Run Date : 15/09/2024 11:54:13

Discharge Summary

MR No.	: HIR/24/016472	**Name**	: Baby. RIHANSH KUMAR		
Patient No.	: IP/24/018536	**Sex**	: Male	**Age**	: 2 Y 3 M
Address	: BAIRISAL BANIYAKURA KATORIA BANKA, BANKA, BIHAR-813106,INDIA				
Admitting Department	: Paediatrics Oncology			**Admitting Doctor**	: Raghu K S
Admission Date	: 13/09/2024 12:57:07			**Discharge Date**	:

- Significant Past history: None
- Birth history: Non Consanguinity, birth order, perinatal event:
2nd order by birth into non-consangeneous marriage, admitted in NICU after birth for 8 days with neonatal seizure ?cause, discharged on oral medications for 7 days
Sister: 8 years, sister, absent hand since birth
- Family h/o: family history of malignancy/ any chronic disease: None
- Developmental history: Age appropriate
- Immunization history: As per national schedule
- Socio-economic history:
-Occupation of the parents/ caregiver: Driver
-Monthly income of parents/ caregiver: 15k/months
-Education level of parents:

ON EXAMINATION

No lymphadenopathy
chest: b/l clear
P/A: soft, liver palpable ~7cm below SCM

DISCUSSION/PROGRESS IN WARD

RIHANSH was admitted for Biopsy of Liver Mass under GA .

Biopsy was done on 14.09.24 under GA. Post procedure vitals stable. No complications post procedure .

CT Thorax was done on 13.09.24

He is hemodynamically stable and can be discharge Today

RECOMMENDATIONS

-Supportive medications:
Syp Paracetamol 150mg p/o SOS (if pain)

To Book Pediatric OPD on 23.09.24

TATA MEDICAL CENTER

Tata Medical Center
14 MAR (EW) , Newtown, Kolkata -700 160
Phone :+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Run Date : 15/09/2024 11:54:13

Discharge Summary

MR No.	: MM/24/016472	**Name**	: Baby. ADHANSH KUMAR		
Patient No.	: IP/24/018526	**Sex**	: Male	**Age**	: 2 Y 3 M
Address	: BAIRISAL BANIYAKURA KATORIA BANKA, BANKA, BIHAR-813109,INDIA				

Admitting Department : Paediatrics Oncology **Admitting Doctor** : Reghu K S

Admission Date : 13/09/2024 12:57:07 **Discharge Date** :

DIAGNOSIS

-Liver mass under evaluation

Current admission : Liver Mass Biopsy under GA

HISTORY

-i. Demographic details:
Date of birth: 20/5/2022
Resident of: BIHER
Name & age of the father :CHUNCHUN YADAV ,27 YRS
Name & age of the mother :Abhilasha kumari ,25
Mobile numbers (enter 2 numbers):+8582982081/6582853836

ii. Symptoms & duration:
-Location: Abdominal distension for 15 days, in right hypochondrium and hypogastric region
-Pain: 15 days
-Bowel symptoms: loose stool for 15 days
-Bladder symptoms (including h/o hematuria): normal
-Systemic symptoms

iii. Evaluation so far:
-Evaluating Center:
-CBC :hgb-8.5,PLT:226 WBC:8.2 ANC:5.4
-USG abdomen:Liver is enlarged in size otherwise normal outline. It measures about 9.71cm in MCL and has normal parenchyma. A large echogenic mass lesion is noted in the right lobe of liver,measuring about 7.06x7.01 cm in size.Otherwise W/A US is normal>>Hepatomegally with large echogenic mass in the rt lobe of liver(?hepatic adenoma)
-CXR: None
-Cross-sectional imaging of abdomen +/- pelvis:Ill defined large peripherally enhancing mass lesion with central non enhancing component and cystic component anteriorly seen along with the lesser curvature of stomach,lesion abutting the posterior surface of liver and bowel loops.There is no evidence of infiltration seen.Few calcifications seen peripherally.Lesion measures about 4.8cmx4.7cm. There is large well defined heterogenously enhancing solid lesion of 0.7x6x7.8cm in the rt lobe of liver.There is about 2-3mm sized lesion>>Hepatomegally. Gas filled bowel loops seen along with few subcentimetric LNS along the mesentery.

-FNAC:
-Biopsy (including IHC/ molecular genetics):
-Tumor marker (AFP/ B-HCG/ urine VMA, etc.)
-CT chest:
-PET-CT/ bone scan:
-Bone marrow study:
-Any other:

iv. Treatment received outside TMC: None
-Chemotherapy (Mention the following: name of the Pediatric/ Medical Oncologist, number of cycles, dates, chemotherapy regimen, cumulative dose of anthracycline, alkylator, etoposide, cisplatin)

-Surgery (Mention the following: name of the surgeon, intra/perioperative complications):None

-Radiotherapy (Mention the following: name of the Radiation Oncologist, dose, fractions, dates) :None

Run Date : 13/09/2024 11:54:13

Discharge Summary

No.	: MR/24/010472	Name	: Baby. [illegible]		
Patient No.	: IP/24/018526	Sex	: Male	Age	: 2 Y 3 M
Address	: BARSIAL BANDHAKURA KATORIA BANKA, BANKA, BIHAR-813106,INDIA				

Admitting Department : Paediatrics Oncology

Admitting Doctor : Raghu. K S

Admission Date : 13/09/2024 12:57:07

Discharge Date :

13483

Dr.Nabarun Mahapatra
Jr. Medical Officer , Regn. No. : 89513
Department of Paediatric - ICU

-End of Report -

Please scan the QR code to provide your treatment related feedback.

দয়া করে আপনার চিকিৎসা সম্পর্কিত মতামত প্রদান করতে QR কোড স্ক্যান করুন।

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14 Major Arterial Road (EW)
Newtown, Rajarhat, Kolkata - 700 160
Tel.: + 91 33 66057000, Email : info@tmckolkata.com
www.tmckolkata.com

TATA MEDICAL CENTER

Date: 24/09/2024

Department of Paediatrics Oncology

COST ESTIMATE FOR TREATMENT

Name	: Baby. Rihansh kumar
MR No	: MR/24/016472
Age/Sex	: 2 Y 4 M / Child
Nationality	: Indian
Category	: General
Diagnosis	: Yolk Sac Tumor
Duration of Treatment	: 1 Year
Prescribed Management	: Surgery + Chemotherapy
Intent of treatment	: Curative
Doctor's Name	: Dr. Arpita Bhattacharyya
Estimated Expenditure	: Approx. Rs. 500000/- For Chemotherapy
Estimated Expenditure	: Approx. Rs. 300000/- For Surgery ( )
Total Estimated Expenditure	: Approx. Rs. 800000.00 /- (Eight lakh INR Only)

ARPITA BHATTACHARYYA
Name of the authorizing Doctor
(In Capital Letter)

A. Bhattacharyya
Signature of the authorizing Doctor

Registration No: 47313.

Department of Paediatrics Oncology

Authorised By
TATA Medical Center
Kolkata

Major General
Dr. Sanjay Kapoor, VSM (Retd)
Deputy Director-Medical
Prof. Surgical Oncology
TATA MEDICAL CENTER

Anyone willing to make any contribution/help towards the treatment of this patient is requested to provide the following:-

1. Declaration letter must be attached with the cheque/DD along with the patient details-name and MR number.
2. The letter must carry the name of the individual/company and contact details.
3. The cheque/draft to be issued on 'Tata Medical Center'

Disclaimer: This is an approximate estimate for the planned treatment. However, same may increase, in the eventuality of any complication or on detection/development of any incidental disease, as cost of extra stay, critical care, and expense of higher antibiotics and medicines including supportive care and additional investigations and procedures that may be needed to manage the complications.

भारत सरकार
GOVERNMENT OF INDIA

चुनचुन कुमार यादव
Chunchun Kumar Yadav
जन्म तिथि/ DOB: 19/01/1995
पुरुष / MALE

8953 7569 9828

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O मोहन प्रसाद यादव,
ग्राम-बैरीशाल, डाकघर-
बनियाकुरा, थाना-कटोरिया,
कटोरिया, बांका,
बिहार -:813106

Address:
S/O Mohan Prasad Yadav, gram-bairishal, post-baniyakura, thana-katoria, Katoria, Banka, Bihar - 813106

8953 7569 9828

MERA AADHAAR, MERI PEHCHAN

Signature valid

आपका आधार क्रमांक / Your Aadhaar No. :

8791 2033 2059

VID : 9104 4040 0354 2174

मेरा आधार, मेरी पहचान

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country
- Aadhaar helps you avail various Government and non-Government services easily
- Keep your mobile number & email ID updated in Aadhaar
- Carry Aadhaar in your smart phone – use mAadhaar App

भारत सरकार
Government of India

विशाल कुमार
Rishabh Kumar
जन्म तिथि/DOB: 01/11/2022
पुरुष/ MALE

Issue Date :25/01/2023

8791 2033 2059

VID : 9104 4040 0354 2174

मेरा आधार, मेरी पहचान

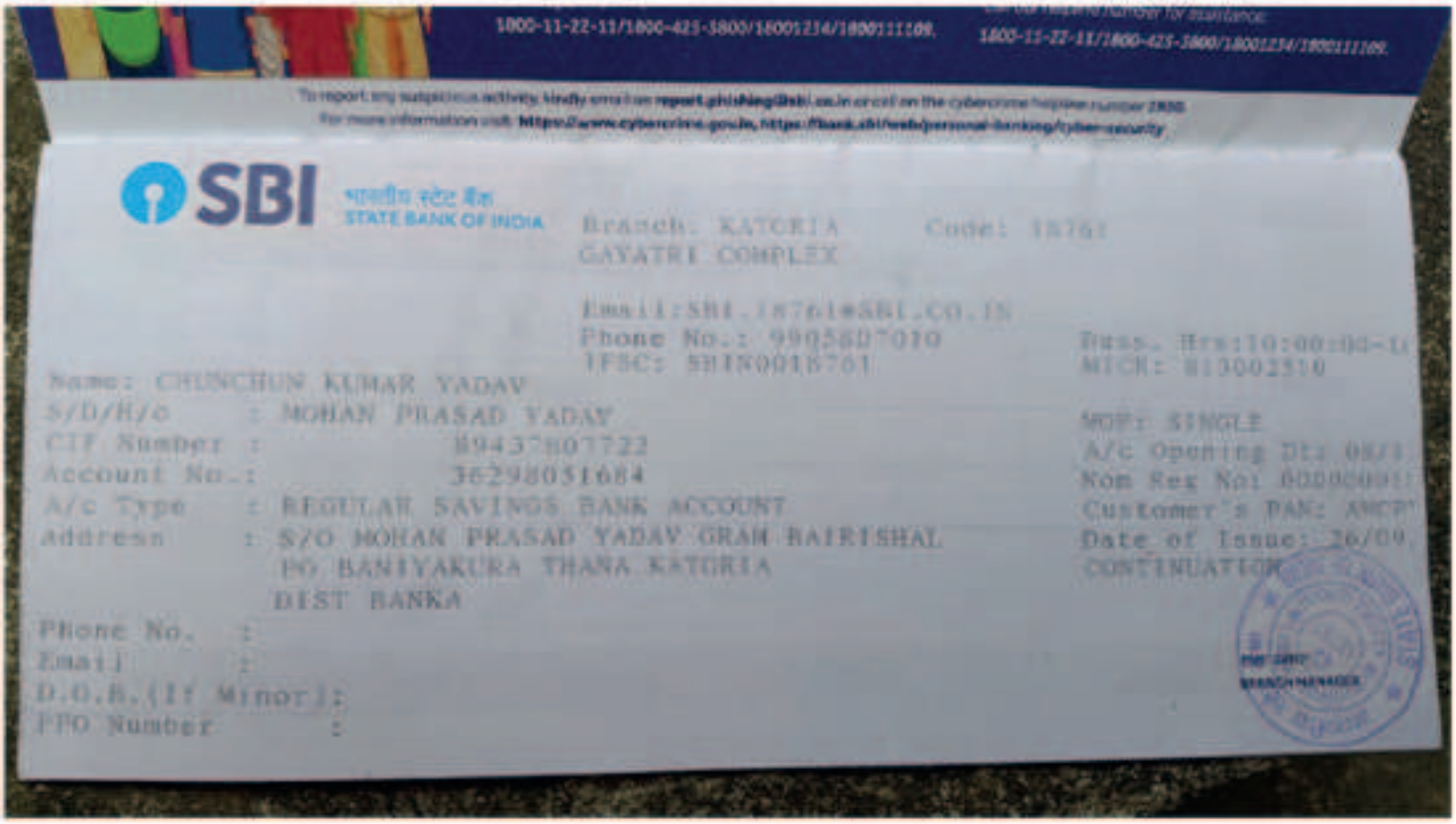
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
द्वारा: चुनचुन कुमार यादव, गाम-बैरीसाल -पोस्ट-बनियाकुरा, थाना-कटोरिया, कटोरिया, बांका,
बिहार - 813106

Address:
C/O: Chunchun Kumar Yadav, village-bairisal -post-baniyakura, thana-katoria, Katoria, Banka,
Bihar - 813106

8791 2033 2059

VID : 9104 4040 0354 2174



1800-11-22-11/1800-425-3800/18001234/1800111109.

1800-11-22-11/1800-425-3800/18001234/1800111109.

To report any suspicious activity, kindly email on report.phishing@sbi.co.in or call on the cybercrime helpline number 1930.
For more information visit: https://www.cybercrime.gov.in, https://bank.sbi/web/personal-banking/cyber-security

SBI भारतीय स्टेट बैंक STATE BANK OF INDIA

Branch: KATORIA Code: 18761
GAYATRI COMPLEX

Email:SBI.18761@SBI.CO.IN
Phone No.: 9905607010
IFSC: SBIN0018761

Buss. Hrs:10:00:00-1
MICR: 813002510

Name: CHUNCHUN KUMAR YADAV
S/D/W/O : MOHAN PRASAD YADAV
CIF Number : 89437807722
Account No.: 36298051684
A/c Type : REGULAR SAVINGS BANK ACCOUNT
Address : S/O MOHAN PRASAD YADAV GRAM BAIRISHAL
PO BANIYAKURA THANA KATORIA
DIST BANKA

MOP: SINGLE
A/c Opening Dt: 08/1
Nom Reg No: 800000091
Customer's PAN: AMCP
Date of Issue: 26/09
CONTINUATION

Phone No. :
Email :
D.O.B.(If Minor):
PTO Number :

FOR SBI
BRANCH MANAGER

4.4 Standard Risk 1: Arm CEb – Cycle 1

4.4.1 Therapy Delivery Map – Standard Risk 1: Arm CEb – Cycle 1

This cycle lasts 21 days.

Criteria to start Cycle 1: meets eligibility criteria

DRUG	ROUTE	DOSAGE	DAYS	IMPORTANT NOTES
Bleomycin (BLEO)	IV over 10 minutes	BSA < 0.6 m²: see dosing table BSA ≥ 0.6 m²: 15 units/m²	1	**Maximum dose:** 30 units
Etoposide (ETOP)	IV over 1 - 2 hours	BSA < 0.6 m²: see dosing table BSA ≥ 0.6 m²: 100 mg/m²	1 - 5	
CARBOplatin (CARBO)	IV over 1 hour	BSA < 0.6 m²: see dosing table BSA ≥ 0.6 m²: 600 mg/m²	1	**Maximum dose:** 1200 mg
Myeloid Growth Factor	Start myeloid growth factor support 24 – 72 hours after the last dose of chemotherapy (for example, filgrastim or biosimilar **5 mcg/kg/dose SubQ daily** until the ANC is ≥ 1500/µL after the expected nadir **or PEGfilgrastim 0.1 mg/kg/dose, maximum dose 6 mg SubQ once**). Discontinue filgrastim at least 24 hours before the start of the next cycle. If PEGfilgrastim is used, the next chemotherapy cycle should start at least 14 days after PEGfilgrastim administration.			

Ht 83 cm Wt 9·8 kg BSA 0·48 m²

Date Due	Date Given	Day	BLEO 6·6 units	ETOP 42 mg	CARBO 240 mg	Myeloid growth factor used: _____ Calc. dose _____ Start date	Stop date	Studies
			Enter calculated dose above and actual dose administered below					
24/9/24	24/9/24	1	6·6 units	42 mg	240 mg			
	25/9/24	2		42 mg				
	26/9/24	3		42 mg				
	27/9/24	4		42 mg				
	28/9/24	5		42 mg				
	29/9/24	6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						
		19						
		20						
		21	The next cycle will start on Day 22 or when the following criteria are met (whichever occurs later): • ANC ≥ 500/mm³, platelet count is ≥ 50,000 mm³ (self-sustaining), • Adequate renal function, • Patient is not receiving antibiotics (except for *Clostridium difficile*) and • Non-hematologic toxicities have returned to ≤ Grade 2. See Section 4.4.3 for details.					

See Section 5.0 for Dose Modifications for Toxicities and the COG Member website for Supportive Care Guidelines.

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Website: www.tmckolkata.com

ESTIMATION

MR Number : MR/24/016472

Patient Name : Baby. Rihansh Kumar

Billing Category : GENERAL

Surgery : Paediatrics Oncology

Estimation : 400000.00

Doctor Name : Dr. Arpita B.

Approved By :

Given By : 11784

NOTE: - This is an approximate estimate for the planned treatment. However, same may increase, in the eventuality of any complication or on detection/development of any incidental disease, as cost of extra stay, critical care, and expense of higher antibiotics and medicines including supportive care and additional investigations and procedures that may be needed to manage the complications.

Please note : On the day of surgery patient will be charged as per the admitted bed.

Abhishek Thakur

Acknowledged By

Son

Relationship with Patient

13/12/24

Date

For Hospital Use Only

OT Clearance

MR Number : MR/24/016472

Patient Name : Baby. Rihansh Kumar

Estimation : 400000.00

Amount Collected:

Clearance : YES [ ] NO [ ]

Remarks (If any) :

Approved By

Please note : On the day of surgery patient will be charged as per the admitted bed.

NOTE: - This is an approximate estimate for the planned treatment. However, same may increase, in the eventuality of any complication or on detection/development of any incidental disease, as cost of extra stay, critical care, and expense of higher antibiotics and medicines including supportive care and additional investigations and procedures that may be needed to manage the complications.

Abhishek Thakur

Acknowledged By

Son

Relationship with Patient

13/12/24

Date


RIHANSH KUMAR
Medical Card MR/24/016472
MR/24/016472
Issued On 10 09 2024