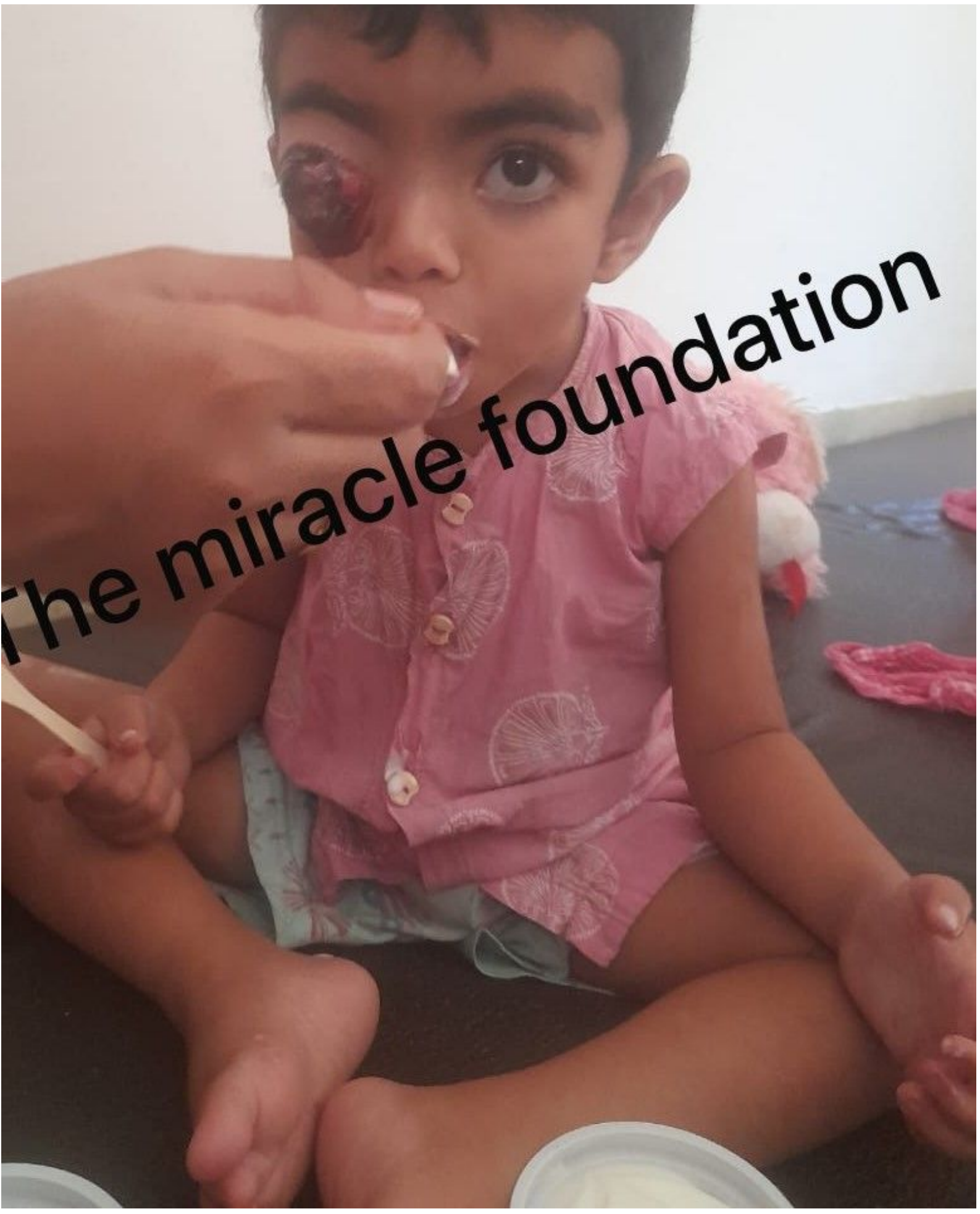
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Department of Hematology
Postgraduate Institute of Medical Education & Research, Chandigarh
REPORT OF BONE MARROW ASPIRATION / TREPHINE BIOPSY

Name: Vinayak Age / Sex: 3 Yr/M CR No: 202502917958 B.M No: P-323/25
C.I.I.c: Ward: Pediatric Medicine FRIDAY Dated: 03/06/2025

Clinical Diagnosis:- K/C/O right eye extraocular retinoblastoma. No organomegaly or lymphadenopathy. Bone marrow examination for staging.

HEMOGRAM DETAILS Hemogram No: H-128

HB - 11.6 gm/dl Retic: 1.51 % PLT: 462 X10^9/L TLC: 14.64 X10^9/L

DLC: P- 46 L- 46 M- 02 E- 02 Ba- Bl- Pm- My- Mm- nRBC-

PBF: Normocytic normochromic red cells. Platelets are adequate.

BONE MARROW FINDINGS

Particles: Particulate NE:E Ratio : M:E Ratio 3.2:1

Cellularity: Normocellular

Blasts:	1	Erythropoiesis: Normoblastic
Promyelocytes:	10	
Myelocytes:	9	Thrombopoiesis
Metamyelocytes:	7	[illegible] normal [illegible] forms seen
Polymorphs:	16	
Lymphocytes:	30	Erythroid precursors 16%. Eo-Baso precursors 2%. No clusters of
Monocytes:	2	atypical cells seen
Eosinophils:	6	
Basophils:		

CYTOCHEMISTRY

LAP - MPO - PAS - PERLS 0

TREPHINE BIOPSY REPORT Trephine Biopsy No: PT-210/25

Bilateral trephine biopsies measuring 1.3 and 1.5 cm show normocellular marrow spaces with an overall cellularity of 95-100%. There is increase in megakaryocytes. The erythroid and granulocytic series cells are proportionately represented. No clusters of atypical cells seen.

Reticulin -

Interpretation K/C/O Retinoblastoma: Bone marrow does not show evidence of infiltration.

Advice Please collect NGS for RB1 gene mutation report from Lab no. H-5 after approximately 3 months

JR Dr. Mridenu SR Dr. Sananda Kumar Faculty Dr. Reena Das
Validated On 14-06-25 04:24 PM Validated By Reena Das(Professor)

DATE :

Hb : 13·2 TLC : 9900 Platelets : 112

DLC : N 51 L 37 E M 12 ANC : 5049

Wt 10 kg Week of therapy :

Ht 26/8/25

↓ CBC

87/cu.mm

(94)

C/D/W Dr Deepak Bansal

→ ~~Give~~ ~~Joe~~ ~~5~~

→ Radiotherapy Registration

2 weeks since last chemo

→ R/V [illegible] on 9/9/25 for Enucleation

→ Refer to R/V SOS / after surgery

Sonali
SR, PMO

Revisit on:

E :

Hb : TLC : Platelets :

DLC : N L E M ANC :

Week of therapy :

New OPD 4003B
Tue/Thur/Sat.

