

CARE PROMISE WELFARE SOCIETY (REGD)

Patient Data Form

Sponsorship Form For Financial Assistance (Surgery, Chemotherapy & Treatment)

Reg. No. 390 /CPWS/PT

Date: - 05-11-2015

Patient's Name : Master Sahil Verma
Age : 10 Years old
Sex : Male
Address : Sector-7, Noida (UP)



Patient's Details: - The Case of Master. Sahil Verma aged 10 yrs, suffering from Throat Cancer (perhaps stage 3) has been received by the society through Kendriya Vidyalaya Noida where a programme on dreadful diseases was conducted by our NGO.

The boy is being treated AIIMS Hospital, New Delhi. His father is laborer and has responsibility of five members in the family. AIIMS, New Delhi has indicated that the amount required for his treatment may be quite high as the patient is repeatedly undergoing chemotherapy and may have to be operated upon also in future. The present cost of the medicines is also high and his father is not able to afford the required expenditure.

We request you to kindly help the poor boy who if not helped will certainly reach the end of his life very soon

FAMILY DETAILS

Father's Name : Deepak Kumar Verma
Age : A/M
Occupation : Laborer
No. of family members : Five Members
Total annual family income : Rs. 72,000/- (Seventy Two Thousand Only)

MEDICAL TREATMENT'S DETAILS

Disease suffering from : Throat Cancer
Treatment prescribed : Chemotherapy, Medicines & Surgery(if required)
Concern Doctor : H.O.D.
Cost of treatment : High
Hospital Name and Address : AIIMS, New Delhi

Declaration

I declare that the information given above is correct and complete in all respects and I am not in a position to arrange funds for the purpose stated above.

The case is through Kendriya Vidyalaya Noida and is based on the documents issued by AIIMS New Delhi



18F-FDG WHOLE BODY PET-CT STUDY

Patient Name: SHAHIL VERMA

Age/Sex: 10YR/M

Study ID: FDG/28334/15

Date: 08-08-2015

Indication: Hodgkin s lymphoma

Procedure: PET-CT acquisition was done 45 to 60 minutes after injection of 10 mCi (adult)/0.2mCi/kg (children) ¹⁸F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization. Additional spot views were taken if indicated.

PET-CT Findings:

Head and Neck: Multiple enlarged conglomerated right cervical level II-V, right parapharyngeal, right supraclavicular lymph nodes are seen with increased tracer uptake. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

Thorax: Multiple enlarged pretracheal, bilateral peribronchial lymph nodes are seen with increased tracer uptake. Physiologic 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 esophagus appear normal on CT. No lymphadenopathy noted.

Abdomen-Pelvis: Normal FDG distribution is noted in the liver, spleen, gastrointestinal tract, kidneys and urinary bladder. Liver, biliary ducts, spleen, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted. No lymphadenopathy noted in the abdomen-pelvis.

Skeletal System: Physiologic FDG distribution is seen in the entire axial and appendicular skeleton.

Impression:

Findings are suggestive of metabolically active disease involving lymph node groups above the diaphragm.

Madhavi Tripathi
Dr. Madhavi Tripathi

Senior Resident

Consultant



Department Of Pathology
All India Institute Of Medical Sciences
Delhi

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Patient Name:	sahil verma	Acc. No.	1527613
F/H Name:	deepakumar verma	Hosp. Reg. No.	101150032
Age/Sex:	10 Y/Male	UHID No.	---
Clinic/Dept/Unit:	Haematology/Unit 1	Consultant Incharge:	Dr. M Mahapatra
Reg. Date:	14-08-2015	Reporting Date:	14-08-2015

Histopathology Report

Report Findings:

Received three stained slides and three paraffin embedded blocks labeled(s-9003/15) sent as cervical lymph node biopsy for review.

Sections show features of Hodgkin lymphoma mixed cellularity. The large atypical cells are immunopositive for CD15, CD30 and EBV-LMP1.

Reporting Incharge: Dr. Saumyaranjan Mallick

Reporting SR: Dr. Ashok Singh
Verify By: Dr. Ashok Singh

ABVD
HODGKIN'S DISEASE

DEPARTMENT OF
HEMATOLOGY
AIIMS, NEW DELHI

NAME		Sahil Kumar	CYCLE#	DATE	17/8/15	
AGE/SEX		HO NUMBER	CR NUMBER			
HEIGHT		180cm	WEIGHT	25 kg	BSA	0.9
DRUG	DAYS OF ADMINISTRATION	REQUIRED DOSE PER M ²	CALCULATED DOSE	ADMINISTRATION		
DOXORUBICIN	DAY 1 AND DAY 15	25 mg/m ²	22.5	Slow IV push into sidearm of free flowing normal saline		
VINBLASTINE	DAY 1 AND DAY 15	6 mg/m ² (maximum 10 mg)	5.4 mg	Slow IV push into sidearm of free flowing normal saline		
BLEOMYCIN	DAY 1 AND DAY 15	10 mg/m ² or 10000 units/m ²	9U	100ml sodium chloride 0.9% over 30 minutes		
DACARBAZINE	DAY 1 AND DAY 15	350mg/m ²	315	500 ml Dextrose 5% over 2 hours		
PREMEDICATIONS					Prior to chemotherapy	
Ondansetron 3mg IV stat						
SUPPORTIVE CARE						
Ondansetron 8mg (DB)					DAY 1-3	

Cycle 1 A 17/8/15

1 B 31/8/15

11 A 14/9/15

11 B 28/9/15

111 A 12/10/15

111 B 26/10/15

111 A 9/11/15

Next 111 B 22/11/15

ABVD HODGKIN'S DISEASE
Next 111 A 8-12-15
Next 111 B 22-12-15 (Tuesday)

Signature



उपचारित/66861/015
 आ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अंदर धूम्रपान करना है। / SMOKING PROHIBITED IN HOSPITAL PREMISES
 (UHID 101150032) Ho-6861/15

रोगी/Unit
 विभाग/Dept.

आपसी/उपचारित सं० / O.P.D. Regn. No.

नाम/Name	लिंग/उप/वर्ण/वर्ण/युवा F/S/W/H/D of	लिंग Sex	वय Age	पता/Address
Master SANTIL	S/O देवप्रकाश कु'वामु M	M	60	

रोग/Diagnosis: HD अग्रिम

दिनांक/Date	उपचार/Treatment
21/11/15 ②	R ① Next <u>ARVD</u> <u>II B</u> on <u>28/11/15</u>
	② T Zovirax 1 OD.
	③ T Crocin 1 no
	④ T Emucor 1-1-1
	⑤ Rest & 2 weeks

[Signature]
21/11/15

5-10-2015

(5)

R
X

(1) Next ABVD III-A 12/1/15

(2) Cap zero 1 m

T Elnesat 1 m

(3)

T Allagra (120)

(4)

1 m x 2mg

(5)

Syr Tyxlin

2mg tabs x 4days

(6)

Rec for 2 weeks




5/17/15
Dr. [unclear]