





**DR. B.R.A. INSTITUTE ROTARY CANCER HOSPITAL**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**NEW DELHI-110029**  
**DEPARTMENT OF ANAESTHESIOLOGY**

History by Father

NAME Ashu Richi Kumar AGE / SEX 10 / M C.R. NO. 10630332 DATE 3/6/23

DIAGNOSIS (STAGE) RMS PROPOSED OPN. CT ↓ Sedation

**CLINICAL HISTORY (BRIEF)**

CVS - Breathlessness/Palpitation/Chest Pain  
 RS - Cough/Hemoptysis  
 CNS - Seizure/Headache/TIA/CVA/Neurological Deficit  
 Abdomen - Distension/Vomiting/Hepatitis/Renal Disease  
 Endocrine - DM/Thyroid Disease/Parathyroid Disease  
 H/O Allergy

HT/CAD

Asthma

TB

① Parotid Swelling - since per  
 ↓  
 Possible lymphangioma

Any other significant History Term, (N)VD: Institutional Delivery: Developmental milestones

achieved as per age prematured as per age  
breastfeed continuing weaning at 6 months of age

**CURRENT / PAST MEDICATION**

1. Anti HT
2. Anti Diabetic
3. Anti Thyroid
4. Bronchodilators
5. Steroids
6. Chemotherapy Drugs
7. Radiotherapy Received
8. Any Other Drugs

**PAST ANAESTHETIC HISTORY**

Phac - 29/5/23 LA

• H/O intake of homeopathic drugs → stopped since 3-4 months

• H/O Dry Cough - 1 1/2 weeks back.

↓  
 now resolved

• No fever.

• H/O wt loss.

②.

• Playful active child.

• No ab. difficulty in eating, breathing

Weight 6.3 kg

Height

Pulse 112/min

BP -

R.R. 20/min

BHT

**General Physical Examination**

Temperature Afebrile

- Pallor

- Icterus

- Cyanosis

- Clubbing

- Oedema

- Venous Access Difficult

CVS S1S2 ① M0.

Resp. System

B/L VRS. No added sounds

Abdomen / CNS

NSD.

**Airway Assessment:**

Mouth Opening 2.5 fingers ; Restricted opening on ① side

Loose Teeth/Buck Teeth/Dentures/Edentulous/Missing Teeth ① ; Erupted milk tooth

Mallampati Score Not assessed Receding Mandible + Subluxation -

Neck Examination: Movements adequate Thyromental Distance Mentohyoid Distance ① Submental Flat

Radiation Induced Changes Post Surgical Deformity -

DIFFICULT AIRWAY ANTICIPATED

YES/NO

Pediatric age

DDO clinically

18 Reporting DOC  
AM & PM

35 6.8 kg

1 y. male

do swelling on it side of  
face in morning

FNAC (29/5/23) - Allms - 23411499

clusters of malignant  
small round cells

DIRI on 5/5/23

MRI head - Dec - 7/5/23

~~Hyperplasia~~ Parotid gland mass

- 17 parasitic, 21 parasitic involved

Radius of mandible  $\rightarrow$  bone information

Cronal - Ramus of mandible (M) & mass

lateral to it on parallel space

$\Delta^{su} = 9 \text{ RMS}$

Plan : Journal By

(1) In Sandeep Agarwal

Refer to Mr Samuel Bakshi - IRLH

David Green

Monday 9 am

श्रीमद्गीता

21/6/23



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital  
अ.भा.आ.  
बहिरंग  
अस्पताल के अन्दर

OPR-6

एकक/Unit

विभाग/Dept

नाम/Name

DR. B.R. AMBEDKAR INSTITUTE, NEW DELHI

IRCH No. 297406

Clinic: Paediatric Medical Oncology Clinic

Dept: MEDICAL ONCOLOGY

General

नाम आशु रिषी कुमार

Name ASHU RISHI KUMAR

NO- JAYCHANDRA KUMAR

Address PATHRANI PALAMU JHARKHAND Pin- 831001

Reg Date: 15/6/2023

Clinic No. 2023/0001



UID-106740333

Date of Birth

Sex: Age: M: 15

Room: Board Room: Shift: Morning

निदान/Diagnosis:

दिनांक/Date

उपचार/Treatment

5 JUN 2023

एम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
नई दिल्ली  
बहिरंग

30 Blood donation

R.no-15

TNCT Chest/Bone scan + Bx

Pediatric Surgery - Prof. S. Aggarwal for Biopsy

Pneumo lab + N/V - 15/6/23

Surgeon

8/6/23

c/c/15 CR OA

① Parotid Mass → for CT & G/A

Adv

1. PAC - clinically fit

2. Difficult airway ①

3. NO Bx done

Mandha  
CR/OA

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/Charitable facility is available for outstation patients



**DR B R AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL**  
**अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली - 110029**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029**  
**Radiology Requisition Form (Other than X-ray)**

**IRCH No.** 297406 **Reg. Date** 15/10/2023  
**Clinic** Paediatric Medical Oncology Clinic **Clinic No.** 2023/6787  
**Dept.** MEDICAL ONCOLOGY  
**General**  
**नाम** आशु रिषी कुमार **UID** 106750333  
**Name** ASHU RISHI KUMAR  
**SO** JAYCHANDRA KUMAR **Sex/Age** M / Y  
**Room** Board Room (Shift Morning)  
**Address** PATHIRANI PALAMU JHARKHAND, Pin 0, INDIA

**Patient Status**  
☒ Outdoor  
☐ Indoor (Ward / Bed no.)  
**General Condition of the Patient**  
☒ Ambulatory  
☐ Non-ambulatory  
☐ Critical with life support  
**Payment Status**  
☒ Paying  
☐ Exempted by (sign & stamp)  
☐ EHS (no.)

**Investigation Requisition (Investigation is required for each type of investigation)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CT</b><br><b>Type</b><br><input checked="" type="checkbox"/> CECT<br><input type="checkbox"/> NCCT<br><input type="checkbox"/> HRCT<br><input type="checkbox"/> Dual phase CT<br><input type="checkbox"/> Other (specify) _____<br><b>Body Part(s)</b><br><input type="checkbox"/> Head<br><input type="checkbox"/> Orbit<br><input type="checkbox"/> PNS<br><input type="checkbox"/> Face/mandible<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Chest<br><input type="checkbox"/> Abdomen<br><input type="checkbox"/> Pelvis<br><input type="checkbox"/> Other (specify) _____ | <b>Ultrasound</b><br><input type="checkbox"/> Abdomen & Pelvis<br><input type="checkbox"/> Upper Abdomen<br><input type="checkbox"/> Pelvis<br><input type="checkbox"/> KUB<br><input type="checkbox"/> Breast<br><input type="checkbox"/> Scrotum<br><input type="checkbox"/> Neck<br><input type="checkbox"/> TVUS<br><input type="checkbox"/> TRUS<br><input type="checkbox"/> Colour Doppler of _____<br><input type="checkbox"/> Other (specify) _____ | <b>Fluoroscopy &amp; Special Radiography</b><br><input type="checkbox"/> Barium Swallow<br><input type="checkbox"/> Barium Meal UGI<br><input type="checkbox"/> Barium Meal Follow Through<br><input type="checkbox"/> Gastrografin Study<br><input type="checkbox"/> Loopogram<br><input type="checkbox"/> Distal Cologram<br><input type="checkbox"/> Sinogram<br><input type="checkbox"/> IVP<br><input type="checkbox"/> Other (specify) _____ | <b>Image Guided Interventions</b><br><b>Procedure</b><br><input type="checkbox"/> FNAC<br><input type="checkbox"/> Core Biopsy<br><input type="checkbox"/> Fluid Aspiration only<br><input type="checkbox"/> Fluid Aspiration for cytology<br><input type="checkbox"/> Catheter Drainage<br><input type="checkbox"/> Other (specify) _____<br><b>Of (organ/lesion)</b><br>_____<br>_____<br>As per the requirement<br>Please provide filled<br>cytology/histopathology form |
| <b>Mammography</b><br><input type="checkbox"/> Bilateral<br><input type="checkbox"/> Right<br><input type="checkbox"/> Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Films Review</b><br><input type="checkbox"/> CT<br><input type="checkbox"/> MRI<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**Clinical Diagnosis**

