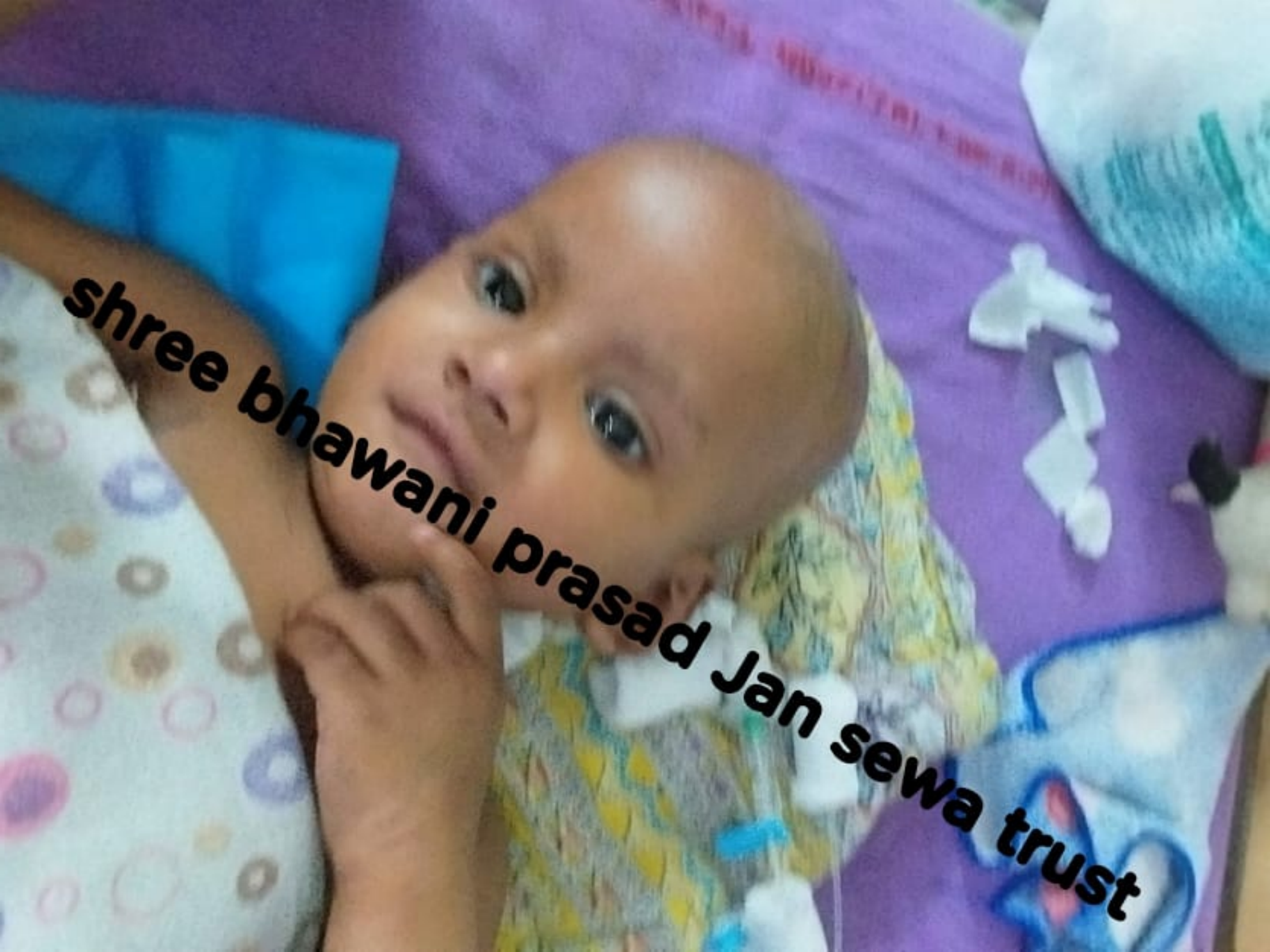
shree bhawani prasad Jan sewa trust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भारत सरकार/Government of India

ए.बी.वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi-110001

Ph: 011-23404040/23365525

छुट्टी/मृत्यु की रिपोर्ट : Discharge/Death Summary

केन्द्रीय पंजी. सं. CR No. 2025/...877	विभाग/इकाई प्रभारी का नाम Deptt/Name of HOU - PS - Dr. PR Debnath	वार्ड/रोगी कक्ष सं. Ward No.
नाम Name Miss Vartika	आयु/लिंग Age/Sex 1yr/F	एम.एल.सी. सं. MLC No.
सी.जी.एच.एस. सं. CGHS No.	भर्ती की तारीख Date of Admission	छुट्टी/मृत्यु की तारीख एवं समय Date & Time of Discharge/Death

