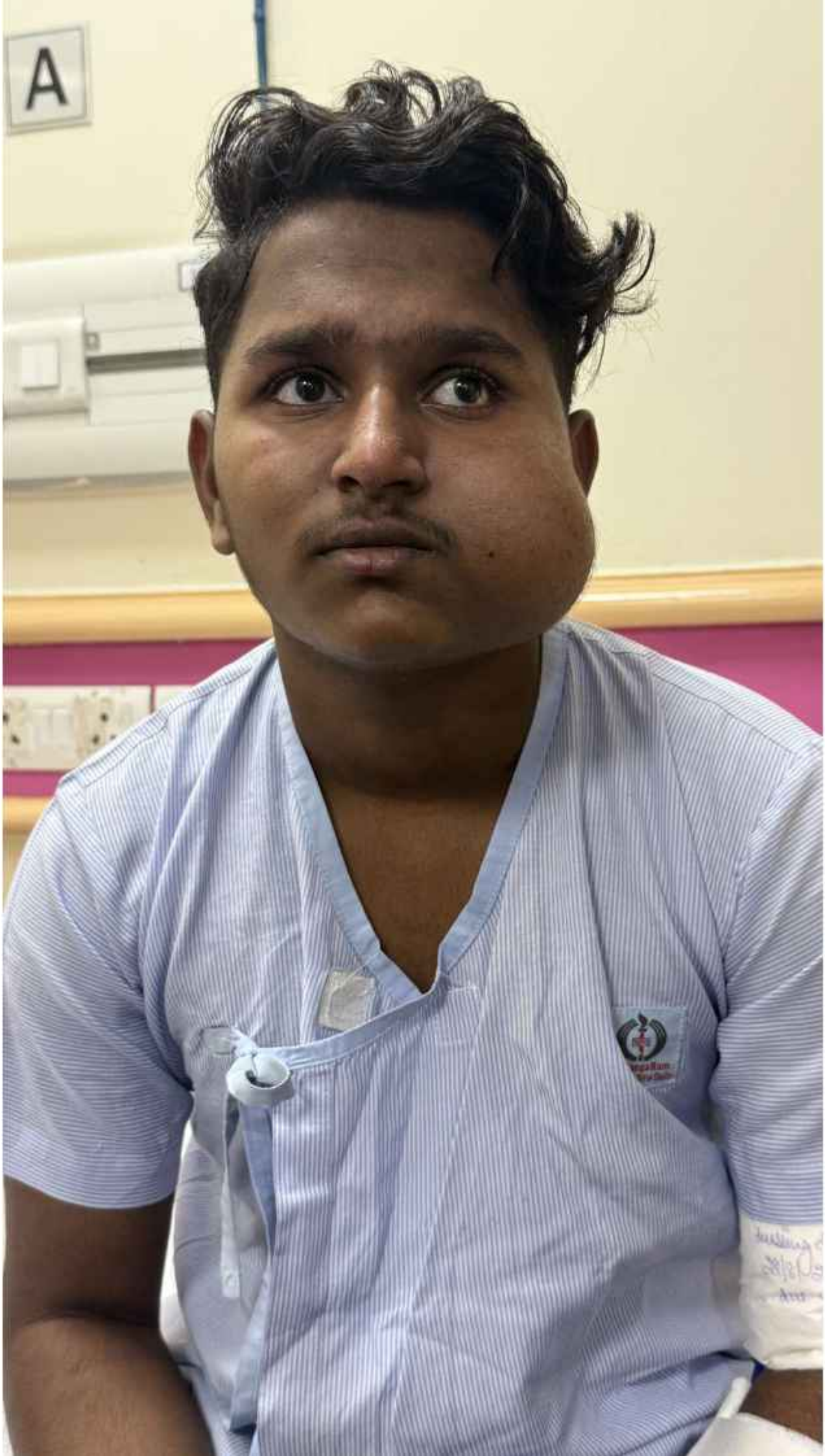
A

23/08/2025

To,

Life Rescue Trust,

This is to certify that Vansh Verma, 17 yrs old boy, Reg. No. 3596255, is a known case of Ewing's sarcoma (Cancer). This is a serious disease and he will require chemotherapy, surgery and radiation.

