







शरीरमाद्यं खनु धर्मसाधनम्

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

सिमा 9717936244

NA

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ITAL

OPR-6

अस्पताल

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

IRCH No. 292245

Reg. Date-15/03/2023

Clinic Paed. Lymphoma Leukemia Clinic

Clinic No. 2023/20871

Deptt. MEDICAL ONCOLOGY

General



Regn. No. _____

CK-73683

एकक/Unit _____

विभाग/Dept. _____

नाम/Name

नाम श्रेयानश श्रेयानश

UHID-106552532

जन्म तिथि/Date of Birth

Name SHREYANSH

S/O- RAKESH

Sex/Age M/1Y

Room 13 (Shift Morning)

Address BAGHMARE NO- 1911 KPH NO- 60 BETUL, MADHYA PRADESH, INDIA

निदान/Diagnosis

axial bone.

दिनांक/Date

उपचार/Treatment

Adv

Meiru blood bank AIIMS

CBLLTV
PTV

30 blood donation gate no - ①

- CE of face / neck / chest

- Bone scan

- BMA / Bx / PR

- Cx of y to pair

Dated on 16/3/23
at 8.30 am

R/v - 23/03/23

र. नं. ⑤

15 MAR 2023

60

7 MAR 2023

17.3.2023

leave file for PAC

Dr. Vinod

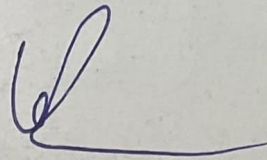
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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

DAC 17/5/23.

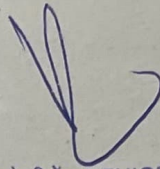
Accepted for CECT.



Syp. Ibuprofen plus.

① — ①
TSF 75E

generic pharmacy



वरिष्ठ रेजीडेंट/SENIOR RESIDENT
अधुनिक संवेदन-नाहरण विभाग एवं प्रशा. चि. विभाग
Dpt. of Onco-Anaesthesia & Palliative Medicine
डॉ. बी.आर.अं.रो.के.अ./Dr. B.R.A., I.R.C.H.
अ.भा.आ.सं., नई दिल्ली/ANMS, New Delhi-29



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

UHID:	106552532	Sex :	Male
Patient Name :	Mr SHREYANSH SHREYANSH	Sample Received Date :	17/03/2023 12:27 PM
Age :	1 year 16 days	Department :	Medical Oncology
Unit Name :	Unit-I	Unit Incharge :	
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date :	28/02/2023 08:31 AM	Sample Collection Date:	16/03/2023 01:59 PM
Report Generated Date:	17/03/2023 03:11 pm	Dept / IRCH No:	292245
Recommended By:	Dr. Amlesh Seth	Lab Reference No:	619

Sample Details : S160323399

Report

Test Name	Result	Comment	Normal Range
<u>LFT</u>			
TOTAL BILIRUBIN	0.100 mg/dL		• 0.3 - 1.2 mg/dL
DIRECT BILIRUBIN	0.050 mg/dL		• < 0.3 mg/dL
INDIRECT BILIRUBIN.	0.050 mg/dL		• < 0.9 mg/dL
SGPT/ALT	8 U/L		• 10 - 49 U/L
SGOT/AST	39 U/L		• < 34 U/L
TOTAL PROTEIN	6.800 g/dL		• 5.7 - 8.2 g/dL
ALKALINE PHOSPHATASE	131 I.U.		• 46 - 116 U/L
GLOBULIN	2.2		• 2.5 - 3.4 g/dL
A/G Ratio	2.09091 ratio		• 1.2 - 2.2 ratio
Albumin	4.600 g/dL		• 3.2 - 4.8 g/dL
Gamma-Glutamyl Transferase	16		• < 73 U/L
<u>RFT</u>			
UREA	21 mg/dL		• < 50 mg/dL
CREATININE	0.220 mg/dL		• 0.7 - 1.3 mg/dL
CALCIUM	9.700 mg/dL		• 8.7 - 10.4 mg/dL
PHOSPHOROUS	5.000 mg/dL		• 2.4 - 5.1 mg/dL
SODIUM (NA)	134 mmol/L		• 132 - 146 mmol/L
POTASSIUM (K)	5.000 mmol/L		• 3.5 - 5.5 mmol/L
CHLORIDE(CL-)	101 mmol/L		• 99 - 109 mmol/L
Uric Acid	1.900 mg/dL		• 3.7 - 9.2 mg/dL

