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4	अम्बान जीवन का बहुमूल्य उपहार/ORGAN DONATI	ON - A GIFT OF LIFE
Mar 100	O.R.B.O., ARMS. 26558360, 26593444, www.orbo.org He	ipline - 1000 (24 III's Service)

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PT completion J. Dr. A. Bisan डा. बी. आर. अम्बेडकर संस्थान रोटरी केंसूर अस्पताल Dr. B. R. (40://192.108.13.8/enospiia/opuiepoivAlims\_18.25) केंद्र प्रताल Hospital r Hospital TAL अ OPR-6 शरीरनादं खलुपनंसापनम् DR. B.R.A. IRCH, AIIMS, NEW DELHI REMISES अस्पतार Reg.Date-13/01/2020 IRCH No. 240822 Clinic No. 39240/2020 Clinic Head and Neck ENT B एकक/Unit Deptt. ENT-IRCH egn. No.\_ विभाग/Dept. General UHID-104920607 her Shewi. Name ANKIT. जन्म तिथि/Date of Birth नाग/Name नाम Sex/Age M/12Y S/O- SANJIT KUMAR Room 4 (Shift Afternoon) Phone No. 8709173748 Address BARBIGHA, SHEIKH PURA, BIHAR, INDIA J. Licket , 30 NACT-SCR ca Naropheren TyN, M. निदान/Diagnosis दिनांक/Date Patient congrehed PT from 17/4/20-2/6/20 on Viena HP with full arc VMA7 with 5 LB technique, 65 by 130 # / 6 wech p7065 60 Cry 130 II à 60 condurrent Cisplatin (40mg/m-/week) grade II skin Ræn grade III dysphagsy grade # laure Ran.
grade # muculi's ". pelobler whom mouhunh. Tab PCM 500 mg 1-1-1 PLA Imonth of Frid PETLT abber 3 month

अंगदान-जीयन 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

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

D.B.B.O., AllMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

चाले रोगियों के लिए पर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

शरीरमाद्यं राज्यर्थशाधनप

एकक/Unit

विभाग/Dept.

नाग/Name

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

अ.भा.आ DR. B.R.A. IRCH, AHMS, NEW DELIH

OPR-6

अस्पताल के अन्दर

IRCH No. 240822

Clinic Head and Neck ENT B

Deptt. ENT-IRCH

General

Name ANKIT.

नाम

S/O- SANJIT KUMAR

Phone No. 8709173748

Reg.Date-13/01/2020

Clinic No. 39240/2020

Sex/Age M/12Y Room 4 (Shift Afternoon)

Address BARBIGHA, SHEIKH PURA, BIHAR, INDIA

'Date of Birth

T4 N1 MO Naesphanyun (Squareden-diff) निदान/Diagnosis

दिनांक/Date

उपचार/ Treatment

c/5/I in Head & Nech B:-

Dr. Alvitagni Posisone / Dr Raga / Dr Rageer.

1. CECT (Brain + BOB + Nech + PNS + cheet)

11. Whele body bone Scan.

· III. CASC/UT/KAT

PTA (Room 4121)

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m. Dental receenent (CDR)

Mr. RIV in RT-OPD (1) Dr. A. Briswar at 9:00 nm ( Mr. RIV & reports Prov Plan- Induction Chemo - Conc. CTRT.

अगदान-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

# डॉ० अशोक कुमार सिंह

# Dr. Ashok Kumar Singh

Neurologist

M.D. (Medicine), D.M. (Neurology) NIMHANS, Bangalore Reg. No. 24637

# BRAIN AND NERVE CLINIC

आर्य कुमार रोड, राजेन्द्र नगर, पटना-16 A/10,ARYA KUMAR ROAD RAJENDRA NAGAR, PATNA-800 016