**Clinical details:**

**Previous imaging**

- ☒ None  
☐ At BRAIRCH (study / date)  
☐ Outside (details)

**For CT & IVP only**

Blood urea, creatinine  
 Any history of allergy, asthma

*Signature & Name of the Doctor*  
 Date: 8/6/23

**For the use of Radiology Department only**

**Appointment on**

8/6/23

**Contrast Details**

1hr  
 8.30AM

**Study number/Date**

**Senior Resident/Technologist**

**Comments**



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

*Signature & stamp*

**Oncology Screening OPD Proforma**

70  
ड्यूटी अधिकारी  
Duty Officer  
Dr. BRA. IRCH  
आर. बी. आर. इन्स्टीट्यूट ऑफ मेडिकल साइंसेस  
एन. डी. 110029  
नई दिल्ली-29

Name Ashu Rishi Kumar

Age 1

Sex M

Date of Visit 05/06/23

Appointment ID \_\_\_\_\_

Clinical /Referral Summary: \_\_\_\_\_

*Small bowel cell cancer Peritoneal masses  
? RMS.*

Provisional Diagnosis \_\_\_\_\_

Register at BRA-IRCH/NCI

OPD \_\_\_\_\_ Clinic \_\_\_\_\_

(Please register for UHID & IRCH/NCI No at the adjacent Counter after filling up patient information slip.)

Referred to Department of

**AIIMS OPD**

Referred to \_\_\_\_\_ OPD/ Clinic at DR BRAIRCH/NCI on earliest available date & time. Advised to take appointment through online mode at [www.ors.gov.in](http://www.ors.gov.in) OR calling up telephone No 011-26589142 (9.30 am to 5.00 pm) or 911-5444155 (8.30 am to 3.30 pm) OR visiting Counter No. \_\_\_\_\_

Signatures

Name \_\_\_\_\_

Dept Medical Oncology

Radiation Oncology

Surgical Oncology

OA & Palliative Medicine

UHID No 106790333

Signature \_\_\_\_\_

IRCH No \_\_\_\_\_

Name \_\_\_\_\_

(Medical Record Section)

**Guidelines for Screening & Registration**

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

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



750/9/9562

**APPOINTMENT FOR RADIOLOGICAL TEST रेडियोलोजी टेस्ट की तारीख**  
 Name of the Patient: Ashu Rishi Kumar UHID No. 106750333  
 Age/Sex: 11/M IRCH No. \_\_\_\_\_

Scheduled date तारीख 8/6/23 Room No. कमरा नं 43/49/46/30

Please report at समय: 8.30 am.

Name of the Test / Procedure टेस्ट का नाम

| Test                    | Type                                                                                 | Body part (s)                                              |
|-------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------|
| CT scan सीटी स्कैन      | CECT, NCCT, HRCT<br>Multiphase CT, CT angiography                                    | Head, Orbit, Face-Neck, Chest, Abdomen, Pelvis, other..... |
| Ultrasound अल्ट्रासाउंड | Abdomen-Pelvis, KUB, Neck, Breast, Scrotum, TVS, TRUS, other.....                    |                                                            |
| Colour Doppler डॉपलर    | Upper limb, Lower Limb, Other.....                                                   |                                                            |
| GI tract study बैरियम   | Barium Swallow, Barium Follow Thru, Distal Cologram, Gastrograffin Study, other..... |                                                            |
| Urinary study आइवीपी    | IVP, MCU, other.....                                                                 |                                                            |
| Mammography मम्मोग्राफी | Bilateral, Right, Left                                                               |                                                            |
| Other अन्य              |                                                                                      |                                                            |

Signature of Booking clerk/officer [Signature]

Date given on 5/6/23

Please read carefully and follow checked ✓ instructions चिन्हांकित ✓ सूचनाओं का पालन करें

