



Jan Sanjeevni Trust

Soch Hamari Suraksha Aapki

GO that help children in need around the world



Contact Number

4652 0462

E-mail : cont

rust.org

Website : ht

rust.org



SAFEDARJUNG

GSTIN: 07AEPH5371Z



Safdarjung Medicos



Shop No. 3, Near Metro Station, Safdarjung Hospital
 Gate No. 2, New Delhi-28 (Opp. AIIMS Entrance Gate)
 For Enquiry No. & : 26192644 • Whatsapp & Order No. : 9259261414
 MEDICINES, SURGICAL & COSMETICS ANTI CANCER DRUGS

ALL DAYS OPEN

* If you find any undervalued error in the price of any item
 please bring this cash memo by refund of date.

QTY	PARTICULARS	BATCH NO.	EXPIRY	QTY	AMOUNT
1	SOMAPENT 200MS TAB	702411	02/23	5.0	7000.00

Jan Sanjeevni Trust

Returning Time 02.00 P.M. - 04.00 P.M. Only

BILL NO. : 82067 DATE : 07/08/21 Total 7,000.00

PATIENT Ms/Mr. : SHWETA KUMARI KUMAR SGST 166.67
 ADDRESS : CGST 166.67

Prescribed by Dr. AIIMS Sign.

Cutting strip will not be taken back.
 No Return No Exchange.
 All disputes subject to Delhi Jurisdiction.

Grand Total 7,000.00



डा. बी. आर. अम्बेडकर
Dr. B.R. Ambedkar Inst
अ.भा.आ.सं. अस्पता
बहिरंग रोगी विभाग,
अस्पताल के अन्दर धुम्रपान मना है।/SI

R.No-5870/12/20
DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 232864
Clinic Adult Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General
नाम स्वेटा कुमारी
Name SWETA KUMARI
D/O- SANTOSH KUMAR

Reg. Date-29/07/2019
Clinic No. 30132/2019



UHID-104504665

-6

Sex/Age F/14Y
Room 13 (Shift Morning)

Address RAMPUR SAMAS TIPUR, BIHAR, Pin-0, INDIA

एकक/Unit D.S.R IRCH No.
विभाग/Dept.

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
Sweta Kumar				58/14 5/8

निदान/Diagnosis C/O Ribonmatosis

दिनांक/Date

उपचार/Treatment

2/8/24

T Sovagesis 20mg/day

File NA

Current MRI: Size of the mass at post. aspect of distal thigh 13cm old CD - couldn't be uploaded by computer; refer wise may may 15.5cm

Saw hij

Comparison of MRI

06/08/24

7/8/24

6/8/24

Tab. Sovagesis 20mg OD to cont.

FIC - 14/3/2022 MRI - Right thigh

Rare
Setmo

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

Bring films of old/new MRI



Safdarjung Medicos



CREDIT CARD
ACCEPTED

Shop No. 5, Near Metro Station, Safdarjung Hospital
Gate No.2, New Delhi-29 (Opp. AIIMS Entrance Gate)
For Enquiry No. 3 : 26192644 - Whatsapp & Oder No. 9269261414
MEDICINES, SURGICAL & COSMETICS ANTI CANCER DRUGS

ALL DAYS
OPEN

*In case you find any inadvertent error in this invoice, please contact us immediately.
Please bring this cash memo for refund of any amount.

QTY	PARTICULARS	BATCH NO	EXPIRY	GST	AMOUNT
1	HAFDIZ CREAM 75GM	00110	08/22	12.0	215.00
1	SORANIB-200MG TAB.	100104	12/21	5.0	1650.00

Jan Sanjeevni Trust

Returning Time 02.00 P.M. 04.00 P.M. Only

DL NO. :	DATE :	Total	DANISH
159930	26/03/21		1,865.00
PATIENT Ms/Mr. :	SWETA KUMARI	SGST	50.81
ADDRESS :		CGST	50.81

Prescribed by Dr. :
 Returning strip will not be taken back.
 Return No Exchange.
 Disputes subject to Delhi Jurisdiction.
 Home Delivery also available.

