



Wilms' Tumour - Post Sx on 11/1/21

1052659TC

उपचार/Treatment

I R (M)	R.T date
	4/2/21 - GA
	5/2/21 - GA
	10/8/2021 - GA

Child seen in R: (40)

- Details noted.
- POHPE pending.

Adv: ① Review \bar{c} POHPE report - R: (40)

②

Ayucha
JR, RT

- D/W SR, RT.

~~ET~~ Seen in R: (40) (Proxy) - IRCH file NA.

POHPE: Tumour 20.5 x 15 x 11cm, Margins - 0.1cm ^{capsule} _{hilar vasculated resected margin}
(21908)

Biphasic WT - predom. Rhabdomyoblastic diff.

LN's - 0/7

Stg I.

* Details noted in ped. diary.

Adv: Review in RT OPD for final plan

Fri / Sat
R: (3) R: (4)

Ay
JR, RT

- D/W SR, RT.



DEPARTMENT OF RADIO-DIAGNOSIS

All India Institute of Medical Sciences (AIIMS)
Ansari Nagar, New Delhi - 110029

शरीरपात्रं खलु धर्मसाधनम्

Patient Name: Youvraj

Sex: M

Age: 3Y

Patient ID: 105265970

Report state: Signed-off

OPD/Ward: 27th Dr. S. K. KADRA/Paediatrics

EXAMINATION DESCRIPTION:

PERFORMED ON:
22.12.2020 11.54

CR No.:

CECT CHEST AND

Admitting diagnosis:

K/C/O Wilms tumor to look for renal vein thrombosis

Report

CECT CHEST and ABDOMEN

Chest

Subsegmental atelectasis seen in right upper lobe and bilateral lower lobes. Rest of the lung fields are normal.

Heart and mediastinal vascular structures are normal.

No significant mediastinal or axillary adenopathy noted.

No pleural/pericardial effusion noted.

Tracheobronchial tree is normal.

Bones are normal.

Abdomen

There is a large heterogeneously enhancing mass of size 21.5 x 11.6 x 22.6 cm (Ira x AP x CC) not separate from the right kidney and showing claw sign. No calcifications. There is broad area of contact with the liver but no invasion. The IVC is seen to be draping around the mass and is compressed with reduced calibre of the lumen. No intra luminal filling defect in the visualised segments. There is 180 degree contact with the abdominal aorta. The right renal vessels are not visualised separately. No intraspinal extension.

Left kidney is normal in size, shape, outline and attenuation. No hydronephrosis or calculus.

Liver is displaced but normal in size and attenuation. No focal lesion / IHBFD seen.

Gall Bladder is normal. Portal vein and CBD is normal.

Spleen is normal in size, shape and outlines. No focal lesion. Splenic vein is of normal caliber.

Pancreas is normal in size and attenuation. SMA and SMV are normal.

Bowel loops are normal.

Urinary Bladder is normal.

No RP nodes noted. Mild free fluid in the pelvis noted.

Bones are normal.

Impression

K/c/o Wilms tumor, current scan shows a large heterogenous mass from the right kidney causing compression of the IVC and involving the abdominal aorta. Right renal vessels are not visualized. No evidence of metastases to the lung.

Report Signed Date/Time:

प्रथम एतिलिपि



नेपाल सरकार

गृह मन्त्रालय

जिल्ला प्रशासन कार्यालय, सर्लाही
नेपाली नागरिकताको प्रमाणपत्र



ना.प्र.नं. १२१०४२/३२४



नाम थर:

धनश्याम राय बाबुद

जन्म स्थान

जिल्ला : सर्लाही

स्थायी वासस्थान

गा.वि. स. हरिपुरा

जिल्ला : सर्लाही

गा.वि. स. : हरिपुरा

जन्म मिति

साल: २०५० महिना: ०२ गते: १५

बाबुको नाम थर

रामतलेवर राय

ना.प्र.नं.

ठेगाना

हरिपुरा गा.वि. स-२, सर्लाही

ना. कि. : वराज

आमाको नाम थर

रामसुमारी देवी

ना.प्र.नं.

ठेगाना

हरिपुरा गा.वि. स-२, सर्लाही

ना. कि. : वराज

पति/पत्नीको नाम थर : XXXX

ना.प्र.नं.

ठेगाना

ना. कि.

लिङ्ग : पुरुष

वडा नं. २

वडा नं. २



Department Of Pathology
All India Institute Of Medical Sciences
Delhi

Tel: +91-11-26588500/26588700 Fax: +91-11-26588500/26588700

Patient Name	Youvraj Kumar Yadav	Acc No	21908
F/H Name	Ghanshyam Yadav	Hosp Reg No	105265970
Age/Sex	3 Y/Male	UHID No	---
Clinic/Dept/Unit	Paediatric Surgery/Unit 1	Consultant Incharge	Dr. S Agarwala
Reg Date	12-01-2021	Reporting Date	26-01-2021

Histopathology Report

Report Findings:

Received seven specimens:

-Specimen of right nephrectomy measures 21x15x11 cm, attached ureter measuring 0.2 cm in length and weighs 2270 grams. Capsule of the kidney is intact, however is bosselated.

On serial slicing, almost entire renal parenchyma is replaced by a grey-white fleshy tumor measuring 20.5x15x11cm. Normal renal parenchyma is identified in the lower pole. Cut surface of tumor shows areas of necrosis and focal hemorrhage. Tumor lies 0.1 cm from renal capsule, 1 cm from ureteric resected margin and 0.1 cm from resected hilar vascular resected margin.

-Multiple sections examined show features of Wilms tumor with predominantly stromal component (rhabdomyoblastic differentiation 80%), epithelial component (<5%) and necrosis (10-15%).

The rhabdomyoblastic component is immunopositive for Desmin and Myogenin.

-Anaplasia is absent. Blastemal component is not seen on extensive sampling.

-Renal sinus fat is free of tumor.

-Resected end of ureter and hilar vessels are free of tumor.

II. Ureteric margin (2 cm in length) is free of tumor.

III. Hilar lymph node: yielded single lymph node (1.5 cm) and is free of tumor (0/1).

IV. Infrahilar lymph node: yielded single lymph node measuring 0.6 cm and is free of tumor (0/1).

V. Aortocaval lymph node: yielded three lymph nodes measuring 0.2 to 0.3 cm (0/3).

VI. Mesenteric lymph node: Yielded single lymph node (0.8cm), is free of tumor (0/1).

VII. Iliac lymph node: Yielded single lymph node (0.6 cm), is free of tumor (0/1).

Diagnosis: Biphasic Wilms tumor with predominantly rhabdomyoblastic differentiation, post neoadjuvant chemotherapy, right nephrectomy.

SIOP stage: I (low risk).

निदान/Diagnosis

40 years tumor

दिनांक/Date

उपचार/Treatment

GOP - Stage III - IR.

Post surgery + WAI.
currently Post NK18
of chemo.

Next chemo.

7.7.21 | DayCare to check
CBC KFT LFT. no concerns.

Pre-med: Wij Smeret 2mg IV stat
Wij Dexam 2mg IV stat
chemo Wij Vincristin 0.8 mg

CBC
8.8 $\frac{5050}{1969}$ 1716

Wij Actinomycin D 540 mcg.

KFT - 30/0.28

Wij Doxorubicin 27 mg / 100ml
NS over the.

LFT - 0.2/856
283

Post chemo: Syp Smeret 2mg / 5ml
to give 5ml tabs x 3 days

Post chemo

Continue Septem.

Review in OPD on - 7.7.21

SR

Patient Name: Mr. Yuvraj Yadav	Age/Gender: 3 Years and 5 Months / M
Patient UHID : 105265970	IRCH No : 249089
Accession No : 970113	Location : RO OPD
Date of Examination : 29-APR-2021 10:47 AM	

Procedure: **CECT of Chest, Abdomen & Pelvis**

Clinical background: post operative case of right Wilms tumor
Post 6 cycles of chemotherapy

Chest

Both lungs: Normal. No focal lesion

Mediastinum: Normal. No lymph node enlargement

Trachea, main bronchi: Normal

Serosal spaces: No pleural or pericardial effusion

Abdomen & Pelvis

Right kidney and adrenal not visualised (post operative) There is hypodense collection with air foci in left suprarenal region measuring 3.8x2x2.5cms in size

Surgical clips are seen in right renal region

Liver: Normal. No focal lesion

CBD/ Gall bladder: Normal

Pancreas: Normal

Spleen: Normal

Left kidney / ureters: Normal. No hydronephrosis

Retropertoneum/ vessels: Normal. No lymph node enlargement

Free fluid: No ascites

Urinary bladder: Normal

Additional information: None

Comparison: previous scan : not available

Impression

Hypodense collection in right suprarenal region

-normal post operative scan

Radiologist: Dr. Sharath Kumar (SR) / Dr. Mukesh Kumar

RADIOLOGY UNIT
Dr. B. R. Ambedkar Institute Rotary Cancer Hospital
All India Institute of Medical Sciences, New Delhi-110029

Patient Name: Mr. Youvraj Yadav	Age/Gender: 3 Years and 5 Months / M
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Pancreas: Normal.

