

Dr. B.R. 13/3/24



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

असपताल / AIIMS HOSPITAL

OPR-6

अस्पताल

PREMISES



एकक/Unit _____

विभाग/Dept. _____

नाम/Name

DR. B.R.A. IRCH, AIIMS, NEW DELHI
 IRCH No. 313877 Reg. Date-19/02/2024
 Clinic Paediatric Medical Oncology Clinic Clinic No. 7322/2024
 Deptt. MEDICAL ONCOLOGY
 General
 नाम हिमनशि हिमनशि UHID-107326784
 Name HIMANSHI
 D/O- DIPAK KUMAR DAS Sex/Age F/2Y
 Phone No. 8114554815 Room Board Room (Shift Morning)
 Address SIPAUL DIST VIDA, BIHAR, INDIA

Regn. No.

जन्म

13 MAR 2024

निदान/Diagnosis

2 LCH

दिनांक/Date

उपचार/Treatment

BR

Aelw

- 30 Blood donation (New emergency blood Bank)

- CBC / UPT / AFP / Serum markers

WB-PET-CT outside

<https://childhelpinghand.org/>

- BMA + PS + BM Bx

Refered on 22/2/24 at 8:30 AM

Reds So. of marrow for ex. w. ex. urine
Bx ↓ Dr. Sandeep Agarwal

- N/V 22/2/24 (वार्ड - 5)

- Supp PCN (125mg/5ml)
SML 405 (2/10/24)

Dr. Himanshi Phasin
All India Ins. New Delhi-110029

(जब रुग्ण 100 से 3 पर हो)

FO on 26/2/24

Ref- 8:30 AM
Lab- 9:20 AM
RUC - 13:40 AM

13

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

26/2

2 LCM (MS)

1

Blood donation pending

Adv

- 30 Blood donation

- 94 BMA + B₂

- H/P report (LN excision done on 21/2/24)

- N/V 6/3/24

* Myofasciitis sent for LA

Dr. Mahani Bhasin
Dr. ...
All India ...
New Delhi-110029

6/3/24

Go Tugency

BMA → No ep. malignancy

No hypoplasia

<https://childhelpinghand.org/>
Adv

Blood donation done

- 94 H/P report

- Bone marrow B₂

- $\begin{matrix} \text{L} & \text{R} \\ \text{L} & \text{M} \end{matrix}$

Kindly allow
Sharanacharya
sky x 2 used

- N/V 13/3/24

Dr. Karishma Rajgopal SENIOR RESIDENT
Oncology & Radiation Oncology
Dr. B.R.A., I.R.C.H.
All India Institute of Medical Sciences
New Delhi-110029

9810258068
Reshna -

B/3/24

CH cervical lymph node Bx report

DIOP

Flu 20/3/24

DARSHANA SUSHI MD
Senior Resident
All India Institute of Medical Sciences
New Delhi-110029



MOLECULAR

IMAGING & THERAPY

where technology meets patient care

A unit of Vitrona Healthcare LLP



Accession No. : 16237077
 Patient ID : P16100004764
 Patient Name : Baby HIMANSHI DAS
 Client Name :
 Ref. By : AIIMS NEW DELHI

Registration Date : 24/02/2024 10:28:45
 Sex / Age : Female 2 Yrs
 Report Released on : 24/02/2024 14:14:22
 Aadhar/ Passport No :

DIGITAL WHOLE BODY PET CT

Clinical History: PUO under evaluation.

Procedure: 3.0 mCi of ¹⁸F-fluorodeoxyglucose was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. Imaging was performed on an integrated PET/CT scanner. CT images for attenuation correction and anatomic localization followed by PET images from vertex to toe were obtained. SUVmax was normalized to body weight *SUVmax bw*. Serum Creatinine and blood glucose was 0.43 mg/dL and 89 mg/dL respectively. CT scanning was performed using non-ionic intravenous and oral contrast. No adverse reaction was observed during the scan.

Observations:

Brain: -

Normal physiological tracer distribution noted in the brain parenchyma. No focal lesion or abnormal uptake noted in the brain. (NOTE: If there is a strong suspicion for brain metastases, then MRI is suggested for further evaluation as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain).

Head and Neck: -

Nasopharynx, oropharynx, hypopharynx and larynx appear normal with no abnormal FDG uptake is seen in relation to them.

Non FDG avid mucosal thickening noted in right maxillary sinus - likely sinusitis.

Diffuse symmetrical FDG uptake noted in bilateral tonsils

FDG avid bilateral cervical level IB, II (right: 1.8cm x 1.3cm, SUV max: 5.2) and III lymph nodes.

Thyroid gland is normal in size and attenuation pattern with no focal abnormal FDG uptake.

Bilateral major salivary glands appear normal with no abnormal FDG uptake.

No significant FDG avid supraclavicular lymphadenopathy.

Thorax: -

Mildly increased FDG uptake noted in soft tissue density in anterior mediastinum - likely physiological thymic uptake.

The heart and the mediastinal vascular structures are well opacified with I/V contrast. The trachea and main





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Ref. By :	AIIMS NEW DELHI		

bronchi appear normal.

Ground glass haziness noted in bilateral lungs. Rest of the lung fields are showing normal attenuation. No focal abnormal FDG uptake is noted in the lung parenchyma.

No obvious pleural thickening/ effusion.

No significant FDG avid mediastinal lymph nodes.

Abdomen and Pelvis: -

Liver parenchyma is normal in attenuation values and enhancement pattern. No focal lesion / abnormal increased FDG uptake is seen. Intrahepatic biliary radicals are not dilated. Portal and hepatic veins are normal.

Spleen is enlarged in size (7.5cm) with diffusely increased FDG uptake (SUVmax: 2.5) – likely reactive.

Gallbladder, pancreas, adrenals and bilateral kidneys appear unremarkable. (USG is the modality of choice to evaluate for cholelithiasis/choledocholithiasis).

No significant FDG avid abdominal lymphadenopathy noted.

There is no ascites.

The stomach, small and large bowel loops appear normal in calibre and fold patterns and shows physiological FDG uptake.

Musculoskeletal: -

FDG avid marrow and lytic lesions noted in:

- **Skull bones (SUVmax: 5.4)**
- **Bilateral proximal humeri (right: SUVmax 3.7)**
- **Bilateral radius**
- **Bilateral scapulae & clavicles**
- **Sternum & multiple bilateral ribs**
- **Few cervico-dorso-lumbar vertebrae (C5: SUVmax: 5.8)**
- **Sacrum & pelvic bones (right iliac bone: SUVmax 7.7)**
- **Bilateral proximal femora (right proximal femur: SUVmax 9.5)**
- **Bilateral tibia**





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Report Released on : 24/02/2024 14:14:22
Aadhar/ Passport No :

• **Tarsal bones**

OPINION:

PET-CT study reveals:-

- **Metabolically active bilateral cervical lymph nodes and skeletal lesions, as described - ? LCH, needs HPE correlation.**
- **No other abnormal hypermetabolic focus noted in rest of the visualized body.**

Clinical and HPE correlation is advised.


*This report is not valid for medico-legal purpose.
In case of any discrepancy due to machine error or typing error, please get it rectified.*

*** End of Report ***

<https://childhelpinghand.org/>

Dr. Shefali Kalra
DRM, DNB (TMH)
Consultant Nuclear Medicine

Dr Shobhana Raju
MD DNB DM FANMB
MNAMS
Consultant Nuclear Medicine


Dr. Nikunj Jain
DRM, DNB, FEBNM,
FANMB, Dip. CBNC.
Sr. Consultant & Director
Molecular Imaging

Page No: 3 of 3

Ghaziabad (U.P.):
Plot No 14 & 15, Block P, Sector 23,
Sanjay Nagar, Ghaziabad U.P.
Phone : 0120 4174450



Poschim Vihar (North West Delhi):
Plot No. 27, Poschim Vihar Extn.
Opposite Metro Pillar No. 196
Phone : 011-69041555



Green Park Extn. (South Delhi):
H-2, Basement & Ground Floor,
Ch. Hukum Chand Marg, New Delhi, 110016
Phone : 011- 40023830



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अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
https://hospital.aiaims.edu/hospital/



प्रयोगशाला अर्बुद विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India Institute
of Medical Sciences, New Delhi-110029

UHID:	107326784	Reg Date :	19/02/2024 10:26 AM
Patient Name :	Miss HIMANSHI HIMANSHI	Age :	2 years 2 months 26 days
Sex :	Female	Unit Name :	Unit-I
Department :	Medical Oncology	Sample Collection Date:	22/02/2024 10:56 AM
Unit Incharge :		Lab Sub Centre:	Lab Oncology (IRCH)
Lab Name:	Lab Oncology	Report Generated By:	24/02/2024 11:38 AM Dr. Sushant Chib
Sample Received Date:	23/02/2024 11:37 AM	Recommended By:	
Dept / IRCH No:	313877		
Lab Reference No:	727		

Sample Details : LOI-220224082-BP (Bone Marrow)

BMA BMT PS

Report

Cellular bone marrow aspirate shows haematopoietic cells of all series (3 5 1).

