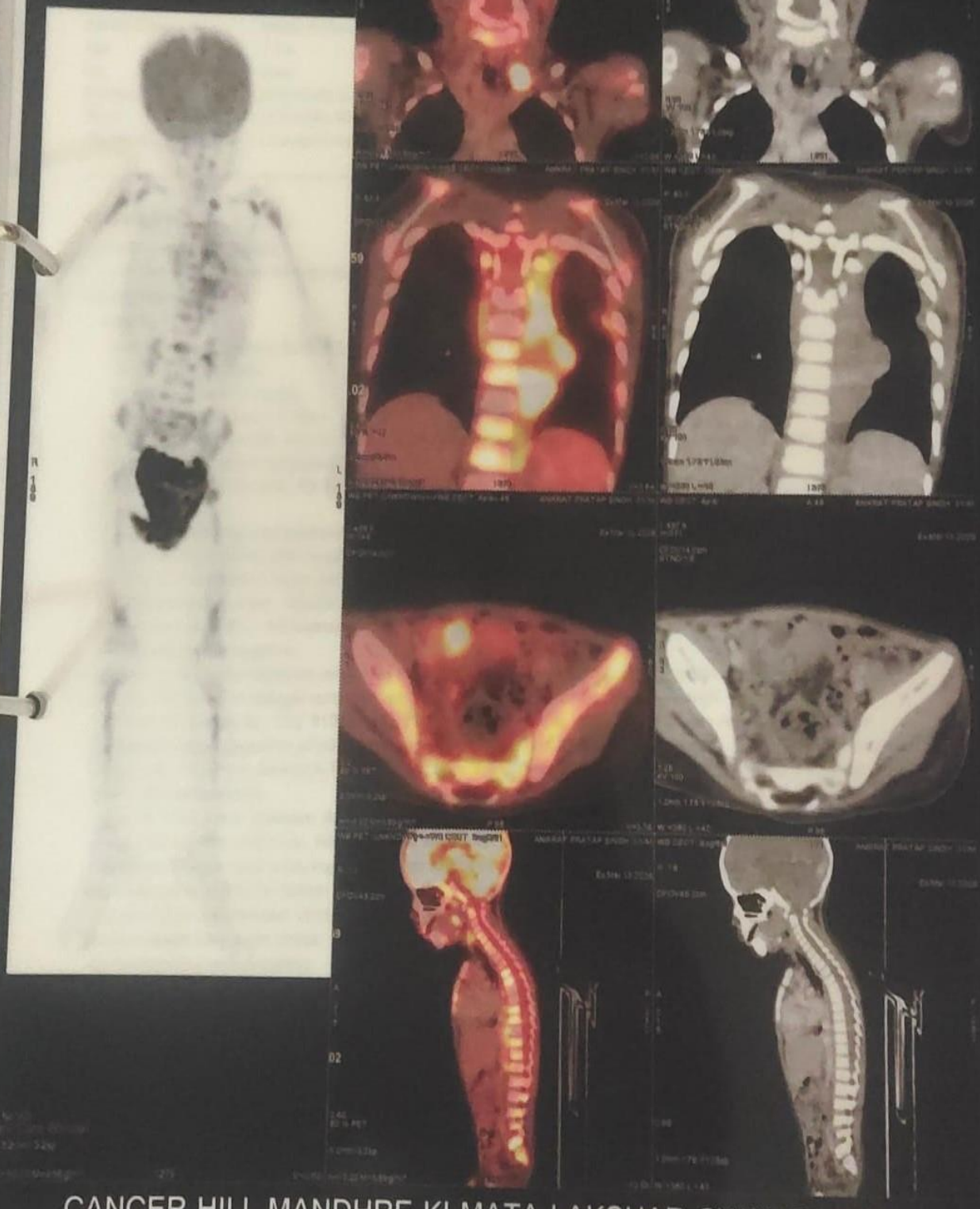
CANCER HOSPITAL AND RESEARCH INSTITUTE

ANIKRAT PRATAP SINGH 3Y/M
CE-8365
Sex: M Birth date: -

CANCER HOSPITAL AND RESEARCH IN...
Acc. Nb.: OPD
Date: Mar 13 2026

1 / 1



CANCER HILL MANDHRE KI MATA LAKSHAR GWALIOR MP

CANCER HOSPITAL & RESEARCH INSTITUTE

REGIONAL CANCER CENTRE FOR RESEARCH & TREATMENT

Cancer Hill, Gwalior (M.P.)

Ph. No.: 0751-2336502,3,4,5

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UHID

VID

CHRI/DOC/517 dt. 03.06.2021

DEPARTMENT OF NUCLEAR MEDICINE & PET-CT

Name	ANIKRAT PRATAP SINGH	Patient Id	CE-8365
Age/Sex	03Y/M	Study	Whole Body PET-CT
Referring Doctor	DR. ANIL SHARMA	Center	Cancer Hospital & Research Institute- Gwalior
Study Date	13/03/2026	Report Date:	13/03/2026

Whole Body (^{18}F-FDG) PET-CT Scan

History: Recently diagnosed case of metastatic neuroendocrine tumor (bone marrow aspiration 07.03.2026)

Indication: metastatic work-up.

Procedure: Whole body images (vertex to mid thigh) were acquired in 3-D mode 60 min after intravenous injection of 370MBq of ^{18}F-FDG. Reconstruction of the acquired data was performed to obtain fused PET-CT images in transaxial, coronal and sagittal views. I.V contrast was given.

Fasting blood glucose level: 78mg/dl

PET-CT Findings: ***(SUVmax of liver is –1.2)***

Brain-

The supra and infra tentorial brain parenchyma appears normal and show normal physiological FDG uptake. No focal lesion or abnormal focal uptake is noted.

(Due to high physiological uptake of FDG in brain parenchyma, small lesions may be missed, MR is better modality for brain evaluation)

Head and Neck:

FDG avid (SUVmax- 6.0) enlarged left supraclavicular lymph node is noted (measuring ~ 1.7 X 1.0cm).

