







शरीरमाद्यं खलु धर्मसाधनम्

# 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

एकक / Unit

विभाग / Dept.

नाम / Name

बाल चिकित्सा विभाग

UHID: 108573783

कमरा / Room

C-211

Queue / संख्या

F6

OPR-6

Dept No: 20250030028735

Clinic No: 2025/POC/403

Unit-I, POC,

O.P.D. Regn. No.

पता / Address

सोनामती सोनामती / SONAMATI

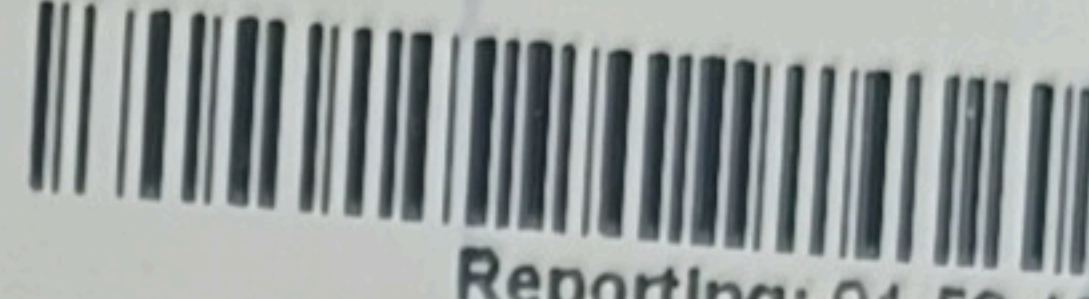
SONAMATI

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

निदान / Diagnosis

दिनांक / Date

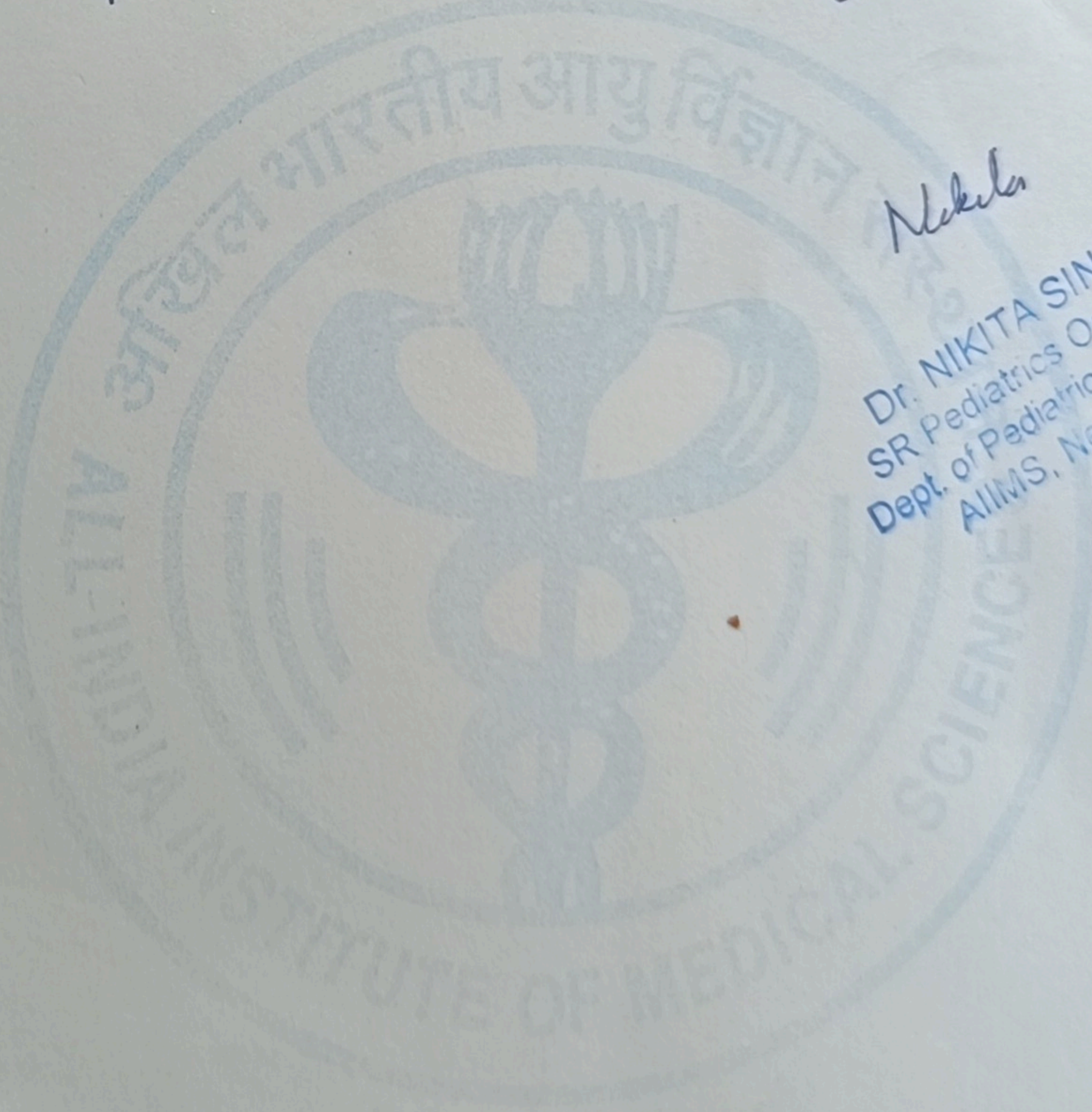
B (R) FORK slay IV a  
उपचार / Treatment

