







भारत सरकार

GOVERNMENT OF INDIA



शाहिद हुसैन

Shahid Husain

माता : कल्लो बी

Mother : Kallo B

जन्म वर्ष / Year of Birth : 1991

पुरुष / Male



9528 6830 4580

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O शाकिर हुसैन, ६९४, मस्जिद
के पास, मिश्रौली, मिश्रौली, झालावाड,
राजस्थान, 326512

Address: S/O Shakir Husain, 694,
MASJID KE PASS, Mishroli,
Mishroli, Jhalawar, Rajasthan,
326512



1947
1800 180 1947



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WWW

www.uidai.gov.in



P.O. Box No.1947,
Bengaluru-560 001

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029
DEPARTMENT OF RADIO DIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: Anagavi Age/Sex: 29/F Ref. Deptt./Unit: PII Date:
Indoor (Bed No.) / Outdoor / Casualty: 10544/507 OPD No. / UHID No.: PII LMP:
10544/507

Examination Required :

Ultrasound

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination :

Sil AB /

? TB.

M7 +ve

US water - ? LRV

Clinical / Working Diagnosis :

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

30/9/2021

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :

BM-12
OL. NEW
PAK
COB

ECHOCARDIOGRAPHY REPORT

**DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029**

NAME..... Anayavi AGE..... 2y 3m SEX M/F DATE..... 3/2/2022
 ECHO No. 1476/22 CV No. UHID No. 105441507 C.R. No.
 HEIGHT..... cm WEIGHT..... kg. BSA..... m² Ref. Physician [Signature]
 Referring Diagnosis
 Quality of Imaging Poor/Adequate/Good Done by Dr. [Signature] Checked by Dr.

MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/ Prolapse/ SAM/ Doming
 PML Normal/Thickening / Calcification/ Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/ Absent Score.....
 Doppler Normal / Abnormal
 Mitral stenosis Present / Absent RR interval.....msec
 EDG.....mmHg MDG.....mmHg MVA.....cm²
 Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal/Atresia/ Thickening/ Calcification/ Prolaps/ Vegetation/ Doming
 Doppler Normal/Abnormal
 Tricuspid stenosis Present/Absent RR interval.....msec
 EDG mmHg MDG.....mmHg
 Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 Valocity.....m/sec Pred. RSVP-RAP+.....mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Domng/Vegetation
 Doppler Normal/Abnormal
 Pulmonary stenosis Present/Absent Level
 PSG.....mmHg Pulmonary annulus.....mm
 Pulmonary regulation Present/Absent
 Early diastolic gradient.....mmHg End diastolic gradient.....mmHg

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
 Doppler Normal/ Abnormal
 Aortic stenosis Present/Absent Level
 PSG.....mm Hg Aortic annulus.....mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

डॉ. राजेंद्र प्रसाद नेत्र विज्ञान केंद्र, नई दिल्ली - 110029

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES, NEW DELHI-110029



(AIIMS)

आपातकालीन विभाग

(RPC Emergency)

आपातकालीन नं. (Dept. Regd. No): 20210290004202

NON-MLC Patient



UHID No: 105441507

81

नाम NAME: () ANAYAVI

आयु AGE: 2 वर्ष Years

लिंग/SEX: महिला/F

D/O: () SAHID HUSSAIN

पता ADDRESS: मकान संख्या

H.NO:

vill- MISRAULI

गली / मुहल्ला

STREET/MOH:

शहर/प्रखंड

CITY/BLOCK: DISTT- JALAWAR

पिन कोड

PIN:

राज्य

STATE:

RAJASTHAN

मोबाइल

MOBILE:

9694961755

दूरभाष सं.

PHONE NO:

दिनांक DATE: 06/06/2021

इकाई UNIT: Unit-II

आ.चि.अ C.M.O: DR AYUSHI

द्वारा BROUGHT BY: Self:

दिनांक Date: निदान Diagnosis:

? Retinoblastoma (BE)

do whitish discoloration of both eye X 2 1/2 m.

