







शरीरमाद्यं खलु धर्मसाधनम्

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



एक कदम स्वच्छता की ओर

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग

UHD: 108573783

कमरा / Room

C-211

Queue /
संख्या

F6

Unit-I, POC,

O.P.D. Regn. No.

OPR-6

एकक / Unit

विभाग / Dept.

नाम / Name

सोनामती सोनामती / SONAMATI

SONAMATI

S/O SURENDRA

3Y 3M 30D / M/(पुरुष)

GUTHANI DIST SIWAN, BIHAR, INDIA

Follow Up Patient

General Rs. 0



Reporting: 01:59:12
29/12/2025

पता / Address

निदान / Diagnosis

दिनांक / Date

B (R) FORK slaps IV a
उपचार / Treatment

Kindly provide Dexamethasone for 10 days

Nikita

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

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



31/12/25

Rt CORB | stage IV a

7.15 / 2.7 < 203,000

RPT/WT - (N)

Premedication

q.i. FMSET 2.5 mg IV stat

q.i. DEXA 2 mg IV stat

Augmented chemo

(1)

q.i. VOR

Kindly get 2 DEC 10

→ Dr. SANJANA MAM - 207

(Chemo date)
10/1/26

Re-date

18/1/26

* (1)

q.i. VOR 0.8 mg IV slow push D₁

65 ml/hour

(12)

q.i. Hydration

q.i. NS + (1:100 KCl) e

for 6 hour

fast 2 hours of hydration

✓ (3)

q.i. CYCLOPHOS PHOSPHATE 760 mg in 100 ml NS
IV slowly over 1 hour D₁

✓ (4)

q.i. MESNA 200 mg in 100 ml NS IV e D₁ 2, 4 hour

✓ (5)

q.i. DOXORUBICIN 15 mg in 100 ml NS IV
slowly over 1 hour D₁

11 Aug. 415F 55 mg SC x 5 days

29/12/25

@ RT FORB / stage IV a.

BM: involved HPR found

ON: uninvolved c intraocular part
nucleus

counseling done c whole unit by
Prof R. SETH.

- (i) father counselled regarding the disease status
- (ii) Advised for fund arrangement for HSCT.
- (3) accommodation to be arranged
- (4) A shift to augmented chemo tx
not done modified.
- (5) N/V on wednesday ^{OPD} c CBL/RT/UT
31/12/25

↓
chemo to be started



Neha

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

31/12/25

9.6 7.15
2.7

RP1/4

(i)

④

⑤

③

④

✓

HDeev

Cycle no Date Wt BSA
 Hb TLC ANC Platelets
 SGOT SGPT S Bil Urea Creatinine

Drugs	Dose given	Day
VCR		
Carboplatin	0.3mg	D ₁
Etoposide	280mg	D ₁
	120mg	D ₁ D ₂ 4/11/25
		2/11/25

q₁ G-CSF 50 mcg
 Chemotherapy: checked by Administrated by
 (Signature SR) 3/11/25 4/11/25 5/11/25 6/11/25 7/11/25
 Next visit.....

Cycle no 2 Date Wt BSA
 Hb TLC ANC Platelets
 SGOT SGPT S Bil Urea Creatinine

D₈
 8/11/25

Drugs	Dose given	Day
VCR	0.3 mg	D ₁ 4/11/25
Carboplatin	280 mg	D ₁
Etoposide	120 mg	D ₁ (172) = 26/11/25
		25/11/25
		4/11/25

Next visit.....

q₁ G-CSF : D₁ 28/11/25
 50 mg.
 D₂ 29/11/25
 D₃ 30/11/25
 D₄ 1/12/25
 → D₅ 2/12/25

Chemotherapy schedules

Standard chemotherapy protocol for RB

VCR	1.5 mg/m ² /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1
Carboplatin	560mg/m ² /day 18.6 mg/kg/day for children <3 yrs	Day 1
Etoposide	150 mg/m ² /day 5 mg/kg/day for children < 3 yrs	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT&RFT must be done before every cycle		

NACT: CT followed by EN, local RT and adjuvant CT

VCR	0.025mg/kg/day Max dose 2.0 mg	Day 1
Carboplatin	28 mg/kg/day	Day 1
Etoposide	12 mg/kg/day	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle		

