



INDIA CARE CHARITABLE TRUST

Pretransplant wfu

- ① Dental ops
- ② ENT ops
- ③ ophthalmology
- ④ DTPA scan →
- ⑤ PFT → (500g) normal
- ⑥

- Dated for admission -  
14/11/22 ~~26/11/22~~  
 - Planned for Antelope  
 rescue.

Final  
 status

14/11/22  
 - Beladine cycles  
 - 50g be th  
 - puzone (hymne) ✓  
 - 50 Septisom 4/15  
 - no fresh complaints  
 - completed on 14/11/22

Admission for ASCT dated  
 for 26/11/22

Dental  
 Ophthalmology  
 ENT clearance  
 ] → ✓ DONE

DTPA (GAR) dated for Jan (to expedite)

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MIBG bij dm way

N/u → 26/11/22



Department of Pediatric Oncology

AIIMS, New Delhi

Neuroblastoma protocol

Name: Khadija

Age: Sys / female Gender: female

UHID: 105789227 POC: \_\_\_\_\_

Symptomatology

Duration

- Chest pain X 3 months
- Acute onset paraparesis X 15 days
- \_\_\_\_\_
- \_\_\_\_\_

Imaging with date and findings

- VAG CT Chest - lpo Thoracic mass (right side)
- with intraspinal extension
- MRI Spine - Extradural mass i spinal cord compression D3-D7

Biopsy (Site, acc. no and date)

Undifferentiated SRBT E Hower wright rosettes  
IHC Acute.

Image defined risk factors  Yes  No

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Histology:  Favourable  Un favourable  Not defined

MYCN amplified ~~Added~~  Yes  No / Not done

11q aberration: ND p aberration: \_\_\_\_\_

Bone marrow aspirate: No lpo metastasis Biopsy: \_\_\_\_\_

Urine VMA: Negative.

MIBG ~~RET/CT~~ MIBG-D-50-2085-22. MIBG Avid lesion in Rt  
paraspinal area. NO other uptake  
anywhere.

Stage: INRG L2 Risk group: \_\_\_\_\_

CBC at diagnosis: Hb - 11.9, TLC - 6700 (N63 L27), PLT - 8.9L

Renal function test: u/cr = 29/0.3, UA = 3, Ca/Po<sub>4</sub> = 9.1/5

Liver function test: AST/ALT/ALP = 28/21/145, TP/Alb = 6/3.5, Tbil/D Bil = 0.5/0.2

Serum ferritin: 47.3 ng/ml (4-67) Ser im LDH: 417 u/L (N - 120 to 500)

HIV: NR HBsA: NR HCV: NR

CXR: Ⓡ posterior mediastinal mass Mantoux: Negative

Echocardiography: Ⓡ BV for (09/02/22)

Final risk - HR.



DEPARTMENT OF RADIO-DIAGNOSIS  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
New Delhi

Patient Name: Anasri Khdiya

Sex: F

Age: 005Y

UHID: 105789227

Report State: Signed-off

OPD / Ward:

EXAMINATION DESCRIPTION:

PERFORMED ON: 2022-09-17 CR No:

Report:-

CECT Orbit,PNS, Neck and Chest:

Findings

The parotid, submandibular and sublingual glands appear normal in bulk and density.  
The orbits, middle and posterior cranial fossa are normal.  
Thyroid and salivary glands appear normal.  
Oral cavity,nose,pharynx and larynx are normal.  
Major vascular structures are normal.  
No mass or significant lymphadenopathy noted.  
Bones are normal.

Both the lungs are normal.

Tracheobronchial tree is normal.

No significant mediastinal adenopathy is noted.

Heart and mediastinal vascular structures are normal.

No pleural or pericardial fluid is seen.

Bones are normal.

Scanned sections through upper abdomen are unremarkable.

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A well defined oblong heterogeneously hypoenhancing mass lesion is seen in the right paraspinal region, measuring ~9x20x47 mm (APxTRxCC) and is seen extending craniocaudally from the level of inferior endplate of D1 to superior endplate of D6 vertebral body.