Peripheral smear is unremarkable

There is no evidence of any malignancy in this preparation.

Advice : Correlation with bone marrow biopsy

Senior Resident: Dr Arathi K

Consultant: Dr G Smeeta

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated.
Partial reproduction of the report is not permitted.

Authorized Signatory

<https://childhelpinghand.org/>



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	: HIMANSHI DAS	UHID NO.	: 107328575
Accession No	: S2406230	F/H Name	: NA
Age/Sex	: /Female	Additional ID	: N/A
Clinic/Dept	: Paediatric Surgery	Unit	: 21-02-2024 /15:26:49
Consultant Incharge	: Dr. Vishesh Jain	Request Date/Time	: 22-02-2024 /14:26:22
		Receiving Date/Time	

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2406230A

Received specimen labelled as " Right posterior triangle cervical Lymph node "

Received single tissue measuring 0.6-0.8cm in maximum dimension. On cutting open, multiple foci of hemorrhage seen grossly

MICROSCOPIC EXAMINATION:

Right cervical lymph node excision biopsy shows effacement of nodal architecture by marked expansion of paracortical zone by eosinophils, atypical histiocytes and many multinucleated giant cells. These atypical histiocytes are positive of CD163, CD1a, S100 & negative for langerin.
Impression: Langerhans cell histiocytosis.

DIAGNOSIS:

S2406230A

Lymph node

Right Posterior Triangle Cervical

Langerhans cell histiocytosis NOS 9751/1 ICD O 3.2

End Report

Reporting Resident: Dr. Shiv Shankar Verma

Reporting Faculty: Dr. Saumyaranjan Mallick

Reporting Date/Time: 10-03-2024 19:04

<https://childhelpinghand.org/>

Disclaimer :

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2. The pathology diagnosis is to be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	: HIMANSHI HIMANSHI	UHID NO.	: 107326784
Accession No	: S2406253	F/H Name	:
Age Sex	: 2Y /Female	Additional ID	: 313877
Clinic Dept	: IRCH	Unit	: N/A
Consultant Incharge	: Not Mentioned	Request Date/Time	: 22-02-2024 /10:56:32
		Receiving Date/Time	: 22-02-2024 /14:55:47

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2406253A

Received specimen labelled as "Bone marrow biopsy"

Received single bony tissue piece(s) together measuring 0.5 × 0.1 × 0.1 cm.

MICROSCOPIC EXAMINATION:

Biopsy is subcortical & shows mainly cartilage. Marrow elements are not seen. Suboptimal for opinion.

DIAGNOSIS:

S240625 A

Bone Marrow

Descriptive, see above

<https://childhelpinghand.org/>

End Report

Reporting Resident: Dr. Shiv Shankar Verma

Reporting Faculty: Dr. Saumyaranjan Mallick

Reporting Date/Time: 10-03-2024 18:34

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अंग्रेज भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	: HIMANSHI HIMANSHI	UHID NO.	: 107326784
Accession No.	: S2406253	F/H Name	: 313877
Age Sex	: 2Y Female	Additional ID	: N/A
Clinic Dept	: IRCH	Unit	: 22-02-2024 /10:56:32
Consultant Incharge	: Not Mentioned	Request Date/Time	: 22-02-2024 /14:55:47
		Receiving Date/Time	

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2406253A

Received specimen labelled as "Bone marrow biopsy"

Received single bony tissue piece(s) together measuring 0.5 x 0.1 x 0.1 cm.

MICROSCOPIC EXAMINATION:

Biopsy is subcortical & shows mainly cartilage. Marrow elements are not seen. Suboptimal for opinion.

DIAGNOSIS:

S2406253A

Bone Marrow

Dr. Shiv Shankar Verma

<https://childhelpinghand.org/>

End Report

Reporting Resident: Dr. Shiv Shankar Verma

Reporting Faculty: Dr. Saumyaranjan Mallick

Reporting Date/Time: 10-03-2024 18:34

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CR - 87221

Suma - 9717936244



डॉ. बी. आर. अम्बेडकर
Dr. B.R. Ambedkar
अ.भा.आ.सं अर
बहिरंग रोगी

DR. B.R.A. IRCILAHIMS, NEW DELHI
IRCH No. 313877
Clinic Paediatric Medical Oncology Clinic
Dept. MEDICAL ONCOLOGY
General

Reg. Date - 19/02/2024
Clinic No. 7322/2024

OPR-6

अस्पताल के अन्दर घुसपान मना है



एकक / Unit
विभाग / Dept.

नाम हिमनधि हिमनधि
Name HIMANSHI
D/O- DIPAK KUMAR DAS
Phone No. 8114554815
Sex/Age F / 2Y
Room Board Room (Shift Morning)

नाम / Name

पिता/पु
F/S

Address SIPAUL DIST VIDA, BIHAR, INDIA

निदान / Diagnosis

LCH

दिनांक / Date

उपचार / Treatment

date
20/03/2024

ht - 82cm
wt - 4.3kg
BSA = 0.454m²

SYP Predon forte (5mg/5ml) 5ml after
(2वात के बाद) food daily
CT - 20/3/24
aj. vinblastine 3mg ivp (अभर - 15)
SYP Septrak (400mg/5ml) 7-5ml QOD
<https://childhelpinghand.org>
Mon/Wed/Thu
27/03/2024 CBC
reepan

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)

गहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

27/3/24

1. Syp. Predone Forte 15mg/5g
.1 tsp D.D X 4 weeks
(P.M. 11K 4542 AM)

2. Inj. VINBLASTINE 2.5mg 1UP

Inj. Zofen 2mg 1UP

(Date 1-15)

27/3

3/4

~~10/4~~, ~~10/4~~

3. Syp. L002 1-2 tsp 9 AM (RTA)
M 4PM
N 9PM
K 255

4. Syp. Septoran 1/2 tsp
<https://childhelpinghand.org/>

5. T. Acivir 100mg

6. FU with CBC + LFT/RFT?
on 18/4/24

W=10.1kg

Samantary

04/24

Syp heavy 10ml HS → (BD if no relief)
- Nebulizers drops BID
- Steam inhalation
Syp on 04/04/24 if no relief in symptoms.



Dr. Chitrakshi Nagra
Senior Resident (DM)
Medical Oncology
AIIMS, New Delhi

29/4/24

- Syp. A - 2. 10ml on
- FU on 2/5/24
CBC, LFT/RFT.

Dr. DEBABRATA MOHAPATRA
MD, DM (Pediatric Oncology)
BMT Fellow, Medical Oncology
AIIMS, New Delhi

03/14/24
03/14/24
8/4/24

CK 87221



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

DR. B.R.A. IRCHLAHMS, NEW DELHI
IRCH No. 313877
Clinic Paediatric Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General
नाम हिमनशि हिमनशि
Name HIMANSHI
D/O- DIPAK KUMAR DAS
Phone No. 8114554815
Address SIPAUL DIST VIDA, BIHAR, INDIA

हॉस्पिटल/A.I.I.M.S. HOSPITAL
In/Out Patient Department
SMOKING PROHIBITED IN HOSPITAL PREMISES
No. 313877.
बरोविं पंजीकृत सं/ O.P.D. Regn. No.

