



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
New Delhi

Lab Centre::Lab Oncology ,IRCH (HEMOGRAM)

|            |                           |                    |                     |
|------------|---------------------------|--------------------|---------------------|
| UHID:      | 101675963                 | Sample No:         | HMI-301216055       |
| Name:      | Mr. SUBHASH SUBHASH, Male | Lab Ref No :       | 055                 |
| Ward Name: |                           | Verification Time: | 30/12/2016 12:12 pm |

Report

| Test Name | Result                  | Comment | Normal Range                |
|-----------|-------------------------|---------|-----------------------------|
| PLC       | 5.75 $10^3/\mu\text{L}$ |         | • 4 - 11 $10^3/\mu\text{L}$ |
| ANC       | 2.59 $10^3/\mu\text{L}$ |         | • 2 - 7 $10^3/\mu\text{L}$  |
| HB        | 9.6 g/dL                |         | • 13 - 17 g/dL              |
| HCT       | 34.0 %                  |         | • 40 - 50 %                 |
| PLATELET  | 197 $10^3/\mu\text{L}$  |         | 150.00-400.00               |
| RBC       | 4.42 $10^6/\mu\text{L}$ |         | 4.50-5.50                   |

① → S/P. Ibuprofen - P

Sin. K. 16/11

5m) 1-0-1-23 d

P/4 2w/c

② →

Day 8

8/1/17

inj Bleomycin 6.2 mg iv push.

~~8/1/17~~

inj VCR 0.8 mg iv infusion

9/1/17

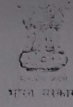
inj A-CSF 100µg s/c stat ✓

10/1/17

inj A-CSF 100µg s/c stat ✓

11/1/17

inj A-CSF 100µg s/c stat ✓

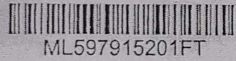


भारतीय विशिष्ट पहचान प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

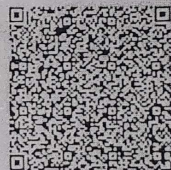
नामांकन क्रम / Enrollment No.: 1213/50033/04812

To  
सुभाष दास  
Subhash Das  
S/O: Binod Das  
vill-laxmipur gram panchyat-tardih  
post-baidachak thana-amanrpur  
Tardih  
Baidachak  
Amarpur Banka  
Bihar 813101

09/08/2014  
159791520



ML597915201FT



आपका आधार क्रमांक / Your Aadhaar No. :

**5500 2247 1616**

आधार - आम आदमी का अधिकार



भारत सरकार  
Government of India



सुभाष दास  
Subhash Das  
पिता : बिनोद दास  
Father : Binod Das  
जन्म तिथि / DOB : 01/01/2010  
पुरुष / Male



**5500 2247 1616**

आधार - आम आदमी का अधिकार



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
New Delhi

Lab Centre::Lab Oncology ,IRCH (HEMOGRAM)

UHID: 101675963  
Name: Mr. SUBHASH SUBHASH, Male  
Ward Name:

Sample No: HMI-251116094  
Lab Ref No : 094  
Verification Time: 25/11/2016 12:50 pm

Report

| Test Name | Result                   | Comment | Normal Range               |
|-----------|--------------------------|---------|----------------------------|
| TLC       | 9.82 10 <sup>3</sup> /μL |         | 4 - 11 10 <sup>3</sup> /μL |
| ANC       | 5.72 10 <sup>3</sup> /μL |         | 2 - 7 10 <sup>3</sup> /μL  |
| HB        | 10.2 g/dL                |         | 13 - 17 g/dL               |
| HCT       | 31.6 %                   |         | 40 - 50 %                  |
| PLATELET  | 176 10 <sup>3</sup> /μL  |         | 150.00-400.00              |

Over All Comment :



~~29/11/16~~ Day 1

cytoplasmic of 75 + 200 of NS.  
+ 1 more unit + 200 of.  
0,2,6 hr. NS.

cytoplasmic 125mg + 100 of NS.

cytoplasmic 22 mg + 100 of NS.  
over 1 hr.

cytoplasmic 125 mg + 100 of NS.

over

~~29/11/16~~

Day 2

cytoplasmic 125 mg + 100 of NS over  
1 hr.

~~30/11/16~~ Day 3  
cytoplasmic 125 mg + 100 of NS over  
1 hr.

Next visit - 5/12/16

~~5/12/16~~ Day 8  
0.9 + 100 MP NS Ovalim  
if event viny 13. Attack

5/12/16  
by Strongman's & my  
in hand

~~5/12/16~~  
5/12/16

6/12/16 Day 9  
by GCSF Fory SC. CD - D  
Present.

7/12/16 Day 10  
by GCSF Fory SC. CD - D  
2

8/12/16  
by GCSF Fory SC. CD - D  
3

9/12/16  
by GCSF Fory SC. CD - D



Exempted  
 UHID: 101675963  
 CHIEF NO: P. ONCOLOG OPD -  
 S/O VINDU  
 PH: 980185334  
 VILL. LANIPUR GRAM PANGCIAT, TANGIH, PO  
 BALIACAK, TANAH, ANAPUR, PADIRI BANUA,  
 SUMBA, INDONESIA  
 Dept: Pediatrics  
 Unit: Unit-111  
 Room: 7  
 F/45  
 DAYS: WED, SAT  
 App. Date: 28/11/2016  
 20161202261

25/11/16  
 10:2/98/176  
 59  
 LFT/RFT → V.  
 No complaints  
 O/E stable well

MS

15-11/18

Can give cycle 7 on Monday.

- Day Cyclophosphamide 99mg IV infusion D1, 7
- Meams 400mg before & after chemo
- Day etoposide 125mg D1-D3
- Day Doxorubicin 22mg IV D1
- Day Bleomycin 6mg IV D8
- Day VCR 0.7mg IV D8
- Fall Prednisolone 10mg 1 1/2 - 1 - 0 x 14d.
- Fall Procalcitonin 40mg
- Fall 2 tabs OD x 3d
- Fall 1 tab OD x 4d.

- Day G-CSF 300mg SC OD x 3 days (D9-D10)
- T/C Septran 1 tablet qd
- Fall Amoxiclav 1 tab BID x 14d



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ. भा. 100/1792, 108/15/8/hospital/opdreport/IIIMS\_IRCH\_opd\_ticket  
अस्पताल के

OPR-6

ISES

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

DR. B.R.A. IRCH, AIIMS, NEW DELHI  
IRCH No. 197954  
Clinic Radiotherapy Evaluation  
Dept. L. RADIATION ONCOLOGY  
General  
Name SUBHASH  
S/O. VINOD  
Phone No. 9015451301  
Address VILL LAXMIPUR GRAM PANCHYAT, TARDIH PO BAIDACHAK  
THANA, AMARPUR TARDIH BANKA, BIHAR, INDIA



Reg. Date-14/03/2017  
Clinic No. 94212/2017  
UHD-101675963  
Sex/Age M/6Y  
Room 2 (Shift Morning)

No. RTD 94212  
म तिथि/Date of Birth \_\_\_\_\_

निदान/Diagnosis

HL stage IV GS.

दिनांक/Date

उपचार/Treatment

Plan: → DIRC for baseline CT in RC.  
and PET CT in NMRC

Adv

Repeat BMA + Bx post chemo.

Please deposit CT films for DIRC.  
(R.no 40  
RT Ward  
1st floor)

D/W Dr. Dilagani Behera

Plan: Consolidation RT → 28 Gy/18 #/  
to B/L neck.

28/5/18

(R) iliac + inguofemoral LNS.

DFRT

28/5/18

R.no 28

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

# ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Sudhakar AGE 6 SEX M/F DATE 23/8/12  
ECHO No. 82515 CV No. UHID No. C.R. No.  
HEIGHT cm WEIGHT kg BSA m<sup>2</sup> Ref. Physician Dr. S. S. S.  
Referring Diagnosis  
Quality of Imaging Poor/Adequate/Good Done by Dr. J. Reddy Checked by Dr. ....

## MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/ Prolapse/ SAM/ Doming  
PML Normal/ Thickening / Calcification/ Prolapse/Paradoxical motion/Fixed.  
Subvalvular deformity Present/ Absent Score.....  
Doppler Normal / Abnormal  
Mitral stenosis Present / Absent RR interval.....msec  
EDG.....mmHg MDG.....mmHg MVA.....cm<sup>2</sup>  
Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

## TRICUSPID VALVE

Morphology Normal/ Atresia/ Thickening/ Calcification/ Prolaps/ Vegetation/ Doming  
Doppler Normal/ Abnormal  
Tricuspid stenosis Present/Absent RR interval.....msec  
EDG mmHg MDG.....mmHg  
Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals  
Valocity.....m/sec Pred. RSVP-RAP+.....mmHg

## PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Domng/Vegetation  
Doppler Normal/Abnormal  
Pulmonary stenosis Present/Absent Level  
PSG.....mmHg Pulmonary annulus.....mm  
Pulmonary regulation Present/Absent  
Early diastolic gradient.....mmHg End diastolic gradient.....mmHg

## AORTIC VALVE

Morphology Normal / Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4  
Doppler Normal / Abnormal  
Aortic stenosis Present/Absent Level  
PSG.....mm Hg Aortic annulus.....mm  
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe





2070133328  
 2070133328  
 2070133328

2070133328  
 2070133328  
 2070133328

100cc  
 16K  
 100cc

- CBC  
 - RFT  
 - ECHO

Plan  
 - Repeat PEI 1/16  
 - BMT's biopsy - RMB 1/16  
 - Discuss each of us 8/16  
 - Continue to explain  
 - R/A 1/16

1st stage 1/16  
 2nd stage 1/16  
 3rd stage 1/16

20



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

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

शरीरमादां खतु धर्मसाधनम्

OPR-6

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

General  
NO UNID: 101675963  
Clinic No: P.ONCOLOGY OPD -  
2016/P.ONCOLOGY OPD /193  
Name: SUBHASH  
S/O VINOD, 5Y 9M 17D, M  
Ph: 9801865374  
VILL LAXMIPUR GRAH PANCHYAT, TARDIH PO  
BAIDACHAK THANA, AHARPUR TARDIH BANKA,  
BIHAR, INDIA  
Appt. ID: \_\_\_\_\_

DeptSeq: 320  
Dept: Paediatrics  
Unit: Unit-III  
Room: 7  
F/31  
Days: WED,SAT  
App. Date: 28/12/2016

Regn. No. \_\_\_\_\_  
पता/Address \_\_\_\_\_

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

(29)

15.3 kg

HL Stage IV

[CBC/RFT-LFT awaited]

No Complains.

O/E Stable

Rx - (anger cycle 8 of ctr only aft co CBC/RFT/LFT)

Jr  
CBC  
RFT/LFT

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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

~~1/1/17~~

Day 1

2g Cyclophosphamide 775 mg in 500 ml NS i.v. over 4 hours

+ 2g Mesna 100 mg in 100 ml NS i.v. at 0, 2, 4 hrs

2g Etoposide 125 mg in 100 ml NS i.v. over 1 hour

2g Doxorubicin 22 mg in 100 ml NS i.v. over 1 hour

2g Emscet 4 mg i.v. stat

~~2/1/12~~

Day 2

~~2g Etoposide 125 mg in 100 ml NS i.v. over 1 hour~~

2g Emscet 4 mg i.v. stat

~~3/1/12~~

Day 3

2g Etoposide 125 mg in 100 ml NS i.v. over 1 hour

2g Emscet 4 mg i.v. stat

~~12/1/12~~





WELLS FARGO BANK

ACCOUNT NO. 12345678901234567890  
ACCOUNT NAME: MARTIN LUTHER KING JR. CENTER  
ADDRESS: 12345 MAIN ST, NEW YORK, NY 10001

TO THE ORDER OF: MARTIN LUTHER KING JR. CENTER

AMOUNT: \$10,000.00

CHECK NO.: 6221000100033318

DATE: 12/10/2023

MEMO: THANK YOU FOR YOUR SUPPORT

WELLS FARGO BANK



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
New Delhi

Lab Centre::Clinical Chemistry

UHID: 101675963  
 Name: Mr. SUBHASHI SUBHASH, Male  
 Ward Name:  
 Sample No: CH-3012160610  
 Lab Ref No : 724  
 Verification Time: 30/12/2016 05:25 pm

Report

| Test Name       | Result    | Comment | Normal Range  |
|-----------------|-----------|---------|---|
| UREA            | 13 mg%    |         | 10.00-50.00   |
| CREATININE      | 0.3 mg%   |         | 0.50-1.80   |
| CALCIUM         | 9.2 mg%   |         | 9.00-11.50  |
| PHOSPHATE       | 4.2 mg%   |         | 2.50-4.50   |
| URIC ACID       | 3.8 mg%   |         | 2.00-7.40   |
| SODIUM          | 140 mEq/L |         | 130.00-149.00   |
| POTASSIUM       | 3.7 mEq/L |         | 3.50-5.00   |
| BILIRUBIN TOTAL | 0.2 mg%   |         | 0.10-1.00   |
| TOTAL PROTEIN   | 6.0 gm%   |         | 6.60-8.70   |
| ALBUMIN         | 4.3 gm%   |         | 3.80-4.00   |
| GLOBULIN        | 1.7 gm%   |         | 4.00-5.50   |
| SGOT (AST)      | 36 IU/L   |         | 0.00-50.00  |
| SGPT (ALT)      | 33 IU/L   |         | 0.00-50.00  |
| ALK PHOS (ALP)  | 549 IU/L  |         | <ul style="list-style-type: none"> <li>• 240 - 840 IU/L</li> <li>• 80 - 240 IU/L</li> </ul> |



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

अस्पताल को अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

सर्वोपरमं चतुर्णाम्

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

General

PO UNID: 101675963  
Dept. Regn. 2016/009/0039820  
Name: SUBHASH  
S/O VINOD, 5Y 9M 5D, M  
Ph: 9801885374  
VILL LAXMIPUR GRAM PANCHYAT, TARDIH PO  
BAIDACHAK THANA, AMARPUR TARDIH BANKA,  
BIHAR, INDIA

DeptSeq: 6  
Dept: ENT  
Unit: Unit  
Room: 4110  
N/26  
Days: TUE,  
App. Date:  
16/12/2016

OPR-6

P.D. Regn. No. \_\_\_\_\_  
रोग/Address \_\_\_\_\_

Appt. ID:



2016121602882



निदान/Diagnosis

| दिनांक/Date | उपचार/Treatment             |
|-------------|-----------------------------|
| 16/12/16    | k/c. HL stage IV.           |
| 16/12/16    | post ct.                    |
|             | : 90 (L) ear pain } 6 ml ml |
|             | 90 (L) d/c.                 |
|             | Adv:                        |
|             | mixbionic of y              |
|             | 2 drops 1-1-1 x 2w.         |
|             | maxtra                      |
|             | 5ml 0.01 x 20               |
|             | subm...                     |
|             | 5ml 1-1-1 x 1w.             |

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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

General



UNIT: 101675963

Clinic No: P.ONCOLOGY OPD -  
2016/P.ONCOLOGY OPD /193  
Name: SUBHASH  
S/O VINOD, SY 94 200, M  
PH: 9801865374  
VILL LANMIPUR GRAM PANCHAYAT, TARDIM PO  
BAIDACHAK THANA, AMARPUR TARDIM BANKA,  
BIHAR, INDIA

DeptSeq: 196  
Dept: Paediatrics  
Unit: Unit-III  
Room: 7  
F/30  
Days: WED,SAT  
App. Date: 31/12/2016

Appt. ID:



HL Age 10

- 90 sarachhi ENT @ ear  
since today morning  
- no discharge.

(19) 15-7kg

on local examination / for dr eyes =>  
was (+) B/c ear.