Ph.: 2690868

21. 11. 19

Bw.-32kg

Mr. ANKIT 12YRS.BARBIGHA 7493982055 इधर 2 महीना से रोज दोनो तरफ

temple region में टभकने जैसा दर्द होता है दवा लेने पर एकाध घंटा में आराम होता है

इधर 15-20 से दाहिने आँख का पुतली नही घुमता है कोई चीज दो-दो दिखता है

एक आँख बन्द करने पर ठीक दिखता है कभा-कभी उल्टी हो जाती है

O/E

Ly. Iever, 2 monum

Conscious

Alert Neck soft

Speech normal

Right lateral rectus weakness

Pupils normal

No int. weakness

Shoulder abduction 5

DTRs ++

Knee jerk ++

Plantar response flexor

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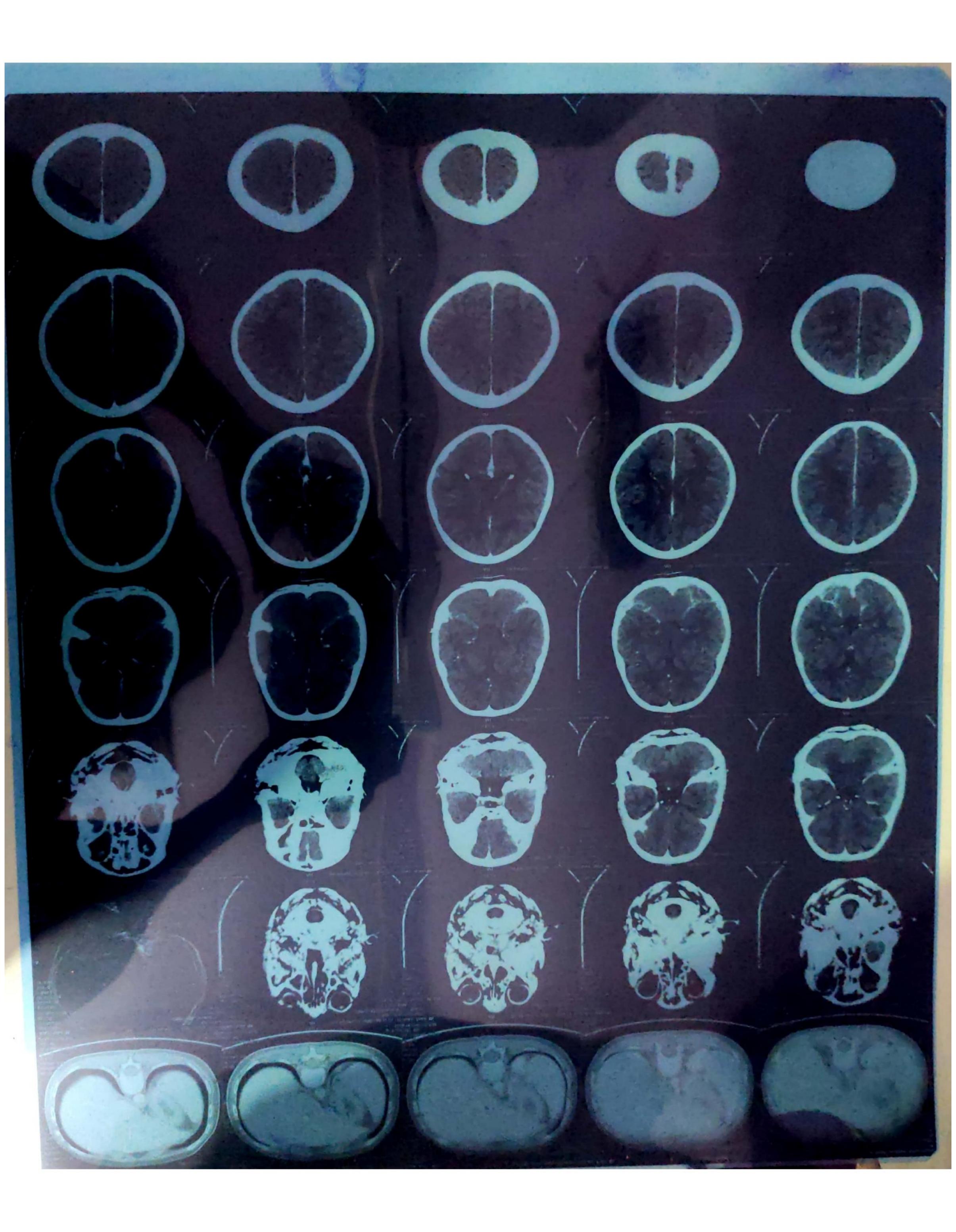
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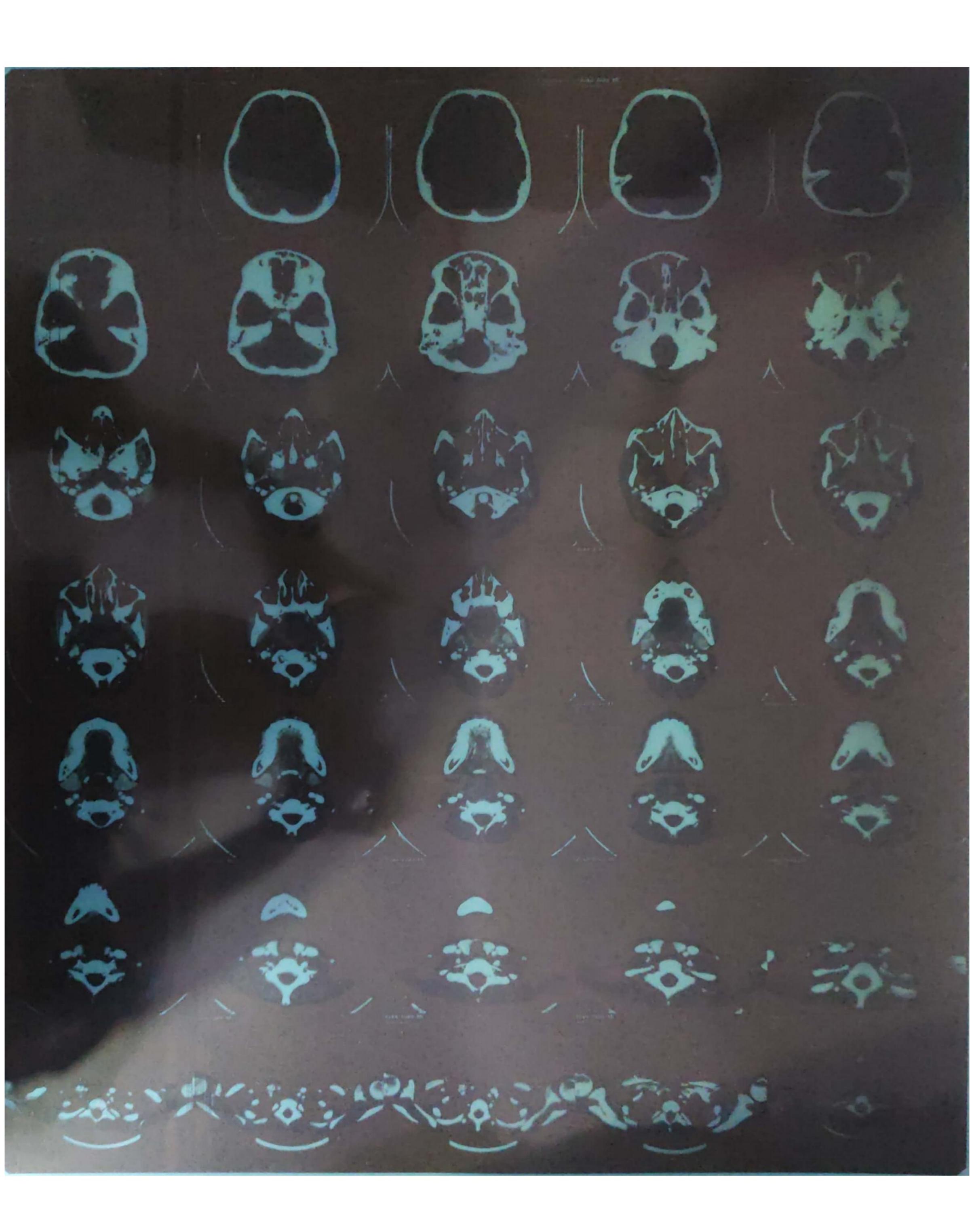
