
JANLAKSHYATRUST

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

OPR-6

एकक/Unit

केन्द्रीय पंजीकृत सं०/O.P.D. Regn. No.

लिंग Sex	आयु Age	जन्म तिथि/Date of Birth

08 ... 2025

DR. B.R.A. IRCH, AIIMS, NEW DELHI
UHID: 107574193
IRCH No. 321598
General

Recurrent Sacrococcygeal Teratoma

उपचार/Treatment

23/12/24

Pre chemo Labs (N) To proceed with Cycle 1 TIP

- Inj EMSET 2mg + DEXA 2mg iv STAT
  पहले दूसरे ... तीसरे दिन
- Cap APRECAP 125mg, 80mg, 80mg
  (1/2) D1 D2(1/2) (1/2)D3
- Inj. PACLITAXEL 125mg/500ml NS iv over 3 hours on D1
- Inj. IFOSFAMIDE 700mg/250ml NS iv over 2 hours D2 - D5
- Inj. MESNA 250mg @ 0, 3, 6 hr D2 - D5
- Inj. CISPLATIN 12mg/500ml DNS iv over 6 hrs D2 - D5

PW
years

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

- Inj. MgSO4 10ml + 5ml KCl + 20ml 20% Mannitol iv over 6 hours D2 - D5

5/12/24

c/D/w Dr Vishesh Jain — Subroi Jilar in F/u CF Room No. 34

Adv. - DIN MC on 10/12/24

- IRCH Registration

- To follow up on 12/12/24 at 2PM

Pareek SR

12/12/24 Recurrent Sacrococcygeal Teratoma (Mixed)

S. AFP – 180

B- HCG - <0.1

LDH -298.

Biopsy block review - due.

Platelet count not recovered yet

Last chemo –
27/11
28/11
29/11

Adv

- Ped surgery Review today

— N/V on 19/12/2024 c CBC

— TIP protocol
↓
[illegible]

[signature]

19/12/24. Recurrent Sacrococcygeal Teratoma (Mixed)

Biopsy block review done.

ANC not recovered yet

10.0 / 5760 / 720 / 4.64 / (L)

Adv

(15) - Inj. G-CSF 50 ug s/c STAT

- N/V on 23/12/24 c CBC

12/12/24

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

OPR-6

DR. B.R.A. IRCH,AIIMS,NEW DELHI

/Out Patient Department

IOKING PROHIBITED IN HOSPITAL PREMISES

IRCH No. 321598 Reg.Date 05/09/2024

Clinic Paed Lymphoma Leukemia Clinic Clinic No. 22/09/2024

Deptt. MEDICAL ONCOLOGY

General

UHID-107574193

नाम दिति प्रीया डेय

Name DITI PRIYA DEY

D/O- DIPANKRA DEY

Sex/Age F / 14Y

Room 13 Shift Morning

). 321598.

बo रोo विo पंजीकृत सं०/O.P.D. Regn. No.

पुत्री/पुत्री D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
	F	14y	12 DEC 2024

05 DEC 2024

निदान/Diagnosis Rec. Sacrococcygeal teratoma

दिनांक/Date	उपचार/Treatment
11/12/2024	Rx.
	① 3⊖ blood donation (New emergency Blood Bank)
	② CBC, RFT, LFT, LDH, AFP, β-HCG, Iron profile
	③ Thursday → Peds surgery review (↓ Dr. S. Agarwala sir). 1pm — गुरुवार ⑥
	④ F/U on 12/12/2024 with report.

23 DEC 2024

JAILAKSHYA TRUST

c/o Prof. S. Agarwal & Adv.

