Gmail Mother Teresa Charitable Trust <mtct1997@gmail.com>

Request for Medical Aid and Fundraiser Promotion for My Brother

Gangarapu Sri Ramprasad <sriramgangarapu@gmail.com> 5 August 2025 at 19:10
To: mtct1997@gmail.com

Dear Mother Teresa Charitable Trust,

I am writing to seek your urgent help for my younger brother, G. Rohith Prasad, who is fighting Ewing's Sarcoma at Apollo Cancer Centre. The estimated treatment cost is ₹20,00,000, with a significant shortfall after spending ₹3,00,000.

Rohith is an accomplished student and remains hopeful but needs financial help.

Our fundraiser on ImpactGuru can be accessed here:
https://www.impactguru.com/fundraiser/help-g-rohith-prasad-apl

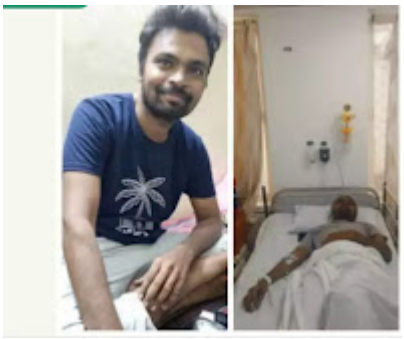
Please consider assisting him financially or sharing our appeal within your trusted networks.

I have attached medical and cost documents for your reference.

Thank you very much.

Sincerely,
G. Sri Ram Prasad
+91 7981565142
sriramgangarapu@gmail.com

2 attachments



WhatsApp Image 2025-08-05 at 17.43.13.jpeg
55K

Bone cancer confirmatory reports.pdf
1356K

Dr. Srinath Bharadwaj R
MD (RT-Osm), DM (Medical Oncology-GCRI)
Consultant
Medical Oncology & Haematology
Regn. No. 80085
Cell +91 82476 51202

15/07/25

Mr. G. Rohith Prasad, 28/M

c/o (ES) of (R) Distal Tibial region.
+ Ankle.
15.4 x 14.5 x 16cm.

(R) Popliteal lymph node – 12x10 mm.
(R) common iliac
(R) iliac Fossa.
Obturator
Ext iliac / Sigmoid Nods.

10.6x10mm Parenchymal Nodule in (R) L.

PLAN: NACT x (3m) → Sx → ACT → Lung Bath.
+
Pelvic + PA Nodal dissection.

Apollo Cancer Hospitals, Apollo Hospitals, Jubilee Hills, Hyderabad - 500 096.
For appointments or online consultation, visit www.askapollo.com
040-2360 7777
srleeeenath@gmail.com
www.apollohealthcity.com

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To whomsoever it May concern

MR. G. ROHITH PRASAD, 28/MALE, UHID: APJI.0032330357 IS

A DAIGNOSED CASE OF EWING'S SARCOMA OF RIGHT DISTAL TIBIA WITH NODAL AND LUNG METASTASIS.HE WILL NEED 18 CYCLES OF CHEMOTHERAPY , SURGERY AND RADIOTHERAPY.

THE APPROXIMATE COST OF

CHEMOTHERAPY : 10 LAKHS

SURGERY : 8 LAKHS

RADIOTHERAPY TO PRIMARY AND LUNG BOTH: 5 LAKHS

APPROXIMATE TOTAL COST OF RADIOTHERAPY : 23 LAKHS.

Dr Srinath Bharadwaj R
M.D.(Osm), D.M (Med Onc)
Medical Oncology-Haematology
Dr. SRINATH BHARADWAJ. R
MBBS, MD(RT-OSM), DM (Medical Oncology-GCRI)
Regd. No: TSMC-80085
Medical Oncologist
PH No:8247651202

Apollo Cancer Hospitals, Apollo Hospitals, Jubilee Hills, Hyderabad - 500 096.
For appointments or online consultation, visit www.askapollo.com
040-2360 7777
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NIZAM'S INSTITUTE OF MEDICAL SCIENCES
(A UNIVERSITY ESTABLISHED UNDER STATE ACT)

040-23489000 / 9244 • 040-23396552
Fax: 040-23310076
Panjagutta, Hyderabad - 500082, Telangana
www.nims.edu.in