Grand Total

1,865.00

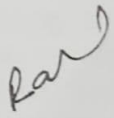
NAME: MS SWETA KUMARI
AGE/SEX 14Y/ FEMALE
REF. BY: AIIMS

DATE: 31/07/2021
ID : SR593165

IMPRESSION:-

- ? Fibro-Sarcoma ? Fibro-matosis along posterior aspect of thigh, knee joint and proximal leg causing mild bony erosion with minimal adjacent marrow edema along postero-lateral cortex of distal femur with other extensions as described above.
- As compared to previous report dated 16/3/2021, there is e/o bony erosion and minimal adjacent marrow edema caused by the lesion along postero-lateral aspect of distal femur as described seen in present scan likely representing invasive nature of lesion.

Advice: Repeat biopsy and HPE correlation from the soft tissue component of the lesion within the subcutaneous plane at clinically palpable site along postero-medial aspect of proximal 1/3rd of tibia at a distance of approx 4-5 cms below the knee joint for further evaluation.

Dr Rahul Chauhan 
MBBS, DMRD
Consultant Radiologist
DMC - 56147

Jan Sanjeevni Trust



NAME: MS SWETA KUMARI
AGE/SEX 14Y/ FEMALE
REF. BY: AIIMS

DATE: 31/07/2021
ID : SR593165

MRI RIGHT KNEE WITH RIGHT THIGH

STUDY PROTOCOL: FAST SPIN ECHO PD AND FAST SPIN ECHO T2W SAGITTAL IMAGES OF KNEE JOINT AND THIGH WERE OBTAINED ON DEDICATED PHASED ARRAY KNEE JOINT COIL USING 1.5 TESLA HIGH GRADIENT SYSTEM AND CORRELATED WITH T2W AXIAL IMAGES. ADDITIONAL STIR CORONAL AND T1 CORONAL IMAGES WERE ALSO OBTAINED.

FINDINGS:

The study reveals a large ill-defined oval shaped lobulated mildly heterogeneous altered signal intensity mass lesion seen along postero-lateral aspect of knee joint and upper 1/3rd of right leg in the superficial inter-muscular and subcutaneous plane. The lesion measures ~ 14.0 cms in length in cranio-caudal dimension and 6.2 x 4.2 cms in maximum cross-sectional dimension. The lesion appears heterogeneous, hypointense on T1 / T2 / STIR images with few focal intermixed T2 / STIR hyperintense areas within seen along the inferior aspect of lesion adjacent to upper 1/3rd of tibia. The lesion is showing extension / infiltration between the lateral head of gastrocnemius and soleus muscle. Lesion shows mild extension upto the cutaneous plane, however no evidence of any ulceration seen in the overlying skin. The popliteal vessels are seen along the medial aspect of the lesion with < 180 ° encasement with maintained flow voids. The lesion is closely abutting bony cortex of distal femur, proximal tibia and fibular head and neck, with evidence of bony erosion and adjacent minimal marrow edema seen along the postero-lateral cortex of distal 1/3rd of femur. The lesion is causing encasement of distal Sciatic nerve, common peroneal nerve.

Another similar large ill defined infiltrating heterogeneous predominantly fibrotic lesion of size 17 cms in cranio-caudal dimension 3.5 x 4.0 cms in maximum transverse dimension is seen within the inter-muscular plane of posterior aspect of right thigh.

A tiny lymphnode of size 13 x 9 mm is seen in along the popliteal vessels.

Rest of the bones, muscles and soft tissue appears normal.

Patello-femoral and tibio-femoral joint spaces are maintained.

Medial and lateral menisci are normal in MR morphology.

Anterior and posterior cruciate ligaments appear normal.

Medial and lateral collateral ligaments are normal.

Patellar ligament and quadriceps tendon are normally visualized



Bill of Supply

Ms. SWETA KUMARI [SR593165]

Age / Gender: 14 Yr / Female

Address : Delhi, Delhi

Contact No.: 9122434250

Bill No.: SIC.21-22.4285

Bill Date: 31-07-2021

Department: RADIOLOGY

Requested By: AIIMS

Rate Category: OPD

Visit Date: 31-07-2021 12:43 PM

Category: SARVODAYA IMAGING CENTRE

Date	Code	Service Name (Notes)	Rate	Qty.	Amount	Disc	Net Amt.
RADIOLOGY (SAC No 999316)							Total Rs. 4400 00/-
31-07-2021	1678	MRI knee Single joint - Without contrast	2500	1	2500.00	300	2200 00
31-07-2021	1691	MRI Extremities - Without contrast	2500	1	2500.00	300	2200 00
Total					5000.00	600.00	4400 00

