Jan Sanjeevni Trust

Soch Hamari Suraksha Aapki

Jan Sanjeevni Trust Registration No: 1061/2017
Jan Sanjeevni Trust PAN No: AADTJO816E
Jan Sanjeevni Trust Website : www.jansanjeevnitrust.org
Jan Sanjeevni Trust E-mail : contact@jansanjeevnitrust.org

PATIENT NAME	Musabiya
PATIENT FATHER NAME	Asgar Ali
D.O.B. AND SEX	24-Feb-2019, Female
DISEASE NAME	Neuroblastoma
TREATMENT HOSPITAL	Rajiv Gandhi Cancer Institute & Research Centre
UHID NO	20230082827
DEPARTMENT NAME	Pediatric Hematology
TREATMENT COST	8 Lakh
PATIENT FATHER OCCUPATION	Daily Wager
PATIENT ADDRESS	Phaphot Begusarai Bihar


Happy Mother's Day
Happy Mother's
Jan Sanjeevni Trust

Rajiv Gandhi Cancer Institute
and Research Centre

Date: 31.07.23

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Baby Musbibha Asgar,** 4 year female, **CR No. 331957,** diagnosed case of **Neuroblastoma** and is under treatment at this institute since 31.07.23. She is advised radiotherapy and Autologous Bone Marrow Transplant. The approximate cost of treatment is likely to be **Rs. 8 Lakh (Rs. Eight Lakhs only).**

Since medical treatment involves changes depending up on the progress of case, the estimate is liable to revision & estimate does not include emergency treatment expenses.

Dr. Gauri Kapoor / Dr. Sandeep Jain
Sr. Consultant - Pediatric Hematology and Oncology
Rajiv Gandhi Cancer Institute and Research Centre
Rohini, Sec-V, Delhi

To

Medical Social worker

KSCH/LHMC

29/11/23

Regarding financial Aid for Autologous BMT.

Respected sir/Madam.

this is regarding patient Musabiya 4yr aM/Female with diagnosis High Risk Neuroblastoma with Metastasis. Pt Current on 3rd cycle of TVD. pt requires Autologous BMT. Kindly help the patient parent in arranging funds for the same

Thanking you.

(PG3)

29/11/23

Dr. Mukesh Dhankar
DM(Paediatric Haematology & Oncology)
Professor, Department of Paediatrics
Lady Hardinge Medical College
Kalawati Saran Children's Hospital
New Delhi-110001

Dr Shams (PG3)

Dr. Shams Mohammad Khan
Resident Doctor
Department of Pediatrics
Kalawati Saran Children's Hospital
Lady Hardinge Medical College
New Delhi-110001

This case got from L-Home and it's also Dr Alok Kumar Birla. Bot pt is getting treatment for both hospital Kalawati + L-Home. Refer this case to Jan Sanjeevni D-24/10 Laxmi Nagar for help

Ref. Diwan 29/11/2023

Gopi Diwan
Medical Social Welfare Officer
Kalawati Saran Children's Hospital
New Delhi

सेवामें जन संजीवनी ट्रस्ट

विषय :— ब्रेन मेरा ट्रांसप्लांट के संबंध में सहायता हेतु

महोदय,

सविनय निवेदन यह है कि, मैं उसगर अली ग्राम पो० फफौत थाना खोदावन्दपुर जिला बेगूसराय (बिहार) UHID NO-2023008282827 कलावती अस्पताल मेरी पुत्री उम्र 5 वर्ष जिसका उपचार कलावती सरन बाल अस्पताल नई दिल्ली में चल रहा है। जिससे काफी तबियत सही हो रही है। अब डा० कलावती के डा० चौहान का कहना है कि अब इसके बी० एम० टी० होना है। जिसकी सुविधा कलावती बाल सरन अस्पताल में नहीं है। मैं ट्रासप्लांट के इमरस हॉस्पिटल में काफी कोशिश की लेकिन इमरस के डा० नेकहा यहाँ पे 10 kg Weight है। यहाँ पे बि० एम० टी० नहीं होगी और डा० साहब का कहना है कि बच्ची के पास समय थोड़े है। जिसके बाद मुझे राजिव गाँधी भेजा गया वहा मुझे Cost Estemat 8 लाख मिला है। मेरी आर्थिक हालत बहुत ही खराब है। अतः मेरी पुत्री का राजिव गाँधी कैंसर इंस्टीच्यूट में होना है। मेरी पुत्री के उपचार में आर्थिक सहायता करें मैं आपका सदा आभारी रहूँगा।

किराये के मकान
मकान न० 45 कुरैनी नई बस्ती पुरानी मस्जिद गली नरेला दिल्ली 110040

भवदीय
मै० उसगर अली ग्राम पो० फफौत थाना खोदावन्दपुर जि० बेगूसराय, बिहार.

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.

^{18}F-FDG WHOLE BODY PET-CT STUDY

Patient Name: MUSABBHIA ASGAR		Age/Sex: Y/
Study ID: FDGN/33419/24	UHID:106896298	Date: 22.01.2024

Indication: Metastatic neuroblastoma (Retroperitoneal mass with bone marrow dysmyelopoiesis)(diagnosed in Feb, 2023); post neoadjuvant chemotherapy and post surgery (04.09.2023). Post 4 cycle of TVD (last on 01/11/2024). PET/CT for response assessment.

Procedure:PET-CT acquisition was done 60 minutes after injection of 10 mCi ^{18}F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck: *Increased tracer uptake noted in bilateral palatine tonsils with few sub-centimetric bilateral cervical lymph nodes – infective.*

Thorax: *FDG avidity noted in the thymus. Few sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum. Few non FDG avid subcentimetric bilateral level I axillary lymph nodes noted with preserved fatty hilum - benign.* Physiological FDG uptake is seen in the myocardium.

Abdomen-Pelvis: **Mild FDG avid relatively hypodense soft tissue mass noted in the left suprarenal region, measuring 3.0 x 4.5 cm (previously, 3.0 x 4.8 cm) crossing the mid line extending from D11 to L1 vertebral level, abutting the abdominal aorta.The mass is adherent to left crura – no significant interval changes. Mildly FDG avid paraaortic and aortocaval lymph node with calcification.** *Left kidney appears smaller in size. Surgical clips noted in situ. Sub-centimetric bilateral inguinal lymph nodes noted with preserved fatty hilum.* Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder.

Musculo-Skeletal System: *Diffuse sclerosis with lucencies noted in the visualized skeleton with mild heterogenous FDG uptake.*

IMPRESSION:

- **Mild metabolically active mass in the left suprarenal region with retroperitoneal lymph nodes– Residual disease.**
- **As compared to previous PET (FDG/26910/23, dt. 22.11.2023) there is no significant interval changes – suggestive of stable disease.**

Dr. Vishnu A.R
Senior Resident

Dr. Kh. Bangkim Chandra
Consultant

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL,
DEPARTMENT OF RADIODIAGNOSIS
NEW DELHI

NAME: MUSABIYA	AGE/SEX:4.5Y/F	REGISTRATION NO: 25076
REFERRED BY: Unit 2	CT NO: 293/24	DATE:11/01/24
CLINICAL DIAGNOSIS: f/u/c/o Refractory neuroblastoma		

CECT CHEST AND ABDOMEN

PROTOCOL: CT SCANNING OF THE ABDOMEN AND CHEST WAS OBTAINED AFTER ADMINISTRATION OF INTRAVENOUS IODINATED CONTRAST. NO ADVERSE REACTIONS SEEN. STUDY REVEALS:

FINDINGS IN CHEST

- Bilateral ung parenchyma appear normal.
- No significant mediastinal lymphadenopathy.
- Trachea and major bronchi appear normal.
- Mediastinal vessels and cardiac chambers appear normal.
- No pleural and pericardial effusion seen.
- Chest wall appear normal.

FINDINGS IN ABDOMEN:

- *Large mildly and homogenously enhancing (mean attenuation=50HU) rounded lesion meas. approx. 3.8 x 5.3 x 5.5cm (ap x tr x cc) is seen in the left supra-renal region and pre-aortic region at the level of D11 to L1 vertebrae. The lesion shows multiple coarse calcific foci in within it. Anteriorly and laterally it is displacing and abutting posterior surface of head, body and tail of pancreas, stretching the splenic vein and proximal part of portal vein. Medially the lesion is completely encasing celiac artery, proximal part of common hepatic and splenic artery, superior mesenteric artery; the lesion is crossing midline and abutting IVC (angle of contact> 180). Proximal left renal artery is not visualized/ compressed/ thrombosed. Posteriorly the lesion is encasing aorta (angle of contact > 180 degree) and reaching up to the left paravertebral region and left renal hilum. Superiorly the lesion is abutting inferior surface of left lobe of liver, body of stomach. Inferiorly it is abutting upper pole of left kidney and collapsed jejunal loops. The lesion shows loss of fat planes with the adjoining structures.*
- *Few conglomerated heterogeneously enhancing lymph nodes seen in the left para-aortic region few showing calcification, largest of size ~13 x 9mm.*
- Rest of the liver is normal in size, shape and attenuation. No other focal mass lesion is seen. Intrahepatic biliary radicals are not dilated. CBD and portal vein are normal.
- Gall bladder is seen in distended state. No calcified calculus or mass lesion is seen.
- Pancreas otherwise is normal in size, contours and parenchymal attenuation. No focal lesion is seen.
- Spleen is normal in size and parenchymal attenuation. No focal mass lesion seen.
- Right kidney is normal in position, size, contours and parenchymal attenuation. Cortico-medullary differentiation is preserved. No evidence of any hydronephrosis or calculus is seen.
- *Left kidney meas. 5.5cm x 1.9cm x 2.2cm (CC X TR X AP) is smaller in size likely due to vascular compression.* Cortico-medullary differentiation is preserved. No evidence of any hydronephrosis or calculus is seen.
- Urinary bladder is empty. No calculus or mass lesion is seen.
- No free fluid is seen in the peritoneal cavity.