HISTOPATHOLOGY REPORT

PATHOLOGY NO: 25HP6441

Name	:	G. ROHIT PRASAD	Unit	:	APOLLO Hospitals
Age/Sex	:	27/M	Ward	:	
IP/OP No	:	331012500813677	Date	:	14.07.2025

Addendum – Further Report on IHC

NKX2.2 – Diffuse nuclear positive in lesional cells

CD99 – Diffuse strong membranous positive in lesional cells

Tdt - Negative

IMPRESSION:

Features are consistent with Undifferentiated Round Cell Sarcoma, morphology and IHC favours Ewing's Sarcoma.

Suggested ISH with EWSR breakapart probe.

- Biopsy, Distal Tibia

DR. SHANTVEER G UPPIN

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HISTOPATHOLOGY REPORT

PATHOLOGY NO: 25HP6441

Name	:	G. ROHIT PRASAD	Unit	:	APOLLO HOSPITAL
Age/Sex	:	27/M	Ward	:	
IP/OP No	:	331012500813677	Date	:	07.07.2025

GROSS DESCRIPTION:

Received bottle contains multiple grey white linear core biopsy bits altogether measuring 1.2 x 1 x 0.2 cm.

MICROSCOPIC DESCRIPTION:

Sections studied show multiple fragments of a lesion. The lesion is comprised of monomorphous population of round cells arranged in sheets. These cells have round hyperchromatic nuclei, inconspicuous nucleoli, scant eosinophilic cytoplasm. Areas of necrosis and hemorrhage are also seen.

IMPRESSION:

Features are **Suggestive of Malignant Round Cell Tumour.**

Suggested IHC with CD99 and NKX2.2.

- **Biopsy, Distal Tibia**

DR. SHANTVEER G UPPIN

Apollo Gleneagles
PET-CT Centre
HYDERABAD

SECOND OPINION

WHOLE BODY PET-CT (HEAD TO TOE) DONE ELSEWHERE DATED 08/07/2025

Name: Mr. Gangarapu Rohit Prasad
Ref.By: Dr. Rajeev Reddy

Age: 27 yrs / M
Reporting date: 11-07-2025

Clinical History:

- Right tibia – round cell tumour. PET- CT (Prathima Cancer Institute) showed a hypermetabolic right tibia with abdominal and pelvic nodes and minimally hypermetabolic right lung nodule – suspicious for metastasis. For evaluation.

CT Findings: Compared with prior PET- CT dated 08/07/2025 (Prathima Cancer Institute)

BRAIN

- Both cerebral hemispheres are normal.
- Basal ganglia and thalami are normal.
- Ventricular system is normal.
- Posterior fossa structures are normal.

NECK

- Neck structures are normal.
- No significant lymph nodes.

THORAX

- There is a 10.6 x 10mm parenchymal nodule in the posterior segment of right lower lobe.
- No significant lymph nodes.

ABDOMEN

- There are enlarged aortocaval and retrocaval lymph nodes. Largest measuring 12 x 10.5mm.
- There are enlarged right common iliac region, right iliac fossa, obturator, external iliac and inguinal lymph nodes. Largest measuring 29.5mm in short axis in the external iliac region.
- There is mild hepatosplenomegaly.
- Rest of the abdominal organs are unremarkable.
- The peritoneal fat planes are normal.
- No free fluid.

Apollo Health City, Jubilee Hills, Hyderabad - 500 096, India.
Phone : +91 - 40-2343 1721, 2343 1727, 2343 1728, Fax : +91 - 40-2354-5588.
Email : petct@apollohospitals.com, Website: http://hyderabad.apollohospitals.com/Pet_Scan/Index.ht

Apollo Gleneagles
PET-CT Centre
HYDERABAD

Mr. Gangarapu Rohit Prasad

BONES AND BILATERAL LOWER LIMBS

- There is a heterogeneously enhancing expansile lesion with multiple small necrotic areas in the distal 1/3rd of the right leg and ankle with severe destruction of underlying tibial shaft. The lesion is encasing the tibular bone with no definite erosion or destruction. The lesion is extending upto skin on both sides.
- The lesion measures approximately 15.4 x 14.5 x 16cm.
- There is an enlarged 12 x 10mm right popliteal lymph node.
- No evidence of lytic or sclerotic lesions in rest of the bones.