Payment And Refund

Date	Receipt / Refund	Notes	Amount
31-07-2021	Receipt - (R 3262)	Payment Cash on VERY POOR PATIENT CLD PT ASKED BY RAJESH SIR	4400 00
Bill Amount :		5000.00 - Five Thousand	
Discount :		600.00	
Net Amount :		4400.00 - Four Thousand Four Hundred	
Paid Amount :		4400.00 - Four Thousand Four Hundred	
Balance :		0.00 - Zero	

400/-
due

(All figures are in Rupees (INR) only)

S16956

S16956

Prepared By

31-07-2021

Printed By

Patient/ Attendant Sign

24/3/2021

→ MDT Discussion (Radiology)

→ Prvn (Oct 2020) - MRI Thigh + Knee done

Current (March 2021) - MRI knee & leg done

(Thigh not covered)

- Actual comparison not possible

→ overall knee lesion ↓ activity, size stable.

Prox Thigh lesion - needs fresh images for comparison.

Adv: - ① T. Soreafenib 200mg OD to c/t.

② F/U - 14/06/2021 ECBC/LFT/KFT / TBH.

② MRI Thigh + Knee (R) (Covering both lesions)

(Response assessment). Sh

③ Hagoos cream LA BD (palms/soles)

9/5/21

Jan Sanjeevni Trust

Dr. B.R.A. Institute Rotary Cancer Hospital
DEPARTMENT OF N.M.R.
NICAL MRI REQUISITION FORM

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 232864 Reg. Date-29/07/2019
Clinic Adult Medical Oncology Clinic Clinic No. 30132/2019
Deptt. MEDICAL ONCOLOGY General
नाम स्वेटा कुमारी UHID-104504665
Name SWETA KUMARI
D/O- SANTOSH KUMAR Sex/Age F/14Y
Room 13 (Shift Morning)
Address RAMPUR SAMASTIPUR, BIHAR, Pin.0, INDIA



..... Date of Requisition
..... Ward / Bed No.
uro-Radiology Cardiac Radiology
..... आयु / Age लिंग / Sex

(साफ अक्षरों में / In Block Letters)

जन्म-तिथि / Date of Birth : दिन/Day माह/Month वर्ष/Year वजन/Weight कि.ग्रा./KG

4. General Patient Condition (Tick as appropriate)

(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

5. Clinical Details : History :

Examinations :

C/. rt. knee & right thigh pyromatosis

Relevant Investigations :

Previous CT / MR / Other Reports / Studies
(With number, if any)

6. Clinical Diagnosis : C/. Pyromatosis

7. Exact Anatomical site for MRI Rt. knee & right thigh

[Signature]
Dr Sameer

8. Special Instruction (Sedation, Allergy or other details which may facilitate a safe and informative study) only

9. (A) Contrast Enhancement Required : Yes No

(B) Implant in Body (Tick as appropriate)

Cardiac Pacemaker Aneurysmal clips Cardiac Valve/Prosthesis.....
Metallic Implants..... Sharpnel/Pellet..... Others..... None.....

हस्ताक्षर/Signature..... *[Signature]*

① KFT
② RTAR (<72 hr)
नाम (साफ अक्षरों में) / Name (In Block Letters) SAMEER

③ empty stomach
पदनाम/Designation Associate Prof

④ Payment. - Rs 500/-
(Requisition may be signed by a Faculty Member/Sr. Resident)

med awlg

Booked in
21/4/22
9.30am
(NMR Room)

Anil
JR RP


Name: MRS. SWETA KUMARI
Age: 14 Y / Female
Ref.By: AIIMS

Date: 16-March-2021
ID : SR593165

IMPRESSION: In a follow up case of Fibromatosis, MR Right Leg Reveals:-

- A large oval-shaped lobulated ill-defined heterogeneous altered signal intensity fibrotic lesion in superficial inter-muscular and subcutaneous plane on postero-lateral aspect of knee joint and proximal 1/3rd of leg as described.
- Overall findings consistent with Recurrent / Residual lesion.
- As compared to previous outside MRI report dated 08/09/2020, there is increase in the size of lesion.

Advice: Clinical correlation and further evaluation.