Augmented Chemotherapy

VCR	1.5 mg/m ² /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1	Wk 0,6,12,18..
Carboplatin	560 mg/m ² /day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m ² / 3.3 mg/kg/day for children < 3 yrs	Day 1,2,3	Wk 3,9, 15, 21
Cyclophosphamide	65mg/kg/day	Day 1	Wk 0.6,12,18..
Idarubicin/ Doxorubicin	10 mg/m ² 30 mg/m ² /day	Day 1	Wk 0.6,12,18..
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle .ECHO at baseline/ as indicated			

High dose CT with autologous stem cell transplant :

Stage IV/Metastatic RB

Stage IVa



MIS 2022-0134



ECHS EMPANELLED



CGHS EMPANELLED



IMAGING AND DIAGNOSTICS

A - 1/10, GROUND FLOOR & BASEMENT, SAFDARJUNG ENCLAVE
NEW DELHI - 110029, CONTACT - 011 - 40727900 / 09599464433
eMAIL:- info@sakshamimaging.com, http://sakshamimaging.com

PATIENT'S NAME: SONAMATI	AGE/SEX: 3/M
REF. BY: AIIMS	REG./UID: SAI6167
TEST NAME: 3T MRI SCAN - CEMRI HEAD & ORBITS	EXAM. DATE: 22-DEC-2025

CEMRI HEAD & ORBITS

STUDY PROTOCOLS:

MR IMAGING OF THE BRAIN WAS PERFORMED USING FLAIR, T1 AND T2 WEIGHTED AXIAL SECTIONS, AND CORRELATED WITH T2W SAGITTAL AND FLAIR CORONAL IMAGES. IMAGING OF ORBITAL REGIONS WAS PERFORMED USING CORONAL STIR, T1W AND T2W SECTIONS AND CORRELATED WITH T1W AND T2W AXIAL AND SAGITTAL IMAGES. POST CONTRAST (3 ml) SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES. No contrast reaction is seen.

Clinical details: Follow up case of right extraocular retinoblastoma, post chemotherapy status.

FINDINGS:

Right eye ball is distorted and grossly shrunken in size and shows diffuse heterogeneously enhancing thickening of the sclera.

Right optic nerve is grossly thinned out.

Mild inflammatory changes seen in intraconal space of right eye ball.

The cerebral parenchyma appears normal in signal intensity with maintained grey and white matter differentiation. No focal parenchymal lesion or signal alteration is apparent, at present.

Diffusion weighted imaging carried out does not reveal any area revealing hyperintense signal intensity with increasing 'b' values.

Both cerebellar hemisphere and brainstem appear normal in morphology and signal intensity. Cerebellopontine angle regions appear normal.

Basal ganglia and thalamic regions appear normal in signal intensity.

Ventricles are normal in shape, size and outline. Septum is in midline. Basal cisterns and sylvian fissures are normal.

Sellar and parasellar regions appear normal.

Left globe and extra ocular muscles appear normal. Retro-ocular space and fat planes are preserved.

Left optic nerve grossly appears normal.

Optic chiasma appears normal in contours and signal intensity, at present.

Reported & Signed by:

Dr BHAVESH PATEL

Disclaimer: It is an interpretation of medical imaging/diagnostic based on clinical data which is being provided in an electronic format which does not require any physical signatures. All modern machines/procedures have their own limitation. This is neither complete nor accurate; hence, findings should always be interpreted in the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. Any typographical error should be informed and report sent for correction within 7 days.

SAKSHAM IMAGING AND DIAGNOSTICS PRIVATE LIMITED

CIN: U74999DL2018PTC138900



MIS 2022-0134



ECHS EMPANELLED



CGHS EMPANELLED



A - 1/10, GROUND FLOOR & BASEMENT, SAFDARJUNG ENCLAVE
NEW DELHI - 110029, CONTACT - 011 - 40727900 / 09599464433
eMAIL:- info@sakshamimaging.com, http://sakshamimaging.com

PATIENT'S NAME: SONAMATI	AGE/SEX: 3/M
REF. BY: AIIMS	REG./UID: SAI6167
TEST NAME: 3T MRI SCAN - CEMRI HEAD & ORBITS	EXAM. DATE: 22-DEC-2025

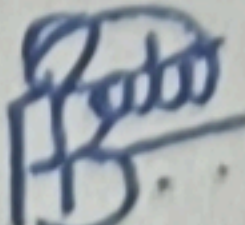
Bilateral cavernous sinuses appear normal.