11.8.19

Kindly provide Dexamethasone for 10 days

(5)

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



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)



My Hospital  
meraaspatal.nhp.gov.in



प्रधानमंत्री जन आरोग्य योजना

31/12/25

Rt CORB | stage IV a

9.6 / 7.15 < 203,000  
2.7

RPT/WT - (N)

Pre-medication

qiv FMiset 2.5 mg IV stat

qiv Dexam 2 mg IV stat

Augmented chemo

(1)

qiv VOR

Kindly get 2 DEC 10

→ Dr. SANJANA MAM - 207

(Chemo date)  
10/1/26

↓  
Re-date

18/1/26

★ (1)

qiv VOR 0.8 mg IV slow push D1

65ml/hour

(2)

qiv Hydration

qiv NS + (1:100 KCl) e

for 6 hour

fast 2 hours of hydration

(3)

qiv CYCLOPHOS PHOSPHATE 760mg in 100ml NS  
IV slowly over 1 hour D1

(4)

qiv MESNA 200mg in 100ml NS IV e D1, 2, 4 hour

(5)

qiv DOXORUBICIN 15mg in 100ml NS IV  
slowly over 1 hour D1

11 Aug. GCSF 55mcg SC x 5 days

@ RT FORB / stage IV a.

29/12/25

BM: involved HPR proceed

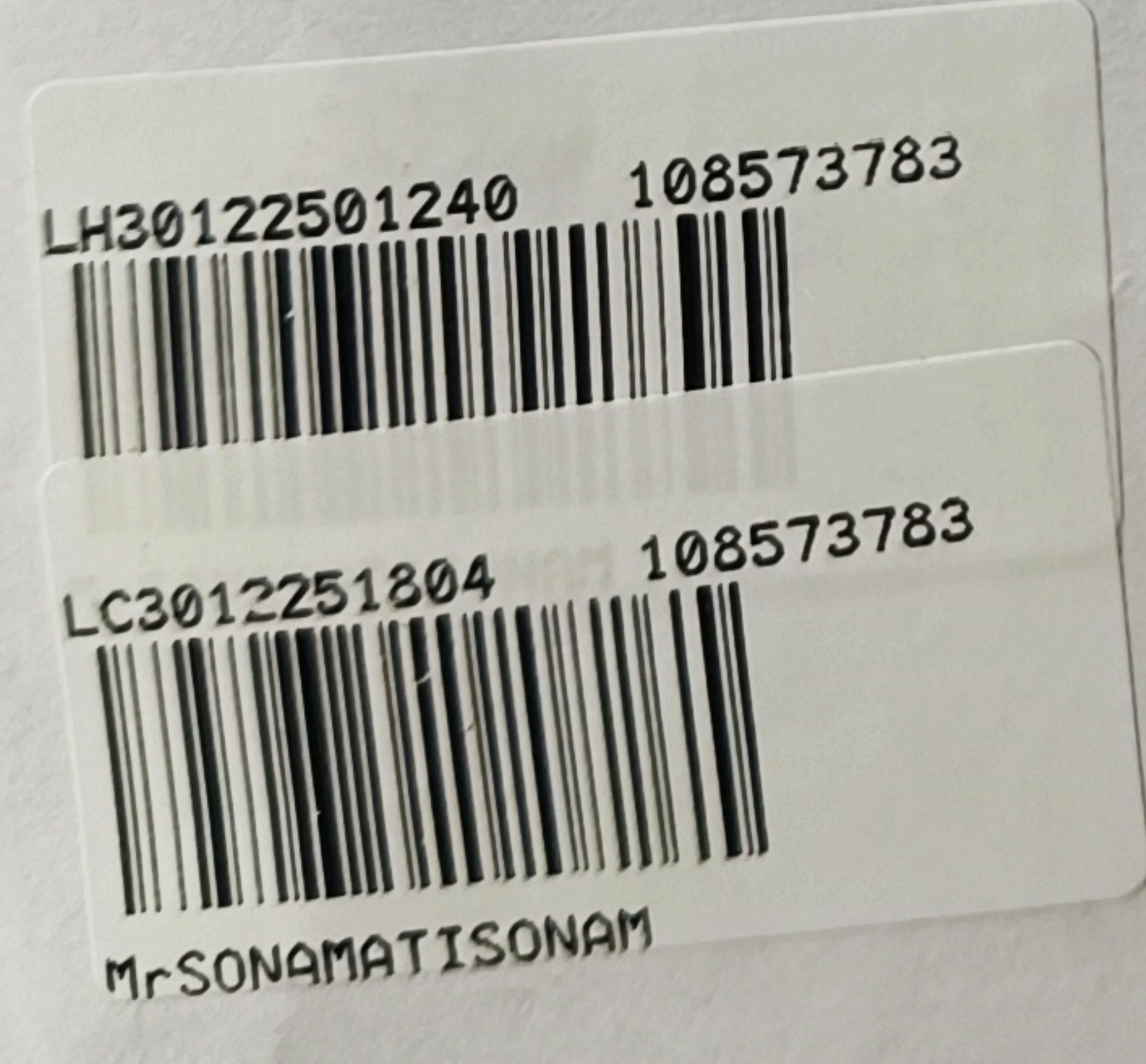
ON: uninvolved c unimolecular part involved

counseling done c whole sent 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 idea modified.

(5) N/V on wednesday <sup>OPD</sup> c CBL / RPT / UFT 31/12/25

↓ chemo to be started



Nehela

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

31/12/25

9.6	7.15
	2.7

RPT / UFT

(i)

(ii)

(iii)

(iv)

(v)

(vi)

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 <sub>1</sub>
Etoposide	280mg	D <sub>1</sub>
	120mg	D <sub>1</sub>   D <sub>2</sub> <u>gind</u> 2/11/25

q.i 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 .....

D<sub>8</sub>  
 8/11/25  
[Signature]

Drugs	Dose given	Day
VCR	0.3 mg	D <sub>1</sub> <u>gind</u> 25/11/25
Carboplatin	280 mg	D <sub>1</sub>
Etoposide	120 mg	D <sub>1</sub> (172) = 26/11/25 25/11/25 <u>gind</u>

Next visit.....

q.i G-CSF : D<sub>1</sub> 28/11/25  
 50 mg. D<sub>2</sub> 29/11/25 gind  
 D<sub>3</sub> 30/11/25 [Signature]  
 D<sub>4</sub> 1/12/25 [Signature]  
 → D<sub>5</sub> 2/12/25