- To give TIP chemo (1) Med onco @[redacted] as per advice of Dr Sameer Bakshi sir.
- may be considered for operation (1) VRS MC PS2 after TIP chemo (1) PS4 @ AIIMS

Sarcoma

PS2 SD

- MRI for intraspinal extension. (pelvis / whole spine / to r/o intraspinal extension
- RTO 19/12/24 @ 2pm. - IRCH registration

19/12/24 advice

- PET
- CECT (CHEST)
- MRI spine

to be done in 1st week of march

- f/o in Paeds Sx IRCH @ 2pm on 14/3/25

Onlic

DR. B.R.A. IRCH,AIIMS,NEW DELHI

IRCH No. 321598
Clinic Paed Lymphoma Leukemia Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg.Date-05/06/2024
Clinic No. 22169/2024

UHID-107574193

नाम दिति प्रीया डेय
Name DITI PRIYA DEY
D/O- DIPANKRA DEY

Sex/Age F /1Y
Room 13 (Shift Morning)

...गन रोटरी कैंसर अस्पताल
Rotary Cancer Hospital
A.I.I.M.S. HOSPITAL
Patient Department
PROHIBITED IN HOSPITAL PREMISES

OPR-6

बo रोo विo पंजीकृत सं०/O.P.D. Regn. No. _____

लिंग Sex	आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis: Rec. sacrococcygeal teratoma. (mixed)

दिनांक/Date

उपचार/Treatment

- D/RC - 9/12/24:

PET CT - 25/11/24 pre sacral thickening & uptake. Bladder full.
Local recurrence (+) - incidy canal as well as posterior

PET CT - Cpm - 30/8/24 → (N) study. only mild presacral thickening

Plan: MRI for intraspinal extension.

CBC - 10/12/24: - 10.2 / 6670 / ANC 1067 / 140.

AFP - 10/12/24 = 180
18/11/24 - 131.7
10/11/24 - 52.5

Adv: CECT
Case Seen (1) med oncology: Adv. TIP chemotherapy

19 DEC 2024

(b)

LABORATORY REPORT

Name	: Baby Girl.DITIPRIYA	Location	: KPL SSB
Age/Gender	: **1 Y 3M(s)/Female**	Registered On	: 22-12-2024 11:49
Reg No	: 221224869	Collected On	: 22-12-2024 11:53
Lab ID No	: KP0674342	Reported On	: 22-12-2024 17:52
Sample ID	: 221224869	Referred By	: Doctor
Sample Type	: EDTA Whole Blood	Client Name	: HSCC CASH
		Reference No	:

Pediatric reference ranges: For children, the Reference ranges are for age groups of 1year, 2-6 years & 6-12 years. The reference range for differential leucocyte count percentages (%)and RDW-CV% are for adults only. For specific ranges, consult a physician.

Reference Sedimentation rate (mm in 1 hour at 20 ± 3 deg C)

Men

17-50 yr	10 or <
51-60 yr	12 or <
61-70 yr	14 or <
>70 yr	30 or <

Women

17-50 yr	12 or <
51-60 yr	19 or <
61-70	20 or <
>70 yr	35 or <

**** End Of The Report ****

Dr.Kamaljeet Kaur
M.B.B.S , M.D
Consulting Pathologist
DMC Reg.No-32639

— Inj G-CSF 50 mg s/c q 24 H
(Filgrastim) from D6 for 6 days

— N/V on 08/01/2025 ; CBC/LFT/

Post chemo
— Syp EMSET 5mL/2mg × 3 days
5mL PO q 8 H
— T. DEXA 4mg × 3 days
½ TAB PO q 12 H

Post cycle 1 TIP
Usually well
Pt not reviewed

to start cycle 2 TIP

12/01/25 — Pre chemo labs (N)
— To proceed : Cycle 2 TIP as charted (Orginal)
— T LANZOL JUNIOR 15mg 1 TAB PO q [illegible] × 5 days
— N/V on 08/01/2025 CBC/LFT

LABORATORY REPORT

Name	: **Baby Girl.DITI PRIYA**	Location	: KPL SSB
Age/Gender	: **1 Y(s) /Female**	Registered On	: 18-12-2024 11:55
Reg No	: 181224662	Collected On	: 18-12-2024 13:22
Lab ID No	: KP0534498	Reported On	: 18-12-2024 17:25
Sample ID	: 181224662	Referred By	: Doctor
Sample Type	: EDTA Whole Blood	Client Name	: HSCC CASH
		Reference No	:

Test	Result	Unit	Reference Range
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	: **10.0**	g/dl	11.1 - 14.1
Method : Photometric			
HAEMATOCRIT	: 30.3	%	30.0 - 38.0
Method : Cumulative Pulse Height Detection			
R.B.C COUNT	: **3.67**	x10^12/L	3.90 - 5.10
Method : Electrical Impedence			
M C V	: 82.6	fL	72.0 - 84.0
Method : Calculated Parameter			
M C H	: 27.2	pg	25.0 - 29.0
Method : Calculated Parameter			
M C H C	: 33.0	g/dl	32.0 - 36.0
Method : Calculated Parameter			
PLATELET COUNT	: 464	x10^9/L	200 - 550.0
Method : Electrical Impedence			
TLC	: **5.76**	x10^9/L	6.00 - 16.00
Method : Electrical Impedence			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils	: 12.5	%	40.0 - 80.0
Lymphocytes	: **74.3**	%	20.0 - 40.0
Monocytes	: **10.1**	%	2.0 - 10.0
Eosinophils	: 2.4	%	1.0 - 6.0
Basophils	: 0.7	%	0.0 - 2.0
E.S.R. (Modified Westergren)	: **24.00**	mm at first hr	0 - 20

NOTE: CBC has been done on SYSMEX XP100 / XN-550 Automated Analyser.
Method for DLC - Laser Fluorescence Flowcytometry / Calculated.

Dr.Kamaljeet Kaur
M.B.B.S , M.D
Consulting Pathologist
DMC Reg.No-32639

Print Date : 18-12-2024 17:34

LABORATORY REPORT

Name	: **Baby Girl.DITIPRIYA**	Location	: KPL SSB
Age/Gender	: **1 Y 3M(s)/Female**	Registered On	: 12-01-2025 12:12
Reg No	: 120125897	Collected On	: 12-01-2025 12:13
Lab ID No	: KP0674342	Reported On	: 12-01-2025 16:24
Sample ID	: 120125897	Referred By	: Doctor
Sample Type	: EDTA Whole Blood	Client Name	: HSCC CASH
		Reference No	:

Pediatric reference ranges: For children, the Reference ranges are for age groups of 1year, 2-6 years & 6-12 years. The reference range for differential leucocyte count percentages (%)and RDW-CV% are for adults only. For specific ranges, consult a physician.

Reference Sedimentation rate (mm in 1 hour at 20 ± 3 deg C)

Men	
17-50 yr	10 or <
51-60 yr	12 or <
61-70 yr	14 or <
>70 yr	30 or <
Women	
17-50 yr	12 or <
51-60 yr	19 or <
61-70	20 or <
>70 yr	35 or <

**** End Of The Report ****

Dr.Kamaljeet Kaur
M.B.B.S , M.D
Consulting Pathologist
DMC Reg.No-32639

F SARAI

GAGAN PATHOLOGY & IMAGING PVT. LTD.

ACCURATE | ACCREDITATED LAB

MC-6091

An Institute of
Hormones Since 1988

Lab Report

Patient Name	Baby DITI PRIYA	Patient Id	1024160410
Sex / Age	Female /1 Yrs	Registered On	18/11/2024 15:04:44
Ref. Dr.	E-CARE DIAG. CENTRE	Receiving On	18/11/2024 15:07:36
Sample From	E-CARE DIAG CENTRE*YUSUF SARAI	Printed On	18/11/2024 17:41:27
Sample	SERUM	Barcode	

Test Name	Value	Unit	Biological Ref Interval
Alpha Feto Protein (AFP) *Method : CLIA*	**131.70**	ng/ml	0.01 - 8.00

INTERPRETATION

Alpha-fetoprotein (AFP) is synthesised primarily in liver and yolk sac of the foetus. AFP is elevated in the serum of 70% of patients with hepatocellular carcinoma and 70% of patients with non-seminomatous testicular carcinoma. It is also elevated in association with gastro-intestinal cancers with and without liver metastasis. Postoperative AFP values which fail to return to normal strongly suggest the presence of residual tumour. It is also elevated in normal pregnancy.