FDG avid (SUVmax- 1.6) multiple upto centimetric sized discrete bilateral cervical level II, III IV & V lymph nodes are noted.

Symmetrically increased FDG avidity (SUVmax-4.0) is noted in bilateral palatine tonsils- Likely infective / inflammatory.

Non FDG avid mild mucosal thickening is noted in bilateral maxillary sinus- Likely chronic sinusitis.

Normal physiologic FDG distribution is seen in rest of the neck region. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

Thorax:

Heterogeneously FDG avid (SUVmax- 6.6) pleural based soft tissue mass lesion (measuring ~ 5.1 X 3.0 X 13.4cm, AP X TR X CC) is noted in the left paravertebral region, involving the mediastinal & posterior costal pleura. It is partially encasing (<180 degree) descending thoracic aorta with maintained fat planes. It is closed abutting left lower bronchus (without luminal narrowing), ribs (4th-11th rib posteriorly) & adjacent vertebral bodies (D2-D12 vertebrae) with suspicious erosion of 8th rib. Fat planes with adjacent intercostal muscles are indistinct with likely involvement at places.

Similar FDG avid (SUVmax- 3.5) pleural thickening (max. thickening ~ 0.5 cm) is noted in the right paravertebral region, involving posterior costal pleura of right lung. It is closely abutting descending aorta (with maintained fat planes), esophagus (with mild

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H-2008-0017
Since June 16, 2008

DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

Dr. Anupam Sachdeva
Dr. Manas Kalra

Patient Name	Master Anikrat Kushwah	**Registration No.**	3704638
Age	2 Yrs	**Episode No.**	IP01590538
Sex	Male	**Date of Admission**	25-Mar-26
Discharge Type	DISCHARGE	**Date Of Discharge**	27-Mar-26
Ward	OLD (OB)-WARD 9		
Admitting Consultant	Consultant Paediatric Hemato-oncology	**Room Vacated on**	**Date** **Time**