IMPRESSION: MR imaging of brain and orbits reveals:

- Distorted and grossly shrunken in size of right eye ball with diffuse heterogeneously enhancing thickening of the sclera and grossly thinned out right optic nerve – suggestive of post treatment changes.
- Mild inflammatory changes in intraconal space of right eye ball.

Please correlate clinically.

Dr. Sacchidanand Purkait Chief Consultant Radiologist	Dr. K. K. MISHRA Consultant Radiologist	Dr. Bhavesh Patel Consultant Radiologist	Dr Rahul Bhartiya Consultant Radiologist
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Reported & Signed by:  **Dr BHAVESH PATEL**

Disclaimer: It is an Interpretation of medical Imaging/diagnostic based on clinical data which is being provided in an electronic format which does not require any physical signatures. All modern machines/procedures have their own limitation. This is neither complete nor accurate; hence, findings should always be interpreted in the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. Any typographical error should be informed and report sent for correction within 7 days.

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CIN: U74999DL2018PTC338900



प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi



UHID: 106323763
Patient Name: Mr SONAMATI SONAMATI
Age: 35 Yrs
Reg Date: 08-Dec-2023 10:28 AM
Recommended By:
Lab Sub Centre: SMART Lab, New RAK OPD
Sex: Male
Sample Received Date: 08-Dec-2023 10:28 AM
Department: Paediatrics
Sample Collection Date: 08-Dec-2023 08:35 AM
Sample Details: LH08122500117
Lab Reference No: 251607008

Report

HEMATOLOGY

Test Name: (Methodology)

Sample Type: EDTA Whole Blood	Result	UOM	Bio. Ref. Interval
Hb (CLD-photometry)	6.70	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	21.60	%	34 - 40
RBC count (Impedance)	2.78	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	4.01	$10^3/\mu\text{L}$	5.0 - 15.0
Platelet count (Impedance)	45.00	$10^3/\mu\text{L}$	200 - 400
MCV (Calculated)	77.70	fL	75 - 87
MCH (Calculated)	24.10	pg	24 - 30
MCHC (Calculated)	31.00	g/dL	
RDW-CV (Calculated)	17.30	%	11.6 - 14
Neutro (Fluo. flow cytometry)	30.20	%	30-60%
Lympho (Fluo. flow cytometry)	42.60	%	29-65%
Eosino (Fluo. flow cytometry)	1.50	%	1-4%
Mono (Fluo. flow cytometry)	25.70	%	2-10%
Baso (Fluo. flow cytometry)	0.00	%	0-1%
NRBC	1	%	
Neutro - Abs (Calculated)	1.21	$10^3/\mu\text{L}$	1.5-8.0
Lympho - Abs (Calculated)	1.71	$10^3/\mu\text{L}$	6.0-9.0
Eosino - Abs (Calculated)	0.06	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	1.03	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.00	$10^3/\mu\text{L}$	0.02 - 0.1

Remarks: Patient is a known case of retinoblastoma (metastatic) [vide: HISTOPATHOLOGY REPORT- accession number: S2558895]. CBC findings: Normocytic normochromic anemia with thrombocytopenia. RBC: Normocytes predominantly, with few tear drop cells and target cells and few polychromatophils present. Platelets: Manual platelet count was done, examined smear shows few large platelet forms. No giant platelet forms seen, however, Few small platelet clumps seen (3-5 platelets/ clump) present. Neutrophils show shift to left with presence of myelocytes (4%) and neutrophils show toxic granulations and increased cytoplasmic vacuolations. No morphological evidence of blasts seen on examined smear. Advice: R/O infections/ therapeutic changes. Kindly correlate clinically.

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext no. 2004-7004.

13/12/25

Ⓡ EORB / Stage IV_A (BM ⊕)

Poor understanding
PET not done yet → multiple redates
dated 16/12/25.

Ⓡ 2 # HDCEV (25/11 - 26/11/25).

8/12/25

6.7 / 4010 / 45K.
1210
LFT / RFT ~ (N)

Baseline MRI → yet to
be discussed if ON
Involved till chemo
or not.

(IV_A v/c IV_B).

