



PO-08

**HELP FOR MASTER KARAN KUSHWAHA  
CLICK HERE TO DONATE**



**KJMRI & CT SCAN CENTER**

Our emphasis, excellence in diagnosis  
हमारी प्राथमिकता, निदान में गुणवत्ता



Opposite Veer Bhadur Singh Sports College  
Khajanchi Bargadwa By-Pass Road  
Gorakhpur-273003  
Ph. Reception : 8417000900  
Ph. Manager : 8417000898  
Ph. Directors : 9415212566, 9415211286  
E-mail : kmpl.gkp@gmail.com

**REPORT**

I.D. NO	M/13/05/05	May 13, 2024
PATIENT NAME	MR. KARAN KUSHWAHA	AGE/SEX/HT/ M
REF. BY	Dr. JULI CHAND (M.S.)	

**MRI: RIGHT THIGH**

There is e/o large well-defined intramuscular T1W / T2W hypo to hyperintense lesion measuring approx 90x90x128mm with internal multiple linear T1W / T2W flow voids with areas of cystic changes noted in antero-medial aspect of right upper thigh in intermuscular space and severely compressing and displacing adjacent muscles. It is abutting and displacing common and superficial femoral vessels without obvious invasion. It is also closely abutting shaft of femur without obvious marrow edema and cortical erosion.

Visualized part of both femori are normal in outline, shape and MR signal intensity. No evidence of avascular necrosis of femoral head. Both hip joints are showing normal articulation and alignment. Visualised pelvic bones are showing normal signal intensity and outline. Femoral shaft is showing normal cortical signal intensity, medullary signal and Cortico-medullary differentiation. No obvious intraosseous or periosteous abnormality is detected.

Posterior compartment muscles (semitendinosus, semimembranosus), medial compartment muscles and anterior compartment muscles are displaying normal MR morphology, signal intensity and outline.

Femoral and popliteal neurovascular bundle is normally visualised.

**IMPRESSION**

- LARGE WELL-DEFINED INTRAMUSCULAR T1W / T2W HYPO TO HYPERINTENSE LESION WITH INTERNAL MULTIPLE LINEAR T1W / T2W FLOW VOIDS WITH AREAS OF CYSTIC CHANGES NOTED IN ANTERO-MEDIAL ASPECT OF RIGHT UPPER THIGH IN INTERMUSCULAR SPACE.....LIKELY SOFT TISSUE SARCOMA (D/D PERIPHERAL NERVE SHEATH TUMOUR).

**ADV- CLINICAL /I/PE CORRELATION**

DR. RAHUL NAYAK  
MBBS(MLN),MD(Dr. RMLIMS)  
RADIODIAGNOSIS

kindly issue CD of the MRI

THIS REPORT IS NOT FOR MEDICAL USE

**उपलब्ध सुविधाएं**



Siemens CT Scan

- CT Scan रीलिफ, वेद, लेन आदि
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Accuzon S 52000

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance

**Aryavart**

Always Ahead



# ARYAVART 1.5T MRI & 64 SLICE CT CENTRE

SUNANDA TOWER, BANK ROAD, GORAKHPUR Mob. : 8935001307

I.D. NO C24E18-R  
PATIENT NAME KARAN KUSHWAHA  
REF. BY Dr. ROHIT, MS MCH

## REPORT

20 May 2024  
AGE/SEX 11 YM

### CT examination of the thorax-IV contrast

The mediastinal vascular structures & cardiac chambers are well opacified with I V contrast and appear normal.

There is no evidence of significant mediastinal or hilar lymphadenopathy. The trachea and both main bronchi are normal.

The lung parenchyma shows normal broncho-vascular pattern.

No pleural effusion or calcification is seen.

Bones under view do not any focal lesion.

Sections through the upper abdomen reveal no obvious abnormality.

### IMPRESSION:

- No significant abnormality is seen on this study. Clinical correlation would be necessary.

V ADV - CLINICAL CORRELATION AND FOLLOW UP STUDY.

