





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

Histopathology Number: S-479/26

Ward & Bed No. (For IP): OPD

Routine/ Frozen Section

Patient's name: Shivam

Age: 7 years Gender: Male

Referring Department/Unit: ENT-1

Referring Consultant: Dr. Amit Tyagi

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 four growth soft tissue pieces altogether measuring 0.5 x 0.4 x 0.3 cm. All embedded as B1.

Microscopy:

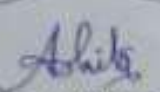
(A) and (B) show similar morphology.

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 tumor.

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


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



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

Issue Date: 30-08-2023

आधार कार्ड

यह आधार 5 वर्ष की उम्र तक ही वैध है।

2833 2901 8857

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, झिंझाना,
उत्तर प्रदेश, 247773

Address:

W/O: Mangal, gram-dudhli,
Patnipratappur, Shamli, Jhir
Uttar Pradesh, 247773

3128 6760 0468



1947



help@uidai.gov.in

www



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

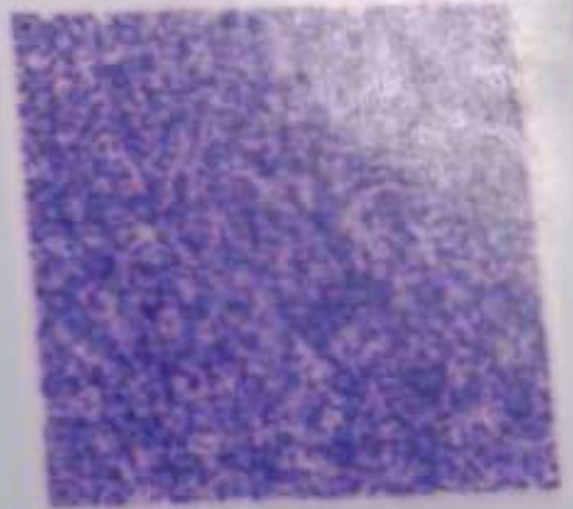


पता:

घरा: मंगल, दुधली, पतनीप्रतापपुर, शमली,
उत्तर प्रदेश - 247773

Address:

C/O: Mangal, dudhli, Patniratappur, Shamli,
Uttar Pradesh - 247773



2833 2901 8857

VID : 9192 4531 9542 3187

Download Date: 01/11/2022



Internet

www.uidai.gov.in



Unique Identification Authority of India

पता:

आनन्द-बेदनाथ, राम-
दुधनी, पतनीप्रनाथपुर,
आमली,
उत्तर प्रदेश - 247773

Address:

60 Bazaar, gram-dudha
Patnapur, Shamli,
Uttar Pradesh - 247773

3715 0319 8084

Aadhaar - Aam Admi ka Adhikar



भारत सरकार

Government of India



रिमा

Rima

पति : मंगल

Husband : Mangal

जन्म तिथि / DOB : 01/01/1992

महिला / Female



3128 6760 0468

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



मंगल

Mangal

जन्म तिथि/ DOB: 01/01/1990

पुल्ल / MALE



3715 0319 8084

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. Allimani (SR)

↳ Dr. Arunha (JR)

↳ Dr. Saptaresh (JR)

↳ Dr. Sudeep (JR)

A - RMS of B) painful & granular

→ Referred for dressing at ENT OPD.

→ Dressing was done by ASR

→ procedure was uneventful.



↳ Non-purulent discharge noted along with crusting

↳ Cleaned and fresh dressing applied.

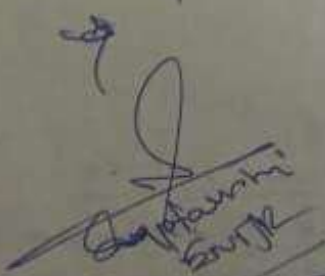
Adv

↳ Maintain regular local hygiene with and regular cleaning of local site with Betadine

10% (p.p.m)

② Cont. Mupirocin 2% LA BD

③ Cont. primary antibiotic management according to primary team.