PEGNANCY :

AFP values in pregnancy depends on gestational age. Maternal AFP values are used to screen for neural tube defects (NTD's) as spina bifida & anencephaly. AFP may also be increased in omphalocoele, cystic hygroma and congenital nephrosis. Decreased levels of materanal AFP are also present in trisomy 18, long standing foetal death, maternal diabetes, obesity,overestimation of gestational age, hydatidiform mole and choriocarcinoma.

Gest age in months	Normal values ng / ml
2	< 60
3	< 100
4	< 160
5	< 240
6	< 320
7	< 360
8	< 360
9	< 320

All results are to be corelated clinically.

*** End of Report ***

DR ANKUR GARG
MBBS, MD
CONSULTANT PATHOLOGIST

HID:	107574193	Sex :	Female
Patient Name :	**Miss DITI PRIYA DEY**	Sample Received Date :	10/12/2024 06:12 PM
Age :	1 year 10 months 7 days	Department :	DEPT. OF EMERGENCY MEDICINE
Unit Name :	Unit-I	Unit Incharge :	Dr. Rakesh Yadav
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date :	05/06/2024 11:12 AM	Sample Collection Date:	10/12/2024 01:45 PM
Report Generated Date:	10/12/2024 08:41 pm	Dept / IRCH No:	20240300054865
Recommended By:	Dr. L MURMU	Lab Reference No:	2135

Sample Details : S101224555 (Blood)

Report

Test Name(Methodology)	Result	UOM	Comment	Biological Reference
LDH (Lactate/NAD)	***298***	**U/L**		• 120 - 246
TIBC (Sequential Process)	283	**U/L**		• 250 - 425 ug/dL
Tranferrin Level	***217***	**mg/dL**		• 250 - 380 mg/dL
Iron (Ferrozine)	93	**ug/dL**		• 50 - 170 ug/dL
Ferritin (CLIA)	123.500	**ng/ml**		• 10 - 291 ng/ml
FOLIC ACID (CLIA)	11.650	**ng/ml**		• 3.1 - 20.5 ng/ml
Vitamin B12 LEVEL (CLIA)	515	**pg/mL**		• 180 - 900 Normal (pg/ml) • 145 - 180 Borderline low (pg/ml) • < 145 Low (pg/ml)
Vitamin D (CLIA)	***12.440***	**ng/ml**		• < 10 Deficiency (ng/ml) • 10 - 30 Insufficiency (ng/ml) • 30 - 100 Sufficiency (ng/ml) • > 100 Toxicity (ng/ml)
AFP (CLIA)	***180.100***	**ng/ml**		• 0 - 8 ng/ml
BETA-HCG (CLIA)	<0.1	**mIU/mL**		• 0 - 10 mIU/mL
HIV 1/ 2 Ag/Ab Combo (CLIA)	***0.125***	**Index**		• > 1 Index Reactive • < 1 Index Non-reactive
HCV IgG (CLIA)	0.150	**Index**		• <= 0.8 Non Reactive Index • >= 1 Reactive Index
LFT				
Albumin (BCG Dye Binding)	4.480	**g/dL**		• 3.2 - 4.8 g/dL
TOTAL BILIRUBIN (Vanadate Oxidation)	0.370	**mg/dL**		• 0.3 - 1.2 mg/dL
DIRECT BILIRUBIN (Vanadate Oxidation)	0.080	**mg/dL**		• < 0.3 mg/dL
INDIRECT BILIRUBIN (Calculated)	0.29	**mg/dL**		• < 0.9 mg/dL
SGPT/ALT (IFCC)	***82.370***	**U/L**		• 10 - 49 U/L
SGOT/AST (Modified IFCC)	***77.080***	**U/L**		• < 34 U/L
TOTAL PROTEIN (Biuret)	6.900	**g/dL**		• 5.7 - 8.2 g/dL

