भारत सरकार

Government of India

आधार

Mahima

Date of Birth/DOB: 20/10/2023

Female/ FEMALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

बाल आधार

Aadhaar no. Issued: 01/05/2026

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

5526 7605 8841

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

आधार

Details as on: 09/05/2026

Address:
C/O: Rabina Yadav, chandarpur barwa, Chandarpur,
PO: Laxmiganj, DIST: Kushinagar,
Uttar Pradesh - 274306

5526 7605 8841

VID : 9130 8333 1291 5964

1947 | help@uidai.gov.in | www.uidai.gov.in

LABORATORY ONCOLOGY (IRCH LABORATORY)

4th Floor, Room No. 414, G.F., Room No. 8, Dr. BRAIRCH, AIIMS, New Delhi, Tel : 5414, 3358, 5048

Referral form for Bone Marrow, Peripheral Smear, Flowcytometry, Molecular and Myeloma & Other Studies

MATERIAL SENT

(a) Bone marrow aspiration No. _____ Site _____
(b) BM touch preparation No. _____ Site _____
(c) Peripheral smear _____
(d) Blood (ml) _____
(e) _____

(For Lab Use Only)

Lab. Ref. No. _____

Received on _____

at _____ AM/PM _____

SPE

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 355628 Reg.Date-18/12/2025
Clinic Paediatric Medical Oncology Clinic Clinic No. 2025//8452
Deptt. MEDICAL ONCOLOGY
General
नाम
Name MAHIMA UHID-108662073
D/O- AMARJEET YADAV
Phone No. 8429928783 Sex/Age F /2Y
Address CHANDARPUR BARWA CHHAWANI, KUSHINAGAR, UTTAR
Room 6 (Shift Afternoon)

Pati _____ Age _____ Sex _____

(blo _____ Ward / Bed No. _____

Re

Clir nsultant-in-Charge Prof Sameer Bakhshi

Na Dr. Sankeerth

CLINICAL SUMMARY INCLUDING INVESTIGATIONS AND TREATMENT

CSF Cytology

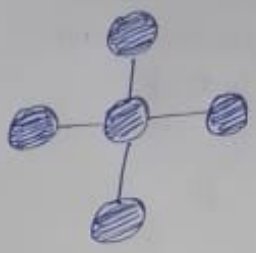
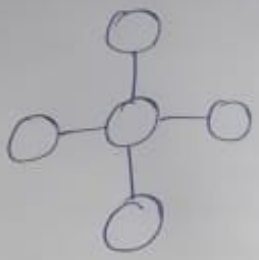
H/o c Retinoblastoma Unilateral.
IORB group E
with suspicion on Enhancement till optic Chiasm
S/p 5 # VEC.
To plan, enucleation after further chemo.
Ref to Y/o CNS disease
with CSF cytology.

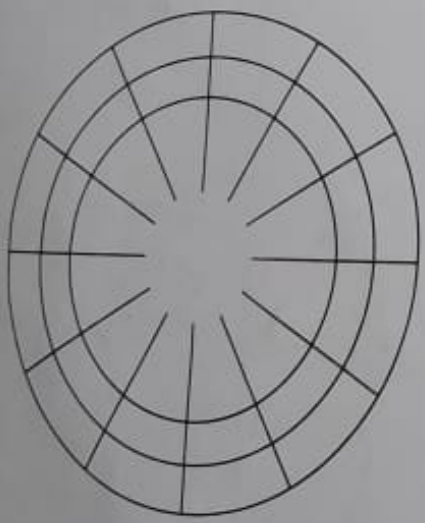
PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.)

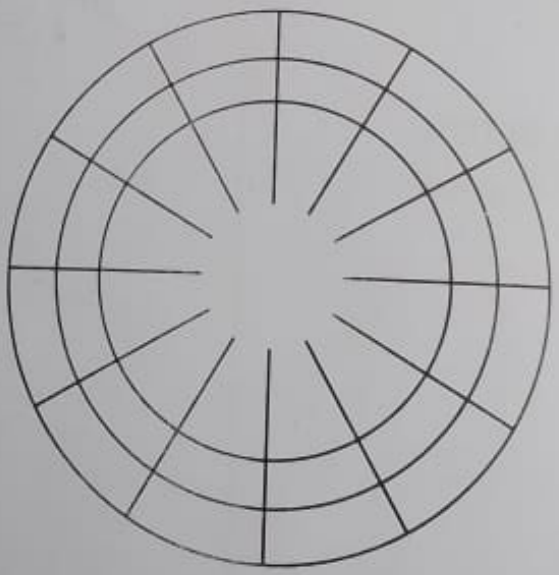
BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.T.)

RADIOLOGICAL DATE

CLINICAL DIAGNOSIS

DARK ROOM EXAMINATION	RIGHT EYE	LEFT EYE
Preliminary Examination		
Refraction Under Cycloplegic		
OPHTHALMOSCOPY (i) Distance Direct (ii) Direct Ophthalmoscopy Media Disc, Vessels A. V. Crossing Periphery Macula (iii) Indirect Ophthalmoscopy	No Glow. Intraocular mass (+)	Glow (+) Media clear CDR 0.3:1 NRR Healthy FR (+) Uncooperative for Peripheral examination





डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ भा आ सं अस्पताल / A I.I.M.S. HOSPITAL

OPR-6

DR B R A IRCH,AIIMS,NEW DELHI
IRCH No. 355628 Reg.Date 02/04/2026
Clinic Paediatric Medical Oncology Clinic Clinic No. 2025-8432
Deptt. MEDICAL ONCOLOGY
General

UHID-10866/2073

tient Department
OHIBITED IN HOSPITAL PREMISES

श्री/Mr. नाम
Name MAHIMA
D/O ASHARJEET YADAV
Phone No. 8429928783 Sex/Age F/21
Room 6 (Shift Afternoon)
Address CHANDARPUR BARWA CHHAWANI KUSHINAGAR, UTTAR PRADESH, Pin 274406, INDIA
Paid Online

ओ.पी. पंजीकृत सं. / O.P.D. Regn. No. RT-137966

आयु Age	जन्म तिथि / Date of Birth

↓ Prof. Ahitagni Biswas.

निदान / Diagnosis

(R) Eye EORB – III A → S/P 6 ⊙ VEC → S/P (R) eye Enucleation + 1° implant

दिनांक / Date

08.05.2026

उपचार / Treatment

S/P 1 ⊙ VEC (Post op)

C/O/W prof. Dr. A. Biswas.

PLAN : (R) orbital PORT (↓GA).
40 Gy/20 #/4 weeks.

Adv 1) DFRT |10|06|26| → R–(28)
(8:30 AM)

2) Anaesthesia clearance
R–(60) IRCH
(CBC/LFT/KFT/CXR/ECG).

3) CBC/KFT/LFT.

4) Review in RO-OPD on 09/06/26.
Tuesday (R-4) 9 AM
c review PAC [anesthesia clearance]
x fresh blood reports.

JR/RO.

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 रोगियो के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

Remarks

ब० रो० वि० कार्ड
O.P.D. Card

दृष्टि

अनुभाग व दिन Section and Day मंगलवार व शुक्रवार sday & Friday	V	कमरा नंबर Cabin No.

UHID: 108662073
ABHA:
Dept No: 20250050120040
MAHIMA
D/O AMARJEET YADAV
3M 24D / F
CHANDARPUR BARWA CHHAWANI
KUSHINAGAR, UTTAR PRADESH
Mob: 8429928783 General Rs. 0
Follow Up Patient

संख्या / Queue 3
कमरा / Room: 32
Unit-V
RPC OPD
Dr. Rachna Meel
TUE, FRI
मंगल, शुक्र
Registration time:
13/02/2026 08:47:29 AM

का एकक
it

आयु Age	पता Address

दिनांक DATE	निदान DIAGNOSIS
13/02/2026	उपचार Treatment

Ref'd to Dr Sameer Bankoti

To plan enucleation after 6th chemo

I/V/O Persisting enhancement of OM till Chrome

Need of Opt. CSF

Rachna.

Dr M (38D) after 3wks of next cycle

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
1. No Smoking 2. Use Dustbin 3. No Spitting

CBC/LFT/RFT → (N); No fresh complaints
to proceed c̄ C#4 CEV   child is doing well.
- due on 31/12/25

D1
1) Inj. VINCRISTINE 0.5mg IVP
2) Inj. CARBOPLATIN 200mg in 250ml 5%D IV over 2hours
3) Inj. ETOPOSIDE 100mg in 100 5%D IV over 1hour
4) Inj. Emeset 4mg IV stat
5) Inj. Dexamethasone 4mg IV stat } pre-chemo.
6) Syp. Emeset (5ml/2mg) 5ml PO BD (1-0-1)
7) Tab Dexamethasone 1mg PO BD (1-0-1) } x D_1 - D_3
8) To F/U c̄ CBC/LFT/RFT on 12/01/2026

Varun.

12/1/26

S/P C #4 (31/12/25).
ER visit yesterday. - CXR infiltrate
Non neutropenic
Symptomatic improvement @

Adv: Continue Syp Augmentin 5ml BD x (5) days
Syp Cetirizine 2.5ml OD x (5) day
Nasal saline drop SOS.
Syp PCM (5ml=250) 3ml SOS/6hr.
- Rtw wr ic ER
- F/U on 19/01/26 c̄ CBC/LFT/KFT ... C#5

F/u: 18/2/26 with report of CBC, LFT, KFT, CSF cytology - Reports

Dr. AMITABH ... DM Senior Resident Pediatrics ... A.I.I.M.S., New Delhi ... DMC Reg. No ...

Divison of Ultrasonography
DEPARTMENT OF RADIODIAGNOSIS & IMAGING
INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIVERSITY
VARANASI - 221005

ULTRASONOGRAM

- Upper Abdomen
- Pelvic Organs
- Obstetrics
- Cranial
- Other Organ

FCD Mahima

Name

Age & Sex 24/F

Ward /O.P.D

Referred By

USG BOTH EYES (B-SCAN)

K/C/O Retinal detachment

Observations:

	RIGHT EYE	LEFT EYE
AP diameter	1.61 cm	1.32 cm
Anterior chamber	N	N
Lens	N	N
Posterior chamber	Retinal detachment + VDH Retinal hemorrhage	N
Retina	Retinal detachment	N
Optic disc	Thickened (0.51 cm)	N

Hyperdense mass 2

* Foci of calcifications noted in the post cavity of the right eye, measuring 0.12 x 0.14 cm

Conclusion:

Dr. ULTRASONOGRAPHY

Date:

DEPARTMENT OF RADIODIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
NEW DELHI

Patient Name:	MAHIMA MAHIMA	Gender/Age:	F/2 y
UHID:	108662073	Exam Date:	04/02/2026 1:37PM
OPD / Ward:	R. P. Centre (Eye Centre)	Modality:	MR
Procedure	MRI SCAN Main	Room:	NMR MAIN

Brain stem and cerebellar hemispheres are showing normal MR morphology, signal intensity and outline.
Fourth ventricle is normal in size and midline in position.
Basal cisterns are normally visualized.
No midline shift is seen.
No focal lesion in brain. No abnormal white matter or meningeal enhancement seen.

Comparison: No imaging available for comparison

Impression- C/O Right retinoblastoma, Current scan showing;

Residual lesion in right globe as described.

******End Of Report******

Preliminary Report

ब॰ रो॰ वि॰ कार्ड
O.P.D. Card
डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र

UHID: 108662073
ABHA:
Dept No: 20250050120040
MAHIMA
D/O AJAY YADAV
1Y 11M 21D / F
BARAINA 52 KUSHINAGAR, UTTAR PRADESH, Pin:274149, INDIA
Mob: 8429928763
Follow Up Patient General Rs. 0

संख्या / Queue 6
कमरा / Room: 33
Unit-V
RPC OPD
Dr SWATI PHULJHELE
TUE, FRI
मंगल, शुक्र
Registration time:
10/10/2025 08:48:32 AM

अनुभाग व दिन
Section and Day V
मंगलवार व शुक्रवार
Tuesday & Friday

कमरा नंबर
Cabin No.

... बजाज का एकक
...ajaj's Unit

आयु Age	पता Address

दिनांक DATE	निदान DIAGNOSIS (R) ?? EOrB
	उपचार Treatment
10-OCT 2025	MH S/O [Tenting?] nasal mass extending [illegible] disc ... Nasal mass / [illegible] thickening ~ [illegible] Adv NLC discussion + by Sanjay Sharma Sir. Kindly accomodate in dharamshala Tushar Wed (53) 10:30 AM Tushar

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें
Kindly keep this Card safely and bring it on your follow-up visits.
1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
1. No Smoking 2. Use Dustbin 3. No Spitting

बाल रोग विभाग

S.S. HOSPITAL, INSTITUTE OF MEDICAL SCIENCES, B.H.U.

CONSULTATION RECORD

ENT'S NAME	Mahima Yadav 2yr/f	WARD NO.	BED NO.
ATTENDING DOCTOR	Prof R.P. Maurya	MRD. NO	7854091

CONSULTATION REQUESTED FROM DR Debartment of Paediatrics (Haemat oncology) Dr. Vinita gupta mam / Dr. Priyanka agrawal ma'am

BRIEF NOTES

The pt came to us c complaint of loss of vision in (RE) c white pupillary reflex from (RE). There is ? diffuse vitreous growth in (RE) c ? RD. NCCT Orbit shows calcification in (RE) but report awaited. Provisional diagnosis of (RE) Intraocular ~~Stage~~ Retinoblastoma has been made.

