
Hopelife Care Foundation

DEPARTMENT OF PEDIATRIC SURGERY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

NEW DELHI-110029

DISCHARGE SUMMARY

	Satyam Kumar	**AGE**	1y 7m	**SEX**	M
ME	Guddu Vishawkarma	**DOA**	25/06/26	**CR NO.**	H-097321-26
	Sultani Hariharganj, Palamu, Jharkhand	**DOD**	28/06/26	**UHID**	108903195
				TELEPHONE	8340279103
	Metastatic Right Suprarenal Neuroblastoma				
	Patient was admitted for L2M Chemotherapy Week 10. Chemotherapy was administered over 3 days. Child developed mild URTI which was managed conservatively. No fever episode. Child is being discharged in stable condition, accepting well orally.				
	• Laminate discharge summary • Continue Syp A-Z/ Vitcofol/ Septran • Syp PCM (125/5) 3 mL SOS fever • To review on 16/07/26 at 2 PM in IRCH Room 6 with fresh CBC for week 13 chemotherapy. • Date for CECT C/A/P – 18/08/26 • Review in Pediatric casualty in case of loose stools, lethargy, incessant cry, abdominal distension, vomiting, and fever.				
	Dr. Vinant	**MANAGING SR**		Dr. Priyanjali	
	Dr. Devendra Kumar Yadav	**FOLLOW UP VISIT**		To review on 16/07/26 at 2 PM in IRCH Room 6 with fresh CBC for week 13 chemotherapy	

- Steam inhalation TDS
- Continue BP medications.
- Syp. Emset (2mg/5mL) 2.5mL SOS.

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SIGNATURE

Dr Vinanti Naik
Resident
Dept. of Pediatric Surgery
AIIMS, New Delhi-110029

C/D/W Dr. Sandeep Agarwala.

- WK 17 Chemotherapy to be given in half dose (only WK 17 Chemo). - i/v/o ↓ ANC.

- T. Cyclophosphamide - 25 mg OD X 6 D
  50 mg OD - 7th day

- Nxt on 3/9/26 ē CBC.

Dr. Vinanti
SR

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LH000872600562 108903195
LC0887260900 108903195
SATYAM_KUMAR
LC0306260442 108903195
SATYAMKUMAR
LC0306260736 108903195
Mr SATYAMKUMAR
03261945 108903195
SATYAMKUMAR

OPR-6

SATYAM VISHWAKARMA

Unit/Unit
Dept/Dept

Room/कक्ष G-3
Queue/कतार N15
Unit-I Paediatric Surgery

O.P.D. Regn. No.

Name/Address

बाल शल्य चिकित्सा

LH310326801271 108903195
Mr SATYAMKUMAR

Right suprarenal Mass

उपचार/Treatment

9.8 Kg

Appointment on
At
Deptt./Clinic

LH130526800541 108903195
Mr SATYAMKUMAR

→ child presents with c/o abdominal distension and right sided abdominal mass for past 1 month (gradually progressive; noticed 15-20 days ago)

→ no associated c/o persistent fever/ lymphadenopathy

→ associated c/o loss of appetite for past 1 month/ decreased level of activity

USG (29/1/2026):- large lobulated soft tissue mass lesion 8x7 in R suprarenal area
- no internal cystic component

CT-abdomen & pelvis (25/1/2026):-

- large mass lesion right adrenal gland abutting upper pole right kidney
- Abutting liver surface hepatic flexure of colon
- areas of cystic change & necrosis seen
- post contrast enhancement seen
- no involvement of renal pelvis, renal vein or IVC seen measuring 8x7.6 cm

O/E, P/A:- soft, distended abdomen; irregular lump measuring 8x8 cm occupying right half abdomen reaching upto midline



5-7 | 15.68 kg | 158 kg

LDH: 1209 U/L (↑)

LH2904260486 108903195
LC2904260807 108903195
Mr SATYAMKUMAR
SATYAM_KUMAR

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CLEAN AND GREEN
अंगदान-जीवन का
O.R.B.O., AIIMS, 2658
से काया कल्प
A GIFT OF LIFE
- 1060 (24 hrs service)
मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

• Adv.
→ USG ~~guided~~ biopsy of lesion Syp. Pediclory!
→ MIBG
→ 24 h urinary VMA / HVA (~~Hecline laboratories~~) JR Nkr
→ Bone marrow aspirate / Bone marrow biopsy from MCH6B
→ To register in IRCH Room no. 6 @ 2:00 pm.

