





NBE done for baseline MRI - skeletal metast. not clearly defined

Adv
→ ~~the~~ 2nd opinion from radiology in TRCA
& to plan further tx accordingly.

(W)

23/2/20

Adv
- continue opiate tx
- Hx is histopath report after 1 week

(P)

DEPARTMENT OF ANAESTHESIOLOGY

NAME: SABRIN PARVIN AGE/SEX 24/F UHID NO. 106863696 DATE: 28/8/24
 PROPOSED OPN. PORT to (L) Orbit.
40 Gy / 20 # / 4 wks.

DIAGNOSIS (STAGE) (L) Eye RB.
 CLINICAL HISTORY (BRIEF)
 CVS - Breathlessness/Palpitation/Chest Pain
 RS - Cough/Hemoptysis
 CNS - Seizure/Headache/TIA/CVA/Neurological Deficit
 Abdomen - Distension/Vomiting/Hepatitis/Renal Disease
 Endocrine - DM/Thyroid Disease/Parathyroid Disease
 H/O Allergy
 Any other significant History

HT/CAD
 Asthma
 TB
 [born out of RVD, cried immediately, no ICU admission, breastfed x 6 months]

PAST ANAESTHETIC HISTORY - theice
(past 3 months / sedation / MRI / uneventful)
no cough/cold/fever @ present

CURRENT / PAST MEDICATION

1. Anti HT
2. Anti Diabetic
3. Anti Thyroid
4. Bronchodilators
5. Steroids
6. Chemotherapy Drugs
7. Radiotherapy Received
8. Any Other Drugs

P/O - 30 NDET. → Enucleation → 10 Adj. chemo
on 1 month back / GA / uneventful
3-4 months back (L.D.) (VCR + Carbop)
Adj. chemo - 1 month back (VCR / Carboplatin) (29/2/24)

Weight = <u>7.5 kg</u> Height <u>81 cm</u> Pulse <u>98 / min</u> BP <u>110/70</u> R.R. <u>18</u> BHT	General Physical Examination - Temperature - Pallor - Icterus - Cyanosis - Clubbing - Oedema - Venous Access	CVS S2 (r) Resp. System clear Abdomen / CNS - playful, alert. soft, n7.
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Airway Assessment: couldn't be examined, Normal facies.

Mouth Opening
 Loose Teeth/Buck Teeth/Dentures/Edentulous/Missing Teeth
 Mallampati Score
 Neck Examination: Movements
 Radiation Induced Changes
 DIFFICULT AIRWAY ANTICIPATED
 Spine:
 Receding Mandible
 Thyromental Distance
 Post Surgical Deformity
 YES/NO
 Subluxation
 Mentohyoid Distance
 Submental Flat

Patient Name: BABY SHABRIN PARVEEN	Center Name: A S HEALTH SQUARE
Age / Sex: 3 Y / F	Referred By: AIIMS
Patient ID: 3003	Date: 18/01/2024

CEMRI BRAIN WITH ORBIT

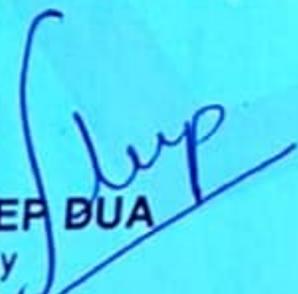
MR IMAGING OF BILATERAL ORBITAL REGION WAS PERFORMED ON A 1.5 T MR SYSTEM USING STIR, T1W AND T2W SECTIONS IN AXIAL AND CORONAL PLANES AND CORRELATED WITH T2W SAGITTAL OBLIQUE IMAGES. ADDITIONAL, AXIAL T2 & FLAIR IMAGES OF BRAIN WERE OBTAINED. POST GAD T1 WEIGHTED FS IMAGES WERE OBTAINED IN MULTIPLE PLANES.

Paranasal sinuses and mastoid regions in view are unremarkable. No abnormal leptomeningeal or parenchymal enhancement is seen.

IMPRESSION: MR findings reveal :

- Well defined lobulated left intraocular homogeneously enhancing mass lesion in posterior segment arising from retina suggestive of ? retinoblastoma.
- Bilateral optic nerves are normal.

Please correlate clinically.


