



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	ISHANT
FATHER NAME:	VINOD KUMAR
DATE OF BIRTH / AGE:	5 YEARS
SEX:	MALE
ADDRESS:	Bulandshahr, Uttar Pradesh
DISEASE:	Left Femur Osteosarcoma (Bone Cancer)
HOSPITAL DEPARTMENT:	AIIMS Onco-Anaesthesia And Palliative Medicine(OAPM)
TREATMENT COST	Rs. 1,50,000/-

For **CANCER CARE TRUST**

[Signature]
Authorized Sign
Authorised Signatory

[Signature]
Parent's Sign



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.स
बहिरंग
अस्पताल के अन्दर

Phone No. 9761698050

Room 60 (Shift Morning)

OPR-6

Address VILL-AURWAD PO-DIBAI DIST-BULANDSAHAR, UTTAR
PRADESH, Pin:202393, INDIA

एकक/Unit

↓ Dr. SR

विभाग/Dept.

M.O.

नाम/Name

Ishant

DR. B.R.A. IRCHA, AIIMS, NEW DELHI

IRCH No. 246712

Reg. Date-18/09/2020

/Date of Birth

Clinic PAC & Palliative Care Clinic

Clinic No. 2020/58656

Deptt. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE(OAPM)

General



नाम इशंत इशंत

UHID-105225918

निदान/Diagnosis

Met. (h) femur Osteosarcoma

दिनांक/Date

उपचार/Treatment

23/11/20

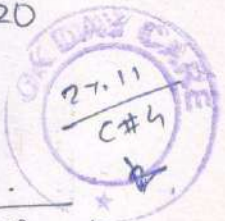
CHA : Ifos + Doxo

Intent: Palliative

case on 27/11

Ivj. Emeset 4mg iv] in 100ml NS iv over 30mins
Ivj. Dexa 4mg iv [D1-D3]
Ivj. Fosap 100mg in 100ml NS iv over 30mins

t chemo on 6/11/20



Ivj. Ifos 1.4gm in 10NS iv over 1hr [D1-D3]
Ivj. Mesna 400mg iv over 0,4,8hrs [D1-D3]
Ivj. Doxorubicin 20mg in 100ml NS iv / 30mins [D1-D2]

CT-chest date

Post-chemo:

on 17/12/20
CBC/KFT
47

1. Tb. Dexa 4mg OD
2. Tb. Emeset 4mg BD] x 3 days
3. Ivj. G-CSF 100ug s/c OD x 6 days [from D5]
A. Tb. PCM 250 mg SOS

D6 8/12
D1 2/12
D2 3/12
D3 4/12
D4 5/12
D5 6/12

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

Chine
SR/MT



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.
बहिर
अस्पताल के अन्द

OPR-6

CKJD-46945

एकक/Unit Dr. SR
विभाग/Dept. SC
नाम/Name

ISHANT

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 246712

Reg. Date-18/09/2020

Clinic PAC & Palliative Care Clinic

Clinic No. 2020/58656

Deptt. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE(OAPM)
General

10522 5918

थे/Date of Birth



UHID-105225918

नाम इशंत इशंत

Name ISHANT

S/O- VINOD KUMAR

Sex/Age M/5Y

Room 60 (Shift Morning)

निदान/Diagnosis

met (L^R) femur Osteosarcoma

दिनांक/Date

उपचार/Treatment

31/10/20

WK9 Wt 4/11/2020

Cycle... metastatic/ non metastatic

Inj Emeset ⁴ 8mg iv O.D. D1 and D2

Inj Dexamethasone ⁴ 8 mg iv O.D. D1 and D...³.....

(केमो से 30 मिनट पहले + 3 दिन लगातार) C Aprecap 125mg, 80mg, 80mg D1, 2 and 3 - half hour before chemotherapy

Inj. Foscp 100mg/100ml NS/30min

Inj Ifosfamide ^{1.4} gm in 1 unit NS iv over 1 hour D1 to D...³...

(बाहर से साथ लाना) Inj mesna ⁴⁰⁰ mg IV 0, 4, 8 hours D1 to D...³.....

