

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



¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: YUVRAJ		Age/Sex: 11M/M
Study ID: FDGN/25678/22	UHID: 100000005	Date: 03.05.2022

Indication: Neuroblastoma : post CT

Procedure: PET-CT acquisition was done 60 minutes after injection of 10 mCi ¹⁸F-FDG by intravenous route, from the level of orbita to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck: Increased tracer uptake noted in bilateral parotid glands with few sub-centimetric bilateral level II & III cervical lymph nodes with faint FDG uptake - infective. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.


Thorax: Few sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum. Non tracer avid subcentimetric nodule is noted in left lung lower lobe superior segment-infective. Physiological FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Lungs, large airways, pleura, heart, great vessels and other mediastinal structures appear normal on CT.


Abdomen-Pelvis: Large well defined lobulated soft tissue mass is noted in left suprarenal location with specks of calcification within measuring 11 x 10 x 10 cm with heterogeneous tracer uptake with areas of necrosis. Mass is crossing the midline displacing the kidney inferolaterally. Few sub-centimetric bilateral inguinal lymph nodes noted with preserved fatty hilum. Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder. Liver, biliary ducts, gall bladder, spleen, kidneys, stomach, adrenals, pancreas, small intestine, bowel and urinary bladder appear normal on CT. No osseous metastases are seen.

Musculo-Skeletal System: Physiological FDG distribution is seen in the visualized axial and appendicular skeleton.

IMPRESSION:

- Metabolically active large well defined lobulated soft tissue mass in suprarenal region crossing midline with areas of necrosis and calcification - primary.
- No definitive scan evidence of distant metastases.
- No previous scan available for comparison.


Dr. Ajay S.A.
Senior Resident


Prof. Rakesh Kumar
Consultant

KING GEORGE'S MEDICAL UNIVERSITY, LUCKNOW
WHOLE BODY HiSpeed SPIRAL CT SCAN UNIT
(Installed by Ama Medical & Diagnostic Centre)

CT NO:	26112
NAME:	MASTER, YUVRAJ
AGE /SEX:	10MONTH/MALE
PART SCANNED:	CT SCAN THORAX P/C
REF. BY/FROM:	KGMU
DATE :	20.02.2022

CT SCAN THORAX - P/C

BOTH LUNG FIELDS AND PLEURAE:

Both lungs show prominent bronchovascular markings.

Right & left hila are normal.

No focal mass or calcification is seen.

There is no evidence of any pleural reaction or fluid in the both the pleural cavities.

MEDIASTINUM:

Trachea is central in position.

Esophagus is normal. The lumen is normal diameter & appearance. No abnormal dilatation is seen.

Heart and pericardium are normal. No evidence of pericardial effusion.

Aortopulmonary window and azygo-esophageal recess are normal.

No significant mediastinal lymphadenopathy is seen.

DIAGNOSIS:

- PROMINENT BRONCHOVASCULAR MARKINGS IN BOTH LUNGS.**

Note: Visualized part of abdomen shows large heterogeneous soft tissue mass lesion in left renal fossa with calcifications within it.

DR. APARNA AGARWAL
MD (Radiodiagnosis)

DR. RAMIZA ZAMIN
MD (Radiodiagnosis)

DR. SHIV MANI
MD (Radiodiagnosis)

(This report is not valid for medico-legal purposes)
ALL DISPUTES SUBJECT TO LUCKNOW JURISDICTION ONLY

15/6/22

Admitted in emergency
= Fever + cough + stridor

Used as crup
in proxy

10.6 | $\frac{15500}{10910}$ | 131000

- Plan
- ① to be reviewed in emergency
 - ② chemo on 20/6/22
will be charted on 18/6/22
after child reviewed
 - ③ chemo tentative on 20/6/22

CXR - stipple sign (+)
 No noisy breathing at present
 Playful active child
 No RD
 Chest B/c clear
 Apical signs explained

Gang

10.2 | $\frac{11060}{8283}$ | 1.46 (L)
 UAT/KAT (N)

61841

Name: Yuvraj

Age / Gender: 1y / male

Father's Name: Sumit Singh

Address: Distt Sahjahanpur U.P.