- ☐ Bring contrast injection Iomeprol 400mg/Iohexol 350mg/Iobitridol 350mg/other equivalent.....
- ☐ Fasting for 4 hours (only water or medicines are allowed) 4 घंटे खाली पेट रहे। पानी, दवाएं लें।
- ☐ Do not pass urine for 3-4 hours 3-4 घंटे पेशाब रोकें रहें।
- ☐ Bring 1 litre of drinking water for you पीने का पानी साथ लाएं।
- ☒ Bring on adult attendant with you एक बयस्क साथी साथ लाएं।
- ☒ Bring previous X-rays or other films, if any पुराने एक्सरे या फिल्मों साथ लाएं।
- ☒ Pay Rs. 200/300/750/1500/..... at Cash Counter no. 13 (each body part is charged separately)
- ☐ Special instruction विशेष सूचनाएं .....

सीटी स्कैन एवं [unclear] की रिपोर्ट कमरा सं. [unclear]

*\* To attend PAC Clinic  
 \* Register in Day care/complex (10/6/23)  
 Short admission*

**General information सामान्य जानकारीयां :**

- Contrast injection during CT scan can occasionally cause side effects ranging from mild allergic reaction to severe breathlessness, hypotension or shock. These cannot be predicted but chances are higher in patients with history of asthma or allergy to medicine. So please inform if you have history of asthma or allergy to iodinated contrast media. सीटी स्कैन में कंट्रास्ट दवा के इंजेक्शन से कभी कभी दुष्परिणाम (उत्ती, खुजली, शॉक इत्यादि) हो सकते हैं। यदि आपको एलर्जी है तो पहले बताएं।
- Ladies if you could be pregnant, inform radiographer, nurse or doctor before the test महिलाएं यदि आपको हो सकती है गर्भ हो तो टेस्ट से पहले डॉक्टर, नर्स या रेडियोग्राफर को सूचित करें।
- Your test is likely to be over before 1 pm आपका टेस्ट 1 बजे के पहले पूरा हो सकता है।
- Report will be sent to OPD counter No. 9 or ward after two working days रिपोर्ट दो दिन के बाद काउंटर 9 या वार्ड पर भेजी जाएगी।

**Consent of the Patient for contrast Injection कंट्रास्ट इंजेक्शन के लिए रोगी की सम्मति।**

I have been explained the risks associated with iodinated contrast medium injection. I hereby give my consent for injection of contrast media to me by any route deemed necessary मुझे कंट्रास्ट इंजेक्शन के दुष्परिणाम की जानकारी दी गई है। मैं कंट्रास्ट इंजेक्शन के लिए अपनी सम्मति प्रदान करता हूँ/ करती हूँ।

Signature of Patient or attendant Jayshardha K Name \_\_\_\_\_

Date : \_\_\_\_\_ Relation with the Patient \_\_\_\_\_

# APEX DIAGNOSTIC CENTRE

Anant Tower, Opposite Old Uphar Cinema, Ratu Road, Ranchi, Jharkhand, India

Name: ASHUTOSH KUMAR DIYAM

Age & Sex: 09/03/23 RIMS HOSPITAL

Date: \_\_\_\_\_ Ref. By Dr. \_\_\_\_\_

**Dr. Chitranjan**

M.D. (RADIO-DIAGNOSIS)

Consultant Radiologist

Pulse Diagnostic Centre, Bariatu, Ranchi

Ex-Senior Resident

Deptt. of Radio-Diagnosis, AIIMS, New Delhi

ULTRA SOUND, ECHOCARDIOGRAPHY, COLOUR DOPPLER, SMALL PART SONOGRAPHY  
TRANSVAGINAL SONOGRAPHY, FOLLICULAR MONITORING, FNAC/BIOPSY (USG GUIDED)

THANKS FOR REFERRAL.

## USG LEFT PAROTID REGION SWELLING

### FINDINGS

A multiloculated cystic lesion is seen involving left parotid gland. It measures 2.6cm x 1.3cm.

Dense internal echoes are seen in lesion.

Right parotid gland is normal.