30/12/16 Hb 9.6 Wc 5750 AMLC 2590 P/c 1.97L  
WBC 13/0.3 UA 3.8 AST/ALT 36/33 SBIL 0.2  
cycle 7 on 28/11/16 -> 6/12/16  
due for cycle 8

- Adv  
- sup atropide 124 mg d<sub>1-3</sub>
- sup dexamethasone 20 mg d<sub>1</sub>
- sup cyclophosphamide 775 mg IV infusion d<sub>1</sub>  
with sup mesna 500mg
- sup Blomycin 6.2 mg d<sub>8</sub>
- sup vincristin 0.8 mg. d<sub>8</sub>
- tab procarbazine (150mg) 1 tab OD x 4 days  
1/2 tab BD x 3 days
- tab prednisolone (10mg) 1-1-1/2 tab d<sub>1-14</sub>
- tab septran (20mg) 1 tab A/D x 1 mo.
- selinase drops 5° B/c ear. 9 only x 5 days

ANDHRA PRASH DEVI GENERAL PHARMACY  
(M) MEDICINE RECEIVED  
AME 2/1/17  
Signature

2/1/17 - Jani Pan - 20 1 tab OD x 14d  
9/1/17 sup GCSF 100ug SC OD x 5d

H-



**DR. B.R.A INSTITUTE ROTARY CANCER HOSPITAL  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Ansari Nagar, New Delhi 110029**

Printed on 02 Jun 2017 14:46:42 PM

Dept No: 20160030008425

Receipt No: ACCOUNTS-9/10505/201718 [Original]IRCH Receipts  
Received From: MR. SUBHASH SUBHASH ,Age :6 Yrs 2 Mons 22 Days  
Payment By: Cash

IRCH No 197954 UHID :101675963  
DATED: 02/06/2017  
Billing Type : General

On ACCOUNT OF

| SI No. | Service Name                     | Quantity | Rate | Net Amount |
|--------|----------------------------------|----------|------|------------|
| 1      | RADIOTHERAPY (IRCH) - RT CHARGES | 1        | 750  | 750        |

Payment Mode : Cash

RS.: 750.0

Rupees Seven Hundred Fifty Only

MR.SURENDER IRCH

Printed on 02 Jun 2017 14:46:42 PM

18F-FDG WHOLE BODY PET-CT STUDY

Patient Name: SUBHASH

Age/Sex: 6/M

Study ID: FDG/3143/17

Date: 17-05-17

**Indication:** Case of Hodgkin s disease, post 8 chemotherapy (BEACOPP).

**Procedure:** PET-CT acquisition was done 60 minutes after injection of 10 mCi <sup>18</sup>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: *Opacification of bilateral maxillary sinuses noted. Increased FDG uptake noted in both tonsils and adenoids. Few bilateral cervical level II/III, right level IV lymph nodes with increased FDG uptake noted (largest left level II node measure 7mm SAD). Few sub-centimetric right level V lymph nodes with mild FDG uptake noted.* Normal physiologic FDG distribution is seen in the head and neck region. Visualized skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

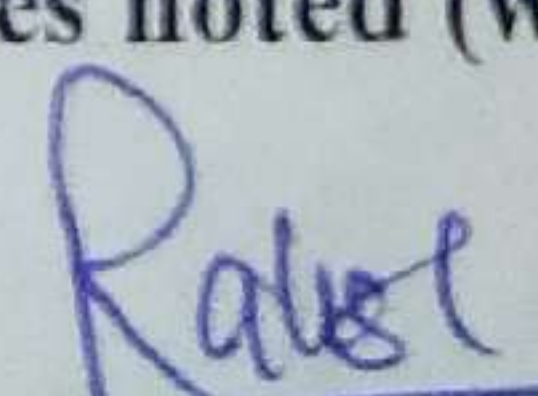
Thorax: *Few sub-centimetric mild FDG avid bilateral axillary lymph nodes noted. FDG avid consolidation noted in right lung lower lobe.* Physiologic FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Lungs, large airways, pleura heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: *Bilateral inguinal lymph nodes with no FDG uptake noted.* Normal FDG distribution is noted in the liver, spleen, gastrointestinal tract, kidneys and urinary bladder. Liver, biliary ducts, gall bladder, spleen, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appears normal on CT. No ascites is noted.

Skeletal System: Physiologic FDG distribution is seen in the visualized axial and appendicular skeleton.

**Impression:** In a case of hodgkins lymphoma, post 8 cycle chemotherapy ( BEACOPP)

- No definite scan evidence of active lymphomatous involvement.
- Few metabolically active bilateral cervical and sub-centimetric axillary lymph nodes- likely infective/inflammatory.
- FDG avid consolidation in right lung lower lobe
- As compared to previous scan FDGN/11065/16 dated 01-09-17, increased tracer uptake in adenoids/tonsils with few FDG avid cervical lymph nodes noted (which are likely reactive nodes)

  
Prof. Rakesh Kumar



Dr.B.R.A IRCH, AIIMS, New Delhi.

Lab Oncology

A.I.I.M.S., New Delhi-110029

अ. भा. आ. सं., नई दिल्ली-110029

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|                       |                     |                         |                     |
|-----------------------|---------------------|-------------------------|---------------------|
| UHID:                 | 101675963           | Reg Date :              | 11/03/2016 10:10 AM |
| Patient Name :        | Mr. SUBHASH SUBHASH |                         |                     |
| Sex :                 | Male                | Age :                   | 6 years 17 days     |
| Department :          | Paediatrics         | Unit Name :             | Unit-III            |
| Unit Incharge :       | Dr. S. K. KABRA     | Sample Collection Date: | 28/03/2017 09:41 AM |
| Lab Name:             | Oncology Lab        | Lab Sub Centre:         | Lab Oncology (IRCH) |
| Sample Received Time: | 28/03/2017 12:49 PM | Report Generated Date:  | 29/03/2017 01:11 PM |
| Dept / IRCH No:       | 20160030008425      | Recommended By:         | Dr. krishna mohan   |
| Lab Reference No:     | 1047                |                         |                     |
| Ward Name:            | C5 DAY CARE /13     |                         |                     |

---

Sample Details : LOI-280317032-BP (Bone Marrow)

---

BMA BMT PS

---

Report: Cellular bone marrow preparation shows normal haematopoietic cells of all series (M:E=3:1). No reed sternberg cells identified in this preparation.

Peripheral smear shows mild eosinophilia.

Adv:- Correlation with bone marrow biopsy.

Consultant Incharge Dr Ritu Gupta.

Authorized Signatory



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

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

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|                   |                |                      |                  |
|-------------------|----------------|----------------------|------------------|
| Patient Name:     | <b>Subhash</b> | Acc. No:             | <b>1712295</b>   |
| F/H Name:         | Vinod          | Hosp. Reg. No.:      | <b>101675963</b> |
| Age/Sex:          | 6 Y/Male       | UHID No.:            | ---              |
| Clinic/Dept/Unit: | N/A/Unit 1     | Consultant Incharge: | Dr. N/A          |
| Reg Date:         | 28-03-2017     | Reporting Date:      | 08-04-2017       |

---

**Histopathology Report**

---

**Report Findings:**

Bone marrow biopsy shows cartilage only. Inadequate for opinion.