Dr. KARAN ASTHANA  
MD,RADIOLOGY  
MD RADIODIAGNOSIS

DR. PALLAVI R. SINGH  
MD,RADIODIAGNOSIS

Dr. VIKRANT AGARWAL  
D.M.R.D, DNB

MSK Radiology Fellowship,  
DEENANATH MANGESHKAR HOSPITAL, PUNE

Thanks for Referral

This report is not valid for medical legal purpose, any technical error, typing mistake should be consulted

### WE USE NON IONIC CONTRAST ONLY

Timings : 8.00 a.m. to 9.00 p.m. | Ambulance Available | Emergency Services : 24 Hours

पूर्वांचल की पहली मरीन हमारी गई थाका पर :

- PET/CT- कैंसर जांच की अत्याधुनिक सुविधा
- GAMMA CAMERA

- सुविधाये • एम आर जाई (1.5 T) • इलास्टोग्राफी/एआरएफआई
- कंप्यूटाइज्ड डिजिटल एक्स-रे • 4D कलर डॉपलर • बी एम डी
- 64 स्लाइस सी टी • अल्ट्रासाउण्ड • पैथालॉजी • ई सी जी • ई ई जी



- CT Scan नीला, रंग, रंग करी
- CT Angiography
- Digital X-ray



- MRI Scan
- 4D Colour Dopler
- CTUSG Guided Biopsy/FNAC



- ECG, ECG Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens 3.0T

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Always Ahead  
**ARYAVART 1.5T MRI & 64 SLICE CT CENTRE**  
SUNANDA TOWER, BANK ROAD, GORAKHPUR Mob. : 8935001307

I.D. NO	C24E18-R	<b>REPORT</b>	20 May 2024
PATIENT NAME	KARAN KUSHWAHA		AGE/SEX 11 YM
REF BY	Dr. ROHIT, MS MCH		

**CT angiography of right lower limb**

A 13.5 x 8.6 x 9.4 cm well defined inhomogeneously enhancing mass lesion is seen in upper thigh. Multiple calcific foci within. Right common femoral artery and right superficial femoral arteries are displaced anteriorly by lesion. Right deep femoral artery is displaced laterally by lesion. The lesion is partially encasing right common femoral artery and right superficial femoral arteries. Area of contact is 180 degree. The lesion is causing moderate narrowing of the right CFA and SFA. Multiple collateral are seen antero superior and posterior inferior to lesion. Underlying bones appear normal.

Right posterior tibial arteries & anterior tibial arteries are normal.

The popliteal bifurcation is well visualised.

**IMPRESSION**

- 13.5 x 8.6 x 9.4 cm well defined inhomogeneously enhancing mass lesion is seen in upper thigh. Multiple calcific foci within. Right common femoral artery and right superficial femoral arteries are displaced anteriorly by lesion. Right deep femoral artery is displaced laterally by lesion. The lesion is partially encasing right common femoral artery and right superficial femoral arteries. Area of contact is 180 degree. The lesion is causing moderate narrowing of the right CFA and SFA. Multiple collateral are seen anterosuperior to lesion. Underlying bones appear normal. These features are suggestive of neoplastic etiology. Histopathological correlation is suggested.

R ADV- CLINICAL CORRELATION AND FOLLOW UP STUDY.

**DR. VIKRANT AGRAWAL**  
D.M.R.D, DNB

**DR. SARWAT ALI**  
D.M.R.D  
(Consultant Radiologist)

**WE USE NON IONIC CONTRAST ONLY**

Timings : 8.00 a.m. to 9.00 p.m. | Ambulance Available | Emergency Services : 24 Hour

**पूवचिल की पहली मशीन हमारी नई शाखा पर :**  
• PET/CT- कैंसर जांच की अत्याधुनिक सुविधा  
• GAMMA CAMERA

- सुविधाये • एम आर आई (1.5 T) • इलास्टोग्राफी / एआरएफआई  
• कम्प्यूटाइज्ड डिजिटल एक्स-रे • 4D कलर डॉप्लर • वी ए  
• 64 स्लाइस सी टी • अल्ट्रासाउण्ड • पैथालॉजी • ई सी जी • ई



ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अखिल भारतीय

**Dr Lal PathLabs**

Regd. Office | Dr Lal PathLabs Ltd, Block E, Sector 15, Rohini, New Delhi-110085  
Web: www.lalpathlabs.com, CIN: L74999DL1999PLC0265389



Name : **MR. KARAN KUSHWAHA**  
Lab. no. : **485826366**  
Ref By : **Dr Rohit**  
Collected : **16/05/2024 3:19:00PM**  
A/c Status : **2**  
Collected at : **MAA COLLECTION CENTER  
UTARI JAYEPUR HADWA PATAK ROAD  
GORAKHNATH Gorakhpur 273804**

Age : **11 Years**  
Gender : **Male**  
Reported : **22/5/2024 6:27:56PM**  
Report Status : **Final**  
Processed at : **LPL-NATIONAL REFERENCE LAB  
National Reference laboratory, Block E,  
Sector 15, Rohini, New Delhi -110085**

End of report



**IMPORTANT INSTRUCTIONS**

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
\*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes.\*This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.\*The report does not need physical signature.  
(\*) Sample drawn from outside source.  
If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.  
Tel: +91-11-49885050 Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com  
National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.

Note: 1. Slides / Blocks can be issued only on advice of the referring consultant after a minimum of 48 hours.  
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.  
3. Contact histopathology department for any clarification.



If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.  
Tel: 011-4988-5050, Fax: +91-11-2788-2134, E-mail: customer.care@lalpathlabs.com  
If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.  
Tel: 011-4988-5050, Fax: +91-11-2788-2134, E-mail: customer.care@lalpathlabs.com

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

DR. SACHIT ANAND  
 AIIMS NEW DELHI  
 Karankushwaha

UHD: 107608383  
 ABHA: 0  
 Dept No. 2024020001882

DR. SACHIT ANAND  
 AIIMS NEW DELHI  
 Karankushwaha

DR. SACHIT ANAND  
 AIIMS NEW DELHI  
 Karankushwaha

दिagnosis / Diagnosis

दिनांक / Date: 23 May  
 Ewing Sarcoma (R thigh)  
 - No fresh complaints

Appointments for: 0/6  
 Dept: Ortho

Slide review (S243020)  
 - Sections show a malignant round cell tumor morphologically consistent Ewing sarcoma.

Mild follow.  
 Swelling of (R) arm @ m.  
 @ proximal thigh  
 - firm to hard, - non tender  
 - No local LN @

- DIBC (26/6/24) - constrained

Adv: - SK survey, Bone scan  
 - DIBC - CD + film submit (34)

18G Scler's needle

- PTNR, CBC, BUSG  
 - 6B ward @ 10:00am Npo

- Bone marrow biopsy - 6B ward  
 - IRCH registrars Prof Sandeep Aggarwal



Dr. Chandramauli

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Patient Name  
Age

### Dr Lal PathLabs

Regd. Office: D-14 PathLabs Lab, Block E, Sector 18, Rohini, New Delhi-110085  
Web: www.lalpathlabs.com, CIN: L1490DC1995PLC05380

Name: Mr. KARAN KUSHWAHA  
Lab No: 485826366  
Ref By: Dr Nuhit  
Collected: 18/05/2024 3:19:00PM  
A/c Status: P

Age: 11 Years  
Gender: Male  
Reported: 22/5/2024 6:27:56PM  
Report Status: Final

Collected at: MAA COLLECTION CENTER  
UTARI JATEPUR RADWA PATAK ROAD  
GORAKHNATH Gorakhpur 273004

Processed at: LPL-NATIONAL REFERENCE LAB  
National Reference Laboratory, Block E,  
Sector 18, Rohini, New Delhi -110085

#### SURGICAL PATHOLOGY REPORT

217428

#### SPECIMEN

: Trucut biopsy growth right thigh

#### CLINICAL HISTORY

: ? Soft tissue sarcoma

#### GROSS

: Received 9 linear grey brown soft tissue core measuring 0.2 to 0.6 cm along with few bits.

#### MICROSCOPY & IMPRESSION

: Trucut biopsy growth right thigh:

- Section show sheets of oval to round cells with marked congestion, hemorrhage and vascular proliferation.