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Left kidney / ureters: Normal, No hydronephrosis.

Retropertoneum/ vessels: Normal. No lymph node enlargement.

Free fluid: No ascites.

Urinary bladder: Normal.

Additional information: None

Comparison: previous scan , not available.

Impression

Hypodense collection in right suprarenal region

-normal post operative scan.

Radiologist: Dr. Sharath Kumar (SR) / Dr. Mukesh Kumar

Adv.: to proceed with chemo: Wk: 8

Pre-chemo:

Inj: EMESSET 2mg iv stat

Inj: DEXAMETHASONE 1.5mg iv stat } 1/2 hr before chemo

Inj: VINCRISTINE 0.8mg iv slow push stat

Inj: ACTINOMYCIN-D 540mcg iv slow push stat

Inj: DOXORUBICIN 27mg in 200ml NS iv over 4hr.

on 21/02

Post chemo:

Syp: EMESSET (5ml = 2mg) 5ml TDS x 3 days. (21/02 - 22/02)

- Ped surgery follow up as advised.

- to continue Ceptam. ✓

- danger of sm explaining ✓

- Review EUS. ✓

- to do CBC. on 05/04 and send to 98105-90067

97900-93486.

- to do CBC: RT/CPT } on 20/04. ✓

- to review with report. on 22/04 on PCSC - on.

P: 11:14 - 02:00pm. ✓

12 - Inj. Hep-B-II 1ml iv stat. - P: 11:14

उपचार/Treatment

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- Details noted -

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②

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JR, RT - D/W SR, RT.

~~Seen~~ Seen in R: (40) (Proxy) - IRCL file NA.

POHPE: Tumor 20.5 x 15 x 11cm, Margins - 0.1cm < capsule.
(21908) like vascularized tissue

Biphasic WT - predom. Rhabdomyoblastic diff.

LN's - 0/7

Stg I.

~~Details~~ Details noted in ped. diary.

Adv: Review in RT OPD for final plan.

Fri/Sat

R: (3)

R: (4)

Ay
JR, RT

- D/W SR, RT.

दान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs)
बच्चों के लिए घर्मशाला की सुविधा उपलब्ध है/Dharamshala facility...

निदान/Diagnosis

cto (R) Wilms tumor - stage III/IR (AVD)

दिनांक/Date

उपचार/Treatment

11.3.16 - received. wk - 7. on 24/02.

no sp. complaints.

GPE. palpable (R)

no sig. cap (R)

oral cavity - (W)

P/A. no mass palpable

Scrr - healthy

Other System: WNL.

CDC: Hb: 8.1

9/02 PIT: 362×10^9

TR: 5050

ANL: 2362.

TRN: 0.24

ASG/AGF: 83/51

V/C: 27.8/0.26

NE/K: 139/4.6.

W'tan
Stable

स्थायी ठेगाना:	हरिपुरी ६२५१२-५
Permanent Address:	HARIPURWA-1
जन्म स्थान / Birth Place:	हरिपुरी
बाजेको पूरा नाम:	रामत्रिवार राय
Full Name of Grandfather:	RAMTRIVAR RAY
बाबुको विवरण (Father's Details)	पूरा नाम: धनश्याम राय राय
	Full Name: GHANSHYAM RAY RAY
	परिचय पत्र नं. (नागरिकता/राहदानी) / ID(Citizenship/Passport) ९५९०४३३२४
जानाको विवरण (Mother's Details)	पूरा नाम: पुनमकुमारी राय
	Full Name: PUNAM KUMARI RAY
	परिचय पत्र नं. (नागरिकता/राहदानी) / ID(Citizenship/Passport)
सूचकको विवरण (Informant's Details)	पूरा नाम: धनश्याम राय राय
	Full Name: GHANSHYAM RAY RAY
	परिचय पत्र नं. (नागरिकता/राहदानी) / ID(Citizenship/Passport) ९५९०४३३२४

उपचार/Treatment

cfp wilms tumor.

PNAE

CECT chest done

Abdome done

USG doppler, awaited

am 60 sl Nam

① USG doppler → Namisha
naam tom

→ ② PNAE due. D/W Dr. Puthi

③ Day care → COVID today