Chemotherapy schedules

Standard chemotherapy protocol for RB

VCR	1.5 mg/m <sup>2</sup> /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1
Carboplatin	560mg/m <sup>2</sup> /day 18.6 mg/kg/day for children <3 yrs	Day 1
Etoposide	150 mg/m <sup>2</sup> /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 <sup>2</sup> /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 <sup>2</sup> /day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m <sup>2</sup> / 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 <sup>2</sup> 30 mg/m <sup>2</sup> /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

**saksham**

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: U74999DL2018PTC138920



MIS 2022-0134



ECHS EMPANELLED



CGHS EMPANELLED

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

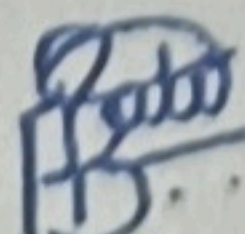
Bilateral cavernous sinuses appear normal.

**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.**

<b>Dr. Sacchidanand Purkait</b> Chief Consultant Radiologist	<b>Dr. K. K. MISHRA</b> Consultant Radiologist	<b>Dr. Bhavesh Patel</b> Consultant Radiologist	<b>Dr Rahul Bhartiya</b> Consultant Radiologist
---	---	--	--

**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.



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



UHID: 108123781  
Patient Name: Mr SONAMATI SONAMATI  
Age: 37 Yrs  
Sex: Male  
Reg Date: 08-Dec-2023 10:28 AM  
Sample Received Date: 08-Dec-2023 10:28 AM  
Recommended By: SMART Lab, New RAK OPD  
Department: Paediatrics  
Sample Collection Date: 08-Dec-2023 08:35 AM  
Sample Details: L1008123500117  
Lab Reference No: 251007008

Report

HEMATOLOGY

Test Name: (Statistical)

Test Name	Result	UOM	Bio. Ref. Interval
Sample Type - EDTA Whole Blood			
Hb (CLD-photometry)	6.70	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	21.60	%	34 - 40
RBC count (Impedance)	2.78	10 <sup>6</sup> /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	4.01	10 <sup>9</sup> /μL	5.0 - 15.0
Platelet count (Impedance)	45.00	10 <sup>3</sup> /μL	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	%	29-55%
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 <sup>9</sup> /μL	1.5-8.0
Lympho- Abs (Calculated)	1.71	10 <sup>9</sup> /μL	6.0-9.0
Eosino - Abs (Calculated)	0.06	10 <sup>9</sup> /μL	0.1 - 1.0
Mono - Abs (Calculated)	1.03	10 <sup>9</sup> /μL	0.2 - 1.0
Baso - Abs (Calculated)	0.00	10 <sup>9</sup> /μL	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. 70047004

13/12/25

Ⓡ EORB / Stage IV A (BM ⊕)

Pom 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 (N)

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

(IV A v/c V 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 (NPO, MCB, daycare @ 8am).

④ To decide on further chemo.

⑤ CBC, LFT, RFT Today; N/V 17/12/25.

CD/W prog results → MRI discussion, PET scan to be done, based on that to decide further

Rx. If anatomic intent in IV a Needs Augmented chemo.

Shammi



# PET - SCAN FORM

उत्कृष्ट भारतीय आण्विकज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 नाभिकीय चिकित्सा एवं पी ई टी विभाग / Department of Nuclear Medicine & PET  
 अंसारी 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 : Sarawati Age : 3 year Yrs. Sex : M F

Referred by : Dr. R. Sahu Requisition Date : \_\_\_\_\_

UHD No / Clinic / Dept : 10 ped. onc

Brief Clinical History :

- 40
- (R) orbital swelling x 2 months
- (R) Bony growth } x 5mm

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

12/25  
3pm @ daycare

did not come to OPD.

no labs

plan

① N/V 08/12/25 at 2pm (210)

POC clinic

② 8/12/25 → (9am) → RAA OPD  
Baxemur  
Smart Lab  
↳ CBC, UFS, MFT

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

Shri  
Sr PD

8/12/2015 → RC discussion pending -- films submitted.  
→ PET date to be taken.