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

UHID:	107574193	**Sex :**	Female
Patient Name :	**Miss DITI PRIYA DEY**	**Sample Received Date :**	07/01/2025 04:53 PM
Age :	1 year 11 months 4 days	**Department :**	Medical Oncology
Unit Name :	Unit-I	**Unit Incharge :**	
Lab Name:	NCI CORE LAB	**Lab Sub Centre:**	
Reg Date :	05/06/2024 11:12 AM	**Sample Collection Date:**	07/01/2025 11:36 AM
Report Generated Date:	07/01/2025 07:06 pm	**Dept / IRCH No:**	321598
Recommended By:	Dr. nitin .	**Lab Reference No:**	2091

Sample Details : S070125401

Report

Test Name	Result	Comment	Normal Range
LFT			
TOTAL BILIRUBIN (Vanadate Oxidation)	0.270 mg/dL		• 0.3 - 1.2 mg/dL
DIRECT BILIRUBIN (Vanadate Oxidation)	0.070 mg/dL		• < 0.3 mg/dL
INDIRECT BILIRUBIN (Calculated)	0.2 mg/dL		• < 0.9 mg/dL
SGPT/ALT (IFCC)	105.400 U/L		• 10 - 49 U/L
SGOT/AST (Modified IFCC)	68.860 U/L		• < 34 U/L
TOTAL PROTEIN (Biuret)	7.000 g/dL		• 5.7 - 8.2 g/dL
ALKALINE PHOSPHATASE	221 I.U.		• 46 - 116 U/L
GLOBULIN (Calculated)	2.44 g/dL		• 2.5 - 3.4 g/dL
A/G Ratio (Calculated)	1.86885 ratio		• 1.2 - 2.2 ratio
Albumin (BCG Dye Binding)	4.560 g/dL		• 3.2 - 4.8 g/dL
Gamma-Glutamyl Transferase	11		• < 38 U/L
RFT			
UREA (Urease with GLDH)	17 mg/dL		• < 50 mg/dL
CREATININE (Jaffe- Alkaline Picrate)	0.210 mg/dL		• 0.5 - 1.1 mg/dL
CALCIUM (Arsenazo III)	9.400 mg/dL		• 8.7 - 10.4 mg/dL
PHOSPHOROUS (Phosphomlybdate/UV)	3.000 mg/dL		• 2.4 - 5.1 mg/dL
SODIUM (NA) (ISE)	135 mmol/L		• 132 - 146 mmol/L
POTASSIUM (K) (ISE)	5.900 mmol/L		• 3.5 - 5.5 mmol/L
CHLORIDE(CL-) (ISE)	105 mmol/L		• 99 - 109 mmol/L
Uric Acid (Uricase/Paroxidase)	3.000 mg/dL		• 3.1 - 7.8 mg/dL

Over All Comment :

Authorised Signatory
Dr.Tanima Dwivedi

Verified By
anjulabnci

Dr. Khanna's PATHCARE

OVER 2 CRORE SATISFIED CUSTOMERS

Dr. Khanna's PATHCARE PVT. LTD.

CAP PROFICIENCY PARTICIPATING LAB

ISO 9001 : 2008 CERTIFIED DIAGNOSTIC CENTRE

LABORATORY REPORT

Name	: **Baby Girl.DITIPRIYA**	Location	: KPL SSB
Age/Gender	: **1 Y 3M(s)/Female**	Registered On	: 12-01-2025 12:12
Reg No	: 120125897	Collected On	: 12-01-2025 12:13
Lab ID No	: KP0674342	Reported On	: 12-01-2025 16:24
Sample ID	: 120125897	Referred By	: Doctor
Sample Type	: EDTA Whole Blood	Client Name	: HSCC CASH
		Reference No	:

Test	Result	Unit	Reference Range
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	: **9.7**	g/dl	11.1 - 14.1
Method : Photometric			
HAEMATOCRIT	: **28.8**	%	30.0 - 38.0
Method : Cumulative Pulse Height Detection			
R.B.C COUNT	: **3.45**	x10^12/L	3.90 - 5.10
Method : Electrical Impedence			
M C V	: 83.5	fL	72.0 - 84.0
Method : Calculated Parameter			
M C H	: 28.1	pg	25.0 - 29.0
Method : Calculated Parameter			
M C H C	: 33.7	g/dl	32.0 - 36.0
Method : Calculated Parameter			
PLATELET COUNT	: 361	x10^9/L	200 - 550.0
Method : Electrical Impedence			
TLC	: **3.68**	x10^9/L	6.00 - 16.00
Method : Electrical Impedence			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils	: 59.6	%	40.0 - 80.0
Lymphocytes	: 23.1	%	20.0 - 40.0
Monocytes	: **16.3**	%	2.0 - 10.0
Eosinophils	: **0.5**	%	1.0 - 6.0
Basophils	: 0.5	%	0.0 - 2.0
E.S.R. (Modified Westergren)	: **26.00**	mm at first hr	0 - 20

