





Dr. T.B.S. BUXI, MD MAMS
Head of the Deptt.



New Delhi Scan Research Institute

(A Unit of Buxi Diagnostics Pvt. Ltd.)

Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi - 110 060

Phones : 43115701 - 702, 43115700

Hospital : 42251912 / 42251909

Consultant Radiologists :

Dr. Anurag Yadav, DNB

Dr. Kishan S. Rawat, MD

Dr. Samarjeet Singh Ghuman, MD

CT REPORT

Patient Name (Last,First)	: KASHYAP ANSH	Age/Sex	: 9 Mnths/M
Reg. No.	: 3140156	Ward No.	: CT SCAN
Episode No.	: OP13147768	Room No.	: /
Imaging No.	: 15166340-15	Executed On	: 23-Nov-23 11:11:17AM
Location	: CT SCAN	Location Type	: OPD
Referred By	:	External Doctor	:

TRIPHASIC CT ANGIOGRAPHY ABDOMEN USING INTRAVENOUS NON IONIC CONTRAST MEDIUM ADMINISTERED VIA PRESSURE INJECTOR VIEWED IN UNENHANCED, ARTERIAL, PORTAL VENOUS AND HEPATIC VENOUS PHASES.

Clinical Details: Patient is a followup case of ? hepatoblastoma with post-cycle-4-chemotherapy. Present AFP-levels are 2592.

Visualized lung bases appear normal. No basal effusion seen. Mosaic attenuation pattern is seen in the visualized lung parenchyma.

Liver is enlarged, measuring 11 cm in the craniocaudal extent. There is evidence of a large heterogeneously enhancing mass lesion, measuring approximately 5.5 x 4.8 cm in the axial plane & 6.2 cm in the craniocaudal extent seen, predominantly in segment IV-A and IV-B of the liver causing its enlargement. The lesion shows arterial hyper-vascularity with areas of washout on the venous phase. The lesion causes compression of the middle hepatic vein with mild compression of the distal left hepatic vein with thin-caliber collaterals extending from the surface of the liver from the left & the middle hepatic draining into the right hepatic vein. The lesion no-longer abuts the intrahepatic IVC. There is evidence of a well defined altered-attenuation lesion noted within the lesion, measuring 3.9 x 2.9 cm in the axial plane, shows an average density of 26-30 HU on the plain scan with no significant enhancement seen. It is seen in the posterior aspect of the lesion-likely representing a locule within the lesion with altered contents.

Gallbladder is well distended. No radio dense calculus seen. No evidence of IHBR dilation.

Pancreas is normal in size, shape & morphology. No focal parenchymal lesion seen.
Spleen is normal in size, shape & enhancement. No focal parenchymal lesion seen.

Left adrenal gland is defined.
Right adrenal gland is also seen.

Left kidney is normal in size, shape & enhancement. No focal parenchymal lesion seen.
Right kidney appears compressed-possibly due to the mass effect by the liver. Right kidney also shows reduced volume as compared to the left.

Bowel loops are not distended with contrast.

No significantly enlarged mesenteric or retroperitoneal lymph nodes seen.

No ascites.

Contd.....page2

NOT FOR MEDICO LEGAL PURPOSES
This is only a Radiological Impression & not a Diagnosis, Like all diagnostic modalities, C.T. Scan also has it's limitations
Therefore C.T. Report should be interpreted in correlation with clinical & pathological findings



H-2008-0017
Since June 16, 2008



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Pediatric Hematology, Oncology & BMT Unit
Chairman
Department of Pediatrics
31
anupamace@yahoo.co.in
Pvt. OPD, Room No. F-55, SGRH
12 Noon - 2PM, Mon - Sat

Ansh Kashyap

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Pediatric Hematology,
Oncology & BMT Unit
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22/9/23

Dr. Divij Sachdeva
Associate Consultant
Pediatric Hematology
Oncology & BMT Unit

Cycle 2 chemo.

Dr. Swati Bhayana
Clinical Assistant
Pediatric Hematology
Oncology & BMT Unit

Plan by Dr. Manas.

- 1. Admit wd 9 SP.
 - ↳ NPO → 8 am
 - ↳ Direct admission - wd 9. 8 am
 - ↳ PICC line
 - ↳ Plan PLADO.
 - ↳ Send creat, mg.