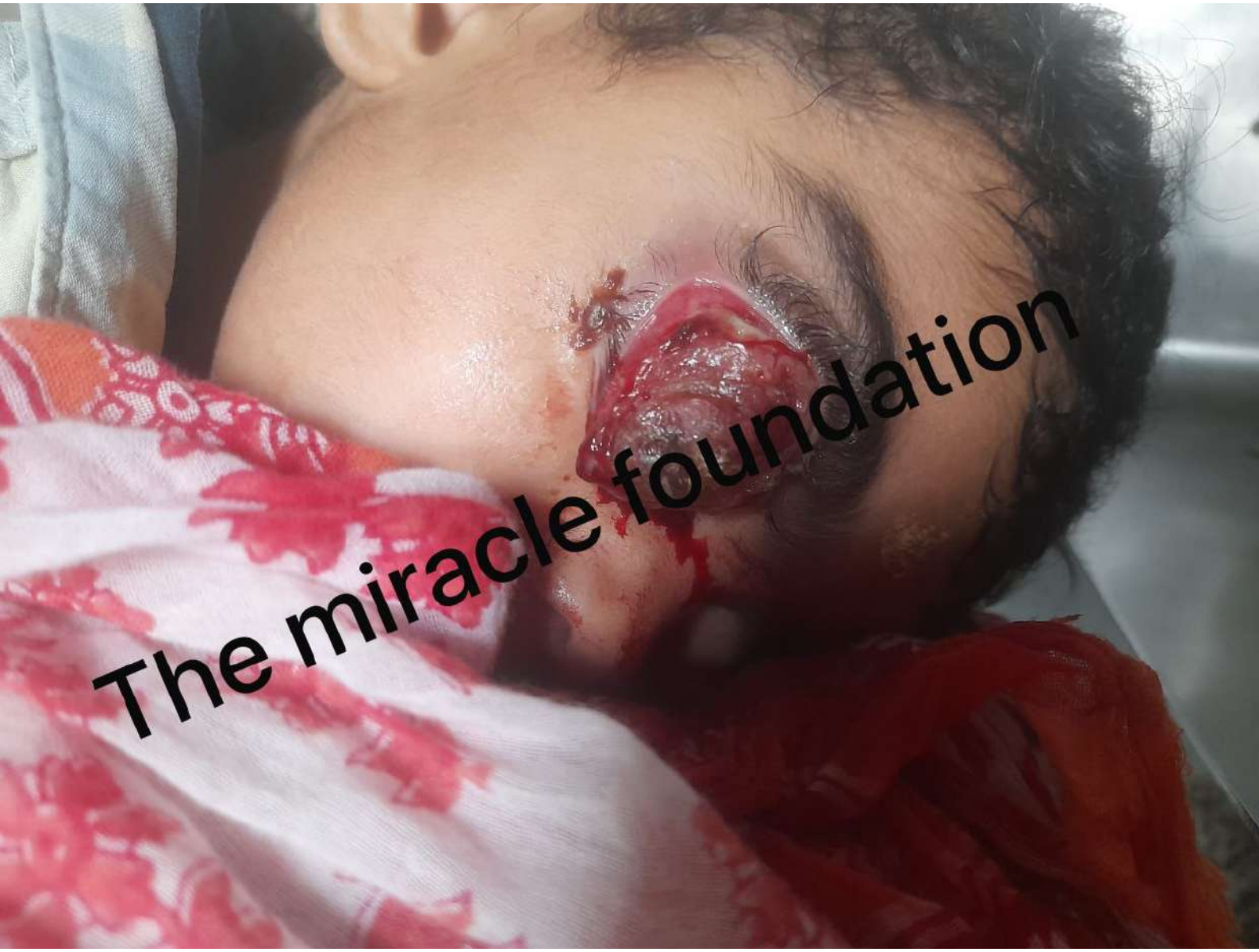
To
Dr Ranu Madaan,

This is a case of Extraocular RB who has received [illegible] of Chemo [illegible] awaiting Enucleation kindly register the patient. We will give a date for RT later.

Thanking you
Dr Sonali Arora
SR, PHO

Revisit on:

DATE :	Hb : 8·1 TLC : 5600 Platelets : 544 × 10^3 DLC : N 25 L 60 E – M 15 ANC : 1400
Wt 10.4 kg Ht 88	Week of therapy : 12/8/25 CBC Neuflon due cycle - 4 no active issues Plan 1) chemo Rx - VDC as planned 2) PRBC Tx on 14/8/25 3) R/v in AEC after 1 week for enrolment plan 4) R/v POC 8am on 26/8/25 for further plan/CBC Swetha 14/8/25 11AM Transfuse 783319/0+/PRBC/150ml over 4hrs Madhu
	Revisit on: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DATE:	Hb: 9.4	TLC: 6100	Platelets: 364		
22/7	DLC: N. 27	L. 60	E -	M 13	ANC:

Wt 10.5kg — Week of therapy: JOE - 3

Ht 85cm

Stamp
Wt/Ht 22 JUL 2025
CBC

(S2)

Rhs dose JOE (cycle 3 of 8)

1s ok

Pthisis (R) eye

Adv/ - Proceed JOE (high dose Carbo as planned)

- F/C. local stay / FN precautions explained

- R.v. on 12/8/25 for CBC / cycle 4 (VAC) or SOS for FN

Revisit on:

