</p> <p>UHD: 107890764 Date: 23/10/2024 10:18:57 AM</p> <p>CR No.: R 042860 24 Ward Name: 1A Bed No: 119</p> <p>Name: MR AKARSH KUMAR</p> <p>Unit In-charge: Dr Radhika Tandon</p> <p>Unit-VI</p> <p>ACCOUNTS-21-46054/20 RS 105</p> <p>2024 OCT 23 10:18:57 AM</p> </div>				Single / Married	
				Address	

Patient's Name in full

Son / Daughter

Number of (including)

Occupation

I.A. Time

I.D. Time

Previous Admission / CR No.

Admission-Routine / Emergency / EHS /

Local Address

Tele No. 8210426983

DIAGNOSIS	Primary	2nd	3rd	Code No.
Right Eye				1) 2) 3)
Left Eye				1) 2) 3)
/ Operation				
Cured / Relieved / Stationary / Failure				
Phs No.				

Histopath Report No.

Caring for the girl child foundation

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

CONSENT FORM

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
UHD: 10*880*64
CR No.: R-042860 24
Name: MR AKARSH KUMAR
Age: 27-03-140-51
Date: 23-10-2024 10:18:57 AM
Ward Name: 1A
Unit In-charge: Dr. Radhika Tandon
Unit: VI
ACCOUNTS: 21-46054 2024
RS
IC



U.H.I.D. NO. / O.P.D. NO. _____

NAME : _____

SON / DAUGHTER / WIFE OF _____

ADDRESS : _____

TELEPHONE NO. (OFF) _____

INFORMED CONSENT

AUTHORISATION FOR MEDICAL TREATMENT, ADMINISTRATION OF ANAESTHESIA AND PERFORMANCE OF SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE

1. I hereby authorise the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, A.I.I.M.S. and those the Institute designate as staff to perform upon _____ the following medical treatment, surgical operation and / or diagnostic therapeutic procedures _____
2. It has been explained to me that during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedure in addition to or different from contemplated at the time of initial diagnosis. I, therefore, further authorise the above designated staff to perform additional surgical or other procedures as they deem necessary or desirable.
3. I consent to the administration of anaesthesia and to the use of anaesthetics as may be deemed necessary or desirable, except to the following exceptions.

(Indicate exception or 'None')

4. To the best of my knowledge, I state that I am / am not suffering from Hypertension / Diabetes / Bleeding disorder / Heart disease or _____
5. I also state that I am not suffering from any known allergies or drug reactions. Which are _____
6. I further consent to the administration of such drugs, infusions, plasma or blood transfusions or any other treatment procedures deemed necessary.

The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative treatment, prognosis, the risks involved and the possibility of complications in the investigative procedures, investigations and treatment of my condition / diagnosis have been fully explained to me and I understand. I have also been explained that in view of squint any one or both eyes may need to be operated and I give my consent for the same.

I have been given an opportunity to ask all / any questions and I have also been given option to ask for any second opinion.

I acknowledge that no guarantee and promises have been made to me concerning the result of any procedure / treatment.

I consent to the photographing or televising of the operations or procedures to be performed, including the use of the same for educational purposes.

**DR. RAJENDRA PRASAD CENTRE
FOR OPHTHALMIC SCIENCES
NEW DELHI-110029**

ATTENDANT PASS

Patient's Name *Akarsh*

Bed/Ward *119/1A*

Period from *23/10* **to** *27/10*

2
For Medical Supd



GOYAL MRI & DIAGNOSTIC CENTRE

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

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

Ankur Gadodia
(AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

19.10.2024

MAST. AKARSH KUMAR, 2 YRS / M

UID: 10.24.919

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.

Follow up case of bilateral retinoblastoma, on chemotherapy. Previous scans are not made available for comparative evaluation.

Right phthisis bulbi is seen. 11 x 11 mm mass lesion is seen in the posterior chamber of the right globe. Lesion displays hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. Right optic nerve is unremarkable. Left globe is normal in size and signal intensity. 8 x 6 mm focal lesion is seen in the posterior chamber of the left globe along the lateral aspect with retinal detachment and subretinal hemorrhage. Lesion displays hypointense signal on both T1 and T2 weighted images. Left optic nerve is unremarkable. Findings are suggestive of residual disease.

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.

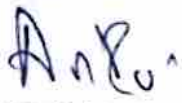
Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Paranasal sinuses are unremarkable.

IMPRESSION:

- Right phthisis bulbi with 11 x 11 mm homogeneously enhancing mass lesion in the posterior chamber of the right globe. Right optic nerve is unremarkable. 8 x 6 mm homogeneously enhancing focal lesion in the posterior chamber of the left globe along the lateral aspect with retinal detachment and subretinal hemorrhage. Left optic nerve is unremarkable. Findings are suggestive of residual disease.

Clinical correlation is necessary


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

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG, PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)



Caring for the girl child foundation

FORM NO. 1

Child's Name: KEITH / PI / FOLIN R

Date of Birth: 10/10/2010

Parent's Name: KEITH / PI / FOLIN R

Address: KEITH / PI / FOLIN R

Phone Number: KEITH / PI / FOLIN R

Signature: KEITH / PI / FOLIN R

Stamp: KEITH / PI / FOLIN R

Barcode: KEITH / PI / FOLIN R

Form No. 1

Child's Name: KEITH / PI / FOLIN R

Date of Birth: 10/10/2010

Parent's Name: KEITH / PI / FOLIN R

Address: KEITH / PI / FOLIN R

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