पति/पुत्री I / D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
			107326784

निदान/Diagnosis

LCH

LH0404240219 107326784



HIMANSHI_HIMANSHI

दिनांक/Date

उपचार/Treatment

2/4/24

Adv

~~1. syp Augmentin (125mg/5ml) 5ml BD~~

<https://childhelpinghand.org/>

2. T. pan 20mg OP.

3. syp Zofen. 5ml BID

4. syp Looz 7.5ml HS.

5. Steam inhalation.
nasoclear nasal drops.

6. Continue chemo as advised

7. FU + CBC on 5/4/24. @ Lift OPD

DATE 2/4/2024
SIGNATURE [Signature]

1/4/2024

NE = 430

DCCF (Chemo) - 15
5/4/24
GCSF 50mg
s.c. OD x 5 days
FU + CBC on

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



10/4/24
DCCF - 15
5/4/24
8/4/24



डा. बी. डी. अ
Dr. B.R. A

एक/Unit prot SR
विभाग/Dept. MO

अस्पताल
नाम/Name

Himanshi

DR. B.R.A. IRCILAHIMS, NEW DELHI
IRCH No. 313877
Clinic Paediatric Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General
Name हिमनषि हिमनषि
Name HIMANSHI
D/O- DIPAK KUMAR DAS
Phone No. 8114554815
Address SIPAUL DIST VIDA, BIHAR, INDIA
Reg. Date-19/02/2024
Clinic No. 7322/2024
UHID-107326784
Sex/Age F/2Y
Room Board Room (Shift Morning)

अस्पताल
Hospital
PREMISES
OPR-6
Regn. No. 107326784
जन्म तिथि/Date of Birth

निदान/Diagnosis LCH

दिनांक/Date	उपचार/Treatment
<u>1-4-24</u>	<u>Adv</u> FNC AGE
<u>10/4/24</u> D2 11/9/24 B3 12/4/24	1. Imj magnox 800mg BD 2. Imj Amikacin 45mg IV OD https://childhelpinghand.org/ 3. Imj GCSF 45ug s.c OP 4. syp zoper Sme BD 5. steam inhalation 6. FU on 10/4/24 C CBC in OPD.
	room 15 x 3 days.

LCH

Handwritten signature

DR ALAN SHAJI
Senior Resident (DM)
Medical Oncology
AIIMS, New Delhi

10/4/24

दीवार सिर्फ 3

Syr. Amoxicillin 2 tsp x 5 day
s/c on (कमर-15)

Inj. G-CSF 75mcg x 3 day
15/4/24

Rv with CBC on
Answers below.

10/4/24/SD

Cont Septoran / Aciclovir (पहले जैसे)

<https://childhelpinghand.org/>

15/4/24

Syr. Predone 5ml DS x 1 wh (1 बार) - (1 हफ्ते तक)
2.5ml DS x 1 wh (दूसरा हफ्ता)
ST wh (बन्द)

~~CT~~
~~15/4/24~~
WT = 9.5kg

- Inj. Vinorelbine 2mg IV
- Inj. Zofes 2mg IV
15/4 (कमर-15)
22/4 CT (10.15)

- PET-CT date - May

- Rv with CBC on 21/4/24
General Body

- Syr. L 1-2 tsp (1-2 चम्मच) (रात में)



डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
A.I.I.M.S. Hospital
Out Patient Department

OPR-6

DR. B.R.A. IIC, AIIMS, NEW DELHI

Reg. Date-10/04/2024

Clide No. 2024/21687



UHID-107326784

PROHIBITED IN HOSPITAL PREMISES

IRCH No. 313877
Clinic Paed Lymphoma Leukemia Clinic
Depu. MEDICAL ONCOLOGY
General

नाम हिमनधि हिमनधि
Name HIMANSHI
D/O- DIPAK KUMAR DAS
Phone No. 8114554815
Address SIPAUL DIST VIDA, BIHAR, INDIA

ब०रो०धि० पंजीकृत सं०/O.P.D. Regn. No.

Sex/Age F/2Y
Room 13 (Shift: Afternoon)

लिंग
Sex

आयु
Age

जन्म तिथि/Date of Birth

निदान/Diagnosis

LCH

दिनांक/Date

उपचार/Treatment

2/5/24

CBC(N)

Post 5 wks of VBL + steroids.

Afebrile
No fresh issues.

Adv

Ij. Vinblastine 2mg iv.

cf
2/5/24
stat

Cont Prednisolone therapy as advised.

Cont Septan /Aciciv

PET ct - Mid may.

F/U 16/5/24 = CBC

RF/UF

PET ct report

BANSAL
resident
ic Oncolog:
Dr. SHWETA Bansal
Senior Resident
iatric Oncology
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

03/05/2024 :-

4/5/0 med onco SR

(4)

4c :- Low grade fever.

pt is playful,

minimal rheinitis

Available Tx :-

Hmg (03/05/2024)

8.5 $\frac{2610}{1570}$ 1.83 lakhs. -

Rx :- Syrup Augmentin (200mg/5ml) 5ml T.D.S
 Syrup Levoflox (125mg/5ml) 4ml O.D \rightarrow 3 days
 Syrup Sinarest-P (200mg/5ml) 4ml SOS
<https://childhelpinghand.org/>
 Syrup Cetirizine (5mg/5ml) 3ml H.S
~~Torsione~~ Sy Triple gargle T.D.S.

Next opd t/o :- \rightarrow 06/05/24 τ CBC/SE/RFT/LFT

Date

6/05/2024

Nasal saline drop 1 drop in each nostril twice daily

Syr cetirizine (5mg/5ml) 2.5ml HS (RTA)

Stop rest of medicines (RTA)

F/m 16/05/2024

reeps



DELHI • LUCKNOW • DEHRADUN

DELHI INSTITUTE OF FUNCTIONAL IMAGING

Name	HIMANSHI	Patient ID	FDG18692024
Accession No	-	Age/Gender	2 / Female
Referred By	AIIMS	Date	14-May-2024

¹⁸F-FDG PET-CT STUDY

CLINICAL HISTORY: K/c/o LCH, post chemotherapy. PET-CT for restaging.

PROCEDURE: Whole body PET-CT scan was performed following intravenous administration of ~0.15 mCi/Kg of ¹⁸F-fluorodeoxyglucose from base of the skull to mid-thigh. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for ~60 minutes in a shielded room. Additional breath hold CT was performed for evaluation for lungs and a separate series for brain or Head & Neck examination was acquired. The semi-quantitative analysis of FDG uptake was performed by calculating SUV (standardized uptake value) corrected for the administered dose and patient body weight. Imaging was performed on an integrated 16-slice PET-CT scanner (SEIMENS BIOGRAPH 16). Serum blood Glucose and Creatinine at the time of the injection was measured at 95 mg/dL and 0.49 mg/dL respectively. CT scanning was performed using non-ionic 15 ml intravenous contrast. No adverse reaction was observed during the scan.

COMPARISON: Compared to previous PET-CT scan dated 24/02/2024.

FINDINGS:

Contrast extra-vasation noted in left arm

Brain:

- ↓ Supra and infratentorial compartment of the brain appears unremarkable. No obvious focal FDG avid lesion could be noted in the neuroparenchyma.

Head and Neck:

- ↓ Soft tissues and glandular structures of neck appear normal without abnormal tracer metabolism.
- ↓ FDG uptake is seen in soft tissue density in roof of nasopharynx – adenoid hypertrophy.
- ↓ Mild FDG avid bilateral level IB/II cervical lymphnodes – inflammatory.





DELHI • LUCKNOW • DEHRADUN

DELHI INSTITUTE OF FUNCTIONAL IMAGING

Name	HIMANSHI	Patient ID	FDG18692024
Accession No	-	Age/Gender	2 / Female
Referred By	A I I M S	Date	14-May-2024

↓ There is no significant nodal enlargement or nodal hypermetabolism in the neck.

Chest:

↓ The lung parenchyma does not reveal any obvious pulmonary nodules.

↓ There is no significant adenopathy in the mediastinum, hilum or axilla by size criteria or metabolic activity.

Abdomen and Pelvis:

↓ There is normal distribution of the radiotracer within the gastrointestinal and genitourinary system.