DIAGNOSIS

Metastatic Neuroblastoma, Stage 4 (INSS), Stage M (INRGSS), High Risk
Bone marrow - involved
NMYC negative
Rapid COJEC protocol started from 16/03/26
Admitted for Course B chemotherapy
Discharged on day +2

CLINICAL HISTORY

History:
Anikrat , 3 year old boy, r/o Gwalior, a case of metastatic Neuroblastoma, now admitted for Course B (1st) of RAPID COJEC chemotherapy. No history of fever, vomiting, pain abdomen.

PHYSICAL EXAMINATION

Wt – 12.2 kg Height: 94 cm
On admission, afebrile, HR 120/min RR-22/min, BP- 90/40 mmHg, spo2 – 100 % RA. Pallor present, No icterus, No Lymphadenopathy. Systemic examination: P/A: soft; non tender, liver/spleen not palpable
RS- Chest clear CVS- S1S2 heard, CNS- No focal neurological deficits.

CLINICAL SUMMARY

Anikrat was admitted. CBC showed Hb – 7.3 g/dl, TLC- 6930/cumm and PLT – 1.27 lakh/cumm, ANC- 3188/cumm, AMC – 624/cumm. PRBC transfusion was given as per requirement. He tolerated the transfusion well.

After informed consent, he was started on Rapid COJEC chemotherapy course B with Inj Vincristine and Inj Cisplatin with pre-hydration and post hydration. The child tolerated the chemotherapy well.

Parents was informed about the diagnosis of metastatic neuroblastoma. They were told that treatment comprises of chemotherapy, radiation therapy, surgery and stem cell transplant followed by targeted therapy. They were told even in the best circumstances the cure of metastatic neuroblastoma is in the tune of 40-50%. Adverse effects of chemotherapy were duly explained. They were informed that the child would require regular follow up and admissions and the probability of developing febrile neutropenia, sepsis and the need for regular blood product support.

Dr. Lakshita
Resident Doctor

Consultant
Consultant Paediatric Hemato-Oncology

Paediatrics

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H-2008-0017
Since June 16, 2006

DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

Patient Name Master Anikrat Kushwah **Episode No.** IP01590538

At present he is afebrile, with good oral intake, hemodynamically stable, and is being discharged with advice to follow up on 04/04/26 at 10 am in E-block OPD Room no 3015 with CBC/DLC or sos before if fever occurs

PROCEDURES: None
REPORTS AWAITED: None

DISCHARGE ADVICE

- Inj Neukine (300 mcg/ml) - Give 60 mcg (0.2 ml, ie, 8 units via insulin syringe) subcutaneously once a day on 28/03/26, 29/03/26, 30/03/26, 31/03/26, 01/04/26, 02/04/26.
- Syp Ondem (2mg/5ml) 5 ml thrice daily for 2 days and after that SOS for vomiting
- Candid Drops 2 drops thrice daily LA to continue
- Syp Septran (240 mg/5ml) 5 ml twice a day (Mon/Wed/Fri) to continue
- Laxopeg Sachet ½ sachet once daily for constipation
- Sitz bath twice a day to continue
- Diet as adviced
- Strict hygiene, avoid visitors
- Don't administer any vaccination to the child/ Avoid OPV to the family members
- To report to hospital if fever >100 degrees for admission and IV antibiotics.

