



 Save a Child Foundation
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Registration No. 712



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...Registration No 712
Registration No 712



All India Institute of Medical Sciences
Rishikesh
Department of Pathology and Lab Medicine

HISTOPATHOLOGY REPORT FORM

Date of Receiving: 22.01.2026

CR. Number: 20260006974

Ward & Bed No. (For IP): OPD

Patient's name: Shivam

Referring Department/Unit: ENT-1

Specimen sent: Biopsy from mass in :

- (1) Right EAC
- (2) Posterior auricular swelling

Clinical Diagnosis: Right Postauricular swelling under evaluation ? Malignancy

Gross: Received two containers:

Container 1 labelled as Right EAC inside: Received multiple growth soft tissue pieces altogether measuring 1.8 x 0.5 x 0.3 cm. All embedded as A1.

Container 2 labelled as Postauricular mass: Received multiple growth soft tissue pieces altogether measuring 0.5 x 0.4 x 0.3 cm. All embedded as A2.

Microscopy:

(A) and (B) show similar morphology.

Biopsy is fragmented and shows multiple fragments of fibrocollagenous tissue along with blood, fibrin and acute on chronic inflammation with formation of granulation tissue. Some of these fragments show proliferation of oval to spindle cells arranged in diffuse sheets having mild to moderate nuclear pleomorphism with presence of mitotic figures.

Impression:

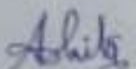
Biopsy from (A) Right external auditory canal and (B) posterior auricular swelling shows features of poorly differentiated tumour.

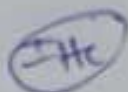
Advice: Immunohistochemistry for SMA, Desmin, Myogenin/MyoD1, PanCK, S100 and Ki67 on B1.

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Dr. Ashita Jain
Senior Resident




Dr. Ravi Hari Phulware
Associate Professor

Date of Reporting: 27.1.2026

Verified by: Dr. Vidushi
Junior Resident



भारत सरकार
Government of India



Issue Date: 30/06/2022



शिवम
Shivam
जन्म तिथि/DOB: 01/01/2019
पुरुष/ MALE

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यह आधार 5 वर्ष की उम्र तक ही वैध है

2833



VID : 9192 4531 9542 3187

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

अर्धांगिनी: मंगल, ग्राम-दुधली,
पतनीप्रतापपुर, शामली जिल्हाना
उत्तर प्रदेश, 247773

Address:

W/O: Mangal, gram-dudhli,
Pratapapur, Shamli, Jhansi
Uttar Pradesh, 247773

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3128



1947



help@uidai.gov.in

www



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

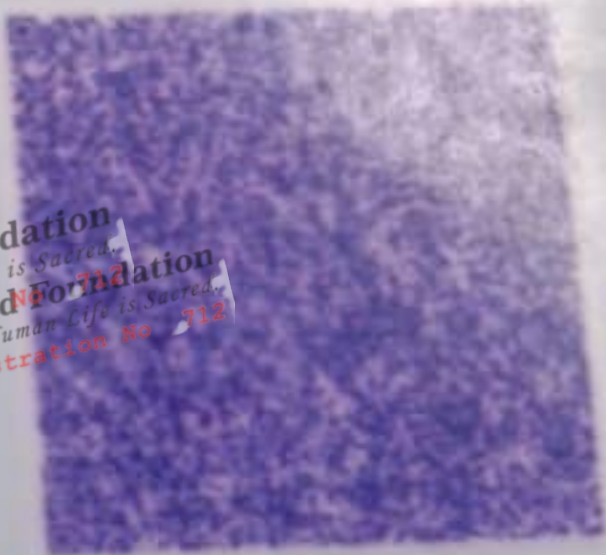


पता:

प्लॉट: मंगल, दुधली, पत्रिप्रातापुर, शमली,
उत्तर प्रदेश - 247773

Address:

C/O: Mangal, dudhi, Patripratapur, Sharnli,
Uttar Pradesh - 247773



Download Date: 11/2022



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2833



VID : 9192 4531 9542 3187



www.vid.gov.in



Unique Identification Authority of India

पता:

Address:

श्रीमन्त बेडनाथ शर्मा-
दुधनी, बननीप्रनाथपुर
आसनी,
उत्तर प्रदेश - 247773

200, ...
...



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3715



Aadhaar - Aam Admi ka Adhikar



भारत सरकार

Government of India



रिमा

Rima

पति : मंगल

Husband : Mangal

जन्म तिथि / DOB : 01/01/1992

महिला / Female



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3128

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Government of India

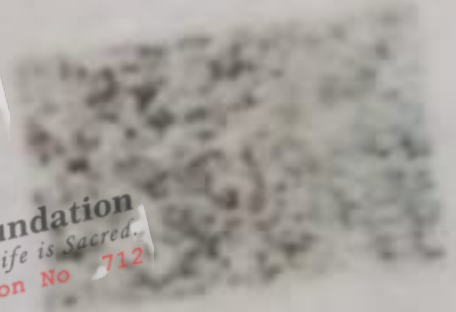


संस्थान

Mangal

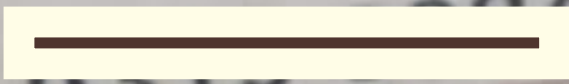
जन्म तिथि/ DOB: 01/01/1990

पुंलिंग / MALE



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3715 0515 224

मेरा आधार, मेरी पहचान

Shivam, 7/M

20260006974

20/2/26

2:50 PM

C/S/B ENT JR

Thanks for referral

↳ Dr. Abhishek Bhardwaj

↳ Dr. Alkhanu (SR)

↳ Dr. Aransha (JR)

↳ Dr. Saptonash (JR)

↳ Dr. Sudeep (JR)

A - RMG of (B) parotid gland.

→ Referred for dressing at ENT OPD.

→ Dressing was done by SR

→ procedure was uneventful.



↳ No pusulent discharge noted along with cautery

↳ Cleaned and fresh dressing applied.

Adv

↳ Maintain regular local hygiene with and regular cleaning of local site with Betadine 10% (or)

② Opt. Mupirocin 2% LA BD

③ Cont. primary antibiotic management.