Features favour tumor with Round Cell Morphology.


#### ADVISED

: IHC code Z707 for definite categorization.

#### HISTOPATH NO

: [LPL/B/217427/24, LPL/B/217428/24, LPL/B/217429/24 : Entire tissue]

  
Dr Meenu Gaur  
MD, Pathology  
Sr. Consultant Pathologist & Incharge  
Cytopathology - NRL  
Note: Case Reported By Dr Meenu Gaur

  
Dr Rajiv Tangri  
MD, Pathology  
Technical Director - Histopathology and  
Cytopathology - NRL

Note: 1. Slides should be stored only in one of the following conditions after a maximum of 48 hours.  
2. Glass specimens will be "disinfectant" treated 2 months after the date of reporting.  
3. Clinical specimens should be stored in a cool and dry place.

Kindly issue HPE blocks for Review





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

Patient Name	: KARAN KUSHWAHA	UHID NO.	: 107608383
Accession No	: S2434918A	F/H Name	: S/O Ramadhar Kushwaha
Age/Sex	: 11Y/Male	Additional ID	: NA
Clinic/Dept	: Paediatric Surgery	Unit	: N/A
Consultant Incharge	: Dr. Vishesh Jain	Request Date/Time	: 27-07-2024 /11:40:28
		Receiving Date/Time	: 27-07-2024 /11:44:05

**HISTOPATHOLOGY REPORT**

**GROSS EXAMINATION:**

Accession No. : S2434918A

Specimen labelled as "Bone marrow biopsy" comprises of two linear bony cores measuring 0.2-0.6cm.

**MICROSCOPIC EXAMINATION:**

Section examined shows only fibrocollagenous tissue.

Inadequate for opinion.

**DIAGNOSIS:**

S2434918A

Bone Marrow

• Descriptive, see above

End Report

Reporting Resident: Dr. Dipali Akolkar

Reporting Faculty: Prof. Mehar Chand Sharma

Reporting Date/Time: 02-08-2024 11

**Disclaimer :**

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





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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
DEPARTMENT OF PATHOLOGY

Patient Name	: KARAN KUSHWAHA	UHID NO.	: 107608383
Accession No	: S2434918A	F/H Name	: S/O Ramadhar Kushwaha
Age/Sex	: 11Y/Male	Additional ID	: NA
Clinic/Dept	: Paediatric Surgery	Unit	: N/A
Consultant Incharge	: Dr. Vishesh Jain	Request Date/Time	: 27-07-2024 /11:40:28
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डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital  
AL

OPR-6

अस्पताल का नाम: DR. B.R. AMBEDKAR, NEW DELHI  
Reg. Date: 25/07/2024  
MISER  
IRCH No: 334952  
Chole: Panch Sugary Clinic  
Chole No: 2024-4504  
Dept: PAEDIATRIC SURGERY/IRCH  
Gender: \_\_\_\_\_  
Name: KARAN KUSHWAHA  
Sex/Age: M/11Y  
Date of Birth: \_\_\_\_\_  
Address: Ring Road Gurgaon, Chaudhary Narain Tola, Sector 14, Gurgaon, Haryana, India  
Phone No: 9240779000  
Room: 6 (SAR Morning)  
Paid Online: \_\_\_\_\_

निदान/Diagnosis: R/O  $\textcircled{R}$  thigh EWING SARCOMA

उपचार/Treatment:  
 40  $\textcircled{R}$  thigh swelling x 6 months  
 painless swelling. H/O rapid  $\uparrow$  size noticed  
 casually by parents one morning. x 6 months back.  
 No H/O  $\uparrow$  in size after that  
 No H/O fever  
 No H/O LCA/LOW.  
 on exam  
 12x12cm firm to hard lump @ over  
 proximal  $\textcircled{R}$  thigh. no ulceration / discharge  
 non tender.  
 25/7/24 5:30PM  
 4D/W DIVISHESH JAIN SIR  
 - Bone marrow aspiration biopsy - MCH66 wood  
 - chemotherapy + dr Sameer Bakshi  
 - Date for re-evaluation after 12 wks of chem  
 - therapy.  
 - F/U in IRCH OPD after 2 wks on MON/~~TUE~~  
 WEDNESDAY / THURSDAY  
 DR/Sa III

