





B.C.A

03877

AML DA(3+7)

Day 1	Cytosine Arabinoside 100 mg/m ² continuous infusion over 24hours	Daunorubicin 45mg/m ² or 45mg/m ² daily by slow (1 hour) i.v. infusion Inj. Etoposide 100mg/m ² over 4 hour
	Signature <i>PCB</i>	Signature <i>27/11/23</i>
Day 2	Cytosine Arabinoside 100 mg/m ² continuous infusion over 24hours	Inj. Etoposide 100mg/m ² over 4 hour
	Signature	
Day 3	Cytosine Arabinoside 100 mg/m ² continuous infusion over 24hours	Daunorubicin 45mg/m ² or 45mg/m ² daily by slow (1 hour) i.v. infusion 30 mg/m ² Inj. Etoposide 100mg/m ² over 4 hour
	Signature <i>Devu</i>	Signature <i>Devu</i>
Day 4	Cytosine Arabinoside 100 mg/m ² continuous infusion over 24hours	Inj. Etoposide 100mg/m ² over 4 hour
	Signature <i>Devu</i>	Signature <i>Devu</i>
Day 5	Cytosine Arabinoside 100 mg/m ² continuous infusion over 24hours	Daunorubicin 45mg/m ² or 45mg/m ² daily by slow (1 hour) i.v. infusion 30 mg/m ² Inj. Etoposide 100mg/m ² over 4 hour
	Signature <i>Devu</i>	Signature <i>Devu</i>
Day 6	Cytosine Arabinoside 100 mg/m ² continuous infusion over 24hours	Inj. Etoposide 100mg/m ² over 4 hour
	Signature <i>Devu</i>	Signature <i>Devu</i>
Day 7	Cytosine Arabinoside 100 mg/m ² continuous infusion over 24hours	
	Signature <i>Devu</i>	



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

HOPI

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.

leads



5



BIOCHEMISTRY LABORATORY REPORT
भारत सरकार/Government of India
क्लीनीकल बायोकेमिस्टी यूनिट/CLINICAL BIOCHEMISTRY UNIT
क्लीनीकल बायोकेमिस्टी डिपार्टमेंट/DEPARTMENT OF CLINICAL BIOCHEMISTRY
वी.एम.एस.सी. एंड सफदरजंग अस्पताल, नई दिल्ली/V.M.M.C. & Safdarjung Hospital, New Delhi



Index 02/04/23 09:18
 Reporting Time: [02/04/23 12:20] Device No. 2017075979

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

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 (JAFFE'S)	0.2	0.9		1.3	mg/dL
TOTAL BILIRUBIN(DPD)	1.1	0.3		1.2	mg/dL
AST (IFCC w/o PSP)	129	0		35	U/L
ALT (IFCC w/o PSP)	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

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

Sign. of Doctor: _____

JAN 2023

हृदयरोग विज्ञान विभाग
सफदरजंग अस्पताल, नई दिल्ली-29
DEPARTMENT OF CARDIOLOGY
SAFDARJUNG HOSPITAL, NEW DELHI-29

Phone No. 011-267661

1/23

इकोकार्डियोग्राम रिपोर्ट
ECHOCARDIOGRAM REPORT

V.heart
OPD Reg. No.
cms WEIGHT kg
Diagnosis Imaging Poor/Adequate/Good Done by Dr.
AGE 14 yrs SEX M/F
MRD No.
BSA m²
Checked by Dr.

17 JAN 2023

DATE
VCR TAPE No.
Ref. Physician.

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

3ERS

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

MITRAL VALVE

Pathology AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
PML-Normal/Thickening/Calcification/Prolapse/Paradoxical Motion/Fixed
Oppler Subvalvular Deformity Present/Absent
Normal/Abnormal
Mitral Stenosis Present/Absent Score
EDG mmHg RR Interval msec
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe MDG mmHg MVA cm²

TRICUSPID VALVE

Pathology Atresia/Thickening/Calcification/Prolapse/Vagetation/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 Wurat Sy M
Name at admission

Name Wurat Sy M
Day of admission

DATE 6/2/23

Chemotherapy cycle-

Last chemotherapy date-

Diagnosis: ICD-10 M05.1
CNS Blast (+)