NOTE: CBC has been done on SYSMEX XP100 / XN-550 Automated Analyser.
Method for DLC - Laser Fluorescence Flowcytometry / Calculated.

Dr.Kamaljeet Kaur
M.B.B.S , M.D
Consulting Pathologist
DMC Reg.No-32639

Accession No.	16249248	Registration Date	:	25/11/2024 09:13:00
Patient ID	P16100008913	Sex / Age	:	Female 1 Yrs 9 Mon 23 D
Patient Name :	Baby DITIPRIYA DEY	Report Released on	:	25/11/2024 12:30:52
Client Name :		Aadhar/ Passport No	:	
Ref. By :	SAFDARJUNG HOSPITAL			

right gluteus muscles.

No abnormal FDG uptake noted in the rest of axial and visualized appendicular skeleton.

OPINION:

PET-CT study reveals: -

- **Metabolically active irregular enhancing soft tissue density lesion at the post operative site in the sacrococcygeal region, within the sacral spinal canal extending from S2-S5 vertebrae and into the coccygeal region with extensions as described above – Likely Recurrent Disease. Advised HPE correlation.**
- **Metabolically inactive mild soft tissue thickening stranding in the presacral region, extending into the bilateral ischiorectal fossa – Likely Post Operative Changes. Close follow-up is advised.**
- **No significant abnormal hypermetabolic lesion in rest of the body surveyed.**

As compared to previous PET/CT scan dated 30.08.2024, there is

- **Appearance of metabolically active irregular enhancing soft tissue density lesion at the post operative site in the sacrococcygeal region, as described above.**
- **No evidence of non FDG avid subtle hypodense area in segment VII of the liver.**
- **No significant change in rest of the scan findings.**

Clinical correlation and follow-up is advised.

This report is not valid for medico-legal purpose.
In case of any discrepancy due to machine error or typing error, please get it rectified.
Kindly bring all previous reports and PET- CT CD for follow up PET - CT scans.

*** End of Report ***

Dr Ajiv Mishra
MBBS MD (Nuclear Medicine)
Consultant Nuclear Medicine
DMC/R/21180

Dr S Ramya
MBBS MD (Nuclear Medicine)
Consultant Nuclear Medicine
DMC Reg No 69751

Dr. Nikunj Jain
DRM, DNB, FEBNM, FANMB, Dip. CBNC.
Sr. Consultant & Director
Molecular Imaging

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

UHID:	107574193	**Sex :**	Female
Patient Name :	**Miss DITI PRIYA DEY**	**Sample Received Date :**	07/01/2025 05:11 PM
Age :	1 year 11 months 4 days	**Department :**	Medical Oncology
Unit Name :	Unit-I	**Unit Incharge :**	
Lab Name:	NCI CORE LAB	**Lab Sub Centre:**	
Reg Date :	05/06/2024 11:12 AM	**Sample Collection Date:**	07/01/2025 11:36 AM
Report Generated Date:	07/01/2025 06:01 pm	**Dept / IRCH No:**	321598
Recommended By:	Dr. nitin .	**Lab Reference No:**	2658

