Pushpanjali
Hospital & Research Centre
NABH ACCREDITED
Pushpanjali Palace, Delhi Gate, Agra | Ph.: 7505400400, 0562-4024000, 0562-7124000 | E-mail: info@pushpanjalihospital.in | Web: www.pushpanjalihospital.in

1

MR NO: 321986			**IPD NO:** IP2518654
Name :-	Master HIMANSHU	**DOA :-**	30-01-2026 / 5:09PM
Guardian :-	S/O VINAY KUMAR	**DOD :-**	
Age & sex :-	8 Y / M	**Ward :-**	GENERAL WARD
Address :-	139 VILLAGE DARAGAPUR SOHARA FIROZABAD	**Bed :-**	15/GW -III
Contact :-		**Referred Dr :-**	Dr.S. Saxena
Company :-		**Category:-**	HOSPITAL
Specialty 1 :	Dr.S. Saxena	**Specialty 2:-** Dr.	**Specialty 3:-** Dr.

PHRC/ER/EIAF/

tients Address:
tients Name
HID
nsultant Name

Name Master HIMANSHU
File No IP2518654
Ward/Room GW-III/15
DOA 30-01-2026 09PM
Consultant1 S Saxena
Consultant2 S Saxena

EMERGENCY INITIAL ASSESSMENT FORM

atient Name : M&I- Himanshu Age/Sex. 8yrs/m Date 30/1/26 Time.....

riage Category : Red ☐ Yellow ☑ Green ☐ Black ☐

ain Scale :
lo ain — Moderate Pain — Worst Pain
1 2 3 4 5 6 7 8 9 10

MLC : Yes ☐ **No.** ☑

MLC No.: .....

eneral Assessment :

rival date & time: 30/1/26 Time Seen by ER. Physician:.....

eferred by Doctor: Dr Sanjay Saxena Follow up case of Doctor:.....

omplaint : Difficulty in Swallowing | Highly fronts bibity |
Pain & Swelling in throat. x 2 month
Difficulty in Breathing

{ Case of · Soft Tissue solid mass in Rt Tonsillar fossa.
c multiple nodes c calcification Tubercular. }

Primary Survey

Airway	Breathing	Circulation
atent bstructed otected aintained ompromised	RR: 24 /min Symmetrical: Yes No Labored: Yes No Trachea Midline: Yes No Crepitations: Yes No Wheeze: Yes No **SpO2.....% on RA** Spo2.....% on.....lt/min O2 By Nasal Prong O_2 Mask NRBM NIV Ventilator	Skin : Pink Pale Membrane : Flush Jaundiced Ashen Cyanotic **Pulse Rate.** 140 **/min, Rhythm: Regular Irregular** Normal, Site..... Bounding, Site..... Weak, Site..... Absent, Site..... Skin Temp : Warm Hot Cold Skin Moisture : WNL Dry Moist Visible bleeding: Yes No Site..... **BP.** 170/60 **MM of Hg** **Temp.** 97.6 F **°F/C**
anagement: ction CL JT A NPA IA ET	**Management:** O2 Therapy BVM NIV IV Chest Tube (ICD) Other.....	**Management:** Intravenous Fluids Inotropes/Vasopressors Compression Bandage

liac monitor.....; AVPU

E 4 V 5 M 6 /15 ; Weight. 19 kg kg; Pupils: PERLA / BIL NRS, NIR

Lab Investigation							
RBS		ECG		ABG		CXR	
CBC		LFT		RFT		S.electro.	
HbSAg		HIV		HCV		B.Group	
Trop.I		2D Echo		USG		CT Scan	

Other Investigation:-

Procedure Done:- RT Foley's Catheter Peripheral Central Line

ICU Nurse /Ward Nurse Name :-

ICU/Ward Bed no.:

MEDICATION ADMINISTRED

Sr.No.	Medicine Name	Dose	Route	Orders Given By Doctor	Given Nurse
(1	Inj- Augmentin 300mg	1 V BD			
(2	Inj- Mikacin (250)	1/2 ml	1'V BD		
(3)	Inj- Metrogyl 25 ML	1'V	TDS		
(4	Tab- Flozen AA	1/2 tab	P/O BD		
(5)	Cap Pantop Forte	1 tab	P/O BD		
(6)	Inj Pantop	40 mg	IV	OD	
(7	INS→ Pantop 20 mg	1'V	OD	IVF - 0.45% DNS	

