NALANDA ULTRASOUND

91-9931...

P.N.DT. Reg. No- 25/2012

Dr. Arvind
M.D.

BHAWANI MARKET, PATNA ROAD EKANGARSARAI, NALANDA

NAME OF PATIENT- Sunny Kumar AGE.04Yrs. M.

REF. BY DOCTOR- Abhishek Hospital Ekabgarsarai (Nala...

Date.09.01.2024.

USG of Whole Abdomen

Liver :- Rt.Lobe-Measures10.5cm.Normal in size.Parenchyma shows normal echo-texture. No focal lesion or SOL is seen. IHBD'S out dilated. Lt.lobe-normal.

G.Bladder:-Normally distended echo-free lumen of size-6.4x2.1cm. GB wall thickness -normal.There is no calculus ,biliary sludge or mass lesion is seen.

CBD : - 2.5 mm normal in course & calibre.

PV :- 3.6mm normal in course & calibre.

Pancreas : -Normal in shape, size & Echotexture.

Spleen : -6.4cms in bipolar length Normal in shape, size & echo-texture.

Kidneys :- Right Kidney-7.3x3.0cms. Left Kidney-8.1x3.6cms.Both are normal in size.CMD intact , PCS not dilated.No renal calculus is seen.

U.Bladder :-Shape- Normal & ...ree.Capacity- Pre void-126ml ; Post void-XX.

Pathology- Bladder wall is smooth & regular. No evidence of mass , calculus,sludge or diverticulation.

Prostate :- Shape - Normal Echotexture.

Others :-? There is hypoechoic collection with echogenic ? Mass like lesion seen at Lt Hypochondrium area adjesant with spleen as wall as Lt Kidney

- Intestine appears distended with excessive bowel Gas is seen.

No ascites, No Pl. Effusion.

OPINION :- **Hypoechoic collection with echo-genic ? Mass seen at Lt Hypochondrium.**

- Excessive Bowel Gas.

Suggest For- CT Scan.

CORRELATE WITH CLINICAL FINDINGS

UNIVERSAL IMAGING POINT

Patient ID:	9030	Patient Name:	SUNNY
Age:	4 Years	Sex:	MALE
Accession Number:		Modality:	CT
Referring Physician:	DR. SHYAM BIHARI	Study:	CECT WHOLE AB... M...
Study Date:	11-JAN-2024		

CECT ABDOMEN-PELVIS

NECT and CECT abdomen-pelvis study was done on a Multi slice scanner acquiring 0.6mm ... from top of diaphragm to perineum after intravenous injection of 80 ml of 350 mg/ml strength ... ionic iodinated contrast medium. CT was done, acquiring images in plain and venous phases. The images ... reformatted in multiple planes and thickness and viewed in soft tissue and bone windows. Volu... rendering of the abdominal and pelvic skeleton was done.

Reference: Pain abdomen.

FINDINGS:

- **There is large intra-abdominal retro-peritoneal heterogenous soft tissue solid mass encasing the aorta , coeliac artery , superior mesenteric artery, bilateral renal artery and causing lifting of same anteriorly .pancreas is displaced anteriorly by the lesion and left ... is displaced inferiorly and left laterally .Lesion is crossing the mid line and IVC, right renal ... displaced right laterally by the lesion .lesion shows loss of fat plane with superior and ... surface of upper pole of left kidney, Superiorly lesion shows loss fat plane with pancre... and Postero laterally in close contact with lateral posterior abdominal wall . Lesion sho... post contrast enhancement and multiple calcification seen with in the lesion, size of lesion appr... 9 x 9 x 10 cm in size. Left adrenal gland is not seen separately in the lesion.**
- **Multiple pre-aortic, para-aortic lymph nodes are se... largest measures 17 mm in short axis diameter.**
- **Rest of left kidney appear normal. Right kidn... appears normal in size and shape. No hydroureteronephrosis is seen.**
- **Liver appears normal in shape and enlarged in siz... measures 13 cm in craniocaudal view.**
- Hepatic veins are normal. Portal vein and intrah... portal vein branches appear normal.
- **Gall bladder** Normally distended with norm... thickness. No e/o hyperdense calculus. Biliary radicles are not dilated. Common bile duct a... ears normal.
- **Pancreas is normal in shape, size, outline ... hancement. MPD not dilated.**
- **Spleen** is normal in shape and size. No fo... diffuse lesion is noted.
- **Ureters** are normal.
- **Stomach and bowel loops appear nor... calibre with normal wall enhancement.**
- **Prostate** is normal for age.
- **Urinary bladder** appears normal.
- No fluid in peritoneal cavity.No p... effusion seen.
- Pelvis and lumbar spine are nor... evidence of lytic or sclerotic lesion noted.

