



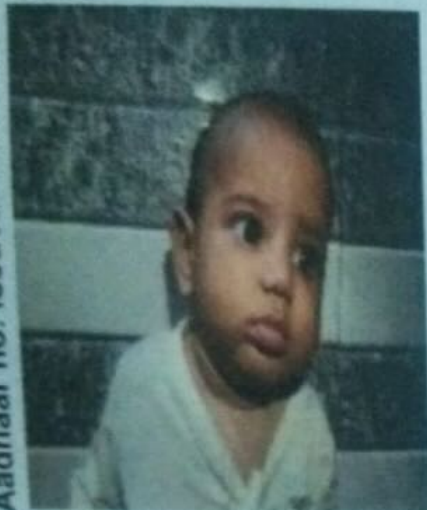


भारत सरकार

Government of India



Aadhaar no. issued: 26/11/2023



अदिती

Aditi

जन्म तिथि / DOB : 2023

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).

9747 2386 6313

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India

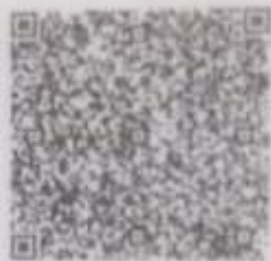


कंचन

Kanchan

जन्म तिथि/ DOB: 20/02/1996

महिला / FEMALE



5483 1094 4293

मेरा **आधार**, मेरी पहचान



सत्यमेव जयते

UNIQUE DISABILITY ID

Government of India



नाम / Name

कंचन

Kanchan

UD ID

UP7210619960021590

Disability Type

Locomotor Disability

Year of Birth

1996

Percentage of Disability

70% (Seventy Percent)

Date of Issue

13/05/2020

Valid upto

Permanent

Issuing Authority Sign

090/ Y/ 0047625

Department of Empowerment of Persons with Disabilities
Department of Empowerment of Persons with Disabilities





UNIQUE DISABILITY ID

Government of India



Name

राजन कुमार

Rajjan Kumar

UD ID

UPT210219920102581

Disability Type

Blindness

Year of Birth

1992

% of Disability

30% (Thirty Percent)

Date of Issue

03/10/2023

Valid upto

Permanent



Pach

Issuing Authority Sign



0001114070



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029

Phone: 011-40771234, 26107559 E-mail: goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBS, DNB

BABY ADITI, 1 YRS / F

UID: 05.24.1094

24.05.2024

M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Known case of bilateral retinoblastoma showing -

10 x 12 mm focal lesion is seen in the posterior chamber of the left globe along the inferior aspect. Non contiguous 4 x 3 mm focal lesion is seen along the medial wall of the left globe. There is associated retinal detachment and subretinal hemorrhage. 5 x 4 mm focal lesion is seen in the posterior chamber of the right globe along medial aspect. Lesion displays hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. Bilateral optic nerves are unremarkable. No extraocular extension is seen. Findings are consistent with bilateral retinoblastoma (L>R).

Cerebral and cerebellar parenchyma is unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage.

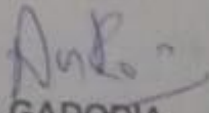
Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Mucosal thickening is seen in bilateral maxillary sinuses.

IMPRESSION:

- 10 x 12 mm heterogeneously enhancing focal lesion in the posterior chamber of the left globe along the inferior aspect. Non-contiguous 4 x 3 mm enhancing focal lesion along the medial wall of the left globe with associated retinal detachment and subretinal hemorrhage. 5 x 4 mm enhancing focal lesion in the posterior chamber of the right globe along medial aspect. Findings are consistent with bilateral retinoblastoma (L>R).

Clinical correlation is necessary.


DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

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

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG, PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)



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

Patient Name:
UHID:
OPD / Ward:
Procedure

ADITI
107534813
Paediatrics
MRI SCAN Main

Gender/Age: F/2 y
Exam Date: 08/01/2025 10:13AM
Modality: MR
Room: NMR MAIN

CEMRI BRAIN, ORBITS

STUDY PROTOCOL:

Brain

Axial: T1, T2, FLAIR, DWI, SWI, postgad T1
Sag: T2, postgad T1
Cor: T2, postgad T1

Orbits

Axial : T1, T2FS, postgad T1
Cor : T1, T2FS, postgad T1
C/f- k/c/o retinoblastoma received 7 cycles of chemo , now to see response

There is a posterolateral intraocular mass on left side , based on retina with heterogeneous hypointense signal on T1W and T2W images with post contrast enhancement . No restricted diffusion noted. It measures 8.3x6.1mm (ap x tr). There is a non contiguous lesion along medial wall of left globe measuring ~1.5mm appearing hypointense on T1 , T2W images with some post contrast enhancement . B/l optic nerves are unremarkable .
. No extraocular extension noted.

There is e/o well defined cystic area measuring 11x8 mm near right temporal horn of lateral ventricle which appears hyperintense on T2W images , FLAIR images , hypointense on T1W images s/o pericallosal cyst .

Rest both the cerebral hemispheres show normal MR morphology, signal intensity and gray-white mater differentiation.

Both lateral ventricles and third ventricle is normal in size.

Brain stem and cerebellar hemispheres are showing normal MR morphology, signal intensity and outline.

Fourth ventricle is normal in size and midline in position.

Basal cisterns are normally visualized.

No midline shift is seen.

Aditi

107534813

2y/4

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

Augmented chemotherapy for Retinoblastoma

Augmented Chemotherapy

VCR	1.5 mg/m2/day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1	Wk 0,6,12,18..
Carboplatin	560 mg/m2/day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m2/ 3.3 mg/kg/day for children < 3 yrs	Day 1,2,3	Wk 3,9, 15, 21
Cyclophosphamide	65mg/kg/day	Day 1	Wk 0,6,12,18..
Idarubicin/ Doxorubicin	10 mg/m2 30 mg/m2/day	Day 1	Wk 0,6,12,18..

Cycles every 3-4 wk
Ensure ANC >1.0 & Platelet count >1,00,000/cumm
LFT & RFT must be done before every cycle .ECHO at baseline/ as indicated

High dose CT with autologous stem cell transplant : Stage IV/Metastatic RB

Cycle 8

Week 0..... Date..... Wt. 10 kg BSA.....
 Hb. 11.3 TLC 17,350 ANC 6460 Platelets 6.97 lakh
 SGOT 9 SGPT 27 S Bil. 0.14/0.10 Urea 16 Creatinine 0.3

Drugs	Dose given	Day
VCR	0.5mg IV slow push	(D1)
Cyclophosphamide	650mg in 100ml NS	(D1)
Idarubicin/ Doxorubicin	15mg in 100ml NS over 1 hour	(D1)

Chemotherapy: checked by Administrated by
(Signature SR)

Next visit.....

(Signature JR/SR)

9-CE 50 mg OD

D₂ 10/3/25
 D₃ 11/3/25
 P₄ 12/3/25



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



OPR-6

एकक / Unit

बाल चिकित्सा विभाग
 UHID: 107534813
 ABHA:
 edhi.112023@ebdm
 Dept No: 20240030018194



ADITI

D/O RAJJAN KUMAR
 2Y 2M 0D / F (महिला)
 H NO. 039, BARKOT, TILOI, RAE BAREILLY
 UTTAR PRADESH, Pin 229001, INDIA
 Ph: 9918519888 General Rs. 0
 Follow Up Patient

कमरा / Room
 C-210
 Queue / संख्या
F41
 Unit-III, Paediatric,

बुध, रविव, Wed, Sat



Reporting: 08:42:51
 01/03/2025

कंप्यूटरीकृत सं./O.P.D. Regn. No.

