





B5A
0.387 m2

AML DA(3+7)

Day 1	Cytosine Arabinoside 100 mg/m2 continous infusion over 24hours	Daunorubicin 45mg/m2 or 45mg/m2 daily by slow (1 hour) i.v. infusion Inj. Etoposide 100mg/m2 over 4 hour
	Signature <u>Ali Per</u>	Signature <u>27/1/23</u>
Day 2	Cytosine Arabinoside 100 mg/m2 continous infusion over 24hours	Inj. Etoposide 100mg/m2 over 4 hour
	Signature	
Day 3	Cytosine Arabinoside 100 mg/m2 continous infusion over 24hours	Daunorubicin 45mg/m2 or 45mg/m2 daily by slow (1 hour) i.v. infusion <u>30mg/m2</u> Inj. Etoposide 100mg/m2 over 4 hour
<u>29/1/23</u>	Signature <u>Ali Per</u>	Signature <u>Ali Per</u>
Day 4	Cytosine Arabinoside 100 mg/m2 continous infusion over 24hours	Inj. Etoposide 100mg/m2 over 4 hour
<u>30/1/23</u>	Signature <u>Ali Per</u>	TIT <u>Ali Per</u>
Day 5	Cytosine Arabinoside 100 mg/m2 continous infusion over 24hours	Daunorubicin 45mg/m2 or 45mg/m2 daily by slow (1 hour) i.v. infusion <u>30mg/m2</u> Inj. Etoposide 100mg/m2 over 4 hour
<u>31/1/23</u>	Signature <u>Ali Per</u>	Signature <u>Ali Per</u>
Day 6	Cytosine Arabinoside 100 mg/m2 continous infusion over 24hours	
<u>1/2/23</u>	Signature <u>Ali Per</u>	
Day 7	Cytosine Arabinoside 100 mg/m2 continous infusion over 24hours	TIT
<u>2/2/23</u>	Signature <u>Ali Per</u>	



वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली 110029-
Vardhman Mahavir Medical College & Safdarjung Hospital,
New Delhi-110029



बाल रोग विभाग

Department of Paediatrics
Division of Paediatrics Haematology & Oncology

DISCHARGE SUMMARY

Name	VIRAT S/O NEERAJ	Time/Date of admission	13/01/2023
Age/Gender	1YEAR/MALE	Time/Date of discharge	21/01/2023
MRD no	6420	Hematology no	PH-309/23
Weight	7.5kg	BSA	O positive
Attending faculty	Dr. Amitabh Singh, Dr. Sumit Mehndiratta, Dr Nidhi Chopra, Dr. Ritamoni C Baruah		

Diagnosis	AML (inversion 16) with CNS Blasts and febrile Neutropenia
Associated diagnosis - Severe Acute Malnutrition	

PRESENTING COMPLAINT:

Referred from SGT Medical college and Hospital as a case of AML with CNS blasts and febrile neutropenia with ongoing chemotherapy

HPI

Child was apparently well 1 month ago when he developed fever, high grade (undocumented) relieved on its own along with cold and cough in the night. The child was taken to a nearby hospital for these complaints where the child was examined and a CBC was ordered that revealed raised TLC (38800) for which the child was managed conservatively with antibiotics and antipyretics. The child was followed up 3 days later where repeat CBC was done that revealed TLC of 50000 for which a PS was ordered that was s/o ALL and the child was referred to Medanta. There the child underwent bone marrow examination where he was diagnosed as case of AML with CNS blasts with flow cytometry positive for CD34,CD117,CD33. The child also received a single dose of intrathecal methotrexate at Medanta but due to financial constraints the child was shifted from medanta to SGT hospital, Gurgaon. There the child was started on IOSG protocol for AML and was given daunorubicin and cytarabine (3+7) along with TIT. During their stay, the child developed high grade fever spikes along with 1 episode of GTCS. Following which the child went into shock that responded to fluid bolus and inotropes. The child's fever spikes persisted despite antibiotic therapy and addition of antifungals. The attenders however asked for discharge due to financial reasons along with inability to secure central line for the patient following which the child was referred to SJH.

PAST HISTORY: No significant past history.

