





Sir Ganga Ram Hospital

SGRH/OPD-W/F-087

Accumulating trust for over fifty years
Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-110060
Tel: (011) 25750000, 42254000. Fax: +91 11 25861002 Website : www.sgrh.com
OUT PATIENT DEPARTMENT

Please do not write in the margin

AZAD KUMAR

4Y Male



13-01-2025 13:27 OP14484788

OPD Fee: ₹55 (12-4 noon)

OPD Fee: ₹55 (17-4 noon)

Dr. Anurag Prakash

Dr. Manoj Chandra

Registration No: 3487480 Re. 100

SIB Kulkarni

C/o. 4th ventricular ependymoma

W/O HPE of Grade 2 Ependymoma

Headache vomiting gait instability Aug.

C1/C2 laminectomy & GTE done in Sep 2024
Post op MRI done in Nov for Residual region
Patient has been referred for RT

Adv (SB to Manas) refer to Dr Shikha for RT planning

Shikha

(Definitive RT for post op A Ependyoma)

Payment will be done by Cankids

Manas

Pain Score :

Wong Baker Face Scale



FOR INTERNAL USE ONLY FOR HOSPITAL



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAEDARJUNG ENCLAVE, NEW DELHI - 110029

E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

17.01.2025

MAST. AZAD KUMAR, 4 YRS / M

UID: 01.25.596

M.R. OF THE BRAIN WITH CONTRAST

Axial T1, FLAIR & FSE T2 weighted scans of the brain were studied and these were correlated with coronal and sagittal FSE T2 weighted scans. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Follow up case of ependymoma, status post-op, showing -

Midline suboccipital craniotomy changes are seen. Post op changes are seen in the cerebellar vermis in the periventricular region. Diffuse dural enhancement is seen along bilateral cerebral hemisphere, suggestive of post op changes.

Subtle nodular enhancement is seen along the surface of the brainstem and cerebellar folia, suggestive of ?drop metastasis.

12 x 10 mm focal lesion is seen in the left CP angle cistern and left perimedullary cistern. There is peripheral enhancement following administration of contrast. Findings are suggestive of ?residual lesion.

Bilateral lateral and 3rd ventricles are dilated. VP shunt is seen in situ with its tip in the right lateral ventricle.

Cerebral and cerebellar parenchyma is otherwise unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity. The corpus callosum, sellar and suprasellar regions are normal. No midline shift is seen. Skull base arteries demonstrate normal flow void.

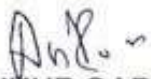
Visualized portions of the orbits and paranasal sinuses are unremarkable.

IMPRESSION:

1. 12 x 10 mm peripherally enhancing focal lesion in the left CP angle cistern and left perimedullary cistern. Findings are suggestive of ?residual lesion.
2. Subtle nodular enhancement along the surface of the brainstem and cerebellar folia, suggestive of ?drop metastasis.
3. Dilated bilateral lateral and 3rd ventricles. VP shunt in situ with its tip in the right lateral ventricle.

Compared with previous MRI dated 02.11.2024, no significant interval change is seen.

Clinical correlation is necessary


DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG, PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029

Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

18.01.2025

MAST. AZAD KUMAR, 4 YRS / M

UID: 01.25.636S

M.R.I. OF WHOLE SPINE

Sagittal T1 & FSE T2 weighted scans of the whole spine were studied and these were correlated with axial T1 & FSE T2 weighted images.

Follow up case of ependymoma, status post-op, showing -

12 x 10 mm focal lesion is seen in the left CP angle cistern and left perimedullary cistern. There is peripheral enhancement following administration of contrast. Findings are suggestive of ?residual lesion.

Nodular enhancement is seen along the surface of the cord and in the thecal sac in the lumbar region, suggestive of ?drop metastasis.

All the vertebrae in the view shows normal height, alignment and marrow signal intensities.

Intervertebral discs are normal in height and signal intensity.

No disc herniation is seen compressing the thecal sac.

The Atlanta-Odontoid space and atlantoaxial joint is unremarkable.

