

Cycle number: 5 Date: 06/04/22
 Name: Sumit
 Age/Gender: Male
 Weight: 18 kg Height: 1.76m BSA: 0.76m²
 Baseline investigations:
 Hb: 7.1 TLC: 9200 ANC: 5050 PLT: 2.7 lakh
 Urea/Creat: 21/0.3 Bil: 0.5 AST: 19 ALT: 22

Drug	D1	D2	D3	D4	D5
Topotecan (2.7mg) D1 - D5	<u>(4/4/22)</u> ✓	<u>7/4/22</u> ✓	<u>8/4/22</u> ✓	<u>11/4/22</u> ✓	<u>14/4/22</u> ✓
Vincristine (1.8mg) D1 only	✓	X	X	X	X

- Inj. PEG-GCSF (@100 mcg/kg) on Day 6 - 0.2 ml sc
 Date: 11/4/22 given - (Signature JR)

Note

- Refer to last page of protocol for dose of Topotecan
- Cycles repeated every 3 weeks

Chemotherapy: checked by Administrated by
 (Signature SR) (Signature JR)

Next visit.....
 Next CBC/LFT/KFT on (Day 7-10 of chemotherapy) - 12/4, 14/4, 16/4

2. Indirect Ophthalmoscopy

Review of imaging at radio conference:

3. MRI -

Findings -

2 x 1.8 cm, well defined lobulated
les on medial side i subretinal
space
NO ONI / NO steral bleed
Subretinal Hemorrhage ⊕

4. Baseline hematological investigations:

Hb 9.9 TLC 5360 Platelet 355 ANC 3610
SGOT/SGPT/S.Bil/SAP 17/40/0.68/142
Urea 33 Creatinine 0.4 Na/K 136/4.7
MT 0 imm HBsAg NR HIV NR

5. Other Investigations

Chemotherapy details

Cycle 1 - 30/12/21 - 03/01/22 ; 4/01 → PEG CSF
Cycle 2 - 22/01 - 26/01/22 ; 27/01 - PEG CSF
Cycle 3 - 20/21 - 24/2/22
Cycle 4 - 15/2 - 19/2
Cycle 5 - 5/4 - 9/4
Cycle 6 - 30/4

Local treatment

Division Ophthalmology Clinic Registration
 उपचार - Treatment

28/11
 Vn X

RE

Refractive

WNL

active

LE

Males
 Long

cloudy
 seeds

shallow

141 VEX X

6/1/023
 123 95.00

Calcification

RSC ⊕

C/O/W B. Loni

CE MRI (Brain
 Orbital)

D/F
 Plan -

⊕

enucleation & Implant

3
 NRC R/L on
 Monday ward 1A
 (Signature)

g Myelin fibre x sd

2
 zellon

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
 इनकी पूर्ण रखा कीजिए ताकि ये आपकी रखा 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.

Mobile: 0222711122, Patilwala, District: P. B., Reporting: 022
 AN 100 AM



CLEAN AND GREEN ANMS / एक का पौी संकल्प, साक्षरता से सशक्त बनने
 अंगदान-वैदान का प्रमुख उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.D.O. ANMS, 26588360, 26582444, www.orbo.org, Helpline - 1080 (24 hrs service)



MIS-2017-0134

saksham
IMAGING AND DIAGNOSTICS PRIVATE LIMITED

K-1/30, 3RD FLOOR & BASEMENT, SARVODAYA MARKET
NEW DELHI - 110017, CONTACT - 011-4077190 / 011-4077191
EMAIL - info@sakshamimaging.com, <http://www.sakshamimaging.com>

PATIENT'S NAME: SUMIT SINGH	AGE/SEX: 6/M
REF. BY: DR. AIIMS	REG. ID: 55H0832
TEST NAME: 3T MRI SCAN - MRI HEAD & ORBITS	EXAM. DATE: 29-SEP-2022

CEMRI BRAIN AND ORBIT

Technique- MR imaging of the brain and orbit was performed on a 3.0 T MR scanner using head coil. T1 FLAIR, FSE T2, GRE T2* - Axial, FSE T2 - sagittal and T2 FLAIR coronal images were acquired. The study was supplemented with diffusion weighted images using EPI sequence. Post contrast SE T1 weighted images were also obtained in coronal, sagittal and axial planes.

Clinical history- FOLLOW UP CASE

Observation -

The study reveals hypointense content in the left ocular globe along the retinal margin nasal as well as temporal aspect with funneling in the macular region - likely hemorrhagic retinal detachment.

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

No definite leptomeningeal or parenchymal enhancement noted.

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.

Right seventh eighth cranial nerve complexes and inner ear structures are normal.

Left Ocular globes, extracranial muscles and optic nerve sheath complexes are normal.

There is no evidence of mucosal thickening in both maxillary, ethmoid sinuses.