Division of Pediatric Hemato-Oncology

Department of Pediatrics

Kalawati Saran Children's hospital

New Delhi

Cycle - 3

29/11/23

TVD for Refractory Neuroblastoma

Modified from SIOPEN – HR – NBL 1 Protocol

Name: masab Y9 Age/

Gender: Female

Weight: 13.8 kg Height: 100cm BSA: 0.59m²

Hb: 11.3 TLC: 5540 ANC: 1980 Plt: 9.8 Urea/

Creat:

Bil: AST:

ALT:

Drug	29/11/23 D1	30/11/23 D2	1/12 D3	2/12 D4	3/12 D5	4/12 D6
TOPOTECAN (1.5 mg/m²/day)	✓ 1mg	✓ 1mg	✓ 1mg	✓ 1mg	1mg	
VINCRISTINE (1mg/m²/day)					0.5mg	0.5mg
DOXORUBICIN (22.5mg/m2/day)					12mg	12mg

Inj Grust 2mg I.V Stat

Indications:

- Progression on first line chemotherapy
- Lack of metastatic response to first line chemotherapy

Note

- Doxorubicin should be started after completion of topotecan
- Start Prophylactic G-CSF @ 5mcg/kg/min – to start from D8 - till ANC recovery (>1500/mm³)
- Cycles repeated every 3 - 4 weeks

Plan (28/11/23) c/o low Gr Pain now

- To start C# 3 TVD
- Repeat PECT/CT (as CECT Abdo + Chest
- After 4 cycle of TVD → Request Radiotherapy.

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.

^{18}F-FDG WHOLE BODY PET-CT STUDY

Patient Name: MUSABBHIA ASGAR		**Age/Sex: 4Y/F**
Study ID: FDG/26910/23	**UHID: 10689629**	**Date:22.11.2023**
Indication: C/o Metastatic neuroblastoma (Retroperitoneal mass with bone marrow dysmyelopoiesis) (diagnosed in Feb, 2023); post neoadjuvant chemotherapy and post surgery (04.09.2023). Post 2 cycle of TVD (last on 26.09.2023). PET/CT for response assessment.		

Procedure: PET-CT acquisition was done 60 minutes after injection of 10mCi ^{18}F-FDG by intravenous route, from the level of orbits to mid-thigh.

PET-CT Findings:

Head and Neck: *Increased tracer uptake noted in bilateral palatine tonsils with few sub-centimetric bilateral cervical lymph nodes – infective.* Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

Thorax: *FDG avidity noted in the thymus. Few sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum. Few paratracheal, prevascular, AP window, subcarinal and bilateral hilar lymph nodes noted, some of them showing calcifications, with no significant tracer uptake – likely infective.* Physiological FDG uptake is seen in the myocardium. Lungs, large airways, pleura, heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: **Non FDG avid relatively hypodense soft tissue mass noted in the left suprarenal region, measuring 2.9x4.8cm (previously, 6.6x3.4cm) crossing the mid line extending from D11 to L1 vertebral level, abutting the abdominal aorta. The mass is adherent to left crura. Non FDG avid paraaortic and aortocaval lymph node with calcification.** *Left kidney appears smaller in size. Surgical clips noted in situ. Sub-centimetric bilateral inguinal lymph nodes noted with preserved fatty hilum.* Normal FDG distribution is noted in the liver, spleen, gastrointestinal tract and urinary bladder. Liver, biliary ducts, spleen, stomach, adrenals, pancreas, bowel and urinary bladder appear normal on CT. No ascites is noted.

Musculo-Skeletal System: *Diffuse sclerosis with lucencies noted in the visualized skeleton with no FDG uptake.*

IMPRESSION:

- **Mild metabolically active mass in the left suprarenal region with abdominal and retroperitoneal lymph nodes – Residual disease.**
- **As compared to previous PET (Pvt. 07.06.2023) there is decrease in size and uptake of the primary mass and lymph nodes – suggestive of partial response.**

Dr. Aparna Mahalik
Senior Resident

Dr. Madhavi Tripathi
Consultant

© inj.

O/E Restricted abd. & IR

Y/S 7 - AVN Type B
c beginning of
extrusion

Adv:

Consultation with
rehabilitation team

Ohs

Vit D3 4000 IU sachets daily
x 2m

Ohs

Ref to MS
for needful

13/11/2023

midline and encasing multiple abdominal vessels and infiltrating upper pole of left kidney with retroperitoneal lymph as described. In comparsion to previous CECT abdomen there is less than 20 % reduction in the size of the tumor

Please correlate clinically

9/11/23

Consultant

Dr Sagar
Senior resident

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL,
DEPARTMENT OF RADIODIAGNOSIS
NEW DELHI

NAME: MUSABIYA	AGE/SEX:4Y/F	REGISTRATION NO:27292
REFERRED BY: Unit 2	CT NO: 5934/23	DATE:07/11/23
CLINICAL DIAGNOSIS: K/c/o Refractory neuroblastoma		

CECT ABDOMEN

PROTOCOL: CT SCANNING OF THE ABDOMEN WAS OBTAINED AFTER ADMINISTRATION OF INTRAVENOUS IODINATED CONTRAST. NO ADVERSE REACTIONS SEEN. STUDY REVEALS:

FINDINGS IN ABDOMEN:

- **Large mildly and homogenously enhancing (mean attenuation=50HU) rounded lesion meas. approx. 4cm x 6.2cm x6.3cm (AP XTR XCC) is seen in the left supra-renal region and pre-aortic region at the level of D10 to D12 vertebrae. The lesion shows multiple coarse calcific foci in within it. Anteriorly and laterally it is displacing and abutting posterior surface of head, body and tail of pancreas, compressing the splenic vein and proximal part of portal vein. Medially the lesion is completely encasing celiac artery, proximal part of common hepatic and splenic artery, superior mesenteric artery; the lesion is crossing midline and abutting IVC (angle of contact> 180). Left renal artery is not visualized? compressed/ thrombosed. Posteriorly the lesion is encasing aorta (angle of contact >180 degree) and reaching upto the left paravertebral region and left renal hilum. Superiorly the lesion is abutting inferior surface of left lobe of liver, body of stomach. Inferiorly it is abutting upper pole of left kidney and collapsed jejunal loops. The lesion shows loss of fat planes with the adjoining structures with suspicious infiltration of upper pole of left kidney**
- **Few conglomerated heterogeneously enhancing lymph nodes seen in the left para-aortic region few showing calcification average size 8mm SAD**
- Rest of the liver is normal in size, shape and attenuation. No other focal mass lesion is seen. Intrahepatic biliary radicals are not dilated. CBD and portal vein are normal.
- Gall bladder is seen in distended state. No calcified calculus or mass lesion is seen.
- Pancreas otherwise is normal in size, contours and parenchymal attenuation. No focal lesion is seen.
- Spleen is normal in size and parenchymal attenuation. No focal mass lesion seen.
- Right kidney is normal in position, size, contours and parenchymal attenuation. Cortico-medullary differentiation is preserved. No evidence of any hydronephrosis or calculus is seen.
- *Left kidney meas. 5.5cm x 1.9cm x 2.2cm (CC X TR X AP) is smaller in size likely due to vascular compression.* Cortico-medullary differentiation is preserved. No evidence of any hydronephrosis or calculus is seen.
- Urinary bladder is empty. No calculus or mass lesion is seen.
- No free fluid is seen in the peritoneal cavity.
- Visualized bowel loops appear grossly normal.
- **Ill defined lytic areas and sclerosis seen in the visualized spine and pelvic bones. Head/epiphysis of left femur is collapsed and sclerosed (AVN of left femoral head epiphysis)**

IMPRESSION: In a K/c/o Neuroblastoma; CECT abdomen reveals:- Left suprarenal mass crossing

P.T.O

Govt. of India

छुट्टी की पर्ची Discharge-Slip

कलावती सरन बाल अस्पताल

Kalawati Saran Children's Hospital

बंगला साहिब मार्ग, नई दिल्ली-110001
Bangla Sahib Marg, New Delhi-110001
दूरभाष / Tel. No. : 23344160, 23344162-65

युनिट Unit 2 सी.आर. नं. C.R. No. 27887

नाम Name : Musabiya

आयु Age : 4y/F लिंग Sex:

पता Address : H-No-45, Kusahi Village, Narela, Delhi

भर्ती की तारीख : Date of Addmission 29/10/23

छुट्टी की तारीख : Date of Discharge 29/10/23

निदान

Final Diagnosis : K/C/O Refractory Neuroblastoma for Inj ACSF

Anthropometry

Wt. at Admission Wt. at Discharge

Height/Length Head Circumference

Nutritional Status

Immunisation

BCG

Pentga/DPT/OPV 0 1 2 3 B1 B2

Hep. B 0 1 2 3

Measles / MMR / Typhoid

Cycle - 2

Division of Pediatric Hemato-Oncology

Department of Pediatrics

Kalawati Saran Children's hospital

New Delhi

TVD for Refractory Neuroblastoma

Modified from SIOPEN - HR - NBL 1 Protocol

Name: Murabiya

Gender: Female Age: 4½ yr

Weight: 12 kg Height: 94cm BSA: 0.66 m²

Hb: 9.1 TLC: 3740 ANC: 1670 Plt: 6.2 L Urea/ Creat:

Bil. AST:

ALT:

Drug	21/10/23 D1	22/10/23 D2	23/10 D3	24/10/23 D4	25/10 D5	26/10 D6
TOPOTECAN (1.5 mg/m²/day)	1mg	1mg	1mg	1mg	✓ 1mg	
VINCRISTINE (1mg/m²/day)					✓ 0.5 mg	✓ 0.6mg
DOXORUBICIN (22.5mg/m2/day)					✓ 12mg	✓ 12mg

Inj. Emset- 2mg IV

Indications:

- Progression on first line chemotherapy
- Lack of metastatic response to first line chemotherapy

Note

- Doxorubicin should be started after completion of topotecan
- Start Prophylactic G-CSF @ 5mcg/kg/min – to start from D8 - till ANC recovery (>1500/mm³)
- Cycles repeated every 3 - 4 weeks

... Children's Hospital

बंगला साहिब मार्ग, नई दिल्ली-110001
Bangla Sahib Marg, New Delhi-110001
दूरभाष / Tel. No. : 23344160, 23344162-65

युनिट Unit ug C5

नाम Name : Musabiya   सी.आर. नं. C.R. No. 25076

आयु Age : 4 1/2 yr   लिंग Sex: female

पता Address : 45, Narela, Delhi

भर्ती की तारीख :
Date of Addmission 3/10/23   छुट्टी की तारीख : Date of Discharge 16/10/23

निदान
Final Diagnosis : k/c/o Pituitary Neuroblast c̄ severe NSW c̄ vomity & febrile neutropenia

Anthropometry

Wt. at Admission 11kg   Wt. at Discharge 11.2kg

Height/Length   Head Circumference

Nutritional Status

Immunisation

BCG

Pentga/DPT/OPV 0 1 2 3 B1 B2

Hep. B 0 1 2 3

Measles / MMR / Typhoid

cycle- 1

Division of Pediatric Hemato-Oncology

Department of Pediatrics

Kalawati Saran Children's hospital

New Delhi

TVD for Refractory Neuroblastoma

Modified from SIOPEN – HR – NBL 1 Protocol

Name: Muaabiya Age/
Gender: female

Weight: 11.1kg Height: 95 cm BSA: 0.53

Hb: 9.9 TLC: 10760 ANC: 6820 Plt: 2.5 lac Urea/
Creat:

Bil AST:
ALT:

Drug	D1 (26/9/23)	D2 (27/9/23)	D3 (28/9/23)	D4 (29/9/23)	D5 (30/9/23)	D6 (1/10/23)
TOPOTECAN (1.5 mg/m²/day)	1mg	1mg	1mg	1mg	1mg	
VINCRISTINE (1mg/m²/day)					0.5mg	0.5mg
DOXORUBICIN (22.5mg/m2/day)					12mg	12mg

Indications:

- Progression on first line chemotherapy
- Lack of metastatic response to first line chemotherapy

Note

- Doxorubicin should be started after completion of topotecan
- Start Prophylactic G-CSF @ 5mcg/kg/min – to start from D8 - till ANC recovery (>1500/mm³)
- Cycles repeated every 3 - 4 weeks

प्रधान मंत्री कार्यालय
PRIME MINISTER'S OFFICE

नई दिल्ली-110011
New Delhi-110011
22-Sep-2023

NO.82(16911)/2023-PMF

To
DIRECTOR
RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE,
SECTOR-V, ROHINI, DELHI-110 085.

Dear Sir/Madam,

कृपया अपने दिनांक 31/07/2023 के पत्र/अनुमान/प्रमाणपत्र का संदर्भ लें, जो BABY MUSBIBHA ASGAR के Cancer Treatment के उपचार के लिए प्रधान मंत्री राष्ट्रीय राहत कोष से आर्थिक सहायता के संबंध में है (अस्पताल संदर्भ संख्या 331957)। शल्य चिकित्सा/उपचार में होने वाले खर्चे की अंशतः पूर्ति के लिए प्रधान मंत्री राष्ट्रीय राहत कोष से ₹300000.0 का अनुदान सिद्धांततः स्वीकृत किया जाता है।

Please refer to your letter/estimate/certificate dated 31/07/2023 regarding financial assistance from PMNRF for the Cancer Treatment of BABY MUSBIBHA ASGAR (Hosp No.331957). A grant of ₹300000.00/- (Three Lakh Only) from Prime Minister's National Relief Fund to partially defray the expenses involved in the Cancer Treatment is sanctioned in-principle.

2. अस्पताल, इस पत्र के प्राप्त होने के बाद रोगी के Cancer Treatment की जिम्मेदारी लेगा और होने वाले वास्तविक खर्च का ब्यौरा निर्धारित प्रपत्र (पहले ही भेजा जा चुका है) में इस कार्यालय को सीधे ही उपलब्ध कराए ताकि यह कार्यालय भुगतान जारी कर सके। जारी की जाने वाली अनुदान राशि अनुमेय अवधि के दौरान हुए खर्च तक सीमित रहेगी जो स्वीकृति की पूरी धनराशि तक होगा।

The hospital shall assume responsibility for the Cancer Treatment of the patient on receipt of this communication and furnish details of the actual expenditure incurred directly to this office in the format prescribed (already supplied) to enable this office to release payment. Release of grant will be limited to expenditure incurred during the admissible period upto the full amount of sanction.

3. इस स्वीकृति पत्र के आधार पर किसी भी प्रकार की केड़िट सुविधा /इलाज की सुविधा प्रदान करते समय अस्पताल मरीज की सत्यता सुनिश्चित करेगा। किसी प्रकार का संदेह होने पर तत्काल इस कार्यालय को अवगत कराया जाए। अस्पताल द्वारा जारी एस्टिमेट की प्रति संदर्भ हेतु संलग्न है।

The hospital shall ascertain the veracity of the patient while extending any credit facility/treatment against this sanction letter. In case of any doubt, the same may be brought to the notice of this office immediately. Copy of the estimate issued by the hospital is enclosed for reference.

4. प्रधान मंत्री कार्यालय में रोगी/आवेदक का अनुरोध प्राप्त होने की तारीख 18/08/2023 है। आर्थिक सहायता इस पृष्ठ के पीछे उल्लखित शर्तों और पहले ही बताए गए नियमों और शर्तों के अनुसार होगी।इस स्वीकृति पत्र की वैधता जारी होने की तारीख से दो वर्ष तक है। किन्तु, अस्पताल स्वीकृति पत्र के जारी होने की तारीख से एक वर्ष के भीतर उपचार शुरू करेगा ।

The date of receipt of patient's / applicant's request in PMO is 18/08/2023. Financial assistance is subject to the conditions mentioned overleaf and the terms and conditions already communicated. The validity of this sanction letter is for a period of two years from the date of issue. However, the hospital should commence treatment within one year from the date of issue of this sanction letter.

Yours faithfully

(Pradeep Kumar Srivastava)
Under Secretary (Funds)

Copy for Information to:

1] SH. ASGAR ALI
PHAPGOT, BEGUSARAI, BIHAR-848202
(7703988526)
with reference to the letter dated nil

2] PS TO M/O RURAL DEVELOPMENT; AND PANCHAYATI RAJ
ROOM NO. 48, KRISHI BHAWAN, DR RAJENDRA PRASAD ROAD,
NEW DELHI 110001
with reference to letter dated 17/08/2023

(Pradeep Kumar Srivastava)
Under Secretary (Funds)

प्रधान मंत्री राष्ट्रीय राहत कोष से चिकित्सा उपचार हेतु आर्थिक सहायता की सामान्य शर्तें
GENERAL CONDITIONS FOR FINANCIAL ASSISTANCE FROM PRIME MINISTER'S NATIONAL RELIEF FUND (PMNRF):

(i) **खर्च की प्रतिपूर्ति अनुमेय नहीं है, अर्थात प्रधान मंत्री कार्यालय में प्रारम्भिक अनुरोध के प्राप्त होने से पहले शल्य चिकित्सा/उपचार पर हुए खर्च पर विचार नहीं किया जाएगा।**

Re-imbursement of expenditure, is not admissible, i.e. expenditure incurred on surgery/treatment prior to receipt of initial request in Prime Minister's Office will not be considered.

(ii) प्रधान मंत्री राष्ट्रीय राहत कोष से आर्थिक सहायता विशेष बीमारियों के लिए केवल एक-बारगी अनुदान के रूप में ही स्वीकृत की जाती है और यह **चिकित्सा प्रमाण-पत्र/खर्च का अनुमान देने वाले अस्पताल** के लिए ही वैध होती है। यदि यह पाया जाता है कि रोगी/आवेदक ने पहले भी किसी मौके पर प्रधान मंत्री राष्ट्रीय राहत कोष से आर्थिक सहायता प्राप्त की है, तो स्वीकृति निरस्त कर दी जाएगी।

The financial assistance is sanctioned, for specific diseases, as a one-time grant only and is valid only for the **hospital issuing the medical certificate / estimate.** If it is discovered that the patient / applicant has obtained financial assistance out of PMNRF on any earlier occasion, the sanction would stand cancelled.

(iii) अस्पताल, को विचाराधीन विशिष्ट अनुदान के बारे में सूचित किया जाएगा। स्वीकृति ***सैद्धांतिक*** रूप में होगी और यह नहीं समझा जाएगा कि यह धनराशि पूर्ण रूप से जारी की जाएगी।

The hospital will be informed of the specific grant under consideration. The Sanction would be **in-principle** and should not be construed that this amount will be released entirely.

(iv) अस्पताल, विचाराधीन विशिष्ट अनुदान के बारे में प्रधान मंत्री राष्ट्रीय राहत कोष से जारी पत्र, ***अर्थात सैद्धांतिक स्वीकृति*** पत्र, के जारी होने की तारीख से एक वर्ष के भीतर उपचार/शल्य चिकित्सा शुरू करेगा, *अन्यथा सैद्धांतिक स्वीकृति रद्द हो जाएगी।*

The hospital should commence treatment / surgery within one year from the date of issue of letter from PMNRF conveying the specific grant under consideration i.e. in-principle sanction letter, failing which the in-principle sanction will lapse.