छुट्टी/मृत्यु का निदान- Diagnosis on Discharge of Case History: ® Paraspinal Neuroblastoma (T8-T9)

मामले का संक्षिप्त सारांश- Brief Summary of Case History

OT findings :-

OT-1 - I ASC ® thoracotomy done at 7th ICS

Tumor Mass identified after opening ® pleura, mass is extending from ® 6th to 9th paraspinal space extending posteriorly to thoracic Aorta. Segmental intercostal vessels ligated and en mass tumour excision done (possible R0 resection done). Thoracic duct injury noted c̄ chyle leak.

जांचों का विवरण Details of Investigation

20 Fr ICD placed and fixed, air column movement (+) after ensuring hemostasis. Skin wound closed in layers after ensuring ... Drape painted and closed c̄ ethalon, ASD Done.

OT-2 (11/4/25) - U/GA in ® lateral position. ... painted and ® posterolateral incision placed in ® 7th ... space, muscle cut ... thorax entered at 7th ICS, Ribs retracted, inferior pulmonary ligament divided, s/o previous operated ... dissected site ... Thoracic duct could not be identified per se. Diffuse continuous chyle leak noted. No pin point site of excision. Esophageal and diaphragmatic pleura could be identified. Local pleurodesis done ... opened and dissected. Local pleurodesis ... ligated bed and site using 3.5 IU Bleomycin ... Betadine point. Rest of the local sclerosant and Betadine ...

UHID: 20250242369, Name: Miss. VARTIKA

Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Marg
New Delhi

LABORATORY OBSERVATION REPORT

UHID :	20250242369		
Patient Name :	[illegible]ss. VARTIKA	Reg Date :	[illegible] 12:37 PM
Sex :	[illegible]		
Lab Name :	PATH[illegible]OGY	Age :	[illegible]
Department :	[illegible]	Lab Sub Centre :	HISTOPATHOLOGY LAB
Unit in-charge :	[illegible]	Unit Name :	[illegible]
Sample Receive Date :	[illegible]	Sample Collection Date :	[illegible] AM
Ward Name :	[illegible] Paid Department	Report Date :	[illegible] AM
		Report Printed Date :	[illegible] PM

Sample Details : HIS-[illegible] [illegible] HISTOPATHOLOGY LAB Clinical Details

Test Na[illegible]PE SOFT TISSUE (Template : TISSUE FOR HPE)

Lab Ref No. :8901-890[illegible]

Specimen : Labelled as left paraspi[illegible]racic neuroblastoma.

Gross : Received 2 grey white to gr[illegible] suture marked soft tissue piece measuring 4x3.5x1.8cm and a separately lying soft tissue piece mea[illegible]0.3x0.2x0.1cm . On cut open grey white to grey brown. On serial slicing areas of calcification noted.

Microscopy : Biopsy shows prominent [illegible]tery artefacts with poorly preserved cell morphology. Sections examined show nests of neuroblastic cells in [illegible]rious stages of differentiation in a background of neuropil . These are randomly distributed in a back[illegible] of abundant schwannian stroma with large areas of calcification . Inferior margin is free of tu[illegible]mor focally reaches with 1mm of medial , lateral and superior margin.

Impression : Ganglioneuroblastoma intermixed [illegible]annian stroma rich) INPC classification (International neuroblastoma pathology)

Note : IHC in progress , supplementary report to [illegible]

REPORTED BY:

Purnima 29/3/25
Dr. Purnima Paliw[illegible]
Specialist (Patholog[illegible]

PATHO[illegible]

[illegible]erified by

[illegible]rSai Jyoti SRJ
[illegible]HID: 20250242369, Name: Miss. VARTIKA

oncquest laboratories

Name	: Baby VARTIKA CK 95090	Centre Details	: CANKIDS
Age	: 1 Mon Sex: Female	Accession ID	: OQG2410190498
Collection	: 18/Oct/2024 12:00AM	Referred By	: RML HOSPITAL
Received	: 19/Oct/2024 02:58PM	Report Date	: 26/Oct/2024 05:20PM
Registration	: 19/Oct/2024	Ref.No/TRF.No	: /

DEPARTMENT OF FISH & CYTOGENETICS

N-Myc gene amplification by FISH
FFPE Tissue Block

***MYCN* Gene amplification assay**
Fluorescence in-situ Hybridization (FISH)

Specimen: 1P Blck recd- 30103 (235/24)
Time of Fixation: Not Provided
Method: FISH Analysis on FFPE sections
FISH Probe: Zytolight SPEC MYCN/CEN 2 Dual Color Probe