IMPRESSION: MR FINDINGS REVEAL

- HYPOINTENSE CONTENT IN THE LEFT OCULAR GLOBE ALONG THE RETINAL MARGIN NASAL AS WELL AS TEMPORAL ASPECT WITH FUNNELING IN THE MACULAR REGION - LIKELY HEMORRHAGIC RETINAL DETACHMENT.
 - NO DEFINITE INTRACRANIAL LESION.
- These findings may or may not correlate clinically.

Dr. Sachchidanand Purkait
Consultant Radiologist

Reported & Signed by: Dr. Sachchidanand Purkait

Dr. K. K. MISHRA
Consultant Radiologist..

Dr. Bhavesh Patel
Consultant Radiologist

Disclaimer: It is an interpretation of medical imaging/diagnostic based on clinical data which is being provided in an electronic format with physical signatures. All modern machines/procedures have their own limitation. This is neither complete nor accurate hence findings noted in the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico-legal purposes. Any technical error should be informed and report sent for correction within 7 days.

SAKSHAM IMAGING AND DIAGNOSTICS PRIVATE LIMITED

CIN-U74999DL2018PTC338500

Anaesthesia Record
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences, New Delhi-110029

Name Sunil Singh Age/Sex 6y/M Ward/Bed _____
ASA Grade: 1 2 3 4 5 E Diagnosis _____ Surgery 20 ug
LE RB _____ Ph. No. _____

History & current drugs
→ FT NVD / 3-5 ug / CIAD / No NICU stay
→ No H/O - jaundice, icterus, apnoea
→ No developmental delay
→ No other known comorbidities
chemo (5-FU) last taken on 17/5/22
LIVESTRONG, TIPOTECAN
→ NPO since @ 10:30 pm - solids
→ No recent H/O VRTI

Prematurity / post gestational age / cyanosis / apnoea
Previous Anaesthesia Exposure & its complications: ① right inguinal hernia + GA → U
@ 1y+ age
last EGA - 10/6/22
(botaxogen)

Congenital Anomalies/Syndrome :

Airway examination: ② pediatric anatomy Mallampati Class III Teeth Intact
Neck movements adeq Retrognathia NO High arched/cleft palate: NO
Nasal Patency ② N Facies ② N Tongue Normal
Gonads Normal Intubation: simple/difficult
Respiratory System: Resp. Rate _____ Auscultation R/L ② VRT
Cardiovascular System: Heart rate _____ Pulse rate _____ Neck Vein _____
Cardiac Thrill _____ Heart Sounds S1, S2 ② Murmur NO Preop. S _____
Vascular System: MR / Delayed bile stones / CP / Seizures NO

Musculoskeletal system examination

Division of Pediatric Oncology, AIIMS New Delhi
TREATMENT PROTOCOL FOR RETINOBLASTOMA - VT Based

Under Tests - Dr Prashant Prabhakar

Name Sunil Singh Father's name Rishendra Singh Age 6y3 Sex Male
POC NO. 7/22 family history NO
C/F Squint - 2 months
white eye reflex. - 2 months
diminished vision/red eye/watering of eyes. -

Unilateral/bilateral Left

	Left Eye	Right eye
1. IOP	LO	12
2. Vision	PL+	(N)
3. Group	(D)	(N)
4. EUA findings		
Size of tumor	→ whole of medial side covering difficult to visualize	
Type of seeds	↳ NO seeds	

Baseline workup/Investigations:

1. USG - Anechoic large mass 2 x 1.8 cm
Calcification (+)

Cycle number: 6 Date: 07/1/22
 Name: Lynn
 Age/ Gender: _____
 Weight: 18.3 kg Height: _____ BSA: _____
 Baseline investigations:
 Hb: 9.4 TLC: 12100 ANC: 8290 PLT: 3.67 lakh
 Urea/ Creat: 21/0.4 Bil: 0.75/0.2 AST: 25/15 ALT: 14

Drug	D1	D2	D3	D4	D5
Topotecan (<u>2.7mg</u>) D1 - D5	<u>7/5</u>	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>
Vincristine (<u>1.1mg</u>) D1 only	<u>7/5</u>	X	X	X	X

• Inj. PEG-GCSF (@100 mcg/kg) on Day 6 - 0.2ml spc SR
 Date - 12/5/22 given - _____ (signature JR)

Note

- Refer to last page of protocol for dose of Topotecan
- Cycles repeated every 3 weeks

Chemotherapy: checked by _____ Administrated by _____
 (Signature SR) (Signature JR)

Next visit: _____
 Next CBC/LFT/KFT on (Day 7-10 of chemotherapy) - 16/5, 18/5

Diagnostic Work UP & Risk Stratification

① J P D R B

USS ← RE - anechoic

LE - intra ocular mass; a =
C RO

MRI (NRC) - LE - I/O mass on
medial side eye
subretinal layer
No ONI / clo. involvement

EUA (24/12/21)



- large medial mass
- media haze ⊕
- mass not touching lens



saksham
IMAGING AND DIAGNOSTICS

A-1/73D, GROUND FLOOR BRSEMENT, SARFATIDANGA, NEW DELHI - 110017. CONTACT - 011-40721960 / 011-40484233
EMAIL - info@sakshamimaging.com, Hq@sakshamimaging.com

PATIENT'S NAME: SUMIT SINGH	AGE/SEX: 6/M
REF BY: DR. AIIMS	REG. ID: 55H4832
TEST NAME: 3T MRI SCAN - MRI HEAD & ORBITS	EXAM. DATE: 25-SEP-2022

CEMRI BRAIN AND ORBIT

Technique- MR imaging of the brain and orbit was performed on a 3.0 T MR scanner using 32 channel head coil. T1 FLAIR, FSE T2, GRE T2* -- Axial, FSE T2 -- sagittal and T2 FLAIR coronal images were acquired. The study was supplemented with diffusion weighted images using EPI sequence. Post contrast SE T1 weighted images were also obtained in coronal, sagittal and axial planes.

