





Accession No. 1625596
Patient ID P16100014303
Patient Name : Baby KHUSHI
Client Name : CANKIDS
Ref. By : Mr. CANKIDS

Registration Date : 14/04/2025 10:25:38
Sex / Age : Female 3 Yrs
Report Released on : 14/04/2025 14:52:19
Aadhar/ Passport No :

humerus.

No abnormal FDG uptake noted in rest of axial and visualized appendicular skeleton.

OPINION:

PET-CT study reveals: -

- Metabolically active large irregular heterogeneously enhancing soft tissue density mass lesion in right gluteal and right proximal thigh region, right side of pelvic cavity causing lytic erosion of right iliac bone, acetabulum, pubic rami and ischium and infiltration of adjoining muscles with extensions as described above - Primary Neoplastic Lesion.
- Metabolically active lytic / sclerotic lesions in D3, D11 vertebrae and proximal right humerus - Likely Metastatic.
- Minimal metabolically active prominent right external iliac lymphnode - ? Metastatic.
- Diffuse increased metabolic activity in the cardia and body of stomach with metabolically active subcentimeteric gastrohepatic and perigastric lymphnodes - ? Inflammatory. Suggested further evaluation.
- No evidence of any significant metabolically active lesion anywhere else in the body surveyed.

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



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DIGITAL WHOLE BODY PET CT

Clinical History: Case of Ewing sarcoma right side of pelvis. PET/CT study for disease status evaluation.

Procedure: 3.2 mCi of ^{18}F -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 mid-thigh were obtained. SUVmax was normalized to body weight *SUV max bw*. Serum Creatinine and blood glucose was 0.29 mg/dL and 96 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 radiotracer distribution noted 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: -

Bulky bilateral tonsils are noted with increased FDG uptake – likely inflammatory.

Physiological FDG uptake is noted in vocal cords.

Nasopharynx, 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.

No significant FDG avid cervical and supraclavicular lymphadenopathy.

Thorax: -

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

Both lung fields appear unremarkable. No focal abnormal FDG uptake is noted in the lung parenchyma.

No obvious pleural thickening / effusion seen.



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No significant FDG avid mediastinal lymph nodes.

Bilateral axillae appear largely unremarkable.

Abdomen and Pelvis: -

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

Spleen is normal in size with diffuse increased FDG uptake - likely reactive.

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

There is no ascites.

Diffuse increased FDG uptake noted in the cardia and body of stomach (SUV max: 3.1).

Few FDG avid subcentimeteric gastrohepatic (SUV max: 2.8) and perigastric lymphnodes are noted.

Minimal FDG avid prominent right external iliac lymphnode measuring 11x8mm is noted.

Physiological FDG uptake is noted in the small and large bowel loops.

Rest of the small and large bowel loops appear normal in calibre and fold pattern and show physiological FDG distribution.

Musculoskeletal: -

FDG avid large irregular heterogeneously enhancing soft tissue density mass lesion is noted in right gluteal and right proximal thigh region extending into right side of pelvic cavity, overall measuring 8.8x10.8x12.6cm, SUV max: 9.1. Focal calcifications are noted within the mass lesion. The lesion is causing lytic erosion of right iliac bone, acetabulum, pubic rami and ischium. Infiltration of adjoining right gluteus medius, minimus, right obturator muscles noted. The lesion is closely abutting the right thigh medial compartmental muscle, anorectum and urinary bladder. Displacement of bladder bowel loops noted to the left side. Infiltration of right ischioanal fossa noted by the lesion. Foley's catheter is noted in situ.