Dr Rahul Chauhan
MBBS, DMRD
Consultant Radiologist
DMC - 56147

Jan Sanjeevni Trust

Name: MRS. SWETA KUMARI
Age: 14 Y / Female
Ref.By: AIIMS

Date: 16-March-2021
ID : SR593165

MRI RIGHT LEG

STUDY PROTOCOLS: SPIN ECHO T1 W AND FAST SPIN ECHO T2 W CORONAL IMAGES OF RIGHT LEG WERE OBTAINED ON A DEDICATED PHASED ARRAY COIL USING 1.5 TESLA TWIN GRADIENT SYSTEMS AND CORRELATED WITH T1W, T2W AXIAL AND T2W FAT SAT AXIAL IMAGES.

Clinical History: Follow up case of Fibromatosis

Findings:

The study reveals a large ill-defined oval shaped lobulated mildly heterogeneous altered signal intensity mass lesion seen along postero-lateral aspect of knee joint and upper 1/3rd of right leg in the superficial inter-muscular and subcutaneous plane.

The lesion measures ~ 14.0 cms in length and 7.0 x 5.8 cms in maximum cross-sectional dimension. The lesion appears heterogeneous, hypointense on T1 / T2 / STIR images with few focal intermixed T2 / STIR hyperintense areas within.

The lesion is closely abutting underlying hamstring muscles with focal areas of loss of fat planes. The lesion is showing extension / infiltration between the lateral head of gastrocnemius and soleus muscle. Lesion shows mild extension upto the cutaneous plane, however no evidence of any ulceration seen in the overlying skin. The popliteal vessels are seen along the medial aspect of the lesion with < 180 ° encasement with maintained flow voids. The lesion is closely abutting bony cortex of distal femur, proximal tibia and fibula, however no evidence of any bony cortical erosion or marrow edema seen. The lesion is causing encasement of distal Sciatic nerve, common peroneal nerve.

Overall findings consistent with Residual / Recurrent lesion.

Visualized part of tibia and fibula shows normal contour, signal intensity and outline.

Rest of the visualized muscles and subcutaneous soft tissues reveal normal signal and outline with maintained compartmental anatomy.

Visualized joints show normal space and periarticular margins.

No evidence of any joint effusion seen.



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

UHID:	104504665	Name:	Miss SWETA KUMARI
Age:	14 years 9 months 30 days	Sex:	Female
Reg Date:		Verification Time:	16/03/2021 05:21 pm
Ward No. (if any):		Lab Ref No:	423
Unit Name:	Unit-I	Unit Incharge:	Dr. Lalit Kumar (HOD)
Department:	Medical Oncology	Sample Collection Date:	16/03/2021 08:51 am
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Report Generated Date:	16/03/2021 05:21 pm	Dept / IRCH No:	23285A
Recommended By:	Mr. nitin	Sample Received Date:	16/03/2021 12:24 PM

Sample Details : S160321087

Report

Test Name	Result	Comment	Normal Range
Albumin	5.100 g/dL		3.2 - 4.8 g/dL 0Y - 100Y (A)
Gamma-Glutamyl Transferase	8		< 38 U/L 0Y - 100Y (F)
Uric Acid	3.800 mg/dL		3.1 - 7.8 mg/dL 0Y - 100Y (F)
UREA	19 mg/dL		< 50 mg/dL 0Y - 65Y (A)
CREATININE	0.480 mg/dL		0.5 - 1.1 mg/dL 0Y - 100Y (F)
CALCIUM	9.500 mg/dL		8.7 - 10.4 mg/dL 0Y - 100Y (A)
PHOSPHOROUS	3.200 mg/dL		2.4 - 5.1 mg/dL 0Y - 100Y (A)
SODIUM (NA)	140 mmol/L		132 - 145 mmol/L 0Y - 100Y (A)
POTASSIUM (K)	4.700 mmol/L		3.5 - 5.5 mmol/L 0Y - 100Y (A)
CHLORIDE (CL-)	105 mmol/L		99 - 109 mmol/L 0Y - 100Y (A)
TOTAL BILIRUBIN	0.900 mg/dL		0.3 - 1.2 mg/dL 0Y - 100Y (A)
DIRECT BILIRUBIN	0.300 mg/dL		< 0.3 mg/dL 0Y - 100Y (A)
INDIRECT BILIRUBIN	0.6 mg/dL		< 0.9 mg/dL 0Y - 100Y (A)
SGPT/ALT	21 U/L		10 - 49 U/L 0Y - 100Y (A)
SGOT/AST	32 U/L		< 34 U/L 0Y - 100Y (A)
TOTAL PROTEIN	8.000 g/dL		5.7 - 8.2 g/dL 0Y - 100Y (A)
ALKALINE PHOSPHATASE	110 U		46 - 116 U/L 0Y - 100Y (A)
TSH	2.410 uIU/mL		0.55 - 4.78 uIU/mL 0Y - 100Y (A)
FT3 (FREE T3)	3.310 pg/mL		2.2 - 4.53 pg/mL 0Y - 100Y (A)
FT4 (FREE T4)	1.240 ng/dL		0.89 - 1.76 ng/dL 0Y - 100Y (A)
GLOBULIN	2.900 g/dL		2.5 - 3.4 g/dL 0Y - 100Y (A)
A/G Ratio	1.5662 ratio		1.2 - 2.2 ratio 0Y - 100Y (A)