The expected cost of treatment for the same is around INR 20 Lakhs.

Kindly consider to extend all help for the family.

Dr. Anupam Sachdeva /Dr Manas Kalra

Senior Consultants

Pediatric Hematology Oncology

& Bone Marrow Transplant Unit

Sir Ganga Ram Hospital,

New Delhi

India

Email:manaskalra27@gmail.com

| | | | |
|---|---|---|---|
| Accession No. | 16255106 | Registration Date | 12/08/2025 08:30:30 |
| Patient ID | P16100016677 | Sex / Age | Male 17 Yrs 2 Mon 10 |
| Patient Name | Mr. VANSH VERMA | Report Released on | 12/08/2025 11:18:55 |
| Client Name | CANKIDS GP | Aadhar/ Passport No | |
| Ref. By | Mr. CANKIDS | | |

No significant FDG avid supraclavicular lymphadenopathy.

**Thorax: -**

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

*Tiny non FDG avid subpleural ground glassing nodule is noted in posterior basal segment of right lung lower lobe (3mm size) – likely Inflammatory.*

Both lung fields otherwise appear unremarkable. No focal abnormal FDG uptake is noted in the lung parenchyma.

No obvious pleural thickening / effusion seen.

***FDG avid right paratracheal lymphnode measuring 1.4x0.7cm, SUV max: 6.3 is noted.***

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

*Few mild FDG avid and Non FDG avid subcentimeter to centimeter sized bilateral axillary lymphnodes, most with preserved fatty hilum are seen – likely inflammatory.*

**Abdomen and Pelvis: -**

Liver parenchyma is normal in attenuation values and enhancement pattern. No significant focal lesion / abnormal increased FDG uptake is seen. Intrahepatic biliary radicals are not dilated. Portal and hepatic veins appear unremarkable.

Gallbladder, pancreas, spleen, adrenals glands and bilateral kidneys appear unremarkable. *(USG is the modality of choice to evaluate for cholelithiasis/choledocholithiasis).*

***Multiple FDG avid mesenteric lymphnodes are noted, largest measuring 1.5x1.1cm, SUV max: 5.3.***

*Few subcentimeteric Non FDG avid and minimal FDG avid bilateral external iliac and inguinal lymphnodes are noted – likely Inflammatory / ? reactive.*

There is no ascites.



Ghaziabad (U.P.):
...cular Diagnostics and Therapy LLP
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...oy Nagar, Ghaziabad U.P.
Phone : 0120 4174450

Paschim Vihar (North West Delhi):
Plot No. 27, Paschim Vihar Extn.
Opposite Metro Pillar No. 196
Phone : 011-69041555

Green Park Extn. (South Delhi):
H-2, Basement & Ground Floor,
Ch. Hukum Chand Marg, New Delhi, 110016
Phone : 011- 40023830

DIAL IMAGING
704 292 8881, 704 292 8882

DIAL PATHLAB
931 908 1150, 931 909 7574

Empanelments: CGHS | ESI | DGHS | DAX

| | | | |
|---|---|---|---|
| Session No. | 16255106 | Registration Date | : 12/08/2025 08:50:30 |
| Patient ID | P16100016677 | Sex / Age | : Male 17 Yrs 2 Mon 10 |
| Patient Name | : Mr. VANSH VERMA | Report Released on | : 12/08/2025 11:18:55 |
| Client Name | : CANKIDS GP | Aadhar/ Passport No | : |
| Ref. By | : Mr. CANKIDS | | |

The stomach, small and large bowel loops appear normal in calibre and fold pattern and show physiological FDG distribution.

***Focal areas of increased FDG uptake noted in peripheral zones of base of prostate gland on both sides (SUV max: 4.7).*** Otherwise prostate appears unremarkable.