↓ There is no adenopathy or nodal hypermetabolism in the abdomen or pelvis.

↓ The liver, gallbladder, pancreas and spleen are normal.

↓ There are no adrenal nodules. <https://childhelpinghand.org/>

↓ Bilateral kidneys otherwise appears normal in size and parenchymal thickness. Perirenal spaces appears normal.

↓ Uterus not appreciable.

↓ The calibre of the abdominal aorta is normal.

Musculoskeletal:

↓ Interval resolution of FDG uptake in subtle lytic lesions involving cranium, bilateral humerus, few dorso-lumbar vertebrae, sacrum and bilateral iliac bones (previously FDG avid).

↓ FDG uptake is seen in lytic lesions and marrow based lesions involving :

- Bilateral femur (SUV max right side SUV max 5.09).
- Bilateral tibia (SUV max left side 4.93).

↓ Rest of the Marrow uptake is within normal range.





DELHI • LUCKNOW • DEHRADUN

DELHI INSTITUTE OF FUNCTIONAL IMAGING

Name	HIMANSHI	Patient ID	FDG18692024
Accession No	-	Age/Gender	2 / Female
Referred By	AIIMS	Date	14-May-2024

IMPRESSION:

- ↓ Metabolic active subtle lytic lesions and marrow based lesions involving above mentioned skeletal sites – residual disease.
- ↓ Non FDG avid lytic lesions of above mentioned skeletal sites – post treatment sequale.
- ↓ No definite scan evidence of metabolic active disease elsewhere.

Compared to previous PET-CT scan dated 24/02/2024, interval resolution of FDG uptake in above mentioned skeletal lesions and interval reduction in rest of the visualized skeletal lesions. Overall scan findings are suggestive of partial response.

<https://childhelpinghand.org/>

Please correlate.

Dr AVINASH T.
DNB, DM
Consultant Nuclear Medicine





डॉ. 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
 बहिरंग रोगी विभाग/ Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है /SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit B38/amp
 विभाग/Dept. ND

IRCH No. _____

बरोवि० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	DR. B.R.A. IRCH/AIIMS, NEW DELHI	
IRCH No. 313877	Reg. Date-10/04/2024	
Clinic Paed Lymphoma Leukemia Clinic	Clinic No. 2024/21687	
Deptt. MEDICAL ONCOLOGY	General	
Barcode	UHID-107326784	
नाम हिमनशि हिमनशि	Arund Vikran	Sex/Age F/2Y
Name HIMANSHI	Jogboni	Room: 13 (Shift: Afternoon)
D/O- DIPAK KUMAR DAS	Phone No. 8114554815	
Address SIPAUL DIST VIDA, BIHAR, INDIA		

जन्म तिथि/ Date of Birth

LEH → Pinker pher

↓
 Excellet PR.

↓
 Maintence
 wed 16/5/24.

निदान/Diagnosis

दिनांक/Date

16/5/24.



Adv

ky Vinblastine 2mg IVP } 16/5/24 की मरी - 15
 ky Zofel 2mg IVP childhelpinghand.org
 Syrup Predone Forte. (15mg/5cc) 1 tsp OD x 5 days (16/5-20/5)
 T. Acuro. 100mg BD. (शुबह, शाम)
 Syrup Septran 1 1/2 tsp. - M, W, F

Followup टो चेकअप/CA. 5/6/2024.

5/6/24.

ky Vinblastine 2mg IV push - 5/6 (की मरी)
 Syrup Pred Forte (15mg/5cc) (फ्रेश एंटी)
 1 tsp OD x 5 days (5/6-9/6)
 Continue Septran/Acuro की मरी



Dr. SHIVAM BANSAL
 Senior Resident
 Pediatric Oncology
 AIIMS, New Delhi



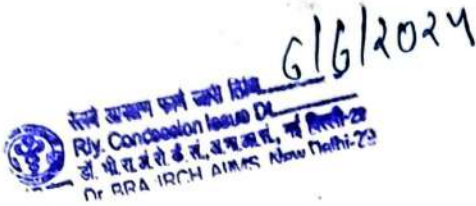
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Syrup Lanzol Junior. - equivalent of 15mg OD x 1 week
 फ्रेश एंटी 2-3 बार प्रतिदिन तक

Flu 26/6/24 CBC

Railway
Pan
a



Date
26/06/2024

ORS as much as possible (2x/day)
sup zinc 5ml once daily (1 packet)

Railway
Pan
a

F/Non 1/07/2024 CBC repan

<https://childhelpinghand.org/>

wt. 9.8 kg

iv-vinblastine 6mg ivp

1/07
22/07

Date
1/07/2024

सं. (24/2) 1A



19/08
9/09

ashwatiaims@gmail.com

sup predon forte (500) (5mg/sml)
ITSF once daily (2xk 112)
0.1-0.5 after food after each
along with each cycle of vinblastine
continue septran and acum (1000 mg)

fw on
25/7/24

F/Non 30/09/2024 CBC, AFP, ~~AFP~~ CFT
repan





डॉ. बी. आर. अम्बेडकर संस्थान
Dr. B.R. Ambedkar
अ.भा.आ.सं
बहिरंग रोग

अस्पताल के अन्दर घूमपान क

DR. B.R.A. IIC/IAHMS, NEW DELHI

IRCH No. 313877
Clinic Paediatric Medical Oncology Clinic
Dept. MEDICAL ONCOLOGY
General

Reg. Date-01/07/2024
Clinic No. 7322/2024



UHID-107326784

OPR-6

एकक/Unit MO
विभाग/Dept. PASO/OP

नाम हिमन्शि हिमन्शि
Name HIMANSHI
D/O- DIPAK KUMAR DAS
Phone No. 8114554815
Address SIPAUL DIST VIDA, BIHAR, INDIA

Sex/Age F/2Y
Room Board Room (Shift Afternoon)

Birth

नाम/Name

Himanshi

पित
F/

F/2

निदान/Diagnosis

LCIT maintenance

दिनांक/Date

उपचार/Treatment

date →

~~22/07/2024~~
~~22/7/24~~

sq: Vinblastine 2mg IVP (रकम-15)

sq: zoher 2mg IVP

Syp Prodon fame (15mg/5ml / 1tsf OP)
<https://childhelpinghand.org/>
(रकम 0.2) 22/07 - 26/07/24

tab Acim 100mg BP (को रकम)
(Pancor) सोम (कुल) 0.25
Syp septran 1tsf M/W/Hi!

sq 12/08/2024 ECBC RFT

Referred to CDER
for needed

referred

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

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बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/ Dharamshala facility is available for outstation patients

12/8/24

12/8 CT

Inj. Vinblastine 2.5mg IVP

Inj. Zofen 2mg IVP

21g (कम 1-15)
23g
14/10

Syr. Predone forte 1 tab OD d1-5

(फंकार सिन नॉ) 4/2)

wt-103kg

Syr. LANZOL-Jen 1 TD d1-5

(फंकार सिन नॉ) 2/2)

Cort. Septoran Meivon (वै A)

<https://childhelpinghand.org/>

Fu with CBC + LFT/RFJ + PET-CT on 25/11/24

Railway par

Saineebabu

12/8/24
रेलवे आरक्षण कागज जारी तिथि
Rly. Concession Issue Dt. _____
सं. पी. रा. ज. रों के सं. प्र. भा. आ. सं. नई दिल्ली-28
Dr. BRA, IRCH, AIIMS, New Delhi-28

25/11/24

Rpt. above on 6/12, 6/11, 27/11, 10/2

CT 25/11, 3/3

24/3

25/11/24
रेलवे आरक्षण कागज जारी तिथि
Rly. Concession Issue Dt. _____
सं. पी. रा. ज. रों के सं. प्र. भा. आ. सं. नई दिल्ली-28
Dr. BRA, IRCH, AIIMS, New Delhi-28

wt-90cm
wt-11.3kg

Fu with CBC + LFT/RFJ + PET-CT on 1/5/2025

Saineebabu



MOLECULAR

IMAGING & THERAPY

where technology meets patient care
A unit of Vitrona Healthcare LLP



Accession No. : 16249198
Patient ID : P16100004764
Patient Name : Baby HIMANSHI DAS
Client Name :
Ref. By : AIIMS NEW DELHI

Registration Date : 23/11/2024 09:10:02
Sex / Age : Female 3 Yrs
Report Released on : 25/11/2024 09:48:20
Aadhar/ Passport No :

Diffuse ground glass haziness noted in bilateral lungs. Both lung fields otherwise appear unremarkable. No focal abnormal FDG uptake is noted in the lung parenchyma.