On Touch light examination → Intracocular mass lesion (+)

(BE)

Slit lamp examination → uncooperative

Adv:- FV Dr. Tanveer / Dr. Tomi ↓ unit 6

for further evaluation.

(wed / saturday) in (62)

Dr
6/6/21

V.A. → uncooperative

NCT → digitally (N)

Rept → uncooperative

No SE

USG-PSE
mod to moderate
spikes (+)
calcification (+)

intracocular USG

BL RB
? vitreous Hge/
exudates

c/s/b
Dr Comi / Dr Tanveer

(B/E) intraocular mass
(filling almost
entire globe
c calcification)

(R) Advanced group D/
Group E Rb
(L) Group E Rb.

नेत्र आपात सेवा पूरे २४ घंटे के लिए उपलब्ध है

Casualty Service are available for 24 hours

Tel.No: (011)-26589461, 26588500-26588703 Ext. 3002/3063, Eye bank Services 26589461, 26593060, 1919

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Your Eyes are precious to all-visit our Eye Bank.

नेत्रदान महादान

Patient Details

Name : Anayavi

C.K
52906
A11MS

Age / Gender : 2 yr 3 m | Female

Father's Name : Sahid Hussain

Address : Rajasthan

Contact No : 9694961755

POC / PCSC No.:

137/21

Diagnosis : (L) EORB

(R) Op E IORB

Remarks :



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

UHID:	105441507	Sex :	Female
Patient Name :	Miss. ANAYAVI	Sample Received Date :	14/03/2022 12:57 PM
Age :	2 years 9 months 8 days	Department :	R. P. Centre (Eye Centre)
Unit Name :	Unit-VI	Unit Incharge :	Dr. Radhika Tandon
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date :	06/06/2021 09:31 AM	Sample Collection Date:	14/03/2022 09:25 AM
Report Generated Date:	14/03/2022 03:32 pm	Dept / IRCH No:	20210050019867
Recommended By:	Dr. Radhika Tandon	Lab Reference No:	576

Sample Details : E140322151

Report

Test Name	Result	Comment	Normal Range
CBC			
Hemoglobin	10.200 g/dL		• 12 - 15 g/dL
Hematocrit	32.2762 %		• 36 - 46 %
RBC Count	3.740 $10^6/\mu\text{L}$		• 3.8 - 4.8 $10^6/\mu\text{L}$
WBC Count	9.910 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count	207 $10^3/\mu\text{L}$		• 150 - 400 $10^3/\mu\text{L}$
Platelet Count	207 $10^3/\mu\text{L}$		• 150 - 400 $10^3/\mu\text{L}$
MCV	86.300 fL		• 83 - 101 fL
MCH	27.2727 pg		• 27 - 32 pg
MCHC	31.6022 g/dL		• 31.5 - 34.5 g/dL
RDW	19.800 %		• 11.6 - 15 %
DLC			
Neutrophils	83.000 %		• 40 - 80 %
Lymphocytes	12.100 %		• 20 - 40 %
Eosinophils	3.200 %		• 0 - 7 %
Eosinophils	3.200 %		• 0 - 7 %
Monocytes	0.900 %		• 3 - 11 %
Basophils	0.100 %		• 0 - 2 %
Basophils	0.100 %		• 0 - 2 %
Neutrophils - Abs	8.2253 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs	1.19911 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs	0.31712 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs	0.08919 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs	0.00991 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$

Over All Comment :

Authorised Signatory

Verified By
ritulabnci



GOYAL MRI & DIAGNOSTIC CENTRE

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

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

Dr. Rajesh Kapur
MD, DNB (Radio Diagnosis)

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

Dr. Pranay R Kapur
MBBS, DNB

BABY. ANAYAVI, 2 ½ YRS / F

UID: 01.22.370

14.01.2022

M.R. OF THE CRANIUM AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No adverse contrast reaction was noted till 30 minutes after the contrast injection.

