- Inj ETOPOSIDE 70 mg/200 ml NS i.v. over 2 hrs on D1 D2 D3
- Inj. G-CSF 80 µg s/c q 24 H x 5 days from 16/08/25
- N/V on 20/08/25 c̄ CBC

Post chemo

- T. EMSET 4 mg ½ TAB po q 8Hly x 3 days
- T. DEXA 4 mg ½ TAB po q 12Hly x 3 days

Dr. [stamp] Senior ... D.M ... AIIMS, New Delhi 110029

20/8/25

C/o Rhabdoid tumor c̄ I/C extension (MRT). on EuRhab protocol

post RT 50.4 Gy 1/5/25 – 12/6/25.

9.4 > 2930 / 2290 < 3.7

post #2/wk3 ICE :- 13/8/25

MRI dated on 22/8/25

Due for next # on 29/8/25

F/U c̄ fresh CBC on 27/8/25 to chart next #

11/8/25

- 2% Betadine gargle
- Sitz bath.
- On Septran AUT.
- No fresh complaints
- MRI Dated - 21/8/25
- due for week 3 chemo

- low ANC

Dated 13/08
14/08
15/08
from HCH-DC

To check
CBC/LFT/KFT
before chemo

ATRT post Week 1

Clinically well
Due for Week 3 ICE

Adv

- Cap APRECAP 125mg D_1 /
80mg D_2
80mg D_3

- Inj. DNS + 1·100 KCl @ 85 ml/hr × 8 hrs on D_1 D_2 D_3
Post 2 hrs

- ✓ Inj IFOSFAMIDE 1350mg/200ml NS iv over 2 hours on D_1 D_2 D_3

- ✓ Inj MESNA 500mg/100ml NS iv @ 0, 3, 6 hrs on D_1 D_2 D_3

- ✓ Inj. CARBOPLATIN 340mg/200ml NS iv over 1 hour on D_1

27/8/29

- q2·1. Betadine gargle
- Sip bath. explained
- On septran AD.
- No fresh complaints.
- MRI Redated - 1/9/25.
- Last chemo. - 15/8/25.

9.20 | 2.56 | 72,000
0.66
↓
26/08/25

Rhabdoid Tumour
c I/C extension

— Due for Wk 5

— Due for Reassessment MRI on 01/09/25

— Clinically well

Adv.

— N/V on 30/08/25
c CBC

— ~~Refer to RPC OPD~~

Remarks

30/8/25

c/o Rhabdoid tumour c ie extension. → due for wk 5 chemo

29/8/25

£340
8.7 | 3680 | 1.80 L

do furosemide x 1 day
do cefuroxime x 1 day

was 99, no spike above

O/E: Afebrile
vitals stable
Conj - P/L ++

Reassessment MRI d/f 1/9/25.

I-988

26/7/25

protocol —
BP: 81/44 mmHg
No Oscalcles
CBC ✓
LFT / RFT / ...
...: before gasle
SIT → boon

C/O. Rhabdoid tumor c̄
Intracranial extension

Post RT

Received Doxorubicin on 23/7 and 24/7.

Currently on INJ - G-CSF -

→. vomiting since 2 days
1 episode

→ no CH
→ no fever.

LC0108252647 108197031
LH0108250192 1 108197031
Miss. SHIVA

CBC → 10.5 / 9200 11850 3.67 L..

Inj GCSF 80 mg S/C OD
25/7 26/7 27/7 28/7 29/7

Adv

→ c/t INJ G-CSF. for today 5d.
→ take protocol for ATRT from Tincy sister

→. collect RFT/LFT -

→. MRI dated on 22/8/25.

→ f/u .4/8/25 c̄ CBC/RFT/LF at 2pm
POC clinic

Dr Kerala
SR Pedo.