7.6/11350/4.3
3632
1022

APP @

Pneumonia XT drops.
8 drops once daily

Dr. Swati



Sir Ganga Ram Hospital



H-2008-0017
June 16, 2017 - June 15, 2020
Since June 16, 2008



MC - 2194

Department of Haematology

Name : MASTER ANSH KASHYAP
Registration No. : 3140156
Lab Request No. : 1123217931
Episode No. : OP13142565
Location : CENTRAL INVESTIGATION CENTRE
Referred By : Dr. Manas Kalra
Ext. Doctor :
Specimen : Blood

Age/Sex : 9 Mths/M
Ward No. :
Room No. :
Location Type: Out Patient
Collected On : 21 NOV 2023 02:43 PM
Received On : 21 NOV 2023 04:11 PM
Reported On : 22 NOV 2023 09:22 AM
Released by : Dr. Sabina Langer Kumar

Investigation	Results	Units	Bio.Ref.Interval	Test Method
Complete Blood Count-EDTA BLOOD				
Automated/Microscopy				

Cell Counter	Sysmex XN	Units	Bio.Ref.Interval
Haemoglobin	9.5	g/dl	(11.1-14.1)
TLC	13.23	thous/ul	(6.00-16.00)
Platelet Count	274	thous/ul	(200-550)
PCV	30.5	%	(30.0-38.0)
RBC	3.77	mill/ul	(3.10-5.10)
MCV	80.9	fl	(72.0-82.0)
MCH	25.2	pg	(25.0-29.0)
MCHC	31.1	g/dl	(32.0-36.0)
RDW	28.1	%	(11.6-14.0)
Micro R	21.50	%	
Macro R	5.40	%	

Differential Leukocyte Count (DLC)			
Neutrophils	42	%	
Lymphocytes	48	%	
Eosinophils	0	%	
Monocytes	10	%	
Basophils	0	%	
ANC	5557	/ul	(1000-7000)
ALC	6350	/ul	(3500-11000)
AEC	0	/ul	(100-1000)
AMC	1323	/ul	(200-1000)
Basophils	0	/ul	(20-100)

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- <<< Page: 1 of 1 >>>



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22/11/23

ANSH KASHYAP

CBC - 9.5 / 13230 / 2.74 lac

ANC - 5537

AFP - 2592

C/O ? Hepatoblastoma

Post cycle 4 chemo (3 PLADO)

S/B Dr Kalra.

(True CT - Abdomen for surgical review.
phasic Angiogram)

- R/w Dr Satish Aggarwal. and plan for
surgery.

[Signature]
Anush

Dr. Divij Sachdeva
Associate Consultant
Pediatric Hematology
Oncology & BMT Unit
Dr. Swati Bhayana
Clinical Assistant
Pediatric Hematology
Oncology & BMT Unit



H-2008-0017
June 16, 2017 - June 15, 2020
Since June 16, 2008



MC - 2194

Department of Biochemistry

Patient Name: MASTER ANSH KASHYAP
 Registration No.: 3140156
 Request No.: 9923256880
 Code No.: OP13142565
 Location: CENTRAL INVESTIGATION CENTRE
 Referred By: Dr. Manas Kalra
 Referring Doctor:
 Specimen: Blood

Age/Sex: 9 Mths/M
 Ward No.:
 Room No.:
 Location Type: Out Patient
 Collected On: 21 NOV 2023 02:43PM
 Received On: 21 NOV 2023 03:49PM
 Reported On: 21 NOV 2023 04:31PM
 Released by: Dr Reetika Saini