Sample Details : E070125372

Report

Test Name	Result	Comment	Normal Range
CBC			
Hemoglobin (Cyanide Free Colorinetric)	10.300 **g/dL**		• 12 - 15 g/dL
Hematocrit (Calculated)	32.9184 **%**		• 36 - 46 %
RBC Count (Isovolumetric Sphering)	3.810 **10^6/µL**		• 3.8 - 4.8 10^6/µL
WBC Count (Flowcytometric)	4.210 **. 10^3/µL**		• 4 - 10 10^3/µL
Platelet Count (Optical Analysis)	66 **10^3/uL**		• 150 - 400 10^3/µL
MCV (Optical Analysis)	86.400 **fL**		• 83 - 101 fL
MCH (Calculated)	27.0341 **pg**		• 27 - 32 pg
MCHC (Calculated)	31.2895 **g/dL**		• 31.5 - 34.5 g/dL
RDW (Calculated)	17.800 **%**		• 11.6 - 15 %
DLC			
Neutrophils (Flocytometry)	43.200 **%**		• 40 - 80 %
Lymphocytes (Flocytometry)	19.600 **%**		• 20 - 40 %
Eosinophils (Flocytometry)	0.300 **%**		• 0 - 7 %
Monocytes (Flocytometry)	17.600 **%**		• 3 - 11 %
Basophils (Flocytometry)	2.300 **%**		• 0 - 2 %
Neutrophils - Abs (Flocytometry)	1.81872		• 2 - 7 10^3/µL
Lymphocytes - Abs (Flocytometry)	0.82516		• 1 - 3 10^3/µL
Eosinophils - Abs (Flocytometry)	0.01263		• 0.02 - 0.5 10^3/µL
Monocytes - Abs (Flocytometry)	0.74096		• 0.2 - 1 10^3/µL
Basophils-Abs (Flocytometry)	0.09683		• 0 - 0.1 10^3/µL

Over All Comment :

Authorised Signatory
Dr.Tanima Dwivedi

Verified By
anjulabnci

Accession No.	16249248	Registration Date	: 25/11/2024 09:13:00
Patient ID	P16100008913	Sex / Age	: Female 1 Yrs 9 Mon 23
Patient Name :	Baby DITIPRIYA DEY	Report Released on	: 25/11/2024 12:30:52
Client Name :		Aadhar/ Passport No	:
Ref. By :	SAFDARJUNG HOSPITAL		

Diffuse ground glass haziness seen in both lungs.

Rest of the lung fields appear unremarkable. No focal abnormal FDG uptake is noted in the lung parenchyma.

No obvious pleural thickening / effusion seen.

No significant FDG avid mediastinal lymph nodes.

Non FDG avid largely subcentimeteric left axillary lymphnode with preserved fatty hilum seen - Likely inflammatory / ? reactive (Resolution of FDG avidity since previous study).

Thymus appears bulky with diffuse increased FDG uptake (SUV max: 3.1) – likely reactive thymic hyperplasia.

Abdomen and Pelvis: -

Liver parenchyma is normal in attenuation values and enhancement pattern. ***No evidence of non FDG avid subtle hypodense area in segment VII of the liver (Previously 0.8 x 0.6 mm).*** Intrahepatic biliary radicals are not dilated. Portal and hepatic veins appear unremarkable.

Gallbladder, spleen, pancreas, adrenals glands and bilateral kidneys appear unremarkable. *(USG is the modality of choice to evaluate for cholelithiasis/choledocholithiasis).*

Mildly FDG avid subcentimeteric retroperitoneal and mesenteric lymphnodes are seen – Likely inflammatory (unchanged since previous study).

There is no ascites.

Evidence of colostomy seen in the left iliac fossa. The stomach, rest of the small and large bowel loops appear normal in calibre and fold pattern and show physiological FDG distribution.

Musculoskeletal: -

Non FDG avid mild soft tissue thickening stranding is seen in the presacral region, extending into bilateral ischiorectal fossae – Likely post operative changes.