TRANSFER DETAILS :- Paediatrics

Referring Consultant Name	DR. S Shazeena	Equipment Available	Yes /No
Receiving Resident Doctor Name	DR. Pandey	Handover of Documents& Records	
Transfer to Ward/HDU/ICU/CCU/CTVS/Diagnosis	Paedi Q		
Escort Nurse/Escort ODA(On Duty Assistant)	Bhagyashri		
Receiving Nurse Name	Abdul		
Date & Time of Receiving	30/01/26		

ICU /HDU/WARD Handover

Time IN	GCS	Pulse	BP	RR	SpO2	Temp.
5 PM	13/15	140	100/60	24	90	97.6

CU/HDU/WARD Doctor:-

ICU/HDU/WARD Nurse

Abdul Rasool

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e- mail : info@pushpanjalihospital.in | www.pushpanjalihospital.in

W.T => 19 K.G

PHRC/IPD/MC/006

Medication Chart

2/2/26

Addressograph Name
Name Master HIMANSHU
File No IP2518654
Ward/Room GW-III/15
DOA 30-01-20265 09PM
Consultant1 S. Saxena

Attendant Name

Medication 4D	Dose	Route	Frequency	Recommended Time	Actual Time	Nursing Sign.
1) INJ- AUGMENTIN (D-4)	300MG +NS 20ML	IV	12 HRLY	6AM	6AM	AM9421486
				6PM		
2) INJ- MIKACIN (250MG) (D-4)	1/2 VIAL	IV	12 HRLY	6AM	6:15AM	AM9421486
				6PM		
3) INJ- PANTOP	20 MG	IV	24 HRLY	6AM	6AM	AM9421486
4) INJ- METROGYL (D-4)	25 ML	IV	8 HRLY	8AM	8Am	[illegible]
				4PM		
				12MN		
TAB- FLOZEN-AA	1/2 TAB	P/O	12 HRLY	10AM	10Am	[illegible]
				10PM		
TAB- CHYMORAL FORTE	1 TAB	P/O	12 HRLY	10AM	10Am	[illegible]
				10PM		
SYP- ALLEGRA	2 TSF	P/O	12 HRLY	10AM	10:30Am	[illegible]
				10PM		
BETADINE GARGLE FOR MOUTH						
IVF: 0.45% DNS	O.H	IV	24 HRLY			

...and Checked By AM9421486

Name & Signature of In-charge Nurse [illegible]

Plan of Care

Investigations	Request
Blood	
Urine	
X-ray	
USG	
CT Scan / MRI	
ECHO / Others	Opinion: - Dr. Rahul Dev Sharma

Medication Chart (Capital Letters)

No.	Name of Drugs	Dose	Frequency	Route
	Inj Augmentin	300 mg	IV	bd.
	Inj Mikacin (250)	1/2 vial	IV	bd
	Inj metrogyl	25 mL	IV	tds
	Tab. Flozen. AP	1/2 tab	P/O	bd.
	Tab. Chymoral forte	1 tab	P/O	bd.
	Syp. Allegra	2 TSF	P/O	bd.
	Inj Pantop	20 mg	IV	OD
	Inf - Inj 0.45% DNS	@	IV	in 24 Hrs.
	Prognosis explained		to	attendants

PHRC/IPD/DPN/007

PROGRESS NOTE

Patients Addressograph	
	...sultant1: S. Saxena
	...sultant2: S. Saxena
Patients Name	...e: Master HIMANSHU
ID	... No.: IP2518654
	...d/Room: GW-4815
Consultant Name	...: 30-01-2026 5:09PM

Date / Time	
31/1/26	O/S/B Dr. R.D. Sharma.
	- Patient reviewed.
	- c/o difficulty in breathing & swallowing.
	O/E
	- large oral cavity mass, obliterating & closing the oral cavity.
	- ? Malignancy.
A	? Tubercular.
	Adv
	- CT head & neck SOS contrast
	- USG local part (neck).
	- Tuberculin test.
	- Throat swab c/s. for Aerobic & AFB c/s
	- U review after reports.
	- SOS tracheostomy
	Name & Signature

[illegible]

ट्रॉमा सेन्टर

सेवार्थ संस्थान सेठ बिमलकुमार जैन ट्रॉमा एवं फिजियोथैरेपी धर्मार्थ समिति
एन.एच. – 2, आगरा रोड, फिरोजाबाद – 283 203 (उ.प्र.) फोन नं. : 05612 – 240022, 240033, मोबा. 9917772233

Name : HIMANSHU
Ref. By : Dr. BHANU PRATAP SINGH, MS (ENT)..

Mobile:
Age/ Sex: 8yrs/M
Date: 16/12/2025

CECT ORAL CAVITY AND NECK

PROTOCOL: CECT of the oral cavity and neck was done before and after administration of iodinated contrast, from base of skull to the level of arch of aorta. Images are acquired in axial planes and MPR was done for better visualization of anatomy. No adverse reactions.

OBSERVATIONS:

- Nasopharynx appears normal. Fossa of Rosenmuller on both sides is normal.
- Retromolar regions appear normal.
- Tongue musculature appears normal.
- ***Oral cavity*** *Relatively well-defined, approx 38x 42x 50mm size, moderate enhancing, homogeneous, soft tissue solid mass lesion is seen in right tonsillar fossa, with medial bulging and causing severe airway compromise. No calcification/ central necrosis.*
  Tonsillar pillars and ipsilateral half of soft palate are displaced. No hard palate destruction. Left tonsillar fossa and left half of soft plate are normal.
  It abuts right oropharyngeal wall and para-pharyngeal space is effaced.
  No extension into masticator space/ retromolar trigone.
  It extends into vallecula and abuts the epiglottis.
- Epiglottis and AE folds are normal.
- Larynx appears normal. Thyroid and cricoid cartilages appear normal.
- Both pyriform sinuses are normal.
- Thyroid gland appears normal in size, shape and attenuation.
- Visualized trachea and esophagus appear normal.
- Musculature of the neck appears normal.
- *Multiple, enlarged (SAD 8-10mm), enhancing, discrete lymph nodes are seen in bilateral cervical levels II.*
- *Visualized upper thorax shows multiple level, discrete and conglomerate, heterogeneously enhancing, enlarged (SAD 13mm) lymph nodes in the mediastinum with many showing calcifications.*
- Bilateral apical lung fields are normal.

S. Senthil

Dr. S. Senthil M. D.,
M. D. Radiodiagnosis, BHU, Varanasi
Ex Senior resident, AIIMS, New Delhi.
Ex Senior resident, Lady Hardinge Medical College, New Delhi.

* Clinical correlation is essential for final diagnosis * This report is for perusal of doctors only * **Not for medico legal cases.** Any clinico radiological discrepancy may be reported for review.

PHRC/IPD/DPN/007

PROGRESS NOTE

Patients Addressograph / Patients Name / UHID / Consultant Name:

sultant1 S Saxena
sultant2 S Saxena
Name Master HIMANSHU
IP No. IP2510654
Ward/Room GW-III/15
DOA 30-01-20265:09PM
sultant1 S Saxena

High Risk or Tracheostomy Consent

Date / Time	
/01/26 1 Pm	हमारा बच्चा Master Himanshu Age - 8 yrs की हालत गम्भीर है उसको सांस लेने में दिक्कत व गले में सूजन व गाँठ है ~~बच्चे~~ बच्चे की हालत के बारे में डाक्टर साहब ने बता दिया है तथा जरूरत पड़ने पर उसको Tracheostomy करने की सलाह दी है अतः इस बच्चे की बीमारी की स्थिति व Tracheostomy Procedure के बारे में अच्छी तरह से समझ लिया है इस सबके में भली-भाँति अवगत हूँ।

(mrs. Radha
Rabha
(mother)

Duty Medical Officer
Pushpanjali Hospital
& Research Centre
Delhi Gate, Agra

N

Name & Signature

GUPTA'S

Reg. No. RMEE2119362

Dr. S. Saxena

M.B.B.S., M.D., D.C.H. (Paediatrics)
(S.N. Medical College, Agra) F.C.C.P. (Paedia)

Neonatologist; Paediatricion & Adolescent Health Specialist & Paediatric Critical Care intensivist

Member:-
American Academy of Paediatrics (USA)
International Child Health Section of A.A.P.
Indian Academy of Paediatrics
National Neonatolgy Forum
Paediatric Gastro Enterology sub speciality chapter of I.A.P.
Adolescent Health Chapter of I.A.P.
Intensive Care Chapter of I.A.P.
Indian Society of Critical care Medicine (F.C.C.M.) In Paediatrics
Agra Chapter of I.A.P.
Indian Medical Association
FAAP, Bostan Univ. USA
FPAN, Bostan Univ. USA
Academy of Paediatrics U.P.