Vibey





MC-4647

BIOCHEMISTRY LABORATORY REPORT

भारत सरकार/Government of India

क्लीनिकल बायोकेमिस्ट्री यूनिट/CLINICAL BIOCHEMISTRY UNIT

क्लीनिकल बायोकेमिस्ट्री डिपार्टमेंट/DEPARTMENT OF CLINICAL BIOCHEMISTRY

वी.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली/V.M.C. & Safdarjung Hospital, New Delhi

Index
Reporting Time: 02/04/23 09:18
[02/04/23 12:20]

Device No. 2017075979

Patient Name VIRAT
LAB No./CCR No.
MRD/UHID No. 6420
Sample Collection
Sample Receiving
diagnosis 11:00Age Years Month Sex Male
S.No. 0077
OPD
WARD 21

Test Name	Result	Low Range - High Range Unit		
SODIUM(ISE-I)	134	136	145	mmol/L
POTASSIUM(ISE-I)	3.9	3.5	5.1	mmol/L
UREA (GLDH)	31	17	43	mg/dL
CREATININE (JAFÉ'S)	0.2	0.9	1.3	mg/dL
TOTAL BILIRUBIN(DPD)	1.1	0.3	1.2	mg/dL
AST (IFCC w/o P5P)	129	0	35	U/L
ALT (IFCC w/o P5P)	210	0	45	U/L
ALP (IFCC)	234	53	128	U/L

Remark/Comments:

Sign. of Technician:

KHUSHI FOUNDATION
CHARITABLE SOCIETY
WE ARE DEDICATED TO HEALTH & CARE

Sign. of Doctor:

Dr. Chetia
Senior Resident
Department of Biochemistry
VMMC and Safdarjung Hospital
New Delhi

JAN 2023

हृदयरोग विज्ञान विभाग
सफदरजंग अस्पताल, नई दिल्ली-29

Phone No. 011-267661

DEPARTMENT OF CARDIOLOGY
SAFDARJUNG HOSPITAL, NEW DELHI-29इकोकार्डियोग्राम रिपोर्ट
ECHOCARDIOGRAM REPORT

17 JAN 2023

Patient Name: Uhat AGE: 19 SEX: M/F DATE: 17 JAN 2023
 OPD Reg. No.: MRD No.: VCR TAPE No.:
 Weight: 55 kg BSA: m² Ref. Physician:
 Diagnosis: Done by Dr.:
 Imaging: Poor/Adequate/Good Checked by Dr.:

Measurements

Normal Values

Normal Values

LA es.....(21-22 mm/m ²)	LA es.....(21-22...../m ²)
LV ed.....(16-19 mm/m ²)	LV ed.....(19-32 mm/./m ²)
PW (LV) ed.....(6-10 mm)	PW (LV) ed.....(7-11 mm)
RV Anterior wall.....(4-14 mm/m ²)	RV Anterior wall.....(upto 5 mm)
.....(82-80%)	
in.....(Normal/Flat/Paradoxical)	

MERS

..... Normal/Enlarged/Clear/Thrombus/Hypertrophy
 Contraction Normal/Reduced
 Normal/Enlarged/Clear/Thrombus
 Normal/Enlarged/Clear/Thrombus
 Normal/Enlarged/Clear/Thrombus

ARDIM

Normal/Thickening/Calcification/Enlarged

AL VALVE

Morphology: AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
 PML-Normal/Thickening/Calcification/Prolapse/Paradoxical Motion/Fixed
 Subaivular Deformity Present/Absent
 Doppler: Normal/Abnormal
 Mitral Stenosis Present/Absent Score.....
 EDG.....MMHg RR Interval.....msec
 Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe MDG.....MMHg MVA.....cm²

ID VALVE

Morphology: Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming
 Normal/Abnormal
 Tricuspid Stenosis Present/Absent RR Interval.....msec
 EDG.....mmHg MDG.....mmHg
 Tricuspid Regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 Velocity.....m/sec Pred. RSVP=RAP+.....mmHg

Name viat/ly/m
Admission

Name viat/ly/m
Day of admission

DATE 6/2/23

Chemotherapy cycle-

Last chemotherapy date-

Diagnosis- Kidney
CNS Blast

BSA 0.383 m²

Reinduction
chemotherapy complete

Events in last 24 hrs

rough/sed (+)
tachypnea relieving
relieving
relieving

Complaints

Examination

PP- good CFT <3sec Temp: Afebrile
SpO₂ 98% JRA 99% ↓ O₂ by NP @ 2L/min
RR- 38/min BP- 102/62 mmHg
HR- 110/min
RS B/L AE (+) ut, chest - B/L crepts (+) ut
CVS - S₁S₂ (+) ut, no murmur
P/A- NT, ND, no OM, BS (+) ut
CNS- conscious, oriented, tone (+) lance (+)
Impression DRE 2 (+)