Investigation	Results	Units	Bio.Ref.Interval	Test Method
RENAL BIOCHEMICAL PROFILE - COMPLETE, PLASMA (NaF), SERUM				
GLUCOSE RANDOM	83.00	mg/dL	(70.00-160.00)	Hexokinase
BUN	5.67	mg/dL	(5.10-16.80)	Urease UV
CREATININE	0.24	mg/dL	(0.70-1.25)	Jaffe Kinetic (IDMS)
URIC ACID	2.40	mg/dL	(3.50-7.20)	Uricase Assay
CALCIUM	9.19	mg/dL	(9.00-11.00)	Arsenazo-3
PHOSPHOROUS	4.99	mg/dL	(2.30-4.70)	Phosphomolybdate UV
SODIUM	138.00	mmol/L	(139.00-146.00)	ISE (Indirect)
POTASSIUM	4.52	mmol/L	(4.10-5.30)	ISE (Indirect)
CHLORIDE	107.00	mmol/L	(98.00-113.00)	ISE (Indirect)
BICARBONATE	21.00	mmol/L	(20.00-28.00)	PEP Carboxylase, Enzymatic
TOTAL PROTEIN	5.95	gm/dL	(4.40-7.60)	Biuret
ALBUMIN	4.30	gm/dL	(3.80-5.40)	BCG
GLOBULIN	1.65	gm/dL	(1.80-3.60)	Calculated
A/G RATIO	2.61		(2:1)	Calculated
ALKALINE PHOSPHATASE	208.00	IU/L	(<500.00)	Enzymatic Kinetic (PNP)
TOTAL CHOLESTEROL	100.00	mg/dL	(<170.00)	CHOD POD

COMMENTS:
 A raised Blood Urea Nitrogen (BUN) can be caused by several different conditions, mostly involving the kidneys. Serum creatinine, in conjunction with the BUN, helps to differentiate between these conditions. A normal creatinine does not exclude renal disease as a loss of 50% of renal function is required to increase the creatinine from 1.0 to 2.0 mg/dL.
 A high serum uric acid is indicative of gout or renal failure, but it can be affected by several other factors, e.g. diet, drug or alcohol intake, or other disease conditions.

Calcium and phosphorous are major minerals of the body which are involved in the normal functioning of bones and neuromuscular junctions, and in the formation of renal calculi. Sodium and potassium are the major electrolytes of our body, which maintain

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anupamace@yahoo.co.in
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4/11/23

ANSH KASHYAP

Hepatoblastoma - HR
last cycle 4 Chemotherapy Day 10
(3 cycles PLADO)

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Oncology & BMT Unit

Dr. Swati Bhayana
Clinical Assistant
Pediatric Hematology
Oncology & BMT Unit

Adv

F/U after lunch - CBC/DLI
- AFP
(Biochemistry)
- KFT

CBC - 9.9/
10750/
1-31P
ANC - 4515
AHC - 2795

- F/U on 22/11/23, Send labs
on 21/11/23

To see AFP trend
& decide on surgery
vs chemo Rx

Manas



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DISCHARGE SUMMARY
INSTITUTE FOR CHILD HEALTH
SIR GANGA RAM HOSPITAL

PAEDIATRIC HEMATOLOGY ONCOLOGY UNIT (PHO)

NAME: Ansh Kashyap	AGE: 8 months	SEX: MALE
DOA: 03/11/23	DOD: 07/11/23	MRD NO: 3140156
Wt.: 6.4 Kg	Length: 66 cms	BSA- 0.34 m ²

DIAGNOSIS:

Liver mass- ?Hepatoblastoma, High risk (PRETEXT stage II /V +) as per PHITT
Cycle 3 PLADO Chemotherapy as per SIOPEL-3 (Cumulative cycle 4)

DISCHARGE ADVICE:

- Inj Pegstim (6mg/0.6ml) 0.1ml (1mg) S.C on 09/11/23
- Syp Ondem (4mg/5ml) 2.5ml- 2.5ml- 2.5ml for 2 days, then SOS if vomiting
- Candid drops 2 drops thrice daily
- Syp septran (240/5ml) 2.5ml -0-2.5ml (M-W-F)
- Sitz bath twice a day
- Avoid raw fruits, salads
- If fever >100F, report to hospital in Emergency/ward 9 immediately for IV antibiotics.
- Don't administer any vaccination to the child/ Avoid OPV to the family member
- Follow up on 13/11/23 at 11 am in F55 with **CBC/DLC** or SOS before if fever occurs
- To follow with Dr. Anupam Sachdeva/Dr. Manas Kalra/Dr. Divij Sachdeva Mobile no.: 9811043476/ 9958255228/ 885168176.