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C/S/B ENT - JR

[Signature]
ENT JR

12:45 PM

→ Dressing done by SR

→ procedure was uneventful

→ wound - pusulent discharge noted (cleaned and fresh dressing done)

Adv
- maintain local hygiene
- Opt. mupirocin 2% LA BD

[Signature]
ENT JR



Kalpana Chawla Government Medical College, Karnal
DEPARTMENT OF RADIODIAGNOSIS

E-MAIL ID: kcgmradiology@gmail.com

NAME: Shivam	AGE: 7 Yrs.	SEX: Male
PATIENT ID: 000374	DATE: 08.01.2026	

ULTRASONOGRAPHY : NECK

FINDINGS:

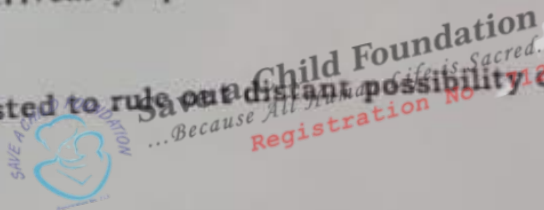
- Thyroid gland
 - Right lobe: Normal in morphology and echotexture.
 - Left lobe: Normal in morphology and echotexture.
 - The isthmus appears normal.
- An ill defined heterogeneously hypoechoic lesion of size 2.5 x 2.2 x 1.2 cm is seen in the right parotid gland with raised peripheral vascularity and multiple internal necrotic areas. Multiple enlarged intraparotid lymph nodes are seen.
- Few enlarged cervical lymph nodes seen at levels IB, II and III.
- Left parotid gland and bilateral submandibular gland are normal in morphology and echotexture.
- Visualized bilateral carotid and jugular vessels appear normal in course and caliber.

IMPRESSION:

- An ill defined heterogeneously hypoechoic lesion in the right parotid gland with adjacent local and cervical lymphadenopathy – likely inflammatory / infective etiology.

Please correlate clinically.

CECT face and neck suggested to rule out distant possibility of neoplastic etiology.



Vagisha
Dr. Vagisha Dahiya
Senior Resident, Radiodiag
KCGMC, Karnal

DELHI CT SCAN CENTRE

A unit of Aarunya Healthcare LLP



(Equipped with latest GEs 32 slice Revolution ACTs Expert Edition CT Scan -
First of its kind in the region)

E-mail : aarunyahealth@gmail.com

Ph. No.: 74570-52770, 836-835-8480, 9870-900-945

Technology with Human Touch

HRCT TEMPORAL BONE

Patient Name	: SHIVAM	Age/Sex	: 7Y/M
Exam Date	: 13/01/2026	Report Date	: 13/01/2026
Referred by	: DR. RAJNISH BEHL	DCT ID	: 8975937

Contiguous 0.625 mm high resolution, thin axial and coronal sections were obtained through the temporal bone on 32 slices per second multidetector GE 32 slice revolution ACT expert edition CT scanner and images were reviewed in soft tissue and bone window settings.

C/O RIGHT EAR PUS DISCHARGE

FINDINGS-

Heterodense collection/abscess with internal necrotic component and adjacent soft tissue edema measuring 33x34x29 mm is seen in right peri and infraauricular region with extension to right bony external auditory canal. Subtle erosion of petrous and mastoid part of right temporal bone noted - features are suggestive of infective etiology.

Fluid density is also seen in right middle ear cavity. The ossicular chain appear normal.

Complete opacification of right mastoid air cells noted.

The bony external canal is well capacious and normal in configuration on left side except small soft tissue density likely wax.

The ossicular chain and middle ear structures are normal on left side. Epi, hypo, and meso tympanum are normal on left side. The tegmen tympani are normal on either side.

Mastoid air cells, mastoid antrum on left appear normal. No evidence of any soft tissue opacification noted.

The three semicircular canals, vestibule, cochlea bilaterally appear normal.

Both round window niche and oval window appear symmetrical. The cochlea is well-differentiated on either side with normal modiolus and interscalar septum.

Both internal auditory meati are symmetrical. No evidence of any enlargement or focal mass noted. The cochlear nuclear foramina/apertures on either side appear normal.

Bilateral vestibular and cochlear aqueducts are symmetrical and normal in caliber.

Bilateral facial nerve canals are unremarkable.

The carotid canal and jugular bulb are normal on either side.

Visualized bones of base of skull and TM joints are normal.

Both cerebello-pontine cisterns are normal. No focal or mass lesion noted.

Please correlate clinically and evaluate further.

Dr. PUNEET JAIN
MD, D.M.R.E., F.R.C.R (LONDON),
M.MED (SINGAPORE)
DIRECTOR & HEAD OF
RADIOLOGY,
FORTIS HOSPITAL, DELHI

Dr. VINEET SETHIA
MBBS, MD, PGDHHM
SENIOR CONSULTANT RADIOLOGIST
FORTIS HOSPITAL, DELHI
FORMERLY AT AIIMS &
DIWAN CHAND IMAGING, DELHI

Dr. MANISH MALIK
DNB, MNAMS, FMF (LONDON)
CONSULTANT RADIOLOGIST
FORTIS HOSPITAL, DELHI
FORMERLY AT
ESIC HOSPITAL, DELHI

Address : Ground Floor, Near HDFC Bank, Meerut - Karnal Road, SHAMLI, UP-247776 CT SCAN

This is a professional opinion only. To be correlated with clinical context & other relevant lab. parameters. Not for medico-legal purpose.

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247

CONSULTING ROOM NO : Floor, TOKEN NO : 11
nic ENT
YS: MON, TUE, THU, FRI, SAT

37

OUT PATIENT RECORD

सोनावत गुरुवार

Name : SHIVAM
Department : ENT

Dept No. : 2026/075/0000909

Date of Registration : 19-01-2026 08:29:23 AM

Unit : 1

Age : 7Y 18D

Billing Type : General

Mobile No : *****070

Address : Shamli, Shamli, UTTAR PRADESH, INDIA

Patient Type: NON MLC

डॉ. अमित कुमार त्यागी
Dr. Amit Kumar Tyagi
/Assistant Professor
कान, नासा एवं कंठ राल्योपचार विभाग,
Department of Ear, Nose & Throat
आर्य समाज / AIIMS, Rishikesh



(shat566667@abdm)

Fee: 10.00

Sex: Male

S/O mangal

Email :

Occupation : OTHER

Prepared by: Mr. Dipankar Sharma

ENTSR

① ear discharge 1 month wt - 15 kg

② Post auricular swelling 10 days

③ Incision and drainage [outside] 7 days before.