---

Reporting Incharge: Dr. Sudheer Arava

Reporting SR: Dr. Brijnandan Gupta

Verify By: Dr. Hemlata



Report Plain

UHID: 101675963  
 Name: Mr. SUBHASH SUBHASH, Male  
 Ward Name:

Sample No: HMI-050417164  
 Lab Ref No : 164  
 Verification Time: 05/04/2017 01:26 pm

### Report

| Test Name | Result                  | Comment | Normal Range                              |
|-----------|-------------------------|---------|---|
| TLC       | 9.18 $10^3/\mu\text{L}$ |         | • 4 - 11 $10^3/\mu\text{L}$ 0Y - 100Y (A) |
| ANC       | 4.16 $10^3/\mu\text{L}$ |         | • 2 - 7 $10^3/\mu\text{L}$ 0Y - 100Y (A)  |
| HB        | 11.5 g/dL               |         | • 13 - 17 g/dL 0Y - 100Y (M)              |
| HCT       | 33.9 %                  |         | • 40 - 50 % 0Y - 100Y (M)                 |
| PLATELET  | 139 $10^3/\mu\text{L}$  |         | 150.00-400.00                             |
| RBC       | 4.65 $10^6/\mu\text{L}$ |         | 4.50-5.50                                 |

Over All Comment :

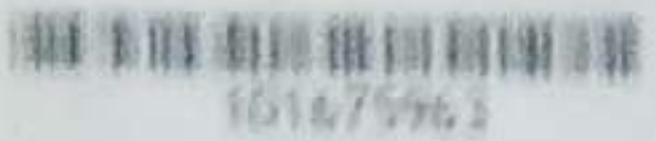
Authorised Signatory

Verified By  
navinnsharma

1712295 Am

**C5 DAYCARE SHORT ADMISSION ( BONE MARROW ASPIRATION & BIOPSY)  
DISCHARGE SUMMARY**

**PATIENT DEMOGRAPHY DETAILS :**

|          |  |       |            |            |                     |
|----------|--|-------|------------|------------|---------------------|
| UHID:    | <br>101675963 | Name: | SUBHASH    |            |                     |
| DOB:     | 03/11/2011   | Sex:  | MALE       | Age:       | 6 Years and 17 Days |
| DOA:     | MAR 27, 2017 08:03:24  | Unit: |            |            |                     |
| Address: | VILL LAXMIPUR GRAM PANCHYAT, TARDIH PO BAIDACHAK THANA,<br>AMARPUR TARDIH BANKA, Bihar, INDIA  |       | Mobile No: | 9801865374 |                     |
| Status:  | NOT SIGNED   |       | Phone No:  |            |                     |

Date Of Admission: MAR 28, 2017      Date Of Discharge: MAR 28, 2017

**Diagnosis :**

Hodgkin lymphoma

**Consultant :**

Dr. Prof. S. K. Kabra/ Dr. Rachna Seth/ Dr. Kanaram Jat/ Dr. Jagdish Prasad Meena/ Dr. Aditya Gupta

**Procedure And Monitoring Note:**

Bone Marrow aspiration and biopsy was done under sedation with strict aseptic precautions. Bone marrow biopsy sample sent to IRCH and Pathology lab. Child remained hemodynamically stable throughout the hospital stay.

**Condition On Discharge :**

Stable

**Advice On Discharge :**

1. To collect bone marrow Aspiration report from IRCH room no. 8 after 3 days.
2. To collect bone marrow biopsy report from patho lab room no. 1066 after 1 week.
3. T. bact cream to apply locally after removal of dressing for 3 days.
4. F/U in Pediatric III OPD on Wednesday/ Saturday/Monday at 9 AM with reports .

Sr. Resident : Dr RITU/ DR ANKITA/ DR VISHWANATH

Faculty In-Charge : dr s.k. kabra

Note: Please Lamine the Discharge Summary

Pcsc / 960 / 12



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department  
अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

General  
UHID: 101675963  
Clinic No: PCSC- 2017/PCSC/960  
Name: SUBHASH  
S/O VINOD, 6Y 2M 14D, M  
Ph: 9015451301  
VILL LAXMIPUR GRAM PANCHYAT, TARDIH PO  
BAIDACHAK THANA, AMARPUR TARDIH BANKA,  
BIHAR, INDIA  
App. ID: 2017052510439

DeptSeq: 589  
Dept: Paediatrics  
Unit: Unit-I  
Room: 14  
F/4  
Days:  
App. Date: 25/05/2017

OPR-6  
egn. No. \_\_\_\_\_  
पता/Address \_\_\_\_\_

निदान/Diagnosis

H/L Hodgkin's lymphoma Suspected

दिनांक/Date

19

WT - 16kg  
HT - 102cm

उपचार/Treatment

Completed cycles of BEACOPP  
waiting for RT

PER CT FDG/3143/17 (12.05.2017)

per faces uptake in adenoids/tonsils with few  
FDG avid cervical lymph nodes noted (likely  
reactive)

Adv

① Revisit after RT

Plan for follow-up

Hmg, LFT

Befadire gargles

T SEPTRAM 126 A/O

(M) MEDICINE RECEIVED

NAME

DATE

27/5/17 (AM)

Prano

RT II

NA



# डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ. भा [http://192.168.15.8/ehospital/opdreport/AIIMS\\_IRCH\\_opd\\_ticket](http://192.168.15.8/ehospital/opdreport/AIIMS_IRCH_opd_ticket) L

OPR-6

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

नाम/Name

DR. B.R.A. IRCH, AIIMS, NEW DELHI  
 IRCH No. 197954  
 Reg. Date-14/03/2017  
 Clinic Radiotherapy Evaluation  
 Clinic No. 94212/2017  
 Deptt. RADIATION ONCOLOGY  
 General  
 Name SUBHASH  
 S/O- VINOD  
 UHID-101675963  
 Sex/Age M/6Y  
 Phone No. 9015451301  
 Room 2 (Shift Morning)  
 Address VILL LAXMIPUR GRAM PANCHYAT, TARDIH PO BAIDACHAK  
 THANA, AMARPUR TARDIH BANKA, BIHAR, INDIA

ISES

No. RTD 94212

म तिथि/Date of Birth

निदान/Diagnosis

HL stage IV B.S.

दिनांक/Date

उपचार/Treatment

Plan: → DIRC for baseline CT in RC.  
and PET CT in NMRC

Adv

Repeat BMA + Bx - post chemo.

Please deposit CT films for DIRC.  
(R.no 40 RT ward 1st floor)

Op/w Dr. Shitagini Behera

Plan: Consolidation RT → 25 Gy/15#/  
to B/l neck.

28/5/2018

(R) iliac + inguifemoral LNs.

DFRT

28/5/18

R.no 28

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

please prepare RT date in April 2017  
Thank you

11/6/2017

7800  
5/6/2012  
15#

nan

11/5

2/83  
9/3

To s/w Bone marrow report,

Dermatology consult,

Sir/madam

- child completed chemotherapy (BC-ACOPP in Jan 17),

Kindly prepone date of Radiotherapy  
Thanky you.

BMA (293)

- cellular bone marrow show (M) lymphoblastic cell  
(m:e=3:1), PS - mild eosinophilia.

11/4/17

Dr  
Anu Singh  
(Sr. Path)

Request for  
preparation of  
RT date made  
to Dr. Kishan

Dr I.T.O

1/6/17

Patient planned consolidation

RT 2500/15#1/2 wks to

(RT) ilio-inguino-femoral region  
& bll neck by AP-PA fields

Adv.

: weekly review on RN 40

x Mucobenz gargles @ 1D

. plenty of fluids.

2/6/17

Please exempt RT  
charges. Dr. Kumar

Dr

Pcsc / 960 / 12



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

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

शरीरमांस खलु धर्मसाधनम्

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

नाम/Name \_\_\_\_\_

General



UHID: 101675963  
Clinic No: PCSC- 2017/PCSC/960  
Name: SUBHASH  
S/O VINOD, 6Y 2M 14D, M  
Ph: 9015451301  
VILL LAXMIPUR GRAM PANCHYAT, TARDIH PO  
BAIDACHAK THANA, AMARPUR TARDIH BANKA,  
BIHAR, INDIA

Appt. ID:



2017052510439

DeptSeq: 589

Dept: Paediatrics  
Unit: Unit-I  
Room: 14  
F/4  
Days:

App. Date: 25/05/2017

OPR-6

egn. No. \_\_\_\_\_

पता/Address \_\_\_\_\_

निदान/Diagnosis

H/L

Hodgkin's lymphoma Suspected

दिनांक/Date

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WT - 16kg  
HT - 102cm

उपचार/Treatment

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- waiting for RT

PECT CT FDG/3143/17 (12.05.2017)

Head & neck uptake is adenoids/tonsils with few  
FDG avid cervical lymph nodes noted (likely  
reactive)

Adv

① Revisit after RT

Plan for follow-up PECT CT

Hmg, LFT

Befadine gargles

T SEPTRAN & Neb A/D

(M) MEDICINE RECEIVED

NAME

DATE

27/5/17 (PM)

Brono

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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



आचार्य निकेतन, मयूर विहार, फेज-1, दिल्ली  
 Acharya Niketan, Mayur Vihar, Phase-1, DELHI - 110091  
 RTGS/NEFT IFS Code : PUNNB0622100

