



बिहार दर्शन
BED NO
22

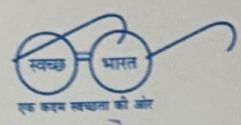
Medical equipment panel with four outlets (green, yellow, white, and a gauge), two electrical sockets (one black, one orange), and four vertical tubes (two yellow, two blue) above it.







अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग सर्जरी विभाग / Out Patient Department



शरीरमाद्यं खलु धर्म

एकक/Unit
 विभाग/Dept

उपचारिका
 UMD: 106751092
 Dept No: 20230220002879

Unit / Room
 G-31
 Unit
 Pediatric Surgery (OPD)
 Queue No: F85

आराध्या आराध्या
 AARADHYA
 SY 2M 2D / F,
 DORAVINDRA
 45a: SAHSAWAN, LTTAR PRADESH, INDIA

28/07/2023
 पंरह, मुद्रा
 FR

Follow Up ... General P O Reporting 8:00 AM- 3:00 AM

डा. संदीप अग्रवाल
 Dr. Sandeep Agarwala
 Paed Surgery O.P.D.
 (शुक्रवार) Friday

जीकृत सं/O.P.D. Regn. No.

पता/Address

निदान/Diagnosis

Vaginal RMS ??

दिनांक/Date

उपचार/Treatment

81
~~10/07~~

Plow. Bx

Today found

Appointment on
 for
 Dept./Clinic

Blood donation done.

Adv - Admit in MCH 6B
 ↳ Dr. Gaurav

fauty

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)



श्री आर्य समाज 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

डा. संदीप अग्रवाल
 Dr. Sandeep Agrwala
 Paed Surgery O.P.D.
 (शुक्रवार) Friday

UHD: 106751092
 Dept No. 20230220002879

कमरा / Room

व०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

आराध्या आराध्या
 AARADHYA
 5Y M 7D / F()
 D/ORAVIDRA
 Add: SAHSAWAN, UTTAR PRADESH, INDIA

G-31
 Unit-I
 Paediatric Surgery OPD
 Queue No: F37

02/06/2023

मंगल, युद्ध
 FRI



Follow Up ... General १० Reporting: 8:00 AM - 9:00 AM

आयु
 Age

पता/Address

निदान/Diagnosis

FVC Vaginal RMS

दिनांक/Date

उपचार/Treatment

~~7~~
~~10 1/2 Vg~~
 95 cm

was Δ in 2021
 and was started

Underwent Cystoscopy + Vaginoscopy + Biopsy
 (24/3/21) (VJ)
 ↳ Polypoidal mass protruding from vagina
 ↳ mass extending into urethra upto
 just distal to bladder neck.
 ↳ Bladder (N)

HPE (219989) - Vaginal mass - No e/o malignancy

BM Biopsy (2110056) - RMS involvement

Received Weck O - Inj. Actinomycin D & VCR bolus

Lost to F/u due to COVID Pandemic

Appointment on
 for
 Dept./Clinic

1/6/23

Age. 5y

17/5/23
 CBC - 10.0/11500/
 246K.

ANC 2875

LH0706230206 106751092



AARADHYA AARADHYA

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

दान-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)



C/D/W Prof. Sandeep Agarwala

1. To start VAC chemotherapy
Week 0 → MCH 6B — on 3/6/23.
(Dr. Keerthika)
2. One unit blood donation.
3. Review in IRCH on 8/6/23 (Room no. 6,
2pm)
4. CECT Chest

Sheetal
SR Peds Sr

8/6/23

FUC Vaginal RMS

Received Week 0. VAC chemotherapy on 3/6/23.

Go Bleeding from protruding mass.
H/o crying during micturition

C/D/W. Prof. Sandeep. A

1. Week 1 - Chemo - hij. Vincristine 0.8mg IV bolus.
2. CECT Chest
3. To Review in ~~PSDD~~ IRCH at 2pm. on 15/6/23. for week 2
Chemotherapy & fresh Hmg.