Medially the lesion is seen abutting the vertebral bodies of D1 to D6, posterior ends of right 1st to 5th ribs, and shows foraminal extension into the right D3 and D4 neural foramina. No vertebral body or rib erosions evident. Anteriorly the lesion is seen abutting posterior wall of trachea in its cranial aspect with maintained fat planes and azygos vein in its caudal aspect. The fat plane with azygos vein is poorly defined. Posteriorly the lesion shows clear fat planes with paraspinal muscles.

Diagnosis:-

K/c/o thoracic neuroblastoma current scan shows right paraspinal mass with extent as described.

Compared with previous scan dated 9/6/22 there is ~20% reduction in size- Stable disease( RECIST 2.1)

Verified By

Dr. Chandan J Das Consultant



**DEPARTMENT OF RADIO-DIAGNOSIS**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)**

New Delhi

**Patient Name:** Anasri Khdiya

**Sex:** F

**Age:** 005Y

**UHID:** 105789227

**Report State:** Provisional

**OPD / Ward:**

**EXAMINATION DESCRIPTION:**

**PERFORMED ON:** 2022-06-17 **CR No:**

**Report:-**

CECT NECK, CHEST and ABDOMEN

CT scan of the neck, chest and abdomen was performed with I.V. contrast using 24 x 0.6mm collimation.

**Neck:**

No mass lesion is seen in the neck.

No cervical adenopathy seen.

Thyroid and salivary glands are normal.

No obvious lesion is seen in base of the tongue

Laryngeal structures are normal.

Major vascular structures are within normal.

**Chest:**

A well defined oblong heterogeneously hyperenhancing mass lesion is seen in the right paraspinal region within the right hemithoracic cavity, measuring ~11x30x53 mm APxTRxCC in largest dimensions and is seen extending craniocaudally from the level of inferior endplate of D1 to superior endplate of D6 vertebral body.

Medially the lesion is seen abutting the vertebral bodies of D1 to D6, posterior ends of right 1st to 5th ribs, and shows foraminal extension into the right D3 and D4 neural foramina. No vertebral body or rib erosions evident.

Anteriorly the lesion is seen abutting posterior wall of trachea in its cranial aspect with maintained fat planes and azygos vein in its caudal aspect. The fat plane with azygos vein is poorly defined. Posteriorly the lesion shows clear fat planes with paraspinal muscles.

Bilateral lung fields are normal.

Heart and mediastinal vascular structures are normal.

No significant mediastinal or axillary adenopathy noted.

No pleural /pericardial effusion noted.

Tracheobronchial tree is normal.105789227

Bones are normal.

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**Abdomen:**

Liver is mildly enlarged in size (10.3 cm) and shows normal attenuation. No focal lesion / IHBRD seen.

Gall Bladder is normal. Portal vein and CBD is normal.

Spleen is enlarged in size (8.7 cm), shows normal shape and outlines. No focal lesion. Splenic vein is of normal caliber.

Pancreas is normal in size and attenuation. SMA and SMV are normal.

Both kidneys are normal in size, shape, outline and attenuation. No hydronephrosis or calculus.

Adrenals are normal in size, shape and outline. No mass seen.

Bowel loops are normal.

Urinary Bladder is normal.

Multiple mesenteric nodes seen, largest ~5 mm in nSAD, ?significance

No RP nodes or mass noted. No ascites noted.

Bones are normal.