**Musculoskeletal: -**

*Diffuse increased FDG uptake noted in axial and visualized appendicular skeleton – likely reactive.*

**OPINION:**

**PET-CT study reveals: -**

- **Metabolically active well defined lobulated heterogeneously enhancing soft tissue density mass lesion with central area of necrosis in left buccal mucosa extending superiorly into left masticator space involving left temporalis and masseter muscle. Extension of the lesion into left retromolar trigone noted. erosion of adjoining left maxillary alveolus and mandibular ramus by the lesion – Biopsy Proven Primary Neoplastic Lesion.**
- **Metabolically active left intraparotid and bilateral level II cervical lymphnodes - ? Inflammatory / ? Part of same pathology.**
- **Metabolically active right paratracheal and mesenteric lymphnodes – likely Inflammatory.**
- **Focal areas of increased metabolic activity in peripheral zones of base of prostate gland on both sides – Suggested TRUS correlation.**
- **No evidence of any significant metabolically active lesion anywhere else in the body surveyed.**

**Clinical correlation is advised.**

*This report is not valid for medico-legal purpose.*
*In case of any discrepancy due to machine error or typing error, please get it rectified.*
*Kindly bring all previous reports and PET- CT CD for follow up PET - CT scans.*

*** End of Report ***



**Dr Ajiv Mishra**
MBBS MD ( Nuclear Medicine )
Consultant Nuclear Medicine
DMC/R/21180

**Dr S Ramya**
MBBS MD (Nuclear Medicine)
Consultant Nuclear Medicine
DMC Reg No 69751

**Dr. Nikunj Jain**
DRM, DNB, FEBNM,
FANMB, Dip. CBNC.
Sr. Consultant & Director
Molecular Imaging



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## DIGITAL WHOLE BODY PET CT

**Clinical History: Case of left cheek mass under evaluation (USG guided FNAC shows undifferentiated small round cell sarcoma). PET/CT study for further evaluation.**

**Procedure:** 5.8 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 0.87 mg/dL and 123 mg/dL respectively. CT scanning was performed using non-ionic intravenous and oral contrast. 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: -**

***FDG avid well defined lobulated heterogeneously enhancing soft tissue density mass lesion measuring 6.4x6.2x6.7cm (AP x TR x CC) (SUV max: 5.8) with central area of necrosis is noted in left buccal mucosa extending superiorly into left masticator space involving the left temporalis and masseter muscles. The lesion is closely abutting the left pterygoid muscle. The lesion is involving the overlying buccal pad of fat and closely abutting the overlying skin. Extension of the lesion into left retromolar trigone noted. The lesion is causing erosion of adjoining left maxillary alveolus and mandibular ramus.***

*Increased FDG uptake noted in soft tissue thickening in nasopharynx – likely Inflammatory.*

*Bulky bilateral tonsils are noted with increased FDG uptake – likely inflammatory.*

Otherwise 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.

***FDG avid left intraparotid and bilateral level II cervical lymphnodes are noted, largest measuring 1.8x1.1cm, SUV max: 2.5 in left level II cervical region.***