FDG avid lytic / sclerotic lesions are noted in D3, D11 (SUV max: 4.2) vertebrae and proximal right



V. K. DIAGNOSTIC LABORATORY

EQUIPPED WITH AUTO ANALYSER, HBAIC ANALYSER

ALL IMMUNOASSAY INVESTIGATIONS BY CLIA METHOD

Shop No. 2086/3 Near Dellite Cinema, Behind Asaf Ali Road, Petrol Pump, New Delhi-110002



ISO CERTIFIED
No. 1661/0001
Regd. 1801

Serial No. : 04 Date : 28/03/2025
Patient Name : Ms. KHUSHI
AGE/SEX : /FEMALE
Referred By. : L.H.M.C.HOSPITAL

TEST NAME	RESULT
-----------	--------

HBsAg
(Australian Antigen)

NEGATIVE

COMMENTS :- HbsAg is the first serological marker that circulates in the blood of infected persons even two to three weeks prior to the appearance of clinical symptoms. This test detects the presence of HbsAg in specimens at concentrations as low as 0.5 ng/ml. HbsAg is used as a marker to screen blood donors to reduce the risk of HEPATITIS 'B' infections by blood transfusion.

TRI - DOT HIV I & II

NON - REACTIVE.

COMMENTS :- This test is a qualitative, sandwich immunoassay for simultaneous and differential detection of total antibodies i.e. IgG, IgM, IgA etc to HIV-1 and HIV-2 virus in human serum /plasma. This is a screening procedure and its results should be confirmed by other supplemental methods before taking clinical decisions.

Anti H.C.V.
(Hepatitis C Virus)

NOT - DETECTED

COMMENTS :- Hepatitis C Virus (HCV) has been identified as the main aetiological agent of Non A- Non B hepatitis accounting for 80-90 % of parenterally transmitted hepatitis cases. HCV antibodies have been found in patients with acute or chronic forms of Hepatitis C and in many asymptomatic donors. Diagnosis of this infectious disease should not be based on results of this test alone, and a clinical correlation is essential for the same.

Dr. O.P. MIDHA
MB.B.S.MD(PATHOLOGIST.)

< ***** END OF THE RESULT ***** >

- Report is not for Medico Legal Case
- If Report do not co-relate clinically, Please referred the patient with fresh sample for repeat examn. free of cost

Mob.: 98913105
98687303

Lady Hardinge Medical College and Hospital and Smt. Sucheta Kriplani Hospital,
New Delhi
Department of Radiodiagnosis

Name: KHUSHI	Age/sex: 3Y/F	CR No: 20250051477
Date: 26.03.2025	Ref by: ORTHO-WARD	MRI No: 923/25 (centre1)
Complaints: C/O LUMP OVER RIGHT ISCHIAL TUBEROSITY		

CEMRI RIGHT HIP

**LIMITED SEQUENCES (EVEN AFTER MAXIMUM SEDATION,
BABY WAS IN MOTION AND EXCESSIVE CRYING)**

MRI performed on a 3 TESLA whole body MRI Scanner with 32 channel head coil. Sequences - Cor STIR, Axial T2, Axial T1FS and Post Contrast images.

FINDINGS:

- There is presence of an well-defined heterogeneously enhancing altered soft tissue signal intensity lesion seen arising from the right ischial tuberosity bone (ill-defined cortical margins with bone expansion) and involving adjacent parts of right inferior pubic ramus. Signal changes are also seen in right superior pubic ramus. A large extra-osseous soft tissue component appearing heterogeneously hyperintense on T2/STIR images and iso to hypointense on T1WI. It measures approximately 8.5 x 8 x 7 cm (CC x TR x AP). Few central non enhancing areas s/o necrosis are noted within the lesion. CT shows chondroid type of calcification within.

- ^{Extra osseous} Soft tissue component is seen ^{along} ~~up to~~ the right pelvic wall and extending into obturator foramen into the proximal thigh and displacing the adductor group of thigh muscles. It is also extending into the sciatic notch into the gluteal group of muscles ~~gluteus group of muscles~~ postero-laterally with STIR hyperintensities within. Medially, it is crossing the midline and displacing the neck of the bladder, urethra and rectum towards contralateral side. However, no obvious extension is seen. Neurovascular bundle not separately visualised in the sciatic foramen region- ?involved. There is partial encasement of the ~~common femoral~~ ^{internal} iliac vessels by the ~~lesion~~ ^{mass}, however no invasion is seen. The lesion is not involving the joint cavity. Hip joints are normal.
- Left femur shows normal marrow signal and morphology.