**Diagnosis:-**

92-45587

1066

Daepek

3/11

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

<b>NAME</b>	Khdiya Ansari	<b>AGE</b>	5 y 8 m	<b>SEX</b>	Female
<b>FATHER'S NAME</b>	Maruf Ali	<b>DOA</b>	27/10/22	<b>CR No.</b>	H-378850-22
<b>ADDRESS</b>	Partapur- 6, Harpur, Dist- Nawal, Parsai	<b>DOO</b>	28/10/22	<b>UHID No.</b>	105789227
		<b>DOD</b>	31/10/22	<b>TELEPHONE</b>	8448336531
<b>DIAGNOSIS:</b>	<b>Right Thoracic Paravertebral Neuroblastoma</b>				
<b>HISTORY &amp; EXAMINATION:</b>	<p>FTVD, CIAB, passed urine and meconium within 24 hrs of birth. Patient presented with chest pain and weakness of b/l lower limbs 1 year ago. Patient was apparently well 1 year ago when the patient started having pain over the right side of chest and lower limb weakness. Pain was insidious in onset, gradually progressive, dull aching in character, not associated with cough, breathlessness, URTI, vomiting, hemoptysis. In the following 3 months the patient started having weakness over B/L lower limbs leading to instability of gait, no h/o leg pain, claudication. No h/o fall during walking. However there was progression of weakness over time. No history of urinary complaints. No associated vomiting. No hematemesis, No associated h/o urine dribbling, stool soiling, constipation, no lump abdomen, no distention. No h/o urinary infection.. Was evaluated under Paeds Oncology- diagnosed with Posterior mediastinal mass with neural foraminal extension.</p> <ul style="list-style-type: none"> <li>Underwent Decompressive Laminectomy from D1 to D5 (extradural mass compressing cord towards left side- D3 to D5 dorsal roots sacrificed, intraspinal tumors excised)- 02/02/22</li> <li>In view of radiological features of IDRF positive Neuroblastoma, patient was</li> <li>Upgraded to OPEC/OJEC chemo from 7/3/22 (cycle 0) to 10/8/22 (cycle 6)</li> <li>1 cycle of TVD chemo (26/9/22-1/10/22)</li> <li>Presently the patient has occasional chest pain, no associated fast breathing, distress, cyanosis. No lower limb weakness at present.</li> </ul> <p>O/E- active, alert, no distress, no cyanosis, no tachypnea  Local examination- B/L equal air entry, normal percussion note, no added sound.  Scar- present over midline upper back  P/A, CNS- WNL  CVS- S1 s2 audible.</p>				
<b>Operative procedures</b>	<b>Right posterolateral Thoracotomy and Excision of Neuroblastoma (DKY/CG/ME/Akshat)</b>				
<b>Operative findings</b>	<ul style="list-style-type: none"> <li>Muscle splitting incision- extrapleural approach</li> <li>Oblong mass of size 4X3 cm over posterior mediastinum- right paravertebral location- overlying D2 to D5 level</li> <li>Tumor excised including a small part reaching posterior to azygos vein</li> <li>No gross residue left</li> </ul>				
<b>Ward Course</b>	The patient was extubated and shifted to ward. Received Inj Taxim, Inj Amikacin and Inj PCM. On POD 1 dressing removed. Patient allowed orally from POD1 and				

INDIA CARE CHARITABLE TRUST



**Department Of Pathology**  
**All India Institute Of Medical Sciences**  
**Delhi**

Tel: +91-11-26588500/26588700; Fax: +91-11-26588500/26588700

Patient Name:	Khadija Anasu	Acc. No:	2245587
F/H Name:		Hosp. Reg. No.:	105789227
Age/Sex:	5 Y/Female	UHID No.:	---
Clinic/Dept/Unit:	Paediatric Surgery/Unit 1	Consultant Incharge:	Dr. N/A
Reg Date:	28-10-2022	Reporting Date:	15-11-2022

**Histopathology Report**

**Report Findings:**

Specimen labelled "right thorasic paravertebral tumor" measures 4x2.5x1cm. Cut surface shows a greyish white encapsulated tumor. Sections examined from the tumor show features of a treated peripheral neuroblastic tumor consisting of neuroblasts in varying stages of maturation embedded in neuropil. There is abundant schwannian stroma. Few mature ganglion cells are seen. Many neuroblasts show marked nuclear enlargement, hyperchromasia and pleomorphism, possibly therapy induced. The tumor is reaching the nearest peripheral resected surface. Necrosis and calcification are absent. Focal inflammatory infiltrate is seen. INSM1 stains the neuroblasts, synaptophysin highlights the neuropil and SOX10 stains the schwannian stroma.