4/8/25

1) AT/RT (protocol given)
2) OD septran
2:1 betadine gargle
sitz bath

• Rhabdoid tumor ĉ intracranial extension

Initial Rx - PM-RMS ĉ IC extension
Rx as per IRS protocol
non metastatic
RT - 50.4 Gy /28 # - 1/5 - 12/6

Currently, no fever
cough/coryza ⊖
Burning micturition ⊖

MRI - Brain + Spine Screening - dated for 22/8/2025
Orbit

• Started on EURHAB protocol
DOX - on 23/7 - 24/7

• Intravenous Stopped → as recurring RT.

CBC - 1/8/2025

9.5 / 1720 / 2,00,000
ANC = 620

Urea/Cr = 8/0.2
UA = 1.7
Ca/PO4 = 9.5/4.8
Na/K - 140/4.2
LFT - 0.22/0.5
ALT/AST - 7/22
ALP - 141

O/E:

alert
active
vitals - (N)

(L) eye - Proptosis (+)
covered by dressing
no ooze / discharge

RS / CVS / P/A - NAD

Plan: WT - 16 kg

✓ To start:

→ (2) Syp. SEPTRAN (40 mg/5 ml) 5 ml <

(every alternate day)

✓ MRI - 22/8/2025
orbit
Brain
whole spine screening
↓ Sedation

✓ Due for ICE (week 3) on 13/8/2025
(tentatively blocked)

Sha

11/8/2025
c CBC/ LFT / RFT.

08/09/25

—— Clinically well.

* Afebrile — RR – 24/min
* Cough —— Improved. — SpO2 – 98% on RA
Chest —— clear.

Adv/

—— Child can be taken up for MRI

01/09/25
MRI could not be done today as machine is not running

N/V —— (PVC) —— 01/09/25 (9pm)

Adv

- MRI → 1/9/25
- Tentative date for VAC chemo [after 1/9/25] [6 hours] — 5/9/25

1. Syp. cetirizine (5mg/5ml) 6ml HS. × 5 days
2. Syp. augmentin (200mg/5ml) 6ml 1—1—1 × 5 days
3. Tab. Furious [illegible] 15mg 1 tab OD BBF × 5 day

To Plan for HLS. as child 40 AT/RT

→ F/U in OPD on 3/9/25. c̄ CBC/KFT/LFT

Signature

30/08/25 1pm

LH00092502474 108197031
Miss SHIVANIKUM

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

Shreyasi

03/09/2025

Adv:- Extranual MRT + Intracranial Extension | Post RT | Post week 3 chemo MRI Brain +s/wire post

→ Re-assessment week 3 .

1/5/25 - 12/6/25

Adv:-

To carkids :- - NGS for RTPS1 | RTPS2 .

⇒ To share help in doing MRI Brain + Spine from outside .

- MRI Brain + S/wire [CE] for re-assessment .

- xxx

Recd 3/9/25

- Date for chemo on 5/9/2025

week 5 chemo :

- Inj. Vincristine 1 mg slow IV push
  - 5/9/25
  - 12/9/25

- Inj. Actinomycin-D 420 mg IV push - 5/9/25, 6/9/25

SA

Dr Aditya

- IVF DNS + 1:100 Kcl @ 80 ml/hr x 6 hr

- After this:

Inj. Cyclophosphamide 1000 mg in 400 ml NS IV over 1 hr .

Inj. Mesna 350 mg/100 ml NS IV over 1 hr at 0, 3h, 6h .

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

[illegible] UHID: 108197031

Dept No: [illegible]
Clinic No: [illegible]

SHIVANI KUMARI

D/O BHARAT YADAV
[illegible]

VILLAGE JAMUNVEE DISTRICT GAYA
BIHAR Pin:[illegible] INDIA
Ph: [illegible] General Rs 0
Follow Up Patient

कमरा / Room C-215

Queue/ [illegible] F39

Unit-I, POC

Reporting: [illegible]

इकाई/Unit ____
विभाग/Dept. ____
नाम/Name
Regn. No. ____
पता/Address

निदान/Diagnosis: (L) [illegible] [illegible] AT/RT

दिनांक/Date	उपचार/Treatment
34 16/11	Adv)
	• CBC, LFT, KFT
	• Next visit → 15/11/25
	[illegible]

CLEAN AND GREEN AIIMS / [illegible]

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मेरा अस्पताल
My Hospital

हृदय वक्ष एवं तांत्रिका विज्ञान केन्द्र
ब० रो० वि०
अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक/Date

विभाग
Deptt.