Helpline for emergencies: 9717145987

Dr Srijib/ Dr Ayush

Dr Ankita/ Dr Shivani

Fellows in PHO

Shivani

Dr. Swati Bhayana

Clinical Assistant

Dr. Anupam Sachdeva

Dr. Manas Kalra

Dr. Divij Sachdeva

Consultants



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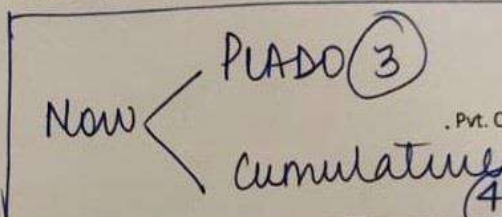
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Pediatric Hematology,
Oncology & BMT Unit
Pvt. OPD: Room No. F-55, SGRH
2PM - 4PM, Mon - Sat
+91-9958255228
manaskaira27@gmail.com

Anush



03/11/23.

Dr. Divij Sachdeva
Associate Consultant
Pediatric Hematology
Oncology & BMT Unit
Dr. Swati Bhayana
Clinical Assistant
Pediatric Hematology
Oncology & BMT Unit

PLADO (2) Day +17

Dr. Manas Kaira

① Admit ↓ Paeds SP - PLADO (3)

② Follow APP

Dr. Swati B

9.4/14000/3.5
5740

Mg - 2.14
creat - 0.28

APP - @



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Depa

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Ansh Kashyap

Pvt. OPD, Room No. F-55, SGRH
12 Noon - 2PM, Mon - Sat

28/10/23

Dr. Divij Sachdeva
Associate Consultant
Pediatric Hematology
Oncology & BMT Unit

Dr. Swati Bhayana
Clinical Assistant
Pediatric Hematology
Oncology & BMT Unit

? HB / PLADO (2) Day +10

sp. no. Manas Kalra

1. FU after 1 week \bar{c}
 - CBC/DLC (1)
 - AAp (Biochemistry) (2)
 - ~~RAI~~ (3)
 - Serum Magnesium (4)

03/11/23

CIC
032

Manas

4.1/16050/1.7
8988



H-2008-0017
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Pediatric Hematology,
Oncology & BMT Unit
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13/10/23

ANSH

Dr. Divij Sachdeva
Associate Consultant
Pediatric Hematology
Oncology & BMT Unit
Dr. Swati Bhayana
Clinical Assistant
Pediatric Hematology
Oncology & BMT Unit
Clinical Assistant
Pediatric Hematology
Oncology & BMT Unit

D- Hepatoblastoma for
cycle 2 PLADO

S/B Dr. Manas Kalra
Ade

Admit in Ped-SP → 16/10/23

- PLADO cycle - 2

- PICC line insertion (PICC is supported)

10-2/17400/
8-43p
ANC-8523
AMC-2262
Mg 2+-2.11
Creat-0.30



Muskurata Bachpan Trust

Ref no...03.....

Date...29.11.2023

सेवा में,
महोदय जी,
मुस्कुराता बचपन ट्रस्ट
लाडो सराय, महरीली-110030
महोदय,

मैं ब्यूटी कुमारी मेरा बेटा अंश कश्यप जो 10 माह का है, और सर गंगा राम हॉस्पिटल में भर्ती है। मेरे बेटे को हेपेटोबलास्टोमा, हाई रिस्क 2nd स्टेज ब्लड कैंसर है। जिसकी हालत बहुत ही गंभीर है जिसका शीघ्र ऑपरेशन होना है और रेग्युलर बेसिस पर कीमोथेरेपी हो रही है जिसमें की एक बार की कीमोथेरेपी सैयकिल का cost - 80K to 90K रुपये है। हम पहले ही इलाज में अपना सब बेच कर 10 lakh रुपये लगा चुके हैं। हम यहाँ दिल्ली में झारखंड (Dish- गुड़गा) से आये हुए हैं। वर्तमान में struggle कर पाने हमारे लिए बहुत मुश्किल हो रही है कृपया आप सभी डॉनर और मुस्कुराता बचपन ट्रस्ट हमारी शीघ्र सहायता करें।

मैं मुस्कुराता बचपन ट्रस्ट से निवेदन करती हूँ कि मेरी आर्थिक रूप से सहायता करें मैं आपकी जीवन भर अमारी रहूंगी।

धन्यवाद,

Beauti Kumari



F-179 LADO SARAI POST OFFICE MEHRAULI, SOUTH DELHI-110030

+91 9560900936
info@muskuratabachpan.com
www.muskuratabachpan.org