डा. एस. सक्सेना

एम.बी.बी.एस., एम.डी., डी.सी.एच. (बाल्य स्वास्थ्य)
(एस. एन. मेडिकल कॉलेज आगरा)

नवजात शिशु रोग, बाल्य रोग एवं किशोर स्वास्थ्य विशेषज्ञ व पीडियाट्रिक क्रिटिकल केयर इंटेंसिविस्ट

Ex. Resident:- Deptt. Of Paediatrics
S.N. Medical College & Hospital, Agra
Choithram Hospital & Research Center Indore (MP)

Fellow :-
- College of chest Physician in Paediatrics
- Royal Sociatry of Health, London (England)
- Trained in Neonatal & Paediatric Advanced Life Support as PALS & NALS Provider
- President Indian Academy of Paediatrics Agra Chapter-2022
- Executive Board Member of Adolescent Health Agra Chapter
- Executive Board Member Academy of Paediatrics (A.O.P) U.P. Chapter at state Level 2023, 24

निवास का पता : बी-3, निर्भय नगर, गैलाना रोड, असोपा अस्पताल के पास, आगरा-7 फोन : 7300738895, 0562-2600051
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GUPTA'S

Reg. No. RMEE2110362

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Regd. Office : Ankur Textiles Etawah Road, Sirsaganj-205 151 (U.P.)
CIN No. U74140UP2010PTC042681 (2010-2011)

Srl No.	6014	Date	01/02/2026	B. Time	3:29:09 PM
Name	MAST. HIMANSHU S/O VINAY	Age	8 Yrs.	Sex	M
Ref. By	Dr. SANJAY SAXENA,MD,DCH		Outside No		

COMPUTED TOMOGRAPHIC EXAMINATION OF THE NECK & FACE- I V CONTRAST

CT scan was performed on a *multi-detector sub-second (80 Slice) CT Scanner equipped with 40 row detectors.* Reformatted images are also provided.

A large well defined oval shaped enhancing soft tissue mass, measuring 6.4 x 5.8 x 5.2 cm (TR X CC X AP) is seen in the lumen of oropharynx causing significant luminal narrowing and causing mass effect over surrounding structures (right > left). Superiorly, the mass is bulging into the lumen of nasopharynx and causing luminal narrowing of bilateral posterior choana (right > left). The mass appears to arise from the soft palate. Tongue is displaced anteriorly by the mass.

Few enlarged right level I-B (13 x 9 mm) and right level II (17 x 11.5 mm) lymph nodes are seen.

Few left level II lymph nodes are also seen, measuring upto 11 x 7 mm.

Epiglottis, valleculae, medial & lateral glosso-epiglottis folds, pyriform sinuses, aryepiglottic folds, vocal cords, anterior commissure, subglottic air space and region of the hypopharynx as well as the upper esophagus do not show any apparent abnormality.

Bilateral parotid and submandibular glands are normal. Thyroid gland is normal.

The prevertebral and retro-pharyngeal spaces are within normal limits. No evidence of any bony destruction is seen. Bilateral orbits appear normal. The orbital apices are clear.

Bilateral infratemporal fossae are normal. The pterygo-palatine fossae appear normal bilaterally. Mandible, maxilla and rest of the visualised bones are unremarkable.

IMPRESSION:-

- **Findings are suggestive of large well defined neoplastic mass, possibly arising from the soft palate and causing significant luminal narrowing of oropharynx, causing mass effect over the surrounding structures and bulging superiorly in the nasopharynx, causing partial obstruction of bilateral posterior choana (right > left). Cytological / histopathological correlation is suggested.**
- **Right level I-B and II lymphadenopathy.**

Please correlate clinically.

DR.ANKUR AGRAWAL
MD,FRCR(LONDON)
CONSULTANT RADIOLOGIST

Thanks for the Reference

Kindly let us know the follow up of the Pati

DR. RAJEEV PACHAURI
MS (ENT), DNB
Reg. No. : MCI - 13646
Reg. No. : UPMCI - 86430

Ritika CENTRE
(Centre for LASER & Cochlear Implant Surgery)

CENTRE FOR :
- Cochlear Implant Surgery
- LASER Surgery
- Functional Endoscopic Sinus Surgery (FESS)
- Microscopic Ear Surgery
- Skull Base Surgery
- Routine Neck Surgery

Patient Name: Himanshu. Age / Sex: 84y/M. Date: 12 JAN 2026

Firozabad.

	Adv.	Rx
- c/o oral cavity mass since 2-3 months. ↓ appetite since yesterday.	Nasopharyngeal Mass.	- Tracheostomy f/b Excision of mass SOS.
- CT. oral cavity (contrast) Done.	Ix.	- Prognosis Explained
O/E -	- CT. oral cavity c̄ contrast	- continue medication
	- S. creatinine	- R/V c̄ Report
	- FNAC of the mass (oral cavity).	

Not Valid for Medico legal Purpose

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Plaza, Delhi Gate, Agra - 282 002
Ph : 0562-2526198, Mob : 8449109013
e-mail : pachauri70@rediffmail.com

Next Visit.............................

परामर्श समयः – सुबह 11 से सायं 7 बजे तक
बृहस्पतिवार सुबह 11 से दोपहर 3 बजे तक
रविवार पूर्ण अवकाश