~~CT 8/6/23~~

B
SR Peds Sr

Inj. Actinomycin D 0.5mg — (2)
Inj. Vincristine 1mg — (1)
Inj. Cyclophosphamide 500mg — (1)
200mg — (1)
Inj. Mesna 1g — (1)
Inj. G-CSF 300mcg — (1)

- hij. Vincristine — (1)
1mg
- Symp PCN (125mg/5ml)
5ml SOS
- Tab. Emeset — (1)
4mg SOS



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

/A.I.I.M.S. HOSPITAL

OPR-6

Out Patient Department

SMOKING PROHIBITED IN HOSPITAL PREMISES

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

IRCH No. 255671

Reg. Date-01/04/2021

Clinic Paed Surgery Clinic

Clinic No. 2021/3997

Deptt. PAEDIATRIC SURGERY-IRCH
General



नाम

UIHD-105408402

Name ARADHYA YADAV

D/O- RAVI YADAV

Sex/Age F/2Y

Room 6 (Shift Afternoon)

Address RZ92A GALI NO 11 MADHYA MARG TUGHALKABAD EXTN.,
DELHI, INDIA

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 27-123590

श्री of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth <u>10x. 11. Biring</u>
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निदान/Diagnosis

Vaginal RNS

दिनांक/Date

उपचार/Treatment

11/07/23
20 JUL 2023

Upto Dr. S. K. Saini

if/No of No bleeding noted @ examination → No
need for hemostatic at cervix. → if/No
high risk of growth place above in
perineal area → i.e. check of overlying
leg in future as pt. 93 of sigmoid age.
In case of bloody episode (irreversible)
evaluate to rule out adenoma -
if not resolved, cervix considered
for hemostatic etc.

- Act :-
- ① Symptomatic drug.
 - ② PAX Review → 60

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

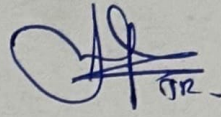
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

11/07/23

17/7/23

~~Inf UCR + 1mg + 1 vial.~~ ①


Dr.

17/7/23

Kindly provide
acco modeler
Thermohole
Symptetic

20/07/23

to RW on 2/08/23

to DHO @ site

Senior Resident
Dept. of Pediatric Surgery
A.I.I.M.S., New Delhi-29

27/7/23

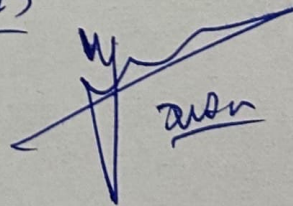
Adv

7/w Peps. Afanda.

- Inevnat Bopm → 28/7/23 9mm (#3)

- 4mg IFA/LAT

→ 7/8/23


Dr.

