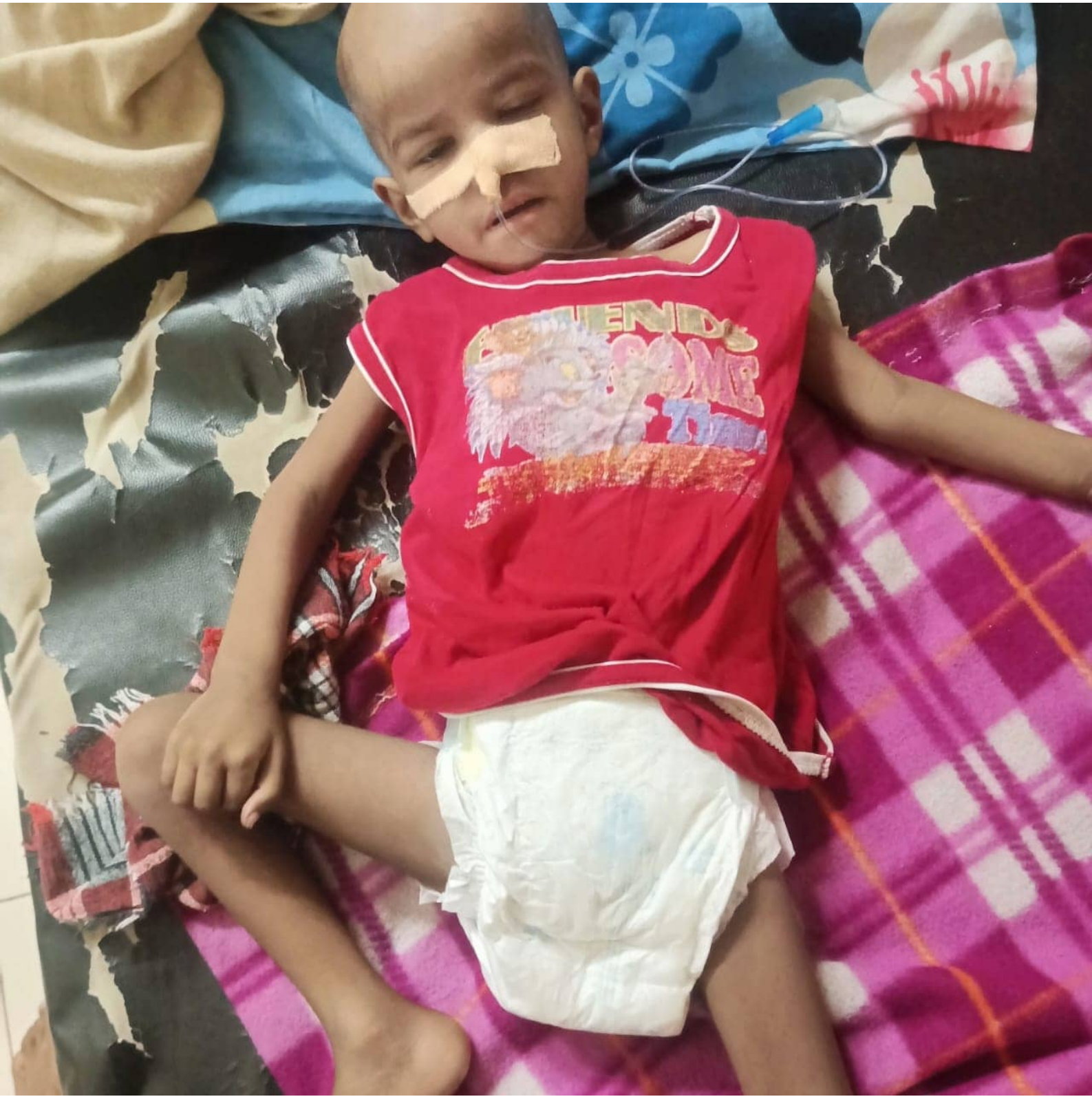


Lady Hardinge Medical College and Hospital and Smt. Sucheta Kriplani Hospital,
New Delhi
Department of Radiodiagnosis

Name: KHUSHI	Age/sex: 3Y/F	CR No: 20250051477
Date: 26.03.2025	Ref by: ORTHO-WARD	MRI No: 923/25 (centre1)
Complaints: C/O LUMP OVER RIGHT ISCHIAL TUBEROSITY		

CEMRI RIGHT HIP
LIMITED SEQUENCES (EVEN AFTER MAXIMUM SEDATION, BABY WAS IN MOTION AND EXCESSIVE CRYING)

MRI performed on a 3 TESLA whole body MRI Scanner with 32 channel head coil. Sequences – Cor STIR, Axial T2, Axial T1FS and Post Contrast images.

