

Patient Details

Name : Sonamati

Age / Gender : 3y / m

Father's Name : Surendra

Address : Siwan, Bihar

Contact No : 6287813339

POC / PCSC No.: 403/25

Diagnosis: RB

Remarks :

PICC Line Care

अगर आपके बच्चे को PICC Line Care लगी हुई है तो डे केयर के डाक्टर या नर्स से जरूर संपर्क करें।

- Counselling done:-
- 2.1- Betadine gargle - 5ml water
 - 0-0-0 15ml Betadine
 - Sitz bath.
 - Thermometer.
 - Personal Hygiene.
 - Blood donation.
 - Danger sign explained.
 - Sick card given.

HIV Status.....

0.....1.....2.....

Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : Sonamati'

UHID : 108573783

Diagnosis: RB



अ० मा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान बन्द है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी का नाम / Patient Name

एकता / Unit

विभाग / Dept.

रोगी का नाम / Patient Name

Unit ID: 108573783



Dept. No.: 207500000378735

रोगी का नाम / SONAMATI

SONAMATI

DOB: 08/08/1978

YY MM DD: 14/11/2014

ADMISSION DATE: 14/11/2014

PH: 07810002104

General Rx: 0

Follow Up Patient

कमरा / Room

C-210

Queue /

संख्या

F25

Level: Paediatric

डॉक्टर का नाम

रोगी का नाम / Patient Name



Reporting: 14/11/2014

1312/2015

LH13122501003

LC1312251491



108573783

108573783

SONAMATI SONAMATI

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

19

11-14

N/V

17/12/25

2 CBC, UFT, RFT

Shrawi

Sh. Po.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से पाया काय

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)



meraspatal.nbp.gov.in

110000

Cycle no _____ Date _____ Wt _____ BSA _____

Hb _____ TLC _____ ANC _____ Platelets _____

SGOT _____ SGPT _____ S Bil _____ Urea _____ Creatinine _____

Drugs	Dose given	Day
VCR	0.3mg	D ₁
Carboplatin	280mg	D ₁
Etoposide	120mg	D ₁ (D ₂) 4/11/25

Chemotherapy checked by _____

(Signature SR)

Administrated by _____

3/11/25

4/11/25

(Signature SR)

5/11/25

2/11/25

Next visit _____

Cycle no 2 Date _____ Wt _____ BSA _____

Hb _____ TLC _____ ANC _____ Platelets _____

SGOT _____ SGPT _____ S Bil _____ Urea _____ Creatinine _____

Drugs	Dose given	Day
VCR	0.3 mg	(D ₁) 9/11/25
Carboplatin	280 mg	(D ₁)
Etoposide	120 mg	(D ₁) (D ₂) - 26/11/25
		25/11/25

Next visit _____

Inj G-CSF - 50mg

D₁
D₂
D₃
D₄
D₅

2/11/25

14

6/12/25

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) → R.A. OPD
Beverly
Smart Lab
↳ CBC, Uti, RFT

SSis: (R) Metastatic EORR. Stage IIIA /
Post 2# HDCEV (25/11 - 26/11)

8/12/25 → RC discussion pending - films submitted

→ PET Date to be taken

Adv's.

→ PET Date to be taken

→ Discuss MRI Brain + orbit in RC

→ CBC RFT/CFR - Smart Lab

→ N/V in OPD - 13/12/25 reports
Shirley SR

110000

Cycle no _____ Date _____ Wt _____ BSA _____

Hb _____ TLC _____ ANC _____ Platelets _____

SGOT _____ SGPT _____ S Bil _____ Urea _____ Creatinine _____

Drugs	Dose given	Day
VCR	0.3mg	D ₁
Carboplatin	280mg	D ₁
Etoposide	120mg	D ₁ / D ₂ / 2/11/25

Chemotherapy checked by Dr G-CSF 50mg Administrated by D₃
 (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 _____

D₈
8/11/25
Sc

Drugs	Dose given	Day
VCR	0.3 mg	D ₁ / 9/11/25
Carboplatin	280 mg	D ₁
Etoposide	120 mg	D ₁ / 172 - 26/11/25
		25/11/25
		Sc

Next visit _____

Dr G-CSF - D₁ - 22/11/25
 50mg.
 D₂
 D₃
 D₄
 D₅



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 shrunk 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 clinical-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico-legal purposes. Any typographical error should be intimated and report sent for correction within 7 days.