(v) शल्य चिकित्सा/उपचार के पूरा होने के बाद, अस्पताल निर्धारित प्रपत्र में रोगी के उपचार आदि पर हुए वास्तविक खर्च के पूरे ब्यौरे के बारे में इस कार्यालय को सूचित करेगा। प्रधान मंत्री कार्यालय में सूचना प्राप्त होने पर अस्पताल/रोगी को जल्दी से जल्दी अनुमेय धनराशि जारी कर दी जाएगी।

On completion of surgery / treatment, the hospital will intimate this office regarding full details about the actual expenditure incurred on the treatment etc. of the patient, **in the prescribed format** and admissible amount will be released to the hospital / patient at the earliest on receipt of intimation from the hospital in the Prime Minister's Office.

(vi) **अस्पताल किसी भी परिस्थिति में अनुदान को न तो किसी दूसरे अस्पताल को पूर्ण रूप से या हिस्से के रूप मे हस्तांतरित करेगा और न ही रोगियों को इसका खर्च न हुआ हिस्सा जारी करेगा। खर्च न की गई धनराशि तत्काल ही इस कार्यालय को वापस की जाएगी।**

The hospitals should neither transfer the grant either in full or in part to other hospital (s) nor release the unspent part to the patients under any circumstances. The unutilized amount should promptly be refunded to this office immediately.

(vii) भविष्य मे पत्राचार करते समय स्वीकृति पत्र की संख्या तथा तारीख अवश्य लिखी जानी चाहिए।

For all future correspondence, the sanction letter number and date should invariably be quoted.

(viii) **प्रधान मंत्री कार्यालय को, किसी भी समय बगैर कोई कारण बताए स्वीकृति आदेश रद्द करने का अधिकार है।**

The Prime Minister's Office reserves the right to cancel the sanction order at any point of time without assigning any reasons.


OPPO A78 5G

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL
NEW DELHI
DEPARTMENT OF RADIODIAGNOSIS

NAME: MUSABIYA	AGE/SEX: 4Y/F	REGISTRATION NO:19669
REFERRED BY: PSURGERY WARD	CT NO: 4279/23	DATE: 29/8/2023
CLINICAL DIAGNOSIS: F/U/C/O LEFT SIDED NEUROBLASTOMA (POST OPERATIVE)		

CECT ABDOMEN

CT SCANNING OF THE ABDOMEN WAS OBTAINED AFTER ADMINISTRATION OF INTRAVENOUS IODINATED CONTRAST. NO ADVERSE REACTIONS SEEN. STUDY REVEALS:

FINDINGS IN ABDOMEN

- *There is e/o a heterogeneously hypodense (HU 35) soft tissue lesion measuring approximately 4.4x7x5.6cm (apxtrxcc) is seen epicentered in the left suprarenal area. There is e/o few calcifications seen within mass . No e/o internal fat .*
- *Anteriorly the mass is seen causing upliftment and anterior displacement of pancreatic body and splenic vein, however no e/o thrombosis seen.*
- *Medially the lesion is seen crossing the midline at the level of lower border of T12 vertebra.*
- *Posterolaterally the mass is seen infiltrating the upper pole and interpole of left kidney*
- *Posteromedially the mass is seen is seen reaching upto paravertebral location , however no e/o intraspinal extension seen.*
- *Craniocaudally the lesion is extending from T11 to L2 vertebra.*
- *The mass is seen causing encasement of abdominal aorta, coeliac artery and superior mesenteric artery , however no e/o any luminal stenosis seen.*
- *IVC is seen compressed by mass and enlarged lymph nodes , however no e/o thrombosis.*
- *There is e/o multiple enlarged heterogeneously enhancing lymph nodes , few showing internal calcification seen in paraortic , aortocaval , and left paravertebral location , largest measuring 1.6x1.5cm in left paravertebral location at the level of renal hilum, .*
- *Diffuse mesenteric fat stranding seen.*
- *No e/o any bony destruction seen.*
- Liver measures 10.4cm, is normal in size, contours and parenchymal attenuation. No focal mass lesion is seen. Intrahepatic biliary radicals are not dilated. Hepatic veins are normal.
- CBD and portal vein are normal.
- Gall bladder is seen in distended state. No calcified calculus or mass lesion is seen.
- Pancreas is normal in size, contours and parenchymal attenuation. No focal lesion is seen.
- Spleen is normal in size and parenchymal attenuation. No focal mass lesion seen.
- Right kidney is normal in position, size, contours and parenchymal attenuation. Cortico-medullary differentiation is preserved. No evidence of any hydronephrosis or calculus is seen.
- Urinary bladder is seen well distended. No calculus or mass lesion is seen.
- Bilateral adnexal regions are normal. No e/o focal lesion is noted.
- No free fluid is seen in the peritoneal cavity.
- Visualized bowel loops appear grossly normal.

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL
NEW DELHI
DEPARTMENT OF RADIODIAGNOSIS

NAME: MUSABIYA	AGE/SEX: 4Y/F	REGISTRATION NO:19669
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LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL
NEW DELHI
DEPARTMENT OF RADIODIAGNOSIS

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LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL
NEW DELHI
DEPARTMENT OF RADIODIAGNOSIS

NAME: MUSABIYA	AGE/SEX: 4Y/F	REGISTRATION NO:
REFERRED BY: PSW	CT NO: 4147/23	DATE: 24 August 2023
CLINICAL DIAGNOSIS: K/C/O NEUROBLASTOMA WITH SEIZURES		

CECT HEAD

PROTOCOL: CT scanning of the head was done using MDCT from the base of the skull to the vertex after administration of contrast medium.

FINDINGS IN HEAD:

- **Bilateral cerebral hemispheres appear normal.**
- **Bilateral thalamo-ganglionic region appear normal.**
- **Ventricular system appears normal.**
- **Basal cisterns appear normal.**
- **There is no evidence of any midline shift or any extra-axial collection noted.**
- **Brainstem appears normal.**
- **Bilateral cerebellar hemisphere appears normal in attenuation pattern.**
- **Bony calvarium appears normal.**

IMPRESSION:

CECT Head reveals no obvious abnormality.

Please correlate **clinically.**

Ashana 24/8/23

DR ASHANA

Consultant | Senior resident | Junior resident

Dr. B.R.A. INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

OSD.

ड्यूटी ऑफिसर
Duty Officer
डा. बी.आर.ए.आई.आर.सी.एच./Dr. BRA. IRCH
अ.भा.आ.सं./AIIMS
नई दिल्ली/New Delhi-29

(53)

Oncology Screening OPD Proforma

Name MUSAB BIHA ASGAR Age 4 Sex F

Date of Visit 31/07/23 Appointment ID _____

Clinical /Referral Summary: _____

Provisional Diagnosis: Neuroblastoma - Stg IV Pl rapid COJEC
Referred for BMT

Register at BRA-IRCH/NCI
_____ **OPD** _____ **Clinic**
(Please register for UHID & IRCH/NCI No. at the adjacent Counter after filling-up patient information slip.

Referred to Department of
_____
AIIMS OPD

Referred to: _____ OPD/ Clinic at DR BRAIRCH/NCI on earliest available date & time. Advised to take appointment through online mode at www.ors.gov.in OR calling on Telephone No. 011-26588642 (9.30 am to 5.00 pm) or 011-5444155 (8.30 am to 3.30 pm) OR visiting Counter No. 5.

Signatures

Name _____ _____ _____ _____

Dept **Medical Oncology** **Radiation Oncology** **Surgical Oncology** **OA & Palliative Medicine**

UHID No 10689628 **Signature** _____

IRCH No _____ **Name** _____
(Medical Record Section)

Guidelines for Screening & Registration

1. SRs posted in screening OPD should review referral papers and take a joint decision regarding appropriate referral to clinic /OPD of IRCH.
2. Completely worked-up patients can be referred directly to specific organ /specialty based clinic and the remaining patients can be registered in respective OPD.
3. Patients referred directly to specific departments /clinics/faculty should be referred to respective department/clinic/faculty.
4. If there is a need, patient can be referred to specific OPD/ Clinic of main AIIMS.

Disclaimer : *You have been screened in the Cancer Screening OPD and have been referred to the treating unit for registration and treatment appointments. The registration and treatment appointment will be given depending on the slot availability, as slots are restricted due to COVID-19. As cancer requires timely treatment and waiting may have adverse effect on patient's disease; patient is suggested/advised to explore treatment options at other AIIMS/ Regional Cancer Centre/State Medical Colleges and other Govt. Cancer facilities, in case there is delay in availability of slots at Dr. BRA IRCH.*

Close(X)

HISTOPATHOLOGY LARGE AND SMALL TISSUE

Patient Info

UHID :	30330000020	Patient Id :	2023492101/	Department :	Paediatric Surgery
Name :	Miss. MUSABIYA (Female)	Age :	4 years 2 l days	Unit :	I (Dr. PSY)
Address :	DL DELHI INDIA			Patient Status :	Outdoor

Labelled as Left suprarenal neuroblastoma (5671.A-M/23)

Multiple sections examined show features of consistent with ganglio neuroblastoma, intermixed.

Dr Anjali (SR) / Dr. Shilpi Agarwal

Dir. Professor

Deptt of Pathology (LHMC)

Date: 9/8/23

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL
NEW DELHI
DEPARTMENT OF RADIODIAGNOSIS

NAME: MUSABIYA	
REFERRED BY: HEMAT DAY CARE	AGE/SEX: 4 Y/F

12/7/23

USG W/A

Liver - 10 cm (N) size/echo
no SOL, no IHBRD

GB - distended (N)

CBD
IV > (N)

Pancreas - obscured
Spleen - 7.9 cm, (N) size/echo

There is an ill defined heterogeneously suprarenal hypoechoic lesion noted in left ~~flank~~ region with areas of coarse calcifications within meas 7.8 x 6.4 cm showing low resistance vascularity

Rt kd - (N) size/echo, no cal, no HDN
Lt kd / cmd intact

UB - Empty.

no [illegible].

Imp - In a k/c/o Lt neuroblastoma, ill defined heterogeneous hypoechoic lesion noted in Lt suprarenal region with low resistance vascularity.