R/O 25/7/24  
 • morning 11 AM  
 • 4 AM NPO  
 • Saline bone marrow  
 needle 14 G or  
 16 G

07179 26244 24-21 Res. No. 3810258068  
 डॉ. वी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
 Institute Rotary Cancer Hospital  
 A.I.I.M.S. Hospital  
 Out Patient Department  
 IG PROHIBITED IN HOSPITAL PREMISES  
 DR. B.R.A. TRICHAHMS, NEW DELHI  
 Reg. Date: 25/07/2004  
 C Date No. 302815579  
 UHID: 107608183  
 Name: KARAN KUSHWAHA  
 Sex/Age: M/11Y  
 Room: 5 (Shift Morning)  
 Address: Ramprasad Gandhi Chonarsaha Nanka Tola Sitwaha (Raj.)  
 ULTRAHAUNDI 35015

निदान / Diagnosis

उपचार / Treatment

दिनांक / Date	उपचार / Treatment
19/8/24	Wk #1 - From 4/9 Inj. VCR 1.5mg IV - d1 Inj. DOXORUBICIN 1VP d1 - 35mg d2 - 30mg Zofen Endoxan 1VP d1 - 500mg - 4/9 d2 - 500mg - 5/9
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अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
 O.R.B.O.AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs. service)  
 बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients



डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अड्डा  
 Dr. B.R. Ambedkar Institute Rotary Cancer Centre  
 अ.भा.आ.सं. अस्पताल/Δ



बहिरंग रोगी विभाग  
 IRCH No. 31492  
 Chief: Paed Surgery Clinic  
 Dept: PEDIATRIC SURGERY-IRCH  
 Name: KARAN KUMIWAHA  
 Age: 14.00  
 Sex: M (Male)  
 Address: 10/10/100  
 Address: Tappur, Gauda Chauraha, Noida, Uttar Pradesh, India  
 Post Code: 201301

दिनांक/Date	उपचार/Treatment
18/9/24	WA #3 - क्रम 23/9
1.	Inj. IFOSFAMIDE in 10 NS
	d1 - 3g
	d2 - 3g
	d3 - 2g
	Inj. MESNA 800mg IV - HRD, 3g
	d1 - 3g
3.	Inj. VP-16 in 10 NS
	d1 - 3 → 150mg
4.	Inj. Zoledron 8mg IV } d1-3
5.	Inj. Desorona 8mg IV }



अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
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 शहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients



34/12  
**डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल**  
**B.R. Ambedkar Institute Rotary Cancer Hospital**  
**आर.आ.आई.एम.एस. अस्पताल/A.I.I.M.S. Hospital**  
 Out Patient Department  
 NO SMOKING PROHIBITED IN HOSPITAL PREMISES  
 324952

OPR-6

DR. B.R.A. IRCIAIIMS, NEW DELHI  
 IRCH No. 324952  
 Clinic: Paed Surgery Clinic  
 Deptt. PAEDIATRIC SURGERY-IRCH  
 General  
 Reg. Date-25/07/2024  
 Clinic No. 2024/4509  
 UHID-107608383  
 Sex/Age M/11Y  
 Room 6 (Shift Morning)

रजिस्ट्रेशन संख्या/OP.D. Regn. No. \_\_\_\_\_  
 जन्म तिथि / Date of Birth \_\_\_\_\_

लिंग Sex	आयु Age

नाम  
**Name: KARAN KUSHWAHA**  
 S/O- Ramnagar Kushwaha  
 Phone No. 7324077006  
 Address: Ramnagar, Gurgaon (Haryana) India

