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 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल व अंगणवृत्त परिसर / J/ BACHRANGI CH/ PROXIMITY TO METRO STATION

पेशेंट आईडी / PATIENT ID: 10888888
 पेशेंट नाम / PATIENT NAME: Dhanraj
 पेशेंट पता / PATIENT ADDRESS: Dhanraj, Dhanraj, Dhanraj
 पेशेंट फोन नंबर / PATIENT PHONE NO: 9876543210
 पेशेंट डॉक्टर / PATIENT DOCTOR: Dr. A.B. Singh

पेशेंट का रोग / PATIENT'S DISEASE: TB
 पेशेंट की उम्र / PATIENT'S AGE: 10
 पेशेंट का पता / PATIENT'S ADDRESS: Dhanraj, Dhanraj, Dhanraj

पेशेंट का नाम / PATIENT'S NAME: Dhanraj
 पेशेंट की उम्र / PATIENT'S AGE: 10
 पेशेंट का पता / PATIENT'S ADDRESS: Dhanraj, Dhanraj, Dhanraj

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₹ 100	₹ 100	₹ 100
₹ 200	₹ 200	₹ 200
₹ 500	₹ 500	₹ 500
₹ 1000	₹ 1000	₹ 1000
₹ 2000	₹ 2000	₹ 2000
₹ 5000	₹ 5000	₹ 5000

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ESTIMATED QUOTATION

PATIENT NAME	SHAHINA	DATE OF CHALLAN	23-05-2026	
BIS/MRD NO.	108698055	DOCTOR'S NAME	DR SA KHAN	
DEPARTMENT	ORTHOPAEDICS	CHALLAN NO.	2627/874	
SNO	DISCRIPTION	QTY	PRICE	REMARKS
PARTICULARS (PITKAR)				
1	5.0mm PROXIMAL FEMUR PLATE	1	36150	
2	5.0mm LOCKING HEAD SCREW	2	2711	
3	4.5mm CORTICAL SCREW	2	2119	
4	3.5mm SMALL LCP PLATE	1	8134	
5	3.5mm LOCKING HEAD SCREW	2	2982	
6	3.5mm CORTICAL SCREW	2	1626	
TOTAL AMOUNT			53722	

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Patient ID : 102513308
Patient Name : **Baby SHAHINA**
Gender / Age : Female / 7 Yrs
Refd By : Dr. A.I.M.S
IPIID No : P10100011962

Registered On : 03/11/2025 15:35:36



Released On : 03/11/2025 18:54:02
Printed On : 03/11/2025 18:54:06

X- RAY CHEST PA VIEW

- Both lung fields are clear.No parenchymal lung lesion is seen
- Both hilar shadows are normal.
- Cardiac shadow is normal in contour & outline.
- Both CP angles are clear.
- Soft tissue of chest and bony thorax under view are normal.

IMPRESSION:- NORMAL STUDY.

Please co-relate clinically.

Dr. ARVIND CHAUDHARY
MBBS, M.D.
Consultant Radiologist
DMC No. 21229

Dr RISHI RAJ SINGH
Consultant Radiologist
DMC No. 78403

DR ABHISHEK UDAY
MD, Radiodiagnosis
DMC.NO. 64606

Dr ARVIND CHAUDHARY
Consultant Radiologist
DMC No. 21229

Dr. SAMRIDDHI
Consultant Radiologist
DMC/R/9083

WEEKDAY TIMING : 8:00 AM TO 8:00 PM - SUNDAY TIMING : 8:00 AM TO 2:00 PM

The Report is a professional opinion only not the diagnosis and is for the persual of Doctors only. It is not valid for medical legal & court case. In case of any dispute please contact laboratory. For final diagnostic & Therapeutic purposes the above reports are not to be interpreted alone, but must be correlated with other clinical information and investigation report available to the Doctor. Facility available for urgent testings for most of the test and blood collection from & morning home & clinics.

WZ-3, Ground Floor, Yadav Market, Road No. 47, Shakurpur, Delhi-110034



PATIENT'S NAME: SHAHINA	AGE/SEX: 7y6m/Female
REF. BY: DR. AIIMS	REG./UID: SHA7836
PATIENT'S REF: (None)	EXAM. DATE: 09-MAY-2026

MRI RIGHT HIP, THIGH WITH KNEE JOINT WITH CONTRAST

TECHNIQUE:

SPIN ECHO T1W, T2W, PD AND STIR SAGITTAL IMAGES OF RIGHT HIP, THIGH WITH KNEE JOINT WERE OBTAINED AND CORRELATED WITH T2W AXIAL, AND T1W AND T2W CORONAL IMAGES. POST CONTRAST IMAGES IN AXIAL, CORONAL AND SAGITTAL PLANES

Follow up case of Ewing sarcoma.