PET Findings:

- Physiologic tracer distribution noted.
- The right distal tibial lesion described on CT shows inhomogeneous increased uptake (SUVmax – 13.7).
- Abdominal, left iliac, popliteal and inguinal nodal uptake noted.
- The right lung nodule shows mild uptake (SUVmax -1.3).
- Rest of the scan including the brain and left lower limb is unremarkable.

IMPRESSION:

- **PET- CT FINDINGS CONSISTENT WITH LOCALLY ADVANCED RIGHT DISTAL TIBIAL TUMOUR WITH IPSILATERAL NODAL AND RIGHT PULMONARY METASTASES AS DESCRIBED ABOVE.**

Dr Jyotsna Rao, ABNM
CONSULTANT PET-CT

Dr. Sai Shashank D, M D
CONSULTANT RADIOLOGIST

- FDG PET is not as sensitive as MRI for Brain metastases.
- The above represent imaging findings. Clinical correlation and pathological confirmation is essential.
- SUVs can be affected by various technical factors and should therefore be interpreted with clinical correlation.

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VIJAYA DIAGNOSTIC CENTRE

Beside Joyalukkas Jewellers, Near Vijaya Talkies, Hanmakonda-506001

Name	:	**Mr. ROHITH PRASAD G**	Registration Date Time	:	25-Jun-2025 12:42
Age/Gender	:	**028Y / Male**	Study Date Time	:	25-Jun-2025 19:57
Registration ID	:	**250400056220**	Report Date Time	:	26-Jun-2025 09:21
Ref. By	:	Dr. RAJESH MALHOTRA	Modality	:	MR
Patient Id	:	6086945	Accn No.	:	36080255

MRI RIGHT LEG WITH CONTRAST

CLINICAL HISTORY

28-year-old male, known case of chronic osteomyelitis of the right tibia since 2018. Multiple prior episodes of pain and fever. History of two surgical interventions for right tibial osteomyelitis in October 2023 and December 2024. Previous biopsy showed chronic non-specific osteomyelitis. Currently presents with swelling and pain over the right tibial region and difficulty walking for the past 1½ months.

TECHNIQUE

Multiplanar, multi-echo MRI of the right lower leg performed with intravenous contrast. Sequences include T1, T2, STIR, PD, and post-contrast T1-weighted images in axial, coronal, and sagittal planes.

FINDINGS

- **Tibia:**
  - A large, expansile, lobulated mass lesion is seen involving the distal one-third of the right tibial shaft, measuring approximately **14 × 11 × 10 cm (CC × ML × AP)**.
  - The lesion appears heterogeneous in signal intensity, predominantly showing soft tissue signal on T1 and T2, with multiple foci of blooming on gradient images (suggesting hemorrhage/mineralization).
  - **Intense heterogeneous enhancement** is noted on post-contrast images.
  - The lesion exhibits **marked diffusion restriction**.
  - There is a **large cortical defect** along the lateral aspect of the distal tibia with the lesion communicating with the medullary cavity.
  - Significant **cortical thinning and irregularity** are noted in the distal tibial shaft.
  - The **proximal half of the tibial shaft appears normal** in height, marrow signal, and cortex.
- **Soft Tissue Involvement:**
  - The mass lesion is seen extending and expanding into both **anterior and posterior muscle compartments** of the mid and distal leg.
  - Adjacent neurovascular bundles are **displaced anteriorly and posteriorly** due to mass effect, but remain intact.
  - There is **significant stretching of the overlying skin**, more prominent medially, but no definite sinus tract or subcutaneous abscess is visualized.
- **Extent:**
  - The inferior extent of the lesion reaches the **metadiaphyseal region** of the distal tibia, just above the ankle joint.
- **Fibula:**
  - The right fibula appears **preserved**, with no evidence of cortical or marrow involvement.
- **Other:**

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- No definite skip lesions.