FOLLOW UP

- To follow up in E Block 3015 OPD at 10 AM on 04/04/26 at 10 am or SOS earlier if any danger signs.
- To follow with Dr. Anupam Sachdeva/ Dr. Manas Kalra

- Reports of investigations done during hospital stay are provided on a separate sheet
- Pending reports can be collected from "CIC-Room no. 32, ground floor (9AM-5PM)
- Histopathology Reports, Blocks or Extra Slides can be collected from Lab 1st Floor SSRB on all working days between 9 AM - 5 PM
- Contact no. of Emergency: 011-42251098, 42251099 Contact no. of SGRH Telephone Exchange: 011-42254000, 25750000
- **Home Care Service:** "REACH OUT" services like Nursing Care, Sample Collection, Injections, X-rays, Physiotherapy, Dressing, Nutrition and Diet Counselling etc. are available in the comfort of your home.
  Contact us at: 011-42251111 / 42253333, www.reachoutsgrh.com, reachout.sgrh@gmail.com

- **Ambulance Services / Patient Transport Service:** For Sir Ganga Ram Hospital ambulance services

Resident Doctor

Consultant
Consultant Paediatric Hemato-Oncology

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SIR GANGA RAM HOSPITAL
DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT-DR.ANUPAM SACHDEVA

INVESTIGATION SUMMARY

Patient Name	Master ANIKRAT KUSHWAH	**Registration No.**	3704638
Age	2 yrs	**Episode No.**	IP01590538
Gender	Male	**Date of Admission**	25 Mar 2026 18:11
Episode Status	CURRENT	**Date of Discharge**	
Ward	OLD (OB)-WARD 9	**Bed**	

Department of Biochemistry

TestSetName	TestItemName	Range	Unit	25 Mar 26 Time	25 Mar 26 Result	27 Mar 26 Time	27 Mar 26 Result
ALT / SGPT	SGPT / ALT	<50	IU/L	19:25	25 Normal		
Magnesium	MAGNESIUM	1.5-2.3	mg/dL			12:59	**2.67** High
Serum Creatinine	CREATININE	.24-.41	mg/dL	19:25	**.17** Low		

Blood Bank

TestSetName	TestItemName	Range	Unit	25 Mar 26 Time	25 Mar 26 Result
BLOOD GROUP - 1 FOR BLOOD / PACKED CELL X-MATCH (mention quantity)	Blood Group + Rh (D)			19:25	AB Neg.
BLOOD GROUPING -2 FOR X-MATCH	Blood Group + Rh (D)			19:25	AB Neg.

PEDIATRIC AND ADOLESCENT HEMATOLOGY,
ONCOLOGY & STEM CELL TRANSPLANT UNIT
Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi - 110060

Dr. Anupam Sachdeva
DCH, MD
Adjunct Professor, National Board of Examination
President Indian Academy of Pediatrics 2017
Director, PHO Unit
Co-Director, Institute of Child Health
(DMC No. : 11823)
Private OPD, Room No. 3015, E-Block
Timing : 12 Noon - 4 PM, Mon - Sat

Dr. (Prof.) Manas Kalra
MBBS (Gold Medalist), MD (Gold Medalist), DNB
FNB (Pediatric Hematology Oncology), FIAP
Fellowship Pediatric Oncology & BMT (Sydney)
Senior Consultant
(DMC No. : 35631)
Private OPD : Room No. 3015, E-Block
Timing : 12 Noon - 4 PM, Mon - Sat

25/03/26

Ankrat

yo metastatic NB (High Risk) - for RAPID COJEC cycle B.

CBC = 7.3/6930/1.27 lac/2426/893.

Adv (SIB & manas)

- Admit in bed one sl.
- RAPID COJEC course B.
- Send SGPT, creat.
- Neukine on discharge.
- PRBC Tx

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DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

Dr. Anupam Sachdeva
Dr. Manas Kalra

Patient Name	Master Anikrat Kushwah	**Registration No.**	3704638
Age	2 Yrs	**Episode No.**	IP01587345
Sex	Male	**Date of Admission**	16-Mar-26
Discharge Type	DISCHARGE	**Date Of Discharge**	18-Mar-26
Ward	OLD (OB)-WARD 9		
Admitting Consultant	Consultant Paediatric Hemato-oncology		
		Room Vacated on	**Date** **Time**