Inj. CODP 16mg (20 NS) 60min D₁ to D₃

Inj. IVF 250ml NS + 100mg SO₄ + 10ml KCl 60min

Post Chemotherapy (केमो के बाद) Inj. Mannitol 20% 50ml 30min

Tablet Emeset ⁴ 8mg B.D. X 3 days (दिन में दो बार-3 दिन)

Tab Dexamethasone ⁴ 8 mg OD X 3 days (दिन में एक बार-3 दिन)

(इंजेक्शन) Inj GCSF ³⁰⁰ ug (चमड़े पर) subcutaneous daily starting from D...⁵ for 6 days

(ओपीडी में आइए, सीबीसी चिकित्सा रिपोर्ट अपने साथ लाना)

To come in OPD on 23/11/20 with CBC and KFT/LFT & LFT films

(आपातकालीन संपर्क) Emergency contact number 9868398310

(केमो के बाद कुछ सामान्य दुष्प्रभाव-बुखार, उल्टी, मुंह के छालें, थकान, पेट चल्ना, कब्ज, कम रक्त गणना-कृपया आपातकाल संख्या से संपर्क करें।)

Sr. Iron studies/ BUN & Potre acid

ISHANT

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

Counters
Kine Brophy
reports

WK9
6/11/20
8am

13/11/20
15/11/20
19/11/20
21/11/20
22/11/20
23/11/20

~~20/11/20~~

L To PCM 250mg 1-0-1 x 3days

2 R-60 consultation

(Signature)

~~23/11/20~~

~~23/11/20~~

CH4: Ifos + Doxo

Kindly give file

Cancer Care Trust

Sex/Age M/SY
Room 60 (Shift Morning)

Patient Status

Outdoor
 Indoor (Ward / Bed No.)

11/9/20, 9:13 AM General Condition of the Patient :

Ambulatory
 Non-ambulatory
 Critical with life support

Payment Status :

Paying
 Exempted by (Sign & Stamp)
 EHS (No.)

Department / Clinic :

Medical Oncology Radiation Oncology
 Surgical Oncology Anaesthesiology

Investigation Requested (Separate requisition is required for each type of investigation)

<p>CT</p> <p>Type</p> <p><input type="checkbox"/> CECT <input checked="" type="checkbox"/> NCCT <input type="checkbox"/> HRCT <input type="checkbox"/> Dual phase CT <input type="checkbox"/> Other (Specify) _____</p> <p>Body Part(s)</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Orbit <input type="checkbox"/> PNS <input type="checkbox"/> Face / mandible <input type="checkbox"/> Neck <input checked="" type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other (specify) _____</p>	<p>Ultrasound</p> <p><input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> KUB <input type="checkbox"/> Breast <input type="checkbox"/> Scrotum <input type="checkbox"/> Neck <input type="checkbox"/> TVUS <input type="checkbox"/> TRUS <input type="checkbox"/> Colour Doppler of _____ <input type="checkbox"/> Other (specify) _____</p>	<p>Fluoroscopy & Special Radiography</p> <p><input type="checkbox"/> Barium Swallow <input type="checkbox"/> Barium Meal UGI <input type="checkbox"/> Barium Meal Follow Through <input type="checkbox"/> Gastrografin Study <input type="checkbox"/> Loopogram <input type="checkbox"/> Distal Cologram <input type="checkbox"/> Sinogram <input type="checkbox"/> IVP <input type="checkbox"/> Other (specify) _____</p>	<p>Image Guided Interventions</p> <p>Procedure</p> <p><input type="checkbox"/> FNAC <input type="checkbox"/> Core Biopsy <input type="checkbox"/> Fluid Aspiration only <input type="checkbox"/> Fluid Aspiration for cytology <input type="checkbox"/> Catheter Drainage <input type="checkbox"/> Other (specify) _____</p> <p>_____ of (organ/ lesion)</p> <p>As per the requirement, Please provide filled cytology/histopathology form</p>
<p>Mammography</p> <p><input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</p>		<p>Films Review</p> <p><input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Other _____</p>	

Clinical Diagnosis :

Clinical details :

f/u mets osteosarcoma & lung mets

Previous imaging :

None
 At-BRAIRCH (study/date)
 Outside (details)

Post #4 Chem

15/9/20 → no > 8 lung lesions

→ Response assessment

For CT & IVP only:

Blood urea, creatinine
any history of allergy, asthma

Signature & Name of the Doctor

Date :

For the use of Radiology Department only

Appointment on : *10/12/20*

Contrast Details : *1hr 8:30 AM*

Study number/ Date : _____

Senior Resident/ Technologist : _____

Comments : _____

UG-11

RADIOLOGY UNIT रेडियोलोजी एकक

डा. बी. आर. अम्बेडकर संस्थान रोटरी केन्सर अस्पताल, अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
DR. BR Ambedkar Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi-110029

APPOINTMENT FOR RADIOLOGICAL TEST रेडियोलोजी टेस्ट की तारीख

Name of the Patient : Gshant

UHID No. 105225918

Age/Sex : 51/M

IRCH No.