Adv:

- 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
- 6 Shri



भारत सरकार  
Government of India

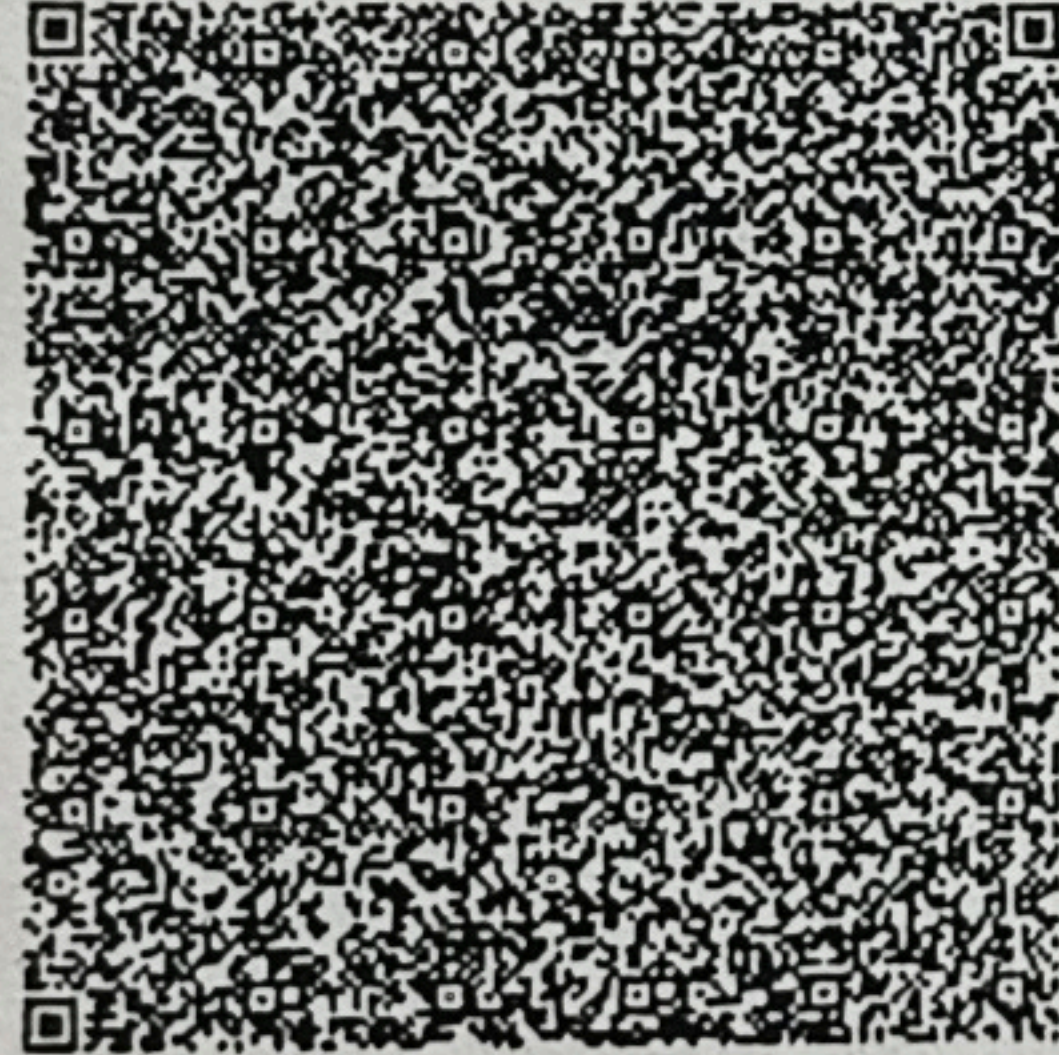
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

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 Unique  
Identification Authority of India  
Date: 2025.10.29 10:41:13  
IST



आपका आधार क्रमांक / Your Aadhaar No. :

8747 4634 6955

VID : 9176 9470 3890 9920

मेरा आधार, मेरी पहचान



Government of India

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](http://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।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB).
- 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](http://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