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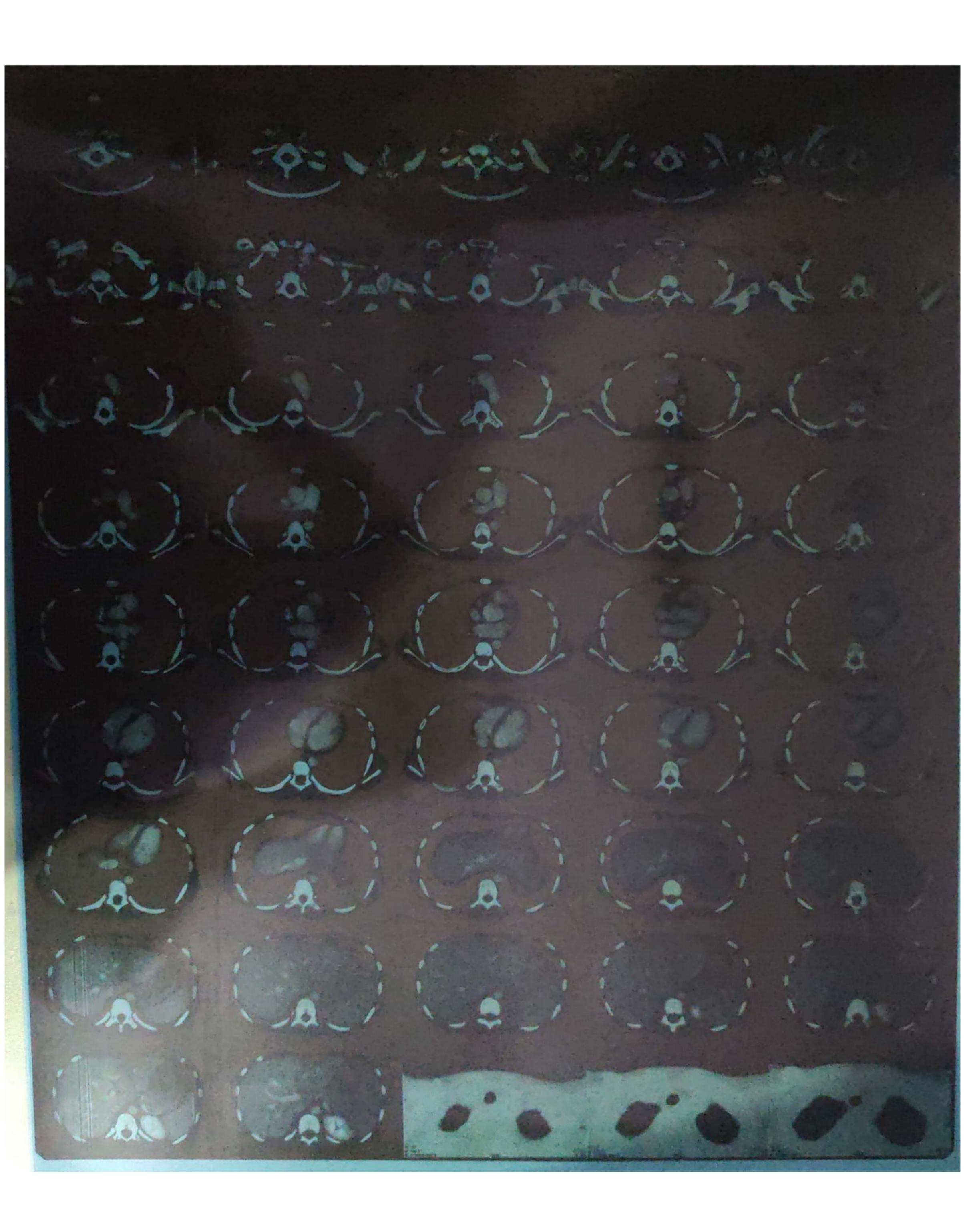
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DR. B.R.A. IRCH.	/Out F	Patient Departn	nent
Clinic Head and Neck ENT B	Reg. Date-13/01/2020 Clinic No. 39240/2020 O.		RT-109791
Deptt. ENT-IRCH General		करो०वि० पंजीकृत सं०/O	.P.D. Regn. No
Name ANKIT.	UIIID-104920607 Ra/gall	लिंग आयु Sex Age	जन्म तिथि/Date of Birth
S/O- SANJIE KUMAR Phone So. 8709173748	Sex/Age M /12Y  Room 4 (Shift Afternoon)		
Address BARBIGHA, SHEKHITUR			
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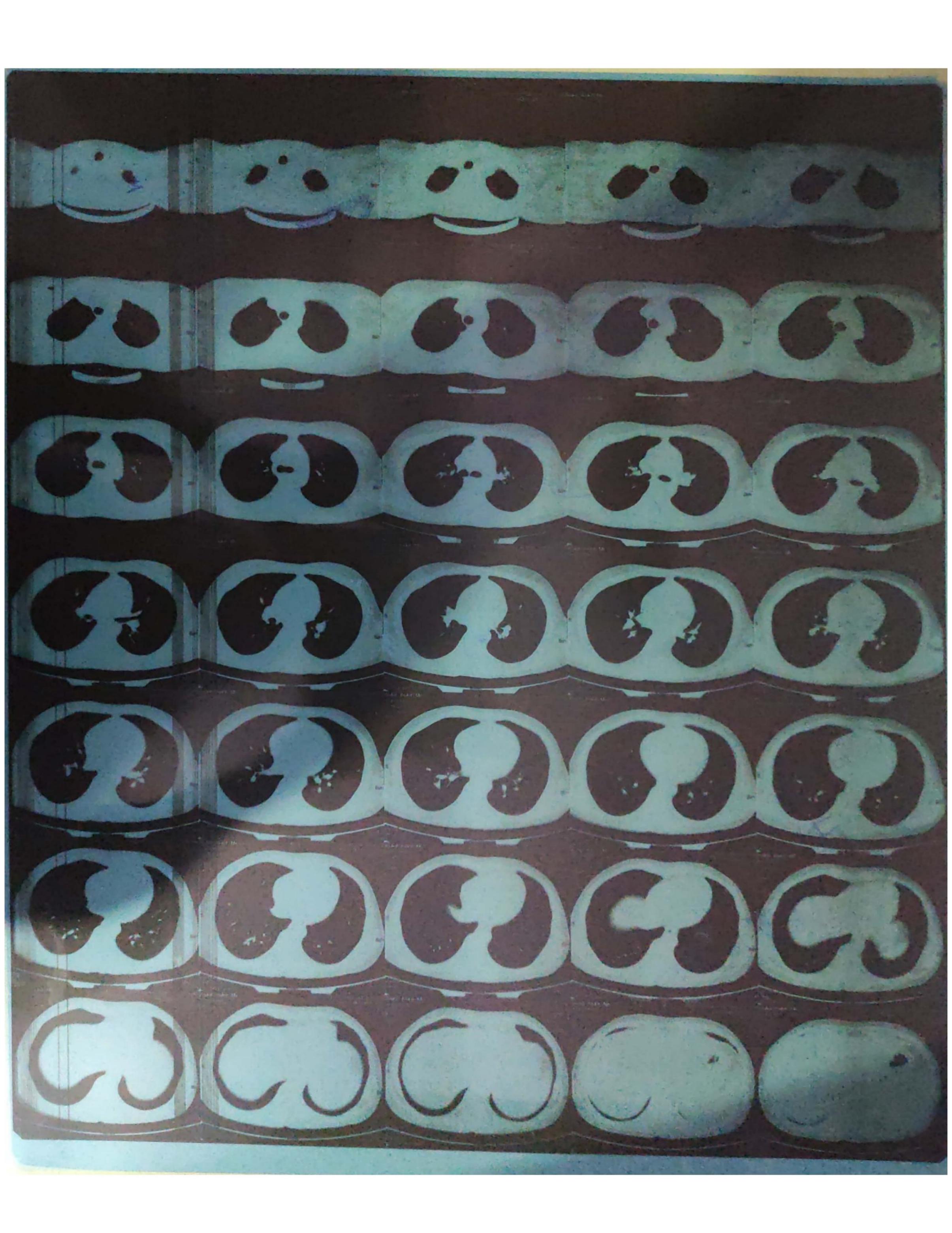
वाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