Follow up case of bilateral retinoblastoma. Status postop and chemotherapy.

Left globe is not visualized – status postop. Prothesis is seen in the left orbit. No definite recurrent / residual mass lesion is seen

Right globe is normal in size. 10 x 10mm stable lesion is seen in the posterior chamber of the right globe. There is associated vitreous hemorrhage and retinal detachment. Lesion shows hypointense signal on T1 and T2 weighted images, shows homogeneous enhancement following administration of contrast. Subtle enhancement is seen along the right optic nerve suggestive of optic nerve infiltration. Findings are suggestive of residual lesion.

Optic chiasm, infundibulum and pituitary gland do not show abnormality.

Cerebral and cerebellar parenchyma is unremarkable. Bilateral basal ganglia and thalami are normal in signal intensity. The corpus callosum, sellar and suprasellar regions, and skull base are normal. No midline shift. No acute intracerebral hemorrhage. Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void. Paranasal sinuses are unremarkable.

IMPRESSION:

- 1. Left globe is not visualized – status postop. Prothesis in the left orbit. No definite recurrent / residual mass lesion is seen**
- 2. 10 x 10mm stable homogeneously enhancing lesion in the posterior chamber of the right globe with associated vitreous hemorrhage and retinal detachment with optic nerve infiltration. Findings are suggestive of residual lesion.**

Compared with previous MRI dated 09.06.2021, postop changes are new finding. There is reduction in the size of the lesion in the right globe. Right optic nerve infiltration is a new finding.

Clinical and histopathological correlation is necessary

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

This is a professional opinion and not the diagnosis. Findings should be correlated with clinical data.

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)

विश्राम सदन, अंसारी नगर, नई दिल्ली-110029
VISHRAM SADAN, Ansari Nagar, New Delhi-110029

रसीद/RECEIPT

क. स./S. No.

पंजी. संख्या/Registration No.: 1116

दिनांक/Date: 26/8/24

श्री/श्रीमती कुमारी

Received with thanks from Shri / Smt. / Kumari

डोरमेटरी/सेमीडोरमेटरी/कमरा सं. 123 (113rd)

में दिनांक से तक

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SVS

SSVS

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dated from 26/8/24 to 11/9/24

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days(s) for

7 days (7/11)

on account of rent for person(s) in Rs. 700/-

रूपये

(Rupees)

Seven

Hundred only

सधन्यवाद प्राप्त किए।

हस्ताक्षर/Signature

(प्रबंधक)/(Manager)

मोहर/Stamp

रु.

(रूपये)

Refunded Rs.

600/-

(Rupees)

दिनांक

के वापसी वाउचर सं. 24822

Dated

vide Refund Voucher No.

द्वारा वापस किए गए।

दिनांक

27/8/24

को

10/9/24

बजे कमरा खाली किया गया।

1

Vacated on

at

किसी भी पक्ष की तरफ कोई बकाया नहीं है और कमरा/सेमीडोरमेटरी/डोरमेटरी दिनांक को बजे खाली किया गया/की गई।

2

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at

उहरने की अवधि बढ़ाई गई (पिछली रसीद सं(

दिनांक

3

Stay extended (Previous Receipt No.

Dated

1- चार्ज

1- ठीकिया

हस्ताक्षर/Signature

(प्रबंधक)/(Manager)

28/8/24

मोहर/Stamp

कृपया पृष्ठ के पिछली तरफ छपे निर्देशों को ध्यानपूर्वक पढ़ें।

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ANTRIKSH Thera

ब. रो. वि. कार्ड
O.P.D. Card

दृष्टि



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जो आप ही दे सकते हैं

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Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ. भा. आयु. सं., नई दिल्ली - 110029

Dr. Rajendra Prasad Centre
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या
UHID No.

