
TOYOTA

YASHODA
Super Speciality Hospitals
KAUSHAMBI

Patient Name	Baby Ashmita Kumari	Lab No	2719087
Age/Gender	10 Yrs/Female	Report Date	04/08/2025 4:55PM
Reg No.	688270(OPYH26/153750)	Report Stage	Final
Bed No / Ward	OPD	Referred By	Dr. RMO

ECHO INVESTIGATIONS

Dr. Aalt Khanna
CONSULTANT CARDIOLOGY
MD,DM(CARDIO),FACC,FSC
AI,FICP

Address : H-1, 24, 26, 27, Kaushambi, Near Dabur Chowk, Ghaziabad-201010 • Ph.: 0120-4161900, 4189500, 08506069461
For Enquiry : admin.yhk@yashodahospital.org • For Feedback : admin.yhk@yashodahospital.org
Website: www.yashodahospital.org

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

MCB /SA /LONG ADMISSION

DISCHARGE SUMMARY

Name	ASHITA	Gender	Female
Age	13 yrs	Unit	III
UHID	108359636	DOA	30/6/25
Diagnosis	Right Distal Femur OGS	DOD	03.07.2025
Consultant	DR.RACHNA SETH/DR.ADITYA GUPTA/DR. J.P. MEENA		

Procedure and monitoring note:

Child was admitted for 3 Day Neoadjuvant chemotherapy block Ifo per OGS 12 protocol. Child remained hemodynamically stable throughout the hospital stay.

Advice on discharge:

1. Inj GCSF 90 ug sc OD [1/7 - 8/7/25] from MCB DAYCARE
2. Continue Septran/Oral hydration/Sitz bath as advised
3. F/U in Pediatric Oncology Unit-III OPD on Wednesday 9/7/25 with CBC, RFT LFT at 9:00 AM with reports.
4. Orthopaedic follow up as advised

5. Tab EMSET [4mg] ① tab PO q 8hrly f/o 2d
6. Tab Dexamethasone [4mg] ① tab PO q 12hrly

Senior resident
Dr Nikita

Junior resident
Dr Diva

7. Tab Septran-DS [160/800mg] ① tab PO alt day

Dr. DIVA SARKAR
Junior Resident
Department of Paediatrics
AIIMS, New Delhi

04/07/25 G-CSF Done
05/07/25 G-CSF Done
6/7/25 G-CSF Done
7/7/25 G-CSF Done
8/7/25. Done

By ® Thigh

- Soft tissue component of Index bone tumour is typically thigh muscles almost upto mid thigh.

Thigh

- Muscles around the also appear bulky & heterogeneously hyperechoic c increased echogenicity of myofascial planes - due to edema

- No discernable collection seen

Dr

8/8/25

प्रयोगशाला कार्यचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
Hematology
अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

UHID:	10835965	Reg Date :	02/06/2025 08:10 AM
Patient Name :	Miss. ASMITA KUMARI		
Sex :	Female	Age :	10 years 1 day
Department :	Onco-Anaesthesia and Palliative Medicine(OAPM)	Unit Name :	Unit-I
Unit Incharge :	Dr. Sushma Bhatnagar	Sample Collection Date:	03/06/2025 12:06 PM
Lab Name:	Hematology	Sample Received Date :	03/06/2025 05:56 PM
Lab Sub Centre:	Hematology (Blood)		
Dept / IRCH No:	20250630014639	Recommended By :	Dr.Hemendra Vardhan
Lab Reference No:	802		

Sample Details : HMW-0306250727 (Blood) / Report Date: 03/06/2025 07:59 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
CBC PACKAGE				
Hb(SLS-photometry)	11.9	g/dL	• 11.5 - 15.5 g/dL	
HCT (DirectMeasure)	38.7	%	• 35 - 45 %	
RBC COUNT (Impedance)	4.52	10*6/uL	• 4 - 5.2 10^6/µL	
T.L.C (Flow flowcytometry)	10.70	10^3/uL	• 5 - 15 10^3/uL	
PLATELET COUNT (Impedance)	273	10^3/uL	• 150 - 450 10^3/µL	
MCV (Calculated)	85.6	fL	• 77 - 95 fL	
MCH (Calculated)	26.3	pg	• 25 - 32 pg	
MCHC (Calculated)	*30.7*	g/dL	• 31 - 37 g/dL	
RDW-CV (Calculated)	13.0	%	• 11.6 - 14.5 %	
RDW-CV (Calculated)	13.0	%	• 11.6 - 14 %	
NEUTRO (Flow flowcytometry)	*78.2*	%	• 23 - 53 %	
LYMPHO (Flow flowcytometry)	*13.2*	%	• 23 - 53 %	
MONO (Flow flowcytometry)	8.2	%	• 2 - 10 %	
EOSINO (Flow flowcytometry)	*0.1*	%	• 1 - 4 %	
BASO (Flow flowcytometry)	0.3	%	• 0 - 1 %	
ABSOLUTE NEUTROPHIL COUNT (Calculated)	*8.37*	10*3/uL	• 2 - 8 10^3/µL	
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1.41	10*3/uL	• 1 - 3 10^3/µL	
ABSOLUTE MONOCYTE COUNT (Calculated)	0.88	10*3/uL	• 0.2 - 1 10^3/µL	
ABSOLUTE EOSINOPHIL COUNT (Calculated)	*0.01*	10*3/uL	• 0.1 - 1 10^3/µL	
ABSOLUTE BASO COUNT (Calculated)	0.03	10*3/uL	• 0.02 - 0.1 10^3/µL	

Birth history:
Full term/NVD/birth weight ~ 3.5 kg/ CIAB/ home delivery / no h/o NICU stay

Family history:
5th-born child of non-consanguineously married parents. No h/o similar illness in the family. No h/o any malignancy

Development history :
Attained milestones appropriate for age. Good scholastic performance

Immunization history :
Immunised as per NIS till 10 years of age, BCG scar +

EXAMINATION:

Child is conscious, alert.

Vitals at admission :
PR : 106/min
RR: 20/min
SpO2: 98% on room air
CP/PP- ++/++
Peripheries - warm
BP = 106/72 mm of Hg

Anthropometry

Height	124 cm
Weight	17.7 kg
BSA	0.78

Head to Toe examination:
10×10 cms swelling in the right thigh involving the knee joint with increased warmth but no redness
distal to the swelling in the ankle, pulses are present and palpable, and of normal texture

Mild Pallor present
Icterus, edema, lymphadenopathy, cyanosis, clubbing are absent

Systemic examination:

Respiratory system:
Inspection: Trachea appears central, symmetrical chest expansion, no scars/veins/sinuses/retractions
Palpation: trachea central, Vocal fremitus and chest expansion normal. No tenderness
Percussion: Resonant note
Auscultation: Normal vesicular breath sounds, no added sounds

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	:	ASMITA KUMARI	UHID NO	:	108359636
Accession No	:	S2530031	F/H Name	:	D/O PRAMOD BHAGAT
Age/Sex	:	10Y /Female	Additional ID	:	NA
Clinic/Dept	:	Orthopaedics	Unit	:	Unit II
Consultant Incharge	:	Dr. Shah Alam Khan	Request Date/Time	:	10-06-2025 /17:19:23
			Receiving Date/Time	:	11-06-2025 /10:53:42

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2530031A

Specimen: Core biopsy from swelling in the right distal femur

Gross: Received multiple cores of tissue measuring 2 x 1 x 0.7 cm in length.

MICROSCOPIC EXAMINATION:

Section shows features of high grade intramedullary conventional osteosarcoma with chondroblastic differentiation.

Focal tumor necrosis is seen.

Bizarre tumor cells are also seen.

DIAGNOSIS:

S2530031A	Core biopsy	Right distal femur	• Conventional intramedullary high grade osteosarcoma

End Report

Reporting Resident: Dr. Shreya Ojha

Reporting Faculty: Prof. Asit Ranjan Mridha, M.D.
Professor

Reporting Date/Time: 17-06-2025 09:18

Disclaimer:
1. This report is electronically generated and does not require a signature or stamp to be considered valid.
2. The pathology diagnosis is to be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID:
Patient Name : Miss. ASMITA KUMARI
Age : 19Y
Lab Name: Dept of Laboratory Medicine
Reg Date : 03-Jun-2025 18:03 PM
Recommended By:

Sex : Female
Sample Received Date : 02-Jun-2025 22:53 PM
Department : Paediatrics
Lab Sub Centre: Smart Lab New OPD Block
Sample Collection Date: 02-Jun-2025 17:22 PM
Lab Reference No: 251587336

Sample Details : LC0200253012 Sample Type : Serum

Report

BIOCHEMISTRY

Test Name	Result	UOM	Reference
Urea	15	mg/dL	17 - 49
Creatinine	0.3	mg/dL	0.5-0.9
Uric Acid	6.3	mg/dL	2.4-5.7
Calcium	9.2	mg/dL	8.8 - 10.8
Phosphate	3.6	mg/dL	2.5-4.5
Sodium	146	mmol/L	135 - 145
Potassium	3.9	mmol/L	3.5-5.1
Chloride	104	mmol/L	98-107
Bilirubin (T)	0.43	mg/dL	0 - 1
Bilirubin (D)	0.18	mg/dL	0 - 0.2
Bilirubin (I)	0.25	mg/dL	0 - 0.9
ALT	8	U/L	0 - 33
AST	26	U/L	<=32
ALP	361	U/L	129 - 417
Total protein	7.9	g/dL	6.0 - 8.0
Albumin	4.5	g/dL	3.8 - 5.4
Globulin	3.5	g/dL	3.0 - 3.7
A/G ratio	1.3		0.8

Dr. Sudip Kumar Datta (MD Biochemistry) | Dr. Tushar Schgal (DM Hematopathology) | Dr. Suseela Meena (MD Microbiology) | Dr Sudip Kumar Datta MD (Biochemistry) 03-Jun-2025 03:16

SEROLOGY

Test Name	Result	UOM	Reference
HBsAg	0.28	COI	< 1.0 Non Reactive ≥ 1.0 Reactive
Anti HBs	40.80	IU/L	< 10.00 Non Immune ≥ 10.00 Immune

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department Of Lab Medicine (Emergency and Ward)

UHID:	10833963O	Reg Date :	02/06/2025 08:18 AM
Patient Name :	Miss. ASMITA KUMARI		
Sex :	Female	Age :	10 years 1 day
Department :	Onco-Anaesthesia and Palliative Medicine(OAPM)	Unit Name :	Unit-I
Unit Incharge :	Dr. Sushma Bhatnagar	Sample Collection Date:	03/06/2025 12:07 PM
Lab Name:	Lab Medicine	Sample Received Date :	03/06/2025 06:39 PM
Lab Sub Centre:		Recommended By:	Dr. Himanshu Varshney
Dept / IRCH No:	2023/03/50014656		
Lab Reference No:	889		

Sample Details : WC-0306250813 (Serum) / Report Date: 03/06/2025 07:57 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
Albumin (BCG Method)	4.6	gm/dl	• 3.5 - 5 gm/dl	
ALP(PNPP,AMP Buffer-IFCC)	370	U/L	• 38 - 126 U/L	
ALT(UV with pyridoxal 5 phosphate method)	10	U/L	• < 35 U/L	
AST(UV with pyridoxal 5 phosphate method)	30	U/L	• 14 - 36 U/L	
Total protein (Biuret reaction)	8.3	gm/dl	• 6.3 - 8.2 gm/dl	
Urea (Urease method)	14	mg/dL	• 15 - 42 mg/dL	
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.3	mg/dL	• 0.52 - 1.04 mg/dL	
Calcium (Arsenazo III method)	9.1	mg/dL	• 8.4 - 10.2 mg/dL	
Sodium (Potentiometric)	135	mmol/L	• 137 - 145 mmol/L	
Potassium (Potentiometric)	4.1	mmol/L	• 3.5 - 5.1 mmol/L	
Total Bilirubin (Modified diazo method)	0.96	mg/dL	• 0 - 1 mg/dL	

Over All Comment : Kindly correlate results clinically.

Verified/Recieved
drsudhasharm

Authorized Signatory

Run For Life Foundation

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

**********END OF THE REPORT**********

Mobile:- 7903469034

GOYAL
BROTHERS PRAKASHAN
MRI & CT Scan Department Under PPP mode at
SHRI KRISHNA MEDICAL COLLEGE & HOSPITAL
National Highway 77, Uma Nagar, Muzaffarpur, Bihar

Patient Name	ASMITA KUMARI 10Y/F		
Patient ID	7442	Age	0Yr
Referral Dr	SKMCH	Sex	
Study Date	28 May 2025	Report Date Time	28 May 2025 5:35pm

CT SCAN OF RIGHT THIGH

OBSERVATIONS:

Irregular sclerotic lesion is seen in distal femur metadiaphysis extending till physis. The lesion shows broad zone of transition. Length of lesion measuring approx. 12cm. Spiculated periosteal reaction is seen with periosteal elevation. Pathological fracture is seen in distal femur metaphysis. Associated significant soft tissue component is seen.

Neurovascular bundles are normal.

Femoral condyles are normal.

Knee joint spaces are normal.

Proximal tibia and fibula are normal.

No popliteal adenopathy is seen.

IMPRESSION:

- **ELONGATED ILL-DEFINED SCLEROTIC LESION WITH PATCHY LUCENCY IN DISTAL FEMUR METADIAPHYSIS EXTENDING TILL PHYSIS WITH SPICULATED SUNRAY PERIOSTEAL REACTION AND PATHOLOGICAL FRACTURE WITH LARGE SOFT TISSUE COMPONENT – S/O OSTEOSARCOMA.**

Dr. Pradeep Goyal
SENIOR CONSULTANT, MD AIIMS
RMC-022195/110030

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This is a professional opinion and not the diagnosis. Findings should be clinically correlated

YASHODA
Super Speciality Hospitals
KAUSHAMBI

Patient Name	Baby Ashmita Kumari	Lab No	2719087
Age/Gender	10 Yrs/Female	Report Date	04/08/2025 4:55PM
Reg No.	688270(OPYH26/153750)	Report Stage	Final
Bed No / Ward	OPD	Referred By	Dr. RMO

ECHO INVESTIGATIONS

2 D ECHO WITH COLOUR DOPPLER

ECHO NO:- 14614

COLOUR DOPPLER ECHO CARDIOGRAPHY

CHAMBER QUANTITATION-:

	ABSOLUTE VALUE	NORMAL VALUE (As per BSA = 1.3 - 2.3m2)
LVID(ed)	3.6 cm	(3.5 - 5.6cm)
IVS (ed)	0.6 cm	(0.6 - 1.1cm)
LVPW(ed)	0.4 cm	(0.6 - 1.1cm)
RV (ed)	2.3 cm	(0.7 - 2.3cm)
LA (es)	2.5 cm	(2.0 - 4.0cm)
AORTA (es)	2.5 cm	(2.0 - 4.0cm)

MORPHOLOGY :-

1. VENTRICLES:-

:- Left Ventricle: Left ventricular chamber size was normal with normal wall thickness. Normal left ventricular systolic function with no evidence of regional wall motion abnormalities. Left ventricular ejection fraction is 64%.

:- Right Ventricle: Right ventricular chamber size was normal with normal wall thickness. Normal right ventricular systolic function with no evidence of regional wall motion abnormalities.

2. ATRIUMS:-

:- Left Atrium: Left atrium was normal in size with no masses.

:- Right Atrium: The right atrium was normal in size with no masses.

3. GREAT VESSELS:-

:- Aorta: The aorta appeared to be normal.

:- Pulmonary Artery: Normal in size.

4. CARDIAC VALVES:-

:- Mitral Valve: Mitral valve appears normal in structure. Normal mobility of the mitral leaflets.

:- Aortic Valve: Aortic valve appears tricuspid in structure and demonstrates normal cusp mobility.

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Website: www.yashodahospital.org

DEPARTMENT OF RADIODIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
NEW DELHI

Patient Name:	ASMITA KUMARI	Gender/Age:	F/10 y
UHID:	108359636	Exam Date:	17/06/2025 12:41PM
OPD / Ward:	Paediatrics	Modality:	CT
Procedure	CECT CHEST MAIN RAK Block	Room:	CT8 DF OPD

NCCT CHEST

Clinical details: C/o suspected osteosarcoma

Imaging Findings:

Bilateral lungs are normal.
Trachea and bilateral mainstem bronchi are normal.
Heart and mediastinal vessels are grossly normal within the limits of NCCT.
No significant mediastinal lymphadenopathy.
No pleural or pericardial effusion bilaterally.
Bony thorax is normal.
Visualised upper abdominal sections are unremarkable.

Comparison : No previous imaging available or provided.

Impression :
Normal study

Preliminary by: Dr. Yashaswi Singh (Senior Resident), 18-Jun-2025 23:20

Report Status: Verified / Dr. Surabhi Vyas

Dr. Surabhi Vyas

Professor

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

NABL Accredited Testing Laboratory

DEPARTMENT OF MICROBIOLOGY

National HIV Reference Laboratory, Room No-2062/2103
2nd Floor, Teaching Block, Ph: 011-26594340/3198
AIIMS, New Delhi- 110029

Certificate No. MC-2472

HIV TEST REPORT FORM

Name and address of ICTC center: AIIMS *(form to be filled in duplicate)*

NAME: Surname [illegible] Middle Name — First Name ASMITA

Gender: M F TG Age: 10 years PID: GCSAICTCDLSOU0012 514456 Lab ID 33/14456

Date and time blood drawn: 16/06/26 (DD/MM/YY) 09:26 (HH:MM)

Test Details:

Specimen type : Serum / Plasma / Whole Blood Specimen Quality: Good / Compromised/Outside Collection

Date and time specimen tested: 16/6/26 (DD/MM/YY) 03:42 (HH:MM)

Note:

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4
Name of HIV test Kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
STANDARD-Q	NON REACTIVE	NON REACTIVE	—
Test II:	—	—	—
Test III:	—	—	—

Interpretation of the result: Tick(✓) relevant

- ✓ Specimen is Negative for HIV antibodies
- Specimen is Positive for HIV-1 antibodies
- *Specimen is Positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)
- Specimen is Indeterminate for HIV antibodies. Collect the fresh sample in two-four weeks.

*Confirmation of HIV 2 sero-status at identified referral laboratory through ART centers.

Name & Signature
Laboratory Technician

Name & Signature
Laboratory In-charge

—End of report—

अखिल भारतीय आयुर्विज्ञान संस्थान,नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department of Lab Medicine.

UHID:	10835963	Reg Date :	02/06/2025 08:18 AM
Patient Name :	Miss. ASMITA KUMARI		
Sex :	Female	Age :	10 years 1 day
Department :	Onco-Anaesthesia and Palliative Medicine(OAPM)	Unit Name :	Unit-I
Unit Incharge :	Dr. Sushma Bhatnagar	Sample Collection Date:	03/06/2025 12:06 PM
Lab Name:	Hematology	Sample Received Date :	03/06/2025 06:00 PM
Lab Sub Centre:	Heamatology PT		
Dept / IRCH No:	2025030801463 6	Recommended By:	Dr. Himanshu Varshney
Lab Reference No:	368		

Sample Details : HPT-0306250259 (Blood) / Report Date: 03/06/2025 06:52 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
PROTHROMBIN TIME (PT-INR)				
PROTHROMBIN TIME(PT) (Photo-optical)	*13.40*	sec	• 9.86 - 12.553 sec	
International Normalised Ratio (INR) (calculated)	*1.17*	ratio	• 0.876 - 1.123 Non anticoagulated • 2 - 3 Anticoagulated	

Over All Comment :

Authorized Signatory
Dr.Tushar Sehgal

Verified/Reviewed
drkhyathilab

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**********END OF THE REPORT**********

वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली 110029

Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi-110029

बाल रोग विभाग

Department of Paediatrics

Division of Paediatrics Haematology & Oncology

DISCHARGE SUMMARY

Name	ASMITA	Date of admission	17/9/25
Age/Gender	10YR/GIRL	Date of discharge	22/9/25
MRD no	34476	Hematology no	
Weight Height	17.7KG	BSA Blood group	0.78
Attending faculty	Dr. Prashant Prabhakar, Dr. Sumit Mehndiratta, Dr. Sangamitra Ray, Dr. Nidhi Chopra, Dr. Rita Moni C Baruah		

Diagnosis	RT. DISTAL FEMUR OSTEOSARCOMA

CHIEF COMPLAINT:

Child k/c/o Rt Distal Osteosarcoma on chemotherapy was referred from AIIMS for high dose methotrexate

HOSPITAL COURSE:

Child k/c/o Rt Distal Osteosarcoma on chemotherapy was referred from AIIMS for M - week 5 high dose methotrexate, required investigations were planned and hyper-hydration charted. Pre medication with Inj. Emeset/Dexa/Pantoprazole done. As urinary PH was achieved methotrexate started at 12gm/m2 over 4 hours and leucovorin started for a total of 12 doses. Child vitally stable and no evidence of any mucositis or stool complaints. Plan to discharge and follow up tomorrow for GCSF.

condition at discharge

- *Afebrile*
- *Hemodynamically stable*
- *Accepting oral feed well*

advice at discharge (explained to parents by doctor/nurse)-

1. *Plenty of fluids, diet as advised, neutropenic diet*
2. *Betadine gargles, candid mouth paint, sitz bath tds*
3. *Danger signs explained* 23
4. *Review in AIIMS c/m on 22/9/2025 for Inj. GCSF.*

Run For Life Foundation

Dr. Sabhariśree
Senior Resident
Department of Pediatrics
VMMC and Safdarjung Hospital
New Delhi - 110029

(signature)

follow up in pediatric hematology oncology clinic in room number 228/229, Wednesday 2PM In case of emergency call Pediatric oncology helpline number 8800282755

Danger signs explained:

Lethargy/ persistent vomiting/fever/fast breathing/ loose stool/ seizure or any new symptom which patient perceive to be alarming

YASHODA
Super Speciality Hospitals
KAUSHAMBI

Patient Name	Baby Ashmita Kumari	Lab No	2719387
Age/Gender	10 Yrs/Female	Report Date	04/08/2025 4:55PM
Reg No.	688270(OPYH26/153750)	Report Stage	Final
Bed No / Ward	OPD	Referred By	Dr. RMO

ECHO INVESTIGATIONS

:- Pulmonary Valve: Pulmonary appear normal in structure & function.
:- Tricuspid Valve: Normal mobility of the tricuspid leaflets.

5. OTHERS:-
:- Pericardium: Normal pericardium. No pericardial effusion.
:- IVC: Normal in size with normal respiratory variation.
:- Septum: Small interatrial septum aneurysm no shunt seen.

COLOUR FLOW IMAGING & DOPPLER:-

VALVE	MAXIMUM VELOCITY	m/sec	GRADIENT	REGURGITATION
MITRAL	E = 1.02(0.5-1.0 m/sec)	A = 0.49(0.3-0.8m/sec)	NIL	NIL
AORTIC	1.15	(1.0-1.7 m/sec)	NIL	NIL
TRICUSPID	1.36		PASP = 12 mmHg	TRIVIAL
PULMONARY	0.69		PADP = 8 mmHg	TRIVIAL

IMPRESSION:-
- Normal cardiac chambers dimensions
- No regional wall motion abnormalities.
- Trivial TR, No PAH (PASP = 12 mmHg).
- Trivial PR (PADP = 8 mmHg).
- Normal LV systolic function, LVEF = 64%.
- Normal LV diastolic function.
- Small interatrial septum aneurysm no shunt seen.
- No PE/Clot/Vegetation.

The color Doppler Echocardiography findings should always be considered in correlation with clinical and other investigation findings wherever applicable.

End of Report

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2914

* This Report is not for Medico Legal Purpose

Prepared By: Mr. SURAJ KHARBANDA

Address : H-1, 24, 26, 27, Kaushambi, Near Dabur Chowk, Ghaziabad-201010 • Ph.: 0120-4181900, 4189500, 08506069461
For Enquiry : admin.yhk@yashodahospital.org • For Feedback : admin.yhk@yashodahospital.org
Website: www.yashodahospital.org

T24	
T48	1.1
760	0.12
	0.033

CONDITION AT DISCHARGE:
Vitals:
PR: 90/min
RR: 24/min
SpO2: 99% on Room air
CP/PP-++/++
Peripheries-warm

ADVICE AT DISCHARGE:

1. To restart Tab SEPTRAN from next week
2. Tab. Emeset 4 mg 1 tab SOS
3. Inj GCSF 90 mcg s/c OD for 4 days to be continued from MCB daycare
4. Danger signs explained-risk of mucositis/fever/infection explained.
5. In case of any danger signs to report to pediatric emergency
6. Oral care/Sitz bath / betadine gargles
7. To review in OPD on 10/9/2025 with CBC/LFT/RFT

Junior Resident
Dr.Ankita

Dr ANKITA AGARWAL
Junior Resident
Department of Pediatrics
AIIMS, New Delhi

Senior Resident
Dr. Shrishtha

Dr. [illegible]
Senior Resident
Department of Pediatrics
AIIMS, New Delhi

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

All India Institute Of Medical Sciences, New Delhi

		Sex :	Female
Patient Name :	Miss. ASMITA KUMARI	Sample Received Date :	02-Jun-2025 22:53 PM
Age :	19Y	Department :	Paediatrics
Lab Name:	Dept of Laboratory Medicine	Lab Sub Centre:	Airport Lab New OPD Block
Reg Date :	02-Jun-2025 18:01 PM	Sample Collection Date:	02-Jun-2025 17:22 PM
Recommended By :		Lab Reference No:	251987356

Sample Details : LCR206253012 Sample Type : Serum

Report

SEROLOGY

Test Name	Result	UOM	Reference
Anti HCV Ab	0.04	COI	< 1.0 Non Reactive ≥ 1.0 Reactive

----End of Report----

Dr. Sudip Kumar Dutta (MD Biochemistry)	Dr. Tushar Subgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Suneeta Meena MD (Microbiology) 03-Jun-2025 03:16

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

All India Institute Of Medical Sciences, New Delhi

Name :	10039636	Sex :	Female
	Miss. ASMITA KUMARI	Sample Received Date :	02-Jan-2025 17:56 PM
	10Y	Department :	Pediatrics
Ward Name :	Dept of Laboratory Medicine	Lab Sub Centre :	Smart Lab New OPD Block
Ward Date :	02-Jan-2025 17:36 PM	Sample Collection Date :	02-Jan-2025 17:22 PM
Recommended By :		Lab Reference No. :	251587469

Sample Details : UH02062502103 Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name	Result	UOM	Reference
Hb	10.70	g/dL	11.5 - 15.5
Hematocrit	34.90	%	35 - 45
RBC count	4.09	10^6/µL	4.0 - 5.2
WBC count	9.22	10^3/µl	5.0 - 13.0
Platelet count	312.00	10^3/µL	170 - 450
MCV	85.30	fL	77 - 95
MCH	26.20	Pg	25 - 33
MCHC	30.70	g/dL	31 - 37
RDW-CV	13.20	%	11.6 - 14
Neutro	65.40	%	23-53%
Lympho	26.10	%	23-53%
Eosino	0.30	%	1-4%
Mono	8.00	%	2-10%
Baso	0.20	%	0-1%
NRBC	0	%	
Neutro - Abs	6.35	10^3/µl	2.0-8.0
Lympho- Abs	2.34	10^3/µl	1.0-5.0
Eosino - Abs	0.03	10^3/µl	0.1 - 1.0
Mono - Abs	0.78	10^3/µl	0.2 - 1.0
Baso - Abs	0.02	10^3/µl	0.02 - 0.1

—End of Report—

Dr. Sudip Kumar Datta (SMO Biochemistry)

Dr. Tushar Sehgal (DM Hematopathology)

Dr. Sareeta Meena (SMO Microbiology)

Dr Tushar Sehgal DM (Hematopathology) 02-Jan-2025 18:08

Run For Life Foundation

Report : 2/6/25

USG (R) thigh

There is e/o irregular cortical disruption c hypoechoic periosteal elevation and adjacent soft tissue mass in distal right femur suspicious for agressive bone lesion?.

Co-relation: MRI for medullary involvement.

The lesion extending till/Just above patella.

No e/o local collection.

Imp: f/s/o Agressive bone lesion c soft tissue component.

? Osteosarcoma.

Sign. of Radiologist / Date :

Dr Saurav Sen
IR/ RDs

Attention: Please collect blood samples by puncturing the rubber caps of the vacutainers. Manual opening of caps and filling in must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005

CVS
Chest normal in size and shape. No thrill. S1 S2 normal. No murmurs

PA
Inspection- abdomen is non distended, umbilicus central and inverted, all quadrants moving equally with respiration
Palpation- No tenderness on superficial or deep palpation. No organomegaly present
Percussion- Resonant note
Auscultation- Bowel sounds present

CNS
Child is conscious, alert, irritable
Cranial nerve examination normal
Motor- normal tone, power 5/5 in all limbs
DTRs 2+
No focal neurological deficit
No meningeal/cerebellar signs

HOSPITAL COURSE:

The child is a known case of localized osteosarcoma of the left femur, admitted for week 4 high-dose methotrexate as per the MAP protocol with Methotrexate and Leucovorin. Methotrexate was administered at a dose of 12 g/m² over 4 hours, followed by Leucovorin rescue every 6 hours starting from T24. Methotrexate levels were monitored as follows:

- T4: 562 µmol/L
- T24: 1.15 µmol/L
- T48: 0.12 µmol/L
- T60: 0.033 µmol/L

Leucovorin was continued until adequate Methotrexate clearance. There were no other signs of toxicity during this phase.

INVESTIGATIONS

Hemogram

Date	Hb(g/dl)	TLC	ANC	Plt
1/9/25	10	7790	2870	4.07 lakh

Biochemistry

Date	Urea/Cr	Na/k	Ca/P	Tbil	TP/alb	ALP	AST/ALT
3/9/25	5.9/0.19	142/4.9	8.8/2.7	0.63/0.30	6.2/3.3	204	17/23
4/9/25	17.6/0.21	136/4.4	7.9/3.4	0.30/0.11	5.9/3.1	164	24/26
5/9/25	9/0.25	135/4.5	8.6/3.9	0.5/0.17	6.3/3.4	180	31/30

Methotrexate levels	µmol/L
T4	562

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.

^{18}F-FDG WHOLE BODY PET-CT STUDY

Patient Name: ASMITA KUMARI		**Age/Sex: 10 Y/F**
Study ID: FDGN/40207/25	**UHID: 108359636**	**Date: 05.06.2025**
Indication: Case of right lower thigh swelling under evaluation; ?osteosarcoma. PET/CT for baseline evaluation.		

Procedure: PET-CT acquisition was done 60 minutes after injection of 6 mCi ^{18}F-FDG by intravenous route, from the level of vertex to mid-thigh.

PET-CT Findings:

Head and Neck: *Focal FDG uptake noted in right mandibular alveolar process in relation to lower molar tooth – likely Dental carries. Increased tracer uptake noted in nasopharyngeal and bilateral palatine tonsils with few sub-centimetric bilateral cervical level Ib, II and V lymph nodes – infective/inflammatory.* Visualized paranasal sinuses, skull base, pharynx, larynx, thyroid and rest of the neck region do not show any abnormality on CT.

Thorax: *Few non FDG avid sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum - benign.* Lungs, large airways, pleura heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: *Few non FDG avid sub-centimetric bilateral external iliac and bilateral inguinal lymph nodes noted - benign.* Normal radiotracer distribution is noted in the spleen, liver, small bowel, kidneys and urinary bladder.

Musculo-Skeletal System: **FDG avid expansile lytic lesion with large soft tissue component measuring ~7.9 x 8.9 x 10.0 cm noted in right distal femur with extensive periosteal reaction and involving adjacent muscles. Inferiorly it is extending till the superior margin of condyle of right femur. FDG avid marrow based lesion noted just above the primary mass in shaft of right femur.** *Subtle focal FDG uptake noted in left proximal femur.* Physiological FDG distribution is seen in rest of the visualized axial and appendicular skeleton.

IMPRESSION:

Metabolically active expansile lytic lesion with large soft tissue component in right distal femur – likely Osteosarcoma; suggested HP correlation.

Dr. Sanjith L.S
Senior Resident

Prof. C.S.Bal
Consultant

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department
अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

अस्थिरोग विभाग
UHID: 108359836
कमरा / Room c-105
Queue / संख्या F54
Unit-II, Orthopedics
Dept No: 20250080024375
ASMITA KUMARI
D/O PRAMOD BHAGAT
10Y 8M 22D / F(महिला)
VILLAGE BISHNUPUR ADHAR, POST ARARIA, DISTRICT SITAMARHI, BIHAR
General Rs. 0
Reporting: 10:22:50 24/12/2025
Follow Up Patient

इकाई/Unit
विभाग/Dept.
नाम/Name
ओ.पी.डी. पंजीकरण सं./O.P.D. Regn. No.
पता/Address

निदान/Diagnosis: Distal femur OGS

दिनांक/Date: 24/12/25

उपचार/Treatment

Pt - 24/12/25

Adv
operated SS1 → present

Adv
- X-ray ASD in ...
- ... Cold 250 ...
- Time ST → ASD.
- ... opinion / Surg oncology for pulmonary ... meta.
- ... → Adjuvant chemo.
- Review

वरिष्ठ रेजिडेंट
Senior Resident
अस्थि रोग विभाग/Deptt. of Orthopaedics
अ.भा.आ.सं., नई दिल्ली-29 / A.I.I.M.S., New Delhi-29

स्थिरोग विभाग
UHID:108359636

Dept No: 20250080024375

MITA KUMARI

PRAMOD BHAGAT
Y 6M 24D / F/(महिला)
LLAGE BISHNUPUR ADHAR , POST
ARIA , DISTRICT SITAMARHI , BIHAR.
General Rs. 0
llow Up Patient

कमरा / Room
c-105
Queue / संख्या F56
Unit-II, Orthopedics

86

सोम, बुध, शुक्र, Mon,Wed,Fri(सुध,शुक्र)

Reporting: 10:50:28
26/12/2025

DOS - 4/12/25

4E Suture line.
Melotic patch + ant aspect
Anteromedial thigh
Middle wound.

Open ABSB
Shown

Swelling has Reduced

Knee - 20ml

clean & Betadine
Adv - - ABD & T-fact + Paraffin gauze.
- Reapply slab

R/in tomorrows OT. for ASP

Dr. [illegible]
Ortho

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Name	: ASMITA KUMARI	UHID NO	: 108359636
Barcode No	: S2530031	F/H Name	: D/O PRAMOD BHAGAT
Age/Sex	: 10Y /Female	Additional ID	: NA
Clinic/Dept	: Orthopaedics	Unit	: Unit II
Consultant Incharge	: Dr. Shah Alam Khan	Request Date/Time	: 10-06-2025 17:19:23
		Receiving Date/Time	: 11-06-2025 10:53:42

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2530031A

Specimen: Core biopsy from swelling in the right distal femur

Gross: Received multiple cores of tissue measuring 2 x 1 x 0.7 cm in length.

MICROSCOPIC EXAMINATION:

Section shows features of high grade intramedullary conventional osteosarcoma with chondroblastic differentiation.

Focal tumor necrosis is seen.

Bizarre tumor cells are also seen.

DIAGNOSIS:

S2530031A	Core biopsy	Right distal femur	• Conventional intramedullary high grade osteosarcoma

End Report

Reporting Resident: Dr. Shreya Ojha

Reporting Faculty: Prof. Asit Ranjan Mridha, M.D.
Professor

Reporting Date/Time: 17-06-2025 09:

Disclaimer:

1. This report is electronically generated and does not require a signature or stamp to be considered valid.
2. The pathology diagnosis is to be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.

BSA= 0.71

Osteosarcoma Protocol (COG AOST0331)

Name Asmita Age 10y Sex (F)

Weight 17.7 kg Height 124 cm BSA 0.78 POC

Diagnosis Right distal femur Osteosacoma Localised/Metastatic Localised initially

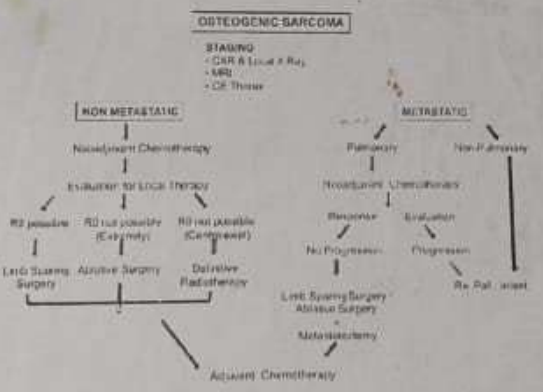
OGS 12 → progression after 2 cycle → AOST 0331

Tumor location: Long bone of upper limb, scapula/ Short bone of upper limb/Long bone of lower limb/Short bone of lower limb /Vertebral column/Ribs, sternum, clavicle/Pelvic bones, sacrum, coccyx

Regional LAP (clinical/radiological): Yes / No **CT Chest** No nodules initially

- **Viral Markers** ECHO Normal LDH
- **CT/MRI findings**
- **PET CT findings**

***Local therapy planning to be initiated with Orthopaedics team**



Run for life Foundation

DOSAGE AND ADMINISTRATION:

Drugs	Doses	Infusion	Route
Doxorubicin (A)	37.5 mg/m2/dose	Normal Saline Infusion over 1 hour	IV
Cisplatin (P)	60 mg/m2/dose	Normal saline infusion over 1 hour	IV
Methotrexate (M)	12 g/m2/day (Maximum dose 20 g)	Normal saline infusion over 4 hour	IV
Leucovorin	15 mg/m2/dose	Normal Saline Infusion over 1 hour at T24 and then 6 hrly Methotrexate levels : Ideally these should be obtained at T=4, 24, 48, 72, (96) hrs with immediately available results.	IV
Ondansetron	0.15 mg/kg/dose (max. 8 mg) Q8H	30 min before chemotherapy	IV
Hyperhydration with Cisplatin	125 ml/m2/hr	Pre hydration 125ml/m2/hr N/2 5% Dextrose + 1:100KCl+0.5:100 MgSO4 (20%) x 2 hours Cisplatin infusion in 500ml NS over 6 hours Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100 KCl + 0.5ml:100 MgSO4 (50%) + 3.8ml:100 Mannitol (20%)	IV
Hyperhydration with Methotrexate	125 ml/m2/hr	Start 6 hours prior to methotrexate and continued till Serum MTX level is less than 0.1 micmol/L	IV
Growth Factor (GCSF)	5 mcg /kg (maximum 300 mcg)	Till ANC is at least 750//µL.	SC

All chemotherapy dos
o adjustment for limb l
egin G-CSF support at le
oxorubicin. If givendaily
iscontinue at least 24 ho

CYCLE	WEE
	1
	2
	3

All chemotherapy doses should be calculated using pre-surgery body surface areawith no adjustment for limb loss.

Begin G-CSF support at least 24-36 hours after the last dose of chemotherapy aftes cisplatin and doxorubicin. If givendaily then continue a minimum of 7 days and until ANC ≥ 750/µl. post nadir and discontinue at least 24 hours prior to next cycle of chemotherapy.

CYCLE	WEEK	DAY	CHEMOTHERAPY	DATE GIVEN	SIGNATURE
1	1	1	AP	12/8/25	
		2	AP	13/8/25	
	2			19/8/25	
	3			26/8/25	
	4		M	2/9/25	
	5		M	17/9/2025	
2	6	1	AP	4/10 Addy	
		2	AP	5/10 Addy	
	7				
	8				
	9		M		
	10		M		
		Local control(Surgery)			
3	12	1	AP		
		2	AP		
	13				
	14				
	15		M		
	16		M		
4	17	1	AP		
		2	AP		
	18				
	19				

G-CSF (75mg)
15/8/25 -
16/8/25 Swathi
17/8/25
19/8/25

G-CSF (90mg)
7/9/25 Swathi
8/9 - Addy
9/9 -
10/9 -

23/9/25 Sudh
24/9/25
25/9/25 Addy
26/9/25
27/9 Sudh

G-CSF (75mg)
6/10/25
9/10/25
8/10/25
09/10/25
10/10/25

	20		M	
	21		M	
5	22	1 2	A A	
	23			
	24		M	
	25		M	
6	26	1 2	A A	
	27			
	28		M	
	29		M	

Imaging guidelines

Modality	Before starting therapy	Prior to Local Control	End of therapy
Xray	Yes	Yes	Yes
MRI of Local site/CT of Local Site	Yes	Yes	If clinically indicated
CT Chest	Yes	Yes	If baseline pulmonary mets present
Bone Scan/ Whole body PET	Yes	Yes	Yes

induction chemotherapy

Week 1: AP

Weight: 17.7 Kg Height: 124 cm

BSA: 0.78 m^2

Hb: 9.5 TLC: 5,540 ANC: 2,390

Plt: 4.02lakh

Urea: 15 Creat: 0.2 TBil: 0.11 AST/ALT: 28/10

Day 1

Inj. Ondansetron 2.5 mg mg iv q 8 hrly

Inj. Dexamethasone 2.5 mg mg iv q 8 hrly

Inj. Pantoprazole 20 mg iv q 24 hrly

- IVF N/2 5D with K Cl (1:100) and $MgSO_4$ (2mL/ L) 200 (100ml/hr) mL over 2 hours

Followed by

- Inj. Cisplatin 42 mg dissolved in

IVF N/2 5D with K Cl (1: 100) and $MgSO_4$ (2mL/ L) 500 mL over 6 hours

Along with

Inj. Mannitol (20%) 35 mL over 6 hours

- IVF N/2 5D with K Cl (1:100) and $MgSO_4$ (2mL/ L) 200 (100ml/hr) mL over 2 hours
- Inj. Doxorubicin 26 mg in 100 mL NS over 2 hours

Day 2

Inj. Ondansetron 2.5 mg mg iv q 8 hrly

Inj. Dexamethasone 2.5 mg mg iv q 8 hrly

Inj. Pantoprazole 20 mg mg iv q 24 hrly (100ml/hr.)

- IVF N/2 5D with K Cl (1:100) and $MgSO_4$ (2mL/ L) 200 mL over 2 hours

Followed by

- Inj. Cisplatin 42 mg dissolved in

IVF N/2 5D with K Cl (1: 100) and $MgSO_4$ (2mL/ L) 500 mL over 6 hours

Along with

Inj. Mannitol (20%)..... 85 .....mL over 4

- IVF N/2 5D with K Cl (1:100) and $MgSO_4$ (2mL/ L).....mL over 2

Inj. Doxorubicin... 86 ....mg in 100 mL NS over 2 hours

Week 4 : High dose Methotrexate

Weight: 17.7 Kg Height: 124 cm

BSA: 0.73 m^2

Hb:..... TLC:..... ANC:.....

Plt:.....

Urea:..... Creat:. TBil:..... AST/ALT:.....

(2)

Day 1

Inj. Ondansetron ..... 3 ..... mg iv q 8 hrly

Inj. Dexamethasone ..... 3 ..... mg iv q 8 hrly

Inj. Pantoprazole ..... 20 .....mg iv q 24 hrly

- IVF N/2 5D with K Cl (1:100) and NaHCO3 (5:100) @125 ml/m2 98ml/hour

Followed by

1/9-6/9

Inj. Methotrexate (12g/m2) ..... 9g in 500ml NS. ..... mg over 4 hours

Inj.Leucovorin (15 mg/m2) at T24, T42, T48 12mg in 100ml NS

Week 5 : High dose Methotrexate

17/9/2025

Weight: 17.7 Kg Height: 124 cm

BSA: 0.78 m^2

Hb:..... TLC:..... ANC:.....

Plt:.....

Urea:..... Creat:. TBil:..... AST/ALT:.....

(2)

Day 1

Inj. Ondansetron ..... 3 ..... mg iv q 8 hrly

Inj. Dexamethasone ..... 3 ..... mg iv q 8 hrly

Pantoprazole ..... mg iv q 24 hrly

- IVF N/2 5D with K Cl (1:100) and NaHCO3 (5:100) @125 ml/m2
  Followed by

Inj. Methotrexate (12g/m2) ..... mg over 4 hours

Inj Leucovorin (15 mg/m2) at 124, 142, 148

Take date for imaging of local area, MIBG/PET-CT after 3 months

Orthopaedics consultation

Week 6: AP

Weight: .....Kg Height: ..... cm
BSA:.....m²

Hb:..... TLC:..... ANC:.....
Plt:.....

Urea:..... Creat:. TBil:..... AST/ALT:.....

Day 1

Inj. Ondansetron ..... mg iv q 8 hrly

Inj. Dexamethasone ..... mg iv q 8 hrly

Inj. Pantoprazole .....mg iv q 24 hrly

- *IVF N/2 5D with K Cl (1:100) and $MgSO_4$ (2mL/ L).....mL over 2 hours*
  Followed by
- *Inj. Cisplatin* ..... *mg dissolved in*

IVF N/2 5D with K Cl (1: 100) and $MgSO_4$ (2mL/ L).....mL over 6 hours

Along with

Inj. Mannitol (20%).....mL over 6 hours

- IVF N/2 5D with K Cl (1:100) and $MgSO_4$ (2mL/ L).....mL over 2 hours
- Inj. Doxorubicin.....mg in 100 mL NS over 2 hours

Day 3

Inj. Ondansetron ..... mg iv q 8 hrly

Inj. Dexamethasone ..... mg iv q 8 hrly

Inj. Pantoprazole .....mg iv q 24 hrly

- IVF N/2 5D with K Cl (1:100) and $MgSO_4$ (2mL/ L).....mL over 2 hours

Followed by

- Inj. Cisplatin ..... mg dissolved in

IVF N/2 5D with K Cl (1: 100) and $MgSO_4$ (2mL/ L).....mL over 6 hours

Along with

Inj. Mannitol (20%).....mL over 6 hours

- IVF N/2 5D with K Cl (1:100) and $MgSO_4$ (2mL/ L).....mL over 2 hours

Inj. Doxorubicin.....mg in 100 mL NS over 2 hours

Week 9 : High dose Methotrexate

Weight: .....Kg Height: ..... cm

BSA:.....m^2

Hb:..... TLC:..... ANC:.....

Plt:.....

Urea:..... Creat:. TBil:..... AST/ALT:.....

Day 1

Inj. Ondansetron ..... mg iv q 8 hrly

Inj. Dexamethasone ..... mg iv q 8 hrly

Inj. Pantoprazole .....mg iv q 24 hrly

- IVF N/2 5D with K Cl (1:100) and NaHCO3 (5:100) @125 ml/m2

Followed by

Inj. Methotrexate (12g/m2) ..... mg over 4 hours

Inj.Leucovorin (15 mg/m2) at T24, T42, T48

Week 10 : High dose Methotrexate

अस्थिरोग विभाग
UHID:108359836

कमरा / Room
c-105

Queue / संख्या F46

Unit-II, Orthopedics

1Dept No: 20250080024378

ASMITA KUMARI

D/O PRAMOD BHAGAT
10Y 8M 15D / F(महिला)
VILLAGE BISHNUPUR ADHAR , POST
ARARIA , DISTRICT SITAMARHI , BIHAR
General Rs. 0

सोम,बुध,शुक्र, Wed,Fri(बुध,शुक्र)

Reporting: 10:18:54
17/12/2025

Follow Up Patient

O/c/o High grade OGS
c̄ chondroblastic diff.

DOS - 4/12/25

O/E Necrotic patch at middle wound
Drain last 24 hrs - 90 ml

Adv.

T. Cefil 250 mg BD.

Rest c.s.t.

B-116 - Dressing c̄ T-Bed on bed

R/w on friday 9am

05/06/2025, 16:20

(27)

Sr 2565368

22/12 5/12

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

कमरा / Room C-106

Queue / संख्या F99

Unit-II, Orthopedics

UHID:108358636

Dept No: 2025080024375

ABMITA KUMARI

D/O PRAMOD BHAGAT
10Y 8M 13D / F(महिला)
VILLAGE BISHNUPUR ADHAR, POST ARARIA, DISTRICT SITAMARHI, BIHAR
General Rs. 0
Follow Up Patient

Reporting: 09:48:06 15/12/2025

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

आयु Age

पता/Address

निदान/Diagnosis

High grade OGS = chondroblastic diff (R) knee

उपचार/Treatment

दिनांक/Date

Run For Life Foundation

Opn App 8 show

Drain - 100ml

Rx CST x1 wk

Collect HPE Report

Adv

Continue drain

Clean c Betadine Paraffin + TOBact

0-116

App R/on wednesday

Reapply slab

वरिष्ठ रेज़िडेंट
Senior Resident
Deptt. of Orthopaedics
A.I.I.M.S., New Delhi

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	108359636	Sex :	Female
Patient Name :	Miss. ASMITA KUMARI	Sample Received Date :	28-Nov-2025 15:34 PM
Age :	10Y 6m	Department :	Orthopedics
Reg Date :	28-Nov-2025 15:34 PM	Sample Collection Date:	28-Nov-2025 13:34 PM
Recommended By :		Sample Details :	LB281125279
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516853610

Report

HEMATOLOGY Test Name(Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Citrated Plasma PT (Mechanical Viscoelastic)	14.40	sec	13.1 - 16.3
INR	1.12		0.8-1.2
Sample Type : EDTA Whole Blood APTT (Mechanical Viscoelastic)	28.30	sec	28.0 - 37.9

Test Observations:
1. All samples sent for coagulation must be filled till the frosted mark on the vial.
2. Blood samples should not be collected from intravenous lines.
3. Normal coagulation results do not exclude clotting abnormalities.
4. In results above the normal range-
a. Heparin contamination must be excluded
b. Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done
5. Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

Test Observations:
1. All samples sent for coagulation must be filled till the frosted mark on the vial.
2. Blood samples should not be collected from intravenous lines.
3. Normal coagulation results do not exclude clotting abnormalities.
4. In results above the normal range-
a. Heparin contamination must be excluded
b. Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done
5. Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

----End of Report----

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Tushar Sehgal DM (Hematopathology) 28-Nov-2025 16:50

Run For Life Foundation

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005

UHID:108359835

UHID:-Dept No: 20250080024375

ASMITA KUMARI

D/O PRAMOD BHAGAT
10Y 8M 20D / F
VILLAGE BISHNUPUR ADHAR , POST
ARARIA , DISTRICT SITAMARHI , BIHAR
General Rs. 0
Follow Up Patient

Room
8-105
Queue / F33
Unit-II, Orthopedics

Reporting: 10:43:41
22/12/2025

DOS - 4/12/25

Opu Asepti[illegible] shown

L/E - Necrotic tissue +nt
c̄ Discharge ++

Adv
- clean c̄ NS
- ASD c̄ T-Bact
+ Paraffin
Reapply slab

Remove in tomorrow's OT for ASD

℞
- T Cefuroxime [illegible]
- RCM

SR Ortho

23/12/25

- Under Strict Aseptic Condition, Sterile dressing done, Suture site examined.
P/U ~ OPD [illegible]

Dr. [illegible]
23/12/25.

O.R.B.O., AIIMS, 26588360, 26593444, www.[illegible]

1/1

(27)

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

अस्थिरोग विभाग
UHID: 108350636

कमरा / Room c-105
Queue / संख्या F47
Unit-II Orthopedics

2021 Dept No: 2021008002437S

ASMITA KUMARI

D/O PRAMOD BHAGAT
10Y 8M 17D / F(महिला)
VILLAGE BISHNUPUR ADHAR, POST
ARARIA DISTRICT SITAMARHI BIHAR
General Rs. 0
Follow Up Patient

सोम,बुध,शुक्र, Wed,Fri(बुध,शुक्र)

Reporting: 10:38:01
19/12/2025

पंजीकृत सं०/O.P.D. Regn. No.

पता/Address

आयु/Age

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
Open ASPB shown	o/c/o High grade OGS c̄ Chondroblastic diff DOSx - 4/12/20 O/E Healable pateh 80% 40(P) Adv. (C-116) Dressing c̄ T-Bact ointment CST - R/v on Monday 9am

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

CK-105126

Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi

Run For Life Foundation

शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : Asmita

UHID : 108359[illegible]636

Diagnosis: OGS

Diagnostic Work UP & Risk Stratification

Lost old copy. ←

Right distal femur non metastatic OGS
- clinical progression after 2 cycles OGS-12
- Shifted to MAP regimen.

Bx: High grade OGS with chondroblastic differentiation

Name of treatment protocol

Patient Details

Run For Life Foundation

Name : Asmita Kumari

Age / Gender : 10y/F

Father's Name : Parmod Bhagat

Address : Sitamarhi, Bihar

POC / PCSC No.: 242/25

Diagnosis: OGS

Remarks :

NR

NR

V Status

V 0 1 2

Anthru - NR

PICC Line Care

अगर आपके बच्चे को PICC Line Care लगी हुई है तो डे केयर के डाक्टर या नर्स से ज़रूर संपर्क करें।

Syp. Emeset 5ml TDS x3d.
T. Doxa 4mg ½ BD x3d.

Inj G-CSF 75mcg S.C OD x5days.

2. To plan ... in week-11
3. N/V 6/10/25 POC 2pm c̄ CBC/RFT/LFT.

Sanjana/SR.

27 Sept
ONS now.
first start with a 1 scoop twice a day with water
gradually inc to 1.5 scoop twice a day with water.
If vomiting nausea stops then give 1.5 scoop with 150ml ... twice a day.

Prati...

6/10/25
Docetx 5 cycle
chemo received
on 19 Sep ...
24 betadine gargle
24 ...

...

Syp ...

Dr. RACHNA SETH

Run For Life Foundation

8/10/25 (R) distal femur OGS

2# OGS12 → clinical progression → MAP protocol

(R) 2nd cycle on going.

(R) week 6/7 ⇒ 4/10 & 5/10.

no chemo week 7/8.

Reassessment plan ⇒ week 11.

plan

① orthopedic opinion for local control.

② PET-CT } later → if progression/stable decide on palli
MRI } ↘ if responding → to continue same

③ Bed waiting list for HDMTX from 25/10/25
↳ sister timing

④ R/V after ortho opinion
PET-CT expedition

⑤ Trigger sign Neg → Saline 8/c 2nd QID x3days
(R) Ear

Shravani SR PD.

⑥ T. Septran - SS Tab OD alternate day.

Run For Life Foundation

11/10/25 ortho opinion → above knee amputation. Review opinion pending from Pf Shah Alam Sir.

plan

① family counselling → father & mother on 13/10/25 @ PDC based on ortho opinion.

Oint thrombophobe l/a TDS.

Shravani SR PD

13/10/25 Shah Alam sir reviewed
↓
Asked to repeat CEMRI → will LCI based on that

- father & uncle counselled about the need of amputation for local control
- Tumor is being not much responsive to chemotherapy; if local reassessment shows progression → OMT need & palliation also explained.

18/10/25 (R) distal femur OGS

→ plan: complete wk 9 & wk 10 chemo (HDMTX)
f/b MRI / PET & local control

fever, cough/cold } × 3 days

community visit: on 16/10/25
↳ given oral medication

O/E chest clear

Adv

1. arrange
Inj METHOTREXATE (500mg) – 10 vials × 2 times
Inj. LEUCOVORIN (50mg/5ml) · 2 vials × 2 times
urine pH testing strips

2. chemo date [illegible] Sister Tinny (after 25/10/25)

3.

3 tab AUGMENTIN (228mg) 1tsp BD × 7 days

4. N/V 26/10/25 CBC [illegible]

SENIOR RESIDENT
Department of Pediatrics
All India Institute of [illegible]

22/10/25 No fever, well child.

8 > 2830 / 1.51L / 750

plan

① Sister Tinny → waiting list, call at earliest

② CBC to repeat
LFT/RFT

③ Chemo to arrange

④ N/V 27/10/25 at 2pm

SR PD.

27/10/25 (R) distal femur OGS

Due for week 9, 10 chemo [Next in line for admission]

c/o severe pain ~~requiring~~ disturbing sleep

9.2 > 5.30 / 2.92 / 2.26 (L)

LFT/KFT – (N)

O/E – Vital stable

Adv –

— Refer to Pediatric Casualty for ONPM referral for pain relief (optimise)

— N/V on 03/11/25 c CBC/LFT/KFT. 11

- 1/11/25

① Inj GCSF (300mcg/Vial) – ②

② Inj Leucovorine (50mg/5ml) – ②

Dr. VISHAKHA VARSHNEY
Senior Resident
Dept. of Paediatrics
AIIMS, New Delhi

2/11/25

OGS Rt distal femur

Inj

08/11/25

Dx: (Rt) distal femur Osteosarcoma

Post 2# OGS-12 → progression → shifted to MAP.

Adv:-

→ · MRI & PET – To be dated

· Inj. Methotrexate (1000mg) – 19 vials

· Inj. Leucovorin (50mg/5ml) 2 vials

· Date for chemo – Sirey to add to waiting list.

· OAPM – Room no. 60 – IRCH.

· N/V in OPD on 15/11/25 at with CBC/RFT/LFT.

SR

Run For Life Foundation

10/11/25 Asmita

(R) distal OGS

Post 2# OGS-12 | ~ clinical progression

shifted on MAP regime

due for week "9" HDMTx

· OAPM review done for pain control ✓

· Chemo arranged ✓ | Septran on hold

8/11 counts RFT LFT – (N)

Plan

① Response assessment post week ⑨ 4 months — MRI ✓ PET ✓ Ram gun
|
for local control ē Sx

② Added in chemo waiting list ✓

Dr Nikita
PO SR

To,
The Cankids
Kindly assist for

Inj. Methotrexate – ⑨ vial [500mg/vial]

Inj. GCSF [300ug/vial] – ② vial

Nikita
DR. NIKITA JAKHAR
Senior Resident
Paediatric Oncology
Deptt. of Paediatrics
All India Institute of Medical Sciences
New Delhi- 110029

19/11/25

Completed week – 10 chemotherapy,
No active issues,

Plan

① Inj GCSF 100 ug s/c OD x 5 days.
✓② MRI → 21/11/25
③ Ortho R/V → 24/11/25.
④ N/V 26/11/25 ē CBC/LFT/RFT.
⑤ PET → 2/12/25.

Shravani
SR PO.

DR. G. SHRAVANI REDDY
Senior Resident
Paediatric Oncology
Deptt. of Paediatrics
All India Institute of Medical Sciences
New Delhi- 110029

26/11/25 Non metastatic OGS

- Post week 10 chemo.
- MRI done on 21/11/25
- ortho review: called today for plan.
- PET dated: 2/12/2025

Other concerns:

c/o intermittent minor bleeds from nose.
No other sites.

Plts - 1.97 lakhs.

O/E: Nasal mucosa congested.
Scratches + (likely mechanical).

Advice:

✓ 1. Ortho review today (R)
✓ 2. To do CBC
PT-INR / aPTT.
3. Local hygiene as explained.
Nose pinch measures as explained.

4. ENT review for evaluation of local causes.
5. R/w on 3/12/2025 after ortho review and PET scan.
6. Danger signs explained.

Sanjana
SR.

3/12/25

Non Metastatic Osteosarcoma.

c/o Pain in Rt thigh more at night.

Relieved on taking analgesic.

MRI Rt Thigh (21/11/25) → In a k/c/o osteogenic sarcoma with chondroblastic differentiation, current scan shows Rt distal femoral mass with a large soft tissue component extending to the medial condyle epiphysis, displacing femoral vessels and the sciatic nerve with no skip lesions or adjacent joint involvement.

Ortho review done → Planned for Amputation + wide resection + nail + cement spacer for 4/12/25

PET scan done on 2/12/25

LET/RFT → N

Ortho follow done

↓

- Sx for local control planned tomorrow
- chemo 2 cycles complete as per protocol.

Advice:

1. Proceed c̄ local control as planned ↓ ortho
2. R/w after Sx and discharge for adjuvant chemo.

[signature]
SR

15/12/25

Photocopy (LFT sm / discharge)
- No fever
- 2+ before cycle
- PET-CT (RI)

CBC
LFT/RFT } NA

P/2 check CBC, LFT/RFT in daycare before chemo

c/o
(B) Distal OGS.
↓
post 2 # OGS 12. → clinical progression
↓
started on MAP
post wk 10 MAP :: 15/11/25
↓
Local control Sx :: 4/12/25
Histopath awaited.
↓
To start adjuvant chemo on/after 11/12 ✓

Advice
- Take date for AP chemo.
- DIOP for chemo response.
- Prechemo.
  - cap Aprecap 125/80/80 mg ½ cap $D_1 - D_3$.
  - Inj. Dexa 8 mg + Emeset 8 mg IV $D_1 - D_2$
- Chemo

$D_1 - D_2$
- IVF DNS c̄ 1:100 kcl + 0.5 : 100 MgSO4 @ 85 ml/hr × 8 hrs.
- Inj. cisplatin 45 mg/1000 ml NS IV @ 6 h
- Inj. MgSO4 40 ml IV @ 6 hrs.
- Inj. Doxorubicin. 25 mg/100 ml NS D

19/12/25
20/12/25

- Post chemo:
  - Tab Emeset 4 mg TDS
  - Inj. G-CSF 100 mg SC OD

- F/U c̄ CBC, LFT/RFT on 31/12/25

✓ [illegible] (?/12/25)
✓ CBC / LFT / RFT
✓ Surgery [illegible]
[illegible] 24/12/25

Date of Surgery
4/12/25

(R) distal femur OGS:

LC17122S2544 100309636
LH17122501651 100309636
ASMITAKUMARI

Sx: 4/12/25.

HPE: 12% chemotherapy induced changes
88% viable tumor

Report → (s/o poor histological response)

Preop reassessment PET was done on 2/12.
Report: s/o progression: ? new onset lung nodule.

Limb salvage Sx done !!!

Advice:

c/d/w Prof. R. Seth Maam.

— clinical progression
— poor histological response.
— PET: ? metastatic progression

1. Discuss PET
2. R/W on 31/12/25. if lung site progression +
↓
c̄ counsel for palliation

Sanjana
SR

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department
अस्पताल के अंदर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

किलनिक विभाग
UHID:108359636
कमरा / Room C-217
Queue / कतार N2
Unit-I, PCSC PAEDS,
1Dept No: 20250030014658
OPR-6
ओपीडी पंजीकृत सं०/O.P.D. Regn. No.
SMITA KUMARI
D/O PRAMOD BHAGAT
10Y 0M 17D / F(महिला)
VILLAGE BISHNUPUR ADHAR , POST ARARIA , DISTRICT SITAMARHI , BIHAR
General Rs 0
New Patient
Reporting: 02:18:35 19/06/2025

आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
4/6	RC discussion Xray → periosteal reaction sclerotic bone involving lower end of femur. sun burst appearance osteogenic matrix. slo 045. MRI → - marrow infiltration - infiltration of marrow till prox. metaphysis. slo 045 Knee joint involved inferiorly. CT Chest → no nodules non metastatic onco path discussion pending. Biopsy report pending Plan → f/u on 25/6/2 collect Biopsy report.

Dr Rema Devdas

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit
विभाग/Dept.
नाम/Name

UHID: 108306536 [illegible]
Dept No: 2025003001489[illegible]
ASMITA KUMARI
D/O PRAMOD BHAGAT
10Y 1M 10D / F
VILLAGE BISHNUPUR ADHAR, POST ARARIA, DISTRICT SITAMARHI, BIHAR
General Rs. 0
Follow Up Patient

कमरा / Room C-209
Queue/ F24
Unit-III Paediatric
Reporting: 08:36:31 12/07/2025

Regn. No.
पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
C8	No fresh complaints.
(7-11)	Cycle 2 → Tentative date — (22/07/25)
	Pain over lower limb → Present.
	Yellowish pus ?pinpoint @ [illegible].
	Adv/
	OAPM review — for pain management. (Room no: 60)
	Mupirocin ointment for local application
	Tab. Augmentin 375mg PO TDS x 5 days
	Tab. Pan 20mg PO OD x 5 day
	Orthopedic review.

→ N/V ——→ 19/07/25 Saturday (9am)

with CBC, LFT, RFT

[signature] / SR

CDER ancillaries

विभाग
UHID: 10835?638
Dept No: 2025000?014856
...TA KUMARI
...RAMOD BHAGAT
...M 17D ...
...E BISHNUPUR ADHAR, POST
...A DISTRICT SITAMARHI, BIHAR
... General Rs. 0
... Up Patient

कमरा / Room
C-209
Queue / संख्या F6
Unit-III, Paediatric.

Reporting: 08:56:11
19/07/2025

19 18-B

(R) Femur distal metaphyseal lesion c̄ non dysplastic
High grade c̄ chondroblastic osteosarcoma. differentiation
chest → non metastatic
PET → localised disease.

complain of ~~pain swelling in~~ (R) leg.
- Pain (+)
→ Pain in (L) leg → No swelling
on standing No Pain on rest.
- No discharge.
- OAPM review. c ortho ~~review~~ follow up.

Run For Life Foundation

Plan
(1) to give 2nd cycle from 22/7/25
(2) chemo as charted.

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department
SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

यूनिट/Unit
विभाग/Dept
UHID
Room F41
Regn. No.

नाम/Name ASMITA KUMARI
D/O PRAMOD BHAGAT
VILLAGE BISHNUPUR ADHAR, POST ABARA, DISTRICT SITAMARHI, BIHAR
General Rs. 0
Follow Up Patient

पता/Address

निदान/Diagnosis (R) distal femur OGS

तिथि/Date | उपचार/Treatment

open diagnosis

WRP Arthrodesis (4/12/25)

Neurological pulse & Proximal wound gaping (+)

Adv.

C/S - ASD c 1. Bact E. pan

R/W HPE report - CST.

- R/w on ... in OT for Dressing

HPE - S2565368A

Resection tumor margin free

CLEAN AND GREEN AIIMS
ORGAN DONATION - A GIFT OF LIFE
AIIMS 26588360, 26593444, www.orbo.org Helpline 1060 (24 hrs service)
मेरा अस्पताल

30/12/25 Procedure Notes

- Under strict aseptic conditions, Dressing done with paraffin gauze.

Adv: Rev in OPD tomorrow

NIV 31/12/25

Dr Vaibhav

अनिवार्य विभाग
UHID:108358838

कमरा / Room
c-105
Queue / संख्या
F33
Unit-II Orthopedics

Dept No: 2025008002437

ASMITA KUMARI

D/O PRAMOD BHAGAT
10Y 8M 29D / F(महिला)
VILLAGE BISHNUPUR ADHAR, POST ... DISTRICT SITAMARHI, BIHAR
General Rs 0
D/C
Follow Up Patient

Reporting: 10:50:54
31/12/2025

open dressing & Show

Adv
- Nexpro dressing
- Syp Linezolid 3ml BD
- Rest CS?
- Then CS? → dressing
- Keep slab
- IRCH sponge
- Review

Dr Jasbir

Department of Pediatrics

	Age/Sex: 12 y / F	Bed No: MCB 5A/9
	Date of admission: 01/09/25	Date of discharge: 06/09/2

ur village,Araria Post,Sitamarhi dist

of R Seth/ Dr K R Jat/ Dr A Gupta/ Dr JP Meena

sarcoma/ non metastatic/ clinical progression after 2 cycles OGS 12 shifte
motherapy of MAP regimen(High dose methotrexate)

osteosarcoma, non- metastatic, who had clinical progression after 2 cycle
creased swelling of the tumor, hence shifted to MAP regimen
igh-dose methotrexate @12g/m2 chemotherapy.

pain/sob
se stools/vomiting
tion of skin and mucous membrane
loss of consciousness

nted with right thigh pain that progressed to right thigh swelling. The child was
l in Muzaffarpur and later referred to AIIMS, New Delhi for further managemen

5, Muzaffarpur) Elongated ill-defined lesion with patchy lucency in the distal fe
o physis, associated with periosteal reaction
dence of pulmonary nodules
Lesion involving distal femur up to the metaphysis
5). Active expansile lytic lesion with large soft tissue component in right distal fe
). High-grade osteosarcoma with chondroblastic differentiation and focal tumor n

case of right femur osteosarcoma, non- metastatic was started on OGS 12 pr
after 2 cycles of OGS 12 protocol in the form of increased swelling of the tum
was shifted to hence MAP regimen.


भारत सरकार
Government of India
अस्मिता कुमारी
Asmita Kumari
जन्म तिथि/ DOB: 08/07/2015
महिला / FEMALE
2476 5061 9352
मेरा आधार, मेरी पहचान

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मजा: प्रमोद भगत, वॉर्ड न-08,
गांव-विष्णुपुर अधार, पोस्ट-अररिया,
विशुनपुर, सितामढ़ी,
बिहार - 843330

Address:

D/O: Pramod Bhagat, ward no-08, village-vishnupur adhar, post-araria, Bishunpur, Sitamarhi, Bihar - 843330

2476 5061 9352

1947

help@uidai.gov.in

www.uidai.gov.in


भारत सरकार
Government of India
प्रमोद भगत
Pramod Bhagat
जन्म तिथि / DOB : 01/01/1976
पुरुष / Male
4794 0090 4335
आधार - आम आदमी का अधिकार


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
पता:
संबोधित: अमीरी भगत, वॉर्ड न, 8,
ग्राम-बिशनपुर आधार, अररिया,
सितामढ़ी, अररिया, बिहार, 843330
Address:
S/O: Amiri Bhagat, ward no, 8,
village-bishanpur aadhar, Araria,
Sitamarhi, Araria, Bihar, 843330
4794 0090 4335
1947
1800 300 1947
help@uidai.gov.in
www.uidai.gov.in