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GMS

*Preeti*

UTTHAN TRUST, ABHISHEK KUMAR TIWARI, PREETI

Please sign above

केवल तीन माह के लिये वैध VALID FOR THREE MONTHS ONLY

⑈ 3 2 2 6 3 1 ⑈ 1 1 0 0 2 4 1 9 3 ⑈

3 1



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

SMOKING IS PROHIBITED IN HOSPITAL PREMISES

हरिश्चन्द्र खलु व

एकक/Unit  
विभाग/Dept

General



UHID: 101675963  
Clinic No: PCSC- 2017/PCSC/960  
Name: SUBHASH  
S/O VINOD, 6Y 4M 9D, M  
Ph: 9015451301  
VILL LAXMIPUR GRAM PANCHYAT, TARDIH PO  
BAIDACHAK THANA, AMARPUR TARDIH BANKA,  
BIHAR, INDIA

DeptSeq: 657

Dept: Paediatrics  
Unit: Unit-I  
Room: 14  
F/9  
Days:

App. Date: 20/07/2017

OPR-6

PCSC-960/12

जीकृत सं०/O.P.D. Regn. No.

Appt. ID:



2017072009851

पता/Address

निदान/Diagnosis

Hodgkin Lymphoma Germinal

दिनांक/Date

उपचार/Treatment

24

17 kg

RT given 5.6.17 to 20.6.17

no complaints

Adv

- Rx x 2 months
- Hmg, LFT, LDH, TFS, Echo

From =

46-83

TC-18380

PC-66000

ANC-7.3

LDH-278

LFT-⊖

RPB-210717285



101675963

SUBHASHSUBHASH

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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





PASSED  
EMERGENCY WARD  
ISSUED BY

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029  
आपातकालीन विभाग

(REVISIT)



UHID No:101675963

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं. (Emergency No): 2017/030/0071482

दिनांक DATE: 26/06/2017

समय TIME: 10:53:44 AM

NON-MLC

21

नाम NAME: MR. SUBHASH SUBHASH

आयु AGE: 6 years 3 months 15 days

लिंग/SEX: M

S/O: VINOD

पता ADDRESS:

मकान संख्या H.NO:

VILL. LAXMIPUR GRAM  
PANCHYAT

गली / मुहल्ला STREET/MOH.

TARDIH PO BARDACHAK  
THANA

शहर/प्रखंड CITY/BLOCK:

AMARPUR TARDIH BANKA

पिन PIN:

राज्य STATE:

BIHAR

दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO:

9015451301

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative: FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive  
HR /min BP mmHg RR /min SpO2 %  
Shifted to Paeds/ Main/ New Emergency

U/d/c UL stage IV [↓ Paeds over] ↓ Rcvomiting

Presenting Complaints

of fever x 1 day  
cough x 1 day  
c/c

no of bleedings for 4 days

Primary Assessment (ABCDE): Assessment Pentagon

|   |  |  |
|---|--|--|
| <p><b>Airway</b><br/>Open &amp; stable: Yes/No<br/>If No.....</p> <p><b>Breathing:</b> RR ...../min<br/>Efforts: Normal/Poor/increased<br/><b>Auscultation:</b><br/>Air entry<br/>Normal/poor/Differential<br/>Added sounds:<br/>None/Stridor/Wheeze/Crackles<br/>SpO2 on Room air..... 96%</p> | <p><b>Circulation</b><br/>HR... 184/min<br/>CFT... 35 secs.<br/>92/60<br/>BP..... mmHg</p> <p>Peripheral pulse: Poor/Good<br/>Central pulse: Poor/Good<br/>Skin temp: Warm/cool<br/>Others</p> | <p><b>Disability</b><br/>GCS.....<br/>Pupil size...../min<br/>Pupillary Reactions..... Mac</p> <p><b>Motor activity:</b><br/>Normal &amp; Symmetrical/Asymmetrical/<br/>Posturing/Flaccidity/Seizure</p> <p>Blood Sugar.....mg/dl<br/><b>Exposure:</b><br/>Temp.....<br/>Colour: Normal/pallor/cyanosis<br/>/mottled<br/>Any other skin lesions.....</p> |
|---|--|--|

Diagnosis

UL stage IV now is ? PNI

Wt 2 14.8 kg  
Temp = 98 °F

Acw

1. Syp. Cloxin-DS (Dose = 250 mg)  
Bml SOS  
(if temp > 101 °F)
2. r/v 2 reports
3. Pads once r/v

i.v. cannula  
↓  
CBL  
  
CXR

26/06/17

C513 Sp, Red one

→ HL ST. IV  
(on RT)

- c/o fever x 1 day
- c/o cough x 2 days
- c/o nasal discharge x 1 day

o/e - Conscious, oriented,

PR - 110/min  
RR - 24/min  
AS - capts (+) @ infraclavicular  
aus - Normal/S<sub>2</sub>  
PH - soft

CBL (26/06)  
hb - 10.1  
TLC - 3600  
WBC - 19  
pH - 7.592

SI - LRTI

(Caudal/CO couldnt feel one)  
Plan

CXR → Infiltrate (+)  
Pneumonia

- 1) Tab. Augmentin 250mg 1 — 1 x 5 days
- 2) Cont. Tab. sefton SS (1 tab A/D)
- 3) Tab. Cloxin 500mg 1/2 tabs SOS
- 4) Rye sign applied  
Mr SOS Red country, RTV Red, OPD



Sample ID: AUTO\_SID55  
 Collection Date:  
 Department:  
 Physician:

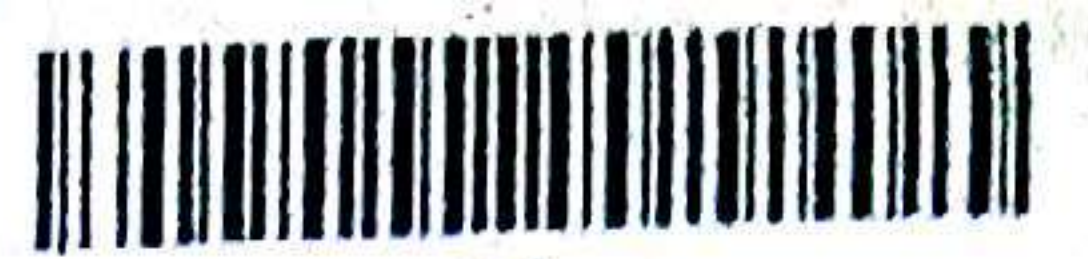
Patient Name: SUBHASH  
 First Name:  
 Age:  
 Gender: Male

Technician

|      |      |    |                                  | < Range > |      | Flags and Alarms  |
|------|------|----|----------------------------------|-----------|------|---|
| RBC  | 4.34 | I  | 10 <sup>9</sup> /mm <sup>3</sup> | 3.80      | 6.50 | Morphology Flags<br>NE, ALY   |
| HGB  | 10.1 | L  | g/dL                             | 11.5      | 17.0 | Remarks   |
| HCT  | 30.4 | IL | %                                | 37.0      | 54.0 | RBC of the Run 26/06/2017 12:50:23 PM<br>WBC of the Run 26/06/2017 12:50:23 |
| MCV  | 70   | IL | µm <sup>3</sup>                  | 80        | 100  | PM  |
| MCH  | 23.3 | L  | pg                               | 27.0      | 32.0 | PLT of the Run 26/06/2017 12:50:23 PM                                       |
| MCHC | 33.3 |    | g/dL                             | 32.0      | 36.0 | DIFF of the Run 26/06/2017 12:50:23 PM                                      |
| RDW  | 15.7 |    | %                                | 11.0      | 16.0 |   |
| PLT  | 159  | I  | 10 <sup>3</sup> /mm <sup>3</sup> | 150       | 500  |   |

| WBC | 3.6  | L | 10 <sup>3</sup> /mm <sup>3</sup> | 4.0 | 10.0 |       |      |   |  |
|-----|------|---|----------------------------------|-----|------|-------|------|---|--|
|     | %    |   | #                                | <   | %    | Range | #    | > |  |
| NEU | —    |   | —                                | 0.0 | 99.9 | 2.00  | 7.50 |   |  |
| LYM | 19.7 |   | 0.70                             | 0.0 | 99.9 | 1.00  | 4.00 |   |  |
| MON | 20.8 |   | 0.74                             | 0.0 | 99.9 | 0.20  | 1.00 |   |  |
| EOS | —    |   | —                                | 0.0 | 99.9 | 0.00  | 0.50 |   |  |
| BAS | 0.9  |   | 0.03                             | 0.0 | 99.9 | 0.00  | 0.20 |   |  |
| ALY | 4.2  | H | 0.15                             | 0.0 | 2.5  | 0.00  | 0.25 |   |  |
| LIC | 1.8  | I | 0.06                             | 0.0 | 3.0  | 0.00  | 0.30 |   |  |