JR, Ped surg

30/1/26 As pt has fever (101°F) c̄ URI.
- procedure deferred.
to R/w on 2/2/26 in MCH6B ward at
[illegible] marrow biopsy

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SATYAM_KUMAR

File [illegible]
5/3/26

2/1/26 inj N/3 D5 @ 32.5 ml/h c̄ 1:100 ml

Register in IRCH
↓ peds. Surgery

5/2/26

18/2/26
kindly issue railway pass
Sanjay

P.O. ISSUED
MIDS UNIT, AIIMS
DATE 5-3-26

26/2/26
IRCH R/w - 12/3/26 c̄ CBC for wk. 3 chemo.

Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

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

OPR-6

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 362820 Reg.Date-05/02/2026
Clinic Paed Surgery Clinic Clinic No. 2026/4899
Deptt. PAEDIATRIC SURGERY-IRCH General
नाम UHID-108903195
Name SATYAM KUMAR
S/O- GUDDU VISHAWKARMA
Sex/Age M /1Y
Room 6 (Shift Afternoon)
Address SULTANI HARIHARGANJ, PALAMU, JHARKHAND, Pin:822113, INDIA

अ... ...ent
...TAL PREMISES

एकक /Unit
विभाग/Dept.
नाम /Name
...P.D. Regn. No.
जन्म तिथि / Date of Birth

निदान / Diagnosis
दिनांक / Date
उपचार / Treatment

(R) Sh Pre Renal Neuroblastoma

5/2/26
Pallor (+)

- BMA/Bx done on 2/2/26
- USG guided Bx ~~done~~ dated 10/2/26
- 24 urinary VMA HVA not done

CBC - 5.8/11040/4...

C/D/W Vishesh Jain

Adv: Admit in Mch 6B
Plan: - Blood transfusion target Hb > 8
- Blood donation
- Work up/ evaluation for low platelets
- Urinary VMA
- F/u in IRCH on 19/2/26 2pm

Pratap

6/5/3

F/c please
19/2/26

Kindly issue f/c
23/04/2026

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O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline 1060 (24 hrs service)
बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

19 FEB 2026

19/2/26 c/d/w Dr Vishesh Jain

Adv: Start L2 n chemo

to follow up on 26/2/26

11/3/26 c/o URI

- Steam inhalation TDS

- Syp. Augmentin (228mg/5mL) 4mL TDS x 5d

12/3/26 . c/d/w Dr. Sandeep Sir.

- Defer chemo [illegible] counts

[illegible] on 19/3/26 2pm IRCH opd

c̄ fresh CBC & MIBG report.

- USG guided Bx dated for 23/3/26

11/3/26
Hb = 7.4
WBC = 1.52 k
[illegible] = 0.17)
Plt [illegible]

2/4/26 c/d/w Dr. GD

- Continue OMT
- R/w under Dr Sameer Bakshi on 23/4/26 c̄ LFT/RFT/CBC.

& Also R/w in IRCH d Paediatrics on same day

23/4/26 Child is started on OMT ↓ Prof. Sameer Bakshi

R/w ↓ Prof S. Bakshi

Can send us back when standard

chemotherapy is needed

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Paid Online
Anuguana Noryana Road

Patient Department
PROHIBITED IN HOSPITAL PREMISES

रो.वि. पंजीकृत सं./O.P.D. Regn. No.

आयु Age	जन्म तिथि / Date of Birth

निदान/ Diagnosis	FUL Metastatic Rt-Supra renal NB
दिनांक/ Date	उपचार/ Treatment

23/4/26

(Mets to Bone marrow)

Cytopenia - resolved.