Overall Comment :

Authorized Signatory
 ()

Verified By
 (mahenpallabnci)



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

LHID:	104504665	Name:	Miss SWETA KUMAR
Age:	14 years 8 months 30 days	Sex:	Female
Reg. Date:		Verification Time:	16/03/2021 04:56 pm
Ward No.:		Lab Ref No:	342
Unit No.:	Unit 1	Unit Incharge:	Dr. Anil Kumar (HOD)
Department:	Medical Oncology	Sample Collection Date:	16/03/2021 08:51 am
Lab No.:	NCI CORE LAB	Lab Sub Centre:	
Report Generated Date:	16/03/2021 04:56 pm	Dept / IRCH No:	232664
Recommended By:	Mr. nain	Sample Received Date:	16/03/2021 12:13 PM

Sample Details : E160321048

Report

Test Name	Result	Comment	Normal Range
Hemoglobin	14.700 g/dL		11 - 15 g/dL 0Y - 100Y (F)
Hematocrit	43.156 %		36 - 46 % 0Y - 100Y (F)
RBC Count	4.170 $10^9/\mu\text{L}$		3.8 - 4.8 $10^9/\mu\text{L}$ 0Y - 100Y (F)
WBC Count	7.100 $10^9/\mu\text{L}$		4 - 10 $10^9/\mu\text{L}$ 0Y - 100Y (A)
Platelet Count	250 $10^9/\mu\text{L}$		150 - 400 $10^9/\mu\text{L}$ 0Y - 100Y (A)
MCV	103.500 fL		83 - 101 fL 0Y - 100Y (A)
MCH	34.0528 pg		27 - 32 pg 0Y - 100Y (A)
MCHC	32.9012 g/dL		31.5 - 34.5 g/dL 0Y - 100Y (A)
RDW	13.900 %		11.6 - 15 % 0Y - 100Y (A)
Neutrophils	59.000 %		40 - 80 % 0Y - 100Y (A)
Lymphocytes	28.000 %		20 - 40 % 0Y - 100Y (A)
Eosinophils	4.500 %		0 - 7 % 0Y - 100Y (A)
Monocytes	4.300 %		3 - 11 % 0Y - 100Y (A)
Basophils	4.300 %		0 - 2 % 0Y - 100Y (A)
Neutrophils - Abs	4.189 $10^9/\mu\text{L}$		2 - 7 $10^9/\mu\text{L}$ 0Y - 100Y (A)
Lymphocytes - Abs	1.988 $10^9/\mu\text{L}$		1 - 3 $10^9/\mu\text{L}$ 0Y - 100Y (A)
Eosinophils - Abs	0.3165 $10^9/\mu\text{L}$		0.02 - 0.5 $10^9/\mu\text{L}$ 0Y - 100Y (A)
Monocytes - Abs	0.3053 $10^9/\mu\text{L}$		0.2 - 1 $10^9/\mu\text{L}$ 0Y - 100Y (A)
Basophils - Abs	0.0425 $10^9/\mu\text{L}$		0 - 0.1 $10^9/\mu\text{L}$ 0Y - 100Y (A)

Over Comment :

Authorized Signatory

()

Verified By
 (mahenpalabnci)

Jan Sanjeevni Trust


Name: MRS. SWETA KUMARI
Age: 14 Y / Female
Ref.By: AIIMS

Date: 16-March-2021
ID : SR593165

IMPRESSION: In a follow up case of Fibromatosis, MR Right Leg Reveals:-

- A large oval-shaped lobulated ill-defined heterogeneous altered signal intensity fibrotic lesion in superficial inter-muscular and subcutaneous plane on postero-lateral aspect of knee joint and proximal 1/3rd of leg as described.
- Overall findings consistent with Recurrent / Residual lesion.
- As compared to previous outside MRI report dated 08/09/2020, there is increase in the size of lesion.