④ com E complication
Post Auricular
abscess

9/10 Pain-

NO fever +nt

Adv

① ENT follow up bone CT scan

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② 1mg AUGMENTIN 250mg IVTDS

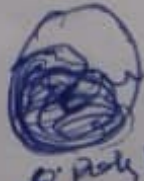
③ 2mg Pantop 20mg BBF

④ 1mg PAM paracetamol 25mg IV

⑤ 1mg eph 20mg TDS

⑥ daily diclofenac

⑦ PTA [1034]



① Post auricular EAC swelling ear discharge

② Post auricular abscess ear EAC C Puff



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश, उत्तराखण्ड
All India Institute of Medical Sciences, Rishikesh, Uttarakhand - 249203
DEPARTMENT OF NUCLEAR MEDICINE
Ph. No.: +91 135 2462913

Name	: Shivam	Date	: 26.02.2026
Age & Sex	: 7 Y/ M	Hospital No.	: 20260006974
Name of the study	: WHOLE BODY FDG PET-CT	Scan No.	: NMFDG/PET1322/26
Ref. From	: Medical Oncology		

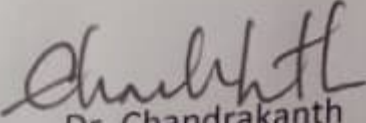
Musculoskeletal System:

- No other significant FDG avid abnormality noted elsewhere in the visualized skeleton or in the visualized organs.

IMPRESSION: In a known case of Embryonal RMS, the current whole-body 18F FDG PET/CT features reveal-

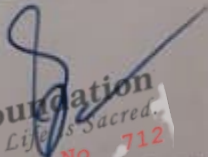
- Mildly metabolically active extensive right posterior auricular mass lesion, epicentered in EAC/middle ear as described above with SubCm sized right cervical upper-level V lymphadenopathy.

Please correlate clinically.


Dr. Chandrakanth
JR Yr2



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Dr. Manishi L. Narayan
Professor & Head
Dept. of Nuclear Medicine
A.I.I.M.S, Rishikesh

REFERRAL FORM

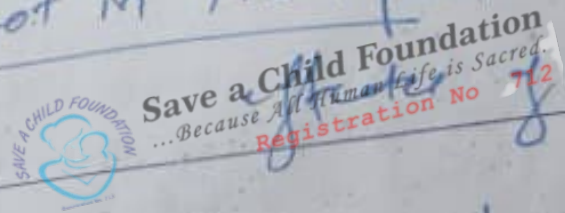
1
4

Patient Name: S. H. ... Age/Sex: 7 / M
Consultant in Charge: Dr. AMIT/Dr. DEEPAK UHID No: 2026006974
Department: Medical Oncology Ward: Medical Oncology Level 4
Date/Time: 9 / 3 / 2026
Provisional Diagnosis:

Referred to: D.O.D.
Department: Pediatric medicine

Respected Sir/Mam,

Case of PEE central lung
5y week 2 chemistry
(Vencristine)
Infected mass
persistent fever 38.5°C
pre-ill
premenstr
not in Neutropenia or side
chemistry.



NAME - DR. MAHESH
9742017049

Signature - [Signature]

Kindly transfer the
Case for further
management



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
RISHIKESH (UTTARAKHAND)

Referral form

Patient Name: SHIVAM

Age/sex: 7y/M/ME

Registration No: 20260006974

Consultant in Charge: Dr. Amit Sehramal

Department: Med. Oncology Ward: 245

Bed No: 3

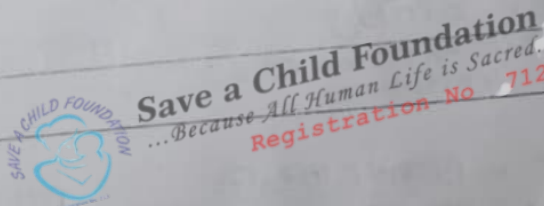
Provisional Diagnosis: Embryonal RML

Referred to: DOD

Department: ENT

Cause of Reference:

Pt is a 7y Embryonal RML of (R) parotid gland.
7y ↑ bleeding from the local site (ear).
Kindly evaluate & the child & advice.



Signature:
SENIOR RESIDENT (Dr. Paridhi Singhal)
8860445175

Date: 28/2/26

REFERRAL FORM

Patient Name :

Shivay

Age/Sex:

7 / M

UHID No :

2026006974

Consultant in Charge: Dr. AMIT/Dr. DEEPAK

Department: Medical Oncology

Ward:

Medical Oncology Level/4

Date/Time: 24/2/2026

Provisional Diagnosis:

Referred to: D.O.D.

Department:

ENT OPD

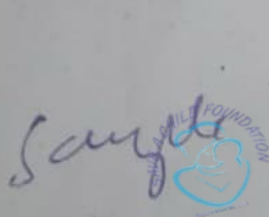
Respected Sir/Mam,

Case of Embryonal Rye

Ⓟ front & ear

Ⓟ Discharge Ⓟ size of swelling

Key Email & Dresship



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[Handwritten signature]

NAME - DR. MAHESH
9742017049

Signature -



All India Institute of Medical Sciences Rishikesh

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश - 249203

GENERAL CONSENT FORM

I hereby give my consent for medical consultation and admission, if required. I understand that during course of treatment routine investigations, basic treatment and medications, injections etc may be required, blood samples may be collected for necessary investigations etc. and I do give consent for the same. I have been explained that for any specific investigations and procedures, separate consent will be taken.

I hereby give my consent to perform treatment as discussed. I understand that the organisation will take utmost care of me / my patient. I do understand that there is always the possibility of unexpected complication which might be necessitating procedures different from those contemplated.

It has been explained to me that I would not be bringing valuable items including Jewellery, to the hospital and I would be completely responsible for all my belongings. I understand that no valuable are to be left in hospital and I will not hold hospital and its staff responsible for loss of any personal items of my patient.

I further state that I take the full responsibility of paying the bill before leaving the hospital. I certify that I have been explained in the language I understand, the requirement of hospitalization for me / my patient.