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



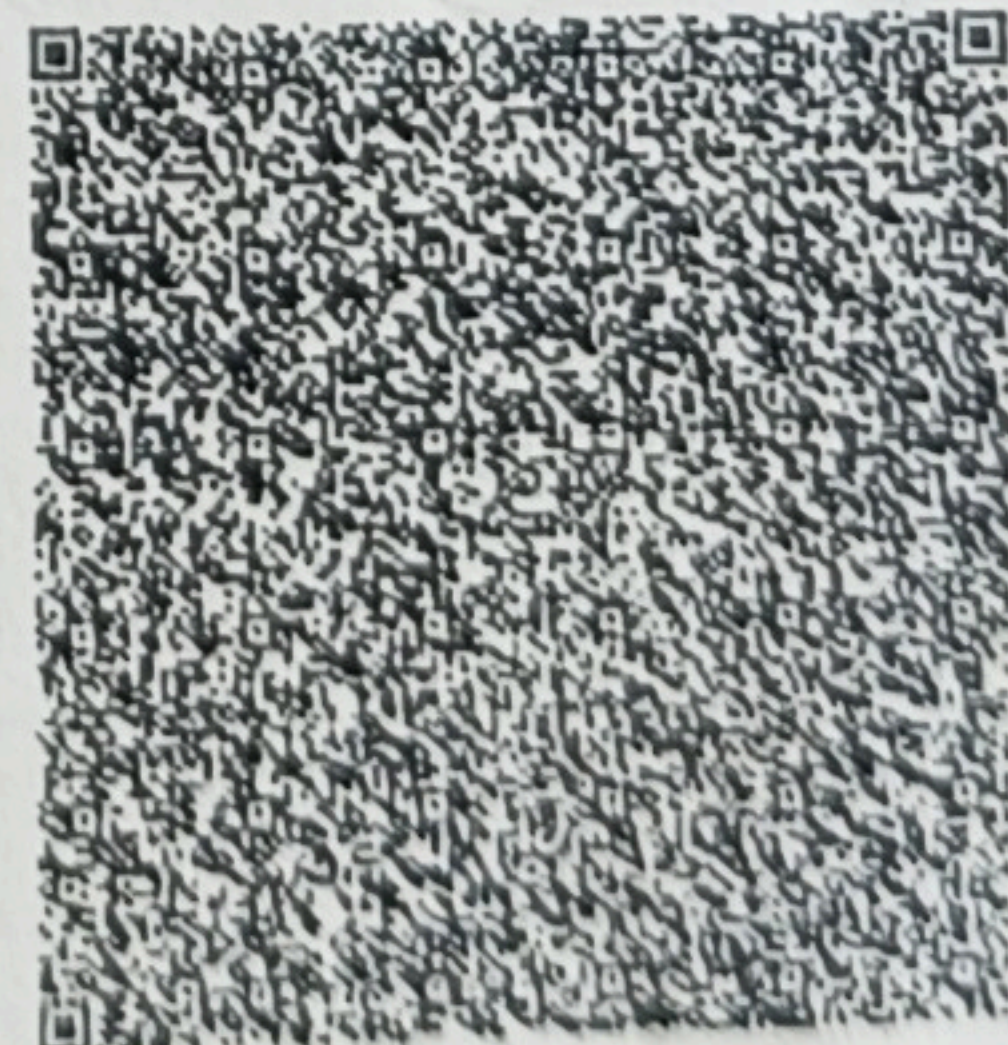
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



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

12/12/25

Ⓡ FORB / Stage IV A (BM ⊕)

Pom understanding  
PET not done yet → multiple redates

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

8/12/25

6.7  $\frac{4010}{1210} / 45K$   
LFT | RFT ~ Ⓝ

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 (NPO, MCB, daycare @  
8am).
- ④ To decide on further chemo.
- ⑤ CBC, WFT, RFT Today ; N/V 17/12/25.

CD/W prog results → MRI discussion, PET scan to  
be done, based on that to decide further  
Rx. If amine intact in IV a Needs  
Augmented chemo.