Dr. SANDEEP BUA
HOD Radiology
MBBS, MD

The above report is a professional opinion and needs to be correlated with clinical history and other relevant investigation for final diagnosis. If incase results are alarming or unexpected may be due to typographic errors, hence please contact within 7 days. (K)

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Age / Sex: 3 Y / F	Referred By: AIIMS
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CEMF. BRAIN WITH ORBIT

MR IMAGING OF BILATERAL ORBITAL REGION WAS PERFORMED ON A 1.5 T MR SYSTEM USING STIR, T1W AND T2W SECTIONS IN AXIAL AND CORONAL PLANES AND CORRELATED WITH T2W SAGITTAL OBLIQUE IMAGES. ADDITIONAL, AXIAL T2 & FLAIR IMAGES OF BRAIN WERE OBTAINED. POST GAD T1 WEIGHTED FS IMAGES WERE OBTAINED IN MULTIPLE PLANES.

ORBIT:

The study reveals well defined lobulated left intraocular mass lesion in superior quadrant arising from retina. The lesion is involving vitreous. No extraocular extension is seen. The lesion appears hyperintense on T1W images and hypointense on T2W images with respect to vitreous. Post gadolinium lesion shows intense homogeneous enhancement. The lesion measures 6.9 x 5.8 mm.

Right eyeball is normal. Bilateral optic nerves show normal signal intensity and contours.

Bilateral extra-ocular muscles, intraconal and extraconal spaces show normal MR morphology with no evidence of any obvious focal signal alteration or collection apparent at present on the available MR images.

Retro-ocular space and fat planes are preserved.

Optic chiasma appears normal in contours and signal intensity. Bilateral cavernous sinuses appear normal.

BRAIN:

The study reveals no significant focal lesion in the brain. The cerebral parenchyma shows normal signal characteristics. Myelination pattern of the brain is normal.

No evidence of restricted diffusion noted. The basal ganglia, thalami and internal capsules appear normal.

The mid-brain, pons and medulla appear normal. The cerebellum appears normal.

The ventricular system appears normal. The septum is in mid line. The sulci, fissures & basal cisterns appear normal.

The pituitary gland, optic chiasm and bilateral parasellar regions appear normal.

The corpus callosum appears normal. Intracranial vascular structures in view are normal.



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

19.08.2023

BABY SABRIN PARVIN, 2 YRS / F

UID: 08.23.0979

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.

11 x 9 mm mass lesion is seen in the posterior chamber of the left globe lateral to the left optic nerve head. 5 x 4 mm focal lesion is seen in the posterior chamber of the left globe medial to the optic nerve head. Lesion displays hypointense signal on both T1 and T2 weighted images. There is homogeneous enhancement following administration of contrast. No extraocular extension is seen. Left optic nerve is unremarkable. Findings are suggestive of retinoblastoma.

Right globe and right optic nerve is unremarkable.

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. No acute intracerebral hemorrhage.

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

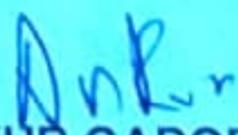
Paranasal sinuses are unremarkable.

Fluid / mucosal thickening is seen within bilateral mastoid air cells (? Mastoiditis).

IMPRESSION:

- 11 x 9 mm homogeneously enhancing mass lesion in the posterior chamber of the left globe lateral to the left optic nerve head. 5 x 4 mm focal lesion in the posterior chamber of the left globe medial to the optic nerve head. Findings are suggestive of retinoblastoma.

Clinical and histopathological 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)



डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 आर.बी.ओ.आय.एम.एस. अस्पताल/A.I.I.M.S. Hospital
Out Patient Department

OPR-6

Reg. No. 15962027
 Clinic No. 2023100000
 INGRESS PROHIBITED IN HOSPITAL PREMISES

INCHI No. 80281
 Chief Post Graduate Lecturer/Chair
 Dept. MEDICAL ONCOLOGY
 Centre



OPD Regn. No. RT-127015

नाम Name: SABUN FARVEEN	वय/उम्र (Years/Age) Age: 13	लिंग/पल्लव Sex: F	जन्म तिथि / Date of Birth Date of Birth: 13/03/2011
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रिपोर्ट / Diagnosis: RT-127015

उपचार / Treatment: 21 MAR 2024
59

29/2/24

Ref to RT-OPD
Sanneer Baly

12 MAR 2024
3

To Review in RO OPD \downarrow Dr. S.K. Saini (Mon/Thu)
13 59

13/03/24
Saini

18/3/24

To confirm on Thursday 21/03/24 for Registration and Workup
in bed now

18/03/24

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)