Witness:

Identification mark:

Signature /

Thumb Impression of

Patient /Relative:

Name :

Relation :

सामान्य सहमति

आवश्यकता पड़ने पर मैं चिकित्सकीय परामर्श और प्रवेश के लिए अपनी सहमति देता हूँ। मैं समझता हूँ कि उपचार के दौरान नियमित जांच, सामान्य उपचार और दवाएं, इंजेक्शन आदि की आवश्यकता हो सकती है, आवश्यक जांच के लिए रक्त के नमूने एकत्र किया जा सकते हैं और मैं इसके लिए सहमति देता हूँ। मुझे समझाया गया है कि किसी भी विशिष्ट जांच और प्रक्रिया के लिए अलग-अलग सहमति ली जाएगी। मैं चर्चा के अनुसार उपचार करने के लिये अपनी सहमति देता / देती हूँ। मैं समझता हूँ कि संस्थान मेरा मेरे मरीज का पूरा ख्याल रखेगा। मैं समझता हूँ कि अप्रत्याशित जटिलता की संभावना हमेशा होती है इसलिए अचानक प्रक्रियाओं की आवश्यकता हो सकती है। मुझे समझाया गया है कि मैं ज्वेलरी सहित मूल्यवान वस्तुओं को अस्पताल में नहीं छोड़ जाऊंगा और मैं अपने मरीज के किसी भी व्यक्तिगत ज़िम्मेदार हूँ। मैं समझता हूँ कि किसी भी मूल्यवान वस्तु को अस्पताल में नहीं छोड़ा जाएगा और मैं अपने मरीज के किसी भी व्यक्तिगत सामान के नुकसान के लिए अस्पताल और उसके कर्मचारियों को जिम्मेदार नहीं ठहराऊंगा। मैं अस्पताल छोड़ने से पहले बिल का भुगतान करने की पूरी जिम्मेदारी लेता हूँ। मैं प्रमाणित करता हूँ कि मुझे उस भाषा में समझाया गया है जिसे मैं समझता हूँ कि मुझे / मेरे रोगी को अस्पताल में भर्ती होने की आवश्यकता है।

पहचान चिन्ह

रोगी / संबंधी के हस्ताक्षर

नाम :

संबंध :

मंगल सिंह

गवाह :

Poonam

19/12/26

6:15 PM

05/03/2020

2:30 PM

C/S/B ENT JR

- Dressing done & local site examined ↓ ASP
- Wound - slough & necrotic tissue noted
 - diffuse oozing of blood from tumor tissue noted.
- Dressing i Paraffin gauze & pressure dressing done
- Procedure was uneventful

Adv.:

- ① maintain local hygiene
- ② Continue pressure dressing
- ③ Continue primary ~~care~~ management.



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giving Tranexamic acid acc to age & weight criteria

Nalay

Dr Naman
(ENT JR)

shivan

9/3/26

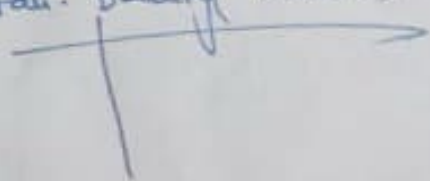
cls/1 team (Review)

Thanks for ref. opinion of transfer into wound care

AKC (cls in Dr. AKC)

- Wound care from ant side shall be done on daily basis in OPD / (Mon/Wed) Thurs bed side

Adv: Daily (Minor OT)



Done
AKC
1st time

9/3/26

cls/1 team

2pm

UAAP - dressing done procedure successful



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AKC

① Daily dressing ~~in~~ ~~the~~ ~~class~~

Done
Di. Shivan
with



Name	: Shivam	Date	: 26.02.2026
Age & Sex	: 7 Y/ M	Hospital No.	: 20260006974
Name of the study	: WHOLE BODY FDG PET-CT	Scan No.	: NMFDG/PET1322/26
Ref. From	: Medical Oncology		

INDICATION OF STUDY :

Referred case of Biopsy proven Embryonal RMS. CECT (21.01.2026)- Right Otomastoiditis with Cholesteatoma with Post auricular collection (22.01.2026)- embryonal RMS. IHC (22.01.2026)- Myogenin, Myo D1 +ve, Ki67 = 50-60%.
 For Initial Staging and evaluation.

WHOLE BODY ¹⁸FDG -PET/CT (CECT) REPORT

Brain:

- Brain parenchyma is normal in attenuation and shows physiological FDG uptake.

Head & Neck:

- Heterogeneously FDG avid soft tissue mass lesion with heterogeneously enhancement noted involving right posterior auricular region epicentered in external auditory canal. Ear is rotated anteriorly and superiorly. It is infiltrating external auditory canal and reaching upto middle ear. Lesion is extending and involving mastoid with soft tissue density in mastoid air cells. Laterally it is infiltrating skin and subcutaneous tissue. Parotid gland could not be discretely identified from the lesion. Lesion is also focally abutting zygomatic bone and ramus of mandible (~ 9.8AP x 9.7 ML 10.1 CC Cms, SUV max 6.6) - Suggested for MRI correlation to assess local extent of disease and brain parenchymal involvement.
- Faintly FDG avid to non-avid cm to SubCm sized multiple bilateral level II, III IV and V lymph nodes are noted (Left > Right). (Largest is 1.1 x 0.5 Cms in size, left upper-level V)
- Salivary glands, nasopharynx, oropharynx, larynx are normal.
- Bilateral Carotid & IJV are normal.
- Physiological FDG uptake noted involving bilateral vocal cords.
- Thyroid gland is normal.
- No other abnormal FDG avid lesions noted in the head and neck region.

Chest:

- No other significant abnormal FDG avid lesion noted in the bilateral lungs and mediastinum.
- Trachea & major bronchi are normal.
- Cardiac chambers, great vessels are normal.
- No evidence of pleural effusion seen.

Abdomen:

- Liver measures~ 11cms craniocaudally normal in attenuation. No focal lesions are noted.
- Portal vein & Hepatic veins are normal.
- Gall Bladder, Spleen, Pancreas appear normal in size & attenuation.
- Both kidneys and suprarenal glands appear unremarkable.
- Aorta & IVC are normal.
- Physiological tracer uptake noted in the intestines.
- No free fluid in peritoneal cavity. Bowel loops seen normally.
- No other significant abnormal FDG avid abnormality seen in the abdomen or pelvis.

Save a Child Foundation
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 Registration No 712

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH
DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Name of Patient/ Age /Sex:	SHIVAM . 7Y . M	Cr No.:	20260006974
Ref. Deptt.:		Date:	24/02/2026

CE-MRI FACE AND NECK-3T

Multi-planar images of the face and neck were obtained using T1TSE, T2TSE, fat sat T1 and STIR sequences.

Clinical information at time of scan: Right ear rhabdomyosarcoma.

IMAGING FINDINGS:

- A well-defined T2 hyperintense, T1 isointense, showing diffusion restriction lesion measuring ~ 8.3 x 6 x 7.6 cm is seen arising from right middle ear and protruding out through external auditory canal causing its expansion. The lesion is showing heterogeneous post contrast enhancement and internal areas of necrosis.
 - Posteriorly, loss of fat plane with mastoid with T2 hyperintense signal in mastoid air cells-mastoiditis.
 - Anteriorly, It is abutting right TMJ, temporalis muscle, parotid gland and loss of fat plane with masseter. It is extending along Eustachian tube. Focally also abutting lateral pterygoid.
 - Medially, it is extending to middle ear cavity however, inner ear normal. Encasing Petrus segment of right ICA with luminal narrowing with maintained contrast opacification. Erosion of petrous part of temporal bone, bone part of external auditory canal and, mastoid air cells.
 - Posteriorly abutting jugular foramen maintained fat planes, external ear (lobule, tragus and inferior helix), encasing right superficial temporal artery.
 - Subcentimetric nodes seen in bilateral cervical region, largest ~ 6mm in station II.
- Visualised orbits, eyelids and extra-ocular muscles appear normal.
- Visualised mandible, maxilla and left temporo-mandibular joints appear normal.
- Oral cavity and tongue appear normal.
- No gross lymphadenopathy seen.
- Masticator, buccinator and intrinsic and extrinsic muscles of tongue appear normal.
- Nasopharynx, oropharynx and laryngo-pharynx are normal.
- submandibular glands are normal bilaterally.
- Thyroid gland appears normal.
- Cervical vertebrae and disc spaces are normal.
- Spinal canal and spinal cord appears normal.

IMPRESSION: In a k.c.o biopsy proven rhabdomyosarcoma, present scan shows:
 ■ Heterogeneously enhancing lesion arising from right middle ear with extensions and related detailed.

Dr Saanea
Junior Resident

Dr. Priyanka
Senior Resident


Dr. BD Charan
Assistant Professor

Save a Child Foundation
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 Registration No 712



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश, उत्तराखंड

All India Institute of Medical Sciences, Rishikesh, Uttarakhand - 249203

DEPARTMENT OF NUCLEAR MEDICINE

Ph. No.: +91 135 2462913

Name : Shivam
Age & Sex : 7 Y/ M
Name of the study : **WHOLE BODY FDG PET-CT**
Ref. From : Medical Oncology

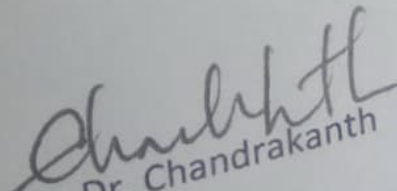
Date : 26.02.2026
Hospital No. : 20260006974
Scan No. : NMFDG/PET1322/26

Musculoskeletal System:

- No other significant FDG avid abnormality noted elsewhere in the visualized skeleton or in the visualized organs.

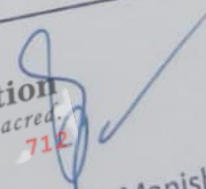
IMPRESSION: In a known case of Embryonal RMS, the current whole-body 18F FDG PET/CT features reveal-

- Mildly metabolically active extensive right posterior auricular mass lesion, epicentered in EAC/middle ear as described above with SubCm sized right cervical upper-level V lymphadenopathy.
Please correlate clinically.


Dr. Chandrakanth
JR Yr2



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Dr. Manishi L. Narayan
Professor & Head
Dept. of Nuclear Medicine
A.I.I.M.S, Rishikesh



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
RISHIKESH (UTTARAKHAND)

06/03/26
ENT
9AM

Referral form

Patient Name: SHIVAM

Registration No: 202600069744

Age/sex: 27/M

Consultant in Charge: Dr. Amit Sehrawaj

Department: MEDICAL ONCOLOGY

Ward: MEDICAL ONCOLOGY BED NO:

Provisional Diagnosis: (R) EAR PARANASAL EMBRYONAL RMS - HIGH RISK

Referred to: DOD

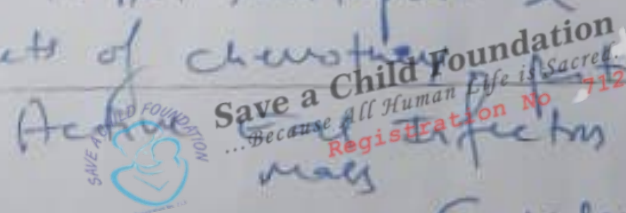
Department: ENT

It is a c/o embryonal RMS
with bleeding & necrosis @ the local site
of jaw.

It is managed on VBC protocol (as attached in file)
& on antibiotics based on the c/o growth of
Pseudomonas

It requires daily dressing & supportive care by
the ENT team.
Kindly consider transfer to your side

patient is not Neutropenic & no side
effects of chemotherapy. It has



Signature:
SENIOR RESIDENT (Dr. Paridhi Singhal)
BB60445175

Date: 06/03/26

may infects. Kindly
consider for transfer
to ENT side.

Thank you
Dr. Paridhi Singhal



All India Institute of Medical Sciences Rishikesh
 अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश - 249203

Initial Assessment

UHD -

20260006974

Patient Name SHIVAM

Chief Complaints:

NO Bleeding @ Ear x 2 months

↓

Smelly @ Ear x 15 days

History Of Present Illness:

Admitted in ENT & Evaluated

NO Headache / x 10 days
 Vomiting

~

Past Medical History (or any other)



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Registration No 712

28/02/26

10:26 AM

Skivrom Tyim 20260006974
45 ENT-JR

- Case reviewed for dressing.

Adv
① Dressing (minus it)

28/02/26

45 ENT JR

ENT JR

→ dressing done and local site examined
↓ ASP
Wound ↓ Slough and necrotic tissue noted
diffuse ooze of blood from tumour tissue noted.

dressing with paraffin gauze and pressure dressing done
procedure was uneventful.