IMPRESSION:

- **Large heterogeneously en... intra-abdominal retroperitoneal mass arising from the left adrenal gland with infiltr... to adjacent structure- as detailed above --P/O neuroblastoma to be considered.**
- **Multiple pre-aortic, ... tic metastasis lymph nodes. --P/O stage III neurob... oma.**

Suggested further ... tions.

Dr. Richa
MBBS, MD (JIPMER)
Ex. Senior Resident, (AIIMS)
Reg. No.: - 43242
Consultant Radiologist

Near ... S. School, Amber, Kachahari Road, Bihar Sharif, Nalanda - 803101
Mob.: 9801888611, E-mail : universal.imagingpoint@gmail.com

Health Square

Wellness / Diagnostics

Patient Name: MASTER SUNNY KUMAR	Center Name: A.S. HEALTH SQUARE
Age / Sex: 4 Y / M	Referred By: AIIMS
Patient ID: 37348	Date: 29.06.2024

CECT CHEST

POST CONTRAST (IV NON IONIC) CT OF THORAX PERFORMED USING ... TICAL SECTIONS OF 5 MM THICKNESS TAKEN.

FINDINGS:

The study reveals no apparent evidence of any definite focal ... parenchymal lesion or area of altered attenuation. No occult enhancing parenchymal or medi... lesion is seen.

Trachea is central in position and shows normal bifurc... arinal angle is maintained. Main-stem bronchi appear normal.

No significant mediastinal or hilar lymphadenopathy ... ident.

Cardiac size appears normal. Visualized vessels ... ar normal. No cardio-mediastinal shift is noted.

No obvious pleural or pericardial effusion is a... nt.

Azygo-oesophageal recess and aorto-pul... y window appear normal.

Bony window appears unremarkable.

IMPRESSION: **CECT study reve... no significant abnormality.**

Please correlate clinically.

Dr. SANDEEP DUA
HOD Radiology
MBBS, MD

The above report is a profe... inion and needs to be correlated with clinical history and other relevant investigation for final diagnosis. If ncase results are alarm... ected may be due to typographic errors, hence please contact within 7 days. (*)

Rotary Cancer Hospital
A.I.I.M.S. HOSPITAL
Patient Department

Diagnosis: Metastatic ...

उपचार/Treatment

CBC
LFT/KFT (N)

20/5/24

Plan

T. Endoxan (50mg) 2 ... OD × 5days
↓ ... OD × 2 days → then stop

CBC, LFT/KFT → D... please check report

Inj. Emset 4mg i.v.
Inj. Dexa 3... i.v.
Cap. Aprecap 80mg 1 cap → D1
1/2 cap → D2, D3

Inj. ...platin 25mg / 500ml NS i.v. over 3 hrs
+ 20% Mannitol 15ml iv over 3hr
KCl 10mEq + MgSO4 1ml in 100ml NS
Doxorubicin 20mg i.v. push on D3

Newpvt ward day care ...

डॉ. बी. आर. अम्बेडकर
Dr. B.R. Ambedkar

Hospital

Sunny Kumar
4y/M

Left Suprarenal NB

Review/Date

4/7/24

उपचार/Treatment

C/D/W Dr. Sachit Anand

1. DINMC

2. R/v on 11/7/24 at RCH 2pm

(Collect films from RCH Block, Room no. 34, ground floor, Pediatric Surg OPD)

डॉ. बी.
Dr. B.R.

Hospital

Sunny Kumar
12y/M

Left Suprarenal NB

उपचार / Treatment

C/D/24 Dr. Sachit Anand

1. Dinutux

डॉ. बी. आर.
Dr. B.R. A
अ.भा.
बी

Hospital

OPN-6

इकाई / Unit
विभाग / Deptt. MD BASE/AP

नाम / Name

Name: SUNNY KUMAR

आयु / Date of Birth

निदान / Diagnosis Metastatic Neuroblastoma

दिनांक / Date

उपचार / Treatment

Date 27/06/2024

week 21

Tab endoxan 50mg 2 tab once daily x 5 days followed by 1 tab once daily x 2 days

week 17

Inj emeset 2mg IVP. (Daycare)

Inj etoposide 120mg in 250ml SD over 2 hours

Post chemotherapy

Tab emeset 2mg TDS 1-0-1-0 x 3 days

pediatric surgery review

F/up 11/07/2024 CBC, RFT, LFT

Deepa

wt- 13.11kg

MEDICAL ONCOLOGY AIIMS
Date: 5/7/24
Time: 7:30 AM

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID:	[illegible]	Name:	Mr. SUNNY [illegible]
Age:	[illegible]	Sex:	Male
Reg Date:		Verification Time:	[illegible]
Ward Name:		Lab Ref No:	171[illegible]
Unit Name:	Unit I	Unit Incharge:	
Department:	Medical Oncology	Sample Collection Date:	10/07/2024 09:52 am
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Report Generated Date:	10/07/2024 04:24 pm	Dept / IRCH No:	
Recommended By:	Mr. [illegible]	Sample Recieved Date:	[illegible]/07/2024 12:57 PM