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

28/11/24 WR #9

1. Iy IFOSFAMIDE in 10 NS  
 d<sub>1</sub> - 3g  
 d<sub>2</sub> - 3g  
 d<sub>3</sub> - 2g

2. Iy. MESNA 800mg IVP - HRO, 3 x 1  
 d<sub>1</sub> - 3

3. Iy. VP-16 in 10 5% D<sub>1</sub>  
 d<sub>1</sub> - 3 → 150mg

4. Iy. Zofex 8mg IV } d<sub>1</sub>-3

5. Iy. Dexam 8mg IV } (3 बार)

6. T. Zofex 4mg 0 0 0 (2 बार) } d<sub>1</sub>-d<sub>5</sub>
7. T. Decaman 4mg 0 0 0

[New painake]  
 [Lactated Ringers]

DAYCARE (DURING)  
 MEDICAL ONCOLOGY  
 AIIMS  
 Date: 28/11/24  
 Time: 7:30 AM

DAYCARE (DURING)  
 MEDICAL ONCOLOGY  
 AIIMS  
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DAYCARE (DURING)  
 MEDICAL ONCOLOGY  
 AIIMS  
 Date: 28/11/24  
 Time: 7:30 AM

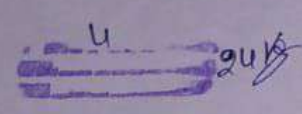
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
 O.R.B.O.AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs. service)

बाहर से जाने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

UPHS: 10760833  
 ASHA: 5  
 Dept No.: 2024022003962  
 KARAN KUSHWANA  
 022012225  
 Queue: F7  
 022012225  
 Queue: F7  
 022012225  
 Queue: F7

Ewing Sarcoma (R)

- Pt. walking L.
- No fever/UR.
- Last chemo received on 18/11/24 (week #12) under Dr. Sameer Bakshi.



- Surgery was postponed previously due to lack of OT.
- h/o <sup>h/o</sup> in size of swelling.

Appointment on .....  
 for .....  
 Dept/Clinic: .....

@ No. one-four, affected.  
 No paller.

USC guided marking  
 Hood donation ✓

L/A, No restriction in limb mobility  
 No ~~pt~~ defined lump palpable.

CDLuo Dr. Sachet

- Admit in MEHGB ward on 3/1/25 - To meet Dr. Manika.
- Plan: OT on Saturday (10:00 am).
- To get USC guided marking of (R) thigh lesion.

- ~~CDSTREI~~

*(Signature)*

DR. SACHET KUSHWANA  
 ALIMS S HOSPITAL  
 DR. SACHET KUSHWANA  
 ALIMS S HOSPITAL  
 DR. SACHET KUSHWANA  
 ALIMS S HOSPITAL







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Permanent ID :  
**Registration No.: 102413801**  
 Patient Name: Mst. KARAN KUSHWAHA  
 Age/Sex: 11 Yrs Male  
 ID Card No.:  
 Referred By: AIIMS HOSPITAL  
 Referring Hosp.: AIIMS Hospital New Delhi

Mobile No. 9873883833  
 Registration Dt./Tm.: 19/11/2024 10:05:30  
 Report Dt./Tm.: 19/11/2024 13:39:55  
 Validation Dt./Tm.: 19/11/2024 13:39:55  
 Printed Dt./Tm.: 22/11/2024 08:04:59

**NCCT CHEST**

**STUDY PROTOCOL:**  
 SECTIONS OF APPROPRIATE THICKNESS WERE TAKEN AT ADEQUATE INTERVALS IN MULTI DETECTOR CT SCANNER SO AS TO COVER THE REGION FROM ROOT OF NECK TO THE DIAPHRAGMS. POST PROCESSING WAS DONE ON ADVANCE WORK STATION TO OBTAIN CORONAL AND SAGITTAL SECTIONS.