Dr Himanshu
Dr Kritika
Dr Harshita

DEPARTMENT OF PATHOLOGY
LADY HARDINGE MEDICAL COLLEGE & SMT S. K. HOSPITAL : NEW DELHI

BONE MARROW BIOPSY REPORT

Name of Patient: Mausabiya **Age /Sex:** 4yr/F **Regd. No:** 16833

Hospital: KSCH **Ward:** **Dr. In charge :** Dr.

Specimen No: BM- 282/23, A **Microsection No:** BM- 282/23

Nature of Specimen: **Bone Marrow biopsy** BMA - 423/23

Date of Receiving: 27/6/23 **Date of Reporting:** 12/7/23

Labelled as Bone Marrow biopsy & Imprint

Microscopy: Bone marrow Impnnt (423/23)

only impnnt smears received. Smears show no particle; however show a few hemotopoietic cells of all lineages Erythroid Series show normoblastic reaction. Mijeloid series show normal maturation. Megakaryocytes Seen. No abnormal cell / granulomas or any parasite seen.

Bone marrow biopsy ① Labelled as right bone marrow biopsy (282/23)

Sections show bony trabeculae enclosing marrow spaces which show procedural hemorrhage, crush artefact and a few hemotopoietic cells of all lineages. Chromogranin – Negative

No abnormal cell / granuloma or parasite seen in the sections examined.

② Labelled as left bone marrow biopsy (282A/23

Section show cartilage and fragmented bony trabeculae. only.

Reported by:

Dr Jyotsna
Professor

Urgent
Date

13

भारत सरकार/Govt. of India

विकिरण विभाग
X-RAY DEPARTMENT

क. य. बा. चि. 17
K.S.C.H.-17

कलावती सरन बाल चिकित्सालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

रोगी का नाम/Patient's Name	आयु/Age. लिंग/Sex अं.रो.पे.सं. / In/Pat Reg. No. एकक/Unit	Musabiya 4y/F 20230082827
पता/Address	डा. का नाम/Doctor's Name राष्ट्र/Nationality धर्म/Religion परिवार सदस्य सं./F.P. Status आय/Income आपात/Emergency	U2 PHOCE Rohini
व्यवसाय/Occupation CGHS	फोन नं./Tel. No. दाखिला सं. समय/Date Time of Admn. इनि./Initials	11/7/23

उपचार विवरण
Clinical Notes -

दिनांक/Date.....

C/O Metastatic Neuroblastoma
retroperitoneal tumor
Completed cycles of Cavos COJEC
(Now plan for Surgy ?)

9715
a2c

विकिरण परीक्षा
X-Ray Examination of

USG whole abdomen → for chemotherapy, Neoteyer Plan. to see reduction in size of mass

Dr Sanjeeta
Department of Radiology
Kalawati Saran Children's Hospital
Lady Hardinge Medical College
New Delhi-110001

Urgent
1 right
11/7/23

Dr. Megha Goyal
Senior Resident
Department of Pediatrics
Kalawati Saran Children's Hospital
Lady Hardinge Medical College
New Delhi-110001

रिपोर्ट
REPORT

विकिरण संख्या
X-RAY NO.

फलक सं.
PLATE NO.

To

Dr Aditya K. Gupta.
Associate Professor
Department of Pediatrics
AIIMS
New Delhi.

Respected Sir,

Child in case of Metastatic Neuroblastoma. Kindly consider the child for Hematopoietic stem cell transplantation. Summary has been attached.

Thankyou.

8/7/23

Thanks for reffeal.
Case reviewed.
Due to the long waiting list the primary centers may consider. HSCT for this patient if infrastructure is available.
The treating physician is well trained from AIIMS, New Delhi.
All possible support will be provided by our tea

Aditya Gupta

डॉ. पियाली मंडल/Dr. PIALI MANDAL
M.D., D.M. Pediatric Oncology
आचार्य / Professor
बाल रोग चिकित्सा विभाग/Department of Pediatric
डॉ. आर. एम. एल. एवं सफदरजंग बाल चिकित्सालय
R. M. L. & Safdarjung Saran Children's Hospital
नई दिल्ली-110001 / New Delhi-110001

डॉ. आदित्य कुमार गुप्ता/Dr Aditya Kumar Gupta
एम डी डी एम/MD DM
सहायक आचार्य/Associate Professor
बालरोग आंकोलॉजी विभाग/Department of Pediatric Oncology
अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-110029

...SABIYA		
RED BY: HEMAT DAY CARE	AGE/SEX: 4 Y/F	REGISTRATION NO: 69827
AL DIAGNOSIS: K/C/O NEUROBLASTOMA ON CHEMOTHERAPY	CT NO: 2449/23	DATE: 08.06.2023

CECT ABDOMEN

SCANNING OF THE ABDOMEN WAS OBTAINED AFTER ADMINISTRATION OF INTRAVENOUS IODINATED CONTRAST. NO ADVERSE REACTIONS SEEN. STUDY REVEALS: After acquiring 2 Rapid Cycle

FINDINGS IN ABDOMEN

- *There is a large relatively defined irregular, heterogeneously enhancing retroperitoneal mass lesion measuring ~3.8 x 6.8 x 7.8 cm, epicentered in left suprarenal abdomen, with crossing of the midline. Left adrenal gland is not visualized separately from the lesion. Few areas of coarse calcification is noted within the mass. No obvious fat density areas noted within. Superiorly the mass is abutting the undersurface of left lobe of liver (with effacement of intervening fat plane), inferior surface of stomach, left dome of diaphragm (posteromedially) and both diaphragmatic crura as well as medial surface of spleen. Cranio-caudally the mass lesion is extending from [illegible] L2 vertebral level. Inferiorly it is [illegible] abutting [illegible] upper pole of both left kidney [illegible] intervening fat planes are maintained. The mass lesion is displacing the pancreas anteriorly with areas of effaced intervening fat planes. The lesion is encasing the proximal part of abdominal aorta, celiac trunk and its branches, superior mesenteric artery and bilateral renal arteries with no obvious luminal attenuation. The lesion is abutting the IVC with angle of contact ~120°, however, normal luminal contrast opacification is seen. Few enhancing retroperitoneal lymph nodes are seen in para-aortic location, largest measuring ~14 x 8 mm. Right adrenal gland appears normal.*
- Liver is borderline enlarged for age (~10.5 cm), and normal in contours and parenchymal attenuation. No other focal mass lesion is seen. Intrahepatic biliary radicals are not dilated. Hepatic veins are normal.
- CBD and portal vein are normal.
- Gall bladder is seen in partially distended state. No calculus or mass lesion is seen.
- *Spleen is borderline enlarged (~8.2 cm)* and parenchymal attenuation. No focal mass lesion seen.
- Both kidneys are normal in size, contours and parenchymal attenuation. Cortico-medullary differentiation is preserved. No evidence of any hydronephrosis or calculus is seen.
- Urinary bladder is seen minimally distended. No calculus or mass lesion is seen.
- No free fluid is seen in the peritoneal cavity.
- Bowel loops appear grossly normal.
- *Lytic areas are noted in sacrum and bilateral pelvic bones and multiple vertebral levels.*
- Visualized bilateral basal lungs appear normal.

IMPRESSION:

In a k/c/o neuroblastoma on chemotherapy, CECT abdomen reveals:

- *A large relatively defined irregular, heterogeneously enhancing retroperitoneal mass lesion with course calcific areas within, epicentered in left suprarenal abdomen, with crossing of the midline and no separate visualization of left adrenal glands with relations and extensions as described above. On comparison with the outside PET-CT scan dated 13.03.2023 [illegible] (<30%) of the primary mass lesion noted.*
- *Borderline hepatosplenomegaly.*
- *Lytic areas are noted in sacrum and bilateral pelvic bones and multiple vertebral levels - likely metastasis.*

Please correlate clinically.

Consultant 08/06

senior resident 08/06/23

junior resident

Permanent ID :	P101848 18		
Registration No.: 102310511		Mobile No	770988[illegible]26
Patient Name:	Baby MUSABIYA	Registration Dt /Tm.:	07/06/2023 09:00:45
Age/Sex	4 Yrs Female	Report Dt./Tm.:	08/06/2023 12:31:47
ID Card No :		Validation Dt./Tm.:	08/06/2023 12:31:47
Referred By:	KALAWATI HOSPITAL	Printed Dt./Tm.:	08/06/2023 15:10:25
Referring Hosp :	Kalawati Saran Children Hospital		

WHOLE BODY FDG PET-CT SCAN

PROTOCOL:

WHOLE BODY PET-CT scan (base of skull to mid-thigh) was done after I.V. injection of ~ 3.0 mCi of ^{18}F-FDG, using a whole body full-ring dedicated DISCOVERY 600 PET-CT SCANNER WITH 16 SLICE CT. CT based attenuation correction was done. Images were reconstructed using standard iterative algorithm (OSEM) and reformatted into transaxial, coronal and sagittal views. A 3D image and fusion images of PET & CT were obtained. Serum glucose at the time of injection was 83 mg/dl. SUV values are in lean body mass.

Clinical history: - Patient is a known case of biopsy proven abdominal neuroblastoma. PET CT (13.3.2023) PET CT features are suggestive of metabolically active primary malignant tumor in left suprarenal region/retroperitoneum (biopsy proven neuroblastoma) with multiple abdominal, retroperitoneal, bilateral retrocrural, left supraclavicular lymph nodal metastases and multiple skeletal metastases. Post chemotherapy status (28.5.2023.) For response assessment scan

FINDINGS:

Physiological biodistribution of tracer noted in the brain, liver, Myocardium, kidneys and urinary bladder.

Brain

The cerebral hemispheres, brainstem and cerebellar parenchyma appears normal.

No evidence of enhancing lesion/ abnormal increased FDG uptake is noted in brain parenchyma.

The ventricular system , sulci and basal cisterns appears normal.

No evidence of midline shift

The calvarium appears normal.