Sample Details : E100724125

Report

Test Name	Result	Comment	Normal Range
Hemoglobin	10.500 g/dL		• 13 - 17 g/dL 0Y - 100Y (M)
Hematocrit	34.7852 %		• 40 - 50 % 0Y - 100Y (M)
RBC Count	3.980 10\S\6/µL		• 4.5 - 5.5 10^6/µL 0Y - 100Y (M)
WBC Count	3.370 10\S\3/µL		• 4 - 10 10^3/µL 0Y - 100Y (A)
Platelet Count	383 10\S\3/µL		• 150 - 400 10^3/µL 0Y - 100Y (A)
MCV	87.400 fL		• 83 - 101 fL 0Y - 100Y (A)
MCH	26.3819 pg		• 27 - 32 pg 0Y - 100Y (A)
MCHC	30.1853 g[illegible]		• 31.5 - 34.5 g/dL 0Y - 100Y (A)
RDW	20.400 [illegible]		• 11.6 - 15 % 0Y - 100Y (A)
Neutrophils	50.90[illegible]		• 40 - 80 % 0Y - 100Y (A)
Lymphocytes	20.8[illegible]		• 20 - 40 % 0Y - 100Y (A)
Eosinophils	[illegible] %		• 0 - 7 % 0Y - 100Y (A)
Monocytes	[illegible] %		• 3 - 11 % 0Y - 100Y (A)
Basophils	[illegible].800 %		• 0 - 2 % 0Y - 100Y (A)
Neutrophils - Abs	1.71533 10\S\3/µL		• 2 - 7 10^3/µL 0Y - 100Y (A)
Lymphocytes - Abs	0.70096 10\S\3/µL		• 1 - 3 10^3/µL 0Y - 100Y (A)
Eosinophils - Abs	0.49539 10\S\3/µL		• 0.02 - 0.5 10^3/µL 0Y - 100Y (A)
Monocytes - Abs	0.26286 10\S\3/µL		• 0.2 - 1 10^3/µL 0Y - 100Y (A)
Basophils-Abs	0.02696 10\S\3/µL		• 0 - 0.1 10^3/µL 0Y - 100Y (A)

Overall Comment :

Authorised Signatory
()

Verified By
(dineshlabnci)

Health Square

Patient Name: MASTER SUNNY KUMAR	Center Name: A.S. HEALTH SQUARE
Age / Sex: 4 Y / M	Referred By: AIIMS
Patient ID: 17348	Date: 29.06.2024

CECT WHOLE ABDOMEN

NON ENHANCED + CONTRAST ENHANCED (ORAL + IV NON IONIC) HELICAL SECTIONS OF 5MM THICKNESS WERE TAKEN FROM DOME OF DIAPHRAGM TILL PUBIC SYMPHYSIS

FINDINGS:

The study reveals an ill-defined heterogeneously space occupying lesion ... seen in left suprarenal region, measuring approx 5.2 x 5.0 cm.
Posteriorly it is indenting the anterior cortex of left kidney.
Laterally it is abutting the descending colon.
Medially it is abutting the lateral wall of descending aorta with contact an...
It is abutting the posterior surface of pancreas, which displaced antero... ...orly
Few areas of necrosis are seen within the lesion.
Superiorly it is extending into gastrosplenic recess.

Liver appears normal in contours, size and parenchymal attenuation. ...hepatic biliary radicles are not dilated. Portal vein appears normal. Hepatic veins and IVC are ... No occult enhancing focus is noted.

Gall bladder appears partially distended with no obvious CT dense contents. CBD is not dilated.

Spleen is normal in size and normal attenuation. No focal le...s seen.

Pancreas appears otherwise normal in contours and ...tion pattern. Peripancreatic fat planes are relatively preserved. No focal lesion is apparent.

Both kidneys show normal attenuation patte... adequate contrast excretion bilaterally. CM differentiation is maintained. No evidence of ... focal enhancing lesion is seen. No perinephric collection is apparent.

No lymph nodal enlargement and ascites ...e seen in abdomen and pelvis.

Urinary bladder is well distended with ...al contours.

Visualized bowel loops appear no... ...o definite obvious focal mass lesion is apparent, at present.

Visualized bones appear norm...

IMPRESSION CT FINDING ...LY SUGGESTIVE OF MITOTIC LESION (NEUROBLASTOMA).

Please correlate clini...

Dr. SANDEEP DU...
HOD Radiology
MBBS, MD