Scheduled date तारीख 10/12/20

Room No. कमरा नं. 43/49/46/30

Please report at समय : 8.30 am.

Name of the Test / Procedure टेस्ट का नाम

Test	Type	Body part (s)
CT scan सीटी स्कैन	CECT, NCCT, HRCT Multiphase CT, CT angiography	Head, Orbit, Face-Neck, Chest, Abdomen, Pelvis, other.....
Ultrasound अल्ट्रासाउंड	Abdpmen-Pelvis, KUB, Neck, Breast, Scrotum, TVS, TRUS, other.....	
Colour Doppler डॉपलर	Upper limb, Lower Limb, Other.....	
GI tract study बेरियम	Barium Swallow, Barium Follow Thru, Distal Cologram, Gastrograffin Study, other.....	
Urinary study आईवीपी	IVP, MCU, other.....	
Mammography मेमोग्राफी	Bilateral, Right, Left	
Othre अन्य		

Signature of booking clerk/officer

Date given on: 23/11/20

Please read carefully and follow checked ✓ instructions चिन्हांकित ✓ सूचनाओं का पालन करें :

- Bring contrast injection lomeprol400mg/lohexol350mg/lobitridol350mg/other equivalent.....ml यह दवा साथ लाएं.
- Fasting for 4 hours (only water or medicines are allowed) 4 घंटे खाली पेट रहें (पानी, दवाएं ले सकते हैं)
- Do not pass urine for 3-4 hours 3-4 घंटे पेशाब रोके रहें.
- Bring 1 litre of drinking water for you पीने का पानी साथ लाएं.
- Bring on adult attendant with you एक वयस्क साथी साथ लाएं.
- Bring previous X-rays or other films, if any पुराने एक्सरे या फिल्मों साथ लाएं.
- Pay Rs. 200/300/750/1500/..... at Cash Counter no. 13 (each body part is charged separately) इतना शुल्क जमा करें.
- Special instruction विशेष सूचनाएं

सीटी स्कैन एवं मेमोग्राफी की रिपोर्ट कमरा सं. 45 से प्राप्त करें

To attend PAC Clinic Register in pay counter/counter (0) for short admission

General information सामान्य जानकारियां :

- Contrast injection during CT scan can occasionally cause side effects ranging from mild allergy like itching to severe breathlessness, hypotension or shock, These cannot be predicted but chances are higher in those with history of asthma or allergy to medicine. So please inform if you have history of asthma or allergy to any medicine सीटी स्कैन में कंट्रास्ट दवा के इंजेक्शन से कभी कभी दुष्परिणाम (उल्टी, खुजली, शॉक इत्यादि) हो सकते हैं, यदि आपको दमा या कोई एलर्जी है तो पहले बताएं.
- Ladies if you could be pregnant, inform radiographer, nurse or doctor before the test महिलाएं यदि गर्भवती हैं तो पहले बताएं.
- Your test is likely to be over before 1 pm आपका टेस्ट 1 बजे के पहले पूरा हो सकता है.
- Report will be sent to OPD counter No. 9 or ward after two working days रिपोर्ट दो दिन के बाद काउंटर 9 या वार्ड में भेज दी जाएगी.

Consent of the Patient for contrast Injection कंट्रास्ट इंजेक्शन के लिए रोगी की सम्मति।

I have been explained the risks associated with iodinated contrast medium injection. I hereby give my consent for injection of contrast media to me by any route deemed necessary मुझे कंट्रास्ट इंजेक्शन के दुष्परिणाम की जानकारी दी गई है. मैं कंट्रास्ट इंजेक्शन के लिए अपनी सम्मति प्रदान करता हूँ/ करती हूँ.