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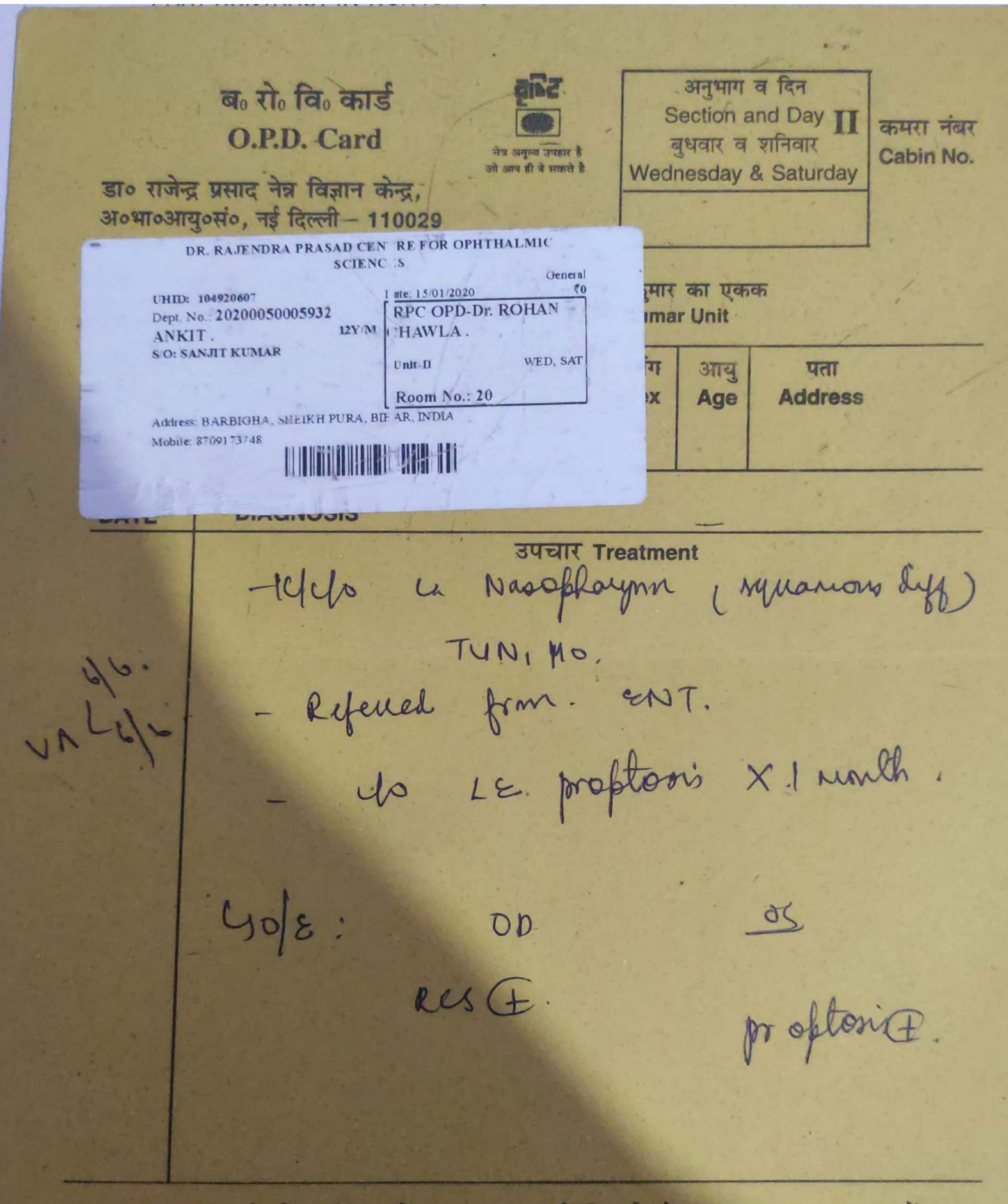


# हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र बo रोठ विठ

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Cardiothoracic & Neurosciences Centre, O.P.D. A.I.I.M.S., New Delhi-110029

दिनांक Date		
विभाग Deptt.		NS 2019/017/0015499 Neuro Surgery-I UHID: 104920607 Neuro Surgery Date 28/11/2019 Mon,Thu Gen
बoरोoवि O.P.D. No		Name ANKIT.  S/O SANJIT KUMAR Phone No. 8709173748  Consultant Room 20  Dr. Rajesh Meena Neuro Surgeon  SR Room:  Registration Time: 8.30 AM - 10.30 AM  Thursday Only: 12.30 PM - 2.30 PM
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कृप्या इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें। Kindly keep this Card safely and bring it on your follow-up visits.

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं





Patient Name: ANKIT	Centre Name: A S HEALTH SQUARE
Age / Sex: 12 Y / M	Referred By: AIIMS
Patient ID: 2216	Date: 15.01.2020

# CECT CHEST

POST CONTRAST (IV NON IONIC) CT OF THORAX PERFORMED USING HELICAL SECTIONS OF 5 MM THICKNESS TAKEN.

# FINDINGS:

The study reveals no apparent evidence of any definite focal active parenchymal lesion or area of altered attenuation. No occult enhancing parenchymal or mediastinal lesion is seen.

Trachea is central in position and shows normal bifurcation. Carinal angle is maintained. Main-stem bronchi appear normal.

No significant mediastinal or hilar lymphadenopathy is evident.

Cardiac size appears normal. Visualized vessels appear normal. No cardio-mediastinal shift is noted.

No obvious pleural or pericardial effusion is apparent.

Azygo-oesophageal recess and aorto-pulmonary window appear normal.

Bony window appears unremarkable.

IMPRESSION: CECT study reveals no significant abnormality in chest.

Please correlate clinically.

Dr. SANDEER DUA

The above front is a professional opinion and needs to be correlated with clinical history and other relevant investigation for final diagnosis. incase results are alarming or unexpected may be due to typographic errors, hence please contact within 7 days.

Ph.: 0612-2354026, 9135009279

FINAL DIAGNOSIS (A UNIT OF FINAL HEALTHCARE AND DIAGNOSIS PVT. LTD.)



DR. AMAR KUMAR SINGH MD & DNB (RADIODIAGNOSIS)

(A centre par excellence for state of the art CT & MRI)

P-486, DOCTOR'S COLONY, KANKARBAGH, PATNA- 800 020

DR. B. JHA MRINAL MD (RADIODIAGNOSIS)

Name: Mast.Ankit 12Yrs/M

Ref by: Dr. Ashok Kumar Singh, MD, DM

Saturday, November 23, 2019

I.D. No.1244

BRAIN WITH VENOGRAM (PLAIN & CONTRAST) SCREENING OF ORBITS

Clinical information: - Headache and right sided ptosis.

Protocol:

Axial T1, T2, FLAIR, Gradient, DWI and ADC map

Pre contrast velocity coded venogram Post contrast multiphasic MR angiogram Post contrast T1 FAT SAT axial.

Findings:- No evidence of restricted diffusion seen on DWI neither any calcific or

hemorrhagic foci on gradient images.

There is osteolytic lesion skull base involving the basi sphenoid including clivus and the adjacent ethmoidal bone and sella with extra osseous soft tissue component compressing the para sella region including the cavernous sinuses and adjacent cranial nerves.

There is also small extension to the orbital apices.

The pituitary is encased by the lesion.

The lesion extends down to the nasopharynx.

The lesion is isointense on T1 and hypointense on T2.

There is moderate heterogeneous enhancement after IV gadolinium.

The lesion measures 6.6 x 5.6 x 4.2cm in size.

The optic nerves and chiasm are normal at this stage.

The brain parenchyma is normal in signal intensity and morphology.

The cortical sulci, CSF cistern and ventricular system are normal.

The brainstem and cerebellum are otherwise normal.

There is chronic pan sinusitis.

Venogram: The superficial and deep cerebral veins are normal.

There is compression of the cavernous sinuses by the mass lesion.

The inferior sagittal and straight sinuses are normal in course.

The superior sagittal sinus is normal in size and configuration.

No evidence of any intra luminal filling defect stenosis or occlusion seen.

Bilateral transverse and sigmoid sinuses are normal.

The internal jugular veins are also within normal limits.

The torcula is normal and unremarkable.

Angiogram

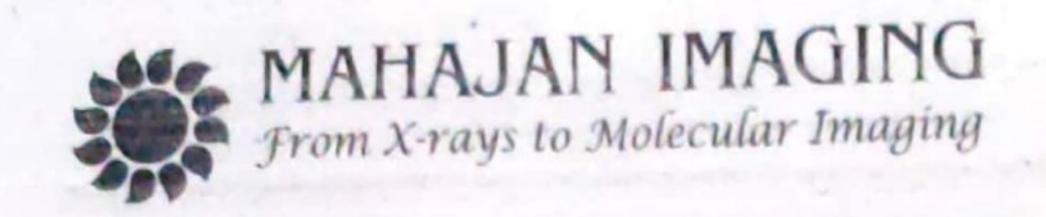
There is partial encasement of ICA by the lesion without hemodynamically significant stenosis of occlusion.

The Circle of Willis vessels are normal in course and caliber.

No evidence of aneurysm or vascular malformation seen.

The carotid and vertebral arteries are otherwise normal.

Scanned with CamScanne



Department of Nuclear Medicine & PET CT

Sir Ganga Ram Hospital, New Delhi-110060 ☎ 011-42251844/45/46/47, PET: 9958349756

info@mahajanimaging.com www.mahajanimaging.com CIN: U85199DL1999PTC101010



ANKIT, 12 YRS/M REFERRED BY: AIIMS UID No: 2687871

STUDY DATE: 16TH JANUARY, 2020

# BONE SCAN

Radionuclide bone scans performed following intravenous injection of 20 mCi of 99m Tc MDP. Multiplanar and static images at 3 hours post injection of the tracer.

Patient is a recently diagnosed case of carcinoma nasopharynx. Bone scan is being done to exclude skeletal metastases.

Overall skeletal uptake of tracer is good with nominal soft tissue uptake.

Inhomogenous increased tracer uptake is seen at skull base region involving basi-sphenoid and · clivus.

Tracer distribution in rest of the skeleton is within normal physiological limits.

Both kidneys are well visualised.

Physiological increased tracer uptake noted in the epiphyseal growth plates.

IMPRESSION: In this known case of carcinoma nasopharynx, bone scan findings are suggestive of osteoblastic lesions involving skull base.

No scan evidence of osteoblastic lesions noted elsewhere in the skeletal survey

Please correlate clinically.

Dr. Ritu Verma

Sr.Consultant & HOD Sr.Consultant

Dr. Ethel & Belho

Ør. Nitin Gupta Consultant

Dr. Ram Kumar Resident

Dr. Sudip Dey Resident

(Please carry report and Film on your next visit for comparison).