Advice: Clinical correlation and further evaluation.


Dr Rahul Chauhan
MBBS, DMRD
Consultant Radiologist
DMC - 56147

Jan Sanjeevni Trust

Name: MRS. SWETA KUMARI
Age : 14 Y / Female
Ref.By: AIIMS

Date: 16-March-2021
ID : SR593165

MRI RIGHT LEG

STUDY PROTOCOLS: SPIN ECHO T1 W AND FAST SPIN ECHO T2 W CORONAL IMAGES OF RIGHT LEG WERE OBTAINED ON A DEDICATED PHASED ARRAY COIL USING 1.5 TESLA TWIN GRADIENT SYSTEMS AND CORRELATED WITH T1W, T2W AXIAL AND T2W FAT SAT AXIAL IMAGES.

Clinical History: Follow up case of Fibromatosis

Findings:

The study reveals a large ill-defined oval shaped lobulated mildly heterogeneous altered signal intensity mass lesion seen along postero-lateral aspect of knee joint and upper 1/3rd of right leg in the superficial inter-muscular and subcutaneous plane.

The lesion measures ~ 14.0 cms in length and 7.0 x 5.8 cms in maximum cross-sectional dimension. The lesion appears heterogeneous, hypointense on T1 / T2 / STIR images with few focal intermixed T2 / STIR hyperintense areas within.

The lesion is closely abutting underlying hamstring muscles with focal areas of loss of fat planes. The lesion is showing extension / infiltration between the lateral head of gastrocnemius and soleus muscle. Lesion shows mild extension upto the cutaneous plane, however no evidence of any ulceration seen in the overlying skin. The popliteal vessels are seen along the medial aspect of the lesion with < 180 ° encasement with maintained flow voids. The lesion is closely abutting bony cortex of distal femur, proximal tibia and fibula, however no evidence of any bony cortical erosion or marrow edema seen. The lesion is causing encasement of distal Sciatic nerve, common peroneal nerve.

Overall findings consistent with Residual / Recurrent lesion.

Visualized part of tibia and fibula shows normal contour, signal intensity and outline.

Rest of the visualized muscles and subcutaneous soft tissues reveal normal signal and outline with maintained compartmental anatomy.

Visualized joints show normal space and periarticular margins.

No evidence of any joint effusion seen.



Patient Name: SWETA KUMARI	Center Name: A S HEALTH SQUARE
Age / Sex: 13 Y / F	Referred By: AIIMS
Patient ID: 33391	Date: 30.07.2019

MRI RIGHT THIGH

SPIN ECHO STIR, T1W AND T2W CORONAL AND AXIAL IMAGES OF RIGHT THIGH WERE OBTAINED AND CORRELATED WITH T2W SAGITTAL IMAGES

Clinical profile: Follow up case of Fibromatosis right thigh.

FINDINGS:

The study reveals well defined lobulated space occupying lesion with variegated altered signal intensity seen in posterior compartment of thigh, splaying hamstring muscles, measuring 11.5 x 6.2 x 5.3 cm (in mid thigh) and 9.7 x 9.6 x 6.2 cm (in posterolateral part of distal thigh). It is abutting superficial femoral neurovascular bundle but no evidence of encasement is seen. No bony involvement is seen.

There is normal contours and marrow signal intensity of the bone under view

Rest of the myofascial planes appear normal with no obvious altered signal intensity

Visualized vascular channels are apparently normal

Neurovascular bundle are normal

IMPRESSION: In a follow up case of Fibromatosis, MR study reveals well defined lobulated space occupying lesion with variegated altered signal intensity seen in posterior compartment of thigh, splaying hamstring muscles as described above.

Comparison with the previous MRI dated 24.05.2019, shows mild increase in size of both of the lesions.

Please correlate clinically.

Dr. SANDEEP DUA

HOD Radiology

MBBS, MD

The above report is a professional opinion and needs to be correlated with clinical history and other relevant investigation for final diagnosis.

Jan Sanjeevni Trust

8527018969

Dear Colleagues.

Kindly issue CD's of the MRI ^{24/5/19} _{30/7/19}
for discussion at AIMS. I will
be highly thankful to you.

Regards.

Vijay

Dr. Vikas Singh
SR Med Onc
AIMS.