No obvious pleural thickening / effusion seen.

No significant FDG avid mediastinal lymph nodes.

Abdomen and Pelvis: -

Liver measures ~8.3 cm in craniocaudal axis. Liver parenchyma is normal in attenuation values and enhancement pattern. No significant focal lesion / abnormal increased FDG uptake is seen. No evidence of IHBRD noted.

Spleen measures ~6.4 cm craniocaudal axis. Gallbladder, pancreas, spleen, adrenals glands and bilateral kidneys appear unremarkable. (USG is the modality of choice to evaluate for cholelithiasis/choledocholithiasis).

No significant FDG avid abdominal lymphadenopathy noted.

There is no ascites.

The stomach, small and large bowel loops appear normal in calibre and fold pattern and show physiological FDG distribution.

Uterus and bilateral adnexae appear unremarkable (USG is the modality of choice for pelvic organs evaluation).

Musculoskeletal: -

FDG avid and non-avid focal lytic/lytic-sclerotic lesions noted involving bilateral frontal (L: SUVmax: 6.8) and parietal bones.

Faintly FDG avid lytic/lytic-sclerotic lesions noted in bilateral femora (R: SUV max: 2.1).

Multiple non FDG avid focal lytic/lytic-sclerotic lesions noted involving left mandible, sternum, multiple vertebrae, bilateral iliac bones, left acetabulum and sacral regions.

Partial collapse of C4, D3, D5 and D9 vertebral bodies noted.

No obvious increased FDG uptake is seen in relation to bone marrow of visualized skeleton.



MOLECULAR

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Accession No.	16249198	Registration Date	: 23/11/2024 09:10:02
Patient ID	P16100004764	Sex / Age	: Female 3 Yrs
Patient Name :	Baby HIMANSHI DAS	Report Released on	: 25/11/2024 09:48:20
Client Name :		Aadhar/ Passport No	:
Ref. By	: AIIMS NEW DELHI		

DIGITAL WHOLE BODY PET CT

Clinical History: Patient is a case of LCH. Post 15 cycles of chemotherapy (last on 10.11.2024). PET/CT study for restaging. Previous PET/CT scan dated 14.05.2024 is available for comparison.

Procedure: 3.2 mCi of ¹⁸F-FDG (Fluorodeoxyglucose) was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. Imaging was performed on an integrated 80-slice PET/CT scanner (UMI 550). CT images for attenuation correction and anatomic localization followed by PET images from vertex to toes were obtained. SUVmax was normalized to body weight SUVmax bw. Serum Creatinine and blood glucose was 0.41 mg/dL and 98 mg/dL respectively. Intravenous contrast was not administered.

Observations:

Brain: -

Normal physiological radiotracer distribution in the brain parenchyma. No focal lesion or abnormal FDG uptake noted in the brain.

NOTE: If there is a strong suspicion for brain metastases / lesion, then MRI is suggested for further evaluation, as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain).

Head and Neck: -

Increased FDG uptake is seen involving bilateral tonsillar fossa regions and posterior nasopharyngeal wall - likely inflammatory.

Oropharynx, hypopharynx and larynx appear unremarkable with no significant abnormal FDG uptake in relation to them.

Thyroid gland appears unremarkable with no focal abnormal FDG uptake.

FDG avid small bilateral cervical level II lymph nodes noted (R ~1.2 x 0.8 cm, SUV max: 4.7) - Likely reactive.

No other significant FDG avid cervical and supraclavicular lymphadenopathy.

Thorax: -

The trachea and main bronchi appear normal.

Diffuse FDG uptake noted in the soft tissue in the anterior mediastinum - Likely physiological thymus uptake.



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Accession No. : 16249198
Patient ID : P16100004764
Patient Name : Baby HIMANSHI DAS
Client Name :
Ref. By : AIIMS NEW DELHI

Registration Date : 23/11/2024 09:10:02
Sex / Age : Female 3 Yrs
Report Released on : 25/11/2024 09:48:20
Aadhar/ Passport No :

OPINION:

PET-CT study reveals:-

- Metabolically active and inactive focal lytic / lytic sclerotic skeletal lesions, as described - residual disease.
- No other significant metabolically active lesion in rest of the body surveyed.

As compared to previous PET/CT scan dated 14.05.2024, there is:


- Significant decrease in metabolic activity in relation to previously seen skeletal sites, many showing metabolic resolution with appearance of sclerotic changes.
- Appearance of new lytic lesions in skull bones.
- No significant interval changes in rest of the scan findings.

<https://childhelpinghand.org/>

Clinical correlation is advised.

*This report is not valid for medico-legal purpose.
In case of any discrepancy due to machine error or typing error, please get it rectified.
Kindly bring all previous reports and PET-CT CD for follow up PET-CT scans.*

*** End of Report ***


Dr Ajiv Mishra
MBBS MD (Nuclear Medicine)
Consultant Nuclear Medicine
DMC/R/21180

Dr S Ramya
MBBS MD (Nuclear Medicine)
Consultant Nuclear Medicine
DMC Reg No 69751

Dr. Nikunj Jain
DRM, DNB, FEBNM,
FANMB, Dip. CBNC.
Sr. Consultant & Director
Molecular Imaging



Dr. Piyush MRI & Diagnostic Centre

Plot No. 237, Ground Floor, Near Pipal Chowk, Niti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh - 201014
Mob.: 9220444706, 9873549834 • Tele.: 0120 438 7951 • Email : drpiyushpetct@gmail.com

Patient Name	: HIMANSHI	UHID	: 125663
Sex / Age	: F/2Y	Report Date/Time	: <u>29-04-2025</u>
Modality	: FDG WB PET CT	Ref. Phys.	: AIIMS HOSPITAL

WHOLE BODY (18F-FDG) PET-NCCT SCAN

INDICATION FOR SCAN: Patient is a follow up case of LCH. Status post chemotherapy. PET CT scan is done for further evaluation. Previous PET CT scan dated 25th November 2024 is available for comparison.

ACQUISITION PROTOCOL:

Scanner: GE Discovery- IQ Gen 2 PET-CT	Radio-isotope: 18F-FDG, 60 minutes uptake period
Dose: 1.40 mCi was injected intravenously after 5-6 hrs fasting. Injecton to scan time- 60 minutes	Extent of Study: Brain and Skull base to mid-thigh https://childhelpinghand.org/
Semiquantitative analysis of FDG uptake: SUV Value corrected for dose administered and patient body weight	Special acquisition: HRCT Chest (with Breath holding instruction)
Blood Glucose level: Normal mg/dl	Intervention: None.
Serum creatinine level: NA mg/dl	NCCT
Height: 88 cm	Weight: 12 kg

A wholebody CT was obtained for attenuation correction and coregistration. The PET images were reconstructed with IR algorithm and slices were reformatted into transaxial, coronal and sagittal views.

The overall biodistribution of FDG is within normal physiological limits.

BRAIN:

The brain parenchyma is unremarkable with normal FDG biodistribution. No significant focal lesion or abnormal focal FDG uptake noted.

(It may be kindly noted that all brain metastases may not be apparent on a PET CT scan and an MRI head may be performed where clinically indicated).

- Note: 1. Clinical Correlation is essential for final diagnosis.
2. If test results are unsatisfactory, please contact personally.
3. This report is for perusal of doctors only.
4. Not for medico legal cases.
5. All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.

