
Sports

सोमवार

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। /SMOKING PROHIBITED IN HOSPITAL PREMISES

MON,WED,THU,FRI

OPR-6

एकक/Unit 2015/024/0071831

विभाग/Dept. (रुधिर विज्ञान) Hematology Dr. Manoranjan Mahapatra

H0-6988/0/16

UHID: 101229453

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता/Address
SAHIL DEV	S/O : KAMLESH	पुरुष M	6 वर्ष/ Y	CHAK ISLAM PUR DABRA GWALIOR, MADHYA PRADESH, INDIA

निदान/Diagnosis

दिनांक/ Date

उपचार/ Treatment

CH-0309150236 101229453 SAHILDEV

Registration Time : 08:30 AM-10:30 AM

Done By: RAK OPD/7747

Room No. 28 H, Third Floor(तीसरी मंजिल)

31/08/2015 10:47:17 AM

*TO TAKE APPOINTMENT NUMBER THROUGH

**फोन के माध्यम से आपाइंटमेंट नंबर लेने के लिए,

***Doctor may not be available, However you may be seen by some of the doctors in the department

***आपके डॉक्टर के उपलब्ध न होने पर, आपको विभाग में अन्य किसी डॉक्टर द्वारा देखा जा सकता है।

CVH-0309150 101229453 SAHILDEV

1-) MEDICINES

2/9/15

H-133/15 3/9/15

℞
1. T. Lolytrex 250mg OD - 5
2. T. Fenfen 100 OD - 1
3. T. Zyloric 100 OD - 1
4. T. Lanzol JR 15mg OD - -
5. Hexidine MW - GNB
6. Sitz bath 12hrly

-RAN Sub Committee meeting date: 06/11/15
-Case xfer to C-C.
-Contact:- Billing Section (H)

01/12/15

30/9/15 — 15BX1943 — Kindly provide accomodation in Dharmshala.

30

New date for BMA/Biopsy/IPT.

T. Folvite 5mg ½ OD
T. Neurobione 1 OD
] x1 mth

23/10/15
BMA & Bx done under asepsis
Syp Amoxin 15ml stat
To collect Report after (10) day
Report not received from R/29

ARMS FRA... PHARMACY
(A)H... RECEIVED
03/11/15 (15d)

2-11-2015 —
(31)

To come to pedia Emergency if fever!

C2/13
Examined.
Bandage
Comments from (24)

Inj. Ceftriaxone 250mg IV
Inj. Farcam 200mg IM
Inj. Zylomic 100mg IV — 15d
Inj. Domin Control 15mg
Inj. Ranitidine 50mg IV
Inj. Clip 250mg IV
(If BP drop if blood is ...)

सेवा में,
श्री गिगलस वैलफेयर ऑर्गानाइजेशन
C-63, बेसमेन्ट आउस खस्स पार्ट-2
नई दिल्ली – 110049

विषय – मेरे बेटे के इलाज हेतु प्रार्थना पत्र।

महोदय,

सविनय निवेदन यह है कि मेरा नाम कमलेश है और मेरे बेटे का नाम साहिल देव है, जिसकी उम्र 6 साल है मेरे बेटे को ब्लड कैंसर (ALL) की बीमारी है, जिसका इलाज दिल्ली के एम्स अस्पताल मे चल रहा है। जिसका खर्च 1,86000 बताया गया है मै एक गरीब व्यक्ति हूँ मेरी आर्थिक स्थिति बहुत खराब है।
अतः आपसे अनुरोध है कि आप मेरी आर्थिक सहायता करें।

धन्यवाद।

कमलेश

BPL 7462

ALL Protocol

Name- Sahil Dev
Age- 6 yrs / M CR NO- 631294 H NO/HO NO- UHID No: 10122945
Sex- Male Ward and Bed No- C2/19
Address- Chak Rampura, Dabsa, Gwalior

BMA&BX (No. B-2071-15 and Date 29/11/15
BMA: BM aspirate showed replacement with monomorphic blasts.
BMBx: Fed massive cellularity & replacement & blasts. Retriculin stain shows diffuse ↑in reticulin fibres (grade II-III)
Cytochemistry- PAS (+) SB(+) MPO(-) NSE(+) NASDAC(+ -)
Comment-
Cytogenetics- 46, XY
FISH-
RTPCR- BCR-ABL → Couldn't be processed b/c low cell count
IPT (immunophenotyping)- (15-F-277/26-10-15) (Limited Panel)
Positive: CD 19, CD 10, CD 34 and CD79a
Negative: MPO & CD3
TLC at Presentation = 2100/cmm
CNS: + (-)
TLP: if yes + -

Final Diagnosis- B-ALL & Myelofibrosis
High risk- Augmented BFM (induction same)
Low risk- Standard BFM (induction same)
Started on Standard BFM protocol but shifted to aBFM protocol in V/O BM fibrosis & M2 BM at Day 7
Date of Diagnosis- 26-10-15
Date of start of treatment- 26-11-15

Wt = 14 Kg
Ht = 103 cm
BSA = 0.645 m^2

75
7
523

ALL Protocol ((Augmented BFM therapy)

Induction

Day 1- Intrathecal MTX and ARA-C

Age	MTX	ARA-C
1 -1.9 Years	8 mg	30 mg
2 -2.9 Years	10 mg	50 mg
≥3 Year	12 mg	70 mg

240 mg Prednisone - 60 mg/m^2 per day PO = 1-28 (BID or TID) than taper over 10 days.

0.9 Vincristine (IV) - 1.5 mg/m^2 (max, 2 mg) IV = 1, 8, 15, 22.

16 mg Daunorubicin (IV) - 25 mg/m^2 IV = 1, 8, 15, 22.