Adv (1/0/w DA-20)

- ① Hair trim
local hygiene
- ② Continue pressure dressing
- ③ Continue primary management.
- ④ Consider giving tranexemic acid according to age and weight criteria

06/10/2026

CIBIB ENT JR

- Case received by boy crying.
- Dressing done and blood oozing under all orpatic territories.

- Slough removed
- No better bleeding. Blood clots
- Dressing with paraffin gauze and pressure dressing done.
- Procedure was uneventful.

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Advice.

- Dressing done
- continue primary management
- Tranexemic acid according to age and weight if bleeding persists
- Maintain local hygiene

ENT JR

Thanks for referral. Child Pediatrics SR.
clo Right eye embryonal Rhabdomyosarcoma.

received chemo' tube

VAC on 27/12/26 (vincristine,
actinomycin
Cyclophosphamide)

V on 6/3/26

call given in view of
- no bulging nuchal. persistent fever spike.
no ↓ in appetite (100.1 - 102.6).

Workup

no vomiting
no pain abdomen
2 spikes a day

pw dx - Pseudomonas & Streptophomonas

Levoflox - D4

Mero - D5

piptra till 5th.

KFT (5/3/26) - WNL. 11/3/26

CBC - Hb - 9.7
TLC - 4.7k
WBC - 68/27
Platelet - 447k

Blood dx - 25/2 - no growth.

O/E

Child appears alert

PIA - sup. max 2 cm below RCM

spleen - nonpalpable, no meigast

Throat - ⊕

Chest - BLAE ⊕, no added sounds

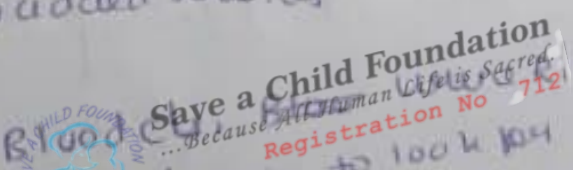
Advice

1) CBC, CRP, Blood Culture, Urine Culture, M, ~~and~~ ~~and~~
US abdomen to look for occult abscess
Blood Fungal dx with KOH

2) Streptophomonas often respond to combination
therapy with levofloxacin & Merocycline
Hence, consider adding

Inj Merocycline 60mg IV stat + 15
30mg IV Q12hly

3) Case will be discussed with
to decide regarding ~~transf~~ ~~transf~~
Opca Faculty & SR





**All India Institute of Medical Sciences
Rishikesh**

LABORATORY OBSERVATION REPORT

UHID: 20260006974 Reg Date : 19/01/2026 08:29 AM
Patient Name : Master. shivam Ward Name : 245 Medical Oncology
Sex : Male Age : 7 years 1 month 24 days
Department : Department of Medical Oncology Haematology Unit Name : 1
Unit In-charge : Dr. Uttam Kumar Nath Sample Collection Date: 25/02/2026 10:23 AM
Sample Received Time: 25/02/2026 12:50 PM Report Generated on: 03/03/2026 10:09 AM
Lab Ref No: 3395

Sample Details : 25022600177 (Blood) /Microbiology Lab Clinical Details :

**Test Name : BLOOD CULTURE (AEROBIC) PAEDIATRIC/ ADULT AND AST (Template :
2023 BLOOD NG)
AEROBIC BACTERIAL CULTURE & SENSITIVITY**

Sample: Blood

Report: No growth obtained after 5 days of aerobic incubation done in automated BacT / 3D System.
***** End of Report*****

*This is a computer generated report. No signature required.

Dr. Vanya Singh (Consultant)



Save a Child Foundation
...Because All Human Life Matters
Registration No 712

Dr. Ranjana Rohilla (Consultant)

Verified by
(Dr. Ranjana Rohilla)

Lab Technologist



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
RISHIKESH (UTTARAKHAND)

5/3/26

Referral form

Patient Name: SHIVAM

Age/sex 7y/Male

Registration No: 20260006974

Consultant in Charge: Dr AMIT SEHRAWAT

Department: MEDICAL ONCOLOGY

Ward: MEDICAL ONCOLOGY (245) BED NO: 3

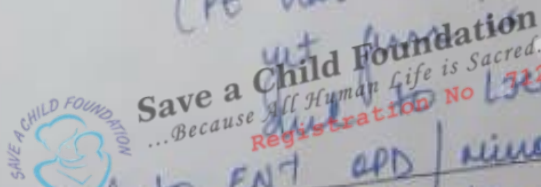
Provisional Diagnosis: Embryonal RMS - High Risk

Referred to: DOD

Department: ENT

Pt is a k/c/o Embryonal RMS of @ ear/parotid.
do ↑ bleeding from the local site.
w/ fever.
pus of local site
⇒ Pseudomonas
sens to Piptax

(Pt has received 3 days of Piptax
but not responding
to local site necrotic tissue)



Pt was sent to ENT OPD/minor OT daily
but staff refused to do dressing & verbally
told the attendand to do dressing himself

Signature: Dr. Paridhi Singhal
SENIOR RESIDENT (Dr. Paridhi Singhal)
8860445175

Date: 05/03/26

kindly assess the wound
consider debridement & daily
dressing (as advised in ENT
previously)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH
DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Name of Patient/ Age /Sex:	SHIVAM . 7Y . M	Cr No.:	20260006974
Ref. Deptt.:		Date:	24/02/2026

CE-MRI FACE AND NECK-3T

Multi-planar images of the face and neck were obtained using T1TSE, T2TSE, fat sat T1 and STIR sequences.

Clinical information at time of scan: Right ear rhabdomyosarcoma.

MAGING FINDINGS:

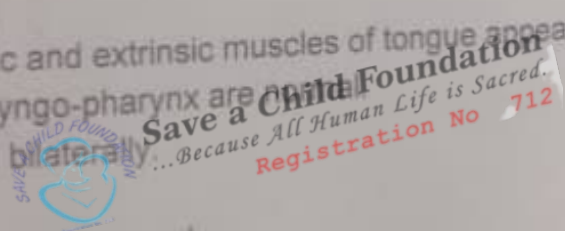
- A well-defined T2 hyperintense, T1 isointense, showing diffusion restriction lesion measuring ~ 8.3 x 6 x 7.6 cm is seen arising from right middle ear and protruding out through external auditory canal causing its expansion. The lesion is showing heterogeneous post contrast enhancement and internal areas of necrosis.
 - Posteriorly, loss of fat plane with mastoid with T2 hyperintense signal in mastoid air cells-mastoiditis.
 - Anteriorly, It is abutting right TMJ, temporalis muscle, parotid gland and loss of fat plane with masseter. It is extending along Eustachian tube. Focally also abutting lateral pterygoid.
 - Medially, it is extending to middle ear cavity however, inner ear normal. Encasing Petrus segment of right ICA with luminal narrowing with maintained contrast opacification. Erosion of petrous part of temporal bone, bone part of external auditory canal and, mastoid air cells.
 - Posteriorly abutting jugular foramen maintained fat planes, external ear (lobule, tragus and inferior helix), encasing right superficial temporal artery.
 - Subcentimetric nodes seen in bilateral cervical region, largest ~ 6mm in station III.

Visualised orbits, eyelids and extra-ocular muscles appear normal.
 Visualised mandible, maxilla and left temporo-mandibular joints appear normal.
 Oral cavity and tongue appear normal.
 No gross lymphadenopathy seen.
 Masticator, buccinator and intrinsic and extrinsic muscles of tongue appear normal.
 Nasopharynx, oropharynx and laryngo-pharynx are normal.
 Submandibular glands are normal bilaterally.
 Thyroid gland appears normal.
 Cervical vertebrae and disc spaces are normal.
 Spinal canal and spinal cord appears normal.

DIAGNOSIS: In a k.c.o biopsy proven rhabdomyosarcoma, present scan shows:
 Heterogeneously enhancing lesion arising from right middle ear with extensions and relations as detailed.

Dr. Priyanka
Senior Resident

Dr. BD Charan
Assistant Professor



- It is implicated in causing nosocomial pneumonia, endocarditis, bacteraemia and UTI.
- It is intrinsically resistant to β lactams including Penicillin, 1st and 2nd generation Cephalosporins, Carbapenems, and aminoglycosides.

NOTE:

Cascade reporting (CR) is a strategy of reporting antimicrobial susceptibility test results in which secondary agents are only reported if an organism is resistant to primary, narrow spectrum agents within a drug class; to prevent antimicrobial resistance and better antibiotic stewardship. Tier 1 drugs must be preferred. Tier 2/3/4 drugs to be given if Tier 1 or subsequent Tier drugs resistant.

Tier 1: Primary and routine testing; Tier 2: Tested routinely but reported following cascade reporting; Tier 3: Tested routinely but reported following cascade reporting; Tier 4: tested and reported on request/ following cascade reporting.

- Susceptible (S): Isolates can be inhibited by the usually achievable concentrations of antimicrobial agents with the dosages recommended.
- Susceptible Dose Dependent (SDD): It is a category defined by a breakpoint that implies that susceptibility of an isolate depends on the dosage regimen that is used in the patient. To achieve levels that are likely to be clinically effective against isolates for which the susceptibility testing results (either MICs or zone diameters) are in the SDD category, it is necessary to use a dosage regimen (i.e. higher doses, more frequent doses or both) that results in higher drug exposure than that achieved with the dose that was used to establish the susceptible breakpoint. Consideration should be given to the maximum, literature supported dosage regimen, because higher exposure gives the highest probability of adequate coverage of an SDD isolate.
- Intermediate (I): Denotes clinical efficiency in body sites where drugs are physiologically concentrated when a higher than normal dosage of drug can be used.
- Resistant (R): Isolates are not inhibited by the usually achievable concentration of the agent with the dosage schedules.

***** End of Report*****

*This is a computer generated report. No signature required.

Dr. Vanya singh (Consultant)



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 Registration No 712

Dr. Ranjana Rohilla (Co)

Lab Technologist

(Dr.)



All India Institute of Medical Sciences Rishikesh

LABORATORY OBSERVATION REPORT

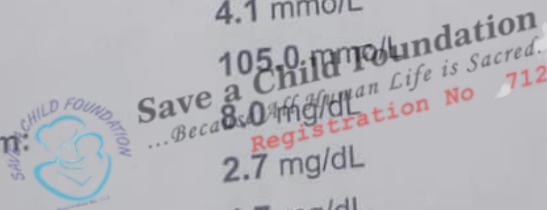
UHID:	20260006974	Reg Date :	19/01/2026 AM
Patient Name :	Master. shivam	Ward Name :	245 M Oncol
Sex :	Male	Age :	7 year days
Department :	Department of Medical Oncology Haematology	Unit Name :	1
Unit In-charge :	Dr. Uttam Kumar Nath	Sample Collection Date:	05/03/2026
Sample Received Time:	05/03/2026 09:47 AM	Report Generated on:	05/03/2026
Lab Ref No:	567		

Sample Details : BIO-05032600118 (Blood) /Biochemistry Lab Clinical Details : Normal Range Spe

Test Name : Kidney Function Observation Result Test. (Template : KFT)

Kidney Function Test:

Blood Urea:	13.0 mg/dL	17 - 43 mg/dL
Serum Creatinine:	0.26 mg/dL	0.72 - 1.18 mg/dL
Serum Na+:	136.0 mmol/L	136 - 146 mmol/L
Serum K+:	4.1 mmol/L	3.5 - 5.1 mmol/L
Serum Cl-:	105.0 mmol/L	101 - 109 mmol/L
Serum Total Calcium:	8.0 mg/dL	8.8 - 10.6 mg/dL
Serum Uric Acid:	2.7 mg/dL	3.5 - 7.2 mg/dL
Phosphorus:	4.7 mg/dL	2.5 - 4.5 mg/dL



Verification Comment:

kindly correlate clinically

Lab Technologist

REFERRAL FORM

Perambur 1
for Transfer Call

Patient Name: SHIVAN

Age/Sex: 7/M

Consultant in Charge: Dr. AMIT/Dr. DEEPAK

UHID No: 20260006974

Department: Medical Oncology

Ward: Medical Oncology Level 4

Date/Time: 01/3/2026

Provisional Diagnosis:

Referred to: D.O.D.

Department:


ENT (Unit I)

Respected Sir/Mam,

Case of (R) Ear embryonal
fms sp week 2 chondroma
(Hrs 25514).

2 Infected mass
free spine

pus
→ pseudomass

patient is
 **Save a Child Foundation**
...Because All Human Life is Sacred.
Registration No 712

Neuropena

chemotherapy toxicity.