Note the patient is a diagnosed case of neuroblastom, paravertebral, MYCN amplified - vide clinical history and histopathology accession number 22-2663.

Reporting Incharge: Dr. Aanchal Kakkar

Reporting SR: Dr. Deepa

Verify By: Dr. Deepa S.



**DEPARTMENT OF RADIO-DIAGNOSIS**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)**  
New Delhi

**Patient Name:** Anasri Khdiya

**Sex:** F

**Age:** 005Y

**UHID:** 105789227

**Report State:** Provisional

**OPD / Ward:**

**EXAMINATION DESCRIPTION:**

**PERFORMED ON:** 2022-06-17 **CR No:**

**Report:-**

CECT NECK, CHEST and ABDOMEN

CT scan of the neck, chest and abdomen was performed with I.V. contrast using 24 x 0.6mm collimation.

**Neck:**

No mass lesion is seen in the neck.

No cervical adenopathy seen.

Thyroid and salivary glands are normal.

No obvious lesion is seen in base of the tongue.

Laryngeal structures are normal.

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Medially the lesion is seen abutting the vertebral bodies of D1 to D6, posterior ends of right 1st to 5th ribs, and shows foraminal extension into the right D3 and D4 neural foramina. No vertebral body or rib erosions evident. Anteriorly the lesion is seen abutting posterior wall of trachea in its cranial aspect with maintained fat planes and azygos vein in its caudal aspect. The fat plane with azygos vein is poorly defined. Posteriorly the lesion shows clear fat planes with paraspinal muscles.

Bilateral lung fields are normal.

Heart and mediastinal vascular structures are normal.

No significant mediastinal or axillary adenopathy noted.

No pleural /pericardial effusion noted.

Tracheobronchial tree is normal. 105789227

Bones are normal.

**Abdomen:**

Liver is mildly enlarged in size (10.3 cm) and shows normal attenuation. No focal lesion / IHBRD seen.

Gall Bladder is normal. Portal vein and CBD is normal.

Spleen is enlarged in size (8.7 cm), shows normal shape and outlines. No focal lesion. Splenic vein is of normal caliber.

Pancreas is normal in size and attenuation. SMA and SMV are normal.

Both kidneys are normal in size, shape, outline and attenuation. No hydronephrosis or calculus.

Adrenals are normal in size, shape and outline. No mass seen.

Bowel loops are normal.

Urinary Bladder is normal.

Multiple mesenteric nodes seen, largest ~5 mm in nSAD, ?significance

No RP nodes or mass noted. No ascites noted.

Bones are normal.

**Diagnosis:-**



**Department Of Pathology**  
**All India Institute Of Medical Sciences**  
**Delhi**

Tel: +91-11-26588500/26588700; Fax: +91-11-26588500/26588700

Patient Name:	<b>Khadija Anasu</b>	Acc. No:	<b>2245587</b>
F/H Name:		Hosp. Reg. No.:	<b>105789227</b>
Age/Sex:	<b>5 Y/Female</b>	UHID No.:	<b>---</b>
Clinic/Dept/Unit:	<b>Paediatric Surgery/Unit 1</b>	Consultant Incharge:	<b>Dr. N/A</b>
Reg Date:	<b>28-10-2022</b>	Reporting Date:	<b>15-11-2022</b>

**Histopathology Report**

**Report Findings:**

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Note the patient is a diagnosed case of neuroblastom, paravertebral, MYCN amplified - vide clinical history and histopathology accessed on 15-11-2022

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Reporting Incharge: Dr. Aanchal Kakkar

Reporting SR: Dr. Deepa

Verify By: Dr. Deepa S.