Contact No: 63920506521
9936884711

POC / PCSC No.: 103 / 22

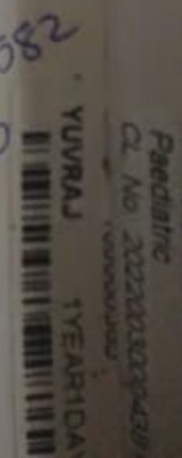
Diagnosis: NB

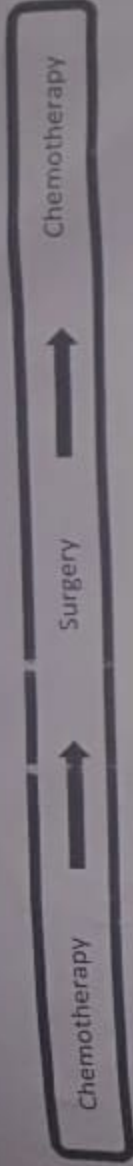
Widal reaction - Negative
HCV
HIV 1, 2
Hbs antigen -ve

Remarks: Mtx - 0mm

Net net

Dr. K. Chandgud
0510-8929638582
006950189





WT = 8 kg
BSA = 0.4 m²

Cycle 1 (Week 0)
Hb: 9.5 TLC: 4260 ANC: 1989 Plt: 216L

Urea: 15 Creat: 0.2 Bil: 0.49
 Day 1: Inj. Carboplatin 140 mg in 100 mL NS
 30 mg over 2 hours
 Inj. Etoposide 30 mg in 100 mL NS
 over 2 hours
 Day 2: Inj. Etoposide 30 mg in 100 mL NS
 over 2 hours
 Day 3: Inj. Etoposide 30 mg in 100 mL NS
 over 2 hours

Toxicity and grading:

Take date for imaging of local area, MIBG/PET-CT after 2-3 months
 Surgery consultation

Cycle 2 (Week 3)

Hb: 9.5 TLC: 3280 ANC: 1459 Plt: 247L
 Urea: 19.3 Creat: 0.21 Bil: 0.45

21/5/22
 Day 1: Inj. Carboplatin 140 mg in 100 mL NS
 over 2 hours
 Inj. Doxorubicin 8 mg in 100 mL NS
 over 1 hour
 Inj. Cyclophosphamide 265 mg in 100 mL NS
 over 1 hour
 Inj. Mesna 100 mg iv push @ 0, 3, 6 hours
 IVF @ for

Toxicity and grading:

about adequate hydration & antiemetics
 2.65 mg / 100 ml NS iv over 1 hr (D1)
 100 mg @ 0, 3, 6 hr
 30 mg / 100 ml NS iv over 1 hr
 D1 - D3

reports (N) but clinical condition to be assessed prior to clearance
 JP

To be given today
~~Hydrocortisone~~

~~allopurinol~~ 1mg. 2mg - 1.5mg iv stat
 1mg. etoposide 30 mg / 200 ml NS iv over 2 hrs.

2.65 mg / 100 ml NS iv over 1 hr
 100 mg / 100 ml NS @ 0, 3, 6 hr
 50 ml / hr + 1:100 KCl x 6 hrs

Consultations

CP/W Dr. L. Sethi main

Trans blocks can not be retrieved

to Rpr keeping it for 5/4/2022 ✓

BMA + BMB date 8/4/2022 ✓ EF 60% ✓

ELHO - it for 7/4/2022 not available

MIBG → ~~date~~ drug not available

COE UP KFT | UDH | S. feculin. viral marker neg
(497)

To give to 757. of CDCE pending BMA + Bx

Report.

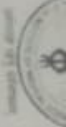
CDCE after BMA & Bx

Pediatric Surgery opinion
Dietary Counseling

(9/4)

11/04/2022

RC discussion
- large suprarenal mass lesion
+ calcification TDRF (+)



Male

14/06/2022 05:02 PM

Paediatrics

Dr. S. K. KABRA

Sex :
Sample Received Date :

Department :

Unit Incharge :

Lab Sub Centre:

Sample Collection Date:

Dept / IRCH No:

Lab Reference No:

UHID: 105888385

Master: YUVARAJ SINGH

Age: 1 year 2 months 16 days

Unit-III

NCT CORE LAB

Lab Name: 29/03/2022 12:15 PM

Reg Date: 14/06/2022 09:26 pm

Report Generated By: Dr. S. KABRA

Sample Details : S140622432

Report

Test Name	Result	Comment	Normal Range
<u>LFT</u>			
TOTAL BILIRUBIN	0.490 mg/dL		• 0.3 - 1.2 mg/dL
DIRECT BILIRUBIN	0.150 mg/dL		• < 0.3 mg/dL
INDIRECT BILIRUBIN	0.34 mg/dL		• < 0.9 mg/dL
SGPT/ALT	32 U/L		• 10 - 49 U/L
SGOT/AST	56 U/L		• < 34 U/L
TOTAL PROTEIN	5.790 g/dL		• 5.7 - 8.2 g/dL
ALKALINE PHOSPHATASE	182 I.U.		• 46 - 116 U/L
GLOBULIN	1.29		• 2.5 - 3.4 g/dL
A/G Ratio	3.48837 ratio		• 1.2 - 2.2 ratio
Albumin	4.500 g/dL		• 3.2 - 4.8 g/dL
Gamma-Glutamyl Transferase	5		• < 73 U/L