IMPRESSION

- **Large, lobulated, expansile soft tissue mass lesion involving the distal right tibial shaft, with marked cortical destruction, intense heterogeneous enhancement, and significant diffusion restriction. The lesion is continuous with the medullary cavity and extends into adjacent muscle compartments, causing mass effect on surrounding neurovascular structures and overlying skin.**
- **Findings could be suggestive of chronic osteomyelitis with associated inflammatory pseudotumor/granulation tissue formation (chronic osteomyelitic pseudotumor).**
- **Given the aggressive imaging features and large size, malignant transformation or, less likely, a primary bone tumor (e.g., Ewing's sarcoma or osteosarcoma) cannot be excluded.**
- **Histopathological confirmation via biopsy is strongly recommended for definitive diagnosis and to rule out neoplastic etiology.**

DIFFERENTIAL DIAGNOSIS

1. **Chronic osteomyelitis with inflammatory pseudotumor formation** (more likely in this clinical context)
2. **Chronic abscess with extensive granulation tissue**
3. **Malignant transformation**
4. **Primary bone tumor** (such as Ewing's sarcoma or osteosarcoma) – less likely but should be excluded

RECOMMENDATION

- **Histopathological evaluation** (biopsy) of the lesion is advised to confirm diagnosis and exclude malignant transformation.
- Clinical and surgical correlation is suggested for further management. CT scan for bony assessment
- Previous imaging and surgical notes to be assessed , Not provided

Dr Udit Kumar
MBBS, DNB
Registration Number: 89032
26th Jun 2025 09:21

Study Sharing Link: *https://tinyurl.com/yxfsd3e2*

----------End of Report----------

VIJAYA

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Beside Joyalukkas Jewellers, Near Vijaya Talkies, Hanmakonda-506001

Name	:	Mr. ROHITH PRASAD G	Registration Date Time	:	25-Jun-2025 12:42
Age/Gender	:	028Y / Male	Study Date Time	:	25-Jun-2025 14:08
Registration ID	:	250400056220	Report Date Time	:	26-Jun-2025 11:19
Ref. By	:	Dr. RAJESH MALHOTRA	Modality	:	CT
Patient Id	:	6086945	Accn No.	:	36080257

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES
CECT SCAN OF RIGHT LEG (PLANE & CONTRAST)

History :
CECT - RIGHT LEG
NO TRAUMA
K/C/O CHRONIC OSTEOMYELITIS OF RIGHT TIBIA SURGERY DONE - DEC 2024
C/O RIGHT TIBIA REGION SWELLING AND PAIN
DIFFICULT WALKING SINCE 1 1/2 MONTH

Technique:

CT scan was performed on MD CT scanner with & without IV contrast in axial plane with sagittal, coronal and 3D reconstructions.

Findings:

There is evidence of well defined lobulated soft tissue density lesion seen in the muscle planes involving all the compartments of distal leg measuring 14x13x12 cm (CC x TR x AP). The lesion is showing post contrast enhancement with few non-enhancing necrotic areas. There is extensive cortical bony erosion causing significant bone deficit and also involving medullary cavity. The lesion is causing peripheral displacement of neurovascular bundle.

Proximal tibial bone appears normal.

Fibular bone appears to be normal.

Ankle joint appears normal.

There is reduced bone density of all the visualised bones - Osteopenia.

Calcaneum, talus, navicular , cuneiform ,cuboid and metatarsal bones show reduced bone density, However no bony lysis / sclerosis.

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Age/Gender	:	028Y / Male	
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Report Date Time	:	26-Jun-2025 11:19	
Modality	:	CT	
Accn No.	:	36080257	

Impression:

*** Well defined lobulated soft tissue density lesion (14x13x12 cm) (CC x TR x AP) in the muscle planes involving all the compartments of distal leg . The lesion is showing post contrast enhancement with few non-enhancing necrotic areas. There is extensive cortical bony erosion causing significant bone deficit and also involving medullary cavity. The lesion is causing peripheral displacement of neurovascular bundle.**

- Could likely suggest neoplastic etiology.
- Needs histopathological correlation.
- Deferential diagnosis chronic osteomyelitis with pseudotumor.

*** Reduced bone density of all the visualised bones - Osteopenia.**

- Suggested: Clinical correlation / further evaluation if needed.

Dr Ganesh S
MBBS, MD
Registration Number: 88662
26th Jun 2025 11:19

Study Sharing Link: https://tinyurl.com/48xf6yas

----------End of Report----------