DNA Target	Probe	Mean # signals	Analysis & Report
MYCN (2p24)	MYCN Spectrum Green	2.4	Ratio= 0.6 Amplification Status= Negative
CEN 2 (2q11)	CEN Spectrum Orange	3.6	

Nuclei counted= 50

Interpretation & Scoring:
High-level MYCN amplification (MNA) is associated with poor outcome and unfavorable clinical and biological features in patients with neuroblastoma. The determination of presence of amplification for *MYCN* gene locus is based on counting immunofluorescent signals for *MYCN* gene contained within the tumor cells. Heterogeneous *MYCN* amplification (the presence of MNA in <20% of tumor cell nuclei) is not evaluated. Results are scored as per recommendations of International Society of Paediatric Oncology, European Neuroblastoma (SIOPEN).

1. ***MYCN* Negative** if the *MYCN* to CEN 2 ratio is < 2
2. ***MYCN* Gain** if the *MYCN* to CEN 2 ratio is ≥ 2 and ≤ 4
3. ***MYCN* Amplification** if the *MYCN* to CEN 2 ratio is > 4

ASCO recommends a fixation time of 6-72hrs in 10% neutral buffered formalin. The volume of formalin should be at least 10 times the volume of the specimen. Decalcification solutions with strong acids should not be used.
The performance characteristics of this kit have been standardized for FFPE tissues. Other types of specimen or fixatives should not be used.
Note: The performance characteristics of this Test have been evaluated at Oncquest Laboratories.

Result:
nuc ish(MYCNx2.4,AFF3x3.6)[50]
Sample is Negative for *MYCN* gene amplification

Dr. Mahesh Ahlawat, MBBS, M.D. (Path), Lab Director National Reference Lab
Dr. Preeti Paliwal, Ph.D., Consultant Cytogenetics

Verify this report by scanning the QR code on top. In case of any discrepancy please report to +0124 665 0000
This sample is processed at Oncquest Laboratories Ltd.; A-17 Infocity, Sector-34, Gurugram

HISTOPATHOLOGY LAB
DEPARTMENT OF PATHOLOGY
VIMS & Dr. RML HOSPITAL, NEW DELHI

Lab.Ref. : 8901-89

Nature of Specimen :

Patient Name: Vartika Age: 1yrs Sex: F

Cr. No : 202517877 O.P.D 20250242369

Dr. Alok Hemal Date of Receiving: 02/4/2025

RESULT

SUPPL[illegible]NTARY REPORT (IHC)

Synaptophysin : Diffuse strong positive in differentiating cells
Chromogranin : Focal positive in ganglion cells
S-100 : Positive in schwannian stroma
IHC findings are compatible with a diag[illegible] of Ganglioneuroblastoma , intermixed

REPORTED BY:
Dr. Purnima Paliwal
Specialist (Pathology)

भारत सरकार/Government of India
ए.बी.वी.आई.एम.एस. एवं डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi-110001

छुट्टी/मृत्यु की रिपोर्ट : Discharge/Death Summary

केंद्रीय पंजीकरण संख्या / CR No.: 2025[illegible]7877	विभाग/इकाई का नाम / Dept/Name of HOU: PS- Dr. PR Gauri[illegible]	बहिरंग रोगी सं. / Bed No.
नाम / Name: Miss Vartika	आयु/लिंग / Age/Sex: 1y/F	एम.एल.सी. सं. / MLC No.
सी.जी.एच.एस. सं. / CGHS No.	भर्ती की तिथि / Date of Admission	छुट्टी/मृत्यु की तिथि एवं समय / Date & Time of Discharge/Death

छुट्टी/मृत्यु का निदान / Diagnosis on Discharge of Case History: Left paraspinal ? Neuroblastoma (T8-T9)

रोगी का संक्षिप्त इतिहास / Brief Summary of Case History

OT findings :-

OT-1 - 2A1C (L) thoracotomy [illegible] at 7th ICS. Thoracic mass identified after opening [illegible], mass is extending from (L) 6th to 9th paraspinal space [illegible] posteriorly to thoracic aorta. Segmental intercostal [illegible] ligated and [illegible] en mass tumour excision [illegible] (possible R0 resection done). Thoracic duct [illegible] noted c̄ single leak.

जाँच का विवरण / Details of Investigations

20Fr ICD placed and fixed, [illegible] column movement (+) wound closed in layers after [illegible] hemostasis. Skin closed c̄ [illegible] done.