DR. B.R.A. IRCHAIMS, NEW DELHI
IRCH No. 232864
Clinic Adult Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
Name स्वेटा कुमारी
Name SWETA KUMARI
D/O. SANTOSH KUMAR
Address RAMPUR SAMASTIPUR, BIHAR, Pin 0, INDIA
Reg. Date-29/07/2019
Clinic No. 30132/2019
UHID-104504665
Sex/Age F/14Y
Room 13 (Shift Morning)

Jan Sanjeev Trust



RADIOLOGY REPORT

PATIENT NAME: SWETA KUMARI	CENTER NAME: A.S. HEALTH SQUARE
AGE / SEX: 13 YRS / F	REFERRED BY: AIIMS
PATIENT ID: 23548	DATE: 24-May-19

MRI RIGHT THIGH WITH KNEE

SPIN ECHO STIR, T1W AND T2W CORONAL AND AXIAL IMAGES OF RIGHT THIGH WITH KNEE WERE OBTAINED AND CORRELATED WITH T2W SAGITTAL IMAGES.

FINDINGS:

The study reveals large ill-defined variegated signal intensity soft tissue lesions with contents appearing mixed hypointense / hyperintense on T1W / T2W images seen within the posterior compartment of mid and distal aspects of right thigh, measuring 7.5x5.7cm and 7.1x8.1cm. There is splayed compression with edema involving posterolateral thigh and leg muscles with edema in muscle belly. The lesion is abutting the distal superficial femoral and partially encasing the popliteal neurovascular bundles. It is abutting the posterolateral cortex of distal femur with subtle cortical erosion.

Rest of visualised bones appears normal.

Rest of myofascial planes appears normal with no obvious altered signal intensity.

Visualized vascular channels are apparently normal.

Rest of neurovascular bundle are normal.

IMPRESSION: MR study reveals large ill-defined variegated signal intensity soft tissue lesions seen within the posterior compartment of mid and distal aspects of right thigh with splayed compression with edema involving posterolateral thigh and leg muscles with edema in muscle belly as described.

D/D- ? Fibromatosis ? Soft tissue sarcoma.

Adv: Histopathological correlation.

SD

Dr. SANDEEP BUA

HOD Radiology

MBBS, MD

The above report is a professional opinion and needs to be correlated with clinical history and other relevant investigation for final diagnosis.



शरीरभाषा चतुर्परिचालनम्

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute of Medical Sciences
अ
R Hospital
TAL

58/47
10/12

OPR-6

अस्पताल IRCH No. 232864
Clinic Adult Medical Oncology Clinic

Reg. Date-29/07/2019

Clinic No. 30132/2019

REMISES

एकक/Unit D.R.S. Pathology

Dept. MEDICAL ONCOLOGY

विभाग/Dept. Adhoc CC

General



UHID-104504665

Sign. No. _____

नाम/Name

नाम स्वेता कुमारी

Name SWETA KUMARI

Sex/Age F/14Y

D/O- SANTOSH KUMAR

Room 13 (Shift Morning)

जन्म तिथि/Date of Birth _____

Address RAMPUR SAMASTIPUR, BIHAR, Pin 0, INDIA

Sweta Kumari

निदान/Diagnosis

fibrosarcoma right thigh

दिनांक/Date

उपचार/Treatment

17/6/20

clb

connected PC through phone

she is doing well

no fresh complaints.

Adv

=> T. Sulfamethoxazole 200mg O-D

=> B.P. monitoring

=> follow up on 19/11/20

T CBC KFT LFT

Thyroid profile

10/9/2020

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients



Green Parkk Diagnostics

GOVT. APPROVED LAB.

ISO 9001 : 2015



G-43, Green Park Main Market, New Delhi - 16
Phone : 011-26537881, 011-41759058
Email : greenpark43@yahoo.co.in
Timings : 8.00 A.M. - 8.00 P.M. Sunday Open

Name: SWETA KUMARI

Age: 13

Sex: M

Refer By: AIIMS

Date: 23/05/19

Pt Code: 000

RADIOGRAPH VIEW OF CXR

The lungs and costophrenic sulci are clear.
The mediastinal silhouette is maintained.
Cardiac and aortic silhouettes appear normal.
Both the domes of diaphragm are normal.
Bony thoracic cage and soft tissue appears normal

IMPRESSION:
NORMAL

[Signature]
Dr Anish Choudhary
MD (Radiology)

Jan Sanjeevni Trust

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY
On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiea Care, Paramount ETC.
● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab. without hesitation.