• Sir Ganga Ram Hospital • Pusa Road • Defence Colony • Hauz Khas Enclave • Gurugram • PSRI Hospital

· Fortis Flt. Lt. Rajan Dhall Hospital · Sports Injury Centre, Safdarjung Hospital · Bali Nagar · Dehradun Positron Emission Tomography With Multi Detector CT (PET CT) · Whole Body DOTANOC PET CT

Whole Body Prostate Specific Membrane Antigen PET CT (PSMA) • Dual Head Spect Gamma Camera • Ria Lab • DEXA Bone Densitometry

# RADIOLOGY UNIT

Dr. B. R. Ambedkar Institute Rotary Cancer Hospital All India Institute of Medical Sciences, New Delhi-110029

Patient Name: Mr. Ankit Ankit	Age/Gender: 12 Years and 9 Months / M	
Patient UHID: 104920607	IRCH No : 240822	
Accession No : 925086	Location : H & N OPD	
Date of Examination: 04-SEP-2020 09:10 AM		

Procedure: CECT of Head, Neck and Chest Clinical background. Ca nasopharynx, post CT

# Head:

Posterior fossa: Normal.

Cerebral parenchyma: Normal.

Ventricles: Normal.

Subarachnoid spaces: Normal.

Basal ganglia and thalami: Normal.

# Neck:

Sinonasal cavities: Mucosal thickening seen in B/L maxillary sinuses - B/L maxillary sinusitis.

Pharynx/ larynx: III defined hypodense soft tissue thickening is seen in nasopharynx with sclerosis of clivus and basisphenoid with assymetric thickening in the left tonsillar fossa

Neck spaces: Normal, No lymph node enlargement.

# Chest

Mediastinum: Normal, No lymph node enlargement.

Both lungs: Small fibrotic band in right lower lobe. Rest normal.

Serosal Spaces: No pleural or pericardial effusion.

Additional information: Central line in situ.

Comparison: In comparison to Previous CT dated 20/3/2020 reduction in size of nasopharyngeal mass seen (Partial response)

Impression: k/c/o Ca nasopharynx - present scan shows a mass in the nasopharynx and left tonsillar fossa - Partial response

Radiologist: Dr. Mohit Gambhir (JR) / Dr. Krithika Rangarajan

# RADIOLOGY UNIT

Dr. B. R. Ambedkar Institute Rotary Cancer Hospital All India Institute of Medical Sciences, New Delhi-110029

All Illuid Illuid	the second secon
Patient Name: Mr.Ankit Ankit	Age/Gender: 12 Years and 9 Months / M
	IRCH No : 240822
Patient UHID: 104920607	Location: H & N OPD
Accession No: 925086	Location
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Radiologist: Dr. Mohit Gambhir (JR) / Dr. Krithika Rangarajan



# Department Of Pathology All India Institute Of Medical Sciences Delhi

Tel:+91-11-26588500/26588700; Fax:+91-11-26588500/26588700

Patient Name:

Ankit

1955726

F/H Name:

Sanjit Kumar

Hosp. Reg. No.:

104920607

Age/Sex:

12 Y/Male

Acc. No:

UHID No .:

Clinic/Dept/Unit: ENT/Unit 1

Consultant Incharge: Dr. N/A

Reg Date:

28-12-2019

Reporting Date:

03-01-2020

# Histopathology Report

# Report Findings:

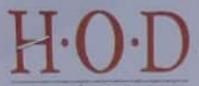
Biopsy from mass in left nasal cavity shows features of nasopharyngeal carcinoma with squamous differentiation. The tumor cells are immunopositive for p40 and EBV LMP1.

Reporting Incharge: Dr. Deepali Jain

Reporting SR: Dr. Arun Kumar Panda

Verify By:

Dr. Shivangi Dagar





HOUSE OF DIAGNOSTICS

Lab No.

: YUSUF 5ARAI/21-09-2020/YSF200928979

**Patient Name** 

: ANKIT

Patient I d

: UYSF.0000016275

Age / Sex

: 12 Y / M

Received Date

Ref Dr. Collection Date : Dr.AIIMS

Approved Date

1 22/Sep/2020 11:21AM

18 F FDG PET/CT WHOLE BODY

## PET-CT SCAN

CLINICAL HISTORY: Patient is being referred as diagnosed case of carcinoma nasopharyox, post chemotherapy (27/05/2020) and radiotherapy (02/06/2020).

### INDICATION:

PET-CECT scan is being done for disease status evaluation.

WHOLE BODY PET-CT scan (head to mid-thigh) was done after I.V. injection of - 6.6 mCl of 18F-FDG, using a GE Discovery STE PET-CT (BGO crystal) PET-CT SCANNER. CT based attenuation correction was done, triages were reconstructed using standard iterative algorithm (OSEM) and reformatted into transaxial, coronal and sagittal views. A 3D image and fusion images of PET & CT were obtained. No immediate contrast allergic reaction was noted. Serum glucose at the time of injection was 97 mg/dl. SUV values are in lean body mass.

### FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

No local abnormally increased FDG concentration seen in bilateral cerebral or cerebellar hemispheres. Note: If there is strong suspicion for brain mermitasis then MRI is supposted for further evaluation as smaller lesion may not be detected ON FING PET CT

Irregular asymmetric soft tissue thickening (maximum thickness of ~ 22 mm in sagittal plane) seen along the region of nasopharynx (left > right) with associated sclerosis of the bones of the base of skull predominantly the clivus. Extension along the posterior part of the nasal cavity seen and the lesion is abutting the pterygoid plate on both sides. Mild asymmetrical sclerosis is seen in relation to the left pterygoid plate in lateral aspect. No obvious intracranial extension is noted. Parapharyngeal fullness noted which is more marked on the left side.

Mild mucosal thickening seen in either maxillary, ethmoid and sphenoid sinus region.



Page 1 of 4

info@houseoldiagnostics.com 908 9089 houseoldiagnostics.com





: YUSUF SARAI/21-09-2020/Y5F200928979

Ment Name age / Sex

: ANKIT : 12 Y / M

: Dr.AIIMS

Ref Dr. Collection Date Patient Id

Received Date

**Approved Date** 

: UYSF.0000016276

: 22/Sep/2020 11:21AM

### \*\*\* End Of Report \*\*\*

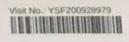
to case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.