7/17/23, 3:42 PM

DEPARTMENT OF PEDIATRIC SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI-110029
DISCHARGE SUMMARY

NAME	Aradhya Yadav	AGE	4Y 3M	SEX	Female
FATHER'S NAME	Ravi Yadav	DOA	2/7/23	CR No.	H- 470136-23
ADDRESS	RZ 92A, Gali no 11, Madhya Marg, Tughlakabad Extn	DOD	17/7/23	UHID No.	105408402
		TELEPHONE			
DIAGNOSIS:	F/u/c/o Vaginal mass ? RMS				
HISTORY & EXAMINATION:	<p>Child is a follow up case of vaginal RMS, diagnosed in 2021. She underwent cystoscopy+ vaginoscopy + biopsy of mass on 24/3/21. Intra operatively, a polypoidal mass seen protruding from vagina and extending into urethra proximally upto bladder neck. Child received week 0 VAC chemotherapy (ACD/ VCR) on 16/4/23 and was then lost to follow up in view of COVID. Child again presented in May 2023 with h/o increased protruding mass from vagina along with bleeding and pain for 5 days. She was restarted on VAC chemotherapy from 3/6/23 and received till course 2 on 24/6/23.</p> <p>Child presented to casualty in the current admission with excessive bleeding from the vaginal mass and hypovolemic shock, associated with fever spikes for 1 day. There was no h/o bleeding from other sites, no h/o abdominal distension or non passage of stools or urine.</p> <p>O/E: GC fair, vitals stable PR- 128/min, RR- 22/min, febrile, BP- 100/60mmHg, peripheral pulses are good, extremities warm, CFT<3s. Pallor present, rest normal RS- B/l air entry present, NVBS, no added sounds CVS- S1 S2 Present, no murmurs P/A- soft, non distended, non tender, no lump palpable L/E- a 6*6 cm variegated pink mass protruding from vaginal opening in perineum with multiple active bleeding spots. Tenderness ++, no ulceration</p>				
WARD COURSE	<p>Child admitted to ward and kept NPO, 3 PRBC, 1 RDP transfusions given. Child managed conservatively and inj Vancomycin/ Zosyn/ PCM/ Tranexamic acid/ and steam inhalation started for child. She initially had poor oral intake, dietician consult was sought, initially NG feed was given and subsequently oral intake improved. Vaginal mass bleeding had subsided after 2-3 days of tranexamic acid. Radiotherapy consult was sought to give local radio for bleeding control, however, it was opined by Radiotherapy consultant that since risks outweigh benefit and bleeding had already stopped, RT would not be given unless active bleeding occurs again.</p> <p>Child improved symptomatically over next 5-6 days, week 5 inj vcr VAC chemo was given on 9/7/23. No re bleeding occurred, child complaining of mild pain on passing urine, no other active complaints, orally accepting well, passing urine and stool by self, no fever episodes. Child being discharged in stable condition on full orals.</p>				

ADVICE ON DISCHARGE:	<ol style="list-style-type: none"> 1. Laminar discharge summary 2. Syrup A-Z 5ML PO OD to continue 3. Syrup Vitcofoo 5ML PO OD to continue 4. Syrup Septran as advised 5. Full orals, plenty of fluids 6. Dressing of vaginal mass as advised 7. Steam inhalation TDS for 5 days 8. Syrup Ciprofloxacin (250mg/5ml) 2ml PO BD for 7 days 9. Syrup Alkasol 2ml PO BD for 7 days 10. Syrup Lactulose 10 ml OD HS for 3 days 11. Syrup PCM (250mg/5ml) 3ml PO TDS for 3 days followed by SOS 12. Review SOS in paediatric casualty 13. Review in IRCH clinic, room no 6 on <u>20/7/23</u> at 2PM with fresh hemogram report, urine rme and urine c/s 		
ADMISSION SR	Dr. Tanvi	MANAGING SR	Dr. Sampreeti
CONSULTANT	Prof Sandeep Agarwala	FOLLOW UP VISIT	Follow up in IRCH OPD on 20/7/23 at 2PM

DATE: 17/7/23

SIGNATURE:

Sampreeti
PDSR

P. Ciproflox 250mg 1/2 BD x 7 days

INVESTIGATIONS

DATE	2/7/23	9/7/23
Hb	5.2	9.9
TLC	70	32830
Plt	59000	392000
Na/K	126/4.9	132/4.7
BU/Se Cr	0.3	6/0.3
T bil		0.5
OT/PT		27/56
ALP		254

INVESTIGATION	DATE/NO	REPORT
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HPE	219989- 10/4/21	Incisional biopsy from vaginal mass shows fibroepithelial polyp. There is no evidence of malignancy in the sections examined
HPE	2110056- 10-4-21	Bone marrow shows normocellular marrow with trileange hematopoiesis
CECT whole abd	Pvt- 16/5/23	5.1*5.2cm, complex lesion in pelvis extending exophytically into perineal region, seen posterior to urinary bladder and urethra and anterior to rectum. Anal canal in region of uterus separately from the lesion
CECT chest and whole abdomen	Pvt- 13/6/23	4.5*5.0mm midline pelvic mass from which uterus and vagina are not separate, visualized. Seen to abut bladder base superiorly, with focal loss of fat planes. Posteriorly abutting anterior rectal wall and sigmoid colon, but fat planes maintained. Inferiorly extending exophytically into labia. Right lateral- abutting the bladder base, and right VUJ with grade 2 HDUN in RK, fat planes maintained.