IMPRESSION:

1. 12 x 10 mm peripherally enhancing focal lesion in the left CP angle cistern and left perimedullary cistern. Findings are suggestive of ?residual lesion.
2. Nodular enhancement along the surface of the cord and in the thecal sac in the lumbar region, suggestive of ?drop metastasis.

Clinical correlation and further appropriate workup (lumbar puncture) is necessary.

Ankur
DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG. PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)

107754264

Concession certificate for patients

Concession to Cancer Thalassemia / Heart / T.B./Lupas Valgaris/ Non-infection Leprose major/ patients suffering from sever/moderate from of Hemophilia /Aids/Sickle cell Anaemia/Aplastic Anaemia patients-

Outward Journey

From for the purpose of issue of rail concession to Cancer/Thalassemia / Heart / B./Lupas Valgaris/ Non-infection Leprose major/ patients suffering from sever/moderate from of Hemophilia /Aids/Sickle cell Anaemia/Aplastic Anaemia ** to be used officer-in-charge of the recognized hospital by Health Department of central Government or the concerned Government.

To

The Station Master
(Station)

Saharsa (Railway)

This is to certify that Mr./Mrs./Ms. Azad Kumar whose particulars are furnished below is bonofide Cancer /Thalassemia / Heart / B./Lupas Valgaris/ Non-infection Leprose major/ patients suffering from sever/moderate from of Hemophilia /Aids/Sickle cell Anaemia/Aplastic Anaemia ** and is required to travel from Saharsa (Station) to Anandpur (Station). The patient has secured admission for treatment is traveling for periodically check up at AIIMS hospital.

Particulars of the patient

(a) Age 5yr

(b) Sex m

Station New Delhi

Date 6/9/25

Signature _____

Officer-in-charge of the
Hospital/ Institute recognized
by Heath Department of
Central Govt./State Govt.

Seal Stamp of the
Hospital/ Institute

वंदिका-शल्यविज्ञान विभाग
Deptt. of Neuro-Surgery
बच्चों भारतीय वायुविज्ञान संस्थान
All India Institute of Medical Sciences
नई दिल्ली-110029.
New Delhi-110029

Hasle
Dr. Hanok Srithej R
Senior Resident
Dept. of Neurosurgery
AIIMS, New Delhi-29

** strike out where not applicable.

+ Indicate name of the hospital (recognized by health Department of Central Government or state Government concerned)

NOTE

1. This certificate is valid for three months from the date of issue except for cancer patients which is valid for one year.
2. No alternative in this form is permitted
3. Certificate should be issued to patients only for traveling from the station serving



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OUT PATIENT DEPARTMENT

Please do not write in the margin

AZAD KUMAR
4Y Male



10/02/2025 10:11 OP14567377
PAEDIATRIC HEMAT. ONCOLOGY
Mon F55(12-4 noon)
Room : Sat F55(12-4 noon)
Dr. Anupam Sachdeva
Dr. Manas Kalra

Registration No: 3487489 Rs. 20

HB-10.8
TLC-1.16
Plat-81000+
ANC-684
AMC-290

OPD PHO team (S/BDA Manas)

9. G-CSF - 80 µg on daily
Monday, Tuesday, Thursday.

Symp Mecovers - 5ml PO daily
- CBC on Monday & Thursday

Give Neutkin
every day

Dr

Azad KUMAR
4Y Male



11/08/2025 11:01 OP15225166
PAEDIATRIC HEMAT. ONCOLOGY
Mon F55(12-4 noon)
Room : Sat F55(12-4 noon)
Dr. Anupam Sachdeva
Dr. Manas Kalra

Registration No: 3487489 Rs. 0

OPD PHO team

Manas

Op Ependymoma (4th ventricle)
and req follow up.

MRI Brain

Adv

Scan show?
leptomeningeal
involvement.

Mum feels he is ok.