PET STUDY : FDG WHOLE BODY PET SCAN • PSMA PET SCAN • DOPA PET SCAN • DOTA NOC PET SCAN
IMAGING RADIOLOGY : DIGITAL MRI • MULTISLICE CT SCAN • CBCT • 3D/4D ULTRASOUND • FETAL ECHO • COLOUR DOPPLER
• DIGITAL X-RAY • OPG • ECG • 2D ECHO • EEG • EMG • NCV • HOLTER MONITORING • PATH LAB



Dr. Piyush MRI & Diagnostic Centre

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Mob.: 9220444706, 9873549834 • Tele.: 0120 438 7951 • Email : drpiyushpetct@gmail.com

Patient Name	: HIMANSHI	UHID	: 125663
Sex / Age	: F/2Y	Report Date/Time	: 29-04-2025
Modality	: FDG WB PET CT	Ref. Phys.	: AIIMS HOSPITAL

OPINION: In this follow up case of LCH, post chemotherapy, PET CT scan findings are suggestive of few metabolically active and inactive lytic - sclerotic skeletal lesions as described above, likely residual mitotic disease. Suggested histopathological correlation.

As compared to previous PET CT scan dated 23 November 2024; few new FDG avid skeletal lesions noted.

The overall scan findings are suggestive of progressive disease.

Dr Nitin
M.B.B.S, DNB
Consultant Nuclear Medicine
DMC/R/8022

<https://childhelpinghand.org/>

This is a nuclear medicine physician imaging opinion and not the final diagnosis. It only helps in arriving at the diagnoses. All final diagnosis are taken in correlation with details of clinical and lab data. In case of discrepancy with imaging opinion, review of the same may be done with clinical correlation. This report is not valid for Medico-Legal-Purposes.

- Note: 1. Clinical Correlation is essential for final diagnosis.
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Mob.: 9220444706, 9873549834 • Tele.: 0120 438 7951 • Email : drpiyushpetct@gmail.com

Patient Name	: HIMANSHI	UHID	: 131987
Sex / Age	: F / 02Yrs	Report Date/Time	: 23-09-2025
Modality	: FDG WB PET CT	Ref. Phys.	: AIIMS HOSPITAL

WHOLE BODY (18F-FDG) PET-NCCT SCAN

INDICATION FOR SCAN: Patient is a follow up case of LCH. Status post chemotherapy. PET CT scan is done for further evaluation. Previous PET CT scan dated 29th April 2025 is available for comparison.

ACQUISITION PROTOCOL:

Scanner: GE Discovery- IQ Gen 2 PET-CT	Radio-isotope: 18F-FDG, 60 minutes uptake period
Dose: 2.8mCi was injected intravenously after 5-6 hrs fasting.	Extent of Study: Brain and Skull base to mid-thigh
Injecton to scan time- 60 minutes	Special acquisition: HRCT Chest (with Breath https://childhelpinghand.org/)
Semiquantitative analysis of FDG uptake: SUV Value corrected for dose and patient body weight	Intervention: None.
Blood Glucose level: 106mg/dl	NCCT
Serum creatinine level: 0.55mg/dl	Weight: 12Kg
Height: 98Cm	

A wholebody CT was obtained for attenuation correction and coregistration. The PET images were reconstructed with IR algorithm and slices were reformatted into transaxial, coronal and sagittal views.

The overall biodistribution of FDG is within normal physiological limits.

BRAIN:

The brain parenchyma is unremarkable with normal FDG biodistribution. No significant focal lesion or abnormal focal FDG uptake noted.

(It may be kindly noted that all brain metastases may not be apparent on a PET CT scan and an MRI head may be performed where clinically indicated).

- Note: 1. Clinical Correlation is essential for final diagnosis.
2. If test results are unsatisfactory, please contact personally.
3. This report is for perusal of doctors only.
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5. All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.

PET STUDY : FDG WHOLE BODY PET SCAN • PSMA PET SCAN • DOPA PET SCAN • DOTA NOC PET SCAN
IMAGING RADIOLOGY : DIGITAL MRI • MULTISLICE CT SCAN • CBCT • 3D/4D ULTRASOUND • FETAL ECHO • COLOUR DOPPLER
• DIGITAL X-RAY • OPG • ECG • 2D ECHO • EEG • EMG • NCV • HOLTER MONITORING • PATH LAB



Dr. Piyush MRI & Diagnostic Centre

Plot No. 237, Ground Floor, Near Pipal Chowk, NRI Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh - 201014
Mob.: 9220444706, 9873549834 • Tele.: 0120 438 7951 • Email : drpiyushpetct@gmail.com

Patient Name	: HIMANSHI	UHID	: 131987
Sex / Age	: F / 02Yrs	Report Date/Time	: 23-09-2025
Modality	: FDG WB PET CT	Ref. Phys.	: AIIMS HOSPITAL

BONES:

Few FDG avid lytic sclerotic lesions are noted in left fifth rib laterally (SUVmax 2.7), sternum, few dorso-lumbar vertebrae (D2, L2, L3 and L4 vertebrae) bilateral iliac bones (SUVmax 3.8), left acetabulum (SUVmax 4.8) and bilateral proximal femori.

Mild inhomogeneous FDG uptake is noted in rest of the axial and proximal appendicular skeletal system.

Few non-FDG avid lytic - sclerotic lesions are noted in skull bones, left mandible, sternum, multiple vertebrae, bilateral pelvic bones.

Opinion: In this follow up case of LCH, post chemotherapy, PET CT scan findings are suggestive of few metabolically active and inactive lytic - sclerotic skeletal lesions as described above, likely mitotic disease. Suggested histopathological correlation.

As compared to previous PET CT scan dated 29th April 2025; few new FDG avid skeletal lesions are noted.

The overall scan findings are suggestive of progressive disease.

Dr Nitin
M.B.B.S, DNB

Consultant Nuclear Medicine

This is a nuclear medicine physician imaging opinion and not the final diagnosis. It only helps in arriving at the diagnoses. All final diagnosis are taken in correlation with details of clinical and lab data. In case of discrepancy with imaging opinion, review of the same may be done with clinical correlation. This report is not valid for Medico-Legal-Purposes.

- Note:
1. Clinical Correlation is essential for final diagnosis.
 2. If test results are unsatisfactory, please contact personally.
 3. This report is for perusal of doctors only.
 4. Not for medico legal cases.
 5. All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.

PET STUDY : FDG WHOLE BODY PET SCAN • PSMA PET SCAN • DOPA PET SCAN • DOTA NOC PET SCAN
IMAGING RADIOLOGY : DIGITAL MRI • MULTISLICE CT SCAN • CBCT • 3D/4D ULTRASOUND • FETAL ECHO • COLOUR DOPPLER
• DIGITAL X-RAY • OPG • ECG • 2D ECHO • EEG • EMG • NCV • HOLTER MONITORING • PATH LAB



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Patient ID	1000004990	Patient Name	HIMANI DAS 3Y/F
Study Date	27-Sep-2025	Age / Sex	3 Years / F
Ref. Physician	DR. ER	Reported Date	27-Sep-2025

MRI BOTH HIPS

High resolution scanning of the pelvis was performed on MR scanner to obtain the following sequences: SPIR T2W sequence in coronal, sagittal & axial planes. SE T1W sequence in coronal plane. Balanced TFE sequence in the coronal plane.

Findings:

Follow up case of langerhans cell histiocytosis.

Large area of STIR hyperintensity is seen involving left ilium and ischium bones suggestive of diffuse marrow edema.

Focal area of irregularly marginated lesion appears hyperintense in T1W images and isointense on T2W images involving postero-inferior aspect of left acetabulum suggestive of osteonecrosis.

Another focal area of STIR hyperintensity is seen involving anterior aspect of proximal left humeral neck suggestive of marrow edema.

A focal rounded lesion of size 4 mm is seen in right proximal femoral diaphysis with surrounding STIR hyperintensity.

The sacroiliac joint margins appear smooth and regular.

No effusion in bilateral SI joints.

The urinary bladder is normally distended and normal in wall thickness.

No lymphadenopathy in bilateral external iliac regions.

No free fluid is seen in the pelvis.

IMPRESSION: In this follow up case of Langerhan's cell histiocytosis MRI findings reveal area of osteonecrosis involving posteroinferior aspect of left acetabulum. Diffuse marrow edema in left ileum and ischium bones. Small focal marrow edema in anterior aspect of left proximal femoral neck. Another focal lesion in right proximal femoral diaphysis (4 mm).

Advise: Clinical correlation & follow-up.

Note: In case of any error due to typing, please get it rectified immediately.