6/12/25

3pm @ daycare

didnot come to OPD.

no labs

plan

① N/V 08/12/25 at 2pm (210).

POC clinic

② 8/12/25 → (9am) → RAK OPD
Basement
Smart lab
↳ CBC, UFS, MFT

Site: (R) Metastatic EORB. | Stage IV A |
Post 2# HDCEV (25/11 - 26/11)

8/12/2025 → RC discussion pending - films submitted.
→ PET Date to be taken.

Shri
Sr PO

Adv:

→ PET Date to be taken
→ Discuss MRI Brain + orbit in RC

→ CBC/ RFP/ CFT - Smart lab

→ N/V in OPD - 13/12/2025
reports Shri
SR

13/12/25

Ⓡ EORB / Stage IV A (BM ⊕)

Pom understanding
PET not done yet → multiple redates

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

8/12/25

6.7 $\frac{4010}{1210} / 45K$

LFT / RFT ~ (N)

Funds not applied
yet.

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

(IV A v/c IV B)

NRC → ON till intraorbital
part

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 Rslt → MRI discussion, PET scan to
be done, based on that to decide further
Rx. If amine intent in IV a Needs
Augmented chemo.

Shamir

HDECV

Date..... Wt..... BSA.....
 TLC..... ANC..... Platelets.....
 SGOT..... SGPT..... S Bil..... Urea..... Creatinine.....

Drugs	Dose given	Day
VCR	0.3mg	D ₁
Carboplatin	280mg	D ₁
Etoposide	120mg	D ₁ (D ₂) <u>final</u> 2/11/25

by G-CSF 50mg (D₃) (D₄) (D₅) (D₆) (D₇)
 Chemotherapy: checked by Administrated by
 (Signature SR) 3/11/25 4/11/25 (Signature SR) 6/11/25 7/11/25
 Next visit.....

Cycle no (2) Date..... Wt..... BSA.....
 Hb..... TLC..... ANC..... Platelets.....
 SGOT..... SGPT..... S Bil..... Urea..... Creatinine.....

D₈
 8/11/25
SR

Drugs	Dose given	Day
VCR	0.3 mg	(D ₁) <u>final</u> 25/11/25
Carboplatin	280 mg	(D ₁)
Etoposide	120 mg	(D ₁) (D ₂) = 26/11/25 25/11/25 <u>final</u>

Next visit.....

Inj G-CSF : D₁ 22/11/25
 50mg. D₂ 29/11/25
 D₃ 30/11/25
 D₄ 1/12/25
 D₅

29/12/25

@ Rt FORB / stage IV a.

BM:- involved HPR proved

ON:- uninvolved & uninvolved for
nucleus

counselling done & whole case 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 to
not be modified.
- (5) M/V on ^{OPD} wednesday ^C CBC/PP T/UT
31/12/25

↓
chemo to be started

LH30122501240 108573783



LC3012251804 108573783



Mr SONAMATISONAM

Neha

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

31/12/25

Rt CORB | stage IV a

96 / 7.15 / 27 / 203,000 ✓

RPT/47 - (N)

Premedication

q_h FMST 25mg IV stat

q_h DIZOR 2mg IV stat

Augmented chemo

(1) q_h VCR Kindly get 200mg → On Sawana 11/1/26

(Chemo date)
10/1/26

Re-date
18/1/26

q_h VCR 0.8mg IV slow push D₁

65ml/hour

(2) q_h Hydration

q_h D5S + (1:100 Kcl) c

for 6 hour

for 2 hours of hydration

(3)

q_h CYCLOPHOS 760mg in 100ml NS
IV slowly over 1 hour (D₁)

(4)

q_h MESNA 200mg in 100ml NS IV c D₁, 2, 4 hour

(5)

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

11 Aug 55mg SC x 5 days

Diagnostic Work UP & Risk Stratification

(R) EORB - Metastatic stage. Lu

NRC: (R) EORB: ON involved till intraorbital path.