IMPRESSION: A MULTILOCULATED CYSTIC LESION INVOLVING LEFT PAROTID GLAND

? LYMPHANGIOMA ? LYMPHANGIOHEMANGIOMA

**Dr. Chitranjan**

MBBS, MD (RADIO DIAGNOSIS)

Reg. No. - 1627 (JCM)

Dr. Chitranjan, MD  
Formerly radiologist at AIIMS



Q/E

HR 1181 -

21/04

CAT in

PQ

P<sup>-</sup> I<sup>-</sup> C<sup>-</sup> C<sup>-</sup> L<sup>-</sup> E<sup>-</sup>

① cided check mass ①

3x5u

Any hard in considering  
immune

|            |      |  |      |
|------------|------|--|------|
| <u>Q/E</u> | Clon |  | Ward |
|            | CNS  |  |      |
|            | P/A  |  |      |

CNS (L) <sup>fine</sup> <sub>large</sub> ①

Plan.

- Med N/U
- Red Sn - Biopsy
- Prechemo labs - CBC/LEI/RFI/viral markers/LDH
- Blood - 30 Donation
- N/U — 15/6/23.

NCCT CHEST  
BONE SCAN  
BMA/Bx

Signature



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

Tel +91-11-26588500/26588700, Fax +91-11-26588500/26588700

|                  |                           |                     |               |
|------------------|---------------------------|---------------------|---------------|
| Patient Name     | Ashu Rishi Kumar          | Acc No              | 23Y11499      |
| F/H Name         | Jaychandra Kumar          | Hosp Reg No         | 106750333     |
| Age/Sex          | 1 Y/Male                  | UHID No             | ---           |
| Clinic/Dept/Unit | Paediatric Surgery/Unit 1 | Consultant Incharge | Dr S Agarwala |
| Reg Date         | 29-05-2023                | Reporting Date      | 31-05-2023    |

**Cytopathology Report**

**Report Findings:**

Received two smears sent as aspirate from left parotid swelling labelled as C-9356 for review shows many singly lying as well as clusters of malignant small round cells with scant cytoplasm. Features are suggestive of a Malignant small round cell tumor.

A Histopathological correlation is advised.

**Cancer Category:**

- ☐ **UNS:** Specimen Inadequate For Opinion
- ☐ **NEG:** No Evidence Of Cancer In This specimen
- ☐ **INC:** Further Evidence As Indicated Is needed To rule Cancer In or Out
- ☒ **POS:** Diagnostic For Cancer Correlation with Clinical, Radiological and other Investigation is mandatory

Reporting Incharge Dr Anubhav

Reporting SR Dr Akansha Gautam

Verify By Dr Akansha Gautam





Children's Hospital / सं० अस्पताल / A.I.I.M.S. HOSPITAL  
 गणतंत्रिय चिकित्सा विभाग / Out Patient Department

PROHIBITED IN HOSPITAL PREMISES

डा. संपूर्ण कुमार  
 Dr. SOPR-5  
 Paediatric Surgery O.P.D.  
 (24th Jan Friday)

अशु रिशी कुमार  
 ASHU RISHI KUMAR  
 10/01/2023  
 10/01/2023  
 10/01/2023

G-31  
 20/05/2023



OPD Regn No

Address

Age

निदान / Diagnosis

Malignant Round cell tumour.

उपचार / Treatment

28

7/1/23

- clo swelling in R side of cheek  
 noticed - 6 months back

- gradually 4 in size

- h/o weight loss @, h/o appetite @

- No h/o local trauma

- No h/o fever / similar swelling anywhere else.

- No h/o difficulty in jaw movement

Q Child - alert

No pallor, Afabul

No lymphadenopathy

U/S Salivary, noted swelling of size 6x8cm @ on @  
 side of cheek, smooth surface, diffuse margins  
 Non tender

Appointed 02/16/2023  
 Friday O.P.D.