Patient ID	1000004990	Patient Name	HIMANI DAS 3Y/F
Study Date	27-Sep-2025	Age / Sex	3 Years / F
Ref. Physician	DR. ER	Reported Date	27-Sep-2025

Manjul Jain
Dr Manjul Jain MD
Senior Consultant Radiology

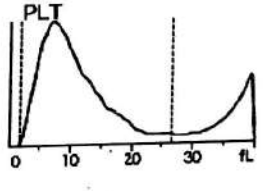
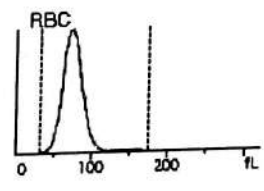
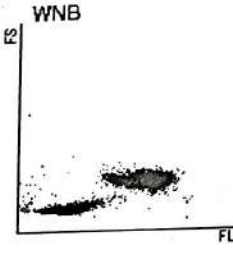
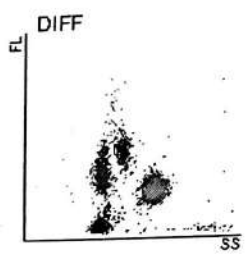
Hematology Analysis Report

First Name: **HIMANSHI**
 Gender: **Female**
 Department: **AL-WB-CD**
 Mode: **FW-25002239**
 Serial No.: **FW-25002239**
 Diagnosis:

Last Name:
 Age: **2Year(s)**
 Bed No.:
 Date of Birth:

Sample ID: **E.105**
 Patient ID: **107326784**
 Date of Analysis: **19-12-2025 15:35**
 Ward:
 Tube Pos.: **I-I**

Para.	Result	Unit	Ref. Ranges	Flag
1 WBC	5.76	10 ⁹ /L	4.00 - 12.00	Iron Deficiency?
2 Neu#	4.21	10 ⁹ /L	2.00 - 8.00	
3 Lym#	1.15	10 ⁹ /L	0.80 - 7.00	
4 Mon#	0.39	10 ⁹ /L	0.12 - 1.20	
5 Eos#	0.00	10 ⁹ /L	0.02 - 0.80	
6 Bas#	0.01	10 ⁹ /L	0.00 - 0.10	
7 IMG#	0.02	10 ⁹ /L	0.00 - 999.99	
8 Neu%	73.2	%	50.0 - 70.0	
9 Lym%	20.0	%	20.0 - 60.0	
10 Mon%	6.7	%	3.0 - 12.0	
11 Eos%	0.0	%	0.5 - 5.0	
12 Bas%	0.1	%	0.0 - 1.0	
13 IMG%	0.3	%	0.0 - 100.0	
14 RBC	5.06	10 ¹² /L	3.50 - 5.20	
15 HGB	10.5	g/dL	12.0 - 16.0	
16 HCT	35.9	%	35.0 - 49.0	
17 MCV	70.9	fL	80.0 - 100.0	
18 MCH	20.7	pg	27.0 - 34.0	
19 MCHC	292	g/L	310 - 370	
20 RDW-CV	17.4	%	11.0 - 16.0	
21 RDW-SD	46.1	fL	35.0 - 56.0	
22 PLT	297	10 ⁹ /L	150 - 450	
23 MPV	10.2	fL	9.5 - 12.0	
24 PDW	15.7	fL	15.0 - 17.0	
25 PCT	0.301	%	0.108 - 0.282	
26 P-LCC	88	10 ⁹ /L	30 - 90	
27 P-LCR	29.5	%	11.0 - 45.0	
28 NRBC#	0.000	10 ⁹ /L		
29 NRBC%	0.00	/100WBC		
* 30 HFC#	0.02	10 ⁹ /L		



Delivered by:
 Order Time:
 Comments:
 [The analysis results only answer to the corresponding sample]

Operated by: User
 Draw Time:

Validated by:
 Time of Printing: 19-12-2025 15:35

*For research use only, not for diagnostic use.

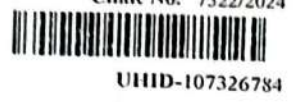


डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.स. अस्पताल/A.I.I.M.S. HOSPITAL
 बहिरुंग रोगी विभाग/Out Patient Department
 अस्पताल के अन्दर धुप्रपान मना है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

IRCH No. _____

DR. B.R.A. IRCH/AIIMS, NEW DELHI
 RCH No. 313877
 Clinic Paediatric Medical Oncology Clinic
 Deptt. MEDICAL ONCOLOGY
 General
 नाम हिमनशि हिमनशि
 Name HIMANSHI
 M/O- DIPAK KUMAR DAS
 Phone No. 8114554815
 Address SIPAUL DIST VIDA, BIHAR, INDIA



UHID-107326784

Sex/Age F/2Y

Room Board Room (Shift Afternoon)

Jaysh

व०रो०वि० पंजीकृत सं०	LH21022600074	107326784
लिंग Sex	उम्र Age	
107326784		
उपचार/Treatment LCH + MS		



HIMANSHI HIMANSHI

1/5/25

details in file.

Advice:

Planned for observation
<https://childhelpinghand.org/>

- RW on 25/9/25 to PET scan

Ht- 92cm
 Wt- 12.4kg
 Rainbow Pan
 25/9/25

Ortho review - biopsy from acetabular lesion to confirm relapse (Prof Shah Alam Khan / Dr Venkate)

Pediatric endocrine review to evaluate for diabetes insipidus - 2nd floor New RAK

Jaysh

Flu 30/10/25 to call for

Ht- 95cm
 Wt- 13.1kg



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

30/10/25

Proceed to Bx-4/11

pedo endo review for final opinion regarding DI

wt-12.7kg

Ht-95cm

Flu 18/11/25 to 23/11/25

30/12/25 Bx report

23/12/26

CBCL/LFA/KFT PET-CT

रेलवे आरक्षण पर जारी लिखि
Rly. Concessio
जं. भी.रा.अ.स.से.कें.अ.अ.ना.अ.व., नई दिल्ली-29.
Dr. B. R. A. I. R. C. H. AIIMS, New Delhi-29

MINA SASI
MBBS, MD, DM
Project Research Scientist-3
Department of Medical Oncology
All India Institute of Medical Sciences
New Delhi

18/3
17/3
18/3

Railway concession

17/12/25
C. H. AIIMS, New Delhi-29

patient can take 2 doses from 1 trial of doxorubicin 3mg/kg + 3mg/kg - spaced by 12hrs take one dose in evening, next in following morning

<https://childhelpinghand.org/>

(new bone crisis of PET-CT)

17/12
Railway
Pay

Ht-98cm
Wt-13.6kg
BSA=0.61m²

Plan: Nilw or SB Sm²

Take date from daycare (Daycare)

1) Premid
1 inj. EMSEET 2mg IV
1 inj. DEXA 2mg IV

2) 1 inj. CLADRIBINE 3mg/100ml
DI-DS

3) Symp. EMSEET (2mg/sml) sml
Tab DEXA 4mg 1/2 BD
Tab ACVIR 400mg 1/2 TDS (M/W/F)
4) Symp SEPTRAN (40mg/sml) sml (M/W/F)

रेलवे आरक्षण पर जारी लिखि
Rly. Concessio
जं. भी.रा.अ.स.से.कें.अ.अ.ना.अ.व., नई दिल्ली-29.
Dr. B. R. A. I. R. C. H. AIIMS, New Delhi-29

AIIMS FREE GENERIC PHARMAS
(V) MEDICINE RECEIVED

NAME: /18/3/26

107326784
107326784
NSHIHIM...
Crematin 15ml HS.
Concentrator

2 doses from trial of... CBCL/LFA/KFT - 23/3/2026



YASHODA MEDICITY

NAME: BABY HIMANSHI DAS	UHID: 1000004990	AGE/SEX: 04yrs/F
REF. BY: RMO	YINM: PET/FDG/271/26	DATE: 20/02/2026

Whole Body (¹⁸F-FDG) PET-CT Scan

Brief clinical history: Case of LCH, previous PET-CT (23/09/25)- revealed few metabolic active and inactive lytic sclerotic skeletal lesions – likely mitotic disease. For current disease status evaluation.