OT-2 (11/4/25) - GA in (L) lateral position, parts painted and draped. (L) posterolateral incision placed [illegible] (L) 7th ICS space, muscle cut, [illegible] structured, inferior pulmonary ligament entered at 7th ICS, [illegible] operated and dissected site, ligament divided [illegible] [illegible] could not be identified per se of excision. Thoracic duct [illegible] leak noted, no pin point site. Diffuse continuous [illegible] could be identified. [illegible] and diaphragmatic pleura opened and dissected. Local pleurodesis done at the ligated bed and [illegible] using 3.5 IU Bleomycin powder, local pleurodesis and Betadine paint. Rest of the

UHID: 20250242369, Name: Miss VARTIKA

pleurodesis d[illegible] using betadine [illegible]
surgical placed [illegible] pushed at the op[illegible]

उपचार/ऑपरेशन का विवरण
Treatment/Operation notes

छुट्टी के समय दी गई सलाह तथा अनुवर्ती मुलाकात
Advice on Discharge & Follow up visits

Follow up in Peds Sx OPD on Monday / Thursday
Continue medication as advised by paediatric oncology
Suture Removal on follow up
[signature] SR/Ps.

[illegible] रेजिडेंट के हस्ताक्षर तथा मुहर
[illegible] & Stamp of Senior Resident

यूनिट प्रभारी के हस्ताक्षर तथा मुहर
Sign[illegible] Stamp of Head of Unit

Dr. Ram Manohar Lohia H[illegible]
Baba Kharak Singh Marg
New Delhi
LABORATORY OR[illegible]
[illegible]me : 2025242369
[illegible] : Miss. VARTIKA
[illegible] : Female
[illegible]ent : PATHOLOGY
[illegible]charge : Paediatric
[illegible] Receive Date : Dr. Alok [illegible]
[illegible] Name :
Lab Re[illegible]

अटलबिहारीवाजपेयीआयुर्विज्ञानसंस्थानएवंडॉ.राममनोहरलोहियाअस्पताल,नईदिल्ली

विकिरणनिदानविभाग

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Department of Radiodiagnosis

Name: Vartika	Age/Sex: 1Y/F	Mobile number:
UHID/ CR No:	OPD/Ward/ICU:	Referred by: Dr.
MRI no. 660	Date of MRI: 19/02/2025	Date of reporting: 21/[illegible]/[illegible]25

CE M.R.I OF CHEST

Clinical Details: - K/c/o Poorly differentiated Neuroblastoma, after 4 cycle[illegible] [illegible]hemo. Current scan to look for residual disease

Study reveals:

- **Anill-defined heterogenous solid lesion is noted in the left [illegible]erior mediastinum predominantly centered in the left para-vertebral space, corre[illegible]nding to D6 – D12 vertebrae. It measures – 5.8 x 4.4 x 1.4 cm (maximum CC [illegible]RA x AP)**
  - **Signal Characteristics** – Lesion appears T2/TIRM [illegible]rogeneously hyperintense, T1 isointense and shows patchy diffusion restr[illegible] On post contrast scan it shows enhancement with few non-enhancing a[illegible]hin.
  - **Extent & Relationship of the Lesion** –
    - **Anteriorly** –
      - In midline the lesion is en[illegible] (~180°) and causing uplifting of the descending thoracic [illegible] for a length of ~2.8cm. No e/o intraluminal filling defe[illegible]ted.
      - Left laterally, lesion i[illegible]ing the posterior pleura, for a length of 4.7cm. There is [illegible] focal atelectasis in posterior-basal segment of left low[illegible]e.
    - **Posteriorly** – T2/TIRM [illegible]perintensity with focal cortical erosion is noted along the posterior asp[illegible] left 7th, 8th 9th, and 10th ribs with infiltration of costo-vertebral junc[illegible]n. There is involvement of posterior aspect of intercostal muscles. Th[illegible]ening of the dorsal intercostal nerves are also noted.
    - **Medially** – Th[illegible] extension into the extradural space of bony spinal canal, through [illegible] D7-D8 & D8-D9 IVD levels with widening of left lateral neur[illegible]amina. Corresponding spinal cord appears normal in signal inte[illegible]

Rest of the paravertebral [illegible]les, erector spine group of muscles, ribs and vertebral body appear normal.

IMPRESSION: In a [illegible] Poorly differentiated Neuroblastoma, after 4 cycles of Chemo. Current scan shows –

- **An ill-defi[illegible]terogeneously enhancing solid lesion in the left posterior mediastinum predominantly centered in the left para-vertebral space with encaseme[illegible] aorta (~180°), involvement of ribs;infiltration of costo-vertebral junction [illegible]xtradural extension as described above.**

Dr Laksh[illegible]sal (PG)

Dr Shardul (SR)

d/b/w Dr. Raviendra Jadav (Prof.)