रोगी का नाम
Name of the Patient

General Consultation Time: 9.00 AM-1.00 PM

₹10 105441507
Dept. Regn. 2021/005/0019867
Name: Miss. ANAYAVI
D/O SAHID HUSSAIN, 2Y 17D, F
Ph: 9694961755
V-11- MISRAULI, DISTT- JALAWAR,
RAJASTHAN, INDIA

DeptSeq: 447
Dept: R. P. Centre
(Eye Centre)
Unit: Unit-VI
Room: 39A
N/5
Days: Wednesday
App. Date:
23/06/2021

Appt. ID:

2021062301928

दिनांक
DATE

निदान

DIAGNOSIS B/E Retinoblastoma

उपचार Treatment

23 JUN 2021

kindly give accommodation in
Nishram Sadan.

C.M.O.
DR. R.P. CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., NEW DELHI-110029

NRC review on 24/6/21 c/o/w SR Radiology

brain parenchyma - normal

(R) Intraocular mass, O.N - normal

(L) Enhancement in retrobulbar part.

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

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D.L. No. S(1115)13RW

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1	MILFLODEX E/DROP 5ML	FHY0812	09/23	12.0	162.00



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SHANU

BILL NO.: 258559 DATE: 22/01/22 Total 273.64

PATIENT Ms/Mr.: ANAYAVI

SGST 14.66
CGST 14.66

ADDRESS:

AIIMS

%

Pres. by Dr.:

Sign.

Grand Total

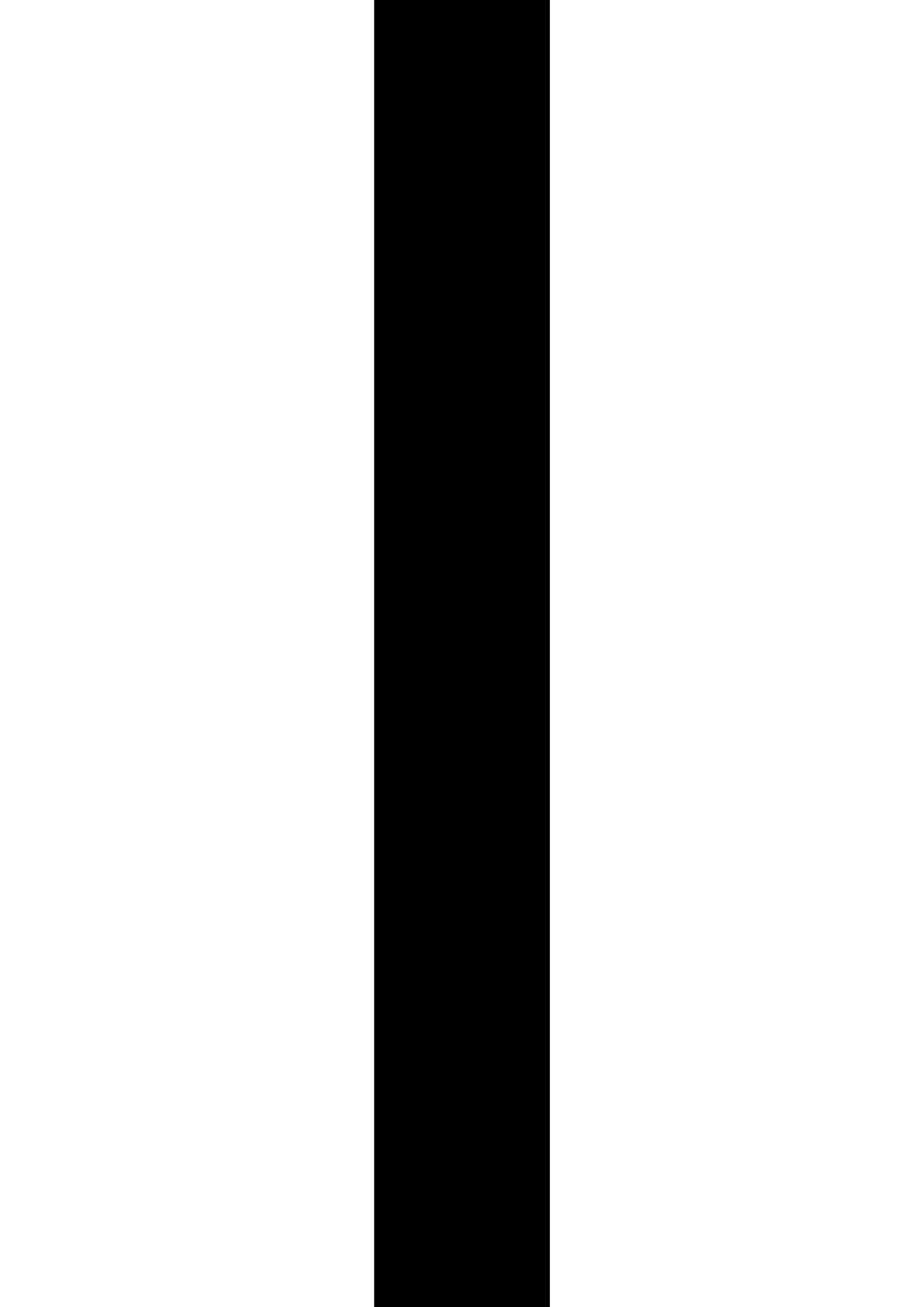
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+ DURGA MEDICOSE +