NAME - DR. MAHESH
9742017049

Signature - [Signature]

Kindly transfer the
case for management of
wound.



Care Plan

Patient Name

UH

Clinical Impression / Diagnosis/DD :

Embryonal RMS

Investigations:

Initial treatment after

Preventive / specific instructions :

Diet :

Prognosis / desired outcome :

Worsening & Subacute Case

J.R/S.K. Signature:

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 Registration No 712

Consultant In-charge
 (Within 24)

Name: Dr. Nisha Yadav

Name:

Date & Time: 20/02/20

Date & Time:



General Physical Examination

UHD

Patient Name: _____

Consciousness:

Weight: _____ Height: _____ BMI: _____

Temperature: _____ Pulse: _____ Respiration: _____ B.P: _____

Pallor: Icterus:

Cyanosis:

Oral cavity:

Neck:

Nails:

Lymph nodes:

Systemic Examination
Abdomen

Inspection

Palpation:

Soft, NT

Percussion:

Auscultation:

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Cardio Vascular System

Inspection

Palpation:

Soft



All India Institute of Medical Sciences Rishikesh

LABORATORY OBSERVATION REPORT

UHID: 20260006974 Reg Date : 19/01/2026 08:29 AM
Patient Name : Master. shivam Ward Name : 245 Medical Oncology
Sex : Male Age : 7 years 1 month 27 days
Department : Department of Medical Oncology Haematology Unit Name : 1
Unit In-charge : Dr. Uttam Kumar Nath Sample Collection Date: 28/02/2026 03:27 PM
Sample Received Time: 28/02/2026 03:28 PM Report Generated on: 02/03/2026 09:30 AM
Lab Ref No: 784

Sample Details : BIO-28022600505 (Blood) /Biochemistry Lab Clinical Details : Normal Range Special Remarks

Test Name : Kidney Function Observation Result Test. (Template : KFT)

Kidney Function Test:

Blood Urea:	10.0 mg/dL	17 - 43 mg/dL
Serum Creatinine:	0.20 mg/dL	0.72 - 1.18 mg/dL
Serum Na+:	138.0 mmo/L	136 - 146 mmol/L
Serum K+:	4.0 mmo/L	3.5 - 5.1 mmo/L
Serum Cl-:	104.0 mmo/L	101 - 109 mmo/L
Serum Total Calcium:	8.3 mg/dL	8.8 - 10.6 mg/dL
Serum Uric Acid:	3.4 mg/dL	3.5 - 7.2 mg/dL
Phosphorus:	4.0 mg/dL	2.5 - 4.5 mg/dL

SAVE A CHILD FOUNDATION
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Registration No 732

Lab Technologist

Verif
(Dr.Vijay Kumar

Referral form

Patient Name: SHIVAM.

Age/sex 7y/MALE

Registration No: 20260006474.

Consultant in Charge: DR AMIT SEHRAWAT.

Department: MEDICAL ONCOLOGY

Ward: MEDICAL ONCOLOGY BED NO:

(205)

Provisional Diagnosis: Embryonal - RMS - High Risk.

Referred to: DOD

Department: PAEDIATRICS

Pt is a 4yo Embryonal RMS of @ ear/parietal

yo - fem x 5 days

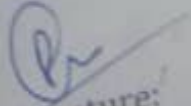
Pus cs -> growth of Pseudomonas

& Stenotrophomonas maltophilia

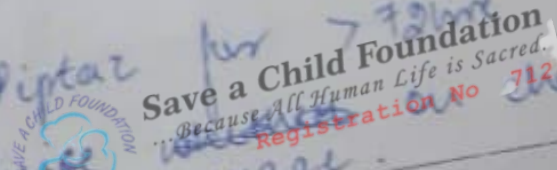
sens. to Cefazidime
Cefepime
Piptaz
levoflox
meropenem

sens to levofloxacin
& minocycline

Pt is on Piptaz for > 72hrs but fem is not
kindly advise coverage. in changing the antibi

Signature: 
SENIOR RESIDENT (Dr. Paridhi Singhal)
8860445175

Date: 04/03/26

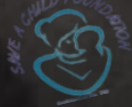




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Life is Sacred.
Registration No 712



 Save a Child Foundation
Because All Human Life is Sacred
Registration No 712



Save a Child Foundation
...because All Human Life is Sacred.
Registration No 212



 Save a Child Foundation
...Because every human life is sacred
Registration No. 712



Kalpana Chawla Government Medical College, Karnal
DEPARTMENT OF RADIODIAGNOSIS
E-MAIL ID: kcgmradiology@gmail.com

NAME: Shivam	AGE: 7 Yrs.	SEX: Male
PATIENT ID: 000374	DATE: 08.01.2026	

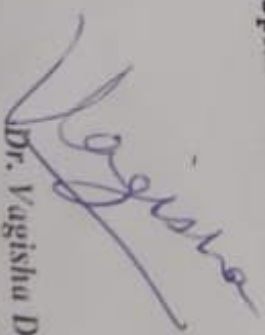
ULTRASONOGRAPHY OF NECK
FINDINGS:

- Thyroid gland
 - Right lobe: Normal in morphology and echotexture.
 - Left lobe: Normal in morphology and echotexture.
 - The isthmus appears normal.
- An ill defined heterogeneously hypoechoic lesion of size 2.5 x 2.2 x 1.2 cm is seen in the right parotid gland with raised peripheral vascularity and multiple internal necrotic areas. Multiple enlarged intraparotid lymph nodes are seen.
- Few enlarged cervical lymph nodes seen at levels IB, II and III.
- Left parotid gland and bilateral submandibular gland are normal in morphology and echotexture.
- Visualized bilateral carotid and jugular vessels appear normal in course and caliber.

IMPRESSION:

- An ill defined heterogeneously hypoechoic lesion in the right parotid gland with adjacent local and cervical lymphadenopathy – likely inflammatory / infective etiology. Please correlate clinically.

CECT face and neck suggested to rule out distant possibility of neoplastic etiology.


Dr. Vagisha Dahiya

Senior Resident, Radiodiagnosis
KCGMC, Karnal

Give a Child Foundation
Because All Human Life is Sacred
Registration No. 2015/2016



Save a Child Foundation
Life is Sacred.
Registration No 712



Save a Child Foundation
Life is Sacred.
Registration No 712



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Life is Sacred.
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