BSA 0.383 m²

Events in last 24 hrs

→ cough/cold (+)
→ tachypnoea resting & end
→ sputum ++

Complaints

Input

Output

Balance

Hb	TLC/ANC	Plt
11.3	1540	23k
	550	

T-BIL

SGOT/PT

Na K

KFT

PCT

CRP

Blood culture

Urine examination

CXR

Investigations & Plan

- ECT chest Date
- Send respiratory panel
- VSG w/A (date)
6/8/23

- Rpt. PCT *
- Nasal swab Clostridium
toxin
- Stool for atypical
diarrhoea
- VBG

Resident signature

Senior resident signature

Faculty Signature

1/1/20						34/20	121	10	0.1	139/2.7	
1/1/20	7.8	2570	340	27000	0.4	25/17	120	16	0.1	137/2.8	
1/1/20					0.4	25/15	149	9	0.1	139/2.7	
1/1/20	10.6	4850	790	79000	0.5	22/11	165	14	0.1	139/2.1	pH/sO ₂ /cK ⁺ / cLac 7.4/98.8/2.7/ 1.8
1/1/20	9.2	3850	660	134000	0.4	19/9	161	10	0.1	139/ 72	pH/sO ₂ /cK ⁺ / cLac 7.4/94.9/2.7/ 1.5

OTHER INVESTIGATION :

16/01/2023:

CECT CHEST and 2D ECHO attached
HBsAg ELISA and HCV negative

17/1/2023:

urine culture no growth and HIV Negative

18/1/2023: NSI Ag ELISA negative

19/1/2023 : Rapid malaria antigen test negative

BLOOD TRASFUSION :

14/1/2023: 0.25 UNIT OF PRBC and 4 UNIT OF PRP

18/1/2023: 1 UNIT OF PRBC

Antibiotic Therapy/Chemotherapy	
INJECTION AND TABLET	DAYS
Inj linezolid	10
Inj liposomal ampho -B	6
Inj meropenam	22
Inj colistin	6
Injection tigecycline	6
Injection caspofungin	2

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. 85/11 Morocco 2B
09/01/22
Neel Negi 102 Hematopath
18 12

Megaloblast
Megak +
Hypoloblast

Biocellulal

Imprint Smear - No. Detail

No. of Slide Received:

No. of Slide Stained:

cellular debris seen
few small seen
M:E. 4 2:1

erythrocyte cells seen
mild to moderate nucleo

erythrocyte cells null
megakaryocytes seen
hypoloblast seen

Cerebral clinching

Spurca

27/1/23

Jyoti
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	11500 0	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

कल्याणीकल वायोकेमिस्ट्री चूंचिट एवं एनबी, वायोकेमिस्ट्री हीब/CLINICAL BIOCHEMISTRY Unit & NEB, Biochemistry Lab
वायोकेमिस्ट्री हिपार्टमेंट/Department of BIOCHEMISTRY
वी-एम-एम-सी- एवं सफ दरबांग अस्पताल, नई दिल्ली/V.M.M.C. & Safdarjung Hospital, New Delhi

Patient details:

NAME VIRAT

OPD/WARD d/1

(Mandatory to fill)

AGE 1 yrs

SEX M

DATE 27/1/2013

MRD No. 309/22-H
L 1236

(Mandatory to fill)

DIAGNOSIS

Kid - 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. Smita

el
20/1
WORLD FOUNDATION
WE ARE DEDICATED TO HEALTH & CARE

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.ज.ज.-178
S.J.H.-178

एक्स-रेय 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
Virat	1 yr	M	ओ.पी.डी. OPD			रु. Rs.
भेजने वाले Referred by	DUD		ओ.पी.डी. नं./चि.रि.वि. संख्या OPD No./MRD No.	6420	सी.जी.एच.एस. टोकन नम्बर CGHS Token No.	
किस अंग विशेष की जांच होनी है Exact part to be examined	USG w/PA				तारीख Date	6/2/23
संक्षिप्त रोग संबंधी नोट Short Clinical Notes	<p>U/c/o AML C CNS Blast</p> <p>C/o Pain Abdomen.</p> <p>? Neutropenic Enterocolitis</p> <p>DR. PRADEEP KUMAR</p> <p>Signature of Medical Officer</p> <p>पद: DR. PRADEEP KUMAR</p> <p>Designation: PG Resident</p> <p>VMMC & Safdarjung Hospital</p> <p>New Delhi-110029</p>					
रोग संबंधी निदान CLINICAL DIAGNOSIS						
एक्स-रे नम्बर X-RAY No.	81/23					
ली गई फिल्म का नम्बर और आकार लिख दिया गया है। No. and size of films:	9" x 11"					
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

