







B.C.A

0.187 m<sup>2</sup>

## AML DA(3+7)

Day 1	Cytosine Arabinoside 100 mg/m <sup>2</sup> continous infusion over 24hours	Daunorubicin 45mg/m <sup>2</sup> or 45mg/m <sup>2</sup> daily by slow (1 hour) i.v. infusion <del>Inj. Etoposide 100mg/m<sup>2</sup> over 4 hour</del>
	Signature <i>[Signature]</i>	Signature <i>27/1/23</i>
Day 2	Cytosine Arabinoside 100 mg/m <sup>2</sup> continous infusion over 24hours	<del>Inj. Etoposide 100mg/m<sup>2</sup> over 4 hour.</del>
	Signature	<i>23/1/23 done over</i>
Day 3	Cytosine Arabinoside 