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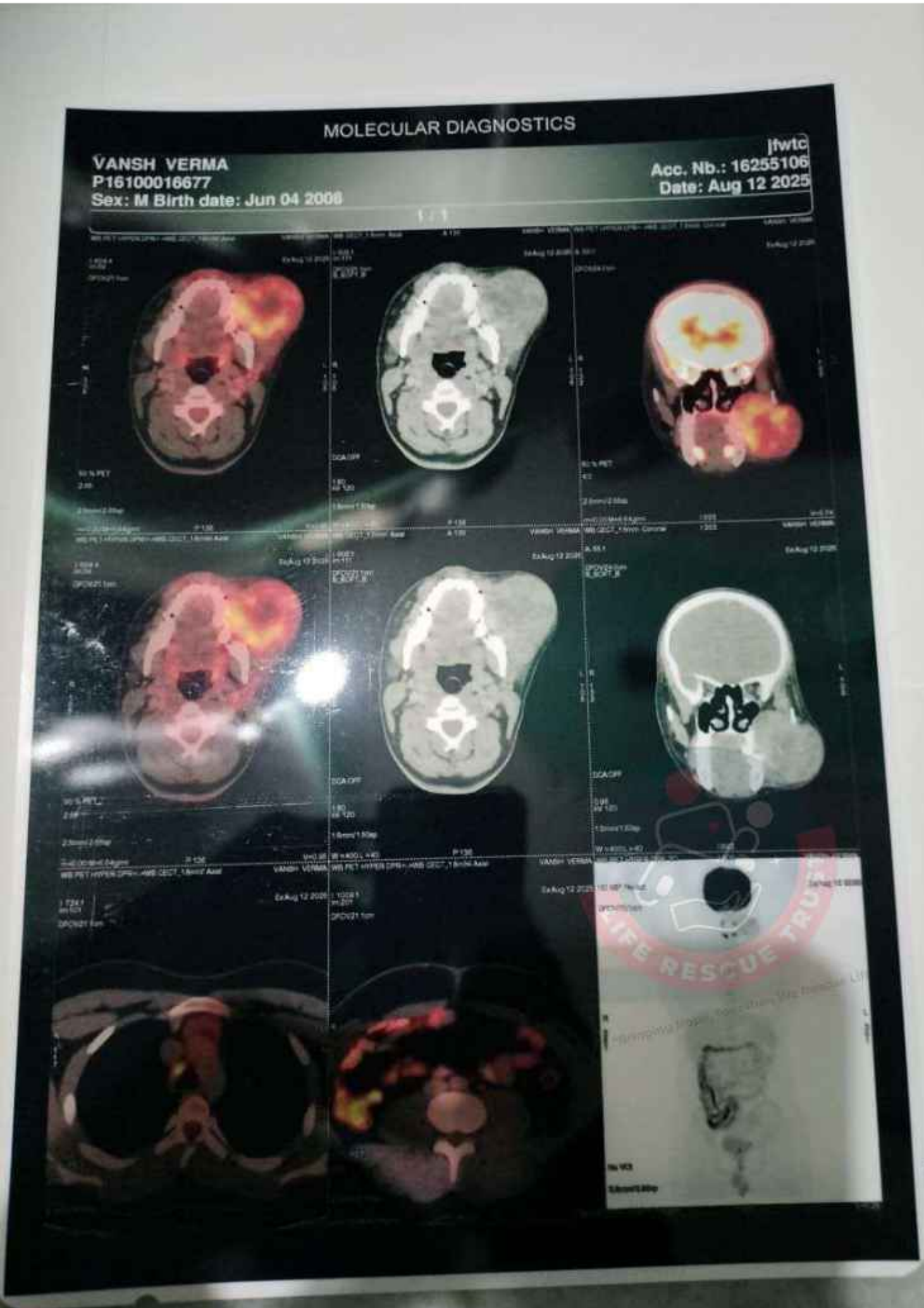
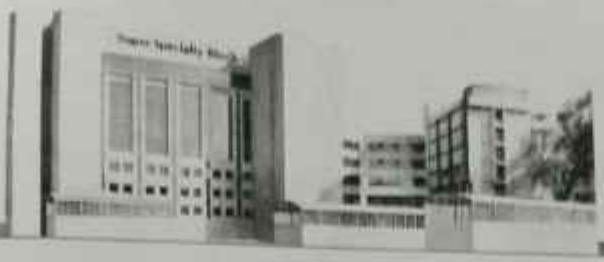

MOLECULAR DIAGNOSTICS
VANSH VERMA
P16100016677
Sex: M Birth date: Jun 04 2008
jfwtc
Acc. Nb.: 16255106
Date: Aug 12 2025



Sir Ganga Ram Hospital

11/08/25

Vansh Verma

c/o left cheek mass under evaluation.

Biopsy s/o - EWSR1-BCOR rearrangement.