ANC - 1872



बहिरंग रोगी विभाग

अ० भा० आ० सं० अस्पताल

CENTRE FOR DENTAL EDUCATION &amp; RESEARCH

Out Patient Department

A.I.I.M.S. HOSPITAL

2017/043/0003275

(Pedodontics) (Pedodontics) प्रमाण मना है। / SMOKING PROHIBITED IN HOSPITAL PREMISES

UHID:  
101675963

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

ब०सो.वि. पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

|                     |   |                           |                        |  |
|---------------------|---|---------------------------|------------------------|--|
| नाम/Name<br>SUBHASH | पिता/पुत्र/पत्नी/पति/पुत्री<br>F/S/W/H/D of<br>S/O: VINOD | लिंग<br>Sex<br>पुरुष<br>M | वर्ष/दिन/ D<br>4<br>11 | VILL LAXMIPUR GRAM<br>PANCHYAI, TARDIH PO<br>BAIDACHAK THANA,<br>AMARPUR TARDIH BANKA,<br>BIHAR, INDIA M: 9015451301 |
|---------------------|---|---------------------------|------------------------|--|

निदान/Diagnosis

| दिनांक/Date  | उपचार/Treatment   |
|--|---|
| <p>Done By: Centre for Dental Education &amp; Research/7712<br/>Room No. 608, Sixth Floor (छठी मंजिल)<br/>22/07/2017 09:44:39 AM<br/>*TO TAKE APPOINTMENT NUMBER THROUGH PHONE, DIAL: 011-65900669<br/>**फोन के माध्यम से आपाइटमेंट नंबर लेने के लिए, डायल : 011-65900669<br/>***Doctor may not be available, However you may be seen by some of the doctors in the department<br/>***आपके डॉक्टर के उपलब्ध न होने पर, आपको विभाग में अन्य किसी डॉक्टर द्वारा देखा जा सकता है।</p> <p>22 JUL 2017</p> <p>मुझे स्थानीय संवेदनहरिता (लोकल एनेस्थीसिया), शल्यचिकित्सा की प्रक्रिया और जटिलता के बारे में विस्तृत रूप से मेरी मातृभाषा में सूचित कर दिया गया है। मैंने अपनी चिकित्सकीय समस्याओं (उच्चरक्तचाप / मधुमेह / रक्तसंबंधीरोग / दिल की बीमारी आदि) एवं किसी भी प्रकार की एलर्जी का विवरण स्पष्ट रूप से दिया है मैं एतद्वारा अखिल भारतीय आयुर्विज्ञान संस्थान के डॉक्टर एवं स्टाफ को मेरे इलाज के लिए प्राधिकृत करता/करती हूँ</p> <p>हस्ताक्षर: -<br/>दिनांक: -</p> | <p>c/o → Hodgkin Lymphoma</p> <p>90 - flap 1st last tooth</p> <p>O/E - Pericoronitis 1st + 6.</p> <p>- Carious DT</p> <p>Adv: Restoration DT</p> <p>Resh. Lam = 412 in DT</p> <p>Recalled after 3-month.</p> <p>KR</p> <p>Signature</p> |

किसी भी प्रकार के तम्बाकू के सेवन से मुँह का कैंसर हो सकता है। मीठे व चिपचिपे खाद्य पदार्थों का अधिक सेवन दाँतों के लिए हानिकारक है।  
Tobacco use in any form can cause Oral Cancer. Excessive intake of sweet & sticky food is harmful for your teeth.

रोजाना दो बार ब्रश व पेस्ट से दाँत साफ करें। मुख स्वास्थ्य पर ध्यान देने से दाँत आजीवन साथ निभाते हैं।  
Brush your teeth twice a day with toothpaste & a toothbrush. Take care of your teeth & they will serve you for life.



वरीरमाघं खलुपरसाधनम्

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital  
अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

बहिरंग रोगी विभाग / Out Patient Department  
अस्पताल के अन्दर धूम्रपान मना है। / SMOKING PROHIBITED IN HOSPITAL PREMISES

IRCH No. 197934

एकक / Unit \_\_\_\_\_

विभाग / Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

| नाम / Name | पिता/पुत्र/पत्नी/पति/पुत्री<br>F/S/W/H/D of | लिंग<br>Sex | आयु<br>Age | जन्म तिथि / Date of Birth |
|------------|---|-------------|------------|---------------------------|
| SUBHASH    |   | M           | 64         |                           |

निदान / Diagnosis HL. (Stage IV).

दिनांक / Date

उपचार / Treatment

30/6/17

Patient received consolidation RT (25 Gy / 15 #) to hemipelvis using antero-posterior and postero-anterior (R) hemipelvic fields, and a separate <sup>BL</sup> fields covering <sup>R/L</sup> neck using AP-PA fields (25 Gy / 15 #) from 5/6/17 to 30/6/17, without Rx interruptions, on 780C machine.

- no specific complaints

Adv : FU ↓ Paed onc

(Mon / Friday, Room no. 7) as advised)

Soner  
(SR RT)

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

Pcsc / 960 / 12



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

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

सहस्रकथं चतुर्धर्मतामसम्

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

नाम/Name \_\_\_\_\_

General



RO UHID: 101675963  
Clinic No: PCSC- 2017/PCSC/960  
Name: SUBHASH  
S/O VINOD, 6Y 2M 14D, M  
Ph: 9015451301  
VILL LAXMIPUR GRAM PANCHYAT, TARDIH PO  
BAIDACHAK THANA, AMARPUR TARDIH BANKA,  
BIHAR, INDIA

Appt. ID:



2017052510439

DeptSeq: 589

Dept: Paediatrics  
Unit: Unit-I  
Room: 14  
F/4  
Days:

App. Date: 25/05/2017

OPR-6

egn. No. \_\_\_\_\_

पता/Address \_\_\_\_\_

निदान/Diagnosis

Hh

Hodgkin's Lymphoma Survivor

दिनांक/Date

19

WT - 16kg  
HT - 102cm

उपचार/Treatment

Completed cycles of BEACOP  
waiting for RT

PET-CT FDG/3143/17 (12.05.2017)

pet shows uptake in adenoids/tonsils with few  
FDG avid cervical lymph nodes noted (likely  
reactive)

Adv

① Repeat after RT

plan for follow-up PET-CT

Hmg, LFT

Befadire gargles

T SEPTRON 8 tabs A/O

NAME \_\_\_\_\_  
DATE 27/5/17 PM

(M) MEDICINE RECEIVED

Dr. Anand

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

O.R.B.O., AIIMS, 2653360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

General  
UNID: 101675963  
Clinic No: PCSC- 2017/PCSC/960  
Name: SUBHASH  
S/O VINOD, 6Y 3M 26D, M  
Ph: 9015451301  
VILL LAXMIPUR GRAM PANCHAYAT, TARDIH PO  
BAIDACHAK THANA, ANARPUR TARDIH BANNA,  
BIHAR, INDIA  
App. ID: 2017070611292

DeptSec: 584  
Dept: Paediatrics  
Unit: unit-2  
Room: 14  
F/7  
Days:  
App. Date: 06/07/2017

RT after pest feb  
RT given 5/6/17 - 30/6/17  
Child well  
No complaints

22

Ht → 102 cm  
Wt → 18 kg

• CBC  
LFT  
RFT  
- Viral  
markers  
LDH:

Review reports  
next Monday, 14

H-21127  
12/8/17

HBsAg → NEGATIVE  
HCV → NEGATIVE  
HIV → NEGATIVE



प्रयोगशाला कायचिकित्सा विभाग  
DEPARTMENT OF LABORATORY MEDICINE  
नैदानिक रसायनिक  
CLINICAL CHEMISTRY

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029  
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029  
रक्त रसायन / BLOOD CHEMISTRY

UHID: 101675963 Sample No: CH-1207170702  
Name: Mr. SUBHASH SUBHASH, Male Lab Ref No : 743  
Ward Name: Verification Time: 12/07/2017 07:33 pm

### Report

| Test Name       | Result    | Comment | Normal Range     |
|-----------------|-----------|---------|------------------|
| UREA            | 11 mg/dL  |         | 10.00-40.00      |
| CREATININE      | 0.2 mg/dL |         | 0.50-1.00        |
| CALCIUM         | 9.8 mg/dL |         | 8.50-10.50       |
| PHOSPHATE       | 3.9 mg/dL |         | 2.50-4.50        |
| URIC ACID       | 3.9 mg%   |         | • 3.5 - 7 mg/dL  |
| SODIUM          | 138 mEq/L |         | 135.00-145.00    |
| POTASSIUM       | 3.7 mEq/L |         | 3.50-5.00        |
| BILIRUBIN TOTAL | 0.3 mg/dL |         | 0.20-1.20        |
| TOTAL PROTEIN   | 6.9 g/dL  |         | 6.00-8.00        |
| ALBUMIN         | 4.4 g/dL  |         | 3.50-5.00        |
| GLOBULIN        | 2.5 g/dL  |         | 2.00-3.50        |
| SGOT (AST)      | 22 U/L    |         | 5.00-40.00       |
| SGPT (ALT)      | 15 U/L    |         | 5.00-45.00       |
| ALK PHOS (ALP)  | 770 IU/L  |         | • 240 - 840 IU/L |

Over All Comment :

Authorised Signatory  
Dr.SudipKumarDatta

Verified By  
ajaydrall



UHID: 101675963  
Name: Mr. SUBHASH SUBHASH, Male  
Ward Name:

Sample No: LPC-120717076  
Lab Ref No : 310  
Verification Time: 12/07/2017 02:10 pm

**Report**

| Test Name | Result | Comment | Normal Range  |
|-----------|--------|---------|---------------|
| LDH-TOTAL | 278    |         | 200.00-420.00 |

Over All Comment :

Authorised Signatory

Verified By  
cncbimla

UHID: 101675963  
 Name: Mr. SUBHASH SUBHASH, Male  
 Ward Name:

Sample No: HMI-120717085  
 Lab Ref No : 085  
 Verification Time: 12/07/2017 12:10 pm

**Report**

| Test Name | Result                   | Comment | Normal Range                |
|-----------|--------------------------|---------|-----------------------------|
| TLC       | 18.38 $10^3/\mu\text{L}$ |         | • 4 - 11 $10^3/\mu\text{L}$ |
| ANC       | 7.30 $10^3/\mu\text{L}$  |         | • 2 - 7 $10^3/\mu\text{L}$  |
| Hb        | 8.3 g/dL                 |         | • 13 - 17 g/dL              |
| HCT       | 29.7 %                   |         | • 40 - 50 %                 |
| PLATELET  | 66 $10^3/\mu\text{L}$    |         | 150.00-400.00               |

Over All Comment :

Authorised Signatory

Verified By  
 navinnshar...



प्रयोगशाला कायचिकित्सा विभाग  
DEPARTMENT OF LABORATORY MEDICINE  
नैदानिक रसायनिक  
CLINICAL CHEMISTRY

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसाही नगर, नई दिल्ली-110029  
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029  
रक्त रसायन / BLOOD CHEMISTRY

|            |                           |                    |                     |
|------------|---------------------------|--------------------|---------------------|
| UHID:      | 101675963                 | Sample No:         | CH-2107170891       |
| Name:      | Mr. SUBHASH SUBHASH, Male | Lab Ref No :       | 681                 |
| Ward Name: |                           | Verification Time: | 21/07/2017 06:32 pm |

### Report

| Test Name       | Result    | Comment | Normal Range     |
|-----------------|-----------|---------|------------------|
| UREA            | 16 mg/dL  |         | 10.00-40.00      |
| CREATININE      | 0.1 mg/dL |         | 0.50-1.00        |
| CALCIUM         | 9.8 mg/dL |         | 8.50-10.50       |
| PHOSPHATE       | 4.4 mg/dL |         | 2.50-4.50        |
| URIC ACID       | 3.8 mg%   |         | • 3.5 - 7 mg/dL  |
| SODIUM          | 137 mEq/L |         | 135.00-145.00    |
| POTASSIUM       | 3.7 mEq/L |         | 3.50-5.00        |
| BILIRUBIN TOTAL | 0.4 mg/dL |         | 0.20-1.20        |
| TOTAL PROTEIN   | 6.9 g/dL  |         | 6.00-8.00        |
| ALBUMIN         | 5.0 g/dL  |         | 3.50-5.00        |
| GLOBULIN        | 1.9 g/dL  |         | 2.00-3.50        |
| SGOT (AST)      | 31 U/L    |         | 5.00-40.00       |
| SGPT (ALT)      | 25 U/L    |         | 5.00-45.00       |
| ALK PHOS (ALP)  | 862 IU/L  |         | • 240 - 840 IU/L |

Over All Comment :

Authorised Signatory  
Dr.SudipKumarDatta

Verified By  
sudhanshu

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|            |                           |                    |                     |
|------------|---------------------------|--------------------|---------------------|
| UHID:      | 101675963                 | Sample No:         | LPC-210717098       |
| Name:      | Mr. SUBHASH SUBHASH, Male | Lab Ref No :       | 307                 |
| Ward Name: |                           | Verification Time: | 21/07/2017 03:43 pm |

**Report**

| Test Name | Result | Comment | Normal Range  |
|-----------|--------|---------|---------------|
| LDH-TOTAL | 325    |         | 200.00-420.00 |

Over All Comment :

Authorised Signatory

Verified By  
ajitv



**CASH RECEIPT**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**C.N. Centre, Ansari Nagar, New Delhi-110029**

Phones } 26594235  
 } 26593824

Dept No: 20160030008425

**Receipt No.:**  
**Received From:**  
**OPD/ MRD No.:**  
**ON ACCOUNT OF**

ACCOUNTS-5/34196/201718

[Original]CNC Receipts

MR. SUBHASH SUBHASH ,Age :6 Yrs 4 Mons 1

Days

101675963 ( OPD )



**Dated :**

**Patient Type :**

**Room No. :**

General

| SI No. | Service Name            | Quantity | Rate | Net Amount |
|--------|-------------------------|----------|------|------------|
| 1      | BLOOD (CNC) - LDH-TOTAL | 1        | 25   | 25         |

Printed on 12 Jul 2017 10:13:19 AM

**Payment Mode:**

**INR (Rs.) :**

**Rs. in Words**

Cash

25.0

Rupees Twenty Five Only

MR.AJAY SHARMA CNC

UHID: 101675963  
 Name: Mr. SUBHASH SUBHASH, Male  
 Ward Name:

Sample No: HIMI-210717082  
 Lab Ref No : 082  
 Verification Time: 21/07/2017 12:05 pm

**Report**

| Test Name | Result                  | Comment | Normal Range                |
|-----------|-------------------------|---------|-----------------------------|
| TLC       | 6.24 $10^3/\mu\text{L}$ |         | • 4 - 11 $10^3/\mu\text{L}$ |
| ANC       | 2.21 $10^3/\mu\text{L}$ |         | • 2 - 7 $10^3/\mu\text{L}$  |
| HB        | 10.8 g/dL               |         | • 13 - 17 g/dL              |
| HCT       | 35.8 %                  |         | • 40 - 50 %                 |
| PLATELET  | 84 $10^3/\mu\text{L}$   |         | 150.00-400.00               |
| RBC       | 4.84 $10^6/\mu\text{L}$ |         | 4.50-5.50                   |