We will be happy to answer your Queries | Offers | Home Collection Call 011-26537881
Note: This report is not valid for medicolegal purposes



Green Parkk Diagnostics

GOVT. APPROVED LAB.

ISO 9001 : 2015



G-43, Green Park Main Market, New Delhi
Phone : 011-26537881, 011-41759058
Email : greenpark43@yahoo.co.in
Timings : 8.00 A.M. - 8.00 P.M. Sunday Oper

Name:	Sweta Kumari	Age: 13	Sex: Female
Refer By:	Aiims	Date: 23-05-2019	Pt Code: 1000

RADIOGRAPH VIEW OF HIP WITH THIGH

Both the hip joint spaces are Normal.
 The pelvic bones are normal.
 Both the visualized SI joints appear normal.
 Soft tissues around the pelvis are normal.

IMPRESSION

NORMAL

Dr Anish Choudhary
 MD (Radiology)
 DMC REG NO 59737

Jan Sanjeevni Trust

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiene Care, Paramount ETC.
 * Reports are not valid for Medicolegal Cases * If Reports are beyond expectation please Contact the lab. without hesitation.

We will be happy to answer your queries. Call us at 011-26537881



Green Parkk Diagnostics

GOVT. APPROVED LAB.

ISO 9001 : 2015



G-43, Green Park Main Mar.
Phone : 011-26537881, 011-1
Email : greenpark43@yahoo-
Timings : 8.00 A.M. - 8.00 P.M.

Name: Sweta Kumari

Age: 13

Sex: Female

Refer By: Aims

Date: 23.01.2019

Pt Code: 000

RADIOGRAPH VIEW OF RT KNEE WITH THIGH AP LAT

No fracture or dislocation is present

The joint spaces are normal.

Mild Soft tissue swelling is noted.

IMPRESSION

Mild Soft tissue swelling

Jan Sanjeevani Trust

Dr Anish Choudhary

MD (Radiology)

DMC REG NO 59737



Green Parkk Diagnostics

GOVT. APPROVED LAB.

ISO 9001 : 2015



G-43, Green Park Main Mar.
Phone : 011-26537881, 011-16
Email : greenpark43@yahoo.
Timings : 8.00 A.M - 8.00 P.M

Name: Sweta Kumari

Age: 13

Sex: Female

Refer By: Aims

Date: 23-05-2019

Pt Code: 000

RADIOGRAPH VIEW OF RT KNEE WITH THIGH AP LAT

No fracture or dislocation is present.

The joint spaces are normal.

Mild Soft tissue swelling is noted.

IMPRESSION

Mild Soft tissue swelling

Dr Anish Choudhary

MD (Radiology)

DMC REG NO 59737

Jan Sanjeevni Trust

10/09/20

- Feb 800mg daily V 2 months
- Heparin cream for LA for HFS
- Review C-CBC / LFT
- TSH
- BP monitoring

10/12/20
Wills

10/12/20

DSIS
fibromyalgia

(10-2) on Feb 800mg O.D.

- => she is doing fine
- => no fresh complaints
- => recent MRI shows (marked decrease)

Adv
=> Feb 800mg O.D.

- => BP monitoring
- => next follow up on

18/3/21

MR? @ kg
CBC, LFT, TSH



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Sansthan
अस्पताल

21/07
10/12
OPR-8

DR. B.R.A. IRCCH/AMMS, NEW DELHI

IRCH No. 232864
Clinic: Adult Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg. Date: 29/07/2019
Clinic No. 95127819



I IHD-104504665

REMISES

एकक/Unit
विभाग/Dept
नाम/Name

नाम स्वेटा कुमारी
Name SWETA KUMARI
D.O. SANTOSH KUMAR

Sex: Age: 14Y
Room: 11 Shift: Morning

gn. No.
जन्म तिथि/Date of Birth

Address: RAMPIER SAMASTIPUR, BIHAR, PIN-851001, INDIA

Sweta Kumari

Sanjivani

निदान/Diagnosis

उपचार/Treatment

दिनांक/Date

13/3/21

Plan

T. SERAFINIB 200mg/day

T9 to discontinue in Tumor band

Wednesday Meet - 24/3/21

See on 25/3/21

13/3/21
1000
No. 109
10/12/21
10/12/21

5880
25/3

145
25/3

Jan Sanjeevni Trust

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)
आपके रो अंगदान करने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients