

## CARE PROMISE WELFARE SOCIETY (REGD)

### APPLICATION FOR FINANCIAL HELP TO CANCER-HEPATITIS PATIENTS

NAME **RAJA BABU**

Photo of the patient

FATHER'S/HUSBAND NAME **VIJAY MISHRA**

AGE **14 years** SEX **M**

PRESENT ADDRESS **Chandpole, Shamsan Bhai**

PERMANENT ADDRESS **Japra (Raj)**

FINANCIAL STATUS

MONTHLY INCOME

OCCUPATION

DESCRIPTION OF THE DISEASE **Cancer**

PHONE NO

INTRODUCED BY **Ashok Jha, Japra**



It should be verified by any of these persons: a Ghazetted Officer, M.L.A, Municipal Councilor or M.P. In case of student it should be verified by the Principal of the school.

Please enclose the following documents with the application:

1. Two Photos (attested)
2. Proof of Residential address
3. Age proof certificate/ID
4. Photocopies of - medicine Bills, copies of the prescriptions.
5. Approximate expense of the treatment, letter from hospital.
6. Photocopy of first page and last 6 months statement from bank.
7. An application from patient stating the circumstances leading to disease and his/her financial position and the size of the family with proof of income.
8. In case the patient unable to come to collect the help then give the name of the authorized person: .....

For Care Promise Welfare Society

Passed by

Director  
Signature & Name

Secretary  
Signature and Name

13 Sep 2018



सेवा में, दिनांक: 10/9/18

Job was  
done  
photo & film  
made call  
Vijay Mishra  
on 10/9 at  
1.30 pm  
asked for photo  
of Raju

प्रबंधक महीदय  
कैंसर प्रोमीस वैलफेयर सोसाइटी  
जयपुर, राजस्थान

विषय: - अपने पुत्र के इलाज के लिए सहयोग प्रदान करने  
के लिए प्रार्थना पत्र।

महीदय,  
सविनय निवेदन है कि मैं विजय मिश्रा एवं मेरी  
पत्नी गुडिया देवी अपने पुत्र राजा बाबु का विगत अप्रैल  
2017 से अब तक कैंसर का इलाज करा रहे हैं। हमने अपने  
पुत्र के अत्यंत गंभीर बिमारी 'कैंसर' के इलाज में काफी पैसे  
खर्च कर चुके हैं एवं अब हम पूरी तरह से कर्ज में डूब चुके  
हैं, किंतु अभी हमारे पुत्र की स्थिति अत्यंत गंभीर अवस्था  
में आ चुकी है। पहले से डूबे कर्ज के कारण हमारी आर्थिक  
स्थिति बहुत खराब हो चुकी है, हम अब इलाज के लिए  
पैसे अस्पताल में जमा नहीं करा पा रहे हैं जिसके कारण  
मेरे पुत्र का इलाज कार्य रुका हुआ है। हमें अब अपने मित्रों  
एवं परिजनों से आर्थिक एवं इलाज हेतु धनराशि उपलब्ध  
नहीं हो पा रही है। अभी पैसे के कारण हमारी मानसिक एवं  
आर्थिक स्थिति बहुत खराब है।

अतः श्रीमान से निवेदन है की  
कृपा कर हमें अपने पुत्र के कैंसर के इलाज हेतु यथासंभव  
सहायता राशि प्रदान करने की कृपा करें, मैं एवं मेरा  
परिवार सदा इसके लिए आपका आभारी रहूंगा।

आपका विश्वासी

विजय मिश्रा, गुडिया देवी

पादपोल, शमशान घाट  
जयपुर, राजस्थान

Could not contact  
call made on 10/9/18  
at 1.30 pm  
for Raju's photo





# JNIC

**Jaipur Nuclear & Imaging Center**

B71, Lalkothi, Near Doodh Misthan Bhandar,

Sahkar Marg, Jaipur, Rajasthan - 302015.

Phone : 0141- 2741211

Mobile : 9828844436, 9828844463

Email : nic.jaipur@nuclear.com, jaipurnuclearimaging@gmail.com

## PET-CT Report

No abnormal FDG uptake or lesion is noted in the brain parenchyma.

No abnormal FDG uptake or lesion is noted in rest of the visualized skeleton.

Physiological FDG uptake is noted in the rest of the visualized organ.

Note: The brain lesions may not be apparent on the FDG PET study and additional investigations may be performed if clinically indicated.

### Impression-

**Mildly FDG avid lytic destructive lesion with mild soft tissue component in the right ala of the sacrum and part of the body of the S1 vertebra as described – residual/ recurrent metabolically active disease.**

No definite scan evidence of abnormal hypermetabolism elsewhere in the body in present study.

No previous PET for comparison.

(Dr Tarun Kumar Jain)

Nuclear Medicine Physician

MD Nuclear Medicine (AIIMS, New Delhi)

Fellow in PET imaging (PGIMER, Chandigarh)

FANMB 2018

For complaints and suggestions,  
please feel free to write to us at [nic.jaipur@nuclear.com](mailto:nic.jaipur@nuclear.com)  
or WhatsApp : PET to 9223194040

Interpretation of the scan should be done in correlation with the clinical picture and other relevant radiological and laboratory evidence

PET-CT

Powered by

**Nuclear**  
NATIONWIDE NETWORKED





# JNIC

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## PET-CT Report

NM No	JNIC PET/0264/18	Date	08/05/2018
Name	Raja Babu	Age/ Sex	14 yr./ Male
Hospital ID		Referring physician	Dr Mukesh Chaudhary
Clinical history and PET/CT Indication	C/o Ewing's sarcoma of the sacrum diagnosed in 08/05/2017. 9 cycle chemo (last in March 2018). 28 fractions RT Nov 2017 to right HIP region. PET/CT to restage or response evaluation of the disease.		

## 18 F FDG Whole body PET/CT

### Procedure details-

Whole body images (base of skull to Toe) were acquired in 3-D mode 60 min after I.V. injection of 370 MBq of F18-FDG using a dedicated BGO PET-CT scanner. IV contrast was given. Reconstruction of the acquired data was performed so as to obtain fused PET-CT images in transaxial, coronal and sagittal views.

### Findings-

Mildly FDG avid (SUVmax 3.9) lytic destructive lesion & sclerotic healing with mild soft tissue component is noted in the right ala of the sacrum and part of the body of the S1 vertebra. The right S1 joint and L5/S1 intervertebral Joints are maintained. The joint space between the S1 and S2 vertebra appears reduced. The soft tissue component is extending to the right sided S1 foramina and causing complete effacement of the right S1 foramina.

No abnormal FDG uptake or lesion is noted in rest of the sacrum, and bilateral iliac bones.

A few Non FDG avid subcentimetric paraaortic lymphnode are noted.

No abnormal FDG uptake or lesion or lymph node is noted in the abdomen and pelvis.

No abnormal FDG uptake or lesion or lymph node is noted in the mediastinal region and bilateral lung fields.

No abnormal FDG uptake or lesion or lymph node is noted in the cervical and bilateral supraclavicular region.

No abnormal FDG uptake or lesion is noted in the brain parenchyma.

For complaints and suggestions,  
please feel free to write to us at [nic.jaipur@nuclear.com](mailto:nic.jaipur@nuclear.com)  
or WhatsApp : PET to 9223194040

Interpretation of the scan should be done in correlation with the clinical picture and other relevant radiological and laboratory evidence

PET-CT

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# S.M.S. HOSPITAL, JAIPUR

## SONI HOSPITALS CT & MRI CENTRE

Patient Name	Raja babu	Patient ID	07570
Age	14 yrs	Date	28-Apr-17
Gender	M	Ref. Doctor	SMS

### CECT THORAX

#### Clinical history not available

Multiple subcm size lymphnodes are noted in bilateral axilla, pre-paratracheal, precarinal regions.

No obvious areas of interstitial septal thickening, ground-glass haziness, distortion of bronchovascular bundles, bronchiectasis or honeycombing are noted. No centrilobular nodules are noted in either lung fields.

Trachea is central. Tracheal bifurcation is defined.

No pleural effusion / thickening present.

Bony thoracic cage and extra thoracic soft tissue are normal.

  
Dr. Rajni Somani, M.D.  
Consultant Radiologist



# S.M.S. HOSPITAL, JAIPUR

## SONI HOSPITALS CT & MRI CENTRE

Patient Name	Raja Babu	Patient ID	171018008
Age	14 yrs	Date	30-09-2017
Gender	M	Ref.Doctor	SMS

### MRI L. S. SPINE WITH S.I. JOINTS WITH GD

#### FINDINGS:

Heterogeneous signal intensity is seen in S1 vertebra coupled with pre, Paravertebral and anterior epidural component. The lesion is also extending upto the articular margin of right S.I. joint and showing free fluid in right S.I. joint and periarticular soft tissue component, which is showing moderate enhancement on contrast images - Suggestive of follow up case of Pott's spine

Rest of the vertebral bodies show normal heights and alignment.

Rest of the IVD spaces are preserved.

Visualized spinal cord is normal in morphology and signal intensity.

Left S.I. joint appears normal.

*Dr. Rakesh Lal*

Kindly compare & seen are

Dr. Rakesh Lal, M.D.  
Consultant Radiologist



# DR. RENUKA'S DIAGNOSTICS

1st Floor, Ujjaini Sharda, Colecta Main  
J.N. Marg, Near J.K. Loan Hospital, Jaipur  
Ph: 0141-2619932



LAB REG. NO. SEA 200674514078

TR508184091813

Lab No. : 17\_05\_00063  
Name : Mr. RAJA BABU  
Ref. By. : Dr. SANDEEP JASUJA

Date : 08/05/2017  
Age : 14Years/Male  
Biopsy no. rjc/ 1567/17

## SURGICAL PATHOLOGY

### SPECIMEN

CT guided biopsy from sacrum ( iliac mass lesion)

### GROSS EXAMINATION

received 2 core tissue, each 0.5 cm in length.  
whole tissue is processed.

### MICROSCOPIC EXAMINATION

section show fibromuscular tissue is heavily infiltrated by large hyperchromatic round cells, these cells are having very high N/C ratio and at places nucleoli are seen, there are few spindle shape cells are also seen. there are necrotic material are also seen.

### IMPRESSION

overall histomorphology are in favour of nonepithelial cell tumor.  
suggestive of malignant round cell tumor

advise IHC for confirmation and proper diagnosis

Technologist

*Plavin Patel*  
*Alisics*

*Renuka Joshi*  
Dr. Renuka Joshi  
MD Pathology

this is pathological impression and not the final diagnosis. it should be correlated with relevant clinical data and investigation. not valid for medico legal purpose. subject to be jaipur jurisdiction only. histopathology and cytology reports are opinion. this should be correlated with clinical findings. in case of discrepancy, review or second opinion block and slide will be provided on request. biopsy specimen will be preserved for 2 month, subject to be jaipur jurisdiction only

*Mukesh Choudhary*  
Mukesh Choudhary  
MD, D.M. (Med.) Oncology  
Director Medical Oncology  
RMC : 03/27363



# S.M.S. HOSPITAL, JAIPUR

## SONI HOSPITALS CT & MRI CENTRE

Patient Name	RAJA BABU	Patient ID	16414
Age	15 yrs	Date	30-08-2018
Gender	M	Ref.Doctor	SMS

### MRI L. S. SPINE

#### Findings:

T1 and T2 marrow hyperintensity with STIR suppression seen involving L4 and L5 vertebra – suggestive of fatty changes.

Lytic destruction of S1 vertebra body noted, predominantly on right side with involvement of SI joint and associated pre-paravertebral and epidural components. Epidural component is extending along the spinal canal to L3-L4 vertebra level impinging right traversing and exiting nerve roots ? mitotic etiology.

#### Adv: - Histopathological Correlation.

No significant disc bulge or prolapse is seen,

Visualized spinal cord is normal in morphology and signal intensity.

Dr. Chetan Garg  
Consultant Radiologist



T2767183737321



# S.M.S. HOSPITAL, JAIPUR

## SONI HOSPITALS CT & MRI CENTRE

Patient ID	172006801	Patient Name	Raja Babu
Age	14 Yrs	Date	26-Apr-17
Gender	MALE	Ref Doctor	

### MRI STUDY OF LUMBO-SACRAL SPINE

#### OBSERVATIONS:

Lumbar lordosis obliterated.

Cord ending at upper L1 level.

Spinal cord appears normal in signal intensity.

**Lytic destruction of S1 vertebral body noted, predominantly on right side with involvement of S.I. joint and associated pre-paravertebral and epidural component impinging traversing and exiting nerve root - ? tubercular etiology / ? mitotic pathology.**

**Adv:- MRI with contrast will be more Informative.**


Rest of the lumbar vertebral bodies show normal signal intensity.


Rest of the intervertebral discs show normal signal intensity.

Visualized spinal cord is normal in morphology and signal intensity.

No evidence of spinal canal stenosis.

Posterior elements including facets joints are unremarkable.

  
Dr. Sunil Jakhar  
Consultant Radiologist, MD

  
Mukesh Choudhary  
MD, D.M. (Med.) Oncology  
Director Medical Oncology  
RMC : 03/27/63



# Prof. Dr. HEMANT MALHOTRA

MD, FRCP (London), FACP (USA), MNAMS, FICP, FUICC, FIMSA, ECMO  
RMC Reg. No. : 619/8800

## Medical Oncology Specialization

Tata Memorial Hospital, Bombay  
New York Hospital-Cornell Medical Center, New York  
Sloan Kettering Cancer Center, New York

h/169  
w-42

Senior Professor Deptt. of Medicine &  
Head, Division of Medical Oncology  
SMS Medical College Hospital, Jaipur - 302 004  
Phone : 91-141-2573233  
Fax : 91-141-5105589  
E-mail : malhotra.h.smsmc@rajasthan.gov.in

Consultant Medical Oncologist & Hematologist  
C-70, Ram Marg, Tilak Nagar, Jaipur - 302 004  
Phone : 91-141-2620600, 4004647  
Fax : 91-141-2622899  
E-mail : drmalhotrahemant@gmail.com

cto - pan @ h/h/bare :  
2 - 3 mo

Sh. Rayer Babu

mishra/15

07/09/2014

sel man

2 A Ewing's Sarcoma / PNET  
Sarcoma

Post CT / PT (30#)  
[uracil + ifosfamide]

Completed Dec 20/17

? Recurrence

Adv. CB case for

2 B Ewing's Sarcoma / PNET S. C. 17

1. XRE

2. Bone Scan

3. Whole PET/CT Scan







# S.M.S. HOSPITAL, JAIPUR

## SONI HOSPITALS CT & MRI CENTRE

Patient Name	Raja babu	Patient ID	07570
Age	14 yrs	Date	28-Apr-17
Gender	M	Ref. Doctor	SMS

### CECT SCAN WHOLE ABDOMEN AND PELVIS

There is presence of expansile lytic lesion with multiple internal septation and surrounding soft tissue component seen involving S1 vertebral body – ? Nature ? metastases ? ABC

Multiple subcm sized lymphnodes are noted in pre and paraaortic and mesenteric region.

Liver is normal in size and has smooth borders. Hepatic parenchyma shows normal attenuation. Intrahepatic biliary radicals are not dilated. Hepatic vasculature is unremarkable.

Gall bladder is well distended and has smooth walls. Lumen is clear. No radio -opaque calculus or soft tissue mass seen in the lumen.

Head, body and tail of pancreas are defined and normal in size. Pancreatic parenchyma shows normal enhancement. Peripancreatic fat planes are normal.

Spleen and both adrenals are normal in size and shape.

Both kidneys are normal in anatomical position and structure.

Urinary bladder is distended and has smooth walls.

Pelvic visceral organs are grossly normal.

Aorta and IVC appear normal. Gastrograffin filled bowel loops are normal. No free fluid collection in peritoneal cavity.

  
Dr. Rajni Somani, M.D.  
Consultant Radiologist





Regd. Dt: 13/05/2017 Acc. ID: 101721428  
Coll Dt. Tm: 12/05/2017 10:55:32  
Recd. Dt. Tm: 13/05/2017 10:55:36  
Age: 14 Yrs Sex: Male  
Name: Mr. RAJA BABU - 793

Client Details: Solutionz  
G10, Prism Tower, Opp Police HQ, LAL KOTHI, JAIPUR  
Refd. By: DR. SANDEEP JASUJA  
Report Dt. Tm: 17/05/2017 17:13:29  
Printed Date: 18/05/2017

### IHC Final Diagnosis Panel # ^

Immunohistochemistry

LAB. NO.: I4331/17

#### CLINICAL DETAILS:

CT guided biopsy from sacrum (iliac mass lesion): Overall morphology in favour of nonepithelial cell tumor suggestive of round cell tumor.

**SITE:** Sacrum (iliac mass lesion)

#### SPECIMEN DETAILS:

Received one paraffin block labeled as RJ156717 A and B for IHC. IHC performed on block number RJ156717A.

#### MORPHOLOGY:


Section of very tiny core biopsy shows tumor composed of masses of small dark round cells surrounded by fibrocollagenous septae. The cells have uniform dark round to oval nuclei, dark chromatin, inconspicuous nucleoli and scanty cytoplasm which is vacuolated in some cells. Mitosis are present.

IHC MARKERS :	RESULT
CD99	Positive in majority of cells
FLI-1	Positive in majority of cells
NSE	Positive in some cells
EMA	Positive in some cells
Vimentin	Positive in many cells
Synaptophysin	Positive in occasional cells
CD56	Negative
CK	Negative
PAS stain	Positive for intracytoplasmic granules
Ki-67	15%

#### IMPRESSION:

Scanty tumor tissue consistent with Ewing sarcoma / PNET.

- All controls show expected reactivity
- Tests performed using Polymer detection system.
- This is an opinion based on material and details provided, kindly correlate clinically to reach a confirmative diagnosis.
- False negative/weak IHC results due to poor Antigen preservation in the material sent for evaluation cannot be excluded

  
Dr. Rajni Parmar, M.D.  
Chief Surgical & Oncopathology  
Surgical Pathology, Main Lab

\*\*\* End of Report \*\*\*

The sample is processed by Oncquest Laboratories Ltd.

# CAP accredited ^ In Scope of NABL

Please correlate the test results with clinical history of the patient. Not for medico-legal purpose. Tests performed by CAP (7210071) and NABL Accredited & Certified Laboratory

Regd. Office: Oncquest Laboratories Limited., 3, Factory Road, Adj. Safdarjung Hospital, New Delhi - 110029  
Tel.: Tel.: 011-30611467, 30611432, Fax: 011-26182231, E-mail: info@oncquest.net, Website: www.oncquest.net



# S.M.S. HOSPITAL, JAIPUR

## SONI HOSPITALS CT & MRI CENTRE

Patient Name	Raja Babu	Patient ID	173032804
Age	14 yrs	Date	21-Dec-17
Gender	Male	Ref. Doctor	SMS

### CECT THORAX

*Follow up case of ewing's sarcoma sacrum post CT and RT—*

No obvious areas of interstitial septal thickening, ground-glass haziness, distortion of bronchovascular bundles, bronchiectasis or honeycombing are noted. No centrilobular nodules are noted in either lung fields.

Trachea is central. Tracheal bifurcation is defined. No hilar or mediastinal lymphadenopathy seen.

No pleural effusion / thickening present.

Bony thoracic cage and extra thoracic soft tissue are normal.

  
Dr. Rajni Somani, M.D.

Rmc: 007217

Consultant Radiologist

Any clinical discrepancy please discuss with radiologist. Patient's identification in reporting is not established, so in no way this report can be utilized for any medico legal purpose.

This report is not valid for medico-legal purposes • All subject to Jaipur Jurisdiction only.





# VARDHMAN NUCLEAR IMAGING CENTRE

(A unit of **Hospital & Hospital**)

S.D.M. Hospital Campus, Bhawani Singh Road, Jaipur-15 • Tel : 0141-5110627 • Fax : 2573527

## WHOLE BODY BONE SCAN

Date: 28/04/17

Patient Name: Mast. Raja Babu

Age: 14 Yrs. Sex: M

Ref by: Dr. Sandeep Jasuja

Reg. 28131.

\*\*\*\*\*

Tracer used: 99m Tc- MDP.

### PROCEDURE:

555 MBq Tc99m MDP was administered I V and whole body bone scan in Anterior & posterior views were taken after 3 hrs.

### FINDINGS:

1. Abnormal increased uptake of radiotracer seen in:
  - a. Sacrum and Rt. SI joint.
2. Rest of the skeleton reveals normal physiological uptake of radiotracer.
3. Kidneys are visualized in normal position.
4. Soft tissue uptake is within normal limits.

### IMPRESSION:

- Lesion in sacrum and Rt. SI joint appears due to ? primary neoplastic pathology / ?? chronic inflammatory pathology.
- No other suspicious lesions seen in skeleton.

SUGGEST: Clinical correlation.

  
Dr. B. Venkat Ratnam  
MD (Gen. Medicine), DRM  
Consultant & Incharge

$^{153}\text{Sm}$  &  $^{89}\text{Sr}$  therapy is available

For any query Contact on 98290 - 90597.