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR SIGN
	CE MRI of chest (Spine) – 21/02/25	
	① heterogeneous solid lesion – Lt posterior mediastinum, predominantly centred in Lt paravertebral space, corresponding to D6–D12 – (5.8 × 4.4 × 1.4)	
	② encasement of aorta ~ 2.8 cm. No e/o intraluminal filling	
	③ involv. of ribs – post. aspect – Lt 7th, 8th, 9th, 10th rib ē focal erosion	
	④ infiltrat' of costovertebral junct', involvement of post. aspect of intercostal m[illegible], thickening of dorsal intercostal nerves (L)	
	⑤ extradural extension → D7–D8 & D8–D9 IVD levels ē widening of (L) lateral neural foramina. SC – (N)	
	Adv	
	① Neurosurgery review – extradural extension & widening of Lt lateral neural foramina and intraoperative assistance requirement	
	② CTVS opinion & review from encasement of 180° degree encasement of aorta & intraop assistance requirement	
	③ multi speciality (Neurosurgery + CTVS + paed surgery) intraoperative team effort requirement for excision of tumour	
	④ PAC fitness and high risk consent	
	⑤ PICU bed to be arranged & blood & blood products	
		(signature) (SK)

Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Marg
New Delhi

LABORATORY OBSERVATION REPORT

	202407892B5	Reg Date :	02/10/2024 02:[illegible] PM
Patient Name :	Miss. VARTIKA		
Sex	Female	Age :	7 month[illegible]
Lab Name :	PATHOLOGY	Lab Sub Centre :	HISTOPA[illegible]LOGY LAB
Department :	Paediatrics	Unit Name :	PJAIIed
Unit In-charge :	Dr. Bijoya Patra	Sample Collection Date :	06/[illegible]4 12:02 PM
Sample Receive Date :		Report Date :	[illegible]2024 06:59 PM
Ward Name :	ECS 3rd Floor Paed Department	Report Printed Date :	[illegible]/2024 11:06 AM

Sample Details : HIS-0510240038 (Soft Tissue) /HISTOPATHOLOGY LAB Clinical Details :

Test Name : HPE SOFT TISSUE (Template : TISSUE [illegible]HPE)

Lab Ref No. : 30103/24

Specimen :- Thoracic paravertebral mass.

Gross :- Received two grey white linear core each measuring 0.7cm in [illegible]ngth.

Microscopy :- Section examined shows a tumor comprising of [illegible]rranged in groups and nests.These cells are small to medium, with salt and pepper chromatin and small [illegible]nt of cytoplasm with recognizable neurophil formation.Occasional Hemer- Wright rosettes seen. [illegible]than 5% of the neuroblastic cells have features of differentiating neurons.Focal areas of coagulati[illegible]osis also identified.

Impression :- Histological features are of Poorly differ[illegible] Neuroblastoma.

Note :- Supplementary report on IHC to follow.

REPORTED BY:

Dr. Arvind Ahuja

Professor & HOD

Verified by

(Srilata Chitti Sir)

PATHOLOGY

DIAGNOSTICS REPORT

Patient Name	: Baby VARTIKA	Order Date	: 19/09/2024 14:0
Age/Sex	: 7 Month(s) 4 Day(s)/Female	Report Date	: 20/09/2024 1
UHID	: RKMS.18806479	Facility	: RKMS V
Ref. Doctor	: Dr. Vibhor Paterya		
Address	: GADN CHARORA, chaKkara,Mathura, Uttar Pradesh, 281001	Mobile	: 6399078059

MRI SCREENING OF BRAIN

Screening of brain was done on a 1.5 Tesla Multiva MR scanner using T2, FLAIR and DW images in the axial plane.

Results :-

Bilateral cerebral hemispheres appear normal in morphology and signal intensity.

Basal ganglia, thalami and internal capsules appear normal.

Brainstem and cerebellar hemispheres appear normal in contour and signal intensity.

Ventricular system and CSF spaces appear normal.

Impression: Screening MRI of brain reveals no significant abnormality.

Please correlate clinically.

Dr.Shiwani Gupta
MBBS,MD
CONSULTANT RADIOLOGIST

CIMS

City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

DEPARTMENT OF RADIOLOGY

NAME: VARTIKA RAJPUT	AGE: 07Y?	SEX: F
REF BY: DR. CIMS	UHID: 18403	DATE: 22-SEP-2024

REPORT- CEMRI DORSAL SPINE.

