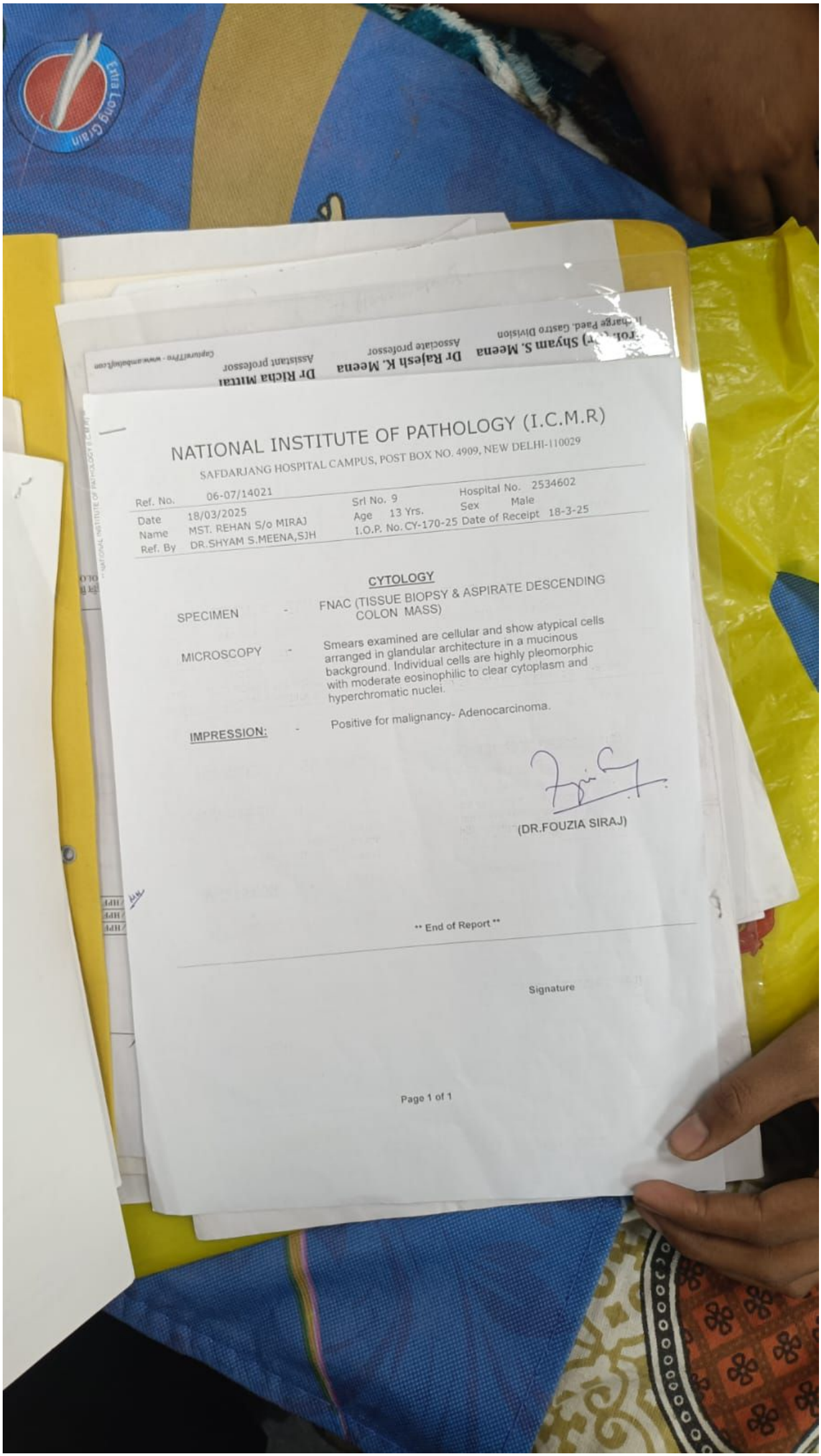

NATIONAL INSTITUTE OF PATHOLOGY (I.C.M.R)

SAFDARJANG HOSPITAL CAMPUS, POST BOX NO. 4909, NEW DELHI-110029

Ref. No.	06-07/14021		
Date	18/03/2025	Srl No. 9	Hospital No. 2534602
Name	MST. REHAN S/o MIRAJ	Age 13 Yrs.	Sex Male
Ref. By	DR.SHYAM S.MEENA,SJH	I.O.P. No. CY-170-25	Date of Receipt 18-3-25

CYTOLOGY

SPECIMEN - FNAC (TISSUE BIOPSY & ASPIRATE DESCENDING COLON MASS)

MICROSCOPY - Smears examined are cellular and show atypical cells arranged in glandular architecture in a mucinous background. Individual cells are highly pleomorphic with moderate eosinophilic to clear cytoplasm and hyperchromatic nuclei.

IMPRESSION: - Positive for malignancy- Adenocarcinoma.