यू०एच०आई
UHID No.

Opd Ticket
NS 2025/opd/0014834 Neuro Surgery-P
UHID: 108197031
Date 26/09/2025 TUE,FRI
Name SHIVANI KUMARI Gen 5Y 6M 6D Female
D/O BHARAT YADAV
Phone No. 8409859980
Consultant Room 21 Dr.DEEPAK GUPTA

उम्र
Age

लिंग
Sex

(L) orbital ATRT

26/9/25

Diagnosis

Extraaxial Rhabdoid Tumor with Intracranial extension

Referred from Pediatric oncology

C/O Change of voice
Slurredness of Speech
Difficulty in swallowing
(L) eye Proptosis
x 8 months

HPE = Extraaxial Rhabdoid Tumor
Desmin WT 1 Cytoplasmic dot positivity
P53 diffuse strong (+ve)
Myogenin, MyoD1 (-ve)

O/E :- E4V5M6
Pupils NSRL Non reactive
Rest no deficits
Moving all 4 limbs

MRI Brain :- (1) Intraorbital tumor C (L) Cavernous Sinus and orbital Apex involvement

H/O 5 # Chemotherapy (Last cycle 5/9/25) → Next cycle on 29/9/25
28 # RT completed on 16/8/2025

Please share your feedback to improve our hospital on the Website link: meraaspataa; nhp.gov.in

OPD issue

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

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

OPR-6

बाल चिकित्सा विज्ञान
UHID:10819/031

Dept No: 20250030007549
Clinic No: 2025/PCSC/106

SHIVANI KUMARI

D/O BHARAT YADAV
17Y 8M 5D / F(OBSD)

VILLAGE JAMUNEE DISTRICT GAYA
BIHAR, Pin 824232 INDIA
Ph: 9409859980 General Rs. 0
Follow Up Patient

कमरा / Room: C-217
Queue / पंक्ति: F33
Unit-I, PCSC PAEDS

Reporting: 01:47:44
25/06/2025

ओ.पी.डी. पंजीकृत सं०/O.P.D. Regn. No.

आयु Age

पता/Address

निदान/Diagnosis

C10 (L) orbital ART/

दिनांक/Date

16

16-6-25

उपचार/Treatment

→ neurosurgery OPD review
for local control

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

→ kindly allow to stay in
Dharamshala

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

दिनांक
Date

S/B Prof DA

22/8

NRC done

30/9/25

NRC - Biopsy R/w
- Adjuvant therapy

Adv

- No Active Neuro surgical intervention
- R/w Bx
- Adv. Adjuvant therapy
- Rf. to IRCH/

SRMH

29/09/25 Δ (L) orbital APEX ATRT /

POST 5th week cycle

on EURIPB 2010 (RF given)

no fresh issue

Assessment (POST 5th week) → partial response

Due for week #7

Adv:

- only DOXORUBICIN 26 mg in 100 ml NS over 60 min (D1, D2)
- to cont SCF regimen
- next visit 15/10/25

Error.

20/9/25

c/o (L) orbital ATRT

on week 5 chemo protocol

received ~~vcr~~ VAC → 6/9 - 7/9.