FINDINGS:

- *There is presence of an well-defined heterogeneously enhancing altered soft tissue signal intensity lesion seen arising from the right ischial tuberosity bone (ill-defined cortical margins with bone expansion) and involving adjacent parts of right inferior pubic ramus. Signal changes are also seen in right superior pubic ramus. A large extra-osseous soft tissue component appearing heterogeneously hyperintense on T2/STIR images and iso to hypointense on T1WI. It measures approximately 8.5 x 8 x 7 cm (CC x TR x AP). Few central non enhancing areas s/o necrosis are noted within the lesion. CT shows chondroid type of calcification within.*
- *Soft tissue component is seen* ~~until~~ along *the right pelvic wall and extending into obturator foramen into the proximal thigh and displacing the adductor group of thigh muscles. It is also extending into the sciatic notch into the gluteal group of muscles* ~~gluteus group of muscles~~ *postero-laterally with STIR hyperintensities within. Medially, it is crossing the midline and displacing the neck of the bladder, urethra and rectum towards contralateral side. However, no obvious extension is seen. Neurovascular bundle not separately visualised in the sciatic foramen region- ?involved. There is partial encasement of the* ~~common femoral and~~ internal *iliac vessels by the* ~~lesion~~ mass*, however no invasion is seen. The lesion is not involving the joint cavity.* Hip joints are normal
- Left femur shows normal marrow signal and morphology.

IMPRESSION: *MRI hip reveals-*

- *Well-defined heterogeneously enhancing soft tissue signal intensity lesion arising from the right ischial tuberosity bone with a large extra-osseous soft tissue component with extensions and chondroid matrix as described above – bony neoplastic etiology - ?chondrosarcoma (more likely than ?Ewing's sarcoma) (Advised: histopathological correlation)*

Please correlate clinically.

Mehak

Dr. Mehak
Senior Resident

Consultant
DR. VIKAS YADAV

V. K. DIAGNOSTIC LABORATORY

EQUIPPED WITH AUTO ANALYSER, HBAIC ANALYSER
ALL IMMUNOASSAY INVESTIGATIONS BY CLIA METHOD
Shop No. 2086/3 Near Delite Cinema, Behind Asaf Ali Road, Petrol Pump, New Delhi-110002

ISO CERTIFIED No.1083050617
Regd. 1801

Date :28/03/2025

Serial No. : 04
Patient Name : Ms. KHUSHI
AGE/SEX : /FEMALE
Referred By. : L.H.M.C.HOSPITAL

TEST NAME	RESULT
HBsAg (Australian Antigen)	NEGATIVE

COMMENTS :- HbsAg is the first serological marker that circulates in the blood of infected persons even two to three weeks prior to the appearance of clinical symptoms.This tests detects the presence of HbsAg in specimans at concentrations as low as 0.5 ng/ml. HbsAg is used as a marker to screen blood donors to reduce the risk of HEPATITIS 'B' infections by blood transfusion.

TRI - DOT HIV I & II	NON - REACTIVE.

COMMENTS :- This test is a qualitative, sandwich immunoassay for simultaneous and differential detection of total antibodies i.e. IgG, IgM, IgA etc to HIV-1 and HIV-2 virus in human serum /plasma. This is a screening procedure and its results should be confirmed by other supplemental methods before taking clinical decisions.

Anti H.C.V. (Hepatitis C Virus)	NOT - DETECTED

COMMENTS :- Hepatitis C Virus (HCV) has been identified as the main etiological agent of Non A- Non B hepatitis accounting for 80-90 % of parenterally transmitted hepatitis cases. HCV antibodies have been found in patients with acute or chronic forms of Hepatitis C and in many asymptomatic donors. Diagnosis of this infectious disease should not be based on results of this test alone, and a clinical correlation is essential for the same.

Dr. O.P.MIDHA
M.B.B.S.MD(PATHOLOGIST.)

< ------****** END OF THE RESULT ******------ >

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL
NEW DELHI
DEPARTMENT OF RADIODIAGNOSIS

NAME: KHUSHI	AGE/SEX: 3Y/F	REGISTRATION NO: 51477
REFERRED BY: ORTHO UNIT A	CT NO: 2300/25	DATE: 13/03/25
CLINICAL DIAGNOSIS: LUMP OVER RIGHT ISCHIAL TUBEROSITY		

NCCT and CECT PELVIS

NON CONTRAST CT SCANNING OF THE PELVIS WAS OBTAINED FOLLOWED BY SCANNING OF THE PELVIS USING MDCT AFTER INTRAVENOUS CONTRAST. NO ADVERSE REACTIONS NOTED.THE SCANS REVEALED:

FINDINGS IN PELVIS

- *There is presence of an ill defined lytic permeative expansile bony lesion of right ischium with associated large heterogeneously enhancing lobulated extraosseous soft tissue component. The lesion has wide zone of transition with cortical irregularity and destruction. The lesion shows large clumps of popcorn or ring and arcs type of calcification within consistent with chondroid matrix mineralization. No obvious periosteal reaction seen*
  The large extraosseous soft tissue component measures approximately 6 x 7 x 7.5 cm (AP x Tr x CC). Few non enhancing hypodense areas s/o necrosis are noted within the lesion.
  Anteriorly, the soft tissue component is seen infiltrating and displacing the adductor group of thigh muscles at their site of origin. The lesion is infiltrating into gluteus group of muscles posterolaterally. Medially, it is crossing the midline and displacing the neck of the bladder, urethra and rectum towards contralateral side. The lesion is seen surrounding the inferior right iliac blade, right pubic bone, right hip joint and proximal femur, however no obvious involvement or destruction of other bones seen.
- Rest of the pelvic bones appear grossly normal.
- Bilateral sacroiliac joints appear normal.
- Visualized lumbar vertebrae appear normal.
- No free fluid is seen in the pelvic cavity.

IMPRESSION: CECT PELVIS reveals : *An ill defined lytic permeative expansile bony lesion of right ischium with associated large heterogeneously enhancing lobulated extraosseous soft tissue component showing chondroid matrix mineralization with extensions as described above.*
Findings are s/o aggressive bony lesion likely chondrosarcoma.

Please correlate clinically

Consultant

Senior Resident - Dr PRIYA

Khushi

Ewing Sarcoma

Age - 3 yr/F

Presentation - Rt groin Swelling × 2½ mth

MRI - 8×8×7 cm heterogenous mass arising from ischial bone

PET - AVID - Rt gluteal / Rt proximal thigh erosion / lytic lesion Rt gluteal

AVID - lytic / sclerotic lesion D3, D11 vertebrae / proximal Rt humerus

Chest - WNL

HPE - CD99 + / S/o Ewing Sarcoma

29/4/25

To give 70% of dose in Chemo
Y/o FN after 18 yr VDC

HISTOPATHOLOGY LARGE AND SMALL TISSUE

Close(X)

Patient Info

UHID :	20250074186	Patient IP :	20251505295	Department :	Obstetrics AND Gynaecology ANC
Name :	Miss. KHUSHI (Female)	Age :	3 years 12 days	Unit :	I (Dr. ASOK SUD)
Address :	TAH MADAN BHAGATPUR TANDA , MORABABAD, UTTAR PRADESH, INDIA			Patient Status :	Indoor (Ortho Female Ward)

Labelled as Soft tissue with Bone (2686/25)

Features are suggestive of Ewing's sarcoma.

IHC (234/25)

CD99 - Positive

LCA - Negative

Dr. Kiran Agarwal / Dr. Sarada (SR)

HOD & Director Professor

9/04/2025

body p span u strong

Diagnosis :

Khushi | 3y/F.
wt: 9kg

Ewing sarcoma protocol

Date	17/04	03/05 to 08/05												
Cycle No.	1	2	3	4	Local control	5	6	7	8	9	10	11	12	13	14
	V	I	V	I		V	I	V	I	V	I	V	I	V	I
	D	E	D	E		D	E	D	E	D	E	C	E	C	E
	C		C			C		C		C					

Each cycle is administered at 3 weekly interval, when ANC is >750 and platelet count is >75,000. The compressed regimen (every 2 weeks) may be considered for well-nourished patients, who tolerate chemotherapy well. Pl. discuss with consultant. If compressed regimen is used, local control starts after cycle no. 6

g-CSF x 8 dose

5 dose 08/05 – 12/05

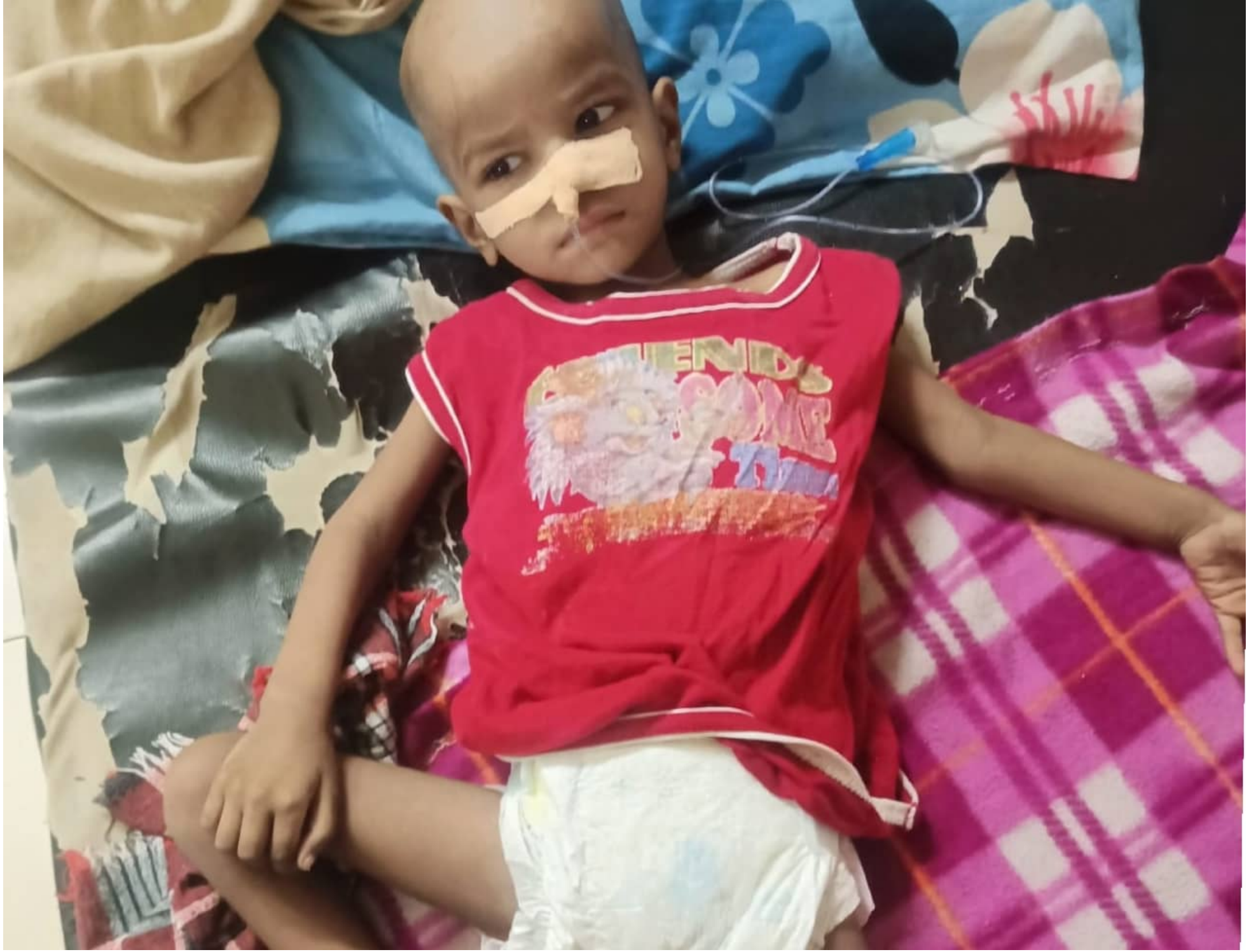
Planned for g-CSF – 19/04/25 ↑ 5 days

Persistent neutropenia

Planned for g-CSF → Extra 5 d

V	Vincristine 2 mg/m^2/dose (Max 2 mg). Day 1
D	Doxorubicin 37.5 mg/m^2/day. Days 1 and 2
C	Cyclophosphamide 1,200 mg/m^2. Day 1
I	Ifosfamide 1,800 mg/m^2/day for 5 days
E	Etoposide 100 mg/m^2/day for 5 days
G-CSF	5 µgm/Kg/day (max 300), till ANC >750 & platelet count > 75,000. Pegfilgrastim is optional.

Womer et al. JCO 2012



Mob. : 9821233869

JEEVAN CARE FOUNDATION

Address:- 697, Village Madanpur Khadar, New Delhi 110076
Mail- Jeevancarefoundation@gmail.com

Reg No. 92

Ref. No. .....

Date 13-05-25

सेवा
संस्थापक महोदय
जीवन केयर फाउंडेशन

मैं विनोद अपनी बच्ची के लिए मदद चाहता हूँ मेरी बच्ची बहुत गंभीर समस्या से पीड़ित है। मेरी बेटी खुशी को ब्लड कैंसर जैसी बड़ी बिमारी से जुझना पड़ रहा है कृपया नया जीवन दान देकर हम गरीब पर कृपा करें हम आप पर जीवन भर आभारी रहेंगे आपकी कृपा होगी।

प्रार्थी
विनोद

JEEVAN CARE FOUNDATION Reg No. 92 DELHI