Med. onco consultation - cytopenia resolved.
- Can be [illegible] on definitive chemo

Adv

① T. CYCLOPHOSPHAMIDE
50 mg PO x 7 days

② R/W after 1 week - on 30/4/26 c̄
CBC for wk-4

(6)

14/5/26 4 d/w DC Gali Diuya :

- R/O 21/5/26 c̄ fresh CBC for wk-6 chemo
- Defer chemo i/o low ANC

- [illegible] metoprolol

[illegible]

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आरोग्यकर संस्थान रोटरी कैंसर अस्पताल

30.4.26 To go to 6B ward (6th floor MCB) for

- wk 4 chemo

- Next on 14.5.2026 with CBC

7 kg
80 cm

Gam W D.G. Divya maam,

- wk 6 chemo to be given

~~Inj VCR 0.8 mg iv bolus~~ - wk 7 chemo on 28/5/26 in IRCH at 2 pm c̄ fresh CBC

Inj cyclophosphamide.
50 mg PO OD x 7 days

रेलवे आरक्षण फार्म जारी विधि
Dr. B.R.A.I.R.C.H. AIIMS, New Delhi-29

4/6/26 mee for wk 7 chemo
c/d/w mr Gali Divya

- Admit 6B ward for wk 7 chemo.
- R/o 25/6/26 c̄ fresh CBC at 2pm for wk 10 chemo
- Take date of CECT CAP + MIBG in third wk of August (post wk 18)

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Sex/Age M /1Y
Room 6 (Shift Afternoon)

ो.वि. पंजीकृत सं./O.P.D. Regn. No.

	आयु Age	जन्म तिथि / Date of Birth

निदान/ Diagnosis: Nehruk (R) Supraorbital NB.

दिनांक/ Date | Treatment

25/1/26

8.1 4.5K 337K
ANC = 1310

Adv
1) Rev on 16/7/26 for 13 chemo c/ CBC
CBC
3) 6B rxs
Nor for 10 chemo.

9/7/26 - f/o/o 16/7/26 for 10th 13 chemo c̄ fresh CBC.
- Bring copy of MBG report.



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डॉ. पट्टू पांगला जगदीश
Dr. Pattu Pogula Jagadish
वरिष्ठ रजिस्ट्रार/Senior Resident
शिशु शल्य विभाग/Dept. of Paediatric Surgery
बी.आर.आई.आई.एम.एस. नई दिल्ली-29/A.I.I.M.S. New Delhi-29

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MIBG Report

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

Patient Name: SATYAM KUMAR		Age/Sex: 1Y/M
Study ID: MIBG-D-51-2685-26, SP-51	UHID: 108903195	Date: 05.03.2026

^{131}I-MIBG WHOLE BODY SCAN

Indication: C/o right abdominal neuroblastoma, post CT (last on 03.03.2026). MIBG for current disease status.

Findings:

Planar image:

- **Heterogeneously increased radiotracer uptake is noted in the right abdominal region.**
- **Also noted diffusely increased tracer uptake noted in skull.**
- Physiological radiotracer distribution seen in the nasopharynx, salivary glands, myocardium, liver and urinary bladder.

SPECT-CT (Vertex till pelvis):

- **Tracer avid large heterogeneous mass, measuring ~ 9.1 x 10.2 x 15.0 cm (APxTRxCC) with punctuate calcifications and multiple areas of necrosis is noted in the right hypochondrium & lumbar region crossing [illegible] surrounding D9-L5 vertebral levels. The mass is showing [illegible] *visualized separately.***
- **Tracer avid soft tissue density right paravertebral mass [illegible] 35 mm noted overlying the right 5th - 7th rib; with erosion of underlying bones and no intraspinal [illegible]**
- **Tracer avid lesion noted in the frontal (more on right side) and right parietal bones with [illegible] erosion and periosteal reaction with adjacent hyperdense lesion overlying brain parenchyma.**
- **Mild tracer uptake noted in lateral wall of right orbit.**
- **Mild tracer uptake noted in left scapula with subtle lytic changes.**

Impression:

MIBG concentrating right supra renal mass as described – primary; right paravertebral mass, calvarial/ meningeal metastases (adv. MRI correlation) and left scapula lesion.