(DR.FOUZIA SIRAJ)

** End of Report **

Signature

Page 1 of 1

भारत सरकार
GOVT. OF INDIA
सुपर स्पेशलिटी ब्लॉक
SUPER SPECIALITY BLOCK
UHID: 202500166626
वी एम एम सी. एवं सफदरजंग अस्पताल, नई दिल्ली –110029
V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI-110029
(दूरभाष Telephone : 011-26730000, 26165060)

CONSULTING ROOM NO :P002, TOKEN NO : 47
Clinic Paediatric Surgery
Days:MON,TUE,WED,THU,FRI,SAT
LAST VISIT DATE:11/03/2025

TUES/FRIDAY

OUT PATIENT RECORD
Re-visit

Name : REHAN
Department : Paediatric Surgery
Dept No. : 2025/059/0000175
Date of Registration : 29-04-2025 08:54:56 AM
Unit : 1
Age : 13Y 3M 27D
Billing Type : General
Mobile No : ********638
Address : faizabad, Prayagraj, UTTAR PRADESH, INDIA
Patient Type:NON MLC

(rehan_2012022012@abdm)
Fee : 0.00
Sex : Female
D/O MERAJ
Email :
Occupation : OTHER
Prepared by:Mr. SSBDEO BANTYSINGH
OPD

PUCO left colonic adenocarcinoma resection
on 23/4/25
No fresh complaint pain stools normaly, no fever

OTE
PA soft no SSI.

Adv
Syn Lactulose 10ml HS x 3 week
Syn MVI
Syn Tonaferon
2 tsp OD to continue x 2 months
CBC, UCS
RV on 6/5/25 c CBC report

हमारे देश में लगभग हर 8 मिनट में एक महिला की मृत्यु स्तन या सर्वाइकल कैंसर के कारण होती है। जाँच करें और इन जानलेवा कैंसरों से खुद को बचाएं। आप प्रतिदिन सुबह गायनी ओपीडी या वेल वुमन क्लिनिक में जाँच करा सकते हैं। ये परीक्षण सरल है और दर्दनाक नहीं है।

मेरा अस्पताल
My Hospital
Submit Feedback Through
Mera Aspataal

pt NPO with NG on open drainage. NG output was charted and volume replacement given. NG was clamped and removed on POD7, and orals started on POD 8 which was tolerated well and progressed to full diet. Wound was inspected on POD2, minimal SSI + which was managed with daily cleaning and dressing. Child started on chemotherapy (FOLFOX regime) on 17/4/25—with injection. oxaliplatin/ folinic acid/ 5-FU, which he tolerated well. At present he is afebrile, on full orals, wound healthy, passing urine and stool comfortably and hence being discharged

Condition at discharge: Stable, taking full oral diet, no vomiting, afebrile

Discharge Advice: Wt 38Kg

Full oral diet

1. Tab septran ~~200mg~~ 400mg 1tab H/S x to continue. 1 tab bd x 15 days
2. Syp MVI 2tsf OD to continue
3. Syp Lactulose 10ml H/S x 15days
4. Syp Tonoferron 2tsf OD to continue
5. ~~Syp alpha D3 2tsf OD to continue~~
6. Laminate discharge summary
7. **To come in SSB, Zone 1, Paediatric Surgery OPD, on** 24/4/25 **to meet Dr Archana**
8. In case of fever, report immediately to the emergency (NEB ER 2)
9. Next chemotherapy week 3/ cycle 2 on 8/5/25

Tab Cefixime 200mg BD x 7 days

Syp MVI 2ml OD x 15d

Dr. Akanksha
Senior resident, Paediatric surgery

Laminate & photocopy

DEPARTMENT OF PEDIATRIC SURGERY
SAFDARJUNG HOSPITAL, NEW DELHI (WARD 19, H BLOCK)
DISCHARGE SUMMARY

Name	Rehan
Father's name	Miraj
Age/ Sex	13y/Male
MRD No.	202540604
Diagnosis	Left colonic adenocarcinoma (Dukes stage 3)
Management	Resection of left colonic adenocarcinoma with side-side colo-colic anastomosis + adjuvant chemotherapy

Date of admission	24/3/25
Date of discharge	23/4/25
Date of Chemotherapy	17/4/25
Date of 1st chemotherapy	17/4/25
Chemotherapy Regimen	FOLFOX
Date of Surgery	7/4/25
Address	Faizabad, UP
Wt	38 Kg
Phone no.	9971956638
Blood group	AB negative

CASE SUMMARY:
13y male child wiuth c/o pain abdomen intermittent since 1year
No h/o constipation/ alternating bowel habits/ bleed PR/ fever/ significant weight loss
No suggestive family history of malignancy
O/E: GC fair, afebrile, vitals stable
PA: hard fixed mass in left iliac region ~7-10cm long
PR: no palpable mass
Child was worked up in pediatric medicine with colonoscopy and biopsy with PET scan performed which was suggestive of adenocarcinoma colon and referred to pediatric surgery.

Initial Investigations

USG W/A (1/2/25): liver borderline enlarged, complex cyst in right kidbney, simple cyst in left kidney, borderline hepatomegaly

Colonoscopy (3/2/25): rectum 2 pedunculated polyps at 20 and 32 cm from anal verge, snare polypectomy done and sent for HPE

Splenic flexure-- at 55-60cm from splenic flexure, large edematous mucosal folds with ulcerated mucosa, friability seen, beyond which small opening is visible but scope non negotiable

CECT W/A (1/3/25): pronounced concentric mass thickening and aneurysmal dilatation of long segment of distal descending colon appears infiltrated with loss of normal haustral folds and extensive fat stranding. No obvious luminal obstruction/ stenosis or upstream bowel dilatation/ abnormal air fluid level. Findings—mitotic lesion ?colonic lymphoma. Bilateral renal simple cortical cyst.

FNAC (18/3/25): positive for malignancy—adenocarcinoma

FDG PET (28/3/25): FDG avid circumferential thickening noted in descending colon, colon measuring ~70mm in length, thickness ~12mm with perilesional ill-defined thickening noted

CEA – 7.07ng/ml (<3)

AFP 1.7ng/ml (<8.10)

धुम्रपान व तम्बाकू सेवन दंडनीय अपराध है।
SMOKING/TOBACCO CHEWING IS PUNISHABLE OFFENCE

स.ज.अ. (चि.रि.व.सं.-2)
S.J.H. (M.R.D. NO.-2)

वी. एम. एम. सी. एवं सफदरजंग अस्पताल, नई दिल्ली
V.M.M.C. & SAFDARJANG HOSPITAL, NEW DELHI

Total No. of Pages :

दाखिला और छुट्टी का सारांश रिकार्ड/ADMISSION AND DISCHARGE RECORD

Sig. of Sr. Resident

VMMC SJH

UHID :20250327785
Admit Dt : 2025-03-24 10:21 am
Master. REHAN , Age : 13 Years
S/O MIRAJ
******6638 Address : AMAWA SUFI RAMNAGAR FAIZABAD UTTAR PRADESH,UTTAR PRADESH,Firozabad,INDIA,

9971956638

IPD : 202540604

General
For : ₹ 0

Dept./Unit : Paediatrics / 2
Ward : 20(Pediatrics)
NON-MLC Case
Bed No : Floor

रोगी का/Patient's

वि. रि. व. सं./MRD No. वार्ड/Ward यूनिट/Unit CGHS Bed No

नाम/Name आयु लिंग/Age & Sex वै. है/Civil Status

धर्म/Religion व्य./Occupation

पिता/पति का नाम/Father's / Husband Name आय/Income

म. नं. गली/H. No. St. गांव Village टेलीफोन/Tele. Res./Office

शहर/डाकखाना/Town P.O. जिला/District राज्य/State

दाखिले की तिथि और समय/Date of Admission & Time

पता : निकट सम्बन्धी/Next of Kin's Address

स्थानीय पता/Local Address

छुट्टी की तारीख और समय Date & Time of Discharge		अस्पताल दिन Hospital days	
अनन्तिम निदान Provisional Diagnosis			कोड ICD Code
अनन्तिम निदान (साफ अक्षरों में) Final Diagnosis (In block Letters)			
द्वितीयक निदान (साफ अक्षरों में) Secondary Diagnosis Complication (In block Letters)			
शल्य क्रियायें (साफ अक्षरों में) Operative Procedure (In block Letters)			

परिणाम Result	रूखसत किया - जीवित Discharge - Alive	मर गया Died	शव परीक्षा Autopsy
	☐ डाक्टर की सलाह से with Medical Advice ☐ डाक्टर की सलाह के विरूद्ध LAMA ☐ लापता Absconded	☐ 48 घंटे से कम Under 48 hours ☐ 48 घंटे से अधिक Over 48 hours	☐ हां Yes ☐ नहीं No

मृत्यु का कारण (साफ अक्षरों में) Cause of Death (In Block Letter)

I. प्रत्यक्ष कारण
DIRECT CAUSE
(क).....
(a) की वजह से अथवा (परिणामस्वरूप)
due to (or as a consequence of
पूर्ववृत्त कारण
ANTECEDENT CAUSES
(ख).....
(b) की वजह से अथवा (परिणामस्वरूप)
due to (or as a consequence of
(ग).....
(c)

II. अन्य महत्वपूर्ण स्थिति
OTHER SIGNIFICANT CONDITIONS
मृत्यु की वजह बीमारी अथवा वह कारण जो बीमारी की स्थिति से सम्बन्धित नहीं है।
Contributing to the death, but not related to the disease or condition causing it.
.....
.....

हस्ताक्षर Signature	जू.रेजी./Jr. Resident	सी.रेजी./Sr. Resident	से/यू.प्रमुख/Head of Ser./Unit	

दूसरी ओर : प्राधिकार आदि Reverse : Authorisation etc.

ADMISSION AND DISCHARGE RECORD