Paranasal sinuses and bilateral orbits appear normal.

[multiple streak artifacts seen obscuring the face regional anatomy. Small lesions may not be detected by PET-CT scan due to physiological increased FDG uptake. MRI / contrast scan CT may be required for further evaluation if clinically indicated].

Head and Neck

Reduction in size with Resolution of Metabolic activity of few left supraclavicular lymph nodes are noted, measuring ~ 9 x 9mm (previously measures - 13 x 9 mm. SUVmax - 1.4.)

Contd ..2

Permanent ID	P:0184838		
Registration No.:	**102310511**	Mobile No.	7703988526
Patient Name:	Baby MUSABIYA	Registration Dt./Tm.:	07/06/2023 09:00:45
Age/Sex:	4 Yrs Female	Report Dt./Tm.:	08/06/2023 12:31:47
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Referred By:	KALAWATI HOSPITAL	Printed Dt./Tm.:	08/06/2023 15:10:25
Referring Hosp.:	Kalawati Saran Children Hospital		

- **The lesion is encasing the abdominal aorta, coeliac artery and superior mesenteric artery.**
- **The lesion is causing indentation of upper pole of left kidney.**
- **The lesion is closely abutting the spleen with no obvious infiltration**

Reduction in size and metabolically active of multiple enlarged discrete as well as confluent perigastric, periportal, portacaval, bilateral retrocrural, retrocaval, para-aortic, aortocaval, bilateral_renal hilar lymph nodes are noted with some of them showing areas of necrosis or focal calcifications, measuring –15 x 13mm SUVmax: 1.9 (previously measures 30 x 29 mm. SUVmax - 3.6).

- **The lymph nodes are encasing the aorta and IVC and causing anterior displacement of IVC and its tributaries**

Liver : Liver appears normal in size, shape and attenuation pattern. **No focal metabolically active lesion is noted in the liver.** No evidence of intrahepatic biliary radicular dilatation. Portal vein and its branches, hepatic veins and intrahepatic portion of inferior vena cava are normal.

Gall bladder : Well distended. Appears normal in size, shape and outline. No evidence of abnormal increased FDG uptake. Pericholecystic area appears normal. Common bile duct is not dilated. (USG is the modality of choice for cholelithiasis).

Pancreas: Otherwise appears normal in size, contour and attenuations values. No evidence of metabolically active focal lesion. No evidence of main pancreatic duct dilatation.

Spleen: Appears normal in size , shape and attenuation .The splenic hilum and splenic vessels are normal. Mild diffuse increased FDG uptake is noted in the spleen. SUVmax - 1.2 .

Right adrenal gland adrenal glands appears normal in size, shape and attenuation values. No evidence of nodularity / abnormal increased metabolic activity is noted .

Left adrenal gland is not visualised

Contd. 4

Permanent ID	P10184838		
Registration No.:	**102310511**		
Patient Name:	Baby MUSABIYA	Mobile No.	7703988526
Age/Sex:	4 Yrs Female	Registration Dt./Tm.:	07/06/2023 09:00:45
ID Card No.:		Report Dt./Tm.:	08/06/2023 12:31:47
Referred By:	KALAWATI HOSPITAL	Validation Dt./Tm.:	08/06/2023 12:31:47
Referring Hosp.:	Kalawati Saran Children Hospital	Printed Dt./Tm.:	08/06/2023 15:10:25

Right kidney is normal in size , shape with normal renal outlines. No evidence of metabolically active focal mass lesion/hydronephrosis/calculi noted .

Otherwise left kidney is normal in size and shape with normal renal outlines. No evidence of metabolically active focal mass lesion/hydronephrosis/calculi noted .

Gastrointestinal System:

The stomach is normal in site and size. The duodenum , proximal jejunal loops , the ileum and ileo-caecal junction are normal.. The colon and rectum are unremarkable. No dilation or wall thickening or any abnormal increased FDG uptake is appreciated in relation to small / large bowel

Mild diffuse increased FDG uptake is noted in small bowel loopslikely physiological.

No evidence of ascites.

The urinary bladder is minimally distended .

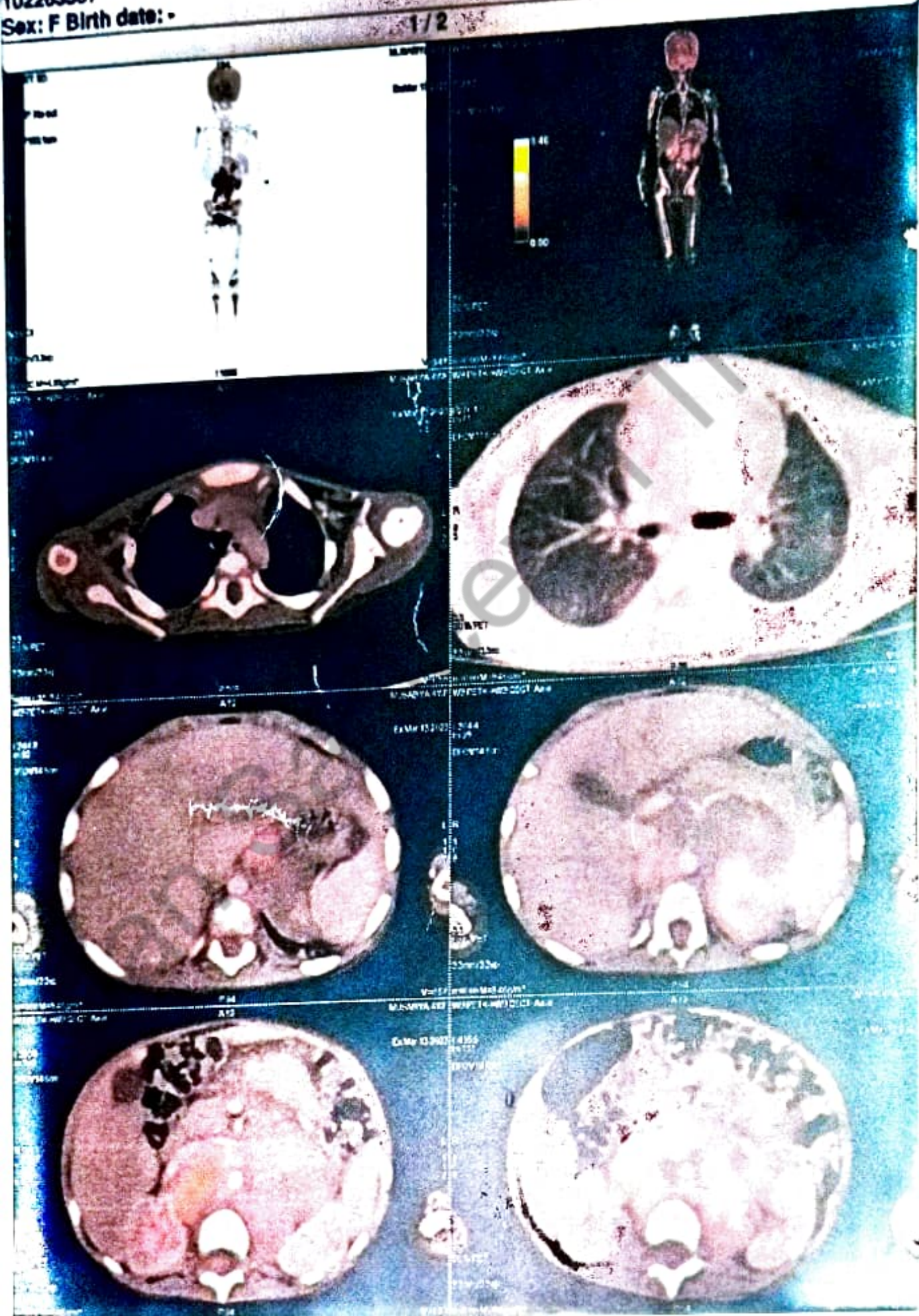
Musculoskeletal System:

Appearance of sclerosis with significant reduction in metabolic activity in the lytic lesions noted in sternum, medial end of bilateral clavicle, bilateral scapulae, bilateral few ribs bilateral humerus (predominantly in the proximal ends), multiple cervicodorsal lumbar vertebrae, sacrum, bilateral pelvic bones, bilateral femurs, bilateral proximal tibia previously measures SUVmax - 3.4 in sacrum SUVmax: 1.1