Dr. Jiten Kapoor Consultant - Nuclear Medicine MBBS, DRM, DNB (Nuclear Medicine) DMC Reg. No.: 39404

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# Consent for Tests





Patient Name: Mr.ANKIT Referred By: AIIMS

Centre Name: YUSUF SARAI Address: B-28 LAXMI NAGR DELHI

Tests Consented For: 18 F FDG PET/CT WHOLE BODY

Age / Sex: 12 Y / Male Contact Number: 8588923255

OS/FR/41A/R01/Dt:18.02.2020

Test Consented for:

□Gamma Camera Imaging Nuclear Scan / गामा कैमरा इमेर्जिंग न्यूक्लियर स्कैन

You have been advised the above test by your doctor, which includes the use of Radio-pharmaceutical tracer along with usage of intravenous and/or oral contrast media. The use of the tracers helps to visualize and study certain internal organs which are not normally seen well. These tracers are considered quite safe; however, any injection carries a risk of harm including injury to nerve, artery or vein or infection or reaction to injected material. These are very rare.

During the injection of the contrast media, you may feel a warm sensation or nausea. Most patients experience no usual side effects or complications from the contrast injection. Some patients may react with one or more of itching, hives, swelling of eyes and lips, sneezing or difficulty in breathing. In very rare instances same patients may develop more serious complications including shock, convulsion, kidney failure, cardiac arrest. Fatal complications are extremely rare with this procedure. At House of diagnostics we are prepared for any such event and have anesthetist/doctor trained nurse is always available while these tests are being carried out for your immediate care, and medical attention is provided.

आपको आपके डॉक्टर द्वारा उपरोक्त परीक्षण की सलाह दी गई है, जिसमें अंत थिरा और / या अन्य कॉन्ट्रस्ट मीडिया के उपयोग के साथ रेडियो-फार्मास्युटिकल का उपयोग शामिल है। ट्रेसर का उपयोग कुछ आतरिक अंगों की कल्पना और अध्ययन करने में मदद करता है जो सामान्य रूप से अच्छी तरह से नहीं दिवाते हैं। ये ट्रेसर काफी सुरक्षित माने जाते हैं; हालांकि, किसी भी इंजेक्शन से तेलिका, धमनी

या नस में चोट या संक्रमण या इंजेक्शन की प्रतिक्रिया सहित नुकसान का सतरा रहता है। यह सब बहुत असामान्य है। कट्रास्ट मीडिया के इंजेक्शन के दौरान, आप एक गर्म सनसनी या मतली महसूस कर सकते हैं। अधिकांश रोगियों को कॉन्ट्रास्ट इंजेक्शन से कोई सामान्य दुष्प्रभाव या जटिलताओं का अनुभव नहीं होता है। कुछ रोगी निम्न में से एक या अधिक खुजली, पित्ती, आखों और होंटी की सूजन, छींकने या सांस लेने में कठिनाई के साथ प्रतिक्रिया कर सकते हैं। बहुत ही दुर्लभ उदाहरणों में समान मरीज झटके, ह। पुछ पणा गांच न ह पूज जा जा पुजारा, निया, जाजा जार हुन्ज जा है। इस प्रक्रिया के साथ धातक जटिलताएं बहुत दुर्लम हैं। इम ऐसे किसी भी आयोजन के लिए तैयार रहते हैं और ऐंटन, गुद्धें की विफलता, हृदय की विफलता सहित अधिक गंभीर जटिलताएं हो सकती हैं। इस प्रक्रिया के साथ धातक जटिलताएं बहुत दुर्लम हैं। इम ऐसे किसी भी आयोजन के लिए तैयार रहते हैं और आपकी ततकाल देखमाल और विकित्सा के लिए एनेस्थेटिस्ट / डॉक्टर / प्रशिक्षित नर्स हुनेशा उपलब्ध हैं।

# These Test are NOT advised during PREGNANCY / इन परीक्षणों की प्रेगनेंसी के दौरान सलाह नहीं दी जाती

- The procedure, the possibility of risks, reactions, alternatives, nature and consequences of the above investigation have been
- I hereby give my consent for the above procedure and for the use of contrast and other medicines as may be needed for me through oral or intravenously or intramuscular route as needed.
- I hereby, absolve House of Diagnostics, its staff and the Doctors of any exigencies /rare/ unforeseen circumstances leading to delay, inconvenience or repeat of investigations.
- All the above points have been explained to me in the language I understand.
- I hereby allow House of Diagnostics to contact me and my referring doctor about my reports and any other comunications.

• उपरोक्त जांच में प्रक्रिया, जोलिम, प्रतिक्रिया, विकल्प, प्रकृति और परिणामी की समावना को समझाया गया है और मैं इस पर अपनी सहमति देता / देती हूं।

Anxit

- मैं उपरोक्त प्रक्रिया के लिए और कॉन्ट्रास्ट और अन्य दवाओं के उपयोग के लिए अपनी सहमति देता / देती हूं, जो मेरे लिए आवश्यक हो सकती है आवश्यकतानुसार मौत्तिक या अतःशिरा या
- इसके अलावा, मैं हाउस ऑफ़ डायग्रोस्टिक्स, उसके डॉक्टरों और कर्मचारियों को इन जाँचो द्वारा होने वाली परेशानी, असुविधा या जांच की पुनरावृत्ति होती है, उसके लिए दोषी नहीं ठहराऊंगा।
- मैं इसके माध्यम से हाउस ऑफ डायग्रोस्टिक्स से संपर्क करने की अनुमति देता हूं और मेरी रिपोर्ट और किसी भी अन्य संचार के बारे में डॉक्टर को संदर्भित करता हूं। • उपरोक्त सभी बातों को मुझे उस भाषा में समझाया गया है जिसे में समझता हूं।

Date / दिनांक : 21-Sep-20 Patient Name / मरीज का नाम : Signature of Patient मरीज के हस्ताक्षर : Attendant's Name अविभावक का नाम: Attendant's Relationship / सम्बन्ध Signature / इस्ताक्षर

--- (To be filled by HOD Staff)---

Blood Test Report, required prior to contrast study, Date of Blood Test

Creatinine

Name & Signature (receptionist):

Patient ID: UYSF.0000016276

Name & Signature (Technical Staff/Doctor):

Due Amt: 0





### INVOICE / RECEIPT

Name Age/Gender

MEANKIT : 12 Y/Male 8588923255

Contact No Address

**B-28 LAXMI NAGR DELHI** 

UHID Home Collection

UVSF 0000016276

Visit No.