CSF: acellular.

GM: involved with mets.

PET: Not done.

Name of treatment protocol



PET - SCAN FORM

अखिल भारतीय आयुर्विज्ञान 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 : Soramati Age : 37 Yrs. Sex : M F
Referred by : Prof. R. Seth Requisition Date : _____
UHID No./ Clinic / Dept. : (N) peds. onco.

Brief Clinical History :

40.
• (R) orbital swelling x 2 months
• (R) Blnny. of nrm } x sm.

Treatment History : (R) white eye reflex

(R) EDRB for
Staging w/v.

Past History ☐ DM ☐ HT ☐ TB ☐ Renal failur ☐ 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

P.T.O.



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

POC 403/25



बाल शोकासा विभाग



UHD-108573783

कक्ष / Room C-211

एकाक / Unit

विभाग / Dept.

Queue / संख्या

F5

Unit-I, POC

OPR-6

Dept No: 20250030028735

सोनामती सोनामती / SONAMATI

S/O SURENDRA

3Y 3M 9D / M (पुरुष)

GUTHANI DIST SIWAN, BIHAR, INDIA

Ph: 9781022154

General Rs. 0

Follow Up Patient

no./O.P.D. Regn. No.

घाता / Address



Reporting: 01.48.52
08/12/2025

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

5-11-25

Nil in OPD on 13/12/25
UBC/MS/MS

Shin
SR



शरीरमाद्यं खलु धर्मसाधनम्



Prakash Mandal Jan Aardra Trust
PO-125
अंगदान का अर्थ है
Gangotri-ganga.org

CLEAN AND GREEN AIIMS / रूम 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)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in



PET - SCAN FORM

अखिल भारतीय आयुर्विज्ञान 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 : 91-11-28593210

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 : Saravali Age : 32 Yrs. Sex : M F
 Referred by : Dr. R. S. S. S. Requisition Date : _____

UHD No./ Clinic / Dept. : 18 pts only

Brief Clinical History :

Go.
 (R) orbital swelling x 2 months
 (R) Blurring of vision } x scan

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

P.T.O.

भारत सरकार
Government of India

आधार
आधार

आधार नं. Issued: 08/09/2025

सोनामती कुमारी
Sonamati Kumari
जन्म तिथि/DOB: 2022
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग साक्षात्पत्र (ऑनलाइन प्रमाणीकरण, या वसुधैव कुटुम्बकम्/ऑफलाइन एवरएगल 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

आधार
आधार

Details as on: 03/10/2025

पता:
द्वारा: सुरेंद्र साह, गुठनी पश्चिमी, गुठनी, 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

 भारत सरकार
Government of India

 आधार

Issue Date : 11/01/2022



बबिता देवी
Babita Devi
जन्म तिथि / DOB : 01/01/2000
महिला / Female

5010 7064 2856

मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

 AADHAAR

Print Date : 17/01/2022

पता: दवारा: सुरेन्द्र तूरहा, गूठनी पश्चिमी,
गूठनी, सिवान, बिहार, 841435

Address: C/O: Surendra Turha, Guthani
Paschimi, Guthani, Siwan, Bihar, 841435



5010 7064 2856

 1947

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Government of India

 आधार

Issue Date: 25/01/2015



सुरेन्द्र साह
Surendra Sah
जन्म तिथि/DOB: 01/01/1994
पुरुष/ MALE

4146 7187 5613
VID : 9103 5644 8348 9543

मेरा **आधार**, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

 AADHAAR

पता:
S/O: मुंशी साह, ग्राम गुठनी, गुठनी, सिवान,
बिहार - 841435

Address:
S/O: Munshi Sah, village guthani, Guthani,
Siwan,
Bihar - 841435

Download Date: 10/09/2022



4146 7187 5613
VID : 9103 5644 8348 9543

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