FDG avid irregular enhancing soft tissue density lesion is noted at the post operative site in the sacrococcygeal region, within the sacral spinal canal extending from S2-S5 vertebrae and into the coccygeal region, overall measuring 1.5x3.1x4.9cm (AP x TR x CC) (SUV max: 9.6). The lesion is causing subtle erosion of some of the adjoining sacral vertebrae. Mild extension into right sacral neural foraminae noted at the level of S3-S5 vertebrae and the lesion is closely abutting the medial border of

LABORATORY REPORT

Name	: **Baby Girl.DITIPRIYA**	Location	: KPL SSB
Age/Gender	: **1 Y 3M(s)/Female**	Registered On	: 22-12-2024 11:49
Reg No	: 221224869	Collected On	: 22-12-2024 11:53
Lab ID No	: KP0674342	Reported On	: 22-12-2024 17:52
Sample ID	: 221224869	Referred By	: Doctor
Sample Type	: EDTA Whole Blood	Client Name	: HSCC CASH
		Reference No	:

Test	Result	Unit	Reference Range
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	: **10.5**	g/dl	11.1 - 14.1
Method : Photometric			
HAEMATOCRIT	: 32.5	%	30.0 - 38.0
Method : Cumulative Pulse Height Detection			
R.B.C COUNT	: **3.77**	x10^12/L	3.90 - 5.10
Method : Electrical Impedence			
M C V	: **86.2**	fL	72.0 - 84.0
Method : Calculated Parameter			
M C H	: 27.9	pg	25.0 - 29.0
Method : Calculated Parameter			
M C H C	: 32.3	g/dl	32.0 - 36.0
Method : Calculated Parameter			
PLATELET COUNT	: **667**	x10^9/L	200 - 550.0
Method : Electrical Impedence			
TLC	: 7.80	x10^9/L	6.00 - 16.00
Method : Electrical Impedence			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils	: **31.2**	%	40.0 - 80.0
Lymphocytes	: **55.0**	%	20.0 - 40.0
Monocytes	: **11.3**	%	2.0 - 10.0
Eosinophils	: 2.1	%	1.0 - 6.0
Basophils	: 0.4	%	0.0 - 2.0
E.S.R. (Modified Westergren)	: 20.00	mm at first hr	0 - 20

NOTE: CBC has been done on SYSMEX XP100 / XN-550 Automated Analyser.
Method for DLC - Laser Fluorescence Flowcytometry / Calculated.

Dr.Kamaljeet Kaur
M.B.B.S , M.D
Consulting Pathologist
DMC Reg.No-32639

Pl except charges

एम. आर. आई. प्रपत्र / MRI FORM 1
दूरभाष सं / Tel No. 26588500, 26588700,/3614

डा. बी. आर.ए. संस्थान रोटेरी कैन्सर अस्पाताल / Dr. B.R.A. Institute Rotary Cancer Hospital

एन. एम. आर. विभाग / DEPARTMENT OF N.M.R

नैदानिक एम.आर.आई माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. Or Unit ..... Date of Requisition 12/12/19

   OPD No. ..... CR No. ..... 10757493 Ward / Bed No. .....

2. Screening Dept. : Radio- Diagnosis ☐ Neuro-Radiology ☐ Cardiac Radiology ☐
   (Tick as appropriate)

3. रोगी का नाम / Patient's Name ..... आयु / Age .....लिंग / Sex.....
   (साफ अक्षरों मे / In Block letters)
   जन्म–तिथि / Date of Brith: दिन/Day .....माह/Month .....वर्ष/Year.....वजन/Weight.....कि.ग्रा./Kg

4. General Patient Condition (Tick as appropriate)
   (i) Critical and with life support (ii) III but without life support (iii) Ambulatory

5. Clinical Details : Hiostry :

   Recurrent SCT & intra spinal extensi

   Examinations :

   Relevant Investigations :

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

6. Clinical Diagnosis : Recurrent SCT .....

7. Exact Anatomical site for MRI ..... MRI pelvis & whole spine .....

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

9. (A) Contrast Enhancement Required : Yes ..... No.....

   (B) Implant in Body (Tick as appropriate)
   Cardiac Pacemaker ..... Aneurysmal clips ..... Cardiac Valve/Prosthesis.....
   Metallic Implants.....Sharpnel/Pellet.....Others.....None.....

हस्ताक्षर / Signature .....

नाम (साफ अक्षरों में) / Name (in Block letters).....

पदनाम / Designation.....

(Requisition may be signed by a Faculty Member/Sr. Resident)