KIOSK NO. 55, SAFDARJUNG HOSPITAL, GATE NO. 2, NEW DELHI-29, Ph.: 9205622663, 011-26182670

Bill No. : 110244
Patient : ANAIYA BI
Address : ST
Prescribed by : AIIMS

GST INVOICE

Date : 17/09/21
Time : 04:40 PM

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DIS. AMT. 1.99
PAID AMT. 160.00

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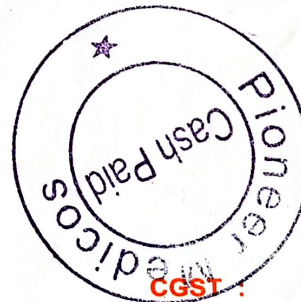
FOR : DURGA MEDICOSE

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Page No: 1 of 1

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21 (117589)****CASH MEMO NO 22910****DATE : 21/09/2021****NAME : ANAYVI****Pr. By : Dr. Pr. By: Dr. AIIMS****ADDRESS :**

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXP.	GST%	RATE	AMOUNT
1	3	VIAL	ETOVEL 100MG INJ	ETI2004A	08/22	12.0	160.00	480.0

**INCL. GST DETAILS :****CGST :
SGST :**25.71
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-						
-						
TAXABLE %	TAXABLE AMOUNT	CGST%	CGST AMOUNT	SGST %	SGST AMOUNT	
18%	0.00	9%	0.00	9%	0.00	
12%	0.00	6%	0.00	6%	0.00	
5%	34.20	2.5%	2.05	2.5%	2.05	
0%	0.00	0%	0.00	0%	0.00	
	0.00		0.00		0.00	
TOTAL	34.20		2.05		2.05	

BILL NO. : **2113**

DATE: 04/04/22

MRP Total

Discount

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Ms/Mr. : **SNAYAVI**

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ALL DAYS
OPEN

* In case you find any inadvertent error in the price charged.
Please bring this cash memo for refund of difference.

QTY.	PARTICULARS	BATCH NO.	EXP. DT.	GST	AMOUNT
1	EVEPHOS 500MG INJ	1GCV42	11/23	5.0	82.00
1	EVEPHOS 200MG INJ	1GCV04	12/22	5.0	33.00
1	VINCETRA 1MG INJ.	ADC2103VCB	08/23	5.0	51.00
3	MESNA INJ.	CHX1117	11/25	5.0	105.90

Returning Time 02.00 P.M. 04.00 P.M. Only

CASH

BILL NO. :

2203

DATE :

04/04/22

Total

271.90

PATIENT Ms/Mr. : ANAY

SGST

6.43

ADDRESS :

CGST

6.43

Pres. by Dr. :

Sign.