: YSF200928979

: 21-Sep-2020 12:17PM Visit/Reg Date

: Dr.AIIMS Refered By

: DYSFB/20-21/00008685 Bill : YUSUF SARAI Center

Center Ph. No.

: 50/3-6, YUSUF SARAI MARKET Center Address

#	Service Code	Service Name	SIN No.	MRP	Rate	Total
1	44779	18 F FDC BETCT WHOLE DODY	PT00011735	23998	11999	11999

Amount Settlement Payment Receipt No RYSF/20-21/00009969 Card (1492) 21-09-2020

Bill Amount: 11,999.00

Net Bill Amount: 11,999.00 Total Paid Amount: 11,999.00

Received with thanks:

Authorized Signature:

Eleven Thousand Nine Hundred And Ninety Nine On

Print By: NEHA DIWAKER (ED)

For accessing online reports log on to www.houseofdiagnostics.com; Lab ID: YSF200928979; Password: 8588923255.

- 1. Reports are available online for 30 days. Thereafter report are archived for upto 3 years after the test
- 2. Images for all modalities film/CD once issued will be re-issued upon an additional charge as per rate list. Images are stored in databank for upto a period of 30 days only. Thereafter the House Of Diagnostics does not hold any responsibility / liability of issuance of any such Images on film/CD.
- 3. Advance taken for PET CT scan is refundable as per below mentioned point 6, only if cancellation request is made before 8 PM, a day before the test scheduled date. Any reason for cancellation. Thereafter shall result in forfeiture of Rs. 5000/-
- 4. Call Center: 9089089089; Timing: 7:00 AM to 10:00 PM.
- 5. Test Groups with SIN No. beginning with OS or PC are outsourced and not performed at the House of Diagnostics laboratory.
- 6. Refund of any test on account of test not done, will take 10 days after completing needful paperwork formalities and will be by NEFT only. Please provide complete Account details for the NEFT. HOD will not be liable incase wrong bank A/c details are provided. All refunds will be subject to deduction of Rs. 50/- or 2% of the amount, whichever is higher
- 7. No refunds will be made once test is performed.
- 8. A Whole Body PETCT Scan is done for Head to Mid Thigh region.
- 9. Films and Images are normally provided as hard copy. Incase images are needed on a CD, charges will be extra, at applicable rates

PROCESSED AT: Thyrocare, Plot No.428,Phase-IV, Udyog Vihar, Gurgaon,Haryana - 122 015





REPORT

NAME : ANKIT KUMAR (14Y/M)

REF. BY : SELF TEST ASKED : COVID-19 SAMPLE COLLECTED AT : Gram-Kushedhi,post-

kushedhi,thana-barbigha, Bihar 811101

### TEST NAME RESULT

### COVID-19 QUALITATIVE PCR NOT DETECTED

Interpretation

NOT DETECTED	COVID-19 RNA was not detected in the patient specimen or less than detection limit	
DETECTED	COVID-19 RNA was detected in the patient specimen	
INCONCLUSIVE	Target is inconclusive, Advised to send fresh specimen for recheck	

ICMR Registration No THYTECLGUH

The performance of this test has been validated & evaluated by National Institute of Virology/ICMR.

Indications

COVID-19 is an infectious disease caused by the virus strain "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2),

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties.

In more severe cases, infection can causes pneumonia, severe acture respiratory syndrome and kidney failure.

### Methodology

COVID19 detection by polymerase chain reaction (PCR) is based on the amplification of specific regions of the SARS-CoV-2. In real Time PCR the amplified product is detected via fluorescent dyes.

### **Clinical Significance**

Detection of COVID-19 RNA in patients with COVID-19 infection.

### Limitation of the assay

- 1.Presence of PCR inhibitors may interfere with PCR amplification.
- Undetected result does not rule out the possibility of infection. Presence of inhibitors, mutations & insufficient organism RNA can influence the result.

### Disclaime

- 1. This test is intended for use in conjunction with clinical presentation and other laboratory markers.
- 2.Improper specimen collection, handling, storage and transportation may results in false negative results.
- 3. The report represents only the specimen received in laboratory.

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Sample Collected on (SCT) : 23 Dec 2020 10:35

 Sample
 Received
 on
 (SRT)
 : 23 Dec 2020 18:57

 Report
 Released
 on
 (RRT)
 : 24 Dec 2020 09:14

Sample Type

SWABS

Labcode

: 231213351/AY348

Barcode

: S0155935

Dr Kannan, Ph.D

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### **CUSTOMER DETAILS**

As declared in our data base

Name: ANKIT KUMAR Age: 14Y Sex: M Mobile No: 8076564263

Barcodes/Sample\_Type : S0155935 (SWABS)

Labcode : 231213351

Ref By : SELF

Sample\_Type/Tests : SWABS:COVID-19

Sample Collected At : Gram-Kushedhi,post-Kushedhi,Thana-Barbigha Bihar 811101

Sample Collected on (SCT) : 23 Dec 2020 10:35

Report Released on

: 24 Dec 2020 09:14

(RRT)

Thyrocare, D-37/1, MIDC, Turbhe, Navi Mumbai - 400703. | Phone: 022 - 67123400 | www.thyrocare.com | info@thyrocare.com

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### **CONDITIONS OF REPORTING**

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- V Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- v Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- v For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

### **EXPLANATIONS**

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- Name The name is as declared by the client and recored by the personnel who collected the specimen.
- v Ref.Dr The name of the doctor who has recommended testing as declared by the client.
- v Labcode This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- V Barcode This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v SCP Specimen Collection Point This is the location where the blood or specimen was collected as declared by the client.
- V SCT Specimen Collection Time The time when specimen was collected as declared by the client.
- v SRT Specimen Receiving Time This time when the specimen reached our laboratory.
- v RRT Report Releasing Time The time when our pathologist has released the values for Reporting.
- v Reference Range Means the range of values in which 95% of the normal population would fall.

### SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- V For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on 022-3090 0000 / 6712 3400
- v SMS:<Labcode No.> to 9870666333