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

UHID:	105408402	Sex :	Female
Patient Name :	Miss ARADHYA YADAV	Sample Received Date :	19/07/2023 12:24 PM
Age :	4 years 4 months 5 days	Department :	Radiation Oncology
Unit Name :	Unit-I	Unit Incharge :	Dr. D.N.Sharma
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date :	26/03/2021 10:05 AM	Sample Collection Date:	19/07/2023 09:48 AM
Report Generated Date:	19/07/2023 01:51 pm	Dept / IRCH No:	255671
Recommended By:	Mr. nitin .	Lab Reference No:	1674

Sample Details : E190723213

Report

Test Name	Result	Comment	Normal Range
<u>CBC</u>			
Hemoglobin	9.000 g/dL		• 12 - 15 g/dL
Hematocrit	29.3904 %		• 36 - 46 %
RBC Count	3.120 $10^6/\mu\text{L}$		• 3.8 - 4.8 $10^6/\mu\text{L}$
WBC Count	4.200 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count	751 $10^3/\mu\text{L}$		• 150 - 400 $10^3/\mu\text{L}$
MCV	94.200 fL		• 83 - 101 fL
MCH	28.8462 pg		• 27 - 32 pg
MCHC	30.6222 g/dL		• 31.5 - 34.5 g/dL
RDW	18.500 %		• 11.6 - 15 %
<u>DLC</u>			
Neutrophils	62.100 %		• 40 - 80 %
Lymphocytes	14.900 %		• 20 - 40 %
Eosinophils	0.800 %		• 0 - 7 %
Monocytes	16.300 %		• 3 - 11 %
Basophils	0.200 %		• 0 - 2 %
Neutrophils - Abs	2.6082 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs	0.6258 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs	0.0336 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs	0.6846 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs	0.0084 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$

Over All Comment :

Authorised Signatory

Verified By
bchauhanlabnci



PATIENT'S NAME: AARADHYA	AGE/SEX: 5/F
REF. BY: DR. AIIMS	REG. ID: AAA3260
TEST NAME: CECT - CHEST + WHOLE ABDOMEN	EXAM. DATE: 13-JUN-2023

CECT CHEST AND WHOLE ABDOMEN

STUDY PROTOCOLS:

POST CONTRAST (IV NON IONIC) CT OF THORAX and ABDOMEN PERFORMED USING HELICAL SECTIONS OF 5/7 MM THICKNESS TAKEN FROM THORACIC INLET TO PUBIC SYMPHYSES.

Known case of vaginal Rhabdomyosarcoma.

FINDINGS:

There is evidence of a large relatively well defined peripherally enhancing multiseptated fluid density lesion seen in the midline of the pelvis from which uterus and vagina are not separately visualized. It measures approx 45.7 x 50 x 121 mm in size.

- Superiorly – abutting the bladder base with focal loss of fat planes.
- Posteriorly – abutting the anterior wall of rectum and sigmoid colon however fat planes are maintained.
- Inferiorly – extending exophytically into the labia and protruding out at the skin surface.
- Right laterally – abutting the bladder base and right VU junction with grade – II hydronephrosis in right kidney. Right distal ureter is closely abutting the lateral wall of the lesion however fat planes are maintained.

There is no apparent evidence of any definite focal active parenchymal lesion or area of altered attenuation. No occult enhancing parenchymal or mediastinal lesion is seen.

Trachea is central in position and shows normal bifurcation. Carinal angle is maintained. Main-stem bronchi appear normal.

No significant mediastinal or hilar lymphadenopathy is evident.

Cardiac size appears normal. Visualized vessels appear normal. No cardio-mediastinal shift is noted.

No obvious pleural or pericardial effusion is apparent.

Azygo-oesophageal recess and aorto-pulmonary window appear normal.

Liver is normal in size, outline and parenchymal attenuation. Intrahepatic biliary radicles are not dilated. Portal vein is normal. Hepatic veins and IVC are normal. No occult enhancing focus is noted.