Grand Total

0.70 %

1.90

270.00

VANDANA FORMS
18b

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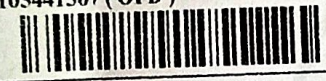
Receipt No. 20210050019867
Received From:
OPD/ MRD No.:
ON ACCOUNT OF

Dated :
Patient Type :
Room No. :

04/04/2022

General

ACCOUNTS-18/1797/202223
[Original] Hospital Receipts
MISS. ANAYAVI, Age : 2 Yrs 9 Mons 28 Days
105441507 (OPD)



SI No.	Service Name	Quantity	Rate	Net Amount
1	ADVANCE - SHORT ADMISSION	1	60.00	60.00

Printed on 04 Apr 2022 07:05:28 AM

Payment Mode:
INR (Rs.) :
Rs. in Words

Cash
60.0
Rupees Sixty Only

MR.VIVEK KUMAR

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

5

Cycle no ⑧ Date 19/1/22 Wt 114 BSA.....
 Hb 11.5 TLC 9150 ANC 2973 Platelets 3.22 L
 SGOT 40 SGPT 21 S Bil 0.2 Urea 19 Creatinine 0.2

Drugs	Dose given	Day
VCR		
Carboplatin	200mg	D ₁ , D ₂
Etoposide	35mg	D ₁ , D ₂ , D ₃
		D₁, D₂, D₃
		19/1 20/1 21/1

Chemotherapy: checked by Administrated by
 (Signature SR) (Signature JR/SR)

Next visit.....

Augmented Chemo.

Cycle no ⑥ Date 9/2/22 Wt 114g BSA 0.53 m²
 Hb 9.7 TLC 9710 ANC 3320 Platelets 1.12 L
 SGOT 39 SGPT 25 S Bil 0.2 Urea 17 Creatinine 0.2

Drugs	Dose given	Day
VCR	0.8 mg	D ₁ 9/2/22
Carboplatin Cyclophos	700mg	D ₁ 9/2/22
Etoposide Doxo	15mg	D ₁ 9/2/22

Cycle no (3) Date 21/9 Wt.....BSA.....

Hb.....TLC.....ANC.....Platelets.....

SGOT.....SGPT.....S Bil.....Urea.....Creatinine.....

Drugs	Dose given	Day
VCR	0.25mg	21/9 22/9 21/9 21/9/21
Carboplatin	280mg	D1 21/9/21
Etoposide	120mg	D1 D2
		21/9

Chemotherapy: checked byAdministrated by

(Signature SR)

(Signature JR/SR)

Next visit 12/10/21

Cycle no (4) Date 12/10 Wt.....BSA.....

Hb 10.2 TLC 8330 ANC 2432 Platelets 1.1 lac

SGOT 39 SGPT 15 S Bil 0.19 Urea 21.0 Creatinine 0.32

Drugs	Dose given	Day
VCR	0.25mg	D1 21
Carboplatin	280mg	D1
Etoposide	120mg	D1 D2
		13/10/21

Next visit 21/11/21

Week 3

8/3/22
 Cycle no. 4 Date 8/3/22 Wt. 11kg BSA 0.53m² Augmented Chemo.
 Hb. 9.9 TLC 8,550 ANC 5,200 Platelets 3,08,000
 SGOT 20 SGPT 12 S Bil 0.2 Urea 17 Creatinine 0.26

Drugs	Dose given	Day
VCR	—	
Carboplatin	190mg.	D ₁ D ₂ D ₃
Etoposide	35mg.	D ₁ D ₂ D ₃

Chemotherapy: checked by Administrated by
 (Signature SR) (Signature JR/SR)
 Next visit.....