DIAGNOSIS

Metastatic Neuroblastoma, Stage 4 (INSS), Group M (INRGSS), High Risk
NMYC awaited
Rapid COJEC protocol started from 16/03/26
Course A Chemotherapy
Discharged on day +3 chemotherapy

CLINICAL HISTORY

History:

Anikrat , 3 year old boy, r/o Gwalior, a diagnosed case of metastatic Neuroblastoma, now admitted for first cycle of RAPID COJEC Chemotherapy. Currently no history of fever, vomiting, pain abdomen.

Bone marrow biosy was done in previous admission which showed:

Bone Marrow Biopsy showed overall cellularity is >95%. Marrow spaces shows near total replacement by diffuse infilteration of tumor cells. These tumor cells are small to intermediate in size with high N:C ratio, round to oval in shape with stippled "salt and pepper chromatin" showing nuclear moulding arranged in cohesive clusters and aggregates and at the focal places showing resetting. There is marked paucity of normal hematopoitic elements.The bone marrow infiltration is s/o neuroblastoma.

IHC on bone marrow biopsy was positive for NSE , synaptophysin , INSM1 (some cells positive) and CD56. Tumor cells are negative for NKX2.2, CD45 and CD99. suggestive of metastatic neuroblastoma .

Whole body PET CT scan was done which was as follows -

PET-CT scan (13/03//26) was done outside for the primary and metastatic spread of disease which showed-

• FDG avid (SUV max-6) enlarged left supraclavicular lymph node is noted (measuring- 1.7x 1 cm). FDG avid (SUV max-1.6) multiple upto centimetric sized discrete bilateral cervical level II, III IV and V lymph nodes noted.

• Heterogenously FDG avid (SUVmax-6.6) pleural based soft tissue mass lesion (measuring 5.1x3x13.4 cm) is noted in the leftparavertebral region, involving the mediastinal and posterior costal pleura. It is partially encasing (<180 degree) descending thoracic aorta with maintained fat planes. It is closed abutting left lower bronchus (without luminal narrowing) ribs (4th-11th rib posteriorly) and adjacent vertebral bodies (D2-D12 vertebrae) with suspicious erosion of 8th rib. Fat planes with adjacent intercoastal muscles are indistinct with likely involvement at places. Similar FDG avid (SU?Vmax-3.5) pleural thickening (max-thickening- 0.5cm) is noted in the right paravertebral region, involving posterior costal pleura of right lung. It is closely abutting ascending aorta (with maintained fat planes), esophagus (with mild compressive effects on the lumen), adjacent vertebral bodies (D3-D9) and ribs (5th -10th rib posteriorly). FDG avid (SUV max-2)pleural based nodular thickening (0.cm) is noted in left lung, adjacent to 6th rib posterolaterally.

• Hepatosplenic reversal is noted (SUVmax of liver-1.2 and spleen-1.6). Intestinal lumen is inadequately distended. Few

Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology

Paediatrics

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DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

Patient Name Master Anikrat Kushwah **Episode No.** IP01587345

focally increased FDG avidity (SUVmax-6.0) are noted in distal ileum.
• Increased FDG avidity (SUVmax-4.0) is noted in bilateral humerus, bilateral scapula, sternum, bilateral pelvic bone, bilateral femur multiple cervico-dorso-lumbar and sacral vertebrae.
Ferritin 346 ng/ml
LDH 365 IU/L
VMA(Random) - 4.09 mg/L
VMA/creatinine 96.46 mg/g (3-10.8mg/g)

PHYSICAL EXAMINATION
Wt – 12.2 kg Height: 94 cm
On admission, febrile, HR 126/min RR-22/min, BP- 90/60 mmHg, spo2 – 100 % RA. Pallor present, No icterus, No Lymphadenopathy. Systemic examination: P/A: soft; non tender, liver/spleen not palpable Sternal tenderness absent Te... Normal RS- Chest clear CVS- S1S2 heard, CNS- No focal neurological deficits.