Saptaresh
ENT JR

C/S/B ENT - II JR

12:45 PM

→ Dressing done by ASR

→ procedure was uneventful

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

Adv
- maintain local hygiene

- Cont. mupirocin 2% LA BD

S
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.

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.

247

CONSULTING ROOM NO : Floor, TOKEN NO : 11
 Clinic ENT
 Days: MON, TUE, THU, FRI, SAT

37

OUT PATIENT RECORD

सोमवार 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
 कर्म, नसा एवं कंठ राल्योपचार विभाग,
 Department of Ear, Nose & Throat
 All India Institute of Medical Sciences / AIIMS, Rishikesh



(shat566667@abdm)
 Fee: 10.00
 Sex: Male
 S/O mangal
 Email :
 Occupation : OTHER
 Prepared by: Mr. Dipankar Sharma

C/S/B ENT SR

40 (R) ear discharge A 1 month wt - 15 kg

(R) Post auricular swelling x 10 days

Incision and drainage [outside] 7 days before.

(R) com E complications
 (Post Auricular abscess)

9/10 Pain
 NO fever +nt

Adv

- 1) OET Temporal bone CT scan
- 2) Inj AUGMENTIN 250mg IVTDS
- 3) Inj Paracetamol 20mg/BBF
- 4) Inj Paracetamol 25mg/IVTDS
- 5) Clotting test 2 days TDS
- 6) daily dressing
- 7) PTA [1034]

(R) Post auricular swelling ear
 Post auricular abscess
 Ear (R) EAC 5 Plap



(L) Car. hearing



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		

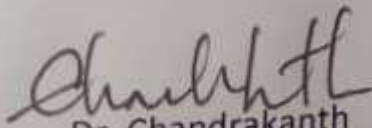
Musculoskeletal System:

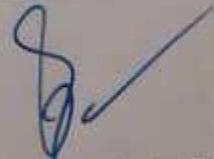
- No other significant FDG avid abnormality noted elsewhere in the visualized skeleton or in the visualized organs.

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


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

REFERRAL FORM

1
4

Patient Name: S. K. Srinivas

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 (P) EOL endometrial carc

5y weeks 2 chemotherapy
(vincristine)

Infected mass

persistent fungi of 1cc (P)

pus cell
↓
preparation

patient is not in Neutropenia or side
effects of chemotherapy.

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/MALE

Registration No: 20260006974

Consultant in Charge: Dr. Amit Sehrawat

Department: Med. Oncology Ward: 245

Bed No: 3

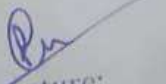
Provisional Diagnosis: Embryonal RML

Referred to: DOD

Department: ENT

Cause of Reference:

Pt is a 7yo Embryonal RML of (R) parotid gland.
7yo ↑ 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,

Care of Embryonal Rye

Ⓟ front & ear

Ⓟ Discharge 9 size of swelling

Key Email & Dresshop

sample for pat c & s

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 अलग प्रक्रियाओं की आवश्यकता हो सकती है। मुझे समझाया गया है कि मैं ज्वेलरी सहित मूल्यवान वस्तुओं को अस्पताल नहीं लाऊँगा और मैं अपने सभी सामानों के लिए पूरी तरह 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 ठहराऊँगा। 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 ooze 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.
- ④ Consider giving Tranexamic acid acc to age & weight criteria

N. Naman
Dr Naman
(ENT JR)

shivan

9/3/26

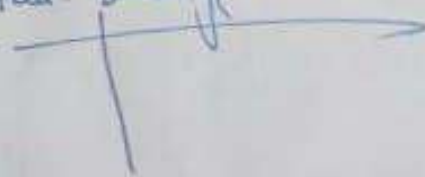
cls/cls ENT-1 team (REMIC)

- Thanks for ref. opinion s/f transfer into wound care

Also (cls in Dr. AKS)

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

Adv: Daily (Minor OT)



Draw
more
in case

9/3/26

cls/cls team

2pm

VAAP - dressing done. Procedure unavailing

Adv

① Daily dressing ~~to be done~~

Draw
Stitching
with



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. : NMFDPG/PET1322/26

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 ¹⁸F DG -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.