JAN LAKSHMI



## INVESTIGATIONS (Date)

| Hb/Hct           | WBC/PLATELETS     | SUGAR F/PP/R | UREA/CREATININE |
|------------------|-------------------|--------------|-----------------|
|                  |                   |              |                 |
| T PROTEINS / A G | BILIRUBIN / D / I | SGOT / PT    | ALKP04ASE       |
|                  |                   |              |                 |

X RAYS (Date)

ECG/ECHO/MUGA (Date)

| PFT                   | Actual | % Predicted |
|-----------------------|--------|-------------|
| FVC                   |        |             |
| FEV <sub>1</sub>      |        |             |
| FEV <sub>1</sub> /FVC |        |             |
| PEFR                  |        |             |

USG/CT/MRI

MRI Head

Parotid space mas.  
 ↓ moderate, parotid  
 mass - low excretion - 6x8 cm,  
 extending to submandibular gland

OTHERS

RISK GROUP STATUS (ASA)

I

Reason for risk Difficult air

FURTHER ORDERS AND INVESTIGATIONS

- CT & GA  
 DATE FOR SURGERY CAN BE GIVEN  
 NEEDS FURTHER INVESTIGATIONS  
 ADMIT \_\_\_\_\_ DAYS PRIOR TO SURGERY  
 AND INFORM SR ANAESTHESIOLOGY

SEEN BY (CAPITALS)

SIGNATURE

DESIGNATION

DATE

Manisha

Sr. OR Review PAC (Date)

5/6/23

PRE OP MEDICATION (DRUG) DOSE ROUTE TIME

- 1 NPO after
- 2 Consent Routine / High Risk
- 3 Sedative
- 4 Narcotic
- 5 Antisialagogue

6

7

8

9

10

Investigations to be done on Morning of Surgery

Child was intubated  
 at 12:50 pm.

Not fit for GA earlier  
 than 5 pm.

Ensure NPO

ORDERED BY

SIGNATURE

NAME

DATE TIME





नाम आशु रिषी कुमार

Name ASHU RISHI KUMAR

SO: JAYCHANDRA KUMAR

Sex/Age M/1Y

Room Board Room (Shift Morning)

Address PATHRANI PALAMU, JHARKHAND, Pin 0, INDIA

DOB: 12 Feb 2022

by Smo.

C/c.

(L) started feed/check nars to Smo.

HOP:

5 months ago - noticed the object nars

gradually Proj to current size

(300gms)

No 4s fever

4. cough/cold/dyspnea/jaundice/urinary/renal etc  
or any other system

No 4s

No swelling anywhere else

Family



4. wt-loss

inborn to color (L) eye / (R) fundus

Development

(2)

- Bilingual (2)

- can walk / climb stairs

- standing walks @ 11 months

- semi-fine grasp

No 4s

can sit

**ANAESTHESIA RECORD**

ANAESTHESIOLOGISTS

SURGEONS

SURGERY PERFORMED

TECHNIQUES GA/REGIONAL/COMBINED

NAME

AGE/SEX

CR NO

DATE

VENTILATOR

POSITION

IV ACCESS

RT

LT

TIDAL VOL /MV

CVP

Art

PAWP

GA

Induction

FREQUENCY

CIRCUIT

INTUBATION - ORAL/NASAL /LARYNGSCOPIC/FIBER OPTIC/OTHERS

LARYNGO GRADE INTUBATION EASY / DIFF / IMPOSS

NO OF ATTEMPTS

CALCULATED BLOOD VOL

CALCULATED FLUID REQ

MAINTENANCE

REGIONAL ANAESTHESIA

1st hr

4th hr

SAB/ EPID / CSEA/NERVE BLOCK

2nd hr

5th hr

SITE NEEDLE GAUGE

3rd hr

6th hr

DRUG CONC VOLUME

CALC BLOOD LOSS :

ANTIBIOTICS

BLOOD REPLACED

OTHER DRUGS

BLOOD GROUP

BLOOD BAG NO.

REVERSAL GIVEN AT

EXTUBATION

T-PIECE

ELECTIVE VENTILATION

BEFORE SHIFTING TO ICU

CONSCIOUSNESS PULSE BP RESP SPO<sub>2</sub> CVP**EVENTS / COMPLICATIONS :****FLUID BALANCE :**

1. ESTIMATED BLOOD LOSS
2. BLOOD REPLACED
3. COLLOIDS REPLACED
4. CRYSTALLOIDS INFUSED
5. URINE OUTPUT

Signature of Anaesthetist



# DR. A. K. VERMA'S PATHOLOGY LAB

65, Road No. 1, Ashoknagar, Ranchi - 834002; Phone: 2240409, 7004851182  
(TIMING: 7.00 AM to 5:30 PM)

