
NS
Reebok

भारत सरकार / GOVT. OF INDIA

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Version 2

लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL

बांग्ला साहिब मार्ग, नई दिल्ली - 110001/ BANGLA SAHIB MARG, NEW DELHI-110001

Kalawati Saran Children Hospital New Delhi
Master. HASAAN HAQUE / Male / 6 years 5 m/o 15 22 days 0 hours 0 mins
Pediatric Medicine Room-107 / Token-6
Mobile No: ******056
DAYS TUE,FRI
UHID:2[illegible]18

दिनांक / DATE.....

यूनिट /Unit

ओ. पी. डी. पंजी. सं. /

ओ. पी. डी. दिन / OPD DAYS

नाम / Name

लिंग Gender

टीकाकरण विवरण / In

लम्बाई / Height

18.2 kg

हेपेटाईटिस-बी (जन्मपर) ओपीवी-O Hep-B(at Birth), OPV-O	
बी. सी. जी. BCG	
पेटावेलेंट-1, ओपीवी -1, आरवीवी-1 आईपीवी -1, पीसीवी-1 Pentavalent-1, OPV-1, RVV-1 IPV-1, PCV-1	
पेटावेलेंट-2, ओपीवी -2, आरवीवी-2 Pentavalent-2, OPV-2, RVV-2	
पेटावेलेंट-3, ओपीवी -3, आरवीवी-3 आईपीवी-2 पीसीवी-2 Pentavalent-3, OPV-3, RVV-3 IPV-2, PCV-2	
एमआर-1, विटामिन ए, जेई-1, पीसीवी-बूस्टर MR-1, Vitamin A, JE-1, PCV - Booster	
एमआर-2, डीपीटी, बूस्टर-1, ओपीवी बूस्टर MR-2, DPT, Booster-1, OPV Booster	
टाईफाईड का टीका Typhoid	
डीपीटी-बूस्टर-2 DPT-Booster-2	
टीडी TD	

4o (R) neck lump x 6 months progressive.

Incisional biopsy (18/3/26)
→ classical Hodgkins lymphoma, Mixed cellularity

no fever
no night sweats
no weight loss

O/E: vitals: stable
(R) upper cervical LN 6x5 cm, non-tender
PA: no HSM

28 APR 2026

Plan to start chemo today

Plan

4 # ABVD ē out RT

Ht – 119 cm
Wt – 18 kg
BSA – 0.76 m^2.

EF 62%.

Inj Adriamycin 20 mg in 100 ml NS iv over one hour
Inj Bleomycin 8 ~~mg~~ IU iv slow push.
Inj Vinblastine 5 mg iv slow push
Inj Dacarbazine 300 mg in 100 ml NS iv over one hour.

Admit ↓ Hemat daycare

5/5/26

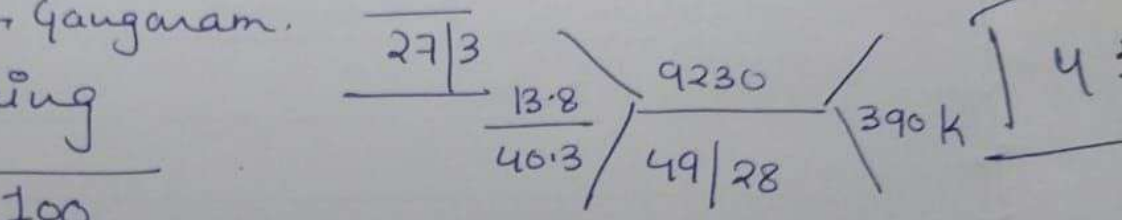
Dr. AYSHA DILSHAD
Resident Doctor
Department of Paediatric
HBC & Kalawati Saran Children's
Hospital, New Delhi-110001

25 – 57 – 59

4D/W Dr Piali Maam

- PET-scan.
- 2D-echo → Gangaram.
- Lansky Scoring
  ↳ 100

FNAC: s/o Hodgkins



BG → O+

HBsAg, HCV] NR

HIV: NR

MRI Face/Neck →
multiple heterogenous
LN, cervical, Intraparotid.

17/2

AlP → 708

Cal → 7·3

PO4 → 3·3

SE → 139/4·0

iCal → 3·4

Heenaji → 9958560881.
Cankids

Adv - Review i reports to daycare

Pratibha
SR

Govt. of India

छुट्टी की पर्ची Discharge-Slip

कलावती सरन बाल अस्पताल

Kalawati Saran Children's Hospital

बंगला साहिब मार्ग, नई दिल्ली-110001
Bangla Sahib Marg, New Delhi-110001
दूरभाष / **Tel. No. : 23344160, 23344162-65**

युनिट Unit Hemat Daycare सी.आर. नं. C.R. No. 20363

नाम Name : Hasan Haque

आयु Age : 6y 5m लिंग Sex: M

पता Address : Karol Bagh, Delhi

भर्ती की तारीख : Date of Addmission 8/8/16

छुट्टी की तारीख : Date of Discharge 8/8/16

निदान

Final Diagnosis : K/C/O HL Stage 2 (Non bulky ds)
admitted for Cycle IV a.

