



शेला मे

प्रीमान २००१ अद्यतन

जी एच आर डेपुटी सीनियर जेशन

सी ६३ केस मेन्ट सीनियर डेपुटी

नई दिल्ली

विषय आर्थिक सहायता हेतु प्रार्थना पत्र

प्रीमान जी सविनय निवेदन है की मेरा नाम संतोष पोद्दार है
मेरा बेटा का नाम अंकुश है जो की ३.५ वर्ष का है
मेरे बेटे का बिस्म हयुम केशर है जिसका इलाज
दिल्ली के एम एन जे पी अस्पताल में चल रहा है
डॉक्टर ने इलाज के लिए लगभग २ भाग ५० हजार बताया है
गया है मे. गरी आदमी हु पैसा इकट्ठा करने से असमर्थ
हु
उत आपसे निवेद है की मेरे बेटे का इलाज हेतु मुझे
आर्थिक सहायता प्रदान करे

प्रार्थी

संतोष पोद्दार

Department of Radio-diagnosis
Maulana Azad medical college & Lok Nayak Hospital, New Delhi

Name: ANKUSH

Ref By: Dr. YK SARIN

CR No: 469957

Age/Sex: 3Y/M

Date: 21/06/16

CECT ABDOMEN & CHEST

Contrast enhanced axial scan of the abdomen and chest was obtained after oral and intravenous contrast administration. The study reveals:

Observations:

Scan through abdomen reveals:

- There is e/o a large well-defined, round, heterogeneous mass lesion (measures ~10x12x10.5cm in size) seen to arise from the mid pole of left kidney. The lesion shows hypoenhancement in comparison to the renal cortex on post-contrast images. Multiple non enhancing areas are noted within the lesion s/o necrosis. Anterolaterally, it is seen to abut anterior abdominal wall with maintained fat planes. Posteriorly, it is displacing & compressing the remaining left kidney which shows focal caliectasis at upper pole. Multiple dilated tortuous vascular channels are noted in the posterior pararenal space. Medially, the lesion is seen to abut & displace pancreas and small bowel loops to the right with maintained intervening fat planes. Superiorly, it abuts & displaces stomach and spleen with splenic artery tracking seen tracking along its medial and superior aspect. Inferiorly, it is abutting & displacing bowel loops. A small hyperdense focus s/o calcification is noted along the periphery of the lesion posteriorly (2 ima 33). Left renal vein is not visualized likely compressed by the lesion. Left renal artery appears normal in enhancement. No e/o spinal extension noted.
- Right kidney shows normal attenuation. No e/o calculus / hydronephrosis is seen.
- Liver measures 11cm in craniocaudal extent. No focal lesion is seen. The intrahepatic biliary radicals are not dilated.
- Gall bladder is partially distended and appears unremarkable.
- PV and CBD are normal in caliber. Spleno-portal axis is patent.
- Spleen measures 7cm and appears normal in morphology and enhancement. No e/o any focal lesion seen.
- Urinary bladder is unremarkable
- Visualized bowel loops appear normal.
- Visualized abdominal vessels appear normal in enhancement.
- No e/o significant abdominal lymphadenopathy/ free fluid seen in abdomen.
- Note made of small calcic density pelvis on right side likely fecolith.

Scan through chest reveals:

- Bilateral lung fields appear normal in morphology and attenuation.
- The trachea & mainstem bronchi are normal in position.
- The heart & mediastinal vascular structures are normal in morphology and enhancement.
- No pleural/ pericardial effusion is seen.
- No significant mediastinal lymphadenopathy seen.

Impression:

CECT abdomen and chest reveals a large well-defined, hypoenhancing, round, mass lesion arising from the mid pole of left kidney with areas of necrosis & a small calcific focus within with relations as described. Findings likely to represent Wilms tumor.

Adv: Histopathological correlation

new perinephric calcifications

[Signature]

GOVT OF NCT OF DELHI / राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार

LNH-89

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110 002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110 002

एक्स-रे विभाग / X-RAY DEPARTMENT

एक्स-रे विभाग
30 वर्ष 1984 ई. 1919
Phone: 234101, 234102, 234103
Call Toll Free Number: 1919

Patient	आयु Age	लिंग Sex	कक्ष Ward	फ्लॉर संख्या Bed No.	यूनिट Unit	सी.आर.नं. C.R. No.
Ankush	3½ yrs	M	5A		L	469957
डॉ. Dr.	डॉ. Y. K. Gaur			बाह्य रोगी विभाग OPD		बा. र. नं. O.P. No.
क्याने वाला निश्चित भाग to be examined	USG (Abdomen)	Colour Doppler		आयु Income		तारीख Date 23-6-16
टो सेर फॉर रेबल वेसल अंडे TVC						

परिष्करण (इस फार्म के साथ पिछला एक्स-रे फोटो भेजें)
Ray examination (send skiagram of previous examination with this form)

रोगी की इतिहास व बीमारी की अवधि
al history and duration of illness

Δ dump Abdomen

clo. severe pain

- Multiple episode of vomiting

चिकित्सा अधिकारी
Medical Officer

पद
Designation

एक्स-रे रिपोर्ट
X-Ray Report

24-6-16

132

कृ.पू.उ./PTO

give ea. d
date
is case of malignancy.

PATHOLOGY LABORATORY

MAMC-Appendix No. 18-p
Annex -5

व्याधकी विभाग/DEPARTMENT OF PATHOLOGY

मौलाना आजाद मेडिकल कालेज एवं लोक नायक व गोविन्द बल्लभ पंत चिकित्सालय तथा
गुरु नानक नेत्र केंद्र, नई दिल्ली -110002.

MAULANA AZAD MEDICAL COLLEGE AND L. N. HOSPITAL & G. B. PANT AND
GURU NANAK EYE CENTRE, NEW DELHI-110002.

प्रयोगशाला संदर्भ संख्या/Lab. ref. No. S-8600/16

नाम
Name Ankursh

आयु व लिंग
Age & Sex 34/24 M

वार्ड और फ्लिंग संख्या
Ward and Bed No. SA

केन्द्रीय रेजिस्ट्रार सं./व. विभाग सं.
CR/OPD NO. 469957

चिकित्सक का नाम
Refd. by Dr. Sami

नमूना देने की तिथि
Date of receipt of specimen 20/6/16

नमूना
Specimen

रिपोर्ट REPORT

Biopsy shows malignant small round
cell tumor, abdominal mass.

Possibility of neuroblastoma is suggested.
Immunohistochemistry is non-
contributory

EXAMINED AND REPORTED BY
REPORTED ON

Dr. Reena Kumar
20/6/16



GOVT OF NCT OF DELHI, दिल्ली सरकार

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

शारीरिक परीक्षा / Physical Examination

LNH-4

क्लिनिकल से	वार्ड	यूनिट	केम्पस/सेन्ट्रो	धर्म	व्यवसाय
MRD No.	Ward	Unit	C.G.H.S.	Religion	Occupation
रोगी का नाम	आयु	लिंग	न ई		
Name of Patient	Age	Sex	C.Status	Religion	Occupation
तापमान	नाड़ी	श्वासन	रक्तचाप	वजन	
Temp.	Pulse	Resp.	B.P.	Weight	
रक्त मेह					
Haematuria					
प्रस्राव					
Discharge					
दृष्टि					
General					
थकान					
Fatigue					
वजन परिवर्तन					
Weight Change					
बुखार					
Fever					
रात को पसीना आना					
Night sweats					
कंप					
Tremor					
भाव					
Emotion					
निशान					
Scars					
त्वचा					
Skin					
बाल					
Hair					
नाखून					
Nails					
आँखें					
Eyes					
पुतली					
Pupils					
फंडस					
Fundi					
कान					
Ears					
नाक					
Nose					
दाँत					
Teeth					
जीभ					
Tongue					
मुख					
Mouth					
ग्रसनी					
Pharynx					

11/7/16

Ankush
Week (1)(Put New
i/v line)27/7/16
28/7/16Rantac (15mg) i/v BD
Cusset (1mg) i/v TDS

✓ Diag.

Vincristine (0.9mg) i/v push
c 10ml NS flush before & after

✓ Diag.

Actinomycin-D (630mg) i/v
in 100ml NS over 1 hourA2
OR Paredar