Hemant

Dr. Hemant Khairwa
Senior Resident

Hopelife Care Foundation

SIGNATURE

BONE MARROW

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

Patient Name: SATYAM KUMAR		Age/Sex: 1Y/M
Study ID: MIBG-D-51-2712-26, SP-51	UHID: 108903195	Date: 25.06.2026

^{131}I-MIBG WHOLE BODY SCAN

Indication: C/o neuroblastoma, post CT (last on 06.06.2026). MIBG for current disease status.

Findings:

Planar image:

- **Heterogeneously increased radiotracer uptake is noted in the right side of abdomen-pelvis inferior to the liver uptake – interval reduction in extent and intensity of uptake.**
- **Multiple foci of increased tracer uptake noted in the skull bones – no significant interval change.**
- **Increased tracer uptake noted in the region of right distal femur – no interval change. Increased tracer uptake noted in the left tibia/fibula.**
- Physiological radiotracer distribution seen in the nasopharynx, salivary glands, myocardium, liver and urinary bladder.

SPECT-CT:

- **MIBG avid large heterogeneous density [illegible] of [illegible] and focal calcification is noted arising from the right suprarenal region and extending into the [illegible] interval [illegible] 3.4 x 3.1 x 3.5cms vs 6.9 x 7.4 x 7.5cms previously. The lesion is noted [illegible] surface of the liver laterally, right kidney posteriorly and IVC medially.**
- **MIBG avid lytic lesion noted in the right frontal bone with infiltration of the adjacent meninges, the measurable soft tissue component showing interval reduction in dimensions ~1.0 x 2.6cms vs ~1.6 x 3.8cms previously. Another tracer avid lytic lesion noted in the mastoid of right temporal bone – no interval change.**
- **Previously noted MIBG avid sclerotic-lytic lesions in the right greater wing of sphenoid and zygomatic bone, left scapula shows resolution of tracer uptake. Non-MIBG avid sclerotic lesions noted in the right scapula and bilateral iliac bones.**
- **Previously noted MIBG avid lytic lesion in the posterior aspect of right 5th rib shows interval reduction in the dimensions of the adjacent soft tissue component (1.3 x 2.7cms vs currently non-measurable).**

Impression:

- **MIBG concentrating right suprarenal mass with marrow based & lytic-sclerotic lesions in the skeleton – residual disease.**
- **As compared to the baseline MIBG study (MIBG-D-51-2712-26, dated: 07.03.2026), there is interval reduction in the dimensions and MIBG uptake of right suprarenal mass and bone lesions with measurable soft tissue component – suggestive of partial response to therapy.**

G. Chand
Dr. Chandrasekaran G
Senior Resident

Hopelife Care Foundation

BONE MARROW

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

DEPARTMENT OF PATHOLOGY

MC-7788

Patient Name : SATYAM KUMAR		UHID NO. :	108903195
Accession No : S2606358		F/H Name :	S/O GUDDU VISHAWKARMA
Age/Sex : 1 Y /Male		Additional ID :	NA
Clinic/Dept : Paediatric Surgery		Unit :	N/A
Consultant Incharge : Not Mentioned		Request Date/Time :	03-02-2026 /07:29:12
		Receiving Date/Time :	03-02-2026 /14:11:34

received; if there is any clinical-pathological discrepancy, repeat sampling or further evaluation is recommended.

2. As per laboratory policy, paraffin blocks and stained slides are retained for 10 years. Remaining formalin fixed tissue samples are preserved for 2 weeks after issue of report for non oncology specimens and 4 weeks after issue of report for oncology resection specimen, unless otherwise requested by the referring clinicion within above time frames.

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BONE MARROW

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

DEPARTMENT OF PATHOLOGY

MC-7788

Patient Name	:	SATYAM KUMAR	UHID NO.	:	108903195
Accession No	:	S2606358	F/H Name	:	S/O GUDDU VISHAWKARMA
Age/Sex	:	1 Y /Male	Additional ID	:	NA
Clinic/Dept	:	Paediatric Surgery	Unit	:	N/A
Consultant Incharge	:	Not Mentioned	Request Date/Time	:	03-02-2026 /07:29:12
			Receiving Date/Time	:	03-02-2026 /14:11:34

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2606358A

Received a single core of bone measuring 1.1 cm in length.