Week 6

Cycle no. Date 4/4/22 Wt. 10.5kg BSA
 Hb. 9.1 TLC 3780 ANC 1320 Platelets 3.22
 SGOT 51 SGPT 25 S Bil 0.3 Urea 19 Creatinine 0.2

Drugs	Dose given	Day
VCR	0.8 mg	D ₁
Carboplatin Cyclophosphamide	700 mg	D ₁
Etoposide Doxorubicin	15 mg	D ₁

अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :-

Anayani

UHID No.

O.P.D./Ward

Rx.

- D_y. VCR 0.8mg iv
- D_y. Cyclophosphamide 700mg iv
- D_y. Mesna 200mg iv - (3)



Cycle no ① Date 13/7/21 Wt 9 kg BSA
Hb 11.6 TLC 7980 ANC 2162 Platelets 2.96 L
SGOT 41 SGPT 17 S Bil 0.2 Urea 21 Creatinine 0.23

Drugs	Dose given	Day
VCR	0.25 mg	D ₁
Carboplatin	250 mg	D ₁
Etoposide	110 mg	D ₁ , D ₂

Chemotherapy: checked by Administrated by
(Signature SR) (Signature JR/SR)
Next visit 4/8/21

Cycle no ② Date 8/8/21 Wt 9.5 kg BSA
Hb 10.9 TLC 12980 ANC 6374 Platelets 6.12 L
SGOT 38 SGPT 15 S Bil 0.22 Urea 4.1 Creatinine 0.32

Drugs	Dose given	Day
VCR	0.25 mg	D ₁
Carboplatin	250 mg	D ₁
Etoposide	110 mg	D ₁ , D ₂

17/9/21 - (dE) enucleation

Chemotherapy schedules

Standard chemotherapy protocol for RB

VCR	1.5 mg/m ² /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1
Carboplatin	560mg/m ² /day 18.6 mg/kg/day for children <3 yrs	Day 1
Etoposide	150 mg/m ² /day 5 mg/kg/day for children < 3 yrs	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT&RFT must be done before every cycle		

✓ **NACT: CT followed by EN, local RT and adjuvant CT (HD)**

VCR	0.025mg/kg/day Max dose 2.0 mg	Day 1
Carboplatin	28 mg/kg/day	Day 1
Etoposide	12 mg/kg/day	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle		

✓ **Augmented Chemotherapy**

< 3yrs
Wt: 10.5kg

VCR	1.5 mg/m ² /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1	Wk 0,6,12,18..
Carboplatin	560 mg/m ² /day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m ² / 3.3 mg/kg/day for children < 3 yrs	Day 1,2,3	Wk 3,9, 15, 21
Cyclophosphamide	65mg/kg/day	Day 1	Wk 0.6,12,18..
Idarubicin/ Doxorubicin	10 mg/m ² 30 mg/m ² /day	Day 1	Wk 0.6,12,18..
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle .ECHO at baseline/ as indicated			

High dose CT with autologous stem cell transplant : Stage IV/Metastatic RB

Treatment planned

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name Anayari Father's name Age 2 Sex POC NO family history
Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis
Others
Unilateral/bilateral
MT HBsAg HIV

L Intraocular Extraocular

R Intraocular Extraocular

↓ ↓
Group E Metastatic/Non metastatic

↓ ↓
Group E Metastatic/Non metastatic

Baseline workup/Investigations

USG
.....

EUA
.....

Indirect Ophthalmoscopy

.....
.....

CT/MRI date & report

(L) - EORB (scleral bleed)
(R) - ~~IO~~ORB

Review of imaging at radioconference :Yes/No

.....
.....

Hb TLC Platelet ANC
SGOT/SGPT/S.Bil/SAP
MT HBsAg HIV

Other Investigations

BMA |
CF | N