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



OPR-6

Regn. No. \_\_\_\_\_

100/Address \_\_\_\_\_

FORM/ Diagnosis

HR-NB

FORM/ Diagnosis

HR-NB

Date/Date

TREATMENT

28

BKG

- GER - 117 u/l
- PFT - (N)
- RI group - A ⊕
- Viral marker - Negative
- Clearance - done

→ Planned for admission on - 14/10/2022

→ To start Gert @ 10mg/12hr OD x 5 days -

= 200mg/day -

9/10 -

10/10 -

11/10 -

12/10 -

13/10 -

→ Planned for Harvest on 14/10

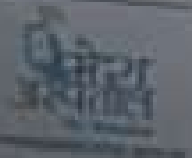
- Gert - doses to be taken

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Handwritten signature



PLEASE PRINT CLEARLY AND IN ALL CAPS. THIS IS AN OFFICIAL DOCUMENT. A GIFT OF LIFE.



Priority Date

# A.I.I.M.S. HOSPITAL

Subject : Private Ward booking / registration

Patient's Name : Khadja Ansari

Treating Faculty : Dr. Bache Etk

Department : Paed

*Al part gone  
shyky  
over  
2 week  
new*

\*\*\*\*\*

Dear Sir / Madam,

13/12 *30/11*

Ref. advice / recommendation of your treating faculty regarding private ward inpatient hospitalization, it is informed that your name has been booked/ registered for admission on 3/12/2022. Every effort will be made

to admit you on the given date. However, albeit rarely, at times due to circumstances beyond control, it may not be possible to allot you the private ward on given date. In that case, you will be accommodated at the earliest possible.

Payment can be deposited by Cash/Debit or Credit Card / Demand Draft for Rs. 22,000/- or Rs. 32,000/- (for B Class / A Class room respectively) in favour of Director, AIIMS, New Delhi towards room rent advance of 10 days & hospitalization charges on the given date and please contact telephonically at Tel. No. 26594708 for getting the admission slip from Room No. 6A, M.S. Office, AIIMS Hospital between 12:30 p.m. to 1:00 p.m. The patient may not come personally and instead an attendant can come to obtain the admission slip. The patient may be brought within 4 hours of getting admission slip & completing admission formalities.

Thanking you,

revised room rent rates are:

"B" Class - Rs. 33000/- for 10 days

or

"A" Class - Rs. 63000/- for 10 days

P.S. to Medical Supdt.

*29/11*

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92.45587  
1066  
 3/11

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

DISCHARGE SUMMARY

NAME	Khdija Ansari	AGE	5 y 8 m	SEX	Female
FATHER'S NAME	Maruf Ali	DOA	27/10/22	CR No.	H-378850-22
ADDRESS	Partapur- 6, Harpur, Dist- Nawal, Parsal	DOO	28/10/22	UHID No.	105789227
DIAGNOSIS:	Right Thoracic Paravertebral Neuroblastoma				
HISTORY & EXAMINATION:	<p>FTVD, CIAB, passed urine and meconium within 24 hrs of birth. Patient presented with chest pain and weakness of b/l lower limbs 1 year ago. Patient was apparently well 1 year ago when the patient started having pain over the right side of chest and lower limb weakness. Pain was insidious in onset, gradually progressive, dull aching in character, not associated with cough, breathlessness, URTI, vomiting, hemoptysis. In the following 3 months the patient started having weakness over B/L lower limbs leading to instability of gait, no h/o leg pain, claudication. No h/o fall during walking. However there was progression of weakness over time. No history of urinary complaints. No associated vomiting. No hematemesis, No associated h/o urine dribbling, stool soiling, constipation, no lump abdomen, no distention. No h/o urinary infection.. Was evaluated under Paeds Oncology- diagnosed with Posterior mediastinal mass with neural foraminal extension.</p> <ul style="list-style-type: none"> <li>• Underwent Decompressive Laminectomy from D1 to D5 (extradural mass compressing cord towards left side- D3 to D5 dorsal roots sacrificed, intraspinal tumors excised)- 02/02/22</li> <li>• In view of radiological features of IDRF positive Neuroblastoma, patient was started on CDCE chemo on 3/2/22</li> <li>• Upgraded to OPEC/OJEC chemo from 7/3/22 (cycle 0) to 10/8/22 (cycle 6)</li> <li>• 1 cycle of TVD chemo (26/9/22-1/10/22)</li> <li>• Presently the patient has occasional chest pain, no associated fast breathing, distress, cyanosis. No lower limb weakness at present.</li> </ul> <p>O/E- active, alert, no distress, no cyanosis, no tachypnea          Local examination- B/L equal air entry, normal percussion note, no added sound.          Scar- present over chest          P/A, CNS- WNL          CVS- S1 s2 audible.</p>				
Operative procedures	Right posterolateral Thoracotomy and Excision of Neuroblastoma (DKY/CG/ME/Akshat)				
Operative findings	<ul style="list-style-type: none"> <li>• Muscle splitting incision- extrapleural approach</li> <li>• Oblong mass of size 4X3 cm over posterior mediastinum- right paravertebral location- overlying D2 to D5 level</li> <li>• Tumor excised including a small part reaching posterior to azygos vein</li> <li>• No gross residue left</li> </ul>				
Ward Course	The patient was extubated and shifted to ward. Received Inj Taxim, Inj Amikacin and Inj PCM. On POD 1 dressing removed. Patient allowed orally from POD1 and				