IMPRESSION: PET CT findings reveal

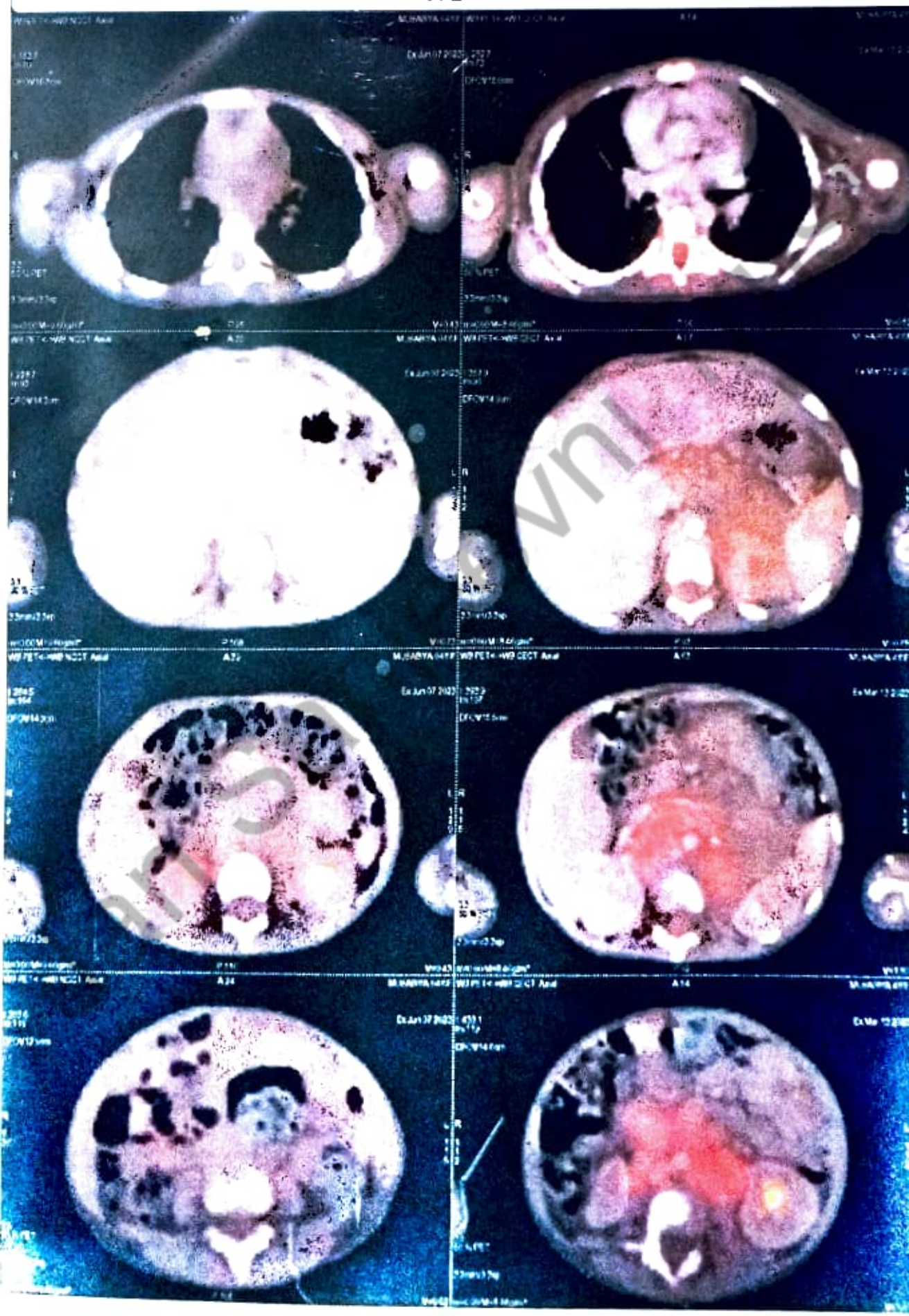
Reduction in size and metabolic activity of large fairly well defined heterogeneously enhancing soft tissue density mass lesion with areas of necrosis and focal calcifications in the retroperitoneum in left suprarenal region / left paravertebral region extending from D11 - L1 vertebra , measuring -65 x 48mm SUVmax: 1.5 (previously measures 65 x 60 mm. SUVmax - 3.)

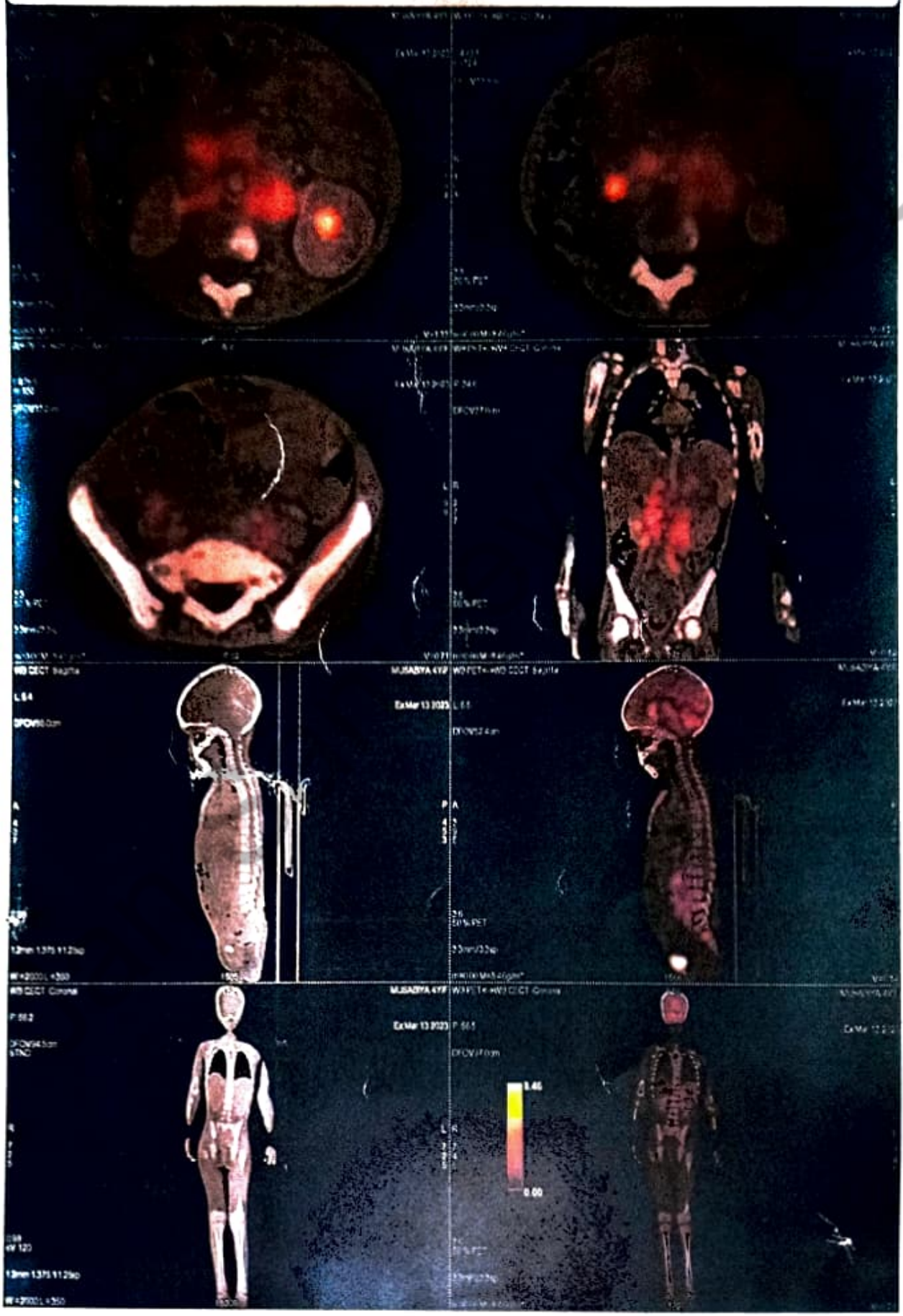
Contd...5



MUSABIYA 04Y/F / MUSABIYA 4
102310511 / 102263557
Sex: F Birth date: - / Sex: F Birth date: -

PANACEA INSTITUTE OF RADIOLOG
Acc. Nb.: - /
Date: Jun 07 2023 / Mar 13 202





SRF ID :	P10184838		
Registration No.:	102263557	Mobile No.:	7703988526
Patient Name:	Baby MUSABIYA	Registration Dt./Tm.:	13/03/2023 10:01:10
Age/Sex:	4 Yrs Female	Sample Col. Dt./Tm.:	
ID Card No.:			
Referred By:	KALAWATI HOSPITAL	Report Dt./Tm.:	14/03/2023 13:32:49
Referring Hosp.:	Kalawati Saran Children Hospital		

- **The lesion is causing anterior displacement of the pancreas and small bowel loops with no obvious infiltration**
- **The lesion is encasing the abdominal aorta, coeliac artery and superior mesenteric artery.**
- **The lesion is causing indentation of upper pole of left kidney.**
- **The lesion is closely abutting the spleen with no obvious infiltration**

Multiple enlarged discrete as well as confluent FDG avid perigastric, periportal, portacaval, bilateral retrocrural, retrocaval, para-aortic, aortocaval, bilateral_renal hilar lymph nodes are noted with some of them showing areas of necrosis or focal calcifications, largest measuring - 30 x 29 mm. SUVmax - 3.6.

- **The lymph nodes are encasing the aorta and IVC and causing anterior displacement of IVC and its tributaries**

Left adrenal gland is not visualised

Patchy areas of abnormal increased FDG uptake is noted in sternum, medial end of bilateral clavicle, bilateral scapulae, bilateral few ribs bilateral humerus (predominantly in the proximal ends), multiple cervicodorsal lumbar vertebrae, sacrum, bilateral pelvic bones, bilateral femurs, bilateral proximal tibia corresponding to lytic changes noted in most of the lesions. SUVmax - 3.4 in sacrum

Few enlarged FDG avid left supraclavicular lymph nodes are noted, measuring - 13 x 9 mm. SUVmax - 1.4.

No focal metabolically active lesion is noted in the liver.

No evidence of significant pulmonary nodules.

Contd...7

SRF ID :	P10184838	Mobile No.:	7703988526
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Patient Name:	Baby MUSABIYA	Sample Col. Dt./Tm.:	
Age/Sex:	4 Yrs Female		
ID Card No.:		Report Dt./Tm.:	14/03/2023 13:32:49
Referred By:	KALAWATI HOSPITAL		
Referring Hosp.:	Kalawati Saran Children Hospital		

The stomach is normal in site and size. The duodenum , proximal jejunal loops , the ileum and ileo-caecal junction are normal.. The colon and rectum are unremarkable. No dilation or wall thickening or any abnormal increased FDG uptake is appreciated in relation to small / large bowel

Mild diffuse increased FDG uptake is noted in small bowel loopslikely physiological.

No evidence of ascites.

The urinary bladder is minimally distended .