IMPRESSION: MRI hip reveals-

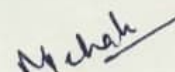
- o Well-defined heterogeneously enhancing soft tissue signal intensity lesion arising from the right ischial tuberosity bone with a large extra-osseous soft tissue component with extensions and chondroid matrix as described above - bony neoplastic etiology - ?chondrosarcoma-(more likely than ?Ewing's sarcoma) (Advised: histopathological correlation)

Please correlate clinically.



Consultant

DR. VIKAS YADAV



Dr. Mehak
Senior Resident

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL
NEW DELHI
DEPARTMENT OF RADIODIAGNOSIS

NAME: KHUSHI	AGE/SEX: 3Y/F	REGISTRATION NO: 51477
REFERRED BY: ORTHO UNIT A	CT NO: 2390/25 2	DATE: 13/03/25
CLINICAL DIAGNOSIS: LUMP OVER RIGHT ISCHIAL TUBEROSITY		

NCCT and CECT PELVIS

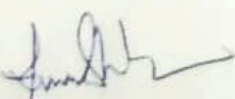
NON CONTRAST CT SCANNING OF THE PELVIS WAS OBTAINED FOLLOWED BY SCANNING OF THE PELVIS USING MDCT AFTER INTRAVENOUS CONTRAST. NO ADVERSE REACTIONS NOTED. THE SCANS REVEALED:

FINDINGS IN PELVIS

- There is presence of an ill defined lytic permeative expansile bony lesion of right ischium with associated large heterogeneously enhancing lobulated extraosseous soft tissue component. The lesion has wide zone of transition with cortical irregularity and destruction. The lesion shows large clumps of popcorn or ring and arcs type of calcification within consistent with chondroid matrix mineralization. No obvious periosteal reaction seen.
The large extraosseous soft tissue component measures approximately 6 x 7 x 7.5 cm (AP x Tr x CC). Few non enhancing hypodense areas s/o necrosis are noted within the lesion.
Anteriorly, the soft tissue component is seen infiltrating and displacing the adductor group of thigh muscles at their site of origin. The lesion is infiltrating into gluteus group of muscles posterolaterally. Medially, it is crossing the midline and displacing the neck of the bladder, urethra and rectum towards contralateral side. The lesion is seen surrounding the inferior right iliac blade, right pubic bone, right hip joint and proximal femur, however no obvious involvement or destruction of other bones seen.
- Rest of the pelvic bones appear grossly normal.
- Bilateral sacroiliac joints appear normal.
- Visualized lumbar vertebrae appear normal.
- No free fluid is seen in the pelvic cavity.

IMPRESSION: CECT PELVIS reveals : An ill defined lytic permeative expansile bony lesion of right ischium with associated large heterogeneously enhancing lobulated extraosseous soft tissue component showing chondroid matrix mineralization with extensions as described above.
Findings are s/o aggressive bony lesion likely chondrosarcoma.