Accession No. : S2606358B

Received two cores of bone together measuring 1 cm in length.

MICROSCOPIC EXAMINATION:

Received two specimens:

A. Bone marrow biopsy is subcortical, consisting predominantly of cartilage with scant marrow [illegible] marked crushing. Immunostain [illegible] for PHOX2B, synaptophysin and chromogranin are negative. The biopsy is sub-optimal for [illegible].

B. Bone marrow biopsy is fragmented and shows marked crushing artefact, however, few foci of infiltration by a mangoma and cell tumor are identified, positive for PHOX2B and negative for synaptophysin immunostain. Exact percentage of tumor involvement cannot be commented owing to the fragmented nature of biopsy.

Note: Patient is a suspected case of neuroblastoma - vide clinical history.

DIAGNOSIS:

S2606358A	Bone Marrow	Bone marrow biopsy from iliac crest-1	• Inadequate for opinion, see description above
S2606358B	Bone Marrow	Bone marrow biopsy from iliac crest-2	• Bone marrow infiltration by neuroblastoma

End Report

Reporting Resident: Dr. Jagriti Singh Fartiyal

Reporting Faculty: Dr. Lavleen Singh, M.D.
Assistant Professor

Reporting Date/Time: **19-02-2026 13:21**

Disclaimer :

1. This report is based on the tissue submitted and examined. The findings should be interpreted in conjunction with clinical, radiological, and other laboratory data. Ancillary studies (immunohistochemistry, special stains, molecular tests) are interpreted within technical limitations. The diagnosis pertains only to the material

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4A-2

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BUDHHA COLONY, PATNA-800001. PH: 0612-2522359, 2522309



FACILITIES AVAILABLE: 3 TESLA MRI, 32 SLICE CT SCAN, ULTRASOUND, COLOUR DOPPLER, ECHO, ECG, PFT, TMT, MAMMOGRAPHY, DEXA(BMD), PATHO LAB

Patient Name :	SATYAM	Age / Gender :	013M / M
Patient ID :	CT C 25/01/2026	Date & Time :	26-01-2026 11:34 AM
Refd By :	DR HIMA CHARAN	Modality :	CT

CT - ABDOMEN & PELVIS CONTRAST (M)

Protocol : - Plain and contrast enhanced axial CT scan of Abdomen and pelvis was performed.

The study reveals:

FINDINGS

HEPATO-BILIARY SYSTEM:

Liver- Liver is normal in size ,shape and enhancement pattern. No focal lesions. Liver contour and attenuations normal. No obvious fatty infiltration on CT scan. Intrahepatic IVC appears normal

Main Portal vein and branches are normal. Hepatic veins are normal.

Gall Bladder - Gall bladder is normal. No evidence of intraluminal calculus or sludge. Gall bladder wall appears normal without thickening. Pericholecystic collection. No evidence of wall lesion.

Biliary Tree- Intrahepatic biliary radicles (IHBR) are normal. CBD - Extrahepatic ducts are normal. No evidence of duct dilatation or calculus. No abnormality at ampulla of Vater.

Spleen- Spleen is normal in size, shape and enhancement pattern. No focal lesions seen. Splenic vessels appear normal.

Pancreas: Pancreas is normal in size, shape and enhancement pattern. No focal lesions seen. Main pancreatic duct (MPD) is normal. Peri pancreatic fat appears normal.

KUB REGION:

Kidneys— Large mass lesion right adrenal gland abutting upper pole of right kidney.Abutting liver surface hepatic flexure of colon psoas muscle. Areas of cystic change necrosis seen. Post contrast enhancement seen.No involvement of renal pelvis renal vein or IVC seen measuring 8 x 7.6 cm.

Left kidney is normal in size, shape, axis, and location and contour. Pelvicalyceal systems and ureter are normal. Normal Parenchyma. No evidence of renal calculus. No evidence of hydronephrosis.

No evidence of ureteric calculus. No evidence of hydroureter.

There is evidence of prompt excretion of contrast into Pelvicalyceal systems (PCS) and ureters.

Peri nephric spaces are normal.