Musculoskeletal System:

Patchy areas of abnormal increased FDG uptake is noted in sternum, medial end of bilateral clavicle, bilateral scapulae, bilateral few ribs bilateral humerus (predominantly in the proximal ends), multiple cervicodorsal lumbar vertebrae, sacrum, bilateral pelvic bones, bilateral femurs, bilateral proximal tibia corresponding to lytic changes noted in most of the lesions. SUVmax - 3.4 in sacrum

IMPRESSION:

PET CT findings reveal

Large fairly well defined heterogeneously enhancing soft tissue density mass lesion with areas of necrosis and focal calcifications and patchy areas of increased FDG uptake are noted in the retroperitoneum in left suprarenal region / left paravertebral region extending from D11 - L1 vertebra , measuring - 65 x 60 mm. SUVmax – 3.

Contd...6

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Patient Name:	Baby MUSABIYA	Registration Dt./Tm.:	13/03/2023 10:01:10
Age/Sex:	4 Yrs Female	Sample Col. Dt./Tm.:	
ID Card No.:			
Referred By:	KALAWATI HOSPITAL	Report Dt./Tm.:	14/03/2023 13:32:49
Referring Hosp.:	Kalawati Saran Children Hospital		

Gall bladder : Well distended. Appears normal in size, shape and outline. No evidence of abnormal increased FDG uptake. Pericholecystic area appears normal. Common bile duct is not dilated. (USG is the modality of choice for cholelithiasis).

Pancreas: Otherwise appears normal in size, contour and attenuations values. No evidence of metabolically active focal lesion. No evidence of main pancreatic duct dilatation.

Spleen: Appears normal in size , shape and attenuation .The splenic hilum and splenic vessels are normal. Mild diffuse increased FDG uptake is noted in the spleen. SUVmax - 1.2 .

Right adrenal gland adrenal glands appears normal in size, shape and attenuation values. No evidence of nodularity / abnormal increased metabolic activity is noted .

Left adrenal gland is not visualised

Right kidney is normal in size , shape with normal renal outlines. No evidence of metabolically active focal mass lesion/hydronephrosis/calculi noted .

Otherwise left kidney is normal in size and shape with normal renal outlines. No evidence of metabolically active focal mass lesion/hydronephrosis/calculi noted .

Gastrointestinal System:

Contd...5

SRF ID :	P10184838		
Registration No.:	**102263557**	Mobile No.:	7703988526
Patient Name:	Baby MUSABIYA	Registration Dt./Tm.:	13/03/2023 10:01:10
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No evidence of bilateral pleural effusion / pneumothorax noted. Physiological FDG uptake is noted in the myocardium

Abdomen and Pelvis

Large fairly well defined heterogeneously enhancing soft tissue density mass lesion with areas of necrosis and focal calcifications and patchy areas of increased FDG uptake are noted in the retroperitoneum in left suprarenal region / left paravertebral region extending from D11 - L1 vertebra , measuring - 65 x 60 mm. SUVmax – 3.

- **The lesion is causing anterior displacement of the pancreas and small bowel loops with no obvious infiltration**

The lesion is encasing the abdominal aorta, coeliac artery and superior mesenteric artery.
The lesion is causing indentation of upper pole of left kidney.

The lesion is closely abutting the spleen with no obvious infiltration

Multiple enlarged discrete as well as confluent FDG avid perigastric, periportal, portacaval, bilateral retrocrural, retrocaval, para-aortic, aortocaval, bilateral_renal hilar lymph nodes are noted with some of them showing areas of necrosis or focal calcifications, largest measuring - 30 x 29 mm. SUVmax - 3.6.

- **The lymph nodes are encasing the aorta and IVC and causing anterior displacement of IVC and its tributaries**

Liver : Liver appears normal in size, shape and attenuation pattern. **No focal metabolically active lesion is noted in the liver.** No evidence of intrahepatic biliary radicular dilatation. Portal vein and its branches, hepatic veins and intrahepatic portion of inferior vena cava are normal.

Contd...4

SRF ID :	P10184838		
Registration No.:	182263557	Mobile No.:	7703988526
Patient Name:	Baby MUSABIYA	Registration Dt./Tm.:	13/03/2023 10:01:10
Age/Sex:	4 Yrs Female	Sample Col. Dt./Tm.:	
ID Card No.:		Report Dt./Tm.:	14/03/2023 13:32:49
Referred By:	KALAWATI HOSPITAL		
Referring Hosp.:	Kalawati Saran Children Hospital		

Few enlarged FDG avid left supraclavicular lymph nodes are noted, measuring - 13 x 9 mm. SUVmax - 1.4.

Multiple subcentimetric bilateral level II cervical lymph nodes are noted with minimal FDG uptake - likely reactive

No abnormal increased metabolic activity noted in the oropharynx, hypopharynx , oral cavity, posterior wall of nasopharynx, fossa of rosenmuller and retromolar trigone .

The supraglottic , infraglottic larynx , vocal cords , ary-epiglottic folds ,post cricoid region and upper trachea appears normal.

The parotid and submandibular glands appear normal.

Both lobes of thyroid gland shows homogeneous pattern on CT. No abnormal FDG uptake is seen in the thyroid.

Rest of the soft tissues in neck appears normal.

Chest

Few subcentimetric bilateral axillary lymph nodes are noted with no significant FDG uptake - likely reactive.

Atelectatic band noted in anterior basal segment of left lower lobe and anterior segment of left upper lobe.

No evidence of significant pulmonary nodules

Mild pericardial effusion noted

bilateral lung fields appear normal. The lung parenchyma shows normal bronchovascular pattern.

No evidence of abnormal FDG uptake noted in esophagus, lower trachea and main bronchi on both sides

The mediastinal and bilateral hilar structures appears normal.

No significant metabolically active mediastinal lymphadenopathy

Contd...3

SRF ID :	P10184838	Mobile No.:	7703988526
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Patient Name:	Baby MUSABIYA	Sample Col. Dt./Tm.:	
Age/Sex:	4 Yrs Female		
ID Card No.:		Report Dt./Tm.:	14/03/2023 13:32:49
Referred By:	KALAWATI HOSPITAL		
Referring Hosp.:	Kalawati Saran Children Hospital		

WHOLE BODY FDG PET-CT SCAN

PROTOCOL:

WHOLE BODY PET-CT scan (base of skull to mid-thigh) was done after I.V. injection of ~ 5.90 mCi of ^{18}F-FDG, using a whole body full-ring dedicated DISCOVERY 600 PET-CT SCANNER WITH 16 SLICE CT. CT based attenuation correction was done. Images were reconstructed using standard iterative algorithm (OSEM) and reformatted into transaxial, coronal and sagittal views. A 3D image and fusion images of PET & CT were obtained. No immediate contrast allergic reaction was noted. Serum glucose at the time of injection was 098 mg/dl. SUV values are in lean body mass.

Clinical history: - Patient is a known case of biopsy proven abdominal neuroblastoma. For staging

FINDINGS:

Physiological biodistribution of tracer noted in the brain, liver, Myocardium, kidneys and urinary bladder.

Brain

The cerebral hemispheres, brainstem and cerebellar parenchyma appears normal.

No evidence of enhancing lesion/ abnormal increased FDG uptake is noted in brain parenchyma.

The ventricular system , sulci and basal cisterns appears normal.

No evidence of midline shift

The calvarium appears normal.

Paranasal sinuses and bilateral orbits appear normal.

[Multiple streak artifacts seen obscuring the loco regional anatomy. Small lesions may not be detected by PET-CT scan due to physiological increased FDG uptake. MRI / dedicated brain CT may be required for further evaluation if clinically indicated].

Head and Neck

Contd...2

Ophthal note

17/3/23 K/c/o neuroblastoma

c/o swelling of the ~~BE~~ BE UL & LL × 1 day (Lt > Rt)

c/o pain & ~~bad~~ opening of the Lt > Rt eye × 1 day

O/E - ~~Swelling~~

Swelling of BE UL & LL (Lt > Rt).

BE pupils RTL.

EOM full & free in all gazes.

No proptosis.

~~Conj~~ BE conjunctiva - not congested

BE cornea clear.

D - ? ~~Dx~~ Preseptal cellulitis.

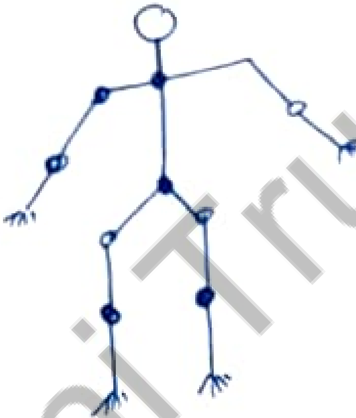
Adv - Syp Amoxyclav (125mg/5ml) - 5ml tds
Syp Ibrugesic - 2.5ml tds.
- eyd Tobramycin qid.
- Dry/Warm compresses. ~~Stday~~ 5 times/day.
- F/U ~~SOS after 48hrs~~ on Monday (20/3/23) in Eye OPD or bedside call.

Dr Shikha

Musabiya 4y/f. CR No. 3904

admitted on 6/2/2023. c̄

C/o: fever | x 1½ months. H/o: wt loss ⊕.
Joint Pain |



O/E: GC stable
HR 110 RR 62/min

Chest }
CVS } WNL
CNS }

P/A: Soft NT ND
No ogm.

? Viral Illness
? JIA
? Brucella

⇓

- Inj. Monocef.
- Supportive treatment

Hb. 7.68, TLC- 10170, DLC- L34 N54, Platelets: 3.34 lac/mm³
qCRP- 206 U/Cr - 27/0.19 Na/K- 140/5.1 OT/PT - 43/26 UA. 2.6

USG B/L Hip: No e/o any obvious collection/effusion
3/2/2023 and knee

S. Widal - Negative Brucella IgM/IgG - negative
RA factor <0.10 IU/ml (negative) ANA - negative.

⇓

1/2/23: Non resolving of fever. → Inj Falcigo Added.
→ Inj Monocef Omitted.
→ Inj Piptaz Added + Inj Vanco Added.

CBCEPS: s/o Microcytic hypochromic cells c̄ Moderate Anisocytosis
HIV: NR

11/2/2023: Omitted Piptaz / Inj Mero Added. / Vit C added

⇓