Input

Output

Balance

Hb	TLC/ANC	Plt
11.3	1540	234
	550	

T-BIL

SGOT/PT

Na K

KFT

PCT

CRP

Blood culture

Urine examination

CXR

Investigations & Plan

- CECT chest * Date
- Send Respiratory Panel
- VSA w/A (date)
- 8/2/23
- Rp. PCT *
- Urea for creatinine
- stool for atypical
- VBG

Resident signature

Senior resident signature

Faculty Signature

ward file

Virat PH-309/22

14/11

ward-21

Haematology Lab
Department of Hematology
V.M.M.C & Safdarjung Hospital
New Delhi-110029

Bone Marrow Aspirate and BM Biopsy imprint smear Report

BM - No: 95/23
No. of Slide Received: 05
No. of Slide Stained: 03

File Received: 25/01/23
Slide Received: 25/01/23
File Given: 25/01/23
File Received Back: 27/01/23

P.L. Monocyte 20
25 11 09 of 22

1000 Hemato 702 Hematopoiesis
18 12

Megakaryocyte

Megak
Leukocyte

Proclinal

Imprint Smear - No. Defect
No. of Slide Received:
No. of Slide Stained:

cellular BM & smear
Per pool, smear

M:E. 1:2:1

Granulocyte cells show
mild left shifted mat

Erythrocytes show mild
megakaryocyte mat

Megakaryocyte seen
Hypoblast nuclei

Correlate clinically

Forca

27/1/23

Tyoti
Med. Lab Technologist

Consultant Hematologist
Date & time of Reporting

BIRTH HISTORY: Term/NVD/CIAB/No h/o NICU admission

IMMUNIZATION HISTORY: Immunized for Age.

FAMILY HISTORY: no h/o contact with TB,
No h/o DM, HTN, asthma
Non consanguineous marriage
No h/o similar complaints in the family

ANTHROPOMETRY- Weight <1st centile
Height- 74 cm (3rd to 50th centile)
W/H <- 3 SD

DEVELOPMENTAL HISTORY: achieved as per age

PHYSICAL EXAMINATION:

P-/I-/C-/C-/L-/E-

Flag sign present

RR: 14/min HR: 72 /MIN CP/PP: +/- CFT: < 3sec. SPO2: 99 % on RA BP: 90/60 mmHg Temp: afebrile,

R/S: B/L AE+, clear CVS: S1S2+/Mo P/A: soft/NT/No OM/BS+ CNS: conscious/oriented/ GCS: 15/15

COURSE DURING HOSPITAL STAY: Child was referred from SGT MEDICAL College and Hospital after completion of AML DA (3+7) regimen in view of febrile neutropenia and due to financial reasons. Child was received in ER and started on antibiotics Piptaz and Amikacin. Child also had loose stools for which zinc was added. In view of no clinical response to fever spikes and low ANC, child's antibiotics were further upgraded to linezolid, Meropenem and liposomal amphotericin B. Child also had persistent hypokalemia in view of Severe Acute Malnutrition, syrup potchlor was added. Child continued to have repeat fever spikes, antibiotics were further upgraded to colistin and tigecycline. Child was also planned for 2D Echo which was within normal limits. Child's hypokalemia did not resolve after syrup potchlor supplementation and child received one potassium correction and 3:100 Kcl following which K= levels were normal. Liposomal Ampho B was also omitted in view of hypokalemia and child was started on caspofungin. Following upgradation to colistin and tigecycline, child is now afebrile and is accepting well orally. Child's ANC are in rising trend. Child is hemodynamically and vially stable for discharge. Child is being discharged on SAM supplements and in asked to follow up in Daycare for chemotherapy second cycle resumption. Parents have been counseled regarding arrangement of SDAP donor requirement during the course of treatment. Child's CT chest has been dated for 27/1/23.

INVESTIGATIONS-

DATE	HB	TLC	ANC	PLT	T BIL	OT/PT	ALP	BUN /UREA	CRET	NA/ K	OTHER
13/01/2023	7.5	800	200	18000		46/32	124	23	0.1	134/3.0	CRP 2.4MG/DL
14/01/2023					0.4	46/32		23	0.1	134/3.0	
15/01/2023	9.8	1310	360	115000	0.4	46/32		23	0.1	134/3.0	CA/PO4 9.3/2.6 UA 2.2
16/1/2023	8.7	1620	330	30000		34/20	121	10	0.1	139/2.7	CA/PO4/UA 8.4/2.4/1.7