Adv R/v after 1mo
clinically

Pain Score :

Wong Baker Face Scale



Manas

DR. SANTANU KUMAR BORA
PROCEEDING - MRI



MIS 2017-0534



GOVT. MEDICAL COLLEGE, PATNA



GOVT. MEDICAL COLLEGE, PATNA

saksham

IMAGING AND DIAGNOSTICS

A - 1/10, GROUND FLOOR & BASEMENT, SAFDARJUNG ENCLAVE
NEW DELHI - 110029. CONTACT - 011 - 40727900 / 09599464433
eMAIL:- info@sakshamimaging.com, http://sakshamimaging.com

- **Heterogeneously enhancing nodular lesion (15 x 10 mm) in the left**

PATIENT'S NAME: AZAD	AGE/SEX: 4/M
REF. BY: DR. AIIMS	REG./UID: AZD6635
TEST NAME: 3T MRI SCAN - CEMRI BRAIN	EXAM. DATE: 23-JUL-2025

paramedullary cistern, likely residual/recurrent ependymoma.

- Diffuse heterogeneously enhancing subdural pachymeningeal enhancement along the bilateral cerebral convexities, interhemispheric fissure, and tentorium cerebelli into the retrocellular region (maximum thickness ~21 mm), likely metastatic.
- VP shunt in situ with tip in the right lateral ventricle.

Dr. Sacchidanand Purkait Chief Consultant Radiologist	Dr. K. K. MISHRA Consultant Radiologist..	Dr. Bhavesh Patel Consultant Radiologist	Dr Rahul Bhartiya Consultant Radiologist
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Reported & Signed by:  Dr. BHAVESH PATEL

Disclaimer: It is an interpretation of medical imaging/diagnostic based on clinical data which is being provided in an electronic format which may 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 clinic-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.

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011-47409911/2/3/4/5/6/7/8/9/00



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OUT PATIENT DEPARTMENT

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Azad KUMAR

4Y

Male



03/03/2025 10:06 OP14638317

PAEDIATRIC HEMAT. ONCOLOGY

Mon F55(12-4 noon)

Room : Sat F55(12-4 noon)

Dr. Anupam Sachdeva

Dr. Manas Kalra

HB - 8.7

TLC - 2.18

PLT - 137

ANC - 1330

AML - 371

chest cough better
B/L clear.

wt - 15 kg

Adv:-

- Inj. NEUKINE - 75mcg (10 units in insulin syringe) sc/iv.
on Mon - Wed - Fri

- To restart radiotherapy

- Cont nebs for cough.

- Review after 1 week CBC/DLC dh
10/4/25

Azad KUMAR

4Y

Male



10/03/2025 09:29 OP14663443

PAEDIATRIC HEMAT. ONCOLOGY

Mon F55(12-4 noon)

Room : Sat F55(12-4 noon)

Dr. Anupam Sachdeva

Dr. Manas Kalra

HB - 8.8 ✓

TLC - 2.18 ✓

PLT - 139 ✓

ANC - 1046 ✓

AML - 263 ✓

Inj. Neukine 75mcg
(10 units) sc

on Mon, wed - 10/3.
12/3.

SYP EPTOIN.

5ml - 0 - 5ml. to continue
(started @ AIIMS)

KANA

Pain Score :

Wong Baker Face Scale



FOR INTERNAL USE ONLY FOR HOSPITAL



PATIENT'S NAME: AZAD	AGE/SEX: 4/M
REF. BY: DR. AIIMS	REG./UID: AZD6635
TEST NAME: 3T MRI SCAN - CEMRI BRAIN	EXAM. DATE: 23-JUL-2025

CEMRI BRAIN

Technique:

MRI of the brain and orbits was performed with multiplanar, multisequence imaging before and after intravenous administration of gadolinium-based contrast agent.

Findings:

Motion/Metallic Artifacts: No significant motion or metallic artifacts are noted.

Scalp and Calvarium: Post-operative changes in the form of suboccipital craniotomy are seen. No calvarial lesions or scalp collections are identified.