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Consultants:
Dr. Y.R.Kapoor, MBBS (LKO),DCH,DMRE,DNB (Radiodiagnosis) Dr. Arika Singh, MD. (Radiodiagnosis) AIIMS, New Delhi. Dr. K.R.Mithilesh,Consultant Radiologist, Asstt. Director IGIC, Dr. Shweta Rawat. Consultant Radiologist, Ex. Rasident, Safdarjung Hospital, New Delhi .Dr. Anup Kumar, M.D (Patho).

The **Urinary Bladder** is normal. No evidence of intra vesicle mass/calculus/diverticulum.

Adrenal glands are normal. No localised thickening or focal lesion noted.

LYMPH NODES AND VESSELES:-

No evidence of abdominal lymph adenopathy.

Aorta and IVC are normal. Coeliac, SMA and SMV are normal. No evidence of significant abdominal lymphadenopathy.

STOMACH AND INTESTINE-

Stomach appears normal. Visualized small and large bowel loops appears normal. No air fluid levels noted. Rectum appears normal . No bowel mass/ dilatation seen.

PELVIS: Pelvic organs are unremarkable. No free or localized fluid in pelvis.

No free air in peritoneal cavity. Bony pelvis is normal. No lytic or sclerotic lesions seen.

LOWER THORAX: - Few sections through lower thorax reveal no abnormality. No effusion.

Appendix appears normal.

IMPRESSION:

Large mass lesion right adrenal gland abutting upper pole of right kidney. Abutting liver surface hepatic flexure of colon psoas muscle. Areas of cystic change necrosis seen. Post contrast enhancement seen.No involvement of renal pelvis renal vein or IVC seen measuring 8 x 7.6 cm. -- Possible neuroblastoma.

Please correlate with other investigation like USG abdomen-pelvis and blood work up.

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Dr Sunil Kumar
MD Radiodiagnosis
Consultant Radiologist
Reg No: DMC 44710

Disclaimer: This online interpretation of medical imaging based on only available clinical data.All machines/procedures have limitations. If discrepancy, this investigation should be repeated/reassessed by other tests.Not for Medicolegal purpose.

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
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Room 6 (Shift Afternoon)

ो.वि. पंजीकृत सं./O.P.D. Regn. No.

आयु Age	जन्म तिथि / Date of Birth

निदान/ Diagnosis: Mahesh (R) Supracrural NB.

दिनांक/ Date | उपचार/ Treatment

25/6/26 8.1 4.3K 337K

Hopelife Care Foundation

CBC

3) 6B rary Nr fol 10 Chem.

9/7/26 - F/O/O 16/7/26 for Wk 13 Chemo c̄ fresh CBC.
- Bring copy of MSBG report.

16/7/2026 CBC Hb 5.90/ 7110/ 474K
15/7/26 C/D/W Dr Gale Dinga Defer wk 13 Chemo
Adv: To follow up on 23/7/2026 c̄ CBC

Dr. Pattu Pogula Jagadish
Senior Resident
Dept. of Pediatric Surgery
AIIMS New Delhi

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION-A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs.service)
बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
/A.I.I.M.S. HOSPITAL
it Patient Department
ING PROHIBITED IN HOSPITAL PREMISES

OPR-6

DR. B.R.A. IRCH,AIIMS,NEW DELHI
UHID: 108903195
IRCH No. 362820
General
Name SATYAM KUMAR
S/O- GUDDU VISHAWKARMA
Sex/Age M/1Y
2/5/2026, 3:00 PM

19/7

ब.रो.वि. पंजीकृत सं./O.P.D. Regn. No.

