



Department of Pediatrics  
Division of Pediatric Oncology १२२१३३२०३१  
All India Institute of Medical Sciences, New Delhi

CKID-96191



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name :

१२२१३३२०३१ Rumaali

UHID :

127910452

Diagnosis :

DSRCT

13/8/25

CPO  
Nonmetastatic DSRCT.

✓ post Induction 5/4/25

9.7  $\times$   $\frac{5360}{2260}$   $\times$  1.80  
LFT/RET - OK.

✓ counted RT. 23/6 - 7/3.  
ASGy/25 #

- No fresh complaints.

To start consolidation.

To take date for USG doppler.

Rx

• prechemo.

- cap Aprecep 125/80/30y  $\frac{1}{2}$  OD  $D_1 - D_3$ .

- IV. Dexam 4y + Emeset 4y IV  $D_1 - D_3$ .

• chemo.

$D_1$  - IV. VCR 0.7 y IV fresh. on  $D_1$

$D_1 - D_2$  - IV. Doxorubicin 20y/100ml NS IV on  $D_1 - D_2$

- IVF DNS @ 1:1000 @ 70ml/h x 6hs

$D_1$  { - IV. cyclophosphamide 600y/100ml NS IV @ 2hs.

- IV. Mesna 200y/100ml NS IV @ 0, 3, 6h.

• post chemo.

⊗ - Tab Dexam 4y OD } x 3 days

⊗ - Tab Emeset 4y TDS } x 3 days

0.2ml ⊗ - IV. Gr-C8F (300µg/ml) 60 mg SC OD  $D_5 - D_7$ .

- HUC CBC, LFT/RET on 27/8/25

*[Signature]*

## Diagnostic Work UP & Risk Stratification

Shruti 2.5y girl

Symptomatic since 4/10/24.

fever, cough  
abdominal distention } 4/10/24.

Fast Breathing x 10 days (20/10/24)

CECT → Large lobulated (R) soft tissue mass  
Extending across diaphragm in (R) pleural cavity  
Internal vessels 8+9 x 1.5 cm, No Calc.  
Moderate ascitis, B12 pleural effusion  
LN → (L) common iliac & B12 External iliac.  
Intraspinal extension T6

PET → (R) side lung collapse, primary RP mass,  
hilar masses; Ascitis (R) mass indently liver  
Extending into pleural space & pleural deposit  
(R) soft tissue & mediastinal LAP  
Bm & lung parenchyma (R).

Echo (R) 14/12/24 coronary (R)

Mass Biopsy → SABCT & scant eosinophilic cytoplasm  
CD99 (+), focal desmin (+)  
Synaptophysin (+)

Bone marrow → No metastasis

Name of treatment protocol

Desmoplastic Small Round Blue cell tumor.

COG AEWS1031



बाल चिकित्सा विभाग  
UHID: 107910452  
ABHA:  
shrishti\_05272022@abdm  
Dept No: 20240030036049

SHRISHTI KUMARI

D/O SANJAY KUMAR YADAV  
4Y 1M 8D / F(महिला)

VILLAGE NANDPUR PO : NANDPUR,  
DISTT : SARAN, BIHAR, Pin: 841313, INDIA  
Ph: 9771887056 General Rs: 0  
Follow Up Patient

कमरा / Room  
C 216  
Queue /  
संख्या  
F73  
Unit-III, Paediatric

बुध, शनि, Wed, Sat



Reporting: 09:27:25  
13/12/2025

LH16122501786 10791045



BabySHRISHTIKUM

65

N/V : 17/12/25 टि (BC)

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बाल चिकित्सा विभाग  
UHID: 107910452  
ABHA:  
shrishti\_05272022@abdm  
Dept No: 20240030036049

SHRISHTI KUMARI

D/O SANJAY KUMAR YADAV  
4Y 1M 12D / F(महिला)

VILLAGE NANDPUR PO : NANDPUR,  
DISTT : SARAN, BIHAR, Pin: 841313, INDIA  
Ph: 9771887056 General Rs: 0  
Follow Up Patient

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C 216  
Queue /  
संख्या  
F67  
Unit-III, Paediatric

बुध, शनि, Wed, Sat



Reporting: 09:58:10  
17/12/2025

22

12 kg

N/V OM 22/12/25

e apm

Poc clinic

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SRP

SRP

LFT/RFT  
USC

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



<sup>18</sup>F-FDG WHOLE BODY PET-CT STUDY

|                               |                 |                  |
|-------------------------------|-----------------|------------------|
| Patient Name: SHRISHTI KUMARI |                 | Age/Sex: 3Y/F    |
| Study ID: FDGN/39639/25       | UHID: 107910452 | Date: 25.04.2025 |

Indication: C/o Desmoplastic small round cell tumor of chest wall (Nov'24), Post CT last on 05.04.25. PET/CT for response assessment.

**Procedure:** PET-CT acquisition was done 60 minutes after injection of 10 mCi <sup>18</sup>F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization.

**PET-CT Findings:**

Head and Neck: Previously noted FDG avid subcentimetric right level IV cervical and bilateral supraclavicular lymph nodes show reduction in size and resolution of FDG uptake, now measuring 0.4 x 0.3 cm (vs previously 0.6 x 0.7 cm in left supraclavicular region).

Thorax: Non FDG avid subcentimetric right axillary lymph nodes noted – interval resolution of FDG uptake and reduction in size. Few non FDG avid subcentimetric left level I axillary lymph nodes noted with preserved fatty hilum – benign. Previously noted FDG avid upper & lower para-tracheal, pre-vascular and sub-carinal lymph nodes show interval reduction in size and resolution of FDG uptake. Physiological FDG uptake is seen in the myocardium.

Abdomen-Pelvis: Non FDG avid ill-defined hypodense right supra-renal lesion measuring 2.2 x 1.4 cm vs previously 7.3 x 6.8 cm abutting liver parenchyma – interval resolution of FDG uptake and significant reduction in size. Increased FDG uptake noted in left diaphragmatic crus with thickening. Few non FDG avid para-aortic, bilateral external iliac and bilateral inguinal lymph nodes noted. Normal FDG distribution is noted in the liver, spleen, kidneys, adrenals, pancreas, gastrointestinal tract, and urinary bladder.

Musculo-Skeletal System: Normal FDG distribution is noted in the visualized axial and appendicular skeleton.

**IMPRESSION:**

- No definite scan evidence of metabolically active residual disease in the present study.
- As compared to the previous PET/CT scan (FDGN/37530/24, dated: 13.11.2024) there is significant interval reduction in size and resolution of metabolic activity along with metabolic resolution of involved lymph nodes – suggestive of complete metabolic response to therapy.

Dr. Arup Roy  
Senior Resident

Prof. Shamim A Shamim  
Consultant



## RADIOLOGY UNIT

Dr. B. R. Ambedkar Institute Rotary Cancer Hospital  
All India Institute of Medical Science, New Delhi -110029

|                |                                |            |                    |
|----------------|--------------------------------|------------|--------------------|
| Patient Name   | SHRISHTI KUMARI                | Gender/Age | F/2 y              |
| UHID           | 107910452                      | Exam Date  | 08/05/2025 11:47AM |
| OPD / Ward:    | Paediatric Surgery-IRCH        | Modality   | CT                 |
| Procedure Name | IRCH CT Chest, Abdomen, Pelvis |            |                    |

### Procedure: CECT of Chest, Abdomen & Pelvis.

Clinical background: F/c/o thoracoabdominal DSRCT on chemotherapy with occasional fever and respiratory distress.

#### Chest

Both lungs: Normal, No focal lesion.  
Mediastinum: Normal, No lymph node enlargement.  
Trachea, main bronchi: Normal.  
No pleural or pericardial effusion.

#### Abdomen & Pelvis

Liver: Normal. No focal lesion.  
CBD/ Gall bladder: Normal.  
Pancreas: Normal.  
Spleen: Normal.  
Both kidneys/ ureters: Normal, No hydronephrosis.  
Retroperitoneum/ vessels: Normal. No lymph node enlargement.  
Free fluid: No ascites.  
Urinary bladder: Normal.  
Uterus/ adnexa: Normal.  
Additional information:

Heterogeneously hypodense lesion is seen in the right paravertebral location, measuring ~3.1cm (AP) x 2.1cm (TR) x 4.3cm (CC), from D6 to D12 vertebral levels. Widening of the right neural foramen with minimal intraspinal extension of the soft tissue is seen at D6-7 and D7-8 levels. Anteriorly, there is >180 degree contact and loss of fat planes with the retro and suprahepatic IVC, with no luminal narrowing or contour abnormality. Medially, there is >90 degree contact and loss of fat planes with the lower thoracic esophagus and gastroesophageal junction. Focal abutment with the upper abdominal aorta noted. However, no definite e/o invasion. Laterally there is broad area of contact with the posterior surface of the right lobe of the liver, however, no obvious infiltration.

**Comparison:** As compared to prior scan done on 5-11-24, there is marked reduction in the size and extent of the right paravertebral mass, resolution of the pleural deposits, pleural effusion, mediastinal and retroperitoneal lymph nodes, and ascites. No new lesions. F/s/o partial response.

#### Impression:

Chemotherapy should be initiated concurrently with the radiation therapy, i.e. both radiation and chemotherapy Cycle 1 should start at the same time. Chemotherapy would not be given during week 11.

BSA 20.54

# CONSOLIDATION REGIME

| WEEK | DAY | CHEMOTHERAPY | DATE GIVEN   | SIGNATURE   |
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| 1    | 1   | VCR          | 17/8/25      | [Signature] |
|      | 2   | D            | 18/8/25      | [Signature] |
| 2    | 1   | V            | 24/9/25      | [Signature] |
|      | 2   | IL           | 14/10/25     | [Signature] |
|      | 2   | D            | 14/10/25     | [Signature] |
|      | 3   | IL           | 15/11/25     | [Signature] |
|      | 4   | IL           | 16/11/25     | [Signature] |
|      | 5   | IL           | 17/11/25     | [Signature] |
| 3    | 1   | IL           | 23/10/25     | [Signature] |
|      | 2   | IL           | 29/10/25     | [Signature] |
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|      | 4   | IL           | 11/10/25     | [Signature] |
|      | 5   | IL           | 12/10/25     | [Signature] |
| 4    | 1   | VC           | 11/11/25     | [Signature] |
| 5    | 1   | V            | 15/11/25     | [Signature] |
|      | 2   | VCR          | 29/11/25     | [Signature] |
|      | 2   | D            | 30/11/25     | [Signature] |
| 10   | 1   | V            | VCR 26/12/25 | [Signature] |
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| 13   | 1   | VC           |              |             |
| 14   | 1   | V            |              |             |
| 15   | 1   | IL           |              |             |

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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



उप दिवसिक विभाग

UHO: 107810452

Ward / Room

C-213

Queue /  
अंश

N6

OPR-8

Dept No: 22413300006

UHO, POC

बहिरंग रोगी सं./O.P.D. Regn. No.

SHREYATI KUSTARI

Sex  
म

Age

Ward/Address

MCH RN

DO SHREYATI KUSTARI

DO SHREYATI KUSTARI

Ward No: 22413300006

PHOTOGRAPH

Signature: R. S.

New Patient



Reporting: 01.12.24

23122524

Sign/Diagnosis

DSRCT

Date

Treatment

Admitted from (5/1/24 - 21/12/24).

DSRCT / sepsis / AB. Iwoffi BSE / candida tropicalis  
oral mucositis / ? Refractory KD / ? Drug fever /  
Bacterial conjunctivitis

Wt → 12kg

BP → 100/65

HT → 88cm

BSA → 10.54 m<sup>2</sup>

NO recurrence of fever.

Conjunctivitis improved.

Photophobia positive.

Skin rash healed → peeling ⊕.

O/E well child

BP →

Skin peeling ⊕

No photophobia

Conjunctivitis positive

Dyphle. 20/12

plan

①

Dry VCR 0.8mg slow IV push (23/12/24)

②

POC file (please give date for (30/12/24))

Tracy Sister.