Rack: 2
 Age: 1
 Ward:

Position: 10 2023/01/25 13:14:27 WB
 Doctor:
 Sex: Male
 Type of Sample: EDTA

Diff. Morph. Count

WBC	8.28	[$10^3/\mu\text{L}$]	WBC	{	6.00	-	17.00)		
RBC	3.14	-	[$10^6/\mu\text{L}$]	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	+ [$10^3/\mu\text{L}$]	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	[$10^3/\mu\text{L}$]	0.4	[%]	NEUT%	(	15.0	-	35.0)
LYMPH	3.64	[$10^3/\mu\text{L}$]	36	[%]	LYMPH%	(	450.0	-	75.0)
MONO	2.35	[$10^3/\mu\text{L}$]	28.4	[%]	MONO%	(	3.0	-	13.0)
EO	2.25	[$10^3/\mu\text{L}$]	29	[%]	EO%	(	0.0	-	6.0)
BASO	0.01	[$10^3/\mu\text{L}$]	0.1	[%]	BASO%	(	0.0	-	1.0)
IG	0.46	[$10^3/\mu\text{L}$]	0.4	[%]						
RET	1.94	[%]	5.6	[%]						
IRF	21.6	[%]								
LCR	78.4	[%]								
MFR	16.6	[%]								
HFR	5.0	[%]								
RET-He	37.4	[pg]								
IPF		[%]								
MicroR	6.8	[%]								
MacroR	3.7	[%]								

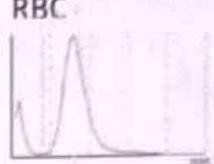
WARD REPORT

RET



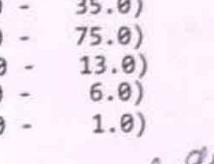
WNR

RBC



WDF

PLT-F



PLT-F

4/4 ANL

actual

Neu Nypo

leukocytosis

of pronounced

monocytes 10

also macrophages

leukocytes 10

Savale

WBC IP Message

NC

SLIDE CLEANING.....

NC

SMEAR MAKING.....

NC

SMEAR NUMBERING.....

NC

SM. STAINING.....

NC

SAMPLE QUALITY.....

NC

RBC IP Message

Anemia

PLT IP Message

25/1/23

स.ज.आ. 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	रक्ती/पुरुष Sex	वार्ड Ward	विस्तार रो Bed No.	यूनिट Unit	मासिक आय Monthly Income
--------------------------------	------------	--------------------	---------------	-----------------------	---------------	----------------------------

Virat.

1 yr M.

ओ.पी.डी.
OPD

रु.
Rs.

मेजने वाले Referred by	ओ.पी.डी. नं./वि.रि.वि. संख्या OPD No./MRD No.	सी.जी.एच.एस. टोकन नम्बर CGHS Token No.
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किस अंग विशेष की जांच होगी है
Exact part to be examined

CECT Chest.

तारीख
Date

6/2/23

संक्षिप्त रोग संक्षी पोट
Short Clinical Notes

U/clo AML C CNS Blast + Pneumonia
crepts in chest
Post chemotherapy

यिकल्चर अस्पेक्ट के हस्ताक्षर
Signature of Medical Officer

DR. PRADEEP KUMAR
Resident Medical Officer

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



Foundation Charitable Society
We dedicated to education & health

KHUSHI FOUNDATION CHARITABLE SOCIETY (REGD.)

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

संवाद में

Date 08/02/2023

खुशी प्रगति अव्याप्ति (जीवा यादव जी)
खुशी जाइंडरेशन चैरिटीबल सोसायटी,

महोदया में आपसे बनती कही है, मेरे हैं
की १. इलाज बहुत लंबा है मेरा बेटा १ वर्षाल
२. बच्चों का है मेरे हैं को (बाल केंसर)
३. इस बिमारी का इलाज बहुत महंगा
४. और पूरी सप्ते असाध्य है
इसका इलाज जल्द से जल्द नहीं हुआ है
ये बिमारी बच्चे के लिए जानलेवा ही
हो सकती है आप सभी मेरे बच्चे
की जादा से जादा लोग सदायता प्रदान
करें आपकी एक मदद से मेरे बच्चे
की जान बच सकती है मेरे आपकी जिन्हीं
और अभारी रहूँगी,

निवेदनकर्ता
बच्चे की माँ
सरहाम



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