↓

following which child had

fever high → wanted casualty was discharged on oral augmentin

currently no fever high + nt.

wk 5 chemo Day 8 vcr Pending

Adv - RT discussion

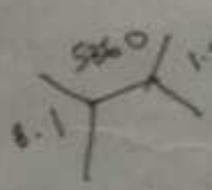
- Inj - Inj. vincristine 1mg IV slow push → today from neuro DC

— (N/V) in OPD ~~for~~ Thursday at 2pm → 25/9/25

(217)

- To (dL) RT films

- (N45) for ATRT



fever wb

↓

respiratory panel -ve dengue -ve.

25/9/25 (L) orbital Apex ATRT / Post 5th week cycle
on EURHAB 2010 Protocol / RT from 1/5 to 12/6

RC discussion
25/9/25

Baseline - Intra orbital c (L) cavernous
(L) orbital Apex & (R) cavernous sinus
Involved. Involved.

Current :- ~~S~~ ↓ in size of tumor / mass
↓ Proptosis
~~JIC Ra~~
Intra orbital - Residual plaque like mass in (L) orbital & cavernous sinus (L)
Spine (N)

Plan
(1) T/c chemotherapy
(2) NGS for ATRT
(3) Response assessment after week 7th of chemo.
(4) Neuro Surgery opinion
(5) Next review on 29/9/25

42

On Exam

Pulses - good volume
BP @ 90m centile
Hydration - fair
Oral cavity - gd @ mucositis ⊕
Chest - clear
P/A - tenderness @ Rt hypochondrium ⊕
(no loose stools - abd pain ⊕)

Counts - 81 \ 5860 / 1.51ac
5.70
Hct ~ 26%
L ? sign supprt
slight e/o hemoconcentration ⊕

Viral panel / CXR → N
1 @ ER visit on 11/9

On oral Amoxyclav D3

Imp: Impending FN - URI focus ⊕ ?
Also possible Dengue infn

Plan ⊕

o/P/sm

↳

① Refer @ ER stat :- Dengue/MP card test
CBC/ RFT/ LFT
USG abdomen
1st line Empirical iv Abx
Z osyn ⊕ Amikacin

Onco SR will review

② R/V @ F/u in OPD wed/sat

Neurosx consultant/opinion (LACH)
for possible sx intervention
as local control

Dr N.N (JR)

N/V → (PCSC) @ 2pm

Dr [signature]

P Mother sick → to sent to adult casualty

Plan

(1) to give day 8 of VCR on 13/9/25

(2) to Inj VCR - 1mg IV slow push.

(3) N/V on 13/9/25 CBC/LFT/RFT (with)

(4) New RAK OPD → 6th floor.
Respiratory Visit Paed.

(5) if fever → visit Emergency.

13/9/25

Shivani

Syrian

(1) orbital apex

ATRT | POST 4# LRS IV RMS ✓ chemo

↓

baseline spine - NA (3rd - (2))

(F) tumor bed ✓ LFRT

On EORHB protocol 2010 protocol

neo. adjuvant chemo

week (4) (5) VAG

D1 D2 61g - 71g

due for (D9) VCR today

as pt recent

MR 9/9 - residual lesion (F) [RC review pending]

spine (2)

current concerns: fever upto 101°F x 3 days

cough (+) / coryza (+)

new onset (R) 2nd upper quadrant pain / vomiting

(F) poor oral intake

- Inj GCSF 85 ug SC q 24hrly X 5days 8/9/25 Taken
9/9/25 Taken
10/9/25
- Intraventricular therapy
Intravent. MTX 2mg - 5/9.
6/9
7/9. } Date from daycare.

- Cont. Skipteen / Sitz bath / Betadine gargle.

- N/V in OPD on 13/09/2025 - c CBC/RFT/LFT.

↓

11/9/25 2PM (217)

Shivani
SR

@ 11/9/25 → RC Not discussed today.

Plan → ~~CBC~~
Pt child has received RT.
No Indication of Intraventricular MTX.