CLINICAL SUMMARY
Anikrat was admitted. CBC showed Hb – 8.9 g/dl, TLC- 11970/cumm and PLT – 3.14 lakh/cumm, ANC- 4668/cumm, AMC – 718/cumm.

PICC Line Insertion (16/03/26)-
After taking informed written consent, PICC line was inserted by IR team. Procedure was uneventful.

Being high risk, he was started on Rapid COJEC chemotherapy cycle with Inj Vincristine, Inj Carboplatin and Inj Etoposide on 16/03/26. The child tolerated the chemotherapy well.

Parents was informed about the diagnosis of metastatic neuroblastoma. They were told that treatment comprises of chemotherapy, radiation therapy and stem cell transplant followed by targeted therapy. They were told even in the best circumstances the cure of metastatic neuroblastoma is in the tune of 40-50%. Adverse effects during therapy were duly explained. They were informed that the child would require regular follow up and admissions and also regarding the probability of developing febrile neutropenia, sepsis and the need for regular blood product support .

At present he is afebrile, with good oral intake, hemodynamically stable, and is being discharged with advice to follow up on 25/03/26 at 10 am in E-block OPD Room no 3015 with CBC/DLC or sos before if fever occurs

PROCEDURES: PICC Line insertion
REPORTS AWAITED: N-MYC FISH

DISCHARGE ADVICE
- Inj Neukine (300 mcg/ml)- Give 60 mcg (0.6 ml) subcutaneously once a day on 18/03/26, 19/03/26, 20/03/26, 21/03/26, 22/03/26, 23/03/26 .
- Syp Ondem (2mg/5ml) 5 ml thrice daily for 2 days and after that SOS for vomiting

Resident Doctor

Consultant
Consultant Paediatric Hemato-Oncology

Paediatrics

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H-2008-0017
Since June 16, 2008

MC - 2194

Clinical Laboratory Services
Department of Haematology

Name	:MASTER ANIKRAT KUSHWAH	Age/Sex	:2 Yrs/Male
Registration No.	:3704638	Ward No.	:
Lab Request No.	:1126059555	Room No.	:
Episode No.	:OP15991560	Location Type	:Out Patient
Location	:CENTRAL INVESTIGATION CENTRE	Collected On	:19 MAR 2026 06:53PM
Referred By	:Dr. Manas Kalra	Received On	:19 MAR 2026 07:32PM
Ext. Doctor	:	Reported On	:19 MAR 2026 09:07PM
Specimen	:Blood	Released by	:Akash Pandey
Printed on	:27 MAR 2026 03:12PM		

Investigation	Results	Units	Bio.Ref.Interval	Test Method
Complete Blood Count-EDTA BLOOD				
Cell Counter	Sysmex XN			Automated/Microscopy
Haemoglobin	**9.1**	g/dl	(11.0-14.0)	SLS Hb Method
TLC	12.68	thous/ul	(5.00-15.00)	Flowcytometry
Platelet Count	**505**	thous/ul	(200-450)	Impedance / Flowcytometry
PCV	**28.7**	%	(34.0-40.0)	Cumulative pulse height detection
RBC	**3.58**	mill/ul	(4.00-5.20)	Impedance
MCV	80.2	fl	(75.0-87.0)	Computed
MCH	25.4	pg	(24.0-30.0)	Computed
MCHC	31.7	g/dl	(31.0-37.0)	Computed
RDW	**21.7**	%	(11.6-14.0)	Computed
Micro R	15.90	%		Computed
Macro R	3.30	%		Computed
Differential Leukocyte Count (DLC)				Fluoroscence Flowcytometry / Manual
Neutrophils	72	%		
Lymphocytes	26	%		
Eosinophils	1	%		
Monocytes	1	%		
Basophils	0	%		
ANC	**9130**	/ul	(1500-8000)	
ALC	**3297**	/ul	(6000-9000)	
AEC	127	/ul	(100-1000)	
AMC	**127**	/ul	(200-1000)	
ABC	0	/ul	(0-100)	

Please correlate clinically.

--------{END OF REPORT}--------

Note:- (C) after result of a test indicates, it is critical. Needs Attention
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DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

Patient Name Master Anikrat Kushwah **Episode No.** IP01584585

No h/o jaundice, abdominal distention, edema.

PHYSICAL EXAMINATION

On admission, febrile, HR 126/min RR-22/min, BP- 90/40 mmHg, spo2 – 100 % RA. Pallor present, No icterus, No Lymphadenopathy.
Systemic examination: P/A: soft; non tender, liver/spleen not palpable
Sternal tenderness absent
Testis Normal
RS- Chest clear
CVS- S1S2 heard, CNS- No focal neurological deficits.

CLINICAL SUMMARY

Anikrat was admitted. CBC showed Hb – 6.8 g/dl, TLC- 6950/cumm and PLT – 4.84 lakh/cumm, ANC- 2270/cumm, AMC – 550/cumm.
RFT/Uric acid - was within normal limits. Triple serology (HIV, HbsAg, HCV Ab) was negative.

- Bone Marrow Aspiration and biopsy (07/03/26)-

After taking informed consent, Bone marrow aspiration and biopsy was done. Samples were sent for aspirate, biopsy and Karyotyping, reports awaited. He tolerated the procedure well.

At present the child is stable, accepting orally and is being discharged with advice to follow up on 09/03/26 at 10 AM in Ward 9 or SOS earlier if any danger signs.

PROCEDURES: Bone marrow aspiration and biopsy
REPORTS AWAITED: Bone marrow aspiration and biopsy, Karyotyping, Blood grouping

DISCHARGE ADVICE

- REMOVE BONE MARROW DRESSING AFTER 24 HOURS
- Syp. Crocin (240) 4 ml PO SOS if pain, can repeat 6 hourly.

FOLLOW UP

- To follow up in WArd 9 at 10 AM on 09/03/26 at 10 am or SOS earlier if any danger signs.
- To follow with Dr. Anupam Sachdeva/ Dr. Manas Kalra

- Reports of investigations done during hospital stay are provided on a separate sheet
- Pending reports can be collected from "CIC-Room no. 32, ground floor (9AM-5PM)
- Histopathology Reports, Blocks or Extra Slides can be collected from Lab 1st Floor SSRB on all working days between 9 AM - 5 PM

Dr. Darshan

Resident Doctor

Consultant
Consultant Paediatric Hemato-Oncology

Paediatrics

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Muskurata Bachpan Trust

Ref no. 15

Date. 31-03-2026

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

महोदय,

मैं ज्योति, मेरा बेटा अनिर्मित कुशवाह जो सर गंगा राम हॉस्पिटल में भर्ती है। डॉक्टरो द्वारा मे बेटे को फेफड़े की कोशिकाओं में शुरुआती चरण का न्यूरोब्लास्टोमा कैंसर बताया गया है। जिसका खर्चा 15 से 20 लाख बताया गया है। हम मध्य प्रदेश के ग्वालियर शहर के रहने वाले है, और दिल्ली सर गंगा राम हास्पिटल अपने बच्चे का इलाज करवाने आये है। मेरे पति (आनंद प्रताप सिंह कुशवाह) जो कि प्राइवेट जोब करते है, एवं हम अपने बच्चे का इलाज का खर्चा उठाने के लिए सक्षम नहीं है, हम आपकी संस्था एवं सभी डोनरो से हमारा निवेदन है, कृपया आप सभी हमारे बच्चे के इलाज में सहयोग करें।

धन्यवाद

आवेदक - ज्योति कुशवाह

Jyoti

Muskurata Bachpan Trust Regd. No.

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