9870 L-Asparaginase (IV) - 6 000 U/m^2 IV /IM = 3, 5, 7, 10, 12, 14, 17, 19, 21.

BMA on day+7 for prognosis – BM: M1 or M2 or M3. M1 or M2 Marrow: only one delayed intensification and interim maintenance. Interim Maintenance II and Delayed intensification II to be removed. In case of M3 marrow to continue with Interim Maintenance II and Delayed intensification II as planned.

BMA on Day +28 to check remission status, BM: M1 or M2 or M3

Consolidation (9 wk)

Cyclophosphamide =1000 mg/m^2/day IV days 0, 28
Cytarabine =75 mg/m^2/day SQ or IV days 1–4, 8–11, 29–32, 36–39
Mercaptopurine =60 mg/m^2 /day PO days 0–13, 28–41
Vincristine = 1.5 mg/m^2/day (max, 2 mg) IV days 14, 21, 42, 49
Asparaginase =6000 U/m^2/day IM days 14, 16, 18, 21, 23, 25, 42, 44, 46, 49, 51, 53
Methotrexate = IT days 1, 8, 15, 22
Radiotherapy= Radiotherapy (first two weeks of consolidation)
(With CNS -Cranial, 2400 cGy in 12 fractions and spinal, 600 cGy in 3 fractions, Testiculomegaly at diagnosis- 2400 cGy Bilateral in 8 fractions).
Rest 10 days.

Interim maintenance I (8 wk)

Vincristine =1.5 mg/m^2 /day (max, 2 mg) IV days 0, 10, 20, 30, 40.
Methotrexate= 100 mg/m^2/day IV days 0, 10, 20, 30, 40 (escalate by 50 mg/m^2 /dose)
Asparaginase= 15,000 U/m^2 /day IM days 1, 11, 21, 31, 41.
Rest 2 weeks

Delayed intensification I (8 wk)

Reinduction (4 wk)

Dexamethasone =10 mg/m^2 /day (max 10 mg/day) PO BD days 1-7, 14-21
Vincristine = 1.5 mg/m^2/day (max, 2 mg) IV days 0, 7, 14
Doxorubicin = 25 mg/m^2/day IV days 0, 7, 14
Asparaginase = 6000 U/m^2/day IM/IV days 3, 5, 7, 10, 12, 14

PTO

Augmented BFM protocol

Induction (Phase I)

Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Remarks
1	PDN 40mg	26/11/15	VCR 0.9 mg	26/11	DNR 16 mg	26/11	IT ARA	26/11/15	IT MTX	26/11/15	
2	PDN	27/11									
3	PDN	28/11					ASP 3870	28/11			
4	PDN	29/11									
5	PDN	30/11					ASP	30/11			
6	PDN	01/12									
7	PDN	02/12					ASP	2/12			
							BMA	2/12	→	M2	20% blasts
8	PDN	03/12	VCR	03/12	DNR	3/12					
9	PDN	04/12									
10	PDN	05/12					ASP	5/12			
11	PDN	06/12									
12	PDN	07/12					ASP	7/12			
13	PDN	08/12									
14	PDN	09/12					ASP	9/12			
15	PDN	10/12	VCR	13/12	DNR	→	Omitted in V/O		active fungal pneumonia		
16	PDN	11/12		Delayed in V/O fungal pneum.					(new case)		
17	PDN	12/12					ASP	12/12			
18	PDN	13/12									
19	PDN	14/12					ASP	14/12			
20	PDN	15/12									
21	PDN	16/12					ASP	16/12			
22	PDN	17/12	VCR	20/12	DNR	20/12					
23	PDN	18/12									
24	PDN	19/12									
25	PDN	20/12									
26	PDN	21/12									
27	PDN	22/12									

28	PDN	23/12				BMA 29/12/15					
29	pdn	24/12									
30	pdn	25/12									
31 - 35	pdn	26/12 to 30/12									

pdn denotes tapering of Prednisolone dose.

Consolidation to start on day 35 of induction or when the ANC > 1,000/cumm AND a platelet count > 1, 00,000/cumm, whichever occurs last

Radiotherapy should begin on day 1 of consolidation

Ht: 107 cm

Wt: 17 kg

BSA: 0.7 m2

With CNS -Cranial, 2400 cGy in 12 fractions and spinal, 600 cGy in 3 fractions

Consolidation (Phase II):

Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Remarks
0			CPM		07/01/16		6MP 25m		Rituxan							23	
1			70mg		ARA	53mg	6MP 50m		RT						HDmtx		Rituxan
2			08/01/16		ARA	53mg	6MP 25								20/1/16		
3			09/01/16		ARA	53mg	6MP 50m		RT								
4			10/01/16		ARA	53mg	6MP 25		RT		28/1/16						
5			11/01/16	53mg	ARA	53mg	6MP 50		RT								
6		12/1					6MP 25		RT								
7		13/1					6MP 50		RT								
8		15/1	Rituxan		ARA 53mg		6MP 25		RT						HDmtx		
9		16/01	Rituxan		ARA 53mg		6MP 50		RT						27/1/16		
10		17/01	Rituxan		ARA 53mg		6MP 25		RT								
11		18/01	Rituxan		ARA 53mg		6MP 50										
12		12/01					6MP 25										
13		20/01					6MP 50										
14	VCR 1mg	21/01	Rituxan														
15		22/01															
16		23/01															
17		24/01															
18		25/01															
19		26/01															
20		27/01															
21	VCR 1mg	28/01	Rituxan														
22		29/01															
23		30/01															
24		31/01															
25		1/02															