आयु / Age	पता / Address

दिनांक / Date

उपचार / Treatment

59

9.8K

7209

DR SURESHMA/SR
 Pediatric Oncology

Kindly do echo today if possible
 use pedichloryl if needed

0 sup PEDICLORYL (5ml/500mg) 5ml
 (TRICLOFOS) before echo

FB gene analysis feather (child)
 continue please support

W 9/3/25

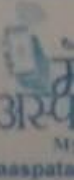
जादीश प्रसाद मीना
 Prasad Meena
 Professor
 Dr. Jaideesh Prasad Meena
 Professor
 Pediatric



CLEAN / NO GREEN ASMS / एका का एका का रिकारत से का रिकारत

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

O.R.B.O. ASMS, 26588380, 26593444 www.orbo.org 11-th line - 1060 (24 hrs service)



meraaspata

HANDICAPPED CERTIFICATE

Date: 20/5/2019

Certificate No. 755



Certified that we have Examined Sri/Smt./Km. Kanchan

S/D/W/O Gayatri R/O Village Surulwa

P/O Barkhuda P/S Narain Distt Rae Bareilly

M.I. Amputation of the

and following disabilities traumatic amputation of the
Right

In our opinion Sri/Smt./Km. Kanchan

having about 70% % disability and can be/can not be put in the Category
Seventy %
of physically, Handicapped

Signature/LTI/RTI of Sri/Smt./Km. [Signature] Attested

Dr. [Signature]
Eye Surgeon
(Member)

Dr. [Signature]
ENT Surgeon
(Member)

Dr. [Signature]
Ortho. Surgeon
(Member)

Chief Medical Officer
RAE BAREILLY (UP.)
(President)



E-Care Diagnostic Centre

Helpline No. 9355415030



Patient Name : Baby. ADITI

Patient Code : 17432347236



Gender/Age : child female / 2 Year

Bill No. : LAB3800

Referred by :

Received Date : 29-03-2025 12:21 PM

Collection At :

Report Date : 29-03-2025 01:25 PM

KIDNEY FUNCTION TEST(KFT)

Test	Result	Unit	Normal Range
Urea Method: Urease UV GLDH	15.1	mg/dl	10.0 - 45.0
Serum Creatinine Method: Jaffe with no deproteinization	0.82	mg/dL	0.70 - 1.30
Uric Acid Method: Uricase Peroxidase	4.9	mg/dl	3.6 - 7.7
Sodium Method: ISE	138	mmol/L	135 - 146
Potassium Method: ISE	3.8	mmol/L	3.5 - 5.5
Chloride Method: Indirect ISE	8.8	mmol/L	98- 108
Blood Urea Nitrogen-BUN Method: Calculated	7.55	mg/dl	7 - 20

INTERPRETATION:

A renal function panel could be done when a patient has risk factors for kidney dysfunction like high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol, or a family history of kidney disease. Also, when someone has signs and symptoms of kidney disease, though early kidney disease often does not cause any noticeable symptoms. It may be initially detected through routine blood or urine testing. This panel's results ain't diagnostic but rather indicate that there may be a problem with the kidneys and that further testing is required to make a diagnosis and determine the cause. Results are usually considered together, individual test result can be abnormal due to causes other than kidney disease, but taken together with risks and signs and symptoms, they may give an indication whether disease is present.

***** End of Report *****



Dr. Varuna Gupta
DNB Microbiology

Dr. Vinla Mawrya
MD Pathologist

All Facilities MRI, CT Scan

Address : Shop No.3, Safdarjung Hospital Gate No. 2, Metro Station Opp. AIIMS Hospital New Delhi - 110029
Phone No.: 9355415030, 9355415030, 8800130093 | E-mail: taimoor9x@gmail.com

Note:- The report is not valid for medicolegal purpose
If the result (s) or the test (s) is/are alarming or unexpected, the patient should consult the doctor.