→ dose reduction at wt < 10kg

VDC Chemotherapy for Ewings Sarcoma

Name: Vinayak POC No. 9139 Weight/BSA 10kg / 0.5 m² Date 13/2/25

Hb 8.1 TLC 5600 ANC 1400 Platelets 544 x 10³ Week of therapy → cycle-4

Please ensure canula patency

Inj. ~~Ondansetron~~ Palaro 0.15 mg/kg/dose (max dose – 16 mg/dose)	dec ug + 100ml NS IV over 30 min 1.5 mg slow Iv push
Inj.Metoclopramide 0.1-0.2 mg/kg/dose (max dose – 10 mg/dose)	1.5 mg slow Iv push
Inj.Vincristine 2 mg/m²/dose Maximum dose 2 mg (0.05mg/kg)	Inj.VCR 0.5 mg slow Iv push
Inj.Doxorubicin75 mg/m²/dose (2.5mg/kg)	Inj.Doxorubicin 25 mg in 100 ml NS over 1 hr
Inj.Cyclophosphamide1200mg/m²/dose (40mg/kg) MESNA to be 720mg/m² (Total dose) To be added in fluids after Cyclo Give fluids for 8 hours after (4 hourly may be c	Inj.Cyclophosphamide ...mg in 100 ml NS followed by 125 ml/m²/hour (N/2 5% D).....ml / ~~4 hourly~~ 8 hrly Add MESNA 3L mg to each bottle.

Advice at discharge:

Plenty of water/ watch for hematuria

T.Emeset .....mg tablet q .....hrly × 5 days

T .Perinorm.....mg tablet q .....hrly × 5 days

Review in POC on ..... At 8A.M.

Inj G-CSF(5-10mcg/kg).....mcg sc (for 6 days)(First dose the day following chemotherapy)) Peg G-CSF 1mg SC stat → 14/2/25

Dates ↑ ↑ ↑ ↑ ↑ ↑

Swetha

signature of sister

Signature of doctor

Postgraduate Institute of Medical Education and Research, Chandigarh

Department of Haematology (EMERGENCY LABORATORY)

FLUID ANALYSIS REPORT

Patient Name	Vinayak	Lab ID No.	00039
Age/Sex	3 Yr/M	Requisition Date	09/06/2025
CR Number	202502817968	Diagnosis	
Dept/Unit	Pediatric Medicine-FRIDAY		

Type of Fluid	CSF
Other Fluid	-

	RESULT
Total leukocyte count (/mm^3)	11
Neutrophil count (%)	0
Mononuclear cell count [lymphocyte/monocyte] (%)	0
RBC Count	
ANY ORGANISM/LARGE CELLS/COMMENTS	-

Note : Kindly use age specific and fluid specific reference ranges. Identification of large cells needs examination by a cytologist.

CSF malignant cytology ?

117

↓

ATT 12/13

Validated by -(-) Validated on 09-06-25 04:03 PM

Prof. (Dr.) N. Khandelwal
MD (PGI), Dip. N.B.E, FICR, FAMS
Former Head, Dept. of Radiodiagnosis
PGIMER - Chandigarh

Sanjivini Diagnostics
A unit of Sanjivini Scanning Solutions Pvt. Ltd.
SCO 34, Sector 11-D, Chandigarh Ph. : 0172-2743082

Dr. Vikas Deswal
Consultant Radiologist
DMRD, DNB (Radiodiagnosis)

Name : Vinayak
Age/Sex : 3 Y/ MC
Date : 05.06.2025

Part Examined: Brain
M.R No: 2500060503
Ref. by: PGIMER

MRI BRAIN & ORBITS (PLAIN & CONTRAST)

MR examination of the brain and orbits was performed on 3.0 tesla superconducting unit. Non contrast axial, sagittal & coronal images of the brain were obtained using diffusion weighted, FLAIR, SE T1 and turbo spin echo T2 weighted sequences. Post contrast FS T1 weighted images were obtained in the sagittal, axial and coronal planes.

Clinical profile: EORB right eye.

OBSERVATIONS:

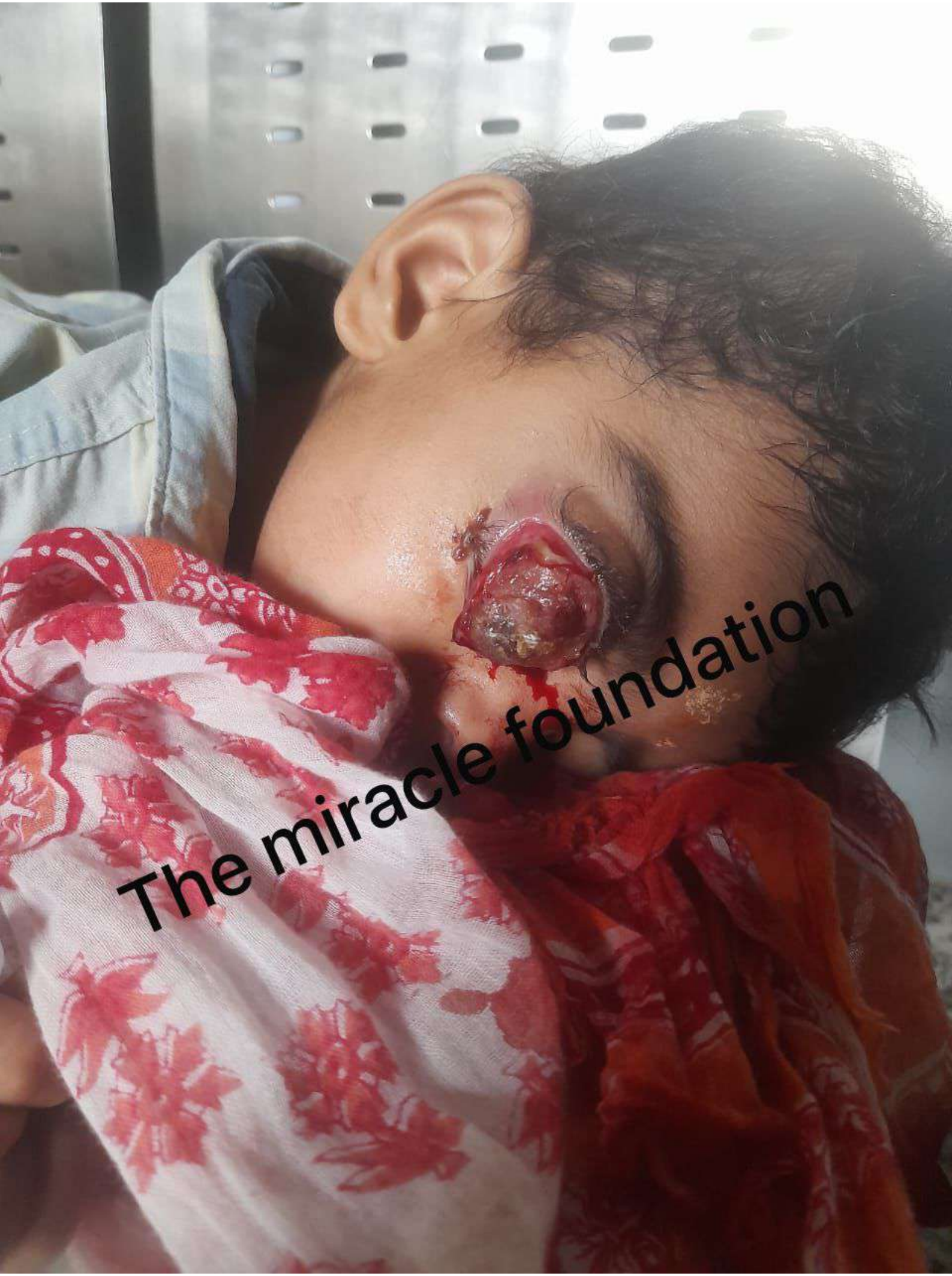
No evidence of any focus of abnormal signal intensity could be seen within the cerebral parenchyma.
No abnormal parenchymal / leptomeningeal enhancement is seen.
Normal gray-white matter differentiation is evident.
Corpus callosum appears normal in thickness and signal intensity.
Cerebral sulci; sylvian fissures and the cisternal spaces appear essentially normal.
Supratentorial ventricular system appears normal in size & displays normal signal intens
No mass effect is seen. No extra axial collection or shift of midline structures is se
Thalami & the basal ganglia appear essentially normal.
Brainstem, cerebellum and the 4th ventricle appear unremarkable.
Sella & the para sellar / supra sellar regions reveal norma
Proptosis of right eye seen.
There is an ill-defined heterogeneously enh *T2 FLAIR iso intense 2.5 x 4.2 x 2.3 cm lesion seen in the right orbital globe with* *intraconal fat of the right orbit, showing diffusion restriction on DWI/ ADC* *blooming on SWI.*
No surrounding fat st
It *right extraocular muscles.*
The right optic nerve appears bulky, showing hyperintense signal on T2WI.
It is extending upto the extraaxial space along the right temporal lobe via right optic foramen. No obvious infiltration in the right optic chiasma.
There is mild thickening and heterogeneous enhancement seen in the preseptal region of the right orbit on the medial and lateral aspect.
No evidence of any intraconal / extraconal mass lesion is seen on left side.
The left optic nerve sheath complex appears normal in thickness / outline & shows fairly well preserved retro bulbar fat planes around it.
Intra orbital & intra cranial segments of the left optic nerve appears normal in thickness and signal intensity.