Over All Comment :

Authorised Signatory

Verified By
bchauhanlabnci



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

UHID:	106552532	Sex :	Male
Patient Name :	Mr SHREYANSH SHREYANSH	Sample Received Date :	17/03/2023 12:36 PM
Age :	1 year 16 days	Department :	Medical Oncology
Unit Name :	Unit-I	Unit Incharge :	
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date :	28/02/2023 08:31 AM	Sample Collection Date:	16/03/2023 01:59 PM
Report Generated Date:	17/03/2023 02:51 pm	Dept / IRCH No:	292245
Recommended By:	Dr. Amlesh Seth	Lab Reference No:	1674

Sample Details : E160323394

Report

Test Name	Result	Comment	Normal Range
<u>CBC</u>			
Hemoglobin	9.400 g/dL		• 13 - 17 g/dL
Hematocrit	30.7997 %		• 40 - 50 %
RBC Count	4.790 $10^6/\mu\text{L}$		• 4.5 - 5.5 $10^6/\mu\text{L}$
WBC Count	12.620 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count	578 $10^3/\mu\text{L}$		• 150 - 400 $10^3/\mu\text{L}$
MCV	64.300 fL		• 83 - 101 fL
MCH	19.6242 pg		• 27 - 32 pg
MCHC	30.5198 g/dL		• 31.5 - 34.5 g/dL
RDW	14.700 %		• 11.6 - 15 %
<u>DLC</u>			
Neutrophils	64.700 %		• 40 - 80 %
Lymphocytes	23.900 %		• 20 - 40 %
Eosinophils	1.500 %		• 0 - 7 %
Monocytes	7.400 %		• 3 - 11 %
Basophils	0.300 %		• 0 - 2 %
Neutrophils - Abs	8.16514 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs	3.01618 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs	0.1893 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs	0.93388 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs	0.03786 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$

Over All Comment :

Authorised Signatory

Verified By
bchauhanlabnci

EXAMINATION REQUISITION FORM

TEL : 26588500/ EXT. 3210

पुशानी राजकुमारी
OPD

DR. B.R.A. IRCH, AIIMS, NEW DELHI
 IRCH No. 292245 Reg. Date-15/03/2023
 Clinic Paed. Lymphoma Leukemia Clinic Clinic No. 2023/20871
 Deptt. MEDICAL ONCOLOGY General
 नाम श्रेयानश श्रेयानश UHID-106552532
 Name SHREYANSH Sex/Age M/1Y
 S/O- RAKESH Room 13 (Shift Morning)
 Address BAGHMARE NO- 1911 KPH NO- 60 BETUL, MADHYA
 PRADESH, INDIA

आयु / लिंग Age / Sex :

Referred by :

पंजीकरण सं० / Regd. No. :

Examination Required :

