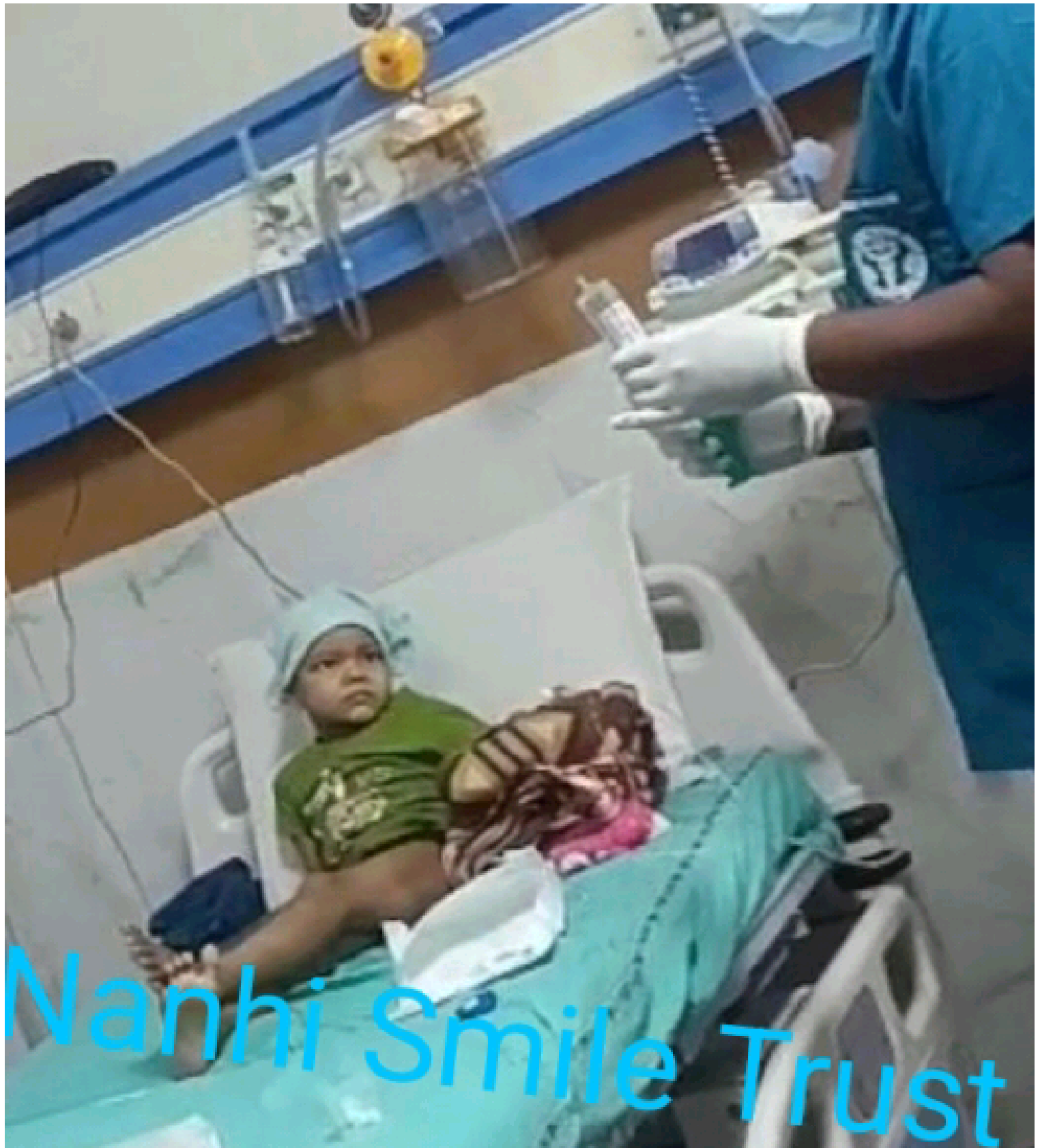




Nanhi Smile Trust



Nanhi Smile Trust

Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi

Poc-223/25



Safedek 107050

शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Nanhi Smile Trust

Name : Shrishti Yadav

UHID : 108312780

Diagnosis: NB (M)



¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: SHRISHTI YADAV		Age/Sex: 4Y/F
Study ID: FDG/39032/25	UHID: 108312780	Date: 18.11.2025
Indication: C/o high risk neuroblastoma, post 8 cycles of CT (last on 28.10.2025). PET/CT for response assessment.		

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

PET-CT Findings:

Head and Neck: *Mildly FDG avid right cervical level II- V lymph nodes noted with foci of calcifications. Mucosal thickening noted in bilateral maxillary sinuses – sinusitis. Increased FDG uptake noted in adenoids and bilateral palatine tonsils with few subcentimetric mildly FDG avid right cervical level II lymph nodes noted – reactive.*

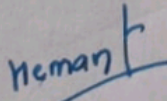
Thorax: *Few sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum. Physiological FDG uptake is seen in the myocardium.*

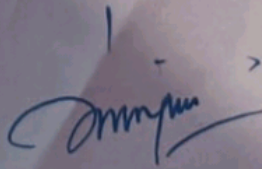
Abdomen-Pelvis: *Mildly FDG avid hypodense lesions noted in bilateral lobes of liver, largest measuring ~ 1.5 x 1.3 cm in segment III. Few sub-centimetric mesenteric and bilateral inguinal lymph nodes noted with preserved fatty hilum. Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder. No ascites is noted.*

Musculo-Skeletal System: *Mild diffuse FDG uptake is noted in the visualized axial and appendicular skeleton - reactive.*

IMPRESSION:

- Mildly metabolically active right cervical lymph nodes and liver lesions - residual disease.
- As compared to the previous scan FDGN/40067/25 (dated 26.05.2025); there is resolution of abdominal lymph nodes and bone marrow lesions and reduction in size and metabolic activity of right cervical lymph nodes & liver lesions – suggestive of partial response.


Dr. Hemant Khairwa
Senior Resident


Dr. Kh. Bangkim Chandra
Consultant

26/11/25

PET diagnosis:

liver less. ⊕
cervical LN Rt side (↓)
RPLN - reached
No BM involvement

S/O PR

RC disease - dominant

No evidence of head

Ado

R/r in PCSC dominant



Dr. Amitabh
DM Radiation
Pediatric Oncology
DMC - 5071
AIIMS - New Delhi

27/11/25

HR-NB

Baseline Ds:

RP mass + Met etc

liver, spleen, LN & Bone & BM / largest Rt VI

~~Rt cervical LN~~ B/L cervical LN

Rt cervical level III-IV
B/L level V

↓

β

Pc

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BM - Biopsy

B/L involved

18/08/25

D Neuroblastoma - HR

(Intervention ARMS)

3rd cycle received on 28/7/25

fever x 3 days / no contact 3 URU
no focus
N- 80% (H)
C- 12% (L)

CBC (18/8/25) - Hb 8.80 $\frac{10500}{8400}$ (500×10^3)

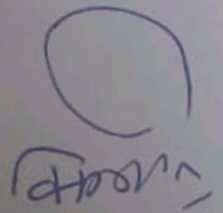
Serum CRP Igm \rightarrow negative
T NIAg \rightarrow negative

Malaria \rightarrow Negative

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Adv:

- SLP Levoflox
- SLP Amox-clav (5/228) 8ml \rightarrow 8ml x 7 days
- SLP CROCI (5/120) 7ml A/D (100%)
- TO CONT SGSTRAN
- Next visit \rightarrow 20/08/25



08/09/25 HR - Neuroblastoma — Enrapi & COFE (Bevacizumabam)

o Post 5th chemo (05/09/25 — 06/09/25)

o En 61-CSF prophylaxis.

o/c Cough
Rhinilu } x 4 days.

No c/o fever / fast breathing /
abdominal pain / loose stool /

o/e — Afebrile HR-86/min
No palp (+). RR — a

Adv/

→ Syp. Cetirizine (1ml / 5mg) 1.5ml PO HS x 5 day.


→ ~~IV~~ → (OPD) — 10/09/25 9am → CBC
RFT / KFT
Wednesday

D₄₅ chemo (10/09/25)

INT. BEVACIZUMAB

130mg / 150ml NS IV over 60 minutes

12/9/25


RUSAMA SORIQUE P.R.
Pediatric Oncologist

11-08-2025

△ HR-Neuroblastoma

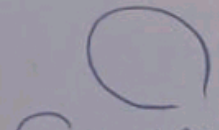
(intercourse area)

Drugs for 4th course

Adv:

- iv BEVACIZUMAB 130 mg in 150 ml NS over 60 mins ^{24h.} (D1)
- iv CISPLATIN 50 mg in 100 ml NS over ~~1h~~ (D1)
- iv VIPERISTATIN 1 mg w flow patch (D1)
- pre/post. Hydration for cisplatin
- iv DEXA 2 mg w stat
- iv EMESGT 2 mg w stat
- to prevent serum
- infuse Bevacizumab prior to chemotherapy
- Next visit → 18/08/2025

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Aparna

1/10/25

HR-NB

on Bemacicumab + rCopic.

due for cycle 7 wef 3/10/25.

Child ok.

labs ok.

Advice:

Date for chemo D₁

D₂

10/10/25
11/10/25

Inj. Emeset 4mg iv push.

Inj. Dexamethasone 2mg iv push.

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Inj. Vincristine 0.95mg iv slow push (D₁)

Ivf: DNS + (1:100) KCl @ 80ml/hr x 6 hours.

Inj. Cyclophosphamide 660mg / 200ml NS iv 1h

Inj. MESNA 200mg iv @ 0, 2, 6h

Inj. Etoposide 110mg / 200ml NS iv over 1h

(D₁
and
D₂)

24/12/25

Proxy visit

HR NB | post 8#
recojec ~ PR @ mcts

two salvage cycle ① completed

on GCSP 05

counts 23112

8.4 / 2640 / 55kw
1670

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Advise and plan

① Keep as tentative in 2nd slot of 2nd # two week Jan 2

[To keep in ward list]

② RV @ fin on 31/12/25
CBCI RPT 247

re visit



प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi



UHID:	I08312780	Sex :	Female
Patient Name :	Miss. SHRISHTI YADAV	Sample Received Date :	23-Dec-2025 16:37 PM
Age :	4Y 7m	Department :	Paediatrics
Reg Date :	23-Dec-2025 16:37 PM	Sample Collection Date:	23-Dec-2025 15:12 PM
Recommended By :		Sample Details :	LH23122501843
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516990748

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb (SLS-photometry)	8.40	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	28.50	%	34 - 40
RBC count (Impedance)	3.60	10 ⁶ /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	2.64	10 ⁹ /μl	5.0 - 15.0
Platelet count (Impedance)	55.00	10 ³ /μL	200 - 490
MCV (Calculated)	79.20	fL	75 - 87
MCH (Calculated)	23.30	pg	24 - 30
MCHC (Calculated)	29.50	g/dL	31 - 37
RDW-CV (Calculated)	22.50	%	11.6 - 14
Neutro (Fluo. flow cytometry)	63.20	%	30-60%
Lympho (Fluo. flow cytometry)	34.50	%	29-65%
Eosino (Fluo. flow cytometry)	0.40	%	1-4%
Mono (Fluo. flow cytometry)	1.50	%	2-10%
Baso (Fluo. flow cytometry)	0.40	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	1.67	10 ⁹ /μl	1.5-8.0
Lympho- Abs (Calculated)	0.91	10 ⁹ /μl	6.0-9.0
Eosino - Abs (Calculated)	0.01	10 ⁹ /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.04	10 ⁹ /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.01	10 ⁹ /μl	0.02 - 0.1

Remarks: Thrombocytopenia present. MPC done, giant platelet forms/ platelet clumps not seen on examined smear. Count appears reduced on smear review. R/O infections/ therapeutic history. Kindly correlate with the medical/drug history and the clinical presentation.

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-----End of Report-----

Dr. Sudip Kumar Datta

Dr. Tushar Sehgal

Dr. Suneeta Meena

Dr Subhamon Bhattacharjee

Generated On 23-Dec-2025 19:02:46 -4673.035

This is an electronically authenticated laboratory report.

Page 1 of 2

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005



शरीरमाद्यं खलु धर्मसाधनम्

DEPARTMENT OF RADIODIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
NEW DELHI

Patient Name: SHRISHTI YADAV
UHID: 108312780
OPD / Ward: Paediatrics
Procedure: CECT CHEST AND ABDOMEN Main
CT8 GE OPD RAK BLOCK

Gender/Age: F/4 y
Exam Date: 20/11/2025 9:57AM
Modality: CT
Room:

CECT chest and abdomen

Clinical details- k/c/o neuroblastoma post chemo

Chest

Both lungs: Normal, No focal lesion.
Mediastinum: Normal, No lymph node enlargement.
Trachea, main bronchi: Normal.
No pleural or pericardial effusion.

Note is made of enlarged cervical lymph node at right level 3.

Abdomen & Pelvis

Heterogeneously enhancing soft tissue mass coursing along the right S1 sacral foramina measuring 2x1x1.5cms, showing permeative lysis of the right sacral ala.

B/L adrenal glands are seen seperately.

Liver: Enlarged in size(15cms). Multiple hypoenhancing lesions seen throughout the liver largest measuring 1.1x1cms in segment 7/6.

CBD/ Gall bladder: Normal.

Pancreas: Normal.

Spleen: Normal.

Both kidneys/ ureters: Normal, No hydronephrosis.

Free fluid: No ascites.

Urinary bladder: Normal.

Additional information: None.

Comparison: As compared to prev CECT dated 17/6/25 there is reduction in size of presacral lesion, liver lesions and non visualisation of retroperitoneal nodal masses. Intraspinal extension of presacral lesion mentioned in previous scan is not seen in current scan.

Impression:

In a k/c/o neuroblastoma, current scan show -

Heterogeneously enhancing soft tissue mass coursing along the right S1 sacral foramina with permeative lysis of the right sacral ala with multiple liver mets.

*****End Of Report*****



प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल
भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India
Institute of Medical Sciences, New Delhi-110029

UHID: 108312780 Reg Date : 12/05/2025 05:41 PM
Patient Name : Miss. SHRISHTI YADAV
Sex : Female Age : 4 years 6 months 2 days
Department : Paediatrics Unit Name : Unit-III
Unit Incharge : Sample Collection Date: 14/11/2025 12:10 PM
Lab Name: Lab Oncology Sample Received Date: 15/11/2025 11:31 AM
Lab Sub Centre: Lab Oncology (IRCH)
Dept / IRCH No: 20250030012606 Recommended By: Dr. NISHITA PUROHIT
Lab Reference No: 4148
Ward Name: DAY CARE PEDS MCH GF

Sample Details : LOI-141125159-BP (Bone Marrow) / Report Date: 18/11/2025 05:12 PM

Nanhi Smile Trust

Report:

Cellular particulate bone marrow preparation showing haematopoietic cells of all series (M:E=3:1).
There is no morphological evidence of metastatic tumor cell infiltration on the smears examined.
Peripheral blood smear is unremarkable.

Advice : Correlation with bone marrow biopsy.

Senior Resident: Dr Gaddam Pranitha

Consultant: Dr G Smeeta

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(GADDAM PRANITHA)

Verified By

(Dr.GSMEETA)

Authorized Signatory

*****END OF THE REPORT*****



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name : SHRISHTI YADAV UHID NO. : 108312780
Accession No : S2526754 F/H Name : D/O ROHIT KUMAR YADAV
Age/Sex : 4Y /Female Additional ID : NA
Clinic/Dept : Paediatrics Unit : N/A
Consultant Incharge : Dr. Kana Ram Jat Request Date/Time : 24-05-2025 /00:00:00
Receiving Date/Time : 24-05-2025 /11:32:46

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2526754A

Specimen labelled as "cervical lymph node biopsy" comprises of multiple linear cores of soft tissue measuring 0.1 to 0.4 cm in length.

MICROSCOPIC EXAMINATION:

Sections examined show a small round cell tumor, diffusely immunopositive for PHOX2B and negative for NKX2.2, TdT, CD3 and CD20. Features are those of a metastatic undifferentiated neuroblastoma. Scant neuropil is present. However, maturing neuroblasts, rosettes, schwannian stroma and calcification are absent. Necrosis and nucleoli are not identified. Mitotic-Karyorrhectic Index (MKI) is intermediate (2 to 4%).

Fluorescence in situ hybridization for *MYCN* amplification is being performed and a supplementary report will follow. Kindly discuss with detailed imaging findings and biochemical parameters.

Case transferred to the undersigned on 5th June 2025.

DIAGNOSIS:

S2526754A Cervical lymph Core biopsy from cervical lymph node (side not mentioned) Metastatic neuroblastoma

End Report

Reporting Resident: Dr. Sunil Kumar Mallick

Reporting Faculty: Dr. Aanchal Kakkar, M.D.
Additional Professor

Reporting Date/Time: 05-06-2025 11:39

Disclaimer :

1. This report is electronically generated and does not require a signature or stamp to be considered valid.
2. The pathologic diagnosis should be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.



भारत सरकार

Government of India



रोहित कुमार यादव

Rohit Kumar Yadav

जन्म तिथि/DOB: 25/05/1996

पुरुष/ MALE

Download Date: 13/03/2020

Issue Date: 12/02/2020

Nanhi Smile Trust

4579 2894 0173

VID : 9113 3176 2028 0904

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

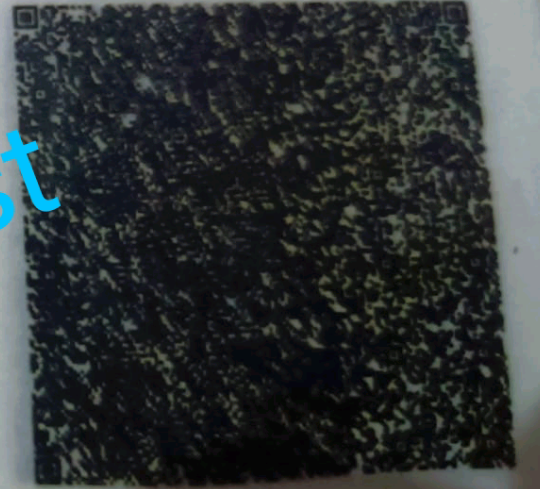


पता:

S/O: शम्भू नाथ, डभियार, कुम्भापुर, प्रतापगढ़,
उत्तर प्रदेश - 230132

Address:

S/O: Shambhu Nath, dabhiyar,
Kumbhapur, Pratapgarh,
Uttar Pradesh - 230132



4579 2894 0173

VID : 9113 3176 2028 0904



1947



help@uidai.gov.in



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Nanhi Smile Trust



NANHI SMILE TRUST

सेवा में,

श्रीमान नान्ही स्माइल ट्रस्ट,
नई दिल्ली।

विषय :- आर्थिक सहायता अनुरोधन पत्र हेतु।

महोदय,

श्रवण निवेदन यह है कि मेरा नाम शाहित कुमार यादव है और मैं उत्तर प्रदेश प्रतापगढ़ का रहने वाला हूँ और एक मेरी बच्ची है जोकि अभी 4 साल की है जिसका नाम शृष्टि यादव है और मेरी बच्ची न्यूरोब्लास्टोमा कैंसर (Neuroblastoma Cancer) से ग्रस्त है बच्ची की तात्कालिक चिकित्सा हेतु इस समय मेरी आर्थिक स्थिति सही नहीं है मेरी आपसे विनम्र प्रार्थना है कि आप मेरी बच्ची की निःशुल्क चिकित्सा में सहायता करें।

आपकी आभूषणा है

आपका प्रार्थी

शाहित कुमार यादव

बच्ची का नाम - शृष्टि यादव

उम्र - चार साल

दिनांक - 30/12/25