Imaging findings:

- Relatively defined lobulated T2 hyperintense heterogenously enhancing altered signal intensity lesion in left paravertebral , prevertebral regions extending from D5-D12 vertebral levels displacing aorta towards right side . Extension in spinal canal with widening of left neural foramen at D9-10 level , with mass effect over cord parenchyma displacing cord towards right side with compressive myelopathy changes from D7 – D11 vertebral levels. Contiguous extension in left posterior paraspinous region . The combine size of lesion measures 75x73x53mm .
- The rest of the vertebral bodies reveal normal signal intensity.
- The rest of the intervertebral discs reveal normal signal intensity.
- The rest of the dorsal cord reveals normal signal intensity.

Conclusion: CEMR dorsal spine r

- Relatively defined lobulat heterogenously enhancing altered signal intensity lesion in left paravertebral , pr bral regions extending from D5-D12 vertebral levels displacing aorta towa ft side . Extension in spinal canal with widening of left neural foramen at D level , with mass effect over cord parenchyma displacing cord towards righ with compressive myelopathy changes from D7 – D11 vertebral lev ganglioma extension in left posterior paraspinous region – p/o ?neoplastic etiology, *DD* – ganglioneuroma.

Near Radha Valley, NH-19, Mathura
+91 - 9258113570, +91 - 9258113571
www.cimsmathura.com

DIAGNOSTICS REPORT

Patient Name	: Baby VARTIKA	Order Date	: 19/09/2024 14:08
Age/Sex	: 7 Month(s) 4 Day(s)/Female	Report Date	: 20/09/2024 15:
UHID	: RKMS.18806479	Facility	: RKMS Vr
Ref. Doctor	: Dr. Vibhor Pateriya		
Address	: GAON CHARORA, chatikara,Mathura, Uttar Pradesh, 281001	Mobile	: 6399078069

MRI WHOLE SPINE SCREENING

Screening of cervicodorsolumbar spine was done on a 1.5 Tesla Multiva MR scan ...ring T2W & STIR sequence in the sagittal plane.

CERVICO-DORSAL SPINE

Large ill marginated heterogeneous T2/ STIR isointense soft tissue lesion ...asuring approx. 8.2 x 4.9 cm is noted in pre vertebral location extending from D5-D12 level al...g with intra dural intra axial soft tissue extension with ? infiltration of cord and further ...ling into posterior paravertebral muscle.

Rest of the cervicodorsal vertebral bodies are normal in height, a... signal.

The intervertebral disc spaces are normal in height. No obvious ...ge or herniation seen.

LUMBOSACRAL SPINE

The study reveals normal curvature of lumbosacral spine ...rmal alignment of vertebrae.

The visualized vertebrae reveal normal signal intensity ...height.

The intervertebral discs show normal signal intensit... height.

Spinal cord reveals normal signal intensity and cali...

Pre/paravertebral soft tissue planes appear nor...al.

Impression : - MR study reveals

Large ill marginated heterogeneous T... isointense soft tissue lesion in pre vertebral location extending from D5-D12 level ...with intradural intra axial soft tissue extension with ? infiltration of cord and further exten... into posterior paravertebral muscle (Adv: CEMRI dorsal spine for further evaluation).

Advice: Clinical correlation.

Dr.Shiwani Gupta
MBBS,MD

CONSULTANT RADIO...

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: VARTIKA		**Age/Sex: 7m/F**
Study ID: FDG/31867/24	**UHID: 107857522**	**Date: 28.10.20[illegible]**
Indication: C/o paraspinal mass under evaluation, ?ganglioneuroma, ?[illegible]blastoma. PET/CT for initial diagnosis.		

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

PET-CT Findings:

Head and Neck: *Increased tracer uptake noted in bilateral palatine [illegible]s. FDG avid level II cervical lymph nodes noted – infective.*

Thorax: **FDG avid heterogeneous density mass, measuring– 4.[illegible]7.2x5.6cm with areas of necrosis and calcification noted in the left paraspinal [illegible]ion, crossing midline to the opposite side, spanning from lower end of D4 to D12 [illegible]ral level with destruction of multiple ribs and vertebral pedicles and intraspina[illegible]sion. Also noted another FDG avid soft tissue density lesion in right paraspinal [illegible] measuring 1.5x 1.4 cm at D4-D5 vertebral level.** *Few paratracheal and subcarinal [illegible] nodes noted, some of them showing calcifications, with no significant tracer uptake [illegible] infective.* Physiological FDG uptake is seen in the myocardium.