IMPRESSION: *In a K/C/O right orbital globe EORB.*

- *An ill-defined heterogeneously enhancing lesion in the right orbital globe with extensions, as described above.*

Please correlate clinically and with other relevant investigations for confirmation and further evaluation.

Dr. Vikas Deswal
DMRD, DNB, MNAMS (Radiodiagnosis)
CONSULTANT RADIOLOGIST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Hb: 9.5 TLC: 6900 Platelets: 262 x 10³

DLC: N 27 L 67 E M 6 ANC: 1863

Week of therapy:

JOE 2 due

no active concern

O/E → (R) LN enlarged mass ↓ in size

Adv

1. VDC as charted
2. Peg LeSt as charted
3. Syp ondansetron 5ml - 5ml x 5days
4. FN risk explained → Daycare 3D 3408 after 5pm - 4B ward
5. Local stay advised
6. To meet Mrs Divya 4D 4407 to diet rehab
7. To meet Mrs Manjeet 4A 4112 for local stay

Revisit on: 22/7/25 in POL clinic 4D 4418 for CBC/ JOE (cycle 3) with high dose carboplatin

Diagnosis
Stage / Risk Group

Age & presentation 3y 3mo
Initial presentation: White reflex (R) eye
x 6 mths
Exophytic mass (R) eye
x 2 weeks

Salient Investigations

CE MRI Brain + Orbit: 2.5 x 4.2 x 2.3 cm in (R) globe
Excludes upto (R) optic foramen

BM: Not
CSF: 11/100 µl mono
Malignant cytology – Negative

Major Complications / events during therapy

Protocol

Plan: High dose Carboplatin (JOE)
alternating: VDC
(Total 8 cycles → 4 cycles JOE + 4 cycle VDC)
+ RT + enucleation

Date of Starting Therapy

JOE 1 - 11/6/25

Prof. (Dr.) N. Khandelwal

SAMPLE NO

SAMPLE NO

SAMPLE NO

DATE

SAMPLE NO

Pediatric Hematology Oncology Unit
Advanced Pediatric Center, PGIMER

Name : Vinayak Sex : 3y Male

Age (Years / Months) : 3y 3mo DOB : Wed 23/3/22

CR Number : 202502817368 POC / PHC Number 2139

Admission Number :

Diagnosis : (R) EORB

Blood Group : DTMS No. :

	(i)	(ii)	(iii)
Date of Admission			
Date of Discharge			

Drug Hypersensitivity

भारत सरकार

Government of India

सुमित

Sumit

जन्म तिथि/DOB: 12/06/1988

पुरुष/ MALE

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5622 0567 0798

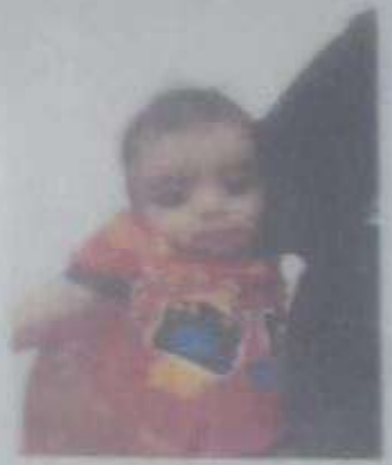
VID : 9101 2133 3901 3516

मेरा आधार, मेरी पहचान

भारत सरकार

Government of India

आधार



VINAYAK

VINAYAK

जन्म तिथि/DOB: 23/03/2022

पुरुष/ MALE

बाल आधार

Issue Date : 07/07/22

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यह आधार 5 वर्ष की उम्र तक ही वैध है

4135 3261 3743

VID : 9126 4825 6084 7223

मेरा आधार, मेरी पहचान