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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.

The intracranial vascular structures in view are normal. The lateral seventh eighth cranial nerve complexes and inner ear structures are normal.

The extraocular globes, extracranial muscles and optic nerve sheath complexes are normal.

The paranasal sinuses are made of mucosal thickening in both maxillary, ethmoid sinuses.

CONCLUSION: MR FINDINGS REVEAL

- HYPINTENSE CONTENT IN THE LEFT OCULAR GLOBE ALONG THE RETINAL MARGIN NASAL AS WELL AS TEMPORAL ASPECT WITH FUNNELING IN THE MACULAR REGION - LIKELY HEMORRHAGIC RETINAL DETACHMENT.
 - NO DEFINITE INTRACRANIAL LESION.
- These findings should correlate clinically.

Dr. Sachchidanand Purkait
Consultant Radiologist

Reviewed & Signed by: Dr. Sachchidanand Purkait

Dr. K. K. MISHRA
Consultant Radiologist..

Dr. Bhavesh Patel
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SAKSHAM IMAGING AND DIAGNOSTICS PRIVATE LIMITED
CIN-U74999DL2018PTC338900



Histopathology Report

Ocular Pathology

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences

Ansari Nagar, New Delhi - 110029, India

Name of the Patient: Sumit Singh

Lab Reference No. : 22-1226

Age : 6.10 Years Sex : Male

Received on : 21/10/2022

UHID No. : 105726480

Date of Report : 27/10/2022

Ward IA Bed No. : 112

Unit Incharge : Prof. Tande

Nature of the Material Submitted : Enucleation.

Report :

- Left eye enucleation specimen (post chemo).
- Well differentiated retinoblastoma with small foci of necrosis & calcification.
 - choroid, sclera, iris, ciliary body and optic nerve including its cut end are free of tumour.
 - Pathological classification is pT1 NoMo.

Reported By

Consultant : Dr. Seema Kashyap





DR. RAJENDRA PRASAD TENCKI FOR GENERAL AND SCIENCES
UID: 185784480 Date: 19/10/2022 11:07:23 AM
CR No. M-018843-22 Ward Name: 1A Bed No.: 112
Name: MR SUMIT SINGH Unit In-charge: Dr. Badsha
Age: 17 03/12/04 Tandon
Unit-VI
ACCOUNTS: RS
21-49251/101123 183
RUPAKSHYANI SIKHON
AMVED-CHUCHAYATI TIRUVIDYARA MADHYA PRACESH


व० रो० वि० कार्ड
O.P.D. Card

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

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



अनुभाग व दिन
Section and Day
बुधवार व शनिवार VI
Wednesday & Saturday

कमरा नंबर
Cabin No.

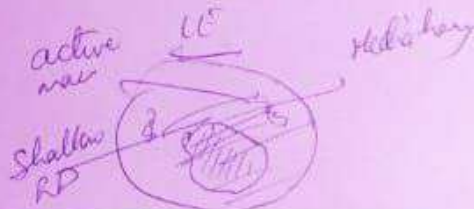
यू.एच.आई.डी. संख्या
UHID No. 1057 26460

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Sumit Singh		M	64	

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
23/9/22	(RE) WNL (LE) GP D RB E PSC	EVA done & unit-6 No of memo: 6 Last memo: 7/5/22 IAC @ EBRT @ Last EVA : 10/6/22

RE
WNL



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

First Name – SUMIT Surname - SINGH

Address – GHUCHIYARI, REWA, MADHYA PRADESH

Town – REWA Country - India

Emergency Contact Person Name – Mr. PUSHPENDRA SINGH

Emergency Contact Number - 8982807245

Age – 6 Y/ M

Hospital Details – (AIIMS) Delhi.

UHID No. – 105726480

BED NO. - 112

Medical History - Eye Cancer

Treatment State - Delhi

Treatment Cost – 2.5 LAKH ONLY

Family Condition - Labour

NGO Name – India Care Charitable Trust

Full Address – India Care Charitable Trust , Badarpur , Delhi - 110044

Contact No. - 9424638973

Bank Details - Donate in the favour of INDIA CARE CHARITABLE TRUST

HDFC Bank a/c No-50200043966350

IFSC code-HDFC0000588 current acc Location= R K PURAM

Delhi-110022

Website Link - www.indiacarecharitabletrust.org