Abdomen-Pelvis: *Hepatomegaly noted (C[illegible] 8.3 cm).* Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal [illegible] and urinary bladder. No ascites is noted.

Musculo-Skeletal System: Physiolo[illegible]DG distribution is seen in the visualized axial and appendicular skeleton.

IMPRESSION:

- **Metabolically active b[illegible]l paraspinal mass lesions (left>right) with intraspinal extension– suggestive [illegible]roblastoma.**

Patient Name: Kartika		Age/Sex: 9m/F
Study ID: FDG/N/3218/24	UHID:107857522	Date: 31.12.2024

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

Indication: Neuroblastoma. Post 5 cycles of CT (last on 19.12.24). FDG PET/CT for response assessment.

Procedure: PET-CT acquisition was done 60 minutes after injection of ^{18}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: *Increased tracer uptake noted in bilateral palatine tonsils. FDG avid level II cervical lymph nodes noted – reactive.*

Thorax: **FDG avid heterogeneous density mass, measuring~2.6x4.0x4.7 cm (vs previous 4.0x7.2x5.6cm) with areas of necrosis and coarse calcification noted in the left paraspinal location, at level of lower end of D5 to D11 vertebral level with erosion of left 8th-10 ribs and vertebral pedicles and intraspinal extension at D9-D10. Also noted another FDG avid soft tissue density lesion in right prevertebral region measuring ~1.1x1.1 cm (vs previous ~1.5x 1.4 cm) at D9 vertebral level.** *Few paratracheal and subcarinal lymph nodes noted, some of these showing calcifications, with no significant tracer uptake – likely infective. Faint FDG avid enlarged right axillary lymph node is noted – likely reactive. Diffuse physiological uptake is noted in thymus.* Physiological FDG uptake is seen in the myocardium.

Abdomen-Pelvis: Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder. No ascites is noted.

Musculo-Skeletal System: ***Diffuse FDG avidity is noted in visualized axial and appendicular skeleton – ?reactive/??involvement.***

IMPRESSION:

- **Metabolically active paraspinal mass lesions with intraspinal extension– residual disease.**
- **As compared to previous scan (FDG/31867/24, 28.10.24), there is reduction in size and metabolism of both paraspinal lesions – partial metabolic response.**

Dr. Yogita Khandelwal
Senior Resident

Prof. Rakesh Kumar
Consultant

HISTOPATHOLOGY LAB
DEPARTMENT OF PATHOLOGY
ABVIMS & Dr. RML HOSPITAL, NEW DELHI

Lab.Ref. : 8901-8906/25

Nature of Specimen :

Patient Name: Vartika

Age: 1yrs

Cr. No : 202517877

O.P.D.: 250242369

Dr. Alok Hemal

Date of Receiving: 02/4/2025

RESULT

SUPPLIMENTARY REPORT (IHC)

Synaptophysin : Diffuse strong positive in differentiating areas
Chromogranin : Focal positive in ganglion cells
S-100 : Positive in schwannian stroma
IHC findings are compatible with a diagnosis of ganglioneuroblastoma , intermixed.

2/4/25
REPORTED BY:
Dr. Purnima Paliwal
Specialist (Pathology)

pleurodesis done using betadine paint (?) surgical placed and packed at the operated

उपचार/ऑपरेशन का विवरण
Treatment/Operation notes

छुट्टी के समय दी गई सलाह तथा अनुवर्ती मुलाकात
Advice on Discharge & Follow up visits

Follow up in Pead Sx OPD on Monday / Thursday
Continue medication as advised
Suture Removal on follow up
Determination (?) by paediatric oncology.
SR (?)

... तथा मुहर
Sign & ... Senior Resident

इकाई प्रभारी के हस्ताक्षर तथा मुहर
Sign & Stamp of Head of Unit

Dr. Ram ...nohar ...
... Kharak ...
LABORATOR...

...ame : 20250242369
Miss. VARTIKA
Female
PATHOLOGY
Paediatrics
Dr. Alok Hem...

...ne :
...ment :
...charge :
...le Receive Date : ECS 3...
...d Name :
...ple Details : HIS-220325002 (So...
Test

Lab Ref No. :89...

Specimen: Labelle...
Gross: Receive... separately lyi... slicing area...
Microsco... examin... These... calc... s...