Please correlate clinically


Consultant


Senior Resident - Dr PRIYA



PACU MONITORING CHART

NAME

Khandu

Age/Sex

UHID

DATE

SURGERY

Time

Symbol

Baseline Value

Pulse

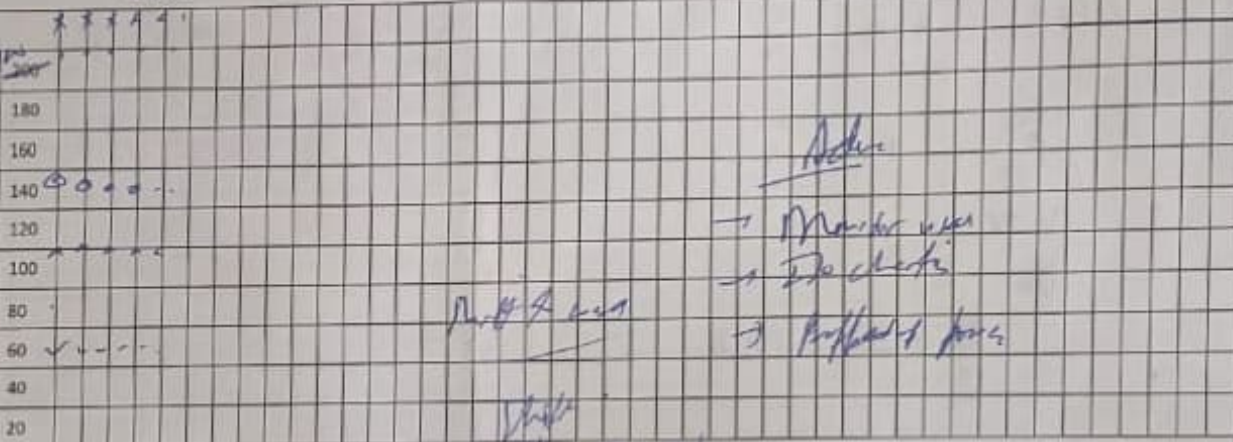
SBP mmHg

DBP mmHg

S_{PO}2 %

ETCO₂ mmHg

Temp °C



Modified Aldrette Score

VAS/NRS

Drugs

Analgesics IV/Regional

IV Fluids

IV Fluids

Minivul

Lumbar

Post-operative Status:

Pulse: 140/120

BP: 140/120

S_{PO}2: 98%

Temp: 37.5

Airway Reflexes: Present

Colour: Pink

R/R: 14/1

Chest: Clear

Emesis: No

In Situ: ETT/RT/CVP/ART/BLOCK CATHETER/OTHERS

MODIFIED ALDRETTE SCORE:

VAS/NRS:

PAIN MEASUREMENT SCALE



VAS

0

10

MODIFIED ALDRETTE SCORE

Respiration	1	2	3
Ability to take deep breath and cough	Depressed/Stridor/Noisy	Normal	
SPV	1	2	3
Spontaneous > 10% reduction in	Needs O ₂ inhalation to maintain O ₂ saturation > 95%	Spontaneous > 10% reduction in	Needs O ₂ inhalation to maintain O ₂ saturation > 95%
CONSCIOUSNESS	1	2	3
Awake	Responsive to calling	Not responding	
ORIENTATION	1	2	3
OR > 2/3 (person, place, time)	OR > 2/3 (person, place, time)	OR > 2/3 (person, place, time)	
ACTIVITY	1	2	3
Ability to move & walk independently or as command	Ability to move & walk independently or as command	Ability to move & walk independently or as command	
TOTAL SCORE			

Patient transfer/Recovery room/ICU/HDU/Post op ward

Post-operative instructions

Position: Supine

NPO till 24 hrs

Oxygen Device: Nasal cannula

IV Fluids/Blood: 100 ml 1/2 4/10 AM

Name of Anaesthesiologist

Signature

Signature

Name : Baby KHUSHI
Lab No. : 194355726
Ref By : Dr. KALAWATI SARAN CHILDREN HOSPITAL
Collected : 03/04/2025 4:19:00PM
A/c Status : P
Collected at : PSC LORDS FAVOUR
Shop No B-1, DDA Market, Mata Sundari
Road, Opposite -Ranj Singh Fly over, New
Delhi-110002.

Age : 3 Years
Gender : Female
Reported : 7/4/2025 11:49:22AM
Report Status : Final
Processed at : LPL-NATIONAL REFERENCE LAB
National Reference laboratory, Block E,
Sector 18, Rohini, New Delhi -110085

SURGICAL PATHOLOGY REPORT



121755

SPECIMEN : Right pelvi acetabular mass.

CLINICAL HISTORY : ? Ewing's Sarcoma

GROSS : Received already cut open grey brown soft tissue bits measuring
0.6 x 0.5 x 0.4 cm.

MICROSCOPY & IMPRESSION : Right pelvi acetabular mass : Section shows oval to round
hyperchromatic cells with crushing artefact.

ADVISED : IHC Z707 for definite categorization.