Signature of Patient or attendant _____ Name _____

Date : _____ Relation with the Patient _____



अखिल भारतीय आधुनिक संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID: 105225918 Name: Mr ISHANT ISHANT
Age: 5 years 1 month 10 days Sex: Male
Reg Date: 28/10/2020 05:47 pm Verification Time: 28/10/2020 05:47 pm
Ward Name: Lab Ref No: 428
Unit Name: Unit-I Unit Incharge: Dr. Lalit Kumar (HOD)
Department: Medical Oncology Sample Collection Date: 28/10/2020 09:51 am
Lab Name: NCI CORE LAB Lab Sub Centre:
Report Generated Date: 28/10/2020 05:47 pm Dept / IRCH No: 0
Recommended By: Mr. ntn Sample Received Date: 28/10/2020 04:38 PM



अखिल भारतीय आधुनिक संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID: 105225918 Name: Mr ISHANT ISHANT
Age: 5 years 1 month 10 days Sex: Male
Reg Date: 28/10/2020 05:47 pm Verification Time: 28/10/2020 05:22 pm
Ward Name: Lab Ref No: 357
Unit Name: Unit-I Unit Incharge: Dr. Lalit Kumar (HOD)
Department: Medical Oncology Sample Collection Date: 28/10/2020 09:51 am
Lab Name: NCI CORE LAB Lab Sub Centre:
Report Generated Date: 28/10/2020 05:22 pm Dept / IRCH No: 0
Recommended By: Mr. ntn Sample Received Date: 28/10/2020 04:28 PM

Sample Details : E281020109

Sample Details : S281020134

Report

Test Name	Result	Comment	Normal Range
Albumin	4.300 g/dL		• 3.2 - 4.6 g/dL 0Y - 100Y (A)
Uric Acid	2.560 mg/dL		• 3.7 - 9.2 mg/dL 0Y - 100Y (M)
UREA	18 mg/dL		• < 50 mg/dL 0Y - 55Y (A)
CREATININE	0.140 mg/dL		• 0.7 - 1.3 mg/dL 0Y - 100Y (M)
CALCIUM	8.850 mg/dL		• 8.7 - 10.4 mg/dL 0Y - 100Y (A)
PHOSPHOROUS	5.130 mg/dL		• 2.4 - 5.1 mg/dL 0Y - 100Y (A)
SODIUM (NA)	138 mmol/L		• 132 - 146 mmol/L 0Y - 100Y (A)
POTASSIUM (K)	4.600 mmol/L		• 3.5 - 5.5 mmol/L 0Y - 100Y (A)
CHLORIDE(CL-)	104 mmol/L		• 99 - 109 mmol/L 0Y - 100Y (A)
TOTAL BILIRUBIN	0.390 mg/dL		• 0.3 - 1.2 mg/dL 0Y - 100Y (A)
DIRECT BILIRUBIN	0.100 mg/dL		• < 0.3 mg/dL 0Y - 100Y (A)
INDIRECT BILIRUBIN	0.29 mg/dL		• < 0.9 mg/dL 0Y - 100Y (A)
SGPT/ALT	30.400 U/L		• 10 - 49 U/L 0Y - 100Y (A)
SGOT/AST	53.500 U/L		• < 34 U/L 0Y - 100Y (A)
TOTAL PROTEIN	7.450 g/dL		• 5.7 - 8.2 g/dL 0Y - 100Y (A)
ALKALINE PHOSPHATASE	153 I.U.		• 46 - 116 U/L 0Y - 100Y (A)
OBALIN	3.15		• 2.5 - 3.4 g/dL 0Y - 100Y (A)
Ratio	1.36508 ratio		• 1.2 - 2.2 ratio 0Y - 100Y (A)

Comment :

Signature

Verified By
(anjulabci)

Report

Test Name	Result	Comment	Normal Range
Hemoglobin	10.800 g/dL		• 13 - 17 g/dL 0Y - 100Y (M)
Hematocrit	35.7434 %		• 40 - 50 % 0Y - 100Y (M)
RBC Count	4.220 10 ⁶ /μL		• 4.5 - 5.5 10 ⁶ /μL 0Y - 100Y (M)
WBC Count	6.500 10 ³ /μL		• 4 - 10 10 ³ /μL 0Y - 100Y (A)
Platelet Count	225 10 ³ /μL		• 150 - 400 10 ³ /μL 0Y - 100Y (A)
MCV	84.700 fL		• 83 - 101 fL 0Y - 100Y (A)
MCH	25.5924 pg		• 27 - 32 pg 0Y - 100Y (A)
MCHC	30.2154 g/dL		• 31.5 - 34.5 g/dL 0Y - 100Y (A)
RDW	22.200 %		• 11.6 - 15 % 0Y - 100Y (A)
Neutrophils	58.300 %		• 40 - 80 % 0Y - 100Y (A)
Lymphocytes	25.600 %		• 20 - 40 % 0Y - 100Y (A)
Eosinophils	5.100 %		• 0 - 7 % 0Y - 100Y (A)
Monocytes	6.900 %		• 3 - 11 % 0Y - 100Y (A)
Basophils	0.200 %		• 0 - 2 % 0Y - 100Y (A)
Neutrophils - Abs	3.8545 10 ³ /μL		• 2 - 7 10 ³ /μL 0Y - 100Y (A)
Lymphocytes - Abs	1.664 10 ³ /μL		• 1 - 3 10 ³ /μL 0Y - 100Y (A)
Eosinophils - Abs	0.3215 10 ³ /μL		• 0.02 - 0.5 10 ³ /μL 0Y - 100Y (A)
Monocytes - Abs	0.39 10 ³ /μL		• 0.2 - 1 10 ³ /μL 0Y - 100Y (A)
Basophils - Abs	0.012 10 ³ /μL		• 0 - 0.1 10 ³ /μL 0Y - 100Y (A)