- | | | |
|--|--|---|
| <input type="checkbox"/> Liver Scan | <input type="checkbox"/> Renal dynamic scan | <input type="checkbox"/> Thyroid Scan |
| <input type="checkbox"/> Hepatobiliary Study | <input type="checkbox"/> DMSA/GHA Renal scan | <input type="checkbox"/> R.A.I.U |
| <input type="checkbox"/> Study for Duodeno gastric reflux | <input type="checkbox"/> DRCG/UFMT | <input type="checkbox"/> Perchlorate discharge Test |
| <input type="checkbox"/> Study for G.I Bleeding
* Tc-O ₄ abdominal scan
* Blood Pool scan | <input type="checkbox"/> Renal Transplant Evaluation | <input type="checkbox"/> T-4 Suppression Test |
| <input type="checkbox"/> Gastro - esophageal Reflux | <input type="checkbox"/> Renal clearance study | <input type="checkbox"/> I-131 whole Body Scan for Ca Thyroid |
| <input type="checkbox"/> Gastric Emptying Study | G.F.R. | <input type="checkbox"/> R.B.C. Mass estimation |
| <input type="checkbox"/> Bone Scan | E.R.P.F. | <input type="checkbox"/> Cr - 51 RBC survival study |
| <input type="checkbox"/> Bone Marrow Scan | <input type="checkbox"/> Brain Spect scan | <input type="checkbox"/> Gallium Scan |
| | <input type="checkbox"/> MISCELLANEOUS (Only after discussion) | <input type="checkbox"/> Strontium Therapy |
| | | <input type="checkbox"/> MiBG Scan |

IMPORTANT

L.M.P.:

S Cr :

Blood Urea :

Serum Bilirubin :

Haemoglobin :

P.C.V. :

PREVIOUS STUDY

17/04/23
09:00am
(8:00am)

↓
Try on 20/03/23
09:00am

Alternately
can do FDG-PET CT
Kindly advice further

BRIEF CLINICAL HISTORY

Bone scan

C/o whitral RMS
↓ evaln

Date

Signature of

Referring Physician / Surgeon

**DR. B.R.A. INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

NEW DELHI-110029

DEPARTMENT OF ANAESTHESIOLOGY

NAME: Shreyansh AGE / SEX 1/14 C.R. NO. 106552532 DATE: 10/3/23
 DIAGNOSIS (STAGE) RMS orbital PROPOSED OPN. CCG - face, chest

CLINICAL HISTORY (BRIEF)

- CVS - Breathlessness/Palpitation/Chest Pain HT/CAD
 RS - Cough/Hemoptysis Asthma
 CNS - Seizure/Headache/TIA/CVA/Neurological Deficit TB
 Abdomen - Distension/Vomiting/Hepatitis/Renal Disease
 Endocrine - DM/Thyroid Disease/Parathyroid Disease
 A/O Allergy
 Any other significant History.....

(No) mile stone
(No) delivery

CURRENT / PAST MEDICATION

PAST ANAESTHETIC HISTORY

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

No H/O pneumonia, Jaundice,
 Cystitis - spec.

(EX) Weight Height Pulse BP R.R. BHT	General Physical Examination	CVS <u>5/7/2 AD</u>
	- Temperature <u>afebrile</u>	Resp. System <u>B/C clear</u>
	- Pallor <u>-</u>	Abdomen / CNS
	- Icterus <u>-</u>	
	- Cyanosis <u>-</u>	
	- Clubbing <u>-</u>	
- Oedema <u>-</u>		
- Venous Access <u>-</u>		

Airway Assessment :

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

ब० रो० वि० कार्ड
O.P.D. Card

दृष्टि



नेत्र अमूल्य उपहार है
जो आप ही दे सकते हैं

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

कमरा नंबर
Cabin No.

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या
UHID No. 106552532

आचार्य एम. एस. बजाज का एकक
Prof. M. S. Bajaj's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Shreyansh		male	1yr	

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

01/03/2023

उपचार Treatment

History

Outward protrusion of (RE) x 8 days, rapidly progressive since 25/02/2023 in last 5 days, painful

Went to a hospital in Bhopal → referred to higher center
No h/o trauma

NRC
↳ No bone window
↳ advised for
CEMRI Brain &
Orbit

Did CT scan on 28/02/2023 as advised from outside centre
s/o 4.5 x 2.2 cm heterogeneously enhancing mass lesion
noted involving (RE) orbit, encasing Rt. lateral, superior,
superior oblique & inferior oblique muscles with bony
rarefaction & thinning of bones & proptosis

↓
Came to R.P. Center on 28/02/2023 → NRC review done.