HISTOPATH NO : [LPLB/121755/25 : Entire tissue]

Dr Meenu Gaur

MD, Pathology
Associate Head - NRL

Dr Rajiv Tangri

MD, Pathology
Technical Director - Histopathology and
Cytopathology - NRL

Note: Case Reported By Dr Meenu Gaur

— End of report —

*Notes: 1. Slides / Blocks can be stored only on advice of the referring consultant after a maximum of 48 hours
2. Glass specimens will be retained only for a period of 1 month after the date of reporting
3. Contact histopathology department for any clarification*



Page 1 of 2



DEPARTMENT OF ANAESTHESIA

PRE-ANAESTHETIC RECORD

UHID: 2025005147

PAC No. 2939

Date

Patient Particulars

Name: Khushi

Age & Sex: 31 F

Ward/Bed No.:

Weight: 10 kg

Height:

BMI:

Surgery Unit:

Diagnosis: (2) glaucoma

Surgical Plan:

ALLERGY (C)

HBsAg/HCV

HIV

COVID 19

Surgery Unit: A

Airway Examination

1. Mouth Opening: 2-3 cm	5. MP Grade: (2)	9. Tongue size/Increased High arched palate: (2)
2. Teeth/Loose/Artificial denture /Edentulous/Prominent incisors: (2)	6. Neck: Normal/Short ROM: Full/Limited/None: (2)	10. Snoring: (2)
3. TM Joint: (2)	7. T-M Distance: (2)	11. Facial hair: (2)
4. Micrognathia/ULBT: (2)	8. Patency of nares: Mass/DNS: (2)	12. Obesity: (2)

General Physical Examination

Pulse Rate: 72 Blood Pressure: 110/70 SpO₂: 100 Temperature: 37.5 RR: 18 BHT: STOP BANG:

IVP: (2) Edema: - Pallor: - Cyanosis: - Jaundice: - Nutrition (Obese/Average/Malnourished):

RESPIRATORY SYSTEM

Asthma TB (2) Recent URI/Cough: dry/wet
 COPD Pneumonia Orthopnea
 Smoking Dyspnoea: I/II/III/IV Sleep apnoea

EXAMINATION FINDINGS & REMARKS

Resp. System: B/L A/C, clear

CVS System: S₁ S₂ (2)

Any Others:

(2) tubercular swelling x 1 month
a/w pain

CARDIOVASCULAR SYSTEM

Hypertension CHF Pace Maker
 Palpitations Intervention (Stent/CABG)
 CAD Exercise tolerance DOE
 Angina Anaemia PND

GASTROINTESTINAL SYSTEM

Alcohol intake Worms Diarrhoea
 Pain abdomen Bleeding P/R Variceal bleed
 Jaundice Gastric reflux Ascites
 N/V Gallbladder Ds Weight loss/gain

RENAL/ENDOCRINE

Renal insufficiency Diabetes mellitus Bleeding disorders
 UTI/Incontinence Thyroid Ds Chemotherapy
 Renal stones Pituitary disorder Radiation

NEURO/MUSCULOSKELETAL SYSTEM

OA/RA/Gout Head Injury /LOC Menstrual history
 Back problems Headache Blood transfusion
 Scoliosis/CVA/TIA
 Kyphosis Seizures

PREVIOUS ANESTHESIA/SURGERY/EVENTS

CT & GA

13/3/24

रोगी का नाम/Patient's Name	आयु/Age	लिंग/Gender	CR No.	एकक/Unit
Date :	Day of Hospital Stay			
Diagnosis				
Issues	<p>- CBL</p> <p>- ALL-9/CRP+TL</p> <p>- PET CT + fMRI (CT cuts, Cuts)</p> <p>Whole body</p> <p><i>Chak</i></p> <p><i>Signature</i></p>			
Examination Findings				
Treatment & Plan				

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
 License No. 982, Telephone No. 011 23408270
TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 3/4/15 Time _____ Routine/Urgent/Immediate (without crossmatch) (P) _____