Over All Comment :

Authorised Signatory

Verified By  
 navinnsharma

(52)  
crit center  
9 AM  
Thursday

# विकिरण नैदानिक विभाग

Dr S. Seth

अ० भा० आ० सं०, नई दिल्ली-११००२६  
DEPARTMENT OF RADIODIAGNOSIS  
A.I.I.M.S., NEW DELHI - 110029

## PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name: Saurabh Age/Sex: 62/M Ref. Deptt./Unit: Date:

Indoor (Bed No.) / Outdoor / Casualty UHID No.: 101625963 LMP:

### Examination Required :

Clinical History and Examination :

1  
Echo

### Clinical / Working Diagnosis :

Hodgkin Lymphoma Node

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :  
(for IVU patients only) :

Signature of Referring Physician / Date :

2/11/11

### Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : \_\_\_\_\_

Room No. : \_\_\_\_\_

Time Slot : 8:30    9:00    9:30    10:00    10:30    11:00    11:30    12:00    12:30

X-Ray No. :

Size / h. of Films

Date :

Kvp/mAs :

Sign. of Radiographer :

P.T.O.



**DR. B.R.A INSTITUTE ROTARY CANCER HOSPITAL  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Ansari Nagar, New Delhi 110029**

Printed on 02 Jun 2017 14:46:42 PM

Dept No: 20160030008425

Receipt No: ACCOUNTS-9/10505/201718 [Original]IRCH Receipts

Received From: MR. SUBHASH SUBHASH ,Age :6 Yrs 2 Mons 22 Days

Payment By: Cash

IRCH No 197954 UHID :101675963

DATED: 02/06/2017

Billing Type General

On ACCOUNT of

| SI No. | Service Name                     | Quantity | Rate | Net Amount |
|--------|----------------------------------|----------|------|------------|
| 1      | RADIOTHERAPY (IRCH) - RT CHARGES | 1        | 750  | 750        |

Payment Mode : Cash

RS.: 750.0

Rupees Seven Hundred Fifty Only

MR.SURENDER IRCH

Printed on 02 Jun 2017 14:46:42 PM





Dept No. 21/07/2017/0008425



**CASH RECEIPT**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**C.N. Centre, Ansari Nagar, New Delhi-110029**

Phones } 26594235  
26593824

ACCOUNTS-5/37481/201718

21/07/2017

Receipt No. General/CNC Receipts

Received From: BHASHI SUBHASHI, Age : 6 Yrs 4 Mons 10

OPD/ MRD No.:

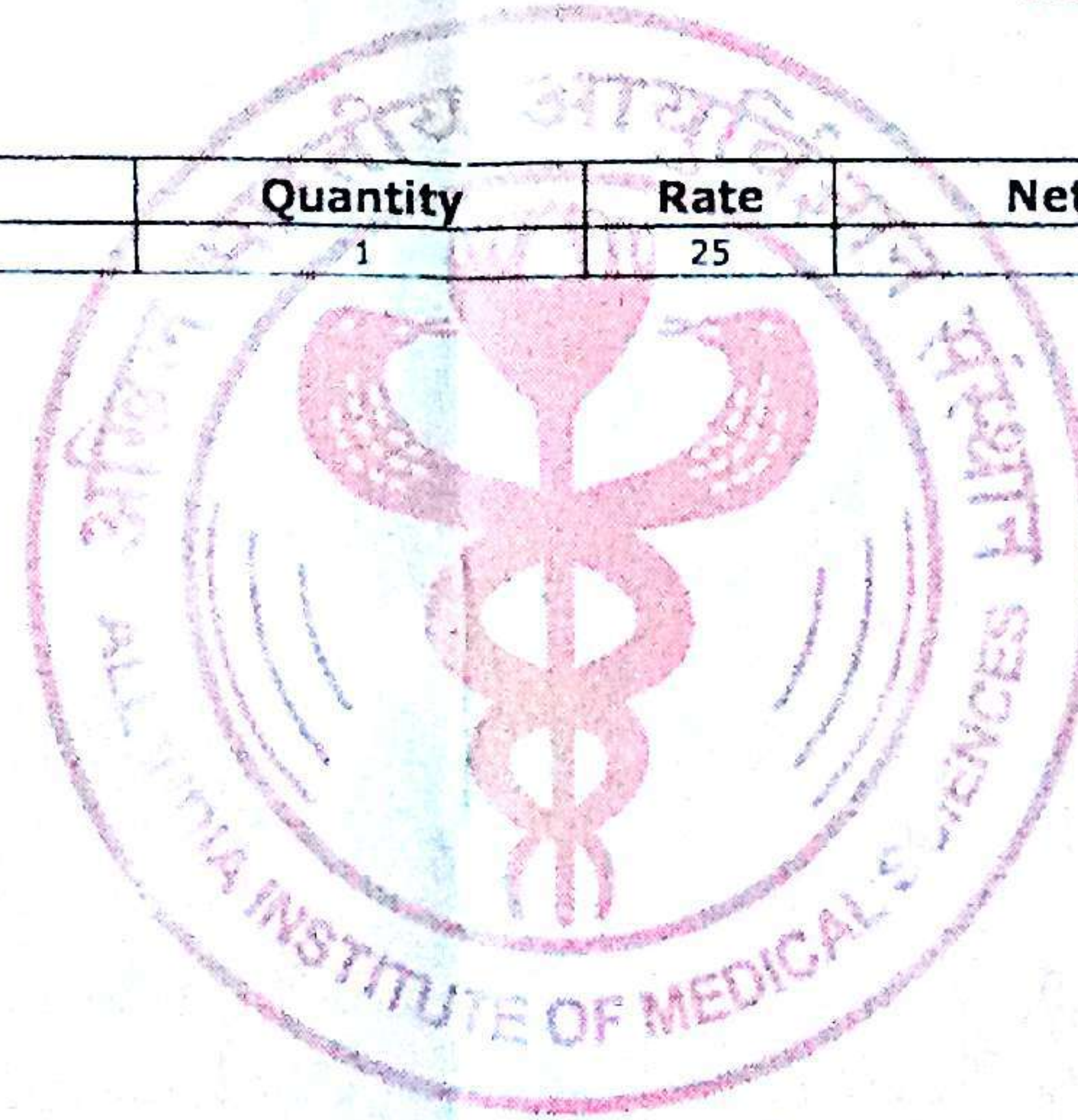
ON ACCOUNT OF: 10167503 ( OPD )

General Dated :  
Patient Type :  
Room No. :



| SI No. | Service Name            | Quantity | Rate | Net Amount |
|--------|-------------------------|----------|------|------------|
| 1      | BLOOD (CNC) - LDH-TOTAL | 1        | 25   | 25         |

Printed on 21 Jul 2017 09:59:03 AM



शरीरमाद्यं खलु धर्मसाधनम्

Cash

Payment Mode:

INR (Rs.) : Rupees Twenty Five Only

Rs. in Words

MR.NEERAJ KIIANNA CNC

(52)  
crit center  
9 AM  
Thursday

# विकिरण नैदानिक विभाग

Dr. S. Seth

अ० भा० आ० सं०, नई दिल्ली-११००२६  
DEPARTMENT OF RADIODIAGNOSIS  
A.I.I.M.S., NEW DELHI - 110029

## PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name: Saurabh Age/Sex: 62/M Ref. Deptt./Unit: Date:

Indoor (Bed No.) / Outdoor / Casualty UHID No.: 101625963 LMP:

### Examination Required :

Clinical History and Examination :

1  
Echo

### Clinical / Working Diagnosis :

Hodgkin Lymphoma Node

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :  
(for IVU patients only) :

Signature of Referring Physician / Date :

2/11/11

### Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : \_\_\_\_\_

Room No. : \_\_\_\_\_

Time Slot : 8:30    9:00    9:30    10:00    10:30    11:00    11:30    12:00    12:30

X- Ray No. :

Size / h. of Films

Date :

Kvp/mAs :

Sign. of Radiographer :

P.T.O.