

**From:** "ROOT" <root@sctimst.ac.in>  
**To:** "ROOT" <root@sctimst.ac.in>  
**Date:** 22/04/2024 08:49 AM  
**Subject:** Invitation for CPC

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**Greetings from AIIMS, Rishikesh !!**

The next student CPC will be held on the **22nd April, 2024** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**.

You can also join online through the following Webex link:

Meeting link:

<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m396a23fd5b6449591f252977e62bd1a6>

Meeting number:

2519 237 8548

Meeting password:

220424

*The Clinical handout of the case to be discussed is attached herewith.*

Thanks & Regards

Regional Resource Centre

Dept of Telemedicine

AIIMS Rishikesh



## Summary-

### STUDENT CPC PRESENTATION

#### DEPARTMENT OF PEDIATRIC SURGERY

NT NAME: MR. X	AGE/GENDER: 8YEARS/MALE	ADDRESS: MUZAFFARNAGAR, UTTAR PRADESH

JNIT-PEDIATRIC		
RY WARD,UNIT 2		
		CONSULTANTS: Dr.Sarita Syal

### **CHIEF COMPLAINTS-**

- Pain Abdomen x 1 month
- Mass per abdomen x 1month

### **BRIEF HISTORY:**

- Apparently asymptomatic 1 month back
- **Pain abdomen-** insidious in onset, dull aching in nature, intermittent. Pain is more on right side upper abdomen. Not associated with food intake. Not associated with nausea or vomiting. No aggravating or relieving factors
- **Lump abdomen-** insidious in onset gradually progressive to the present size involving almost right upper half of abdomen.
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### **GENERAL AND PHYSICAL EXAMINATION**

Consciousness: patient is conscious, cooperative and well oriented to time place & person.

- GC- fair
- Hydration: adequate
- Normal Facies (no overgrowth syndrome)
- Eyes: Normal
- No bony swellings along skull, spine , ribs or long bones
- HR- 102 bpm
- RR- 26 breaths/min
- BP- 126/75 mmHg
- SpO2- 96% on Room Air
- Temperature- Afebrile

- No signs of pallor/icterus/clubbing/ pedal edema/ lymphadenopathy
- Head to Toe examination: Normal

## **SYSTEMIC EXAMINATION**

### **ABDOMEN –**

- **Inspection-**

- Fullness in right hypochondrium and lumbar region
- Moves with respiration
- Umbilicus: inverted and central
- Dilated veins present over abdominal wall-upper half of abdomen
- No scars, pigmentation/skin changes
- Hernial orifices intact
- External genitalia appears normal

- **Palpation-**

- No local rise of temperature
- mildly tender
- Mass of 12 x 8 cm
  - Occupying, right hypochondriac, right epigastrium
  - Vertically extending below the right costal margin about 5cm
  - not crossing midline
- Smooth surface, irregular borders
- hard in consistency
- Moves with respiration
- Restricted horizontal mobility
- Fingers cannot be insinuated between liver and mass
- Dilated veins + / on milking direction of flow from below upwards s/o IVC syndrome
- Bimanually not palpable

- Non ballotable
- Renal angle –free
- External genitalia- Normal
- Spine : Normal
- **Percussion-**
  - Liver dullness starts in 5<sup>th</sup> ICS in right MCL
  - Liver span about 8cm
  - Liver dullness is continuous with the mass
  - Mass is dull in percussion
  - Rest of the abdomen is tympanic
  - No evidence of free fluid clinically
  - **Auscultation-**
  - Bowel sounds +
  - No audible bruit
- **DRE-** No fissure/sinus/fistula, Anal opening normal puckered, tone appear normal

#### OTHER SYSTEMS- WNL

#### INVESTIGATIONS-

**2D-Echo (07/03/24)- LVEF-60%, Normal Study**

	01/04/24	30/03/24	22/03/24	20/03/24	14/03/24	23/02/24	<b>CECT Thorax and Triple Phase Abdomen(05/03/24)</b>	<b>IMPRESSION:</b>  Visualised vertebrae do not show any obvious focal abnormality.
<b>Hb</b>	8.6	8.2	6.3	7.1		7.0		
<b>TLC</b>	7.96k	8.01k	9.46k	8.04k		11.95k		
<b>PLT</b>	341k	207k	105k	249k		529k		

<b>PT/INR</b>						12.7/1.11	<div> <div></div> <div>Large heterogeneously enhancing lesion with internal necrosis involving right lobe of liver likely hepatoblastoma •PRETEXT II (E,F,R).</div> </div> <div>Attachments:</div>
<b>B.U/ S.Cr</b>	35/0.45	20/0.37	30/0.70	48/0.62	13/0.44	10/0.56	
<b>Na/K/Ca</b>	137/3.4/8.4	134/3.5/8.2	129/4.5/8.2	134/5.1/7.7	134/5.3/8.4	138/4.1/8.2	
<b>BilirubinT/D</b>	2.97/1.35	3.2/1.72	0.76/0.36		0.60/0.28	0.55/0.10	
<b>SGOT/ SGPT</b>	234/99	92/49	303/125		287/44	132/61	
<b>ALP/GGT</b>	1531/1290	1371/648	1244/1230		1519/632	858/277	
<b>TP/ Alb</b>	6.3/3.1	5.9/2.7				7.0/3.5	
<b>Viral markers</b>						NR	
<b>Procalcitonin</b>	0.33						
<b>CRPH</b>	65			23.49			
<b>HPE</b>	05/03/24 S-1319/24	Impression- Features are suggestive of Hepatoblastoma Fetal type					
<b>Beta-HCG</b>	03/03/24	0.92					
<b>AFP</b>	03/03/24	29.60					
<b>LDH</b>	03/03/24	467					

<b>Pure Tone Audiogram</b>	<b>03/02/24</b>	B/L Hearing Sensitivity within normal limits
<b>Fluid Sugar/Protein</b>	<b>23/03/24</b>	95/3.9
<b>Urine C/S</b>	<b>18/03/24</b>	Sterile
<b>FNAC</b>	<b>14/03/24</b>	Impression- Negative for Malignancy
<b>Blood C/S</b>	<b>12/03/24</b>	No growth
<b>CBNAAT Pleural fluid</b>	<b>14/03/24</b>	Negative
<b>Pleural fluid C/S</b>	<b>14/03/24</b>	Sterile
<b>SARS-CoV2 RT-PCR</b>	<b>24/03/24</b>	Positive
	<b>27/03/24</b>	Negative
<b>Beta-HCG</b>	<b>23/02/24</b>	0.95
<b>AFP</b>	<b>23/02/24</b>	42.1
<b>Ferritin</b>	<b>23/02/24</b>	493
<b>LDH</b>	<b>23/02/24</b>	378

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