Shamir



PET - SCAN FORM

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

Early date

Signature

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

Name : Saravati Age : 3 year Yrs. Sex : M  F

Referred by : Dr. R. Singh Requisition Date : \_\_\_\_\_

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

Brief Clinical History :

- 40
  - Ⓡ orbital swelling x 2 months
  - Ⓡ Bony growth } x scan

Treatment History : Ⓡ white eye reflex

↓

Ⓡ 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



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



अस्पताल में प्रवेश पर ध्यान दें / 5 PROHIBITED IN HOSPITAL PREMISES

घात चिकित्सा विभाग  
UHID: 108573783

कमरा / Room  
C-310

Queue /  
संख्या  
F36  
Unit-III, Paediatric

OPR-6



Dept No: 20250030028735

कार्डिनो पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

सोनामती सोनामती / SONAMATI  
SONAMATI  
S/O SURENDRA  
3Y 6M 28D / M(पुरुष)  
OUTHANI DIST SWAN, BIHAR, INDIA  
Ph: 9781022154 General Re. 0  
Follow Up Patient



वयु  
Age

पता / Address

रिपोर्ट / Diagnosis

दिनांक / Date

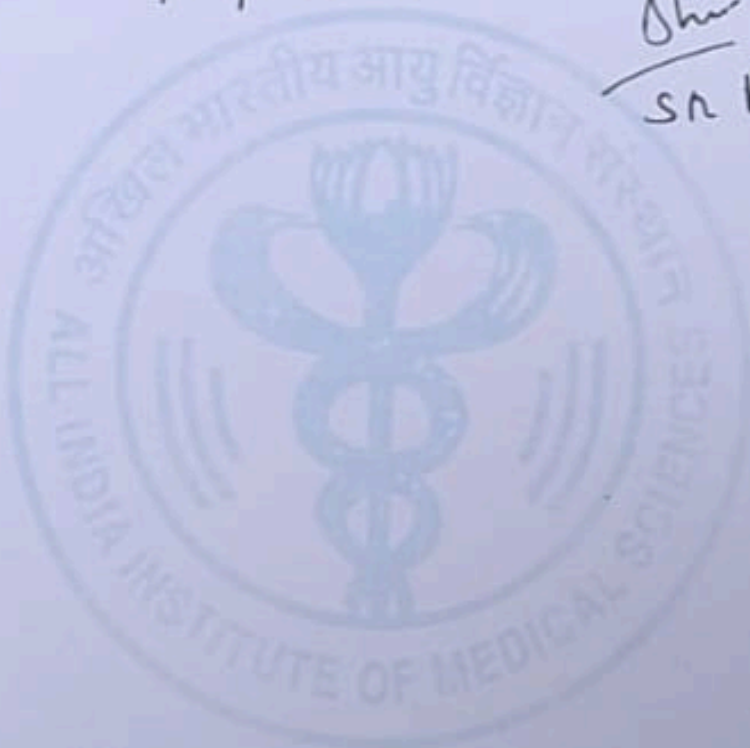
उपचार / Treatment

50

11.15

N/V 01/04/28 Oct OPD

Shu  
SN PO



शरीरनाशं खलु धर्मनाशनम्



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)

PM-JAT  
सर्वशक्ति से अधिक शक्ति  
(ganga.gov.in)