Patient Name : **Baby. ADITI**

Patient Code : **17432347236**



Gender/Age : **child female / 2 Year**

Bill No. : **LAB3800**

Referred by :

Received Date : **29-03-2025 12:21 PM**

Collection At :

Report Date : **29-03-2025 01:25 PM**

BIOCHEMISTRY REPORT


LIVER FUNCTION TEST (LFT)

Test	Result	Unit	Normal Range
TOTAL BILIRUBIN Method: Serum, Jendrassik Grof	0.7	mg/dl	0.1 - 1.2
DIRECT BILIRUBIN Method: Serum, Diazo reaction	0.2	mg/dl	0.0 - 0.3
INDIRECT BILIRUBIN Method: Serum, Calculated	0.50	mg/dl	0.0 - 0.9
SGPT (ALT) Method: Serum, UV with PSP, BCC 37 degree	22.2	U/L	0 - 50
SGOT (AST) Method: UV with PSP, BCC 37 degree	27.8	U/L	0 - 50
ALKALINE PHOSPHATASE Method: DGCC	157.4	U/L	30 - 120
TOTAL PROTEIN Method: Serum, Biuret, reagent blank end point	6.6	g/dl	6.0 - 8.0
SERUM ALBUMIN Method: Serum, Bromocresol green	3.5	g/dl	3.2 - 4.6
SERUM GLOBULIN Method: Serum, Calculated	3.10	g/dl	1.8 - 3.6
A/G RATIO Method: Serum, Calculated	0.40		1.2 - 2.2

NOTE :

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.




Dr. Varuna Gupta
DMS Microbiology


Dr. Vimla Maurya
MD Pathologist

All Facilities MRI, CT Scan

Address : Shop No.3, Safdarjung Hospital Gate No. 2, Metro Station Opp. AllMS Hospital New Delhi - 110029

Phone No.: 9355415030, 9355415030, 8800130093 | E-mail: taimoor9x@gmail.com

Note:- The report is not valid for medicolegal purpose

If the result (s) or the test (s) is/are alarming or unexpected, the patient is advised to contact LAB immediately for a recheck.



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

UHID: 07714011 Sex: Female
Patient Name: Mrs. ADITI Sample Received Date: 28-Mar-2025 13:30:00
Age: 29 Department: Pathology
Lab Name: Dept.(Laboratory) Medicine Lab Sub Centre: Smart Lab New OPD Block
Ref Date: 28-Mar-2025 13:30:00 Sample Collection Date: 28-Mar-2025 13:16:00
Recommended By: Lab Reference No: 251538100

Sample Details : LH28032501389

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name	Result	UOM	Reference
Hb	10.00	g/dL	11.0 - 14.0
Hematocrit	30.50	%	34 - 40
RBC count	3.74	10 ⁶ /μL	4.0 - 5.2
WBC count	6.17	10 ⁹ /μL	5.0 - 15.0
Platelet count	887.00	10 ³ /μL	200 - 400
MCV	81.60	fL	75 - 87
MCH	26.70	pg	24 - 30
MCHC	32.80	g/dL	31 - 37
RDW-CV	13.70	%	11.6 - 14
Neutro	55.90	%	30-60%
Lympho	25.80	%	29-65%
Eosino	1.90	%	1-4%
Mono	15.60	%	2-10%
Baso	0.80	%	0-1%
NRBC	0	%	
Neutro - Abs	3.45	10 ⁹ /μL	1.5-8.0
Lympho- Abs	1.59	10 ⁹ /μL	6.0-9.0
Eosino - Abs	0.12	10 ⁹ /μL	0.1 - 1.0
Mono - Abs	0.96	10 ⁹ /μL	0.2 - 1.0
Baso - Abs	0.05	10 ⁹ /μL	0.02 - 0.1

----End of Report----

Dr. Sudip Kumar Datta
(MD) Biochemistry

Dr. Tushar Sehgal
(DM) Hematopathology

Dr. Suneeta Meena
(MD) Microbiology

Dr. Sumit Saroj
28-Mar-2025 15:31