CBC c 9/3200 <372
2100
8/9/25

EFT/RPT - (W)

भारत सरकार

Government of India

भरत यादव

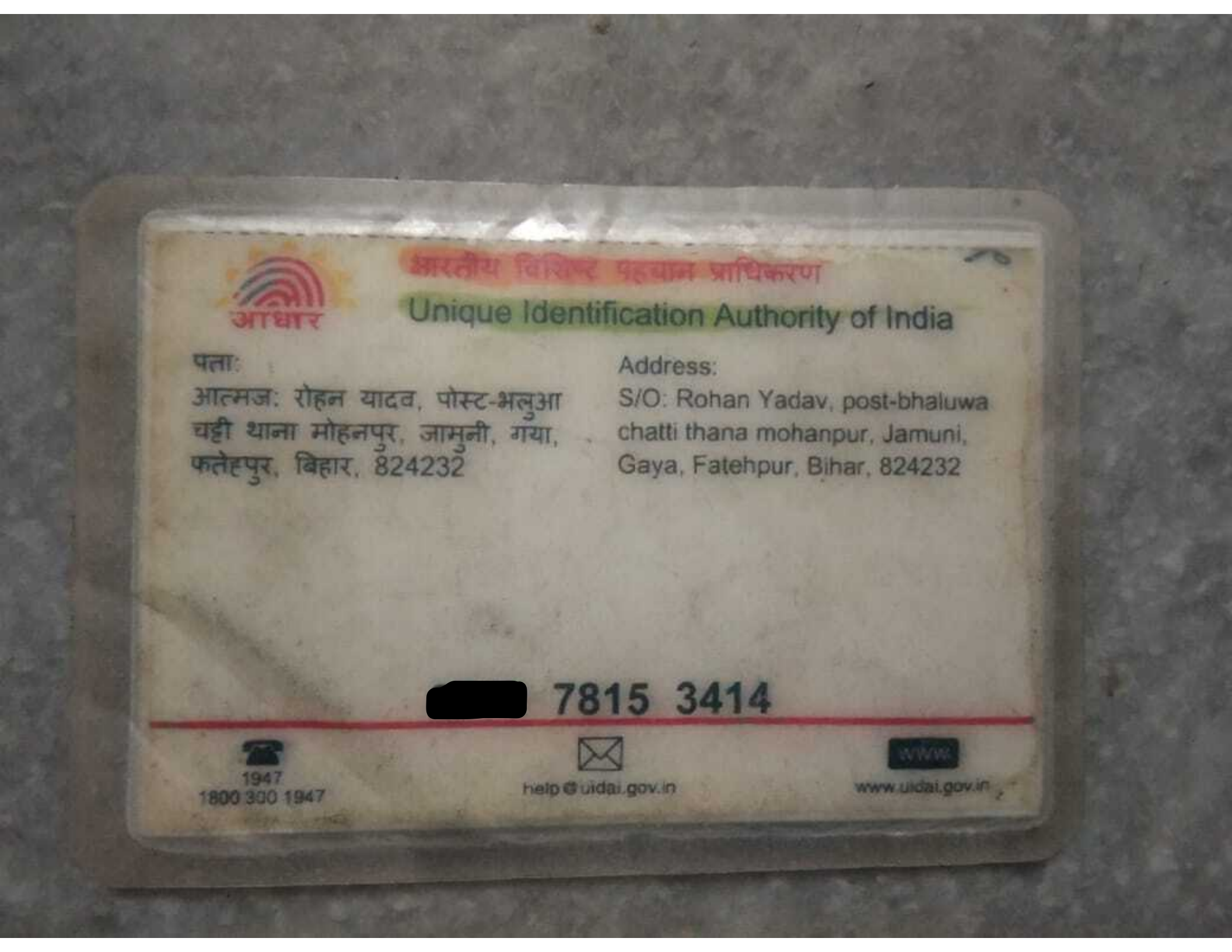
Bharat Yadav

जन्म तिथि / DOB : 01/01/1994

पुरुष / Male

[redacted] 7815 3414

आधार - आम आदमी का अधिकार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