Overall Comment :

Authorised Signatory

Verified By

NAME:	ISHANT	AGE/SEX:	5 Y/MALE
REF. BY:	SELF	DATE	11.12.2020
INVESTIGATION:	MRI LEFT THIGH		

STUDY PROTOCOLS:

SPIN ECHO T1W, T2W AND STIR AXIAL AND CORONAL IMAGES OF LEFT THIGH WERE OBTAINED ON DEDICATED PHASED ARRAY COIL AND CORRELATED WITH T2W SAGITTAL IMAGES.

FINDINGS:

There is evidence of intramedullary altered signal intensity in the form of T2 / STIR hyperintensity seen involving the mid and distal shaft of femur with cortical irregularity and thinning and pathological fracture of distal diaphysis of the femur and associated surrounding heterogeneous lobulated soft tissue.

The lesion is extending into the epiphysis and approximately 7.0mm away from the articular surface.

The soft tissue lesion shows heterogeneous mixed signal intensity on T2 / STIR and hypointensity on T1W images.

Rest of the bones under view are normal.

Visualized muscles and soft tissue planes appear normal.

Visualized focal neurovascular bundles grossly appear normal.

IMPRESSION: - Intramedullary altered signal intensity involving the mid and distal shaft of femur with pathological fracture of the distal shaft of femur with cortical irregularity and thinning and lobulated surrounding heterogeneous soft tissue lesion, likely malignant.

Advice: Histopathological correlation.



DR BHAVESH PATEL
MBBS, DNB (Radio-Diagnosis)
DMC No 58924

Disclaimer: The science of radiology is based upon Interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes.



SUPERB PATH LAB

All Kinds of Computerised Lab Facilities Available.
Home Collection Facilities Also Available.

Mobile : 8130805477, 7217706874

E-mail : saididiagnostic708@gmail.com



AN ISO 9001 : 2015 CERTIFIED LABORATORY

Report

NAME : ISHANT	LAB : NO:S-726
AGE : 05 YEARS	SEX : MALE
REF. : AIIMS	DATE : 10/12/2020

HEMATOLOGY REPORTS

TEST NAME	RESULT	UNITS	REF.RANGE
HEMOGLOBIN	6.3	gms/dl	(12 - 16)
TLC	5,400	cell/cumm	(4,000 - 11000)
DLC			
NEUTROPHILS	38	%	(45 - 75)
LYMPHOCYTE	56	%	(20 - 40)
EOSINOPHILS	04	%	(01 - 04)
MONOCYTE	02	%	(02 - 08)
BASOPHILS	00	%	(00 - 02)
PCV	22	%	(37 - 52)
PLATELET COUNT	3.92	lac /cumm	(1.5 - 3.5)
RBC	2.2	mill/cumm	(4.0 - 5.0)
MCV	100	fi	(76 - 96)
MCH	28.6	pg	(27 - 32)
MCHC	29.0	gm%	(31 - 35)
ANC	2,052	cell/cumm	(3,000 - 6,000)

<END OF REPORT>

Technician

Consultant Pathologist

Dr. Ankur Gupta

M.B.B.S., D.C.P.

Visiting Consultant Pathologist

DMC Regn. No.-49065

Shop No.-11, (Near AIIMS Gate No.-1), AIIMS Sub Way, New Delhi - 110029

- Not for medico legal purpose.
- In case of any discrepancy, report immediately to above nos.

24 Hours Open