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Department Of Pathology  
All India Institute Of Medical Sciences  
Delhi

Tel: +91-11-26588500/26588700, Fax: +91-11-26588500/26588700

Patient Name	<b>Khadija</b>	Acc No:	<b>222663</b>
F/H Name		Hosp Reg. No:	<b>105789227</b>
Age/Sex	5 Y/Female	UHID No:	---
Clinic/Dept/Unit	N/A/Unit 1	Consultant Incharge:	Dr. N/A
Reg Date:	02-02-2022	Reporting Date:	25-02-2022

**Histopathology Report**

**Report Findings:**

Consultant in charge : Dr Hitesh

Radiological diagnosis : NA

Clinical diagnosis : NA

Operative diagnosis : Round cell tumor

Gross : Received two specimens

(I) Specimen : Excised tumor tissue

Received multiple soft tissue pieces together measuring 5x4x2cm.

Microscopy : Sectionjs examined from tissue sent as Excised tumor tissue show features of a malignant small round cell tumor. Background shows neuropil like material. Numerous Homer Wright rosettes are seen. Large bizarre cells are also noted. There is brisk mitotic activity.

Features are consistent with neuroblastoma, poorly differentiated subtype.

The tumor cells are immunopositive for chromogranin, synaptophysin and NSE while negative for MIC-2 (CD99) and NKX2.2.

Mitosis karrhyorhaxis index >4%

FISH assay for N-MYC amplification : Positive for N-MYC amplification.

Impression : Neuroblastoma, poorly differentiated subtype, unfavourable histology (INPC classification).

Reporting Incharge : Dr. Varshali Suri

Reporting SR: Dr. Sumanta Das

Verify By: Dr. Sumanta Das



Neuropathology Laboratory  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
Tel: 011-26549210, 011-26588500

UHID:	105789227	Reg Date :	31/01/2022 06:00 PM
Patient Name :	Miss. KHOIJA ANASRI		
Sex :	Female	Age :	5 years 22 days
Department :	Paediatrics	Unit Name :	Unit-III
Unit Incharge :	Dr. S. K. KABRA	Sample Collection Date:	22/02/2022 02:42 PM
Lab Name:	Histopathology	Lab Sub Centre:	Neuro Pathology
Sample Received Date:	22/02/2022 02:43 PM	Report Generated Date:	28/02/2022 10:51 AM
Dept / IRCH No:	20220300014095	Recommended By:	Dr. M. C. Sharma
Lab Reference No:	22134		
Ward Name:	AB6 /14		

**Sample Details : NPA-2202220134 (-)**

**Histopathology Report**

**Short Clinical Findings**

Consultant in charge : Dr Hitesh

Radiological diagnosis : NA

Clinical diagnosis : NA

Operative diagnosis : Round cell tumor

Gross : Received two specimens.

(I) Specimen : Excised tumor tissue Received multiple soft tissue pieces together measuring 5x4x2cm.