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध
2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें
3. थूकिये नहीं
1. No Smoking
2. Use Dustbin
3. No Spitting

15/3/23

22/23

(R) incision biopsy of SA (or semen).

Reports for PDLH AA#73

Pannu Balraj Deepa

HDB

open PQB tomorrow morning (7am)

(R) Ep. occipital vas for HA. Sup. Pcm (2.5ml sol for pain)

डॉ. समीर बखशी/Dr. SAMEER BAKHSHI
आचार्य चिकित्सा अर्बुदविज्ञान विभाग/Prof. Medical Oncology
डॉ. बी.आर.अं. रो.कैं.अ./Dr. B.R.A., I.R.C.H.
अ.पा.आ.सं. नई दिल्ली/AIIMS, New Delhi-29
डीएमसी पंजीकृत सं./DMC Registration No. 1893.

to be admitted on Bed. no. 140 ward 18

fridhi

- Carotid shield (R) large,

(R) + E10 created gel 6/HA

kindly provide

stay in dharmshala,

Suspected RMS - biopsy awaited

- IRCH Right neck for chemotherapy

Dr. SUMAN KUMARI MEENA
Senior Resident
RPC, AIIMS, New Delhi-110029

Cancer निदान IRCH Registration

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

1st floor

Peds HDU

Pediatric Referral for vomiting



Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New
Delhi, 110029

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

UHID : 106552532
Name: Mr SHREYANSH SHREYANSH
Age/Sex: 1 year 3 days / Male
Ward Name: 1B
Address: BAGHMARE NO- 1911 KPH NO- 60 BETUL,
MADHYA PRADESH, INDIA
Date of Admission: 02/03/2023 03:46:46 PM
Date of Discharge : 03/03/2023 09:19:00 AM

Cr No: R-009624-23
Department: R, P. Centre (Eye Centre)
Unit: Unit-V
Bed No.: 140

Drug Allergy, if any :- []

ICD Code: ,H05
ICD Description: Disorders of orbit

23-316

Diagnosis
.RE PROPTOSIS
? RMS

3/3/23

Investigation
Systemic .NO SI
Ocular .RE- DOES NOT FOLLOW LIGHT
LE - FOLLOWS LIGHT

Treatment/Operative Procedure
Surgeon .DR SUMAN
Date 03/03/2023
Surgery RE BIOPSY UNDER GA

Condition at Discharge
Vision Anterior Seg. 7 Proptosis
C Max.
IOP Posterior Seg. 7 Proptosis
C Max.

Advice During Discharge
Follow Up - Symp Augmentin (250 mg/5ml)
Topical Position (R) Edo laugel (2) + HS
.E/D REFRES TEARS 6 TD
.CARTELLA SHIELD

2.5ml BD
- Symp Pen (250 mg/5ml)
2.5ml BD

Prepared By: Dr. Arnav Panigrahi
Signature Of Senior Resident

Date & Time

→ Collect HPE Reports 7th floor

R/A 1 week 10/3/23, Fri 9.0am
T Dr Suman (35)