लिंग Sex	आयु Age	जन्म तिथि / Date of Birth

निदान/ Diagnosis	F/U f/c/o metastatic (R) SR-NB (Bone marrow)
दिनांक/ Date	उपचार / Treatment
20/8/26 Ht= 75cm 8 kg	- Received wk- 14 chemo on 30/7/26 - Awaiting wk 17 chemo now
CBC- 8.8 / 720 / 108K (19/7)	C/D/W Dr G.D
	- chemo deferred
Kindly do blood donation	- R/A 1 wk c̄ CBC 27/8/26
27/8/26	Awaiting wk - 17 chemo ~~C/D/W~~
CBC - 7.7 / 3000 / 840 / 4.5 L 26/8/26	PTO

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Wt = 8kg
Ht = 75 cm
BSA = 0.40

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प्रपत्र 5
FORM 5

झारखंड सरकार
GOVERNMENT OF JHARKHAND
DEPARTMENT OF ECONOMICS & STATISTICS
COMMUNITY HEALTH CENTERS HARIHARGANJ

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा झारखंड जन्म और मृत्यु रजिस्ट्रीकरण नियम 2009 के नियम 8/13 के अंतर्गत जारी किया गया)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE JHARKHAND REGISTRATION OF BIRTHS & DEATHS RULES 2009)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि सामुदायिक स्वास्थ्य केंद्र हरिहरगंज जिला पलामू राज्य/संघ प्रदेश झारखंड, भारत के रजिस्टर में संग्रहित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR COMMUNITY HEALTH CENTERS HARIHARGANJ OF TAHSIL/BLOCK HARIHARGANJ OF DISTRICT PALAMU OF STATE/UNION TERRITORY OF JHARKHAND, INDIA

नाम / NAME: SATYAM KUMAR / सत्यम कुमार

लिंग / SEX: MALE / पुरुष

आधार संख्या / AADHAAR NUMBER:

जन्म तिथि / DATE OF BIRTH:
03-12-2024
THIRD-DECEMBER-TWO THOUSAND TWENTY FOUR

जन्म स्थान / PLACE OF BIRTH:
COMMUNITY HEALTH CENTERS HARIHARGANJ, SATGAWAN ALIAS HARIHARGANJ, HARIHARGANJ, PALAMU, JHARKHAND / सतगवां उर्फ हरिहरगंज, हरिहरगंज, पलामू, झारखंड

माता का नाम / NAME OF MOTHER:
SHANTI KUMARI / शांति कुमारी

पिता का नाम / NAME OF FATHER:
GUDDU VISHAWKARMA / गुड्डू विश्वकर्मा

माता का आधार नंबर / AADHAAR NUMBER OF MOTHER:
XXXX-XXXX-9491

पिता का आधार नंबर / AADHAAR NUMBER OF FATHER:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
SULTANI, HARIHARGANJ, PALAMU, JHARKHAND, 822113 / सुलतानी, हरिहरगंज, पलामू, झारखंड, 822113

माता-पिता का स्थायी पता / PERMANENT ADDRESS OF PARENTS:
SULTANI, HARIHARGANJ, PALAMU, JHARKHAND, 822113 / सुलतानी, हरिहरगंज, पलामू, झारखंड, 822113

पंजीकरण संख्या / REGISTRATION NUMBER:
82025200405500000092

पंजीकरण दिनांक / DATE OF REGISTRATION:
22-01-2025

टिप्पणी (यदि कोई हो) / REMARKS (IF ANY):
OK

जारी करने की तिथि / DATE OF ISSUE:
22-01-2025

Updated On : 22-01-2025 21:28:07

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'This QR code can be used to check the authenticity of the certificate'

प्राधिकारी के हस्ताक्षर / SIGNATURE OF ISSUING AUTHORITY :

प्रभारी निबंधित पदाधिकारी
Registrar CHIEFTU & DEATHS
सामुदायिक स्वास्थ्य केंद्र
COMMUNITY HEALTH CENTERS HARIHARGANJ
हरिहरगंज, पलामू

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

भारत सरकार
GOVERNMENT OF INDIA



गुड्डू विश्वकर्मा
Gudu Vishwakarma

जन्म वर्ष / Year of Birth : 1997

पुरुष / Male

Hopelife Care Foundation

6046 2809 6599

आधार — आम आदमी का अधिकार


आधार
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
पता: S/O: संतन विश्वकर्मा,
ग्राम-सुलतानी -थाना-हरिहरगंज, सुल्तानी,
पलामू, बाभनडीह, झारखण्ड, 822113
Address: S/O: Santan
Vishwakarma, VILL-SULTANI
-PS-HARIHARGANJ, Sultani,
Palamu, Babhandih, Jharkhand,
822113
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