Procedure: Approximately 60 minutes after intravenous administration of appx. 2.4 mCi of [¹⁸F] 2-fluoro-2-deoxy-D-glucose (¹⁸F-FDG), non-contrast CT was obtained in a whole body PET-CT scanner from the vertex to toes. Whole body FDG PET emission scans were acquired over the same anatomical regions. Blood glucose level at the time of FDG injection was 89 mg/dl.

Comparison: Previous PET-CT scan dated 23/09/2025

Observations:

Head and neck:

Normal physiological tracer distribution is noted in the supra and infra tentorial brain parenchyma. <https://childhelpinghand.org/>

(Note: All brain metastases may not be apparent on a PET-CT scan and an MRI may be performed where clinically indicated).

Normal physiologic FDG uptake is seen in the ocular muscles.

Salivary glands demonstrate normal metabolic activity.

Diffuse FDG avidity (SUVmax 11.5 vs 7.5) is noted along nasopharyngeal and bilateral tonsillar region (mild interval increase in FDG avidity)- likely inflammatory

Thyroid gland appears unremarkable with no demonstrable abnormal FDG uptake.

FDG avid (SUVmax - 2.7 vs 1.7 bilateral cervical level II and V lymph nodes are noted, largest measuring 11 x 10 mm (AP x TR) (mild interval increase in size and FDG avidity)- likely reactive.

Thorax:

Note is made of physiological FDG avidity (SUVmax 3.6) in thymus region.

Normal physiological FDG uptake is seen in the myocardium.

Trachea and the main bronchi appear unremarkable.

No evidence of any pleural or pericardial effusions seen.

Non-FDG avid few small fibrotic opacities are noted in right lung – benign.

NAME: BABY HIMANSHI DAS	UHID: 1000004990	AGE/SEX: 04yrs/F
REF. BY: RMO	YINM: PET/FDG/271/26	DATE: 20/02/2026

No obvious pulmonary nodules noted.

No focal lesion or abnormal FDG uptake is noted in the pleura.

No significantly enlarged or hypermetabolic mediastinal lymphadenopathy is noted.

Few non FDG avid bilateral axillary lymph nodes are noted.

Abdomen and pelvis:

No evidence of ascites or free fluid seen.

Stomach, small bowel & large bowel loops appear unremarkable and reveal normal physiologic FDG uptake.

Liver appears normal in size and reveals fairly homogeneous parenchyma with normal physiologic FDG uptake.

Spleen appears normal in size and reveals fairly homogeneous parenchyma with normal physiologic FDG uptake.

Gall bladder appears fairly well distended with no demonstrable abnormal uptake.

Pancreas reveals no demonstrable abnormal FDG uptake.

Bilateral adrenal glands appear unremarkable with no abnormal FDG uptake.

Kidneys, ureters and the urinary bladder are visualized as per normal clearance of the radiotracer.

Bilateral kidneys appear normal in size with normal physiologic FDG uptake.

No significantly enlarged or hypermetabolic abdominal, retroperitoneal, pelvic or inguinal lymphadenopathy is noted.

Urinary bladder is not well distended.

Pelvic viscera appear unremarkable with no demonstrable hyper metabolic or FDG avid lesion/s.

Musculoskeletal system:

FDG avid (SUVmax- 5.9) osteolytic lesions are noted at the following sites (appearance of new lesions)-

- ✓ Skull (left high parietal bone) (SUVmax 5.9),
- ✓ C5 vertebra (spinous process) (SUVmax 3.7)
- ✓ L5 vertebra (right lateral elements) (SUVmax 5.8),
- ✓ Left acetabulum (SUVmax 4.8),
- ✓ Right iliac blade (SUVmax 2.6),



YASHODA MEDICITY

NAME: BABY HIMANSHI DAS	UHID: 1000004990	AGE/SEX: 04yrs/F
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- Left mid femoral shaft,
- Right 7th rib anteriorly and posteriorly (SUVmax 2.7).

Also, non-FDG avid osteosclerotic-lytic lesions are noted at the following sites (interval resolution of FDG avidity- likely healed lesions):

- Few other cervico-dorso-lumbar vertebrae (with partial collapse of C4, D5 & D9 vertebral bodies),
- Sternum,
- Bilateral pelvic bones,
- Bilateral proximal femora and
- Left 5th rib laterally

Normal physiologic tracer distribution / FDG uptake is noted in the muscles under view.

Impression: Scan findings reveal:

- Metabolic active skeletal lesions as described - neoplastic disease.
- Metabolic inactive skeletal lesions as described - likely metabolically resolved/healed lesions
- No definite evidence of metabolic active neoplastic disease in rest of the body.
- As compared to previous scan dated 23/09/2025; there is appearance of new skeletal lesions suggestive of disease progression.

Advised interval follow up.

Please correlate clinically & with other relevant investigations also.

Dr. Barkha Pal
MBBS, DNB (Nuclear Medicine)
Associate Consultant

~~Dr. Varun Singh~~
~~MD (AIIMS), FANMB~~
Senior Consultant & Head, Nuclear Medicine



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

सर्वोपर्यायं सर्वं धर्मशास्त्रम्

बहिर
अस्पताल के अन्दर

DR. B.R.A. IICHLA/IMS, NEW DELHI

IRCH No. 313877

Reg. Date-30/10/2025

Clinic Paediatric Medical Oncology Clinic

Clinic No. 7322/2024

Deptt. MEDICAL ONCOLOGY
General



UHID-107326784

एकक/Unit Dr. SC/Dr. P

विभाग/Dept. MD

नाम/ Name

पिता

नाम हिमनषि हिमनषि

Name HIMANSHI

D/O- DIPAK KUMAR DAS

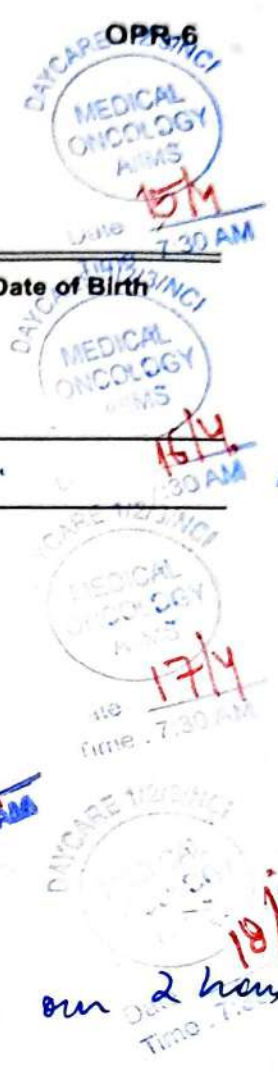
Phone No. 8114554815

Address SIPAUL DIST VIDA, BIHAR, INDIA

Sex/Age F/3Y

Room 6 (Shift Afternoon)

/ Date of Birth



निदान/ Diagnosis

Reactivation of LCH - NS-LCH.

दिनांक/ Date

उपचार/ Treatment

23/3/2026

For CH 2 - Cladribine

wt = ~~12.6~~ 13.6 kg

Ht 98 cm

ASA = 0.6/1/2

Premed:

<https://childhelpinghand.org/>

1 inj. ONEST 1 mg
1 inj. DEXA 2mg ivp

1 inj. CLADRIBINE 3mg / 100ml NS over 2 hrs

DI-DS.

7 tabs DEXA 4mg $\frac{1}{2}$ bd (20/2)

7 tabs LANVOCOR 15mg od (10/2)

Supp ONEST (1mg/5ml) 5me $\frac{705}{(30/2)}$

continue Septican / Avira (1/2)

R/v 23/4/2026 c. 10:00 AM

To take date for 13/4/2026

(Durgalax)

5 days

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





भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No. : 1221/10612/00249

16/12/2014

To
Parwati Kumari Das
पार्वती कुमारी दास
D/O: Gopal Lal Das
Nathbari
Balua Bazar, Supaul
Bihar - 854339
7033798233



KH107972547FT

<https://childhelpinghand.org/>



आपका आधार क्रमांक / Your Aadhaar No. :

4759 0310 1748

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India

पार्वती कुमारी दास
Parwati Kumari Das

जन्म तिथि / DOB: 01/01/1997

महिला / Female

4759 0310 1748



आधार - आम आदमी का अधिकार