NRC → ON till intracranial
part

Funds not applied
yet.

plan

- ① fund application
- ② To bring baseline MRI films on 16/12/25
(@ daycare).
- ③ PET scan → 16/12/25 (NPD, MCB, daycare @
8am).
- ④ To decide on further chemo.
- ⑤ CBC, LFT, RFT Today ; N/V 17/12/25.

cl/d/w prof results → MRI discussion, PET scan to
be done, based on that to decide further
Rx. If anastome intact in IV_a Needs
Augmented chemo.

Shammi



PET - SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान/ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 नाभिकीय चिकित्सा एवं पी ई टी. विभाग/Department of Nuclear Medicine & PET
 अंसरी नगर, नई दिल्ली-110029/Ansari Nagar, New Delhi - 110029
 Tel : 91-11-26593210

Early date

Shi
SL

Physician request form for Positron Emission Tomography (PET) Scan
 (Please Note : Scan will not be done if form is not properly filled)

Name : Sorawati Age : 35 Yrs. Sex : M F

Referred by : Dr. R. Sethi Requisition Date : _____

UHD No. / Clinic / Dept. : 10 / ped. onco

Brief Clinical History :

- 40
 (R) orbital swelling x 2 months
 (R) Blurring of vision } x 5m

Treatment History : (R) white eye reflex

↓
 (R) EDRB for
 staging w/v.

Past History ☐ DM ☐ HT ☐ TB ☐ Renal failure ☐ Previous Malignancies

Investigations :

Blood Sugar _____ Fasting _____ PP _____ Random _____ Date :

Urea _____ Creatinine _____ BP _____ PR _____ Height _____ Weight _____

Ultrasound / ECHO / CT / MRI / Plain / Contrast :

Previous Nuclear Medicine / PET : No. & Date

Indication of PET / CT : Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study : ☒ Whole Body PET (Eyes to thighs) ☐ Brain only ☐ Cardiac only

P.T.O.

12/25
3pm @ daycare

didnot come to OPD.

no labs

plan

① N/V

08/12/25

at 2pm

210

POC clinic

②

8/12/25

→ 9am

RAA OPD

Basement

Smart lab

↳ CBC, UFS, MFT

SSix: (R) Metastatic EORB. | Stage IIIA |
Post 2# HDCEV. (25/11 - 26/11)

Shir
Sr PD

8/12/2015

→ RC discussion pending -- films submitted.
→ PET Date to be taken.

Adv's.

- PET Date to be taken
- Discuss MRI Brain to orbit in RC
- CBC/ RFE/CFR. - Smart lab
- N/V in OPD - 13/12/2015 reports