**Clinical information:** Follow up post-chemotherapy case of Ewing sarcoma right thigh.

**FINDINGS:**

**Pulmonary Parenchyma and Airways:** Bilateral lungs reveal normal parenchyma with normal bronchovascular pattern. No nodules with tree in bud configuration, consolidation, cavitation, honeycombing or any bronchiectatic changes seen in the lungs to suggest active lung disease. No peripheral rounded ground glass opacities / consolidation seen in lungs to suggest acute pneumonia. **No solid nodules or mass seen in either lung.**

**Mediastinum and Hila:** No enlarged lymphnodes in mediastinum, axilla or supraclavicular fossa on either side.

**Heart and Pericardium:** Cardiac size is normal with no pericardial thickening, calcification or effusion.

**Pleural Space:** No pleural thickening or effusion in either hemithorax.

**Osseous Structures and Chest Wall:** No pathologic osseous or soft-tissue process is present.

**Bone Windows:** Normal. No aggressive osseous abnormalities.

Contd...2

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H-10, Green Park Extension, New Delhi -16  
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Atyavanti

Always Ahead



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IMPRESSION:

NCCT CHEST REVEALS NO SIGNIFICANT ABNORMALITY.

ADVISED: CLINICAL CORRELATION.

Shakti

Dr. Shakti Pratap Singh

MD (Radiodiagnosis)  
Senior Consultant Radiologist  
DMC Reg. No.: 02941

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**IMPRESSION: MRI RIGHT THIGH REVEALS:**

Follow up post-chemotherapy case of Ewing sarcoma right proximal thigh;

A large well-defined smoothly margined heterogeneous signal intensity solid mass measuring ~ 65 mm TR x 55 mm AP x 103 mm CC in the vastus intermedius and vastus medialis muscle. The mass is bulging the fascial plane and closely abutting the adductor longus and adductor brevis muscle without contiguous extension. The femoral artery, vein and femoral nerve is closely abutting the superomedial aspect of the lesion with preserved signal void. The mass is separate from the bone. Findings are suggestive of residual extra-skeletal Ewing sarcoma.

Compared to report of previous MRI right thigh dated 13.05.2024 done in another institution (Films or DICOM images not available); size of mass has reduced from 128 mm to 103 mm in largest dimension.

**ADVISED: CLINICAL AND HISTOPATHOLOGICAL CORRELATION.**

*Shakti*

**Dr. Shakti Pratap Singh**  
MD (Radiodiagnosis)  
Senior Consultant Radiologist  
DMC Reg. No.: 02941

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Referring Hosp.:	AIIMS Hospital New Delhi		

## MRI RIGHT THIGH

### STUDY PROTOCOLS:

SPIN ECHO T1 SAGITTAL AND FAST SPIN ECHO T2W AXIAL IMAGES OF THE RIGHT THIGH WERE OBTAINED ON A DEDICATED PHASED ARRAY BODY COIL USING 3.0 TESLA TWIN GRADIENT SYSTEM AND CORRELATED WITH T2W CORONAL IMAGES. ADDITIONAL STIR CORONAL AND AXIAL IMAGES WERE ALSO OBTAINED.

Clinical information: Follow up post-chemotherapy case of Ewing sarcoma right proximal thigh.

### FINDINGS:

There is a large well-defined smoothly margined heterogeneous intensity solid mass measuring ~ 65 mm TR x 55 mm AP x 103 mm CC seen centered in the anterior compartment of the proximal thigh. Lesion shows heterogeneous signal on T1 and T2W sequence. There are irregular areas of low signal seen in the periphery of mass on T1 and T2W sequence and could be due to calcification or hemorrhage. The central region of the mass shows hyperintense signal to the skeletal muscle on T1, T2 and STIR sequence. There are areas of restriction of diffusion along the posterior and peripheral aspect of the lesion. The lesion is confined within the vastus intermedius and vastus medialis muscle and is limited within the fascial plane of the anterior compartment of the thigh. Mild surrounding soft tissue edema confined within the anteromedial aspect of the thigh. The mass is bulging the fascial plane and closely abutting the adductor longus and adductor brevis muscle without contiguous extension. The femoral artery, vein and femoral nerve is closely abutting the superomedial aspect of the lesion with preserved signal void. The mass is separate from the bone. The cortex of the femoral bone is intact. Cranially, the lesion is extending upto the level of the junction of the head and neck of the femur. The iliopsoas tendon is draped along the medial and posterior aspect of the lesion.

Right hip joint is unremarkable.

Right femur is intact and is free from lesion.

Rest of the muscles of the proximal thigh are normal in bulk and signal.

Contd...2

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