BIOCHEMISTRY LABORATORY INVESTIGATION FORM
(Urine, C.S.F. & Body Fluids)

भारत सरकार/Government of India

क्लिनिकल बायोकेमिस्ट्री यूनिट एवं एनईबी, बायोकेमिस्ट्री लैब/CLINICAL BIOCHEMISTRY Unit & NEB, Biochemistry Lab

बायोकेमिस्ट्री डिपार्टमेंट/Department of BIOCHEMISTRY

वीएमएमसी एवं सफ दरजंग अस्पताल, नई दिल्ली/V.M.M.C. & Safdarjung Hospital, New Delhi

Patient details:

NAME **VIRAT**

OPD/WARD **d1**

(Mandatory to fill)

AGE **1yr**

SEX **M**

DATE **27/1/23**

MRD No. **309/22-H**

L/1236

(Mandatory to fill)

DIAGNOSIS

K1c10 - AML

(Mandatory to fill)

INVESTIGATION REQUIRED

CSF malignant cell - sample taken at 1:05pm

Department of Haematology (S.J.H.)

CSF CYTOLOGY

DATE:
TIME:

WET SMEAR

NO CELLS SEEN

CELLS SEEN

STAINED SMEAR

NO CELLS SEEN

CELLS SEEN

Technologist
Sign.

Dr. Sign.

DR. SADAF KHAN

Junior Resident

Department of Paediatrics

V.M.M.C. & Safdarjung Hospital
New Delhi-110029

STAMP & SIGNATURE OF DOCTOR (Mandatory to fill)

स.जं.अ.-178
S.J.H.-178

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली
X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL, NEW DELHI

रोगी का नाम Name of Patient	आयु Age	स्त्री/पुरुष Sex	वार्ड Ward	चारपाई संख्या Bed No.	यूनिट Unit	मासिक आय Monthly Income
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Virat

14yr M

ओ.पी.डी.
OPD

रु.
Rs.

भेजने वाले Referred by	ओ.पी.डी. नं./चि.रि.वि. संख्या OPD No./MRD No.	सी.जी.एच.एस. टोकन नम्बर CGHS Token No.
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DOD

64202

किस अंग विशेष की जांच होनी है
Exact part to be examined

USG w/a

तारीख
Date 6/2/23

संक्षिप्त रोग संबंधी नोट
Short Clinical Notes

W/O AML & CNS Blast
C/o Pain Abdomen.
? Neutropenic Enterocol

चिकित्सा अधिकारी के हस्ताक्षर
Signature of Medical Officer
DR. PRADEEP K. TEL
पद
Designation PG Resident
Dept. of Pediatrics
Safdarjung Hospital
New Delhi-110029

रोग संबंधी निदान
CLINICAL DIAGNOSIS

एक्स-रे नम्बर
X-RAY No.

ली गई फिल्म का नम्बर और आकार
No. and size of films

टेक्नीशियन
Technician

एक्स-रे की रिपोर्ट
X-RAY REPORT

एक्स-रे विशेषज्ञ
Radiologist

Sample No.: P-15
Patient ID: PH-309/22

Name: VIRAT

Sample Comment: CBC PS WD-21

Date & Time of collection Received ?

Positive
Diff. Morph. Count

Rack: 2

Position: 10 2023/01/25 13:14:27 WB

Age: 1

Doctor:

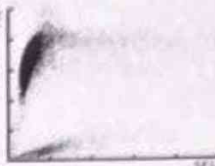
Sex: Male

Type of Sample : EDTA

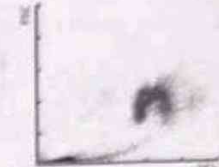
WARD REPORT

WBC	8.28	[10 ³ /uL]	WBC	(6.00 - 17.00)
RBC	3.14	[10 ⁶ /uL]	RBC	(3.70 - 5.30)
HGB	9.4	[g/dL]	HGB	(10.5 - 13.5)
HCT	25.9	[%]	HCT	(33.0 - 49.0)
MCV	82.5	[fL]	MCV	(70.0 - 86.0)
MCH	29.9	[pg]	MCH	(23.0 - 31.0)
MCHC	36.3	[g/dL]	MCHC	(30.0 - 36.0)
PLT	600	[10 ³ /uL]	PLT	(150 - 450)
RDW-SD	46.6	[fL]	RDW-SD	(37.0 - 54.0)
RDW-CV	16.2	[%]	RDW-CV	(11.0 - 16.0)
PDW	11.8	[fL]	PDW	(9.0 - 17.0)
P-LCR	10.7	[fL]	MPV	(9.0 - 13.0)
PCT	29.6	[%]	P-LCR	(13.0 - 43.0)
NRBC	0.64	[%]	PCT	(0.17 - 0.35)
NEUT	0.03	[10 ³ /uL]	NEUT%	(15.0 - 35.0)
LYMPH	3.64	[10 ³ /uL]	LYMPH%	(450.0 - 75.0)
MONO	2.35	[10 ³ /uL]	MONO%	(3.0 - 13.0)
EO	2.25	[10 ³ /uL]	EO%	(0.0 - 6.0)
BASO	0.01	[10 ³ /uL]	BASO%	(0.0 - 1.0)
IG	0.03	[10 ³ /uL]		
RET	0.46	[10 ³ /uL]		
IRF	1.94	[%]		
LFR	21.6	[%]		
MFR	78.4	[%]		
HFR	16.6	[%]		
RET-He	5.0	[%]		
IPF	37.4	[pg]		
MicroR	6.8	[%]		
MacroR	3.7	[%]		

RET



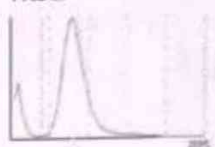
WNR



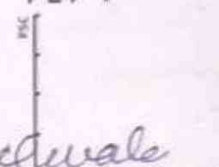
WDF



RBC



PLT-F



New type of Phoroxyl/NaOH
or
also monocytes 10

4/10 ADL

actuals
electrocardiogram
PLI 0.3

per set

Correlate Clinically

Scanned

WBC IP Message

RBC IP Message

PLT IP Message

Anemia

SLIDE CLEANING.....
SMEAR MAKING.....
SMEAR COUNTING.....
SM STAINING.....
SAMPLE QUALITY.....

KHUSHI FOUNDATION
CHARITABLE SOCIETY
WE ARE DEDICATED TO HEALTH & CARE

S.J.H.-178
S.J.H.-178

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली
X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL NEW DELHI

रोगी का नाम Name of Patient	आयु Age	स्त्री/पुरुष Sex	वार्ड Ward	विस्तार सं. Bed No.	यूनिट Unit	मासिक आय Monthly income
Virat.	1yr M.	ओ.पी.डी. OPD				₹ Rs.

भेजने वाले Referred by	ओ.पी.डी. नं./चि.रि.वि. संख्या OPD No./MRD No.	सी.जी.एच.एस. टोकन नम्बर CGHS Token No.
DOD.	6420	

किस अंग विशेष की जांच होगी है Exact part to be examined	तारीख Date
CECT chest.	6/2/23

संक्षिप्त रोग संक्षेप नोट Short Clinical Notes	विकल्पिक अधिकृत हस्ताक्षर Signature of Medical Officer
w/c/o AMLE CNS Blast	DR. RADEEP KATEL PG Resident Dept of Pediatrics MMC & Safdarjung Hospital New Delhi-110009

रोग संक्षेप निदान
CLINICAL DIAGNOSIS

c/o Crepts in chest
Post chemotherapy

एक्स-रे नम्बर
X-RAY No.

? invasive Aspergillosis

ली गई फिल्म का नम्बर और आकार
No. and size of films :

टेक्नीशियन
Technician

एक्स-रे की रिपोर्ट
X-RAY REPORT

एक्स-रे विशेषज्ञ
Radiologist



KHUSHI

Foundation Charitable Society
We dedicated to education & health

KHUSHI FOUNDATION CHARITABLE SOCIETY (REGD.)

Registration No: S/2941/2022 Pan No: AAJAK6962B

सेवा में

Date: 08/02/2023

श्रीमति अद्यक्षा (गीता यादव जी)
खुशी फाउंडेशन चैरिटेबल सोसायटी,

महोदया मैं आपसे बिनती करती हूँ, मेरे बेटे की हालत बहुत खराब है मेरा बेटा 1 साल 2 महीने का है मेरे बेटे को (ब्रंड कैंसर) है इस बीमारी का इलाज बहुत महंगा है और पूरी संपत्ति असाध्यक है इसका इलाज जल्द से जल्द नहीं हुआ तो ये बीमारी बच्चे के लिए जानलेवा भी हो सकती है आप सभी मेरे बच्चे की जादा से जादा लोग सहायता प्रदान करें आपकी एक मदद से मेरे बच्चे की जान बच सकती है मैं आपकी जिन्फगी भर अन्वारी रहूंगी,

निवेदनकर्ता

बच्चे की माँ
सरगम



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