Anthropometry

Wt. at Admission 17.3kg. Wt. at Discharge

Height/Length Head Circumference

Nutritional Status

Immunisation

BCG

Pentga/DPT/OPV 0 1 2 3 B1 B2

Hep. B 0 1 2 3

Measles / MMR / Typhoid

Kalawati Saran Children's Hospital, New Delhi

Department of Biochemistry

Sample Id 14 **Date** 08-08-2026 11:07:50

Name **Age/Sex:-**

UHID / CR No. **Unit/OPD**

Diagnosis/History:-

Test Name	Result	Units	Normal Range	Low/High/Normal
Urea	17	mg/dL	15 - 45	Normal
Creatinine	0.37	mg/dL	0.30 - 0.70	Normal
Bilirubin Total	0.26	mg/dL	0.30 - 1.20	Low
Bilirubin Direct	0.13	mg/dL	0.00 - 0.40	Normal
AST/GOT	44	U/L	5 - 40	High
ALT/GPT	37	U/L	5 - 35	High
Alkaline Phosphata	196	U/L	25 - 350	Normal
Total Protein	6.4	g/dL	6.2 - 8.5	Normal
Albumin	4.0	g/dL	3.5 - 5.2	Normal
Calcium	8.5	mg/dL	8.1 - 10.4	Normal
Phosphorus	3.2	mg/dL	2.6 - 4.5	Normal
C-Reactive Protein	1.57	mg/L	0.00 - 7.00	Normal

Sodium (Na)..... 139 135-145 mEq/L

Potassium (K)..... 4.3 3.5-5.1 mEq/L

Chloride (Cl)..... 102 98-108 mEq/L

Ionised Calcium..... 4.4 4.0-5.5 mg/dL

08/08.

Laboratory Observation Entry

HISTOPATHOLOGY LARGE AND SMALL TISSUE

Close(X)

Patient Info

UHID :	20260032592	Patient Id:	2026251479	Department :	Otorhinolaryngology Head and Neck Surgery
Name :	Master. HASAN HAQUE (Male)	Age :	6 years 5 months 13 days	Unit :	I (Dr A Chakravarty)
Address :	16/710 TANK ROAD BAPA NAGAR , KAROL BAGH , DELHI, INDIA			Patient Status :	Outdoor

Dr. Pallavi

Labelled as Post incisional biopsy specimen: Right cervical lymph node (2736,A-B/26)

Features are suggestive of Classical Hodgkin's Lymphoma, mixed celluarity.

IHC (363/26) Put on (2736/26)

CD15 - Positive in few Reed sternberg cells.

CD30 - Positive in Reed sternberg cells.

CD19 - Positive in B-Lymphocytes.

CD20 - Positive in B-Lymphocytes.

CD3 - Positive in T-Lymphocytes.

Dr. Neha Suman / Dr. Neha (SR)

(Assistant Professor)

10/04/2026

Checked by Dr. Mehak (PG1)

body p

Diagnosis :

Nature of disease : --Select--

Edit >>

MOLECULAR
DIAGNOSTICS AND THERAPY

Accession No.	16264054	Registration Date	: 09/07/2026 08:56:47
Patient ID	P16100023757	Sex / Age	: Male 6 Yrs 8 Mon 7 D
Patient Name	: Mst. HASAN HAQUE	Report Released on	: 09/07/2026 16:16:22
Client Name	: CANKIDS GP	Aadhar/ Passport No	:
Ref. By	: Mr. CANKIDS		

DIGITAL WHOLE BODY PET CT

Clinical History: Case of Hodgkin's Lymphoma (right neck). Post chemotherapy (last on 25.06.2026) PET/CT study for treatment response evaluation. Previous PET-CT scan dated 27.04.2026 is available for comparison.

Procedure: 3.2 mCi of ^{18}F-fluorodeoxyglucose was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. Imaging was performed on an integrated 80-slice PET/CT scanner (UMI 550). CT images for attenuation correction and anatomic localization followed by PET images from vertex to mid-thigh were obtained. SUVmax was normalized to body weight *SUVmax bw*. Serum Creatinine and blood glucose was 0.39 mg/dL and 90 mg/dL respectively. CT scanning was performed using non-ionic intravenous (Volume: 50ml) and oral contrast & images were reconstructed to obtain transaxial coronel and sagittal views. Fused PET CT images were generated. No adverse reaction was observed during the scan.