Date ..... Time ..... Signature

CONSULTANT OPINION AND SUGGESTIONS

Patient may need Neo-adjuvant Chemotherapy f/b Enucleation / EA on a later date. Kindly evaluate the pt and do the needful. Thanking You

Dr. Mahima JR I

डॉ० आर०पी० मौर्य (एम.एस., पी.एच.डी.)
प्रोफेसर एवं विभागाध्यक्ष
(इंचार्ज नेत्र कैन्सर, चोट एवं आकुलोप्लास्टि सेवाएँ)
नेत्र विभाग, बी०एच०यू०, ओ०पी०डी० प्रत्येक शुक्रवार

Adv.
visual acuity.

CSB Dr. Priyanka

Rx.

VEC planned.
Need to assess visual acuity
to liy for Eye salvage.

Date ..... Time ..... Signature

Date	: 01-Oct-2025	MRD/Ref	: 7861074 / 1004408	Collected At	: CCI LAB
Name	: MAHIMA YADAV			Age/Gender	: 2 Yrs./Female
Ref.By	: Dr. NOT MENTIONED	Phone	: xxxxxx0000	Ward	: OPD
Requested Test	: Hbsag , HCV, HIV, VITAMIN D				
Coll/Rec	: 01-Oct-2025 13:52	Validate	: 01-Oct-2025 17:16	Prn. Time	: 01-Oct-2025 19:16
Sample ID	: H-plain-2184461, Plain/sst-2184462				

Investigation	Observed Values	Units	Biological Ref. Interval

HIV Ag/Ab Combo CPTHMM -112

Chemiluminescent Mircoparticle Immunoassay (CMIA) Sample Type:

HIV Value	0.10	If Value >= 1.0 Reactive If Value <= 1.0 Non-Reac
HIV Result *(Method- CMIA) Sample Type:*	Nonreactive ✓	

COMMENTS:

1.This is a screening test to detect antibodies against HIV-1 and HIV-2 virus and the p24 antigen.
Results should be interpreted in conjunction with the patients clinical presentation and history.

2.This test is intended for qualitative detection only.
The index values are not intended for measuring the quantity of HIV antibodies present.

VITAMIN D CPTHMM-154

Chemiluminescent Mircoparticle Immunoassay (CMIA) Sample Type:

VITAMIN D	22.3 ✓	ng/ml		20-100

<10	ng/ml	deficiency
10-20	ng/ml	insufficiency
20-100	ng/ml	normal
>100	ng/ml	toxicity

1994480 User: DEEPIKA (DESKTOP-8PFSEP2)
Printed: 01-October-2025 19:16:24

Report Status : Final

"हम आपके शीघ्र स्वस्थ होने की कामना करते हैं"

30/10/25 Adv/ —— N/V —— 3/11/25 9am

(Board room)

Dr. Ruksana Sidhique. P.R
DM Resident
Pediatric Oncology
AIIMS, New Delhi-110029
DMC No 113411

Height — 88 cm

Weight — 10.3 kg

रजिस्ट्रेशन की रसी. date

S. HOSPITAL, INSTITUTE OF MEDICAL SCIENCES, B.H.U., VARANASI (UP)

Patient's Mobile No.

REQUISITION FORM 83

Employee/Student HD No.

Full Name Mahima Age/Gender 24/F OPD/MRD No. 785409

OPD/Ward ..... Bed No. ..... Doctor's Name .....

Provisional Diagnosis .....

Case Note .....

.....

.....

Nature of Specimen .....

Investigation(s) Required →

USG BScan

29/9

Resident Dr. Sign. Date

Sign. Professor/Assoc./Asstt. Prof.

For the use of laboratory

30/09/25

Date of Receipt: ..... Date of Despatch: ..... Authorized Signatory of Lab: .....

Net Amount (Rs): 200.00

Payment Due (Rs): 0.00

Created By : MANOJ KUMAR

Prepared By : MANOJ KUMAR

BHU PAID

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ. L OPR-6

अस्पताल र

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 355628 Reg.Date-07/02/2026
Clinic Paediatric Medical Oncology Clinic Clinic No. 2025/8452
Deptt. MEDICAL ONCOLOGY
General
नाम UHID-108662973
Name MAHIMA
D/O- AMARJEET YADAV Sex/Age F /2Y
Phone No. 8429928783 Room Board Room (Shift Afternoon)
Address CHANDARPUR BARWA CHHAWANI, KUSHINAGAR, UTTAR PRADESH, Pin:274306, INDIA

tEMISES

एकक/Unit _____

विभाग/Dept. _____

n. No. _____

नाम/ Name

r तिथि / Date of Birth

निदान/ Diagnosis	RMS - ST-VI
दिनांक/ Date	उपचार/ Treatment
16/4/26	Ref to RT-OPD <25?

17/4/26 To register & RO OPD
↓ Dr. Amit Barwas
on 8/5/2026 R#13
FRIDAY, IRCH & SRPO