IHC

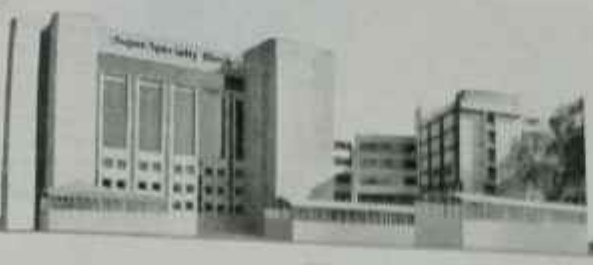
CD99
Nkx 2.2
BCOR
Synaptophysin
(+)

Adv (SB Dr Manas)

- PET-CT Whole Body.

- To send Sarcoma panel.
(from Biopsy Block).

Sweta



MC - 2194

**Clinical Laboratory Services**
**Department of Pathology (Histopathology Division)**

| | | | |
|---|---|---|---|
| Name | : MR VANSH VERMA | Age/Sex | : 17 Yrs/Male |
| Registration No. | : 3596255 | Ward No. | : |
| Lab Request No. | : 4425016148 | Room No. | : |
| Episode No. | : OP15213650 | Location Type | : Out Patient |
| Location | : INTERVENTIONAL RADIOLOGY (DR. ARUN GUPTA) | Collected On | : 06 AUG 2025 03:31PM |
| Referred By | : Dr. Arun Gupta | Received On | : 06 AUG 2025 04:00PM |
| Ext. Doctor | : | Reported On | : 08 AUG 2025 04:45PM |
| Specimen | : Miscellaneous (1-2 container) | | |

**Lab No. S-14490/25**

**Gross description**
**USG guided biopsy from left cheek SOL:** Multiple fragment linear cores varying in size from 0.2 cm to 0.4 cm in length. *A1-A2*

**Microscopic examination**
Biopsy examined is composed of fragmented cores which show infiltration by a tumor arranged in the form diffuse sheets with intervening variably thickened to hyalinised fibrous septae. The tumor cells are round to ovoid with high N:C ratio and show enlarged round to ovoid hyperchromatic nuclei, indistinct nucleoli and scant rim of cytoplasm. Brisk mitotic activity and apoptotic debris is seen.
Few foci of coagulative necrosis are noted.
The fibrous septae reveal dilated to ectatic vascular channels with hemosiderin deposition.

**Immunohistochemistry:**
Tumor cells are strongly positive for Vimentin and negative for CK and EMA
CD99: strong diffuse positive
NKX2.2: strong diffuse positive
BCOR: strong diffuse positive
Synaptophysin: Patchy positive
SOX10, ERG, WT1, CD31, Desmin, myogenin : Negative.
INI1: Retained nuclear expression
Ki67 labelling index: 70%

**Diagnosis:**
**USG guided biopsy from left cheek SOL:** Undifferentiated small round cell sarcoma.
The tumor shows overlapping immunophenotypic features of Ewing sarcoma and BCOR-rearranged sarcoma.
**Advised:** Molecular studies for EWSR1 rearrangements/ BCOR-CCNB3 fusion.

**Dr. Sunayana Misra**
**Consultant Pathology**

**Dr. Seema Rao**
**Sr. Consultant Pathologist**

1) Duplicate tissue sections will be given on payment after a minimum of 48 hours of request.
2) Extra charges will be levied,if special tests are required.