Observations:

Mediastinal blood pool (SUV max: 0.8). Liver background (SUV max: 1.2).

Brain: -

Normal physiological radiotracer distribution noted in the brain parenchyma. No focal lesion or abnormal FDG uptake noted in the brain.

(NOTE: If there is a strong suspicion for brain metastases / lesion, then MRI is suggested for further evaluation, as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain).

Head and Neck: -

Symmetrical increased FDG uptake noted in bilateral tonsils – likely inflammatory.

Nasopharynx, oropharynx, hypopharynx and larynx appear unremarkable with no significant abnormal FDG uptake in relation to them.

Thyroid gland appears unremarkable with no focal abnormal FDG uptake.

Non FDG avid discrete and confluent lymphnodes noted involving right parapharyngeal space (~ 1.2 x 1.0 cm; inactive; previously ~ 2.0 x 1.8 cm, SUVmax 6.3), right infraparotid and level II to V cervical / supraclavicular regions (~ 1.6 x 1.1 cm, inactive; previously ~ 3.4 x 2.3 cm, SUVmax 8.3 in cervical level VA region) – likely resolved pathology (Deauville score 1) No significant enlarged FDG avid left cervical / supraclavicular lymphnodes noted.

Thorax: -

Mild diffuse FDG uptake is seen along curvilinear soft tissue in anterior mediastinum – likely physiological uptake in thymus.

MOLECULAR
DIAGNOSTICS AND THERAPY

Accession No.	16261044	Registration Date :	25/04/2026 08:58:37
Patient ID	P16100023757	Sex / Age :	Male 6 Yrs 5 Mon 24 D
Patient Name :	Mst. HASAN HAQUE	Report Released on :	27/04/2026 11:31:37
Client Name :		Aadhar/ Passport No :	
Ref. By :	LADY HARDINGE MEDICAL COLLEGE		

DIGITAL WHOLE BODY PET CT

Clinical History: Case of Hodgkin's Lymphoma (right neck). PET/CT study for pretreatment evaluation.

Procedure: 3.4 mCi of ^{18}F-fluorodeoxyglucose was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. Imaging was performed on an integrated 80-slice PET/CT scanner (UMI 550). CT images for attenuation correction and anatomic localization followed by PET images from vertex to mid-thigh were obtained. SUVmax was normalized to body weight *SUVmax bw*. Serum Creatinine and blood glucose was 0.26 mg/dL and 90 mg/dL respectively. CT scanning was performed using non-ionic intravenous (Volume: 50ml) and oral contrast & images were reconstructed to obtain transaxial coronel and sagittal views. Fused PET CT images were generated. No adverse reaction was observed during the scan.

Observations:

Brain: -

Normal physiological radiotracer distribution noted in the brain parenchyma. No focal lesion or abnormal FDG uptake noted in the brain.

(NOTE: If there is a strong suspicion for brain metastases / lesion, then MRI is suggested for further evaluation, as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain).

Head and Neck: -

Increased FDG uptake noted in bilateral tonsils and posterior nasopharyngeal wall – likely inflammatory.

Oropharynx, hypopharynx and larynx appear unremarkable with no significant abnormal FDG uptake in relation to them.

Thyroid gland appears unremarkable with no focal abnormal FDG uptake.

Multiple FDG avid discrete and confluent nodular enhancing lymphnodes noted involving right parapharyngeal space (~ 2.0 x 1.8 cm, SUVmax 6.3), right infraparotid and level II to V cervical / supraclavicular regions (~ 3.4 x 2.3 cm, SUVmax 8.3 in cervical level VA region). No significant enlarged FDG avid left cervical / supraclavicular lymphnodes noted.

Thorax: -

Mild diffuse FDG uptake is seen along curvilinear soft tissue in anterior mediastinum – likely physiological uptake in thymus.

The heart and the mediastinal vascular structures are well opacified with I/V contrast. The trachea and main bronchi appear unremarkable.

भारत सरकार

Government of India

आधार

Aadhaar no. issued: 27/02/2023

हसन

Hasaan Haque

जन्म तिथि/DOB: 02/11/2019

पुरुष/ MALE

7007 7415 2676

VID : 9179 2931 4272 7313

मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
पता:
मो हुसीनुल हक, 16/710-E, टैंक रोड, बापा नगर, करोल बाग,
करोल बाग, सेंट्रल दिल्ली,
दिल्ली - 110005
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BAPA NAGAR, Karol Bagh, PO: Karol Bagh, DIST:
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Details as on: 22/03/2025
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