भारत सरकार
Government of India

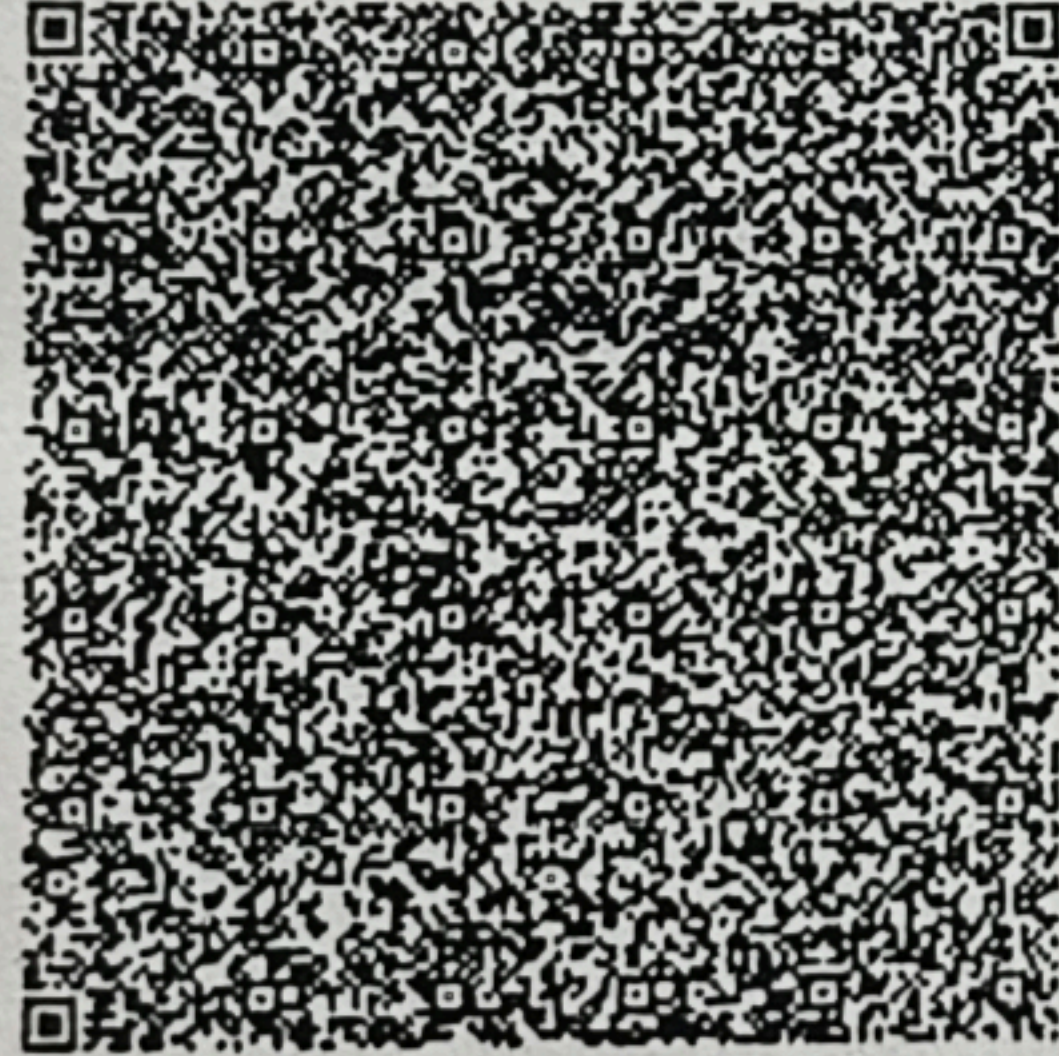
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 4049/35509/08325

To
सोनामती कुमारी
Sonamati Kumari
C/O: Surendra Sah,
Guthani Paschimi,
VTC: Guthani,
PO: Guthni,
Sub District: Guthani,
District: Siwan,
State: Bihar,
PIN Code: 841435,
Mobile: 9525093123

बाल आधार

Signature Not Verified
Digitally signed by AS Unique
Identification Authority of India
OS
Date: 2025.10.28 10:41:13
IST



आपका आधार क्रमांक / Your Aadhaar No. :

8747 4634 6955

VID : 9176 9470 3890 9920

मेरा आधार, मेरी पहचान



सूचना / INFORMATION

आधार केवल 5 वर्ष की आयु तक वैध है। 5 वर्ष की आयु पूर्ण करने पर बायोमेट्रिक्स को अद्यतन (अपडेट) करना आवश्यक है, अन्यथा यह निष्क्रिय हो जावेगा।

Aadhaar is valid till 5 years of age only. Biometrics are required to be updated on attaining 5 years of age, failing which, it will be deactivated.

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
- इस आधार पत्र को यूआईडीआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
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- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



भारत सरकार
Government of India



बाल आधार

Aadhaar No. Issued: 08/09/2025



सोनामती कुमारी
Sonamati Kumari
जन्म तिथि/DOB: 2022
महिला/ FEMALE

यह आधार 5 वर्ष की उम्र तक ही वैध है।

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

8747 4634 6955

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 03/10/2025

पता:
द्वारा: सुरेंद्र साह, गुठनी पश्चिमी, गुठनी, सिवान,
बिहार - 841435
Address:
C/O: Surendra Sah, Guthani Paschimi, Guthani, PO:
Guthni, DIST: Siwan,
Bihar - 841435



8747 4634 6955

VID : 9176 9470 3890 9920

1947

help@uidai.gov.in

www.uidai.gov.in

13/12/25

① EORB / Stage IV A (BM ⊕)

Poor understanding
PET not done yet → multiple redates

② 2 # HDCEV (25/11 - 26/11/25).
dates 16/12/25.

8/12/25

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(IV A v/c IV B)

NRC → ON till intracranial
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8am).
 - ④ To decide on further chemo.
 - ⑤ CBC, UFT, RFT Today ; N/V 17/12/25.
- CD/W prog Rslt → MRI discussion, PET scan to
be done, based on that to decide further
Rx. If anastomotic in IVa Needs
Augmented chemo.

Shamir