Disclaimer: It is an interpretation of medical imaging/diagnostic based on clinical data. 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.

**DEPARTMENT OF PEDIATRIC SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI-110029
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DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

PATIENT NAME: Aadhya Yadav AGE/Sex: 4y/F Date: 07/7/2023
USG No. 105408402 Ward/OPD USG-60

Clinical Details:

ULTRASOUND ABDOMEN

Liver: (N)

Gall Bladder: (N)

CD/HBR: (N)

(N)

creas: (N)

en: (N)

Bilateral Kidneys: (N)

Urinary Bladder: Partially distended & diffuse wall thickening
minimum thickness 9mm.

Free Fluid: minimal ascites

LN:

Impression:

① cystitis

② minimal ascites

[Signature]
SR-RP

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
 All India Institute of Medical Sciences, New Delhi-110029
 परामर्श अभिलेख / CONSULTATION RECORD

एम.आर.-9
 M.R.-9

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी.सी. UHID No.
Aradhya	47	f		घर्म 105403
सेवा Service	वार्ड Ward	विस्तर Bed	व्यवसाय Occupation	धर्म Religion
	A35	208		स्थिति Status

Referred by Dr. Peds Sr. SK Dr. Vinesh Jain
 Requesting Doctor

to Dr. Radioknaps Sr. L. M. Nitag
 Consultant & Specialty

Date: 31/7/23

Findings :

Dear Colleague

Kindly review this pt also vaginal
 from post with course 2 vac chemotherapy
 i bleeding from exophytic growth i kbric retraction
 6/7/23 Hgm - 9.5

10440
 4450 } 150000

Diagnosis or Impression :

Kindly opine regarding hemostatic
 radiotherapy for this patient

Thanks you

Recommendations:

SR/Ss.
 Consultant's Signature



भारत सरकार

Government of India



Download Date: 08/09/2021



लक्ष्मी

Laxmi

जन्म तिथि/DOB: 01/01/1995

महिला/ FEMALE

Issue Date: 30/07/2021

8825 9245 2041

VID : 9178 8753 0304 5238

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

द्वारा: रवि कुमार, इस्माईलपुर मेमडी, सगरइ, बदायूँ,
उत्तर प्रदेश - 243638

Address:

C/O: Ravi Kumar, ismailpur memadi, Sagrai,
Budaun,
Uttar Pradesh - 243638

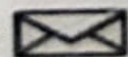


8825 9245 2041

VID : 9178 8753 0304 5238



1947



help@uidai.gov.in



www.uidai.gov.in



Unique Identification Authority of India, Government of India / भारतीय विशिष्ट पहचान प्राधिकरण, भारत सरकार
Acknowledgement/ Consent for enrolment / पावती / नामांकन हेतु सहमति



Enrolment No/नामांकन संख्या: 0728/58821/04775 ***This is not the Aadhaar Number*** Date/तिथि: 24/07/2023 13:00:14

Appointment No/नियुक्ति संख्या: -NA-

Aradhya Yadav (Female)

C/O: Ravi Kumar

Address:

Ismailpur Memadi,

Sagrai,

Sagrai, Sahaswan, Budaun, Uttar Pradesh, 243638,

Laxmi (Mother)

Date Of Birth/जन्मतिथि: 18/08/2018 (DECLARED)

आराध्या यादव (Female)

द्वारा: रवि कुमार

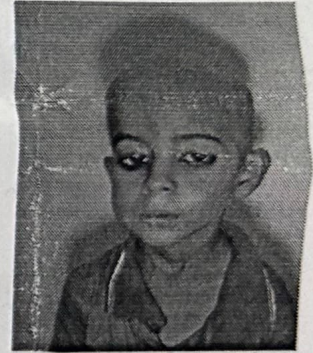
पता:

इस्माईलपुर मेमडी,

सगरई,

सगरइ, सहसवान, बदायूँ, उत्तर प्रदेश, 243638,

लक्ष्मी (माता)



Fingerprint quality

Fingerprints are not