भारत सरकार
Government of India
आधार
Aadhaar no. issued: 08/05/2014
वंश वर्मा
Vansh Verma
जन्म तिथि/DOB: 04/06/2008
पुरुष/ MALE
आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).
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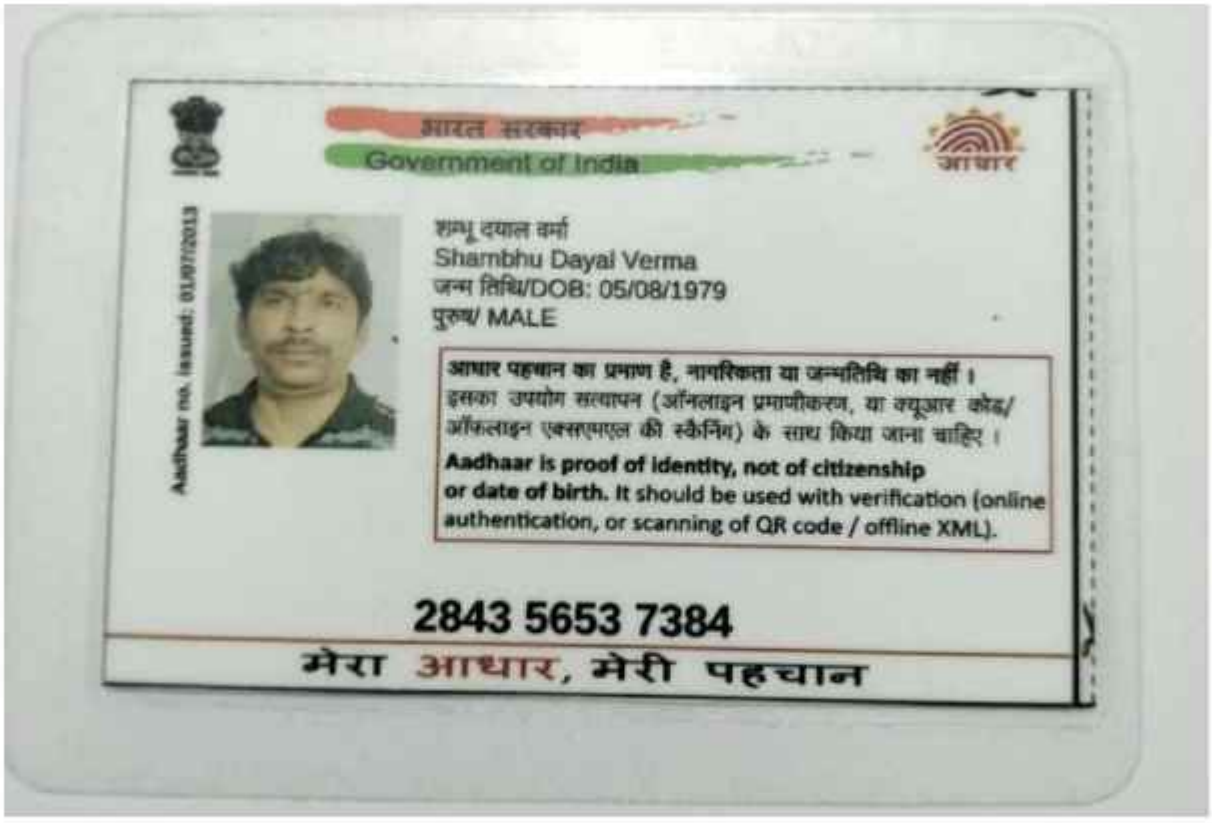
मेरा आधार, मेरी पहचान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Government of India
आधार
Aadhaar no. issued: 01/07/2013
शम्भू दयाल वर्मा
Shambhu Dayal Verma
जन्म तिथि/DOB: 05/08/1979
पुरुष/ MALE
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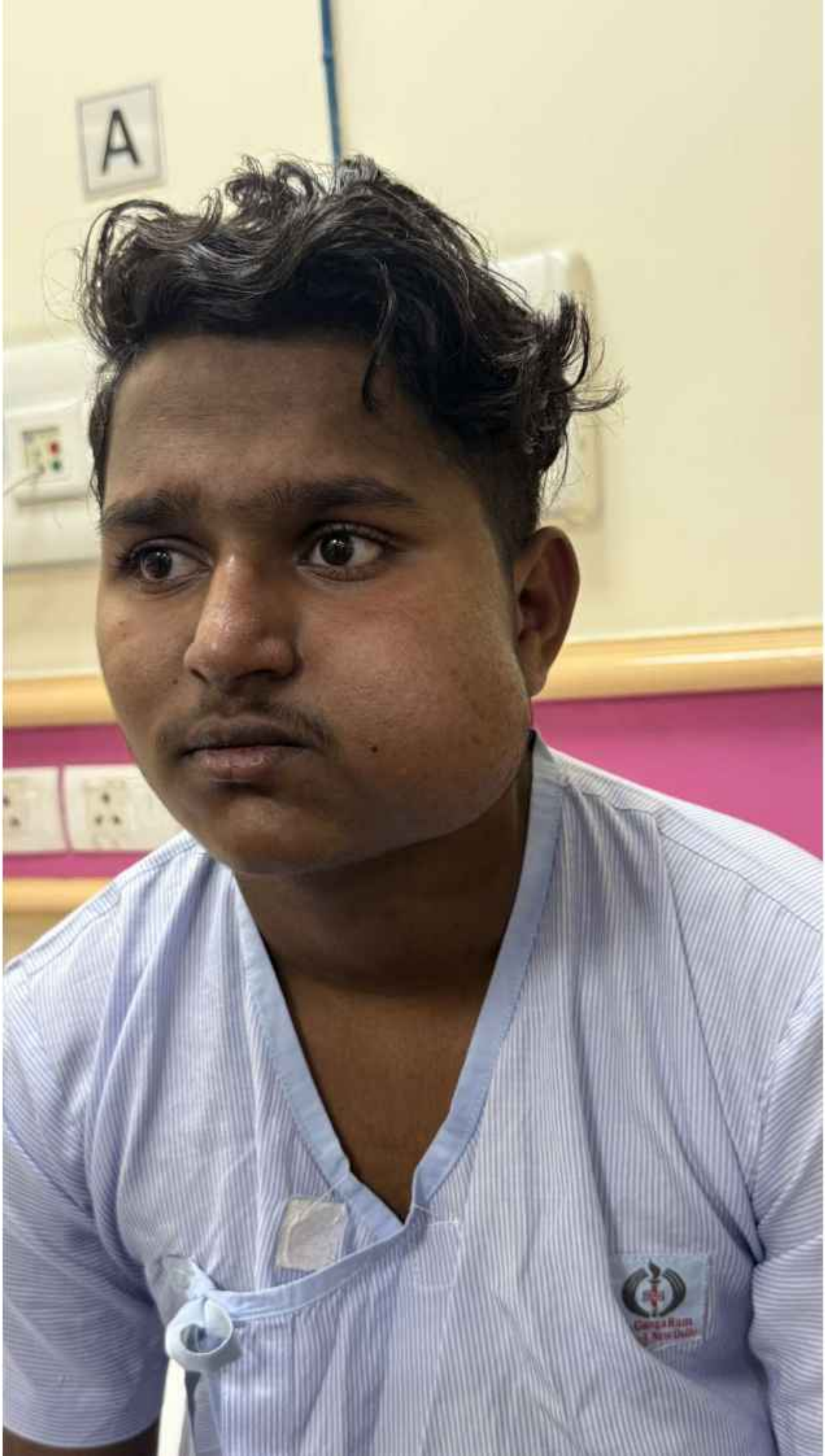
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LIFE RESCUE TRUST
Regd. 2024/7/IV/1013
PAN : AACTL5138J

S.NO 15

सेवा में
लाइफ रेस्क्यू ट्रस्ट
छतरपुर नई दिल्ली

विषय - इलाज हेतु आर्थिक सहायता प्रार्थना पत्र

मेरा नाम शम्भु दयाल है मैं सपरस्थान का निवासी हूँ। मेरा बेटा वंश (17 वर्ष) का है मेरे बेटे को मुँह का कैंसर है। मेरा बेटा जो की इस समय श्री गंगा राम अस्पताल में भर्ती है मेरा सिर्फ एक ही बच्चा है उसको भी कैंसर की बिमारी है मेरे बेटे की जान खतरे मे है!

आप सभी लोगो से विनती है कृपया करके मेरे बेटे का जीवन बचाने मे मेरी मदद करे!

धन्यवाद

बेटे का नाम : वंश
उम्र : 17 वर्ष
पता : राजस्थान

आपकी अति कृपया होगी
आपका प्रार्थी
शम्भु दयाल

For Life Rescue Trust
Auth Sign / Trustee

Date : 23/8/25

Address: Plot No-2 Rajpur Chattarpur New Delhi India -110068
EMAIL: info@liferescuetrust.org
Contact No: 8585992424