RFT

UREA	21.400 mg/dL		• < 50 mg/dL
CREATININE	0.180 mg/dL		• 0.7 - 1.3 mg/dL
CALCIUM	10.370 mg/dL		• 8.7 - 10.4 mg/dL
PHOSPHOROUS	5.610 mg/dL		• 2.4 - 5.1 mg/dL
SODIUM (NA)	139 mmol/L		• 132 - 146 mmol/L
POTASSIUM (K)	3.900 mmol/L		• 3.5 - 5.5 mmol/L
CHLORIDE(CL-)	107 mmol/L		• 99 - 109 mmol/L
Uric Acid	4.500 mg/dL		• 3.7 - 9.2 mg/dL

Over All Comment :

Diagnostic Work UP & Risk Stratification

DOB - 10/4/2021.

symptoms onset @ < 1yr. i.e. 9 months Age.

Imaging: supra-renal mass lesion. \bar{c}

L2-INRG. { calcification.
IDRF \oplus Aortic encasement.

Histopath: SRBE/ calcification foci & occasional rosettes.

UFH.

- poorly differentiated NB (mature neuroblast < 5%)
- MKI high.
- myc Negative.

Metastatic work up: BMA/BMB - Negative

MIBG - not done - (23)

PET - no distant metastases (13/05)

Final risk. \checkmark Intermediate risk.

Depends on MIBG or PET.

either ① L2/myc \ominus / Age < 18m / UFH.

or ② M / Age < 12m / myc \ominus .

Any ways. IR.

Name of treatment protocol

IR neuroblastoma.

ANBL0531.

Code for ANBL0531
7888926783

Cycle # 2 of IR- NB protocol

- Day: Emet 2mg + Dexam 1.5mg IV
- IVF N_2S 5:40 + 1100 KCl IV @ 50ml/hr x 6 hrs (2 hrs post-hyp)

Day: Cyclophosphamide 265mg/100ml NS iv over 1hr ~~post~~

Day: Mena 100mg/100ml NS iv @ 0, 3, 6 hrs ~~post~~

Day: Carboplatin 140mg/100ml NS iv over 1hr

Day: Doxo 8mg/100ml NS iv over 1hr

- Day: Emet (2mg/5ml) 5ml p/o TDS x 3d

21/5/22
C5/darigene Adv

- CBC, RFT, LFT on 7/6/22

- Led 3 OPD appointment on 8/6/22
at 9am

W. Lablanche
15/5/22

Cycle 3 (Week 6)
Hb: 10.2 TLC: 11,560 ANC: 2283 Plt: 146

Urea: Creat: Bil: mL NS

Day 1: Inj. Cyclophosphamide 265 mg in mL NS
over 1 hours
Inj. Mesna 100 mg IV push @ 0, 3, 6 hours
IVF 50 mL @ for mL NS
Inj. Etoposide 30 mg in mL NS
over 2 hours
Day 2: Inj. Etoposide 30 mg in mL NS
over 2 hours
Day 3: Inj. Etoposide 30 mg in mL NS
over 2 hours

Toxicity and grading:

Cycle 4 (Week 9)

Hb: TLC: ANC: Plt:

Urea: Creat: Bil:

Day 1: Inj. Carboplatin mg in mL NS
over 2 hours
Inj. Etoposide mg in mL NS
over 2 hours
Inj. Doxorubicin mg in mL NS
over 1 hour
Day 2: Inj. Etoposide mg in mL NS
over 2 hours
Day 3: Inj. Etoposide mg in mL NS
over 2 hours

Toxicity and grading:

Surgery if resectable
Take date for imaging of local area, MIBG/PET-CT

Suspect (2) adrenal neuroblastoma

6/15/22 B/U BMA and BM biopsy dated for today.