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

INVESTIGATIONS (Date) 27/3

Hb/Hct	WBC/PLATELETS	SUGAR F/PP/R	UREA/CREATININE	ANA/K/CA
10.1/34	8.070 297		24/0.2	137/4.8
T PROTEINS / A : G	BILIRUBIN / D / I	SGOT / PT	ALKPO4ASE	UHSAG/HIV
7.1 1.88		46/21	25	
X RAYS (Date) (chest)		ECG/ECHO/MUGA (Date)		
PFT	Actual	% Predicted	USG/CT/MRI	
FVC		
FEV ₁	OTHERS	
FEV ₁ /FVC		
PEFR		

RISK GROUP STATUS (ASA) _____ Reason for risk _____

FURTHER ORDERS AND INVESTIGATIONS

* DATE FOR SURGERY CAN BE GIVEN Can be given SEEN BY (CAPITALS)
 * NEEDS FURTHER INVESTIGATIONS SIGNATURE
 ADMIT _____ DAYS PRIOR TO SURGERY DESIGNATION
 AND INFORM SR. ANAESTHESIOLOGY DATE
 PRE-OP MEDICATION (DRUG) DOSE ROUTE TIME

1. NPO after
2. Consent : Routine / High Risk
3. Sedative
4. Narcotic
5. Antisialagogue
- 6.
- 7.
- 8.
- 9.
- 10.

28/3/24
 Can be taken up for anaesthesia
 NPO - clear liq
 8hr solid
 Dr. Maniyala (SR/OA)

Review PAC (Date)
 (CBC, VM, LFT, RFT, Cxrd)
28/3
 get marked investigation
 Review PAC after investigation
 Date of surgery/procedure to be given after
 Review PAC with blood report
 Dr. Maniyala (OASR) [OPD]

Investigations to be done on Morning of Surgery

ORDERED BY _____ SIGNATURE _____ NAME _____ DATE / TIME _____

Discharge Report
 PROVISIONAL DISCHARGE CERTIFICATE

UNIT ID: 106863696
 Name: Mrs. SABRON PABUJA
 Age/Sex: 2 years & more 30 days / Female
 Ward Name: 1B
 Address: E-37/1 BAWANA, II COLONY, NEW DELHI, INDIA
 Mobile No:
 Date of Admission: 12/02/2024 11:45:27 AM
 Date of Discharge: 16/02/2024 10:46:00 AM

Cr No: R-006633-24
 Department: R. P. Centre (Eye Care)
 Unit: UNIT V
 Bed No.:

15/2/24

Drug(s) if any -
 24-266

106863696
 A.P.L

ICD Code: C69
 ICD Description: Malignant neoplasm of eye and ann. lid

Diagnosis: LE GROUP E RB ABUTTING ONH STAGE 3

Investigation:
 Systemic: KO 52
 Ocular: VA RE FOLLOWS LIGHT
 LE NOT FOLLOWING LIGHT

Treatment/Operative Procedure:
 Surgeon: DR. L.V.A.
 Date: 15/02/2024
 Surgery: LE ENUCLEATION WITH PRIMARY IMPLANT 24A
 ON STUMP 6 MM 20 MM SILICONE IMPLANT
 EUA FINDINGS:
 L: TUMOUR HT 3.4 LT 5.8
 AS: TOTAL HYMEMA PRESENT
 INF. CILIARY STAPHYLOCOCCI FROM 3 TO 11 O'CLOCK POSITION
 R: FUNDUS NORMAL

Condition at Discharge:
 Vision: LE NA
 Anterior Seg: LE WOUND APPROX SUTURES INTACT
 OTHER DETAILS NA
 IDP: LE ⊙
 Posterior Seg: LE NA

Advice During Discharge:
 Oral: SYP ALIGHTEN (228.5/5) 4 ML TDS
 SYP POM 5 ML TDS
 WITH DR L.V.A. IN 1st Wk AFTER 1 WEEK (25/2/24) TUE/PRI AT 9 AM

Topical: LE VIGAMOX 4T/D
 SPO OCUROL TDS FOR LOCAL APPLICATION
 Position: 0 0 0 0
 0 0 0 0
 0 0 0 0

Call for hospital repair
 from 7th floor

35A 9M
 25/2/24

16/2/24
 7 days

Prepared by: Dr. Anand Anand
 Signature Of Senior Resident
 Dr. R. P. Centre for Ophthalmic Sciences
 All India Institute of Medical Sciences, New Delhi-29