भारत सरकार

Government of India



Download Date: 09/04/2021



पूजा बाघमारे

Pooja Baghmare

जन्म तिथि/DOB: 12/01/1994

महिला/ FEMALE

Issue Date: 26/03/2021

7115 9586 0895

VID : 9120 5707 7708 6961

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

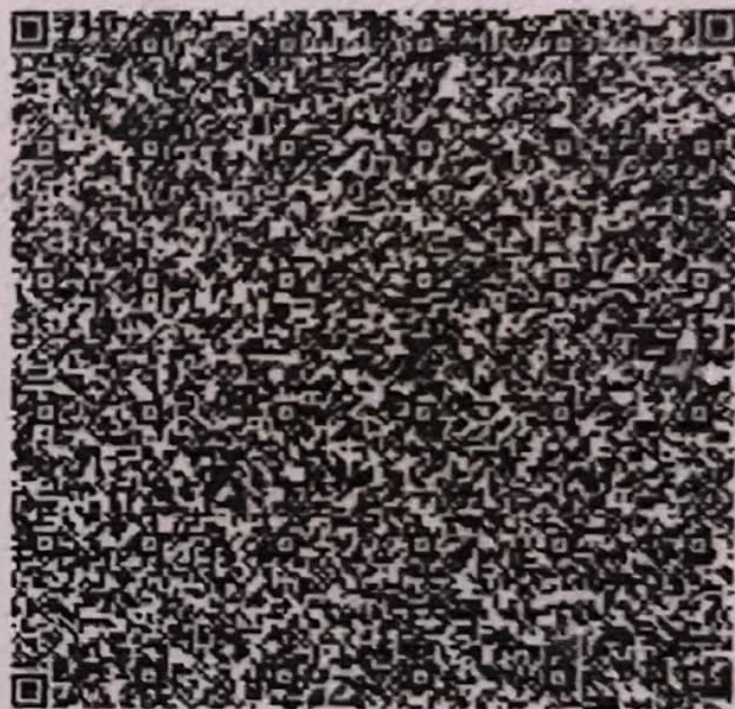


पता:

द्वारा: राकेश बाघमारे, 1911 क पी.एच.न.ओ-60आठनेर,
आठनेर, बैतूल,
मध्य प्रदेश - 460110

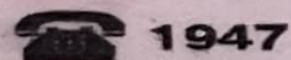
Address:

C/O: Rakesh Baghmare, 1911 k p.h.no.o-
60athner, Athner, Betul,
Madhya Pradesh - 460110

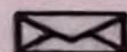


7115 9586 0895

VID : 9120 5707 7708 6961



1947



help@uidai.gov.in



www.uidai.gov.in



सं. 1
NO. 1



मध्य प्रदेश सरकार
GOVERNMENT OF MADHYA PRADESH
योजना, आर्थिक एवं सांख्यिकी विभाग
DEPARTMENT OF PLANNING, ECONOMICS & STATISTICS
सामुदायिक स्वास्थ्य केन्द्र अमला
COMMUNITY HEALTH CENTRE AMLA

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा मध्य प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE MADHYA PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 1999)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि सामुदायिक स्वास्थ्य केन्द्र अमला तहसील अमला जिला बेतूल राज्य/संघ प्रदेश मध्य प्रदेश, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR COMMUNITY HEALTH CENTRE AMLA OF TAHSIL/BLOCK AMLA OF DISTRICT BETUL OF STATE/UNION TERRITORY MADHYA PRADESH, INDIA.

नाम / NAME: SHAN BAGHMARE

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:

14-11-2021
FOURTEENTH-NOVEMBER-TWO THOUSAND TWENTY ONE

जन्म स्थान/ PLACE OF BIRTH:
COMMUNITY HEALTH CENTRE AMLA

माता का नाम / NAME OF MOTHER:
POOJA BAGHMARE

पिता का नाम / NAME OF FATHER:
RAKESH BAGHMARE

आधार नंबर / MOTHER'S AADHAAR NO:

XXXXXXXX0895

आधार नंबर / FATHER'S AADHAAR NO:
XXXXXXXX0391

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

ATHNER,
ATHNER, ATHNER (NP), , ATHNER, BETUL, MADHYA PRADESH- 460110

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:


ATHNER,
ATHNER, ATHNER (NP), ATHNER, BETUL,
MADHYA PRADESH- 460110

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2022: 23-90705-000180

पंजीकरण तारीख / DATE OF REGISTRATION:
10-02-2022

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
10-02-2022

जारी करने वाला  रजिस्ट्रार / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
सामुदायिक स्वास्थ्य केन्द्र अमला
COMMUNITY HEALTH CENTRE AMLA

UPDATED ON :
10-02-2022 19:34:33



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
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