Brain Parenchyma: Underlying encephalomalacia and gliosis are noted in the suboccipital region. No acute infarct or hemorrhage is seen. Normal gray-white matter differentiation elsewhere.

Ventricular System: The ventricular system is normal in size and configuration. VP shunt is seen traversing through the right parietal region with its tip in the right lateral ventricle. No evidence of hydrocephalus.

Posterior Fossa/4th Ventricle: There is evidence of heterogeneously enhancing nodular altered signal intensity lesion measuring 15 x 10 mm in size seen in the left paramedullary cistern, likely residual/recurrent lesion. No acute mass effect or herniation. Brainstem and cerebellum otherwise unremarkable.

Meninges: Diffuse heterogeneously enhancing subdural pachymeningeal enhancement is seen along the bilateral cerebral convexities, extending into the interhemispheric fissure and along the tentorium cerebelli into the retrocellular region, having maximum thickness of approximately 21 mm, likely metastatic. No evidence of leptomeningeal enhancement.

Orbits and Optic Pathways: Globe, optic nerves, extraocular muscles, and orbital fat are unremarkable bilaterally. No intraorbital mass or abnormal enhancement.

Sinuses: Paranasal sinuses and mastoid air cells are clear.

Other Structures: Pituitary gland, pineal gland, and major vascular flow voids are normal in appearance.

Impression:

- Post-operative changes in the form of suboccipital craniotomy with underlying encephalomalacia and gliosis.

Reported & Signed by:

Dr BHAVESH PATEL

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CIN-U74999DL2018PTC338900



14-2008-0017
Since June 18, 2008



Sir Ganga Ram Hospital

RADIOTHERAPY TREATMENT SUMMARY

Name: Master Azad Kumar

Age/Gender: 4/M

UHID: 3487489

Diagnosis: Ependymoma with spinal metastases

Patient presented with headache and vomiting. He was evaluated elsewhere. MRI brain showed 4th ventricular SOL with heterogeneous post contrast enhancement with HCP. He underwent MLSOC C1/C2 laminectomy + telovelar approach + GTE in October 2024. Post op HPE showed Ependymoma Grade 2. MRI done on 17/10/24 showed small intensity lesion with peripheral enhancement in left CP angle, left perimedullary cistern. MRI done on 2/11/24 showed evidence of well defined peripherally enhancing nodular lesion 12 x 9 mm along left lateral aspect of medulla. With mild perilesional oedema.

MRI done on 17/01/25 showed 12 x 10 mm peripherally enhancing nodular lesion in left CP angle cistern and left perimedullary cistern with subtle nodular enhancement along surface of brainstem and cerebellar folia? drop mets, with dilated bilateral lateral and 3rd ventricle with VP shunt in situ. MRI of whole spine showed nodular enhancement along the surface of the cord and in the thecal sac in the lumbar region suggestive of? drop metastases. CSF analysis was negative for cancer cells.

Radiotherapy details

He was planned for External Beam Radiotherapy. He was immobilized with orfit cast and NCCT whole body was done. Treatment planning and MR-fusion was done on Precision treatment planning system. He received EBRT (Cranio Spinal Irradiation) to a dose of 36 Gy in 20 fractions followed by boost to posterior fossa and spinal deposits to a dose of 9 Gy in 5 fractions followed by boost to gross disease in brain to a dose of 9 Gy in 5 fractions (TOTAL DOSE: 54 Gy in 30 fractions) using extended palliative technique after adequately sparing organs at risk using 6 MV photons on Radixact X9 from 23/01/2025 to 12/03/2025. He tolerated the treatment well.

Advice on discharge:
Medications as advised
To review after ... 6 ... weeks

S. S. Halder
12/3/25

Dr Shelley Hukku
MD Radiotherapy
Advisor

Dr Shikha Halder
MD Radiotherapy
Chairperson

Dr Arpita A Gupta
MD Radiotherapy
Associate Consultant

Dr Deep Shankar Pruthi
MD Radiotherapy
Associate Consultant

Dr Shikha Halder, MD
Chairperson
Department of Radiation Oncology
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