Microscopy : Sections examined from tissue sent as Excised tumor tissue show features of a malignant small round cell tumor. Background shows neuropil like material. Numerous Homer Wright rosettes are seen. Large bizarre cells are also noted. There is brisk mitotic activity. Features are consistent with neuroblastoma, poorly differentiated subtype. The tumor cells are immunopositive for chromogranin, synaptophysin and NSE while negative for MIC-2 (CD99) and NKX2.2. Mitosis karrhyorhaxis index >4% FISH assay for N-MYC amplification : Positive for N-MYC amplification.

Impression : Neuroblastoma, poorly differentiated subtype, unfavourable histology (INPC classification).

Reporting Incharge: Vaishali Suri

Reporting SR Sumanta Das

Verified By: Sumanta Das

Authorized Signatory



प्रयोगशाला अचुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैसर अस्पताल  
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029  
LABORATORY - ONCOLOGY, Dr-B.R.A. Institute Rotary Cancer Hospital All India Institute  
of Medical Sciences, New Delhi-110029

UHID	105789223	Reg Date :	31/01/2022 05:00 PM
Patient Name :	Miss. KHDIFA ANASRI	Age :	5 years 3 days
Sex :	Female	Unit Name :	Unit-III
Department :	Paediatrics	Sample Collection Date	03/02/2022 11:36 AM
Unit Incharge :	Dr. S. K. KABRA	Lab Sub Centre	Lab (Oncology) (IRCH)
Lab Name:	Oncology Lab	Report Generated Date:	07/02/2022 04:11 PM
Sample Received Date	04/02/2022 01:52 PM	Recommended By	Dr. ASHVANI NSC
Dept / IRCH No.	20223-00011543		
Lab Reference No	204		
Ward Name	CO-11		

Sample Details : LOI-030222065-FM (Bone Marrow)

**FLOWCYTOMETRY (BONE MARROW)**

F-284/22

Bone marrow aspirate sample sent for flow cytometric analysis does not show evidence of any hematological malignancy

Advice:- Clinical correlation

Senior Resident - Dr. Ekta Rastogi

Consultant In-charge - Dr. Tanima Dwivedi

INDIA CARE CHARITABLE TRUST

Authorized Signatory



**Department Of Pathology**  
**All India Institute Of Medical Sciences**  
**Delhi**

Tel: +91-11-26588500/26588700; Fax: +91-11-26588500/26588700

Patient Name:	<b>Khadija</b>	Acc. No:	<b>222726</b>
F/H Name:	<b>Maruf Ali</b>	Hosp. Reg. No.:	<b>105789227</b>
Age/Sex:	<b>5 Y/Female</b>	UHID No.:	<b>---</b>
Clinic/Dept/Unit:	<b>Paediatrics/Unit 3</b>	Consultant Incharge:	<b>Dr. N/A</b>
Reg Date:	<b>03-02-2022</b>	Reporting Date:	<b>09-02-2022</b>

**Histopathology Report**

**Report Findings:**

Received two specimens labelled as 'bone marrow biopsy'(laterality not mentioned) measuring 1.6cm and 0.8cm in length.

Bilateral bone marrow biopsies shows predominantly cartilage and fibrocollagenous tissue. Subcortical marrow included show hematopoietic cells of all three series.

There is no evidence of metastasis in the sections examined.

Reporting Incharge: **Dr. Prashant Ramteke**

Reporting SR: **Dr. Divya Kannan**  
Verify By: **Dr. Divya Kannan**

**First Name – KHADIJA Surname - ANSARI**

**Address – NAWAL , PARSAI**

**Town – GORAKHPUR Country - INDIA**

**Emergency Contact Person Name – Mr. MARUF ALI**

**Emergency Contact Number - 7389983705**

**Age – 5 Y/ F**

**Hospital Details – (AIIMS) Delhi.**

**UHID No. – 105789227**

**BED NO. – D5/14**

**Medical History - 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](http://www.indiacarecharitabletrust.org)**

आयकर विभाग

INCOME TAX DEPARTMENT

INDIA CARE CHARITABLE TRUST



भारत सरकार

GOVT. OF INDIA



04/03/2015

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