Adm

→ Sedation checklist & consent ↓

* NO new issues

5/4/22

M/G: 25/10.2

K/UA/Ca/P: 3.9/3/10.3/5.4

(an milk-based diet)

AST/ALT: 56/19

T. Bil: 0.75

LDH → 497

→ led 3 OPD appointments on 9/4/22 at

↓ breast feeds

- to ensure adequate hydration

88 < 6130 > < 2050 >

W. Vidman Day
Selvakumar

SENIOR RESIDENT
Department of Pediatrics
American Indian Health Institute

11/1/99

renal metabolites

- Met aux test - 8000 NO. 2

- ~~excess~~ milk-based

- Hydration maintained after BM

- 600 fluid

↓ receiving on 10/13/14/15/16/17

NEG C/D/W OR R. selvakumar

- Pending all reports

- To give cyclophosphamide @ 200 mg/m²/day x 5 days if tomorrow.

8.8/6130/2.0017

- 800 Supran 5ml QD evening



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

अस्पताल की अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

अभिज्ञान संकेत

OPR-6

रोगी/Unit रोगी/Dept.	नाम/Name	रोग/रोगी/वर्ग	उम्र Age	पता/Address
Paediatric CL No 20220030004381 UHID 105888385 YUVRAJ 1YEAR1DAY	Paediatric Queue No F31 Room 14 HID 105888385 11-06-2022			Poc 103/22

रोग/Diagnosis

MRB - IR

दिनांक/Date

Details in booklet

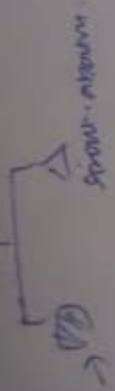
Next OPD. 15/06

L. Rud

10

Dr. Prakash Mishra
SR





Wt: 102/m

EB: 26/m

T: warm

cap/M: +/ft

CF: 2-3cc

Sp: 2

BT

CPE: pallor ⊕

sternogram over: abd ⊕

no sig CAB

Scalp: ⊕

no petechial spots

no neurovascular murmurs

no ataxia, mytogram/epi-oculov.

Chem'tals: ⊕

⊕ flame - full; ⊕ neural argh - full

⊕ lumbar - arachnoid

epigastric, umbilical; ⊕

exam: hard - upper border not felt

laterally: mediating - felt

not mobile, not moving - resp

highly palpable; not ballotable

one. moving all 4 limbs →

~~Other~~ Other system imm

no added count

Other system imm

And marks ↓ evaluation.

① N/A

② HT and other norm - wt - renal tumor

③ Sarcoma - RMS EWS

Case: 44: 7-9

ME: 400x10³

TL: 6000

DL: P20/L55

PS: M/H E mild

amblyopia/amblyosia

MC/MCH: 81.6 | 25.2

RDW: 19.7

NA/K: 135/3.6
T Prot: 8.85
Hb: 2.69

HV/HexAs/MH - nt

U/C: 14/0.32

Trans: 0.19

As T/A: 103/21

ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Yuvraj Singh AGE 11 month SEX M/F DATE 7/4/22
ECHO No. 1155/n CV No. _____ UHID No. 10588215 C.R. No. _____
HEIGHT _____ cm WEIGHT _____ kg. BSA _____ m² Ref. Physician Dr. S. S. M.

Referring Diagnosis _____

Quality of Imaging Poor/Adequate/Good Done by Dr. Manjit Checked by Dr. _____

MITRAL VALVE

Morphology Normal / Thickening / Calcification / Flutter / Vegetation / Prolapse / SAM / Doming
PML Normal / Thickening / Calcification / Prolapse / Paradoxical motion / Fixed.
Subvalvular deformity Present / Absent Score _____

Doppler Normal / Abnormal
Mitral stenosis Present / Absent RR interval _____ msec
EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
Mitral regurgitation Absent / Trivial / Mild / Moderate / Severe

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolaps / Vegetation / Doming
Doppler Normal / Abnormal
Tricuspid stenosis Present / Absent RR interval _____ msec
TG _____ mmHg MDG _____ mmHg
Tricuspid regurgitation Absent / Trivial / Mild / Moderate / Severe Fragmented Signals
Valocity _____ m/sec Pred. RSVP-RAP+ _____ mmHg

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Doming / Vegetation
Doppler Normal / Abnormal
Pulmonary stenosis Present / Absent Level _____
PSG _____ mmHg Pulmonary annulus _____ mm
Pulmonary regulation Present / Absent
Early diastolic gradient _____ mmHg End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology Normal / Thickening / Calcification / Restricted Opening / Flutter / Vegetation No. of cusps 1/2/3/4
Doppler Normal / Abnormal
Aortic stenosis Present / Absent Level _____
PSG _____ mm Hg Aortic annulus _____ mm
Aortic regurgitation Absent / Trivial / Mild / Moderate / Severe