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
NO. OF UNITS		10 PV				

Patient's Name KNUSHI Age/Sex 31 F Ward/Bed Ortho Ward

Hospital UHID No. 202 x 0074186 Father's/Husband's Name _____

Undertaking/Replacement Donor (Donor Card No.) _____

Doctor In-Charge Dr. Anil Kumar Name of Transfusing Doctor _____

Diagnosis / Indication for Transfusion (Specify) (R) Collected swelling & evaluation

Obstetric history (in female patients) _____

Patient's Hb 12.2 Platelet Count _____ PT _____ APTT _____

H/O Previous Transfusion: Yes / ☒ No, If Yes: _____

Date	No. of units transfused	Types of Components/ Whole Blood	ABO/Rh Group of units transfused	Adverse Reaction any

Special Comments of Transfusing Doctor, if any: _____

Please ensure that

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION.

Sample drawn by Dr. Gurnani Date 3/4/15 Sign & stamp of Medical Officer _____

Name & Designation of Medical Officer DMC - IIW4

Medical Registration No. _____ Contact No. 9870023456

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by _____ Date _____ Time _____

Patient's ABO Group & RhD _____ Antibody screen _____ Tested by _____ Sign _____

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issued by	
					Date	Time	Sign		Date	Time

Special Comments of BBO/Technician, if any _____

Patient Info

UID : 20250074188

Patient ID : 20251525295

Department : Obstetrics And Gynaecology AND

Name : Miss. KHUSHI (Female)

Age : 3 years 12 days

Unit : (Dr. AOK SUD)

Address : TAN MANDAN BHAGATPUR TANDA, MORADABAD, UTTAR PRADESH, INDIA

Patient Status : Visitor (Ortho Female Ward)

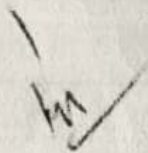
Labelled as Soft tissue with Bone (2686/25)

Features are suggestive of Ewing's sarcoma.

IHC (234/25)

CD99 - Positive

LCA - Negative



Dr. Kiran Agarwal / Dr. Sarada (SR)

HOD & Director Professor

9/04/2025

body p span u strong

Diagnosis :



भारत सरकार

Government of India

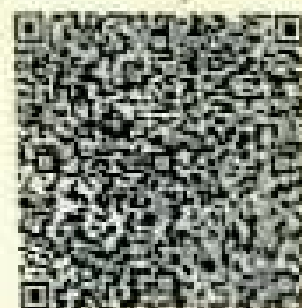


विनोद

Vinod

जन्म तिथि / DOB : 01/01/1996

पुरुष / Male



4469 3571 5145

आधार - आम आदमी का अधिकार



अद्वितीय पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आसुरा बराम, गांव ठा मदन,
पोस्ट उधमवाला, रोशनपुरा,
मुरादाबाद, भागलपुर तंडा, उत्तर
प्रदेश, 244402

Address:

S/O: Bairam, village tha madan,
post udhamawala, Roshanpura,
Moradabad, Bhagalpur Tanda,
Uttar Pradesh, 244402

4468 3571 5145



1000-200-1000



1000-200-1000



1000-200-1000



ABHISHIKHA TRUST

S. No. २१.....

Date: ...14/1/2021...

सेता में

श्रीमान दयद्वी महोदय जी

ABHISHIKHA Trust

G-3, Gali No. 7, Pusta

Sonia Vihar, Delhi - 110094

महोदय,

मेरा नाम विनोद है मेरी बच्ची का नाम कुशी
जिसकी आयु सिर्फ 3 साल है हम उत्तर प्रदेश
के रहने वाले अफ्ट दिल्ली में किराये के मकान
में रहते मेरी बच्ची को कैंसर बताया गया
6 महीनों से जांच करवा रहा था अब पता
चला कि कैंसर है कलावती अस्पताल में
भर्ति करवाया है हमारे पास इलाज कराने
के पैसे नहीं हैं। कृपया करके हमारी
मदद करें हम आपके बहुत अशारी होंगे।

धन्यवाद



Office Address : G-3, Gali No. 7, Pusta, Sonia Vihar, Delhi-110094

Website : www.abhishikha.org E-mail ID : info@abhishikha.org

Contact No. : 9958524587