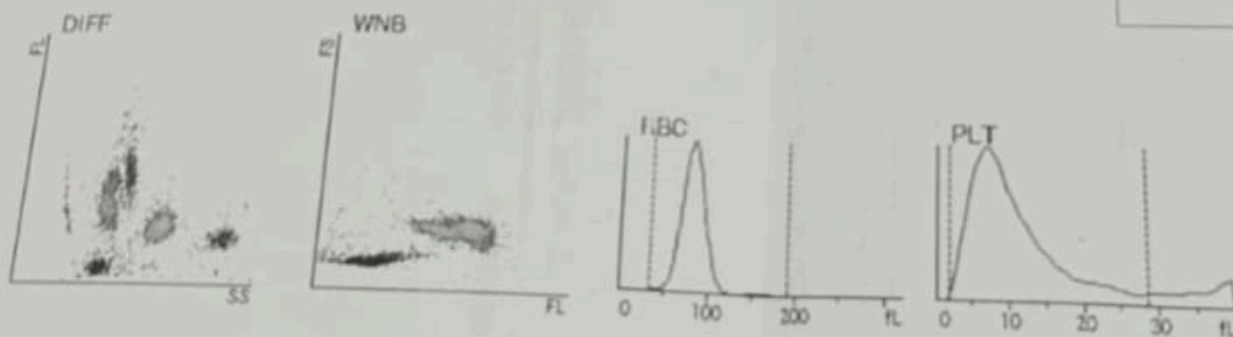
# Hematology Analysis Report

First Name: **SANAMATI**  
 Gender: **Female**  
 Department:  
 Mode: **AL-WB-CD**  
 Serial No.: **TW-25002239**  
 Diagnosis:

Last Name:  
 Age: **37 years**  
 Bed No.:  
 Date of Birth:

Sample ID: **M.18**  
 Patient ID: **108573783**  
 Date of Analysis: **16-03-2026 09:48**  
 Ward:  
 Tube Pos.: **1-1**

Para.	Result	Unit	Ref. Ranges	Flag
1 WBC	5.65	10 <sup>9</sup> /L	4.00 - 12.00	Abn Lymph/blast?
2 Neut#	2.71	10 <sup>9</sup> /L	2.00 - 8.00	
3 Lym#	2.12	10 <sup>9</sup> /L	0.80 - 7.00	
4 Mon#	0.46	10 <sup>9</sup> /L	0.12 - 1.20	
5 Eos#	0.34	10 <sup>9</sup> /L	0.02 - 0.80	
6 Bas#	0.02	10 <sup>9</sup> /L	0.00 - 0.10	
7 IMG#	0.01	10 <sup>9</sup> /L	0.00 - 999.99	
8 Neut%	48.0	%	50.0 - 70.0	
9 Lym%	37.5	%	20.0 - 60.0	
10 Mon%	8.1	%	3.0 - 12.0	
11 Eos%	6.1	%	0.5 - 5.0	
12 Bas%	0.3	%	0.0 - 1.0	
13 IMG%	0.2	%	0.0 - 100.0	
14 RBC	4.44	10 <sup>12</sup> /L	3.50 - 5.20	
15 HGB	10.4	g/dL	12.0 - 16.0	
16 HCT	34.6	%	35.0 - 49.0	
17 MCV	77.9	fL	80.0 - 100.0	
18 MCH	23.5	pg	27.0 - 34.0	
19 MCHC	301	g/L	310 - 370	
20 RDW-CV	15.7	%	11.0 - 16.0	
21 RDW-SD	45.8	fL	35.0 - 56.0	
22 PLT	218	10 <sup>9</sup> /L	150 - 450	
23 MPV	10.3	fL	6.5 - 12.0	
24 PDW	16.1	fL	15.0 - 17.0	
25 PCT	0.225	%	0.108 - 0.282	
26 P-LCC	62	10 <sup>9</sup> /L	30 - 90	
27 P-LCR	28.5	%	11.0 - 45.0	
28 NRBC#	0.000	10 <sup>9</sup> /L		
29 NRBC%	0.00	/100WBC		
* 30 HFC#	0.06	10 <sup>9</sup> /L		



Operated by: User  
 Draw Time:

Validated by:  
 Time of Printing: 16-03-2026 09:48

is results only answer to the corresponding sample]

\*For research use only, not for diagnostic use

Sup (500/2mg)

Send PD TDS x 3 dx

2, 5-ASA 600 mg

- D4
- D5
- D6
- D7
- D8

6/17



- MRI to be done post 2 cycles of chemo
- counselling to
- state chem date
- kindly check lab before chemo.

Nikita

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

o) follow up by Dr J.P. Suri

Address) - CBC / H/T / LFT  
bet. BM A + biopsy B/L biopsy - 17/3/26  
8 km  
MCB/DZ

with chemo

if BM is remission - will continue Rx.

if not will give after for Best supportive care