FINDINGS:

There is intramedullary heterogeneous altered signal intensity seen in the proximal right shaft of femur with overlying periosteal reaction with cortical thickening and mild overlying cortical irregularity, showing subtle patchy enhancement on post contrast images and minimal surrounding free fluid, likely post treatment changes. No evidence of any surrounding soft tissue is noted.

Rest of visualized bones are normal in signal intensity.

Anterior and posterior cruciate ligaments appear normal in contours and signal intensity pattern.

Medial and lateral collateral ligaments appear normal in contours and signal intensity pattern.

Medial and lateral menisci appear normal in contours and signal intensity pattern.

Patellar ligament and quadriceps tendon are normally visualized.

Rest of visualized muscles and soft tissues appear grossly normal.

IMPRESSION: MR study reveals:-

- Intramedullary heterogeneous altered signal intensity in the proximal right shaft of femur with overlying periosteal reaction with cortical thickening and mild overlying cortical irregularity, showing subtle patchy enhancement on post contrast images and minimal surrounding free fluid, likely post treatment changes. No evidence of any surrounding soft tissue.**

Please correlate clinically.

— End of the Report —

Disclaimer: It is an interpretation of medical imaging/diagnostic based on clinical data which is being provided in an electronic format which does not require any physical signatures. All modern machines/procedures have their own limitation. This is neither complete nor accurate; hence, findings should always be interpreted in the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. Any typographical error should be informed and report sent for correction within 7 days.



¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: SHAHINA		Age/Sex: 7Y/F
Study ID: FDGN/42383/25	UHID: 108698055	Date: 27.11.2025
Indication: c/o right femoral Ewing sarcoma, PET/CT for baseline evaluation.		

Procedure: PET-CT acquisition was done 60 minutes after injection of 7mCi¹⁸F-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: Increased tracer uptake noted in bilateral palatine tonsils with few sub-centimetric cervical IA and bilateral cervical II lymph nodes – reactive. Visualized paranasal sinuses, skull base, pharynx, larynx, thyroid and rest of the neck region do not show any abnormality on CT.

Thorax: Few non FDG avid sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum – likely benign. Few subcentimetric right upper & lower paratracheal, subcarinal and bilateral hilar lymph nodes noted, with no significant tracer uptake – likely reactive. Physiological FDG uptake is seen in the thymus. Lungs, large airways, pleura heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: FDG avid subcentimetric right external iliac and right inguino-femoral lymph nodes noted- ?reactive ?involvement. Few non tracer avid sub-centimetric bilateral inguinal lymph nodes noted with preserved fatty hilum – likely benign. Normal radiotracer distribution is noted in the spleen, liver, small bowel, kidneys and urinary bladder.

Musculo-Skeletal System: Large ill-defined sclerotic expansile lesion with periosteal reaction, intramedullary sclerosis and large soft tissue component, infiltrating overlying vastus muscle noted involving proximal one third of shaft of right femur (soft tissue component measuring ~ 8.1x4.7cm). Focal increased FDG uptake noted in right ischial tuberosity and right ala of sacrum- ?marrow metastases. Physiological FDG distribution is seen in rest of the visualized axial and appendicular skeleton.

IMPRESSION:

- Metabolically active lesion with periosteal reaction, intramedullary sclerosis and large soft tissue component involving proximal one third of shaft of right femur- consistent with known primary.
- Focal marrow hypermetabolism in right ischial tuberosity and right ala of sacrum- ?marrow metastases- adv. MR correlation.
- Metabolically active subcentimetric right external iliac and right inguino-femoral lymph nodes - ?reactive ?disease involvement.


Dr. Nivedita Kundu
Senior Resident


Prof. Rakesh Kumar
Consultant



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

अस्थिरोग विभाग

UHID: 108698055

कमरा / Room
C-111

OPR-6



Queue /
संख्या **F81**
Unit-II, Orthopedics.

Dept No: 20250080047709

पंजीकृत सं० / O.P.D. Regn. No. _____

शाहिना शाहिना / SHAHINA SHAHINA

आयु
Age

पता / Address

D/O RISHU RAM
7Y 6M 28D / F/(महिला)
H 516 SHAKUR PUR, DELHI, Pin:0, INDIA

सोम, बुध, शुक्र,



Reporting: 10:36:59
22/05/2026

Ph: 8595079029 General Rs. 0
Follow Up Patient

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

Being seen @ femur

1B AC ↓ pedo suo

last chemo → 19/4/26

Adv c/dme prof SA Khan Sir
will need AK + ECRT.