ECGO

Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Marg
New Delhi

LABORATORY OBSERVATION REPORT

UHID :	250242369	Reg Date :	18/03/2025 12:37 PM
Patient Name :	VARTIKA		
Sex :	F	Age :	1 year 4 days
Lab Name :	PATHOLOGY	Lab Sub Centre :	HISTOPATHOLOGY LAB
Department :	Paediatrics	Unit Name :	p3 B s8
Unit In-charge :	Dr. Alok Ranjan	Sample Collection Date :	22/03/2025 09:50 AM
Sample Receive Date :		Report Date :	02/04/2025 10:28 AM
Ward Name :	ECS 3rd Floor Peads Department	Report Printed Date :	03/04/2025 04:53 PM

Sample Details : 415-2203250027 (Soft Tissue) Histopathology (As Clinical Details :

Test Name : HPE SOFT TISSUE (Template : TISSUE FOR HPE)

Lab Ref No. :8901-8906/25

Specimen: Labelled as left paraspinal thoracic neuroblastoma.

Gross : Received 2 grey white to grey brown suture mar[illegible] tissue piece measuring 4x3.5x1.8cm and a separately lying soft tissue piece measuring 0.3x0.2x0.1cm. Cut open grey white to grey brown. On serial slicing areas of calcification noted.

Microscopy : Biopsy shows prominent cautery artefacts with poorly preserved cell morphology. Sections examined show nests of neuroblastic cells in various stages of differentiation in a background of neuropil . These are randomly distributed in a background of abundant schwannian stroma with large areas of calcification . Inferior margin is free of tumor. Tumor focally reaches within 1mm of medial , lateral and superior margin.

Impression : Ganglioneuroblastoma intermixed (schwannian stroma rich) INPC favourable (International neuroblastoma pathology)

Note : IHC in progress , supplementary report to follow

REPORTED BY:

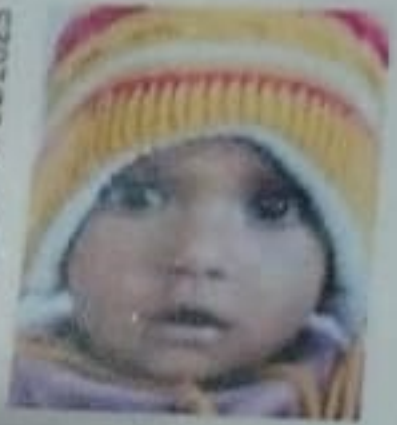
Dr. Pur[illegible]aliwal
Specialist (P[illegible]gy)

PATHOLOGY

Verified by

भारत सरकार

Government of India



वर्तिका राजपूत

Vartika Rajput

जन्म तिथि/DOB: 16/02/2024

महिला/ FEMALE

आधार पहचान के लिए 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).

8577 6247 9716

मेरा आधार, मेरी पहचान

Aadhaar no. issued: 28/01/2025

भारतीय विशिष्ट पहचान प्राधिकरण

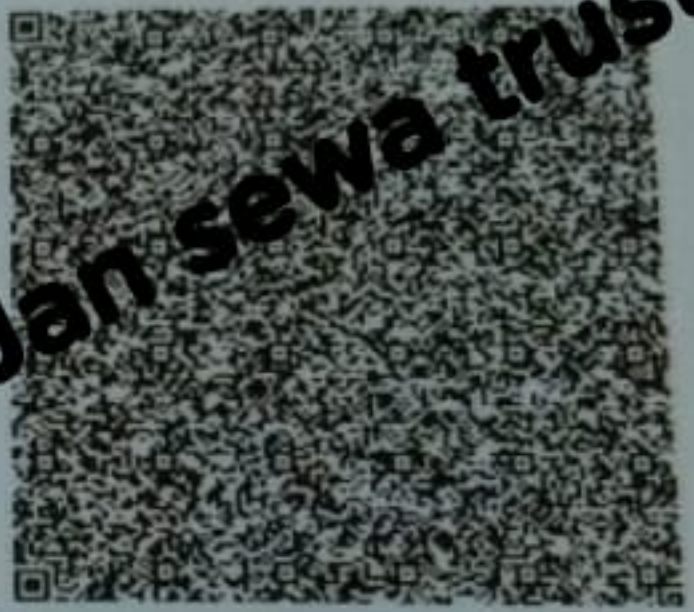
Unique Identification Authority of India

आधार

पता:
D/O अर्चना पटेल, 62, होली बाला मोहल्ला, छरोरा, छटिकरा, मथुरा, मथुरा, मथुरा, उत्तर प्रदेश - 281001

Address:
D/O Archana Patel, 62, Holi Bala Mohalla, Chharora, Chhatikara, Mathura, PO: Mathura, DIST: Mathura, Uttar Pradesh - 281001

Details as on: 28/01/2025



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VID : 9123 4336 9643 0574