CLEAN AND GREEN AIIMS / रोगी का पेशे स्वच्छता से कटाया गया

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  
merahospital.nhp.gov.in



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



शरीरमाद्यं खलु धर्मलापणम्

एकक/Unit

विभाग/Dept.

नाम/Name

बाल चिकित्सा विभाग

UHD: 107335274

Dept No.: 20240030004940



HARSHIT RANJAN

S/O VIRENDRA SINGH

24 AM OD / M/PUR

Add: HATHRAS, UTTAR PRADESH, PIN-6, INDIA

Mobi: 7830143637 New Patient General 0

कमरा / Room

C-206

Unit-I

Paediatric

सोम गुरु

Mon, Thu (सोम गुरु)

22/02/2024

Queue: N27

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निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

11  
205

25.8g

- Fever x 4-5 days. undocumented.  
rekinded upon taly medicals.

- Abdominal mass noted for 36 hrs.  
on the L side of the abdomen.

- No Lt. vomit/diarr. stool.  
- No Lt. pain abd  
- No Lt. urinary complaints  
- No Lt. sweats, palpitate.

c/d/w Peds Onco SR  
on call  
Adv (4x)

USG:

② kidney  
enlarged  
(Bx7cm)

large (10 x 6 x 7)  
Hetero echic mass  
arising from inter polar  
of pole region  
w/ cystic areas  
? wilms tumor

O/E

L.O

firm mass  
palpable

→ CBC, RFT, LFT:

→ USG Abdomen & KUB

→ CECT Abdomen & Chest  
Biopsy done

→ R/O on Saturday to  
Peds ONCO. OPD.



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

अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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My Hospital  
meraapatal.nhp.gov.in



भारत सरकार

Government of India

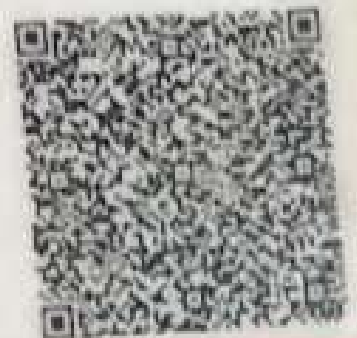


संजय कुमार यादव

Sanjay Kumar Yadav

जन्म तिथि / DOB : 10/01/1994

पुरुष / Male



4702 3738 6155

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संबोधित: बैजनाथ यादव,  
गाँव-पोस्ट-नन्दपुर, नन्दपुर, मांझी,  
सारन, बिहार, 841313

Address:

S/O: Baijnath Yadav,  
vill-Post-Nandpur, Nandpur,  
Manjhi, Saran, Bihar, 841313

4702 3738 6155



1947

1800 300 1947



help@uidai.gov.in

www

www.uidai.gov.in



भारत सरकार  
Government of India



बाल आधार

Aadhaar no. issued: 26/08/2024



सृष्टि कुमारी  
Shrishti Kumari  
जन्म तिथि/DOB: 27/05/2022  
महिला/ FEMALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).**

5971 7747 5987

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

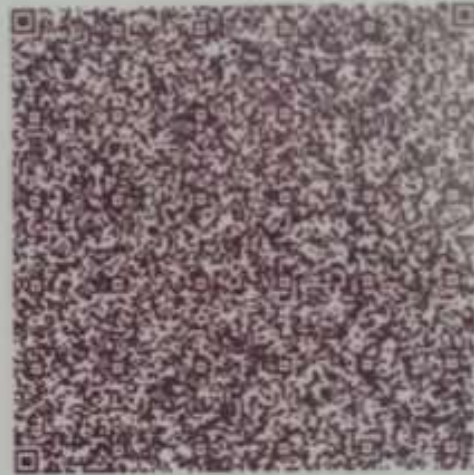


पता:

द्वारा: संजय कुमार यादव, नंदपुर, नंदपुर, सारन,  
बिहार - 841313

Address:

C/O: Sanjay Kumar Yadav, Nandpur, PO:  
Nandpur, DIST: Saran,  
Bihar - 841313



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VID : 9125 4703 8910 3619



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संजय कुमार यादव

www

www.uidai.gov.in