21/01/16 ASP 4200 Rituxan

HDmtx 21/1/16

23/01/16 ASP 4200 Rituxan

27/01/16 ASP 4200 Rituxan

28/01/16 ASP 4200 Rituxan

HDmtx 9/2/16

30/01/16 ASP 4200 Rituxan

01/02/16 ASP 4200 Rituxan

26															2/2
27															3/2
28	09/02 Chlyp CPM ✓						6MP 25								4/2 (o
29	10/02 Chlyp 7mm				ARA 53,		6MP 26								5/2 (Sa
30					ARA		6MP								6/2/16
31					ARA		6MP								7/2/16
32					ARA		6MP								8/2/16
33							6MP								9/2/16
34							6MP								10/2/16
35							6MP								11/2/16
36					ARA		6MP								12/2/16
37					ARA		6MP								13/2/16
38					ARA		6MP								14/2/16
39					ARA		6MP								15/2/16
40							6MP								16/2/16
41							6MP								18/2/16
42	VCR										ASP				19/2/16
43															20/2/16
44											ASP				21/2/16
45															22/2/16
46											ASP				23/2/16
47															24/2/16
48															25/2/16
49	VCR										ASP				26/2/16
50															27/2/16
51											ASP				28/2/16
52															29/2/16
53											ASP				30/2/16
54-63	Rest														

Neutropenia

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE

2212

रूधिर विज्ञान
HEMATOLOGY

HEMATOLOGY OPD
Monday / Wednesday / Friday
3rd Floor, O P D Block AIIMS

अखिल भारतीय आयुर्विज्ञान संस्थान, अन्सारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

नाम/Name Sahil Dev | आयु/Age 6 | लिंग/Sex M

C.R. No. HO-698 X/12 | Consultant T. DEY

Ward/OPD | Unit/Bed No.

Date/Time 3/2/12

Nature of Anticoagulant : EDTA/Citrate/Heparin/Nil

Diagnosis/History ALL

Previous Lab. Ref. No. | Signature of Doctor

Today's Lab. Ref. No. | Time of Receipt

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

INVESTIGATION (EDTA BLOOD) LAB REF. NO.

HGB	gms/dl	MCV	Fl(86+10fl)
HCT	%	MCH	Pg(30Pgs)
RBC Count	10^6 / Cumm	MCHC	gms/dl
Platelet Count	10^3 / Cumm	RDW	(up to 16)
Retic Count	%	RBC Morphology	
T.L.C.	10^3 / Cumm		
DIFF Count			
Neutro	%	Mono	%
Lympho	%	WBC Precursor	
Eosino	%	RBC Precursor	
Baso	%	Others	
Blood Parasites			

Blood Film Morphology

Impression / Diagnosis

Slide Filled - Yes / No. Signature

INVESTIGATION (CITRATED BLOOD)

ESR (Citrate : Blood ⊜ 1:4) mm / 1st Hour

Coagulation Studies (Citrate : Blood ⊜ 1:9)

Control	Patient	Control	Patient
B.T.		A.P.T.T.	
C.T.		TT	
P.T.		Platelet Count	
F. DP		Morphology	10^3/Cu
Filrindimer			
Others			

Signature

DEPARTMENT OF HAEMATOLOGY

ROOM NO. 204, 2ND FLOOR, NEW PRIVATE WARD BLDG, AIIMS, NEW DELHI-29

DATE: 2/4/2016 9:44:29 AM
ID: 2212
NAME: Sahil Dev

DATE OF BIRTH:
SEX: AGE: 6/M

DEPARTMENT:
PHYSICIAN:
OPERATOR: MEK-F

SAMPLE MODE: CLOSED
RACK 02
PARAMETERS: CBC + Diff
SEQ#: 0016807
NORMAL RANGE: GROUP1
ANALYZER: MEK-8222(UNIT1)

HO-6988/16

WBC	1.0 L	[10^3/μL]	(4.0 - 11.0)	
NE	0.2 *	20.7 *	[%]	(2.0 - 7.0 / 40.0 - 80.0)
LY	0.6 *	61.7 *	[%]	(1.0 - 3.0 / 20.0 - 40.0)
MO	0.2 *	15.7 *	[%]	(0.2 - 1.0 / 2.0 - 10.0)
EO	0.0 *	1.2 *	[%]	(0.0 - 0.5 / 1.0 - 6.0)
BA	0.0 *	0.7 *	[%]	(0.0 - 0.1 / 0.0 - 2.0)

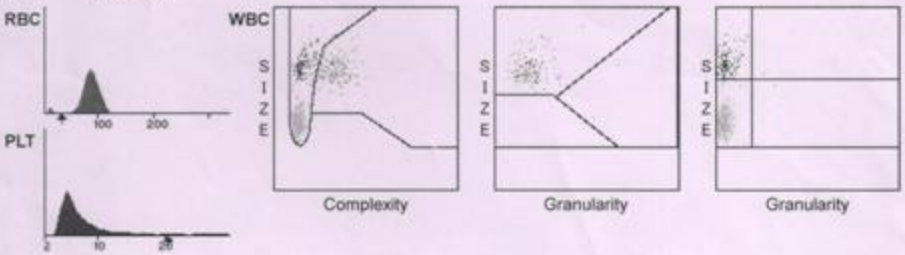
[WBC FLAG]
Blasts
Ly-Mo Interference
Leukopenia
Neutropenia
Lymphopenia

RBC	4.24 L	[10^6/μL]	(4.50 - 5.50)
HGB	12.1 L	[g/dL]	(13.0 - 17.0)
HCT	38.7 L	[%]	(40.0 - 50.0)
MCV	91.3	[fL]	(80.0 - 100)
MCH	28.5	[pg]	(27.0 - 32.0)
MCHC	31.3	[g/dL]	(31.0 - 37.0)
RDW-CV	15.1 H	[%]	(11.8 - 14.0)

[RBC FLAG]

PLT	241	[10^3/μL]	(150 - 450)
PCT	0.12 L	[%]	(0.21 - 0.29)
MPV	5.0 L	[fL]	(6.0 - 12.0)
PDW	18.9 H	[%]	(10.0 - 18.0)

[PLT FLAG]



P.S. COMMENT-

RBC- NCNC

DLC- Blasts 4 8 12 69 M15

PLT- adequate

RETIC-

OPTION-

SIGNATURE-

NAME OF DOCTOR-

DEPARTMENT OF HEMATOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
HEMOGRAM LABORATORY
204A, 2nd FLOOR, NEW PRIVATE WARD BLDG .

DATE :

PATIENT NAME : _____

AGE / SEX : _____

UHID NO. : _____

WARD / OPD : _____

HEMOGRAM REPORT

(Senior Resident, Dept. Hematology)

(Hematology analyzer report on backside)

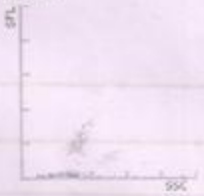
Sample No.: 16=1145 Rack: 1 Tube: 3 01/02/2016 12:45:22
Patient ID: Dr.:
Name: Sahildev (56) Birth: Sex:
Comments: 6988 Inst.ID: XT-1800i-1

Positive

Diff. Count

WBC	0.63	[10^3/uL]		
RBC	2.44	[10^6/uL]		
HGB	6.8	[g/dL]		
HCT	20.2	[%]		
MCV	82.8	[fL]		
MCH	27.9	[pg]		
MCHC	33.7	[g/dL]		
PLT	256	[10^3/uL]		
RDW-SD	36.5	[fL]		
RDW-CV	12.9	[%]		
PDW	11.3	[fL]		
MPV	10.2	[fL]		
P-LCR	24.5	[%]		
PCT	0.26	[%]		
NEUT	0.12 *	[10^3/uL]	19.0 *	[%]
LYMPH	0.50 *	[10^3/uL]	79.4 *	[%]
MONO	0.01 *	[10^3/uL]	1.6 *	[%]
EO	0.00 *	[10^3/uL]	0.0 *	[%]
BASO	0.00 *	[10^3/uL]	0.0 *	[%]

DIFF



WBC/BASO



RBC



PLT



WBC IP Message(s)
Neutropenia
Lymphopenia
Leukocytopenia

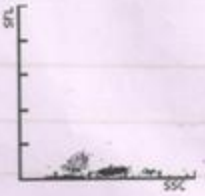
RBC IP Message(s)
Anemia

PLT IP Message(s)

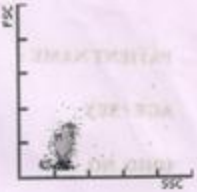
Sample No.: 16-839 Rack: Tube: 0 2016/01/25 12:14:47
Patient ID: Ward: Dr.:
Name: Sahil devi - 9 Birth: Sex:
Comments: Inst.ID: XT-1800i-1

Positive Error 831
Morph. Count Func.

DIFF

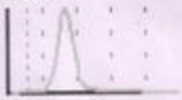


WBC/BASO

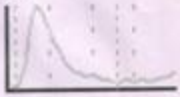


WBC	3.18 *	[10^3/uL]		
RBC	3.24	[10^6/uL]		
HGB	9.4	[g/dL]		
HCT	26.4	[%]		
MCV	81.5 -	[fL]		
MCH	29.0	[pg]		
MCHC	35.6	[g/dL]		
PLT	149 *	[10^3/uL]		
RDW-SD	37.2	[fL]		
RDW-CV	13.3	[%]		
PDW	11.3 *	[fL]		
MPV	9.9 *	[fL]		
P-LCR	24.8 *	[%]		
PCT	0.15 *	[%]		
NEUT	----	[10^3/uL]	----	[%]
LYMPH	----	[10^3/uL]	----	[%]
MONO	----	[10^3/uL]	----	[%]
EO	----	[10^3/uL]	----	[%]
BASO	0.00 *	[10^3/uL]	0.0 *	[%]

RBC



PLT



WBC IP Message(s)

RBC IP Message(s)
Anemia

PLT IP Message(s)

NRBC?

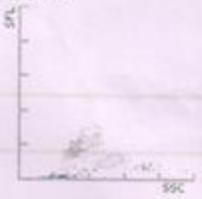
PLT Clumps?

RBC Lyse Resistance?

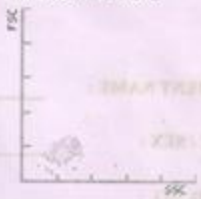
Sample No.: 16=5631 Rack: 5 Tube: 5 18/01/2016 12:38:37
Patient ID: Ward: Dr.:
Name: Birth: Sex:
Comments: (77) Sahil Jee 71831 Inst.ID: XT-1800i-1

Positive
Diff. Count

DIFF

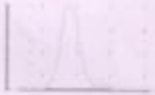


WBC/BASO

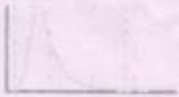


WBC	2.41 *	[10^3/uL]		
RBC	3.20	[10^6/uL]		
HGB	9.5	[g/dL]		
HCT	28.2	[%]		
MCV	88.1	[fL]		
MCH	29.7	[pg]		
MCHC	33.7	[g/dL]		
PLT	273 *	[10^3/uL]		
RDW-SD	43.4	[fL]		
RDW-CV	14.1	[%]		
PDW	9.0 *	[fL]		
MPV	8.7 *	[fL]		
P-LCR	15.6 *	[%]		
PCT	0.24 *	[%]		
NEUT	1.72 *	[10^3/uL]	71.3 *	[%]
LYMPH	0.52 *	[10^3/uL]	21.6 *	[%]
MONO	0.13 *	[10^3/uL]	5.4 *	[%]
EO	0.04 *	[10^3/uL]	1.7 *	[%]
BASO	0.00 *	[10^3/uL]	0.0 *	[%]

RBC



PLT



WBC IP Message(s)
Lymphopenia
Leukocytopenia

RBC IP Message(s)
Anemia

PLT IP Message(s)

PLT Clumps?

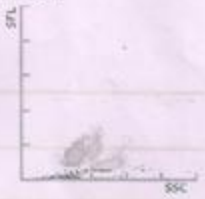
Sample No.: 16- 218 Rack: 1 Tube: 5 06/01/2016 10:22:01
Patient ID: Ward: Dr.:
Name: Sushil Dev (6) Birth: Sex:
Comments: 71831 Inst.ID: XT-1800i-1

Positive

Morph. Count

WBC	6.57 *	[10^3/uL]		
RBC	3.98	[10^6/uL]		
HGB	12.1	[g/dL]		
HCT	37.4	[%]		
MCV	94.0	[fL]		
MCH	30.4	[pg]		
MCHC	32.4	[g/dL]		
PLT	172 *	[10^3/uL]		
RDW-SD	59.8 +	[fL]		
RDW-CV	17.6 +	[%]		
PDW	10.8 *	[fL]		
MPV	9.9 *	[fL]		
P-LCR	22.7 *	[%]		
PCT	0.17 *	[%]		
NEUT	2.51 *	[10^3/uL]	38.2 *	[%]
LYMPH	3.38 *	[10^3/uL]	51.4 *	[%]
MONO	0.67 *	[10^3/uL]	10.2 *	[%]
EO	0.01 *	[10^3/uL]	0.2 *	[%]
BASO	0.00 *	[10^3/uL]	0.0 *	[%]

DIFF



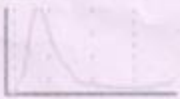
WBC/BASO



RBC



PLT



WBC IP Message(s)

RBC IP Message(s)

PLT IP Message(s)

Immature Gran?
NRBC?

PLT Clumps?

DEPARTMENT OF HAEMATOLOGY

ROOM NO 204,2ND FLOOR ,NEW PRIVATE WARD BLDG,AIIMS,NEW DELHI -29

DATE: 1/11/2016 12:54:39 PM DATE OF BIRTH: DEPARTMENT: SAMPLE MODE: CLOSED

SEX: AGE: PHYSICIAN: RACK 01

ID: 16 0401 OPERATOR: MEK-F PARAMETERS: CBC + Diff

NAME: Sat J. devi – 83 SEQ#: 0015400

406988 NORMAL RANGE: GROUP1

ANALYZER: MEK-8222(UNIT1)

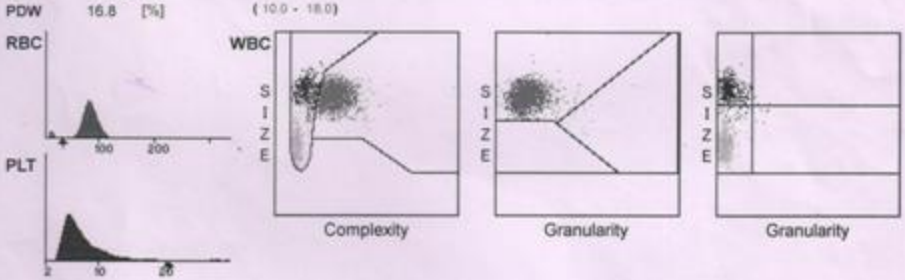
WBC	4.3		[10^3/μL]	(4.0 - 11.0)	
NE	2.7 *	63.6 *	[%]	(2.0 - 7.0 / 40.0 - 80.0)	[WBC FLAG]
LY	0.9 *	20.9 *	[%]	(1.0 - 3.0 / 20.0 - 40.0)	Blasts
MO	0.6 *	13.4 *	[%]	(0.2 - 1.0 / 2.0 - 10.0)	Atypical Lymphocytes
EO	0.0 *	0.7 *	[%]	(0.0 - 0.5 / 1.0 - 8.0)	Ly-Mo Interference
BA	0.1 *	1.4 *	[%]	(0.0 - 0.1 / 0.0 - 2.0)	

RBC	3.89 L	[10^6/μL]	(4.50 - 5.50)
HGB	11.6 L	[g/dL]	(13.0 - 17.0)
HCT	36.1 L	[%]	(40.0 - 50.0)
MCV	92.8	[fL]	(80.0 - 100)
MCH	29.8	[pg]	(27.0 - 32.0)
MCHC	32.1	[g/dL]	(31.0 - 37.0)
RDW-CV	14.5 H	[%]	(11.6 - 14.0)

[RBC FLAG]

PLT	293	[10^3/μL]	(150 - 450)
PCT	0.15 L	[%]	(0.21 - 0.29)
MPV	5.0 L	[fL]	(6.0 - 12.0)
PDW	16.8	[%]	(10.0 - 18.0)

[PLT FLAG]



P.S Comment-

RBC-

DLC-

PLT

Retic-

Opinion-

Signature

Name of Doctor-

Inj Liposomal Amphotericin: 17.12.15 to 30.12.15

Tab Voriconazole: 31.12.15 to till discharge

Others (Antivirals/ Antiprotozoals)

Tab Acivir26.11.15 to till discharge

Course of illness during admission:

Patient was admitted with above mentioned complaints. As no focus of infection found, after counseling the parents about the disease, prognosis and treatment and its complications, he was started on Induction chemotherapy under ALL Standard BFM protocol from 26/11/15, but shifted to Augmented BFM protocol in v/o myelofibrosis and M2 BM at day 7. On day 10 of induction he developed febrile neutropenia, so started on empirical broad spectrum i.v. antibiotics and on evaluation CT chest and PNS showed f/s/o fungal infection. Serum galactomanan was also positive. He was started on amphotericin B which was later replaced with liposomal amphotericin. 3rd dose of daunorubicin was omitted and 3rd dose vincristine was delayed in v/o active infection. Gradually fever subsided. 4th daunorubicin and vincristine were given as per protocol. Further course of induction chemotherapy was uneventful. Repeat CT chest and PNS showed significant resolution of fungal infection and repeat s. galactomanan was also negative. Counts recovered and Day 34 BM showed no increase in blasts in BM aspirate. Registration for Radiotherapy done. Now pt is discharged in stable condition with advise of regular follow up in Hematology OPD and to continue further chemotherapy as per protocol handed over to him. HLA ~~data~~ matching date later

Present Status

Afebrile and no bleeds. Discharged in satisfactory condition.

Other investigations:

Day 7 BMBx (15Bx- 2204/11.12.15): Adequate BM biopsy showing areas of hemorrhages and interstitial increased in immature cells.

Day 34 BMA (provisional): No increase in blasts

Day 34 BMBx: Report awaited

CECT PNS, Chest and Abdomen (RAD129769/10.12.15): Nodules with surrounding ground glass attenuation in RUL suggestive of fungal infection. Right nasal cavity showed soft tissue content with mild bony erosion of maxillary sinus ?Fungal erosive sinusitis. Mild HSM

CECT PNS, Chest and Abdomen (RAD129769/29.12.15) (Provisional as discussed in R/C): Significant resolution of fungal infection.

g) **Bone marrow biopsy (15BX-1943/02.11.15): Adequate BM biopsy** shows increased marrow cellularity and replacement with blasts. Reticulin stain shows diffuse increase in reticulin fibres (grade II-III).

h) **IPT (15-F-277/26.10.15) (Limited panel): Positive** for CD19, CD10, CD34 and cCD79a

Negative for MPO and cCD3

i) **Cytogenetics (Onquest)** – 46,XY[05]

j) **RTPCR for BCR ABL**- Could not be processed because of low cell count.

k) **CSF**- protein 29 mg%, sugar- 73 mg%, TLC/DLC- nil.

l) **CSF Cytopathology- 15J22199 (30.11.15)** –Acellular specimen.

m) **CXR:** NAD **Day 7 BMA (B- 2350-15/11.12.15):** BM imprint is poorly cellular, however shows 20% blasts.

n) **Viral markers (HIV, HBsAg and anti HCV):** Negative

OUTLINE OF THERAPY

Induction chemotherapy under ALL Standard BFM protocol started (from 26/11/15) but shifted to Augmented BFM protocol in v/o myelofibrosis and M2 BM at day 7 as outlined in protocol given to patient.

Blood component support given:

RBCs -4 **PRP- 11** **SDP- 0** **FFP-0** **Others (specify)**

Antibiotics given with duration/dates

Inj Magnex: 05.12.15 to 08.12.15

Inj Amikacin: 05.12.15 to 21.12.15

Meropenem: 09.12.15 to 26.12.15

Inj Targocid: 09.12.15 to 21.12.15

Tab Levoflox: 24.11.15 to 04.12.15 and 27.12.15 to till discharge

Syp Septran SS 26.11.15 to till discharge

Antifungals given with duration/dates

Tab Forcan: 24.11.15 to 08.12.15

Inj Amphotericin B: 09.12.15 to 16.12.15

एम.आर.-9
M.R.-9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-११००२९
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	Sahil Dev	आयु Age	64 yrs	लिंग Sex	M/F
सेवा Service		वार्ड Ward	C2	बिस्तर Bed	19
वैवाहिक स्थिति Marital Status		व्यवसाय Occupation		यू.एच.आई.डी. सं. UHID No.	0122994
धर्म Religion		स्थिति Status			53

Referred by Dr. S-R, Hematology (Requesting Doctor) to Dr. S-R, Radiotherapy (Consultant & Specially)

Findings :

Date : 08/12/15 R.N. (6) 1 RCH

Dear colleague,

This pt is a Cl/o B-ALL & myelofibrosis | CALS-1 | BCR ABL awaited (R) cytogenetics (D) Day (7) BM is M_2 (20% blasts)

He is starting on (1st BSP) BFM protocol but will be shifted to augmented BFM protocol w/o M_2 BM

Kindly suggest time for Radiotherapy & give dil for IL

(S-R, Hematology)

Diagnosis or Impression :

Recommendations:

8/12/15
Reg RT-II today (5)
file to R/o 02

Consultant's Signature

DEPARTMENT OF HAEMATOLOGY
2nd Floor, (NEW PVT WARD), AIIMS New Delhi - 110029

BONE MARROW REPORT FORM

Name SAHIL DEV	**Age** 6 **Sex** M **Date** 1/1/2016
Hosp. Regn. No. 101229453	**Aspirate Report 1** B-2535-15
Department HEMAT	**Biopsy Report 1** 15BX-2379
Material Sen	**Ward/ OPD/ Clinic** C2-19
	Leucyte Report

Aspirate Report 1 Known case of B-ALL with myelofibrosis, day +34 of aBFM induction.
Fairly cellular bone marrow imprint smear, shows all hematopoietic elements with 2% blasts.
Bone marrow is in remission.

Biopsy Report 1 Known case of B-ALL with myelofibrosis, day +34 of aBFM protocol.
Adequate bone marrow biopsy showing cellular marrow with marked erythroid hyperplasia, with other hematopoietic elements. Reticulin stain shows no increase in reticulin fibres.
Bone marrow is in remission.
Corroborate with bone marrow touch report.

Lecocyte Report

Supplementary Report

Senior Resident

Dr. Renu Saxena
Consultant

DEPARTMENT OF HAEMATOLOGY
2nd Floor, (NEW PVT WARD), AIIMS New Delhi - 110029

BONE MARROW REPORT FORM

Name	SAHIL	**Age**	6	**Sex**	M **Date** 2/11/2015
Hosp. Regn. No.	229453	**Aspirate Report 1**		B-2071-15	
Department	Hematology	**Biopsy Report 1**		15Bx-1943	
Material Sen		**Ward/ OPD/ Clinic**		OPD	
		Leucyte Report			

Aspirate Report 1 Acute leukemia. Bone marrow imprint smear shows replacement with monomorphic blasts. Blasts are negative for MPO, SBB, NSE & PAS
Adv: Flow cytometry

Biopsy Report 1 Adequate bone marrow biopsy shows increased marrow cellularity shows replacement by blasts. Reticulin stain shows diffuse increase in reticulin fibres (grade II-III).

Lecocyte Report

Supplementary Report

Dr. Prabhat. M
Senior Resident

for
Dr. H.P. Pati
Consultant

Report Of Flow Cytometry

Department Of Hematology

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029

Name:- Sahil **Age/Sex:-** 61M

UHID No. 10122945 3 **Lab No. :-** 15-F-277

Specimen :- Bone marrow

Markers	Interpretation	Cut off for positivity
CD19	positive	≥ 20%
CD10	positive	≥ 20%
CD13	–	≥ 20%
CD33	–	≥ 20%
CD117	–	≥ 20%
CD34	Positive	≥ 20%
HLADR	–	≥ 20%
MPO	Negative	≥ 10%
CD79a	positive	≥ 10%
TDT	–	≥ 10%
cyCD3	Negative	≥ 10%
CD7	–	≥ 20%
CD5	–	≥ 20%
CD64	–	≥ 20%
CD11c	–	≥ 20%

Remarks:- Limited panel of antibodies applied.
B-Lineage Acute Lymphoblastic leukemia

Dr H.P. Rath
26.10.15

Signature of the Consultant:-

Certificate No. M-0020

cap ACCREDITED

oncquest
discover diagnose defend

Regd. Dt:	26/11/2015	Acc. ID: 1015103497	
Coll Dt. Tm.	26/11/2015 15:17:52		
Recd. Dt. Tm. :	26/11/2015 15:17:55		
Age:	6 Yrs	Sex: Male	
Name:	Mst. SAHIL DEV		

Client Details: AIIMS-3
Ansari Nagar, New Delhi.
Refd. By: DR GOVIND
Report Dt. Tm. : 05/12/2015 14:27:06
Printed Date: 05/12/2015



*** End of Report ***

Dr. G. Renjini Nambiar
Ph.D
Senior Consultant - Cytogenetics

Dr. Sadanand Dutt
Ph.D.
Director-Molecular Biology and R&D

The sample is processed by Oncquest Laboratories Ltd.

CAP accredited * In Scope of NABL

Please correlate the test results with clinical history of the patient. Not for medico-legal purpose. Tests performed by CAP (7210071) and NABL Accredited & Certified Laboratory

DEPARTMENT OF HAEMATOLOGY
2nd Floor, (NEW PVT WARD), AIIMS New Delhi - 110029

BONE MARROW REPORT FORM

Name SAHIL DEV

Age 6 **Sex** M **Date** 4/12/2015

Hosp. Regn. No. 101229453

Aspirate Report 1 B-2350-15

Biopsy Report 1

Department HEMATOLOGY

Ward/ OPD/ Clinic C2/19

Material Sen

Leucyte Report

Aspirate Report 1 Known case of B-ALL, day+7 marrow (induction chemotherapy).
Peripheral smear shows pancytopenia.
Bone marrow imprint is poorly cellular- however, shows 20% blasts.

Biopsy Report 1

Lecocyte Report

Supplementary Report

Senior Resident

Dr. H.P. Pati
Consultant

DEPARTMENT OF RADIO-DIAGNOSIS

All India Institute of Medical Sciences (AIIMS)

Ansari Nagar, New Delhi - 110029

Patient Name: SAHIL DEV **Sex:** M **Age:**6Y

Patient ID: RAD129769 **Report state:** Signed-off

OPD/Ward:C-2 medicine + hematology/WARD

EXAMINATION DESCRIPTION: CT PNS (PLAIN STUDY) **PERFORMED ON:** 29.12.2015 12:29 **CR No.:** 4657678

Admitting diagnosis:
c/o B-ALL with fungal pneumonia

received induction chemotherapy with antifungals

Report:
NCCT PNS

REPORTING TEMPLATE

Opacification of sinuses (Present /Absent)	Right	Left
Frontal Sinus	not pneumatized	
Ethmoid Sinus	P	P
Maxillary Sinus	A	A
Sphenoid Sinus	A	A

Mucoperiosteal thickening of sinuses - (Present /Absent)	Right	Left
Frontal Sinus	not pneumatized	
Ethmoid Sinus	P	P
Maxillary Sinus	P	P
Sphenoid Sinus	P	P

Any hyperdense contents (mention site)-A

Pneumatization of Sinuses -
Frontal Sinus- Not pneumatized for age
Maxillary Sinus- Normal
Sphenoid Sinus- Sellar

Bone Expansion (mention site)-A
Bone Erosion (mention site)-A
Bone Sclerosis (mention site)-A
Nasal Septum- Midly deviated towards left side

Middle turbinate anatomy- Concha bullosa on left side with mucosal thickening
Uncinate process insertion-Lamina papyracea

Osteomeatal complex -Blocked on left side
Frontal nasal duct pathway- not formed
Sphenoethmoidal recess- Normal

0.645

All India Institute of Medical Sciences

Department of Emergency Medicine

Pediatric Emergency Monitoring Chart

Name SAMIL DEV Age/Sex 6yrs UHID No. 10/229453

Wt. .....

Working Diagnosis .....

Time/Date	24/11/17 10:17am						
Temp	97 (T						
HR	71/m.						
RR	30/m.						
CFT	L3sec.						
Peripheral Pulses	Good						
Central Pulses	Good						
BP	106/70						
GCS	15/15						
Pubils							
SpO2	84% RA.						
Any other significant findings/ investigations							
Interventions							

turbinate-Normal

Infraorbital ethmoidal (Haller) cell- Absent
Sphenoethmoidal (Onodi cell) - Absent
Anterior clinoid process pneumatization- Absent
Lamina papyracea integrity- Intact

Cribriform plate anatomy (Keros classification I/II/III)-I
Ethmoid skull base integrity-Intact
Optic nerve anatomy- Covered by bone

ICA anatomy- Covered by bone
Orbit- Normal
Nasopharynx- Normal
Visualized brain parenchyma- Normal

NCCT CHEST
CT scan of the chest was performed using 24x0.6 mm collimation without IV contrast.

There are few cavitating nodules in bilateral upper lobes. No perilesional GGO seen. Rest of the lungs appears normal.
Heart and mediastinal vascular structures are normal.
No significant mediastinal or axillary adenopathy noted.
No pleural /pericardial effusion noted.
Tracheobronchial tree is normal.
Bones are normal.
Visualised abdominal organs shwos hepatosplenomegaly.

Impression:
Bilateral chronic pansinusitis with left sided concha bullitis. No erosion noted.
K/C/O fungal pneumonia showing few cavitating nodules in bilateral upper lobes.
Hepatosplenomegaly.

As compared to the previous CT scan dated 10/12/2015, there is reduction in the number and size of the nodules in bilateral lungs with evidence of cavitation within them as new development. Also, there is loss of surrounding GGO (S/o response to treatment)

Report Signed Date/Time:
2015.12.29 19:37

Dr. Biswajit Sahoo Dr. Manisha Jana Consultant

This document was signed-off electronically

18 39 नेत्रीमवार H/O-6988/016

अ.भा.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

विभाग/Dept. HEMATOLOGY OP Monday / Wednesday / Fri 3rd Floor, O.P.D Block A1 यूनिट/Unit

13/1/16

बा.रो.वि. पंजीकृत सं./O.P.D. Regn. No. H-71831/11

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	UHID पता/Address
Sahil Dev		M	6	10122-9453 चक इस्लामपुर (डबरा जिला ग्वालियर (M.P.)

निदान/Diagnosis ALL c myelocytes 85

दिनांक/Date

6/1/16

उपचार/Treatment

6

℞

(1) Consolidation to be started (28)

(2) RT date 27/1/15

(3) T Lomper 125mg/d

(4) T Ventop (100) 1—1

(5) Sy Septran 1—1 m/w

(6) Hydrolive mouth wash 3-4 ml d

(7) Syr Chelcal 5ml b d

Env clock up

6/1/16

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

11/1/16

(83)

18/1/16

(77)

File please

① DCH for consolidation

② CNT opinion

③ PLT to review on 27/1/16

④ Tab. LEVOFLOX 125mg OD

5. Tab. UDILIV 100mg BD

(70) 6. Tab. SEPTRAN DS 1 BD M/W/F 1 week

(1) 7. Syp. Shelcal 5ml BD

8. Heparin m/w TID

27.1.16

25/1/16

(9)

M. JAGADEESH 15/1/16

① Chest x-ray PA view

② Rep. to cashier

27/1/16

गाट

सोमेन्द्र सिंह शेखावत

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। /SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

सोम

एकक/Unit _____

विभाग/Dept. Allied

HO-6988/0/6

ओ०पी०डी० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता/Address
Sahil Dev		M	6	UH. ~~10122945 3~~ UH. 10122945 3

निदान/Diagnosis

ALL

दिनांक/Date	उपचार/Treatment
1/2/16 (56)	(23) PRBC - 1 Pls adjust - Needs RT
Hb 6.3	1. Inj Neulaxe 150/sc daily x 1 week
	2. Folvite 5 mg od x 1 week
	3 ~~5 mg~~ A-Z 1+2 x 1 week
Wednesday	- Hb/TLC/PLT Tube
	Friday Hb/TLC/PLT in OPD Need to see TLC Report
11	
11	

T. Jain

3/2/16

2 2 2

1. Sy Augmentin duo 1 tab TID x 1 week
2. TBact locally
3. Sy Tixylix 1 tsp TID x 1 week

2 2 2

Twice a

3/2/16 (Wed)
3/02/2016 (10094)

5/2/16 Hold G-CSF
Review Next week.

T 2

8/2/16
5

R/

1. Chest PA
2. Fluoxetin 1 m
3. Sy. Amox 1 tab TID