→ Enclosed is the of Prof SA Khan

4 @ RBC

~~ECRT~~

Rever is

Estimate: →

Proximal femur: locking
plate x 1
+ 1. x 3.5 mm L&B

164
Jasran

AOSYS → AMRIT PHARMACY

230 pm

Dr. Divyati Deepta Rano
Fellow Musculoskeletal Oncology
Department of Orthopaedics
AIIMS, New Delhi-110029
DMC Reg. No. 97217



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¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: SHAHINA		Age/Sex: 7Y/F
Study ID: FDG/41340/26	UHID: 108698055	Date: 14.05.2026
Indication: c/o Right femoral Ewing's sarcoma s/p excision and right intramedullary femoral nailing and CT (19.04.2026). Recent bone marrow: free form tumor. PET/CT for response assessment/current disease status.		

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.

PET-CT Findings:

Head and Neck: Dental artefact noted obscuring regional anatomy. Mucosal thickening noted in bilateral maxillary sinuses. Faint tracer uptake noted in bilateral palatine tonsils and nasopharynx. Faintly FDG avid to non-avid multiple sub-centimetric bilateral cervical II-V lymph nodes – reactive/infective.

Thorax: Few non FDG avid sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum – likely benign. Few mildly FDG avid calcific subcentimetric to enlarged bilateral paratracheal, subcarinal and bilateral hilar lymph nodes noted – likely reactive/post infective. Mild fibrotic changes in bilateral lung fields- likely infective. Patchy atherosclerotic changes noted in arch of aorta, descending aorta and coronary arteries. Physiological FDG uptake is seen in the myocardium.

Abdomen-Pelvis: Liver measures 14.0cm in CCS with diffuse FDG uptake and no focal lesion on CT. Few non FDG avid subcm sized multiple retroperitoneal and mesenteric lymph nodes noted – likely benign. Few non-tracer avid bilateral inguinal and bilateral external iliac lymph nodes noted.

Musculo-Skeletal System: Mildly FDG avid soft tissue thickening (measuring ~ 1.6 x 1.0cm vs 8.1x4.7cm in size) noted in anterior compartment of right proximal thigh with subtle sclerosis in adjacent femur bone. Diffuse increased FDG uptake noted in the visualized axial and appendicular skeleton with no focal lesion – likely reactive.

IMPRESSION:

- Mild metabolically active soft tissue thickening in anterior compartment of right proximal thigh - minimal residual disease.
- As compared to previous PET/CT study (FDGN/42383/25, dated: 27.11.2025), there is significant reduction in extent of primary lesion and metabolic resolution of lymph nodes- likely near complete metabolic response to therapy.


Dr. Vidhya
Senior Resident


Dr. Kh. Bangkim Chandra
Consultant



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



MC-7788

Patient Name : SHAHINA
Accession No : S2625326
Age/Sex : 7 Y /Female
Clinic/Dept : Paediatrics
Consultant Incharge : Dr. Rachna Seth

UHID NO. : 108698055
F/H Name : D/O RISHU RAM
Additional ID : NA
Unit : Unit II
Request Date/Time : 11-05-2026 /10:02:05
Receiving Date/Time : 11-05-2026 /14:18:13

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2625326A

Specimen: Bone marrow biopsy (Right)
Received four pieces of linear cores of bony tissue measuring (cumulative length) 1 cm.

Accession No. : S2625326B

Specimen: Bone marrow biopsy (Left)
Received four pieces of linear cores of bony tissue measuring (cumulative length) 0.5 cm.

MICROSCOPIC EXAMINATION:

Bilateral bone marrow biopsies are fragmented and shows cellularity of approximately 70% with hematopoietic cells of all three series.

There is no evidence of malignancy in the sections examined in both the biopsies.

Note: Patient is a known case of Ewing sarcoma - vide clinical history and histopathology accession number S2559708

DIAGNOSIS:

S2625326A	Bone marrow biopsy	Right	• <u>No evidence of malignancy</u>
S2625326B	Bone marrow biopsy	Left	• No evidence of malignancy

End Report

Reporting Resident: Dr. Vanlalhruijii

Reporting Faculty: Dr. Rachana Meena, M.D.
Assistant Professor

Reporting Date/Time: 16-05-2026 14:29

Disclaimer :

- This report is based on the tissue submitted and examined. The findings should be interpreted in conjunction with clinical, radiological, and other laboratory data. Ancillary studies (immunohistochemistry, special stains, molecular tests) are interpreted within technical limitations. The diagnosis pertains only to the material received; if there is any clinical-pathological discrepancy, repeat sampling or further evaluation is recommended.
- As per laboratory policy, paraffin blocks and stained slides are retained for 10 years. Remaining formalin fixed tissue samples are preserved for 2 weeks after issue of



Shahina
DOB: 24/08/2018
FEMALE

3004 2608 1233
VID : 9110 7543 9901 1304

MERA AADHAAR, MERI PEHCHAN