## DR. A.K VERMA

M.B.B.S.(Hons.), M.D.  
Ex. Prof. & H.O.D. Pathology  
R.I.M.S., Ranchi

ISO 9001:2015

## Dr. ABHISHEK A. VERMA

M.D.(Path.), D.N.B.(Path.), D.C.P., M.N.A.M.S.  
Ex-Senior Resident, Oncopathology  
Tata Memorial Hospital, Mumbai  
Ex-SR Lab Medicine, RIMS, Ranchi  
Ex-SR Tutor Pathology, RIMS, Ranchi  
Trained In IUI & Advanced Andrology

To  
Name of the Patient  
Nature of Specimen  
Investigation Desired

Dr. Abhishek Ranjan  
Mr Ashu Rishi Kumar (01 Yrs)  
FNAC-Left parotid swelling  
Cytological examination (C-9356)

Date 12/05/23

Recd 12/05/23

### REPORT ON PATHOLOGICAL INVESTIGATION

#### Findings :-

FNAC

Site

Left parotid swelling.

Material aspirated

Blood mixed aspirate.

Stains

MGG, H&E.

Microscopy

Smears show singly scattered and clusters of cells with scant amount of cytoplasm. These cells show prominent nuclei with condensed chromatin. Eosinophilic material is seen between these cells. Inflammatory cells along with red blood cells are seen in the background.

Impression

Malignant round cell tumour.

Note

Suggested biopsy for exact categorization.

(ABHISHEK A VERMA)

(A K VERMA)

# ADVANCED DIAGNOSTIC CENTRE

A unit of  MEDICA Hospitals  
Caring for life

Opp Dr. K K Sinha's Residence, Ballabh, Booty Road, Barialu, Ranchi - 834009 (Jharkhand), India  
PHONE : 0651-2542121, 9234677717, 7033699650

08/05/2023.

NAME: ASHU RISHI KUMAR,

AGE : 01 YRS/ M

Ref By : DR. ABHISHEK RANJAN (BALPAN CHILDREN HOSPITAL)

## MRI NECK/FACE SWELLING (P + C)

### OBSERVATIONS:

On T2WS images a mildly hyperintense lesion is seen in left side of face in preauricular area, measuring 4.12cms (A-P) X 2.56 cms (R-L) X 4.34 cms (C-C) (approx). It is intensely hyperintense on T2WFS images. It is hypointense on T1W images. Septation are seen in it. Medially it is extending close to pterygoid muscles.

The lesion is causing indentation over carotid vessels but does not appear to be encasing them.

Left parotid gland is not seen separately and may be involved by it. Right parotid gland is normal in signal intensity.

Submandibular salivary glands are normal in signal intensity.

Piriform sinuses appear normal.

Submandibular and parotid salivary glands are normal in morphology and signal intensity.

On T2WFS images no retropharyngeal collection is seen.

No intracranial extension is seen.

### IMPRESSION: MRI study reveals:

- On T2WS images a mildly hyperintense lesion is seen in left side of face in preauricular area. It is intensely hyperintense on T2WFS images. It is hypointense on T1W images. Septation are seen in it.

Possibility of lymphangioma may be considered.



DR. JITENDRA K. SINGH,  
MD, RADIOLOGY





# BALPAN CHILDREN HOSPITAL

(Advanced Neonatal & Paediatric Hospital)

Opp. PHED, Near Jalprakash Nagar, Booty More, Ranchi (Jharkhand)  
+91 6203414121 info.balpan@gmail.com www.balpanchildrenhospital.com

## OPD Prescription

No. : 916 Date : 06/May/2023 Serial No. : 3  
Patient Name : Mr. ASHUTOSH KUMAR Age / Sex : 1 Yrs 4 Months 0 Days Male  
Doctor : PAEDIATRIC SURGEON Valid Upto : 15/May/2023  
Department : PAEDIATRIC SURGERY UHID No. : 18338

6.800kg

Ht:

H.C:

Scallies over 10 pre-arranged visits

1st visit of scallies (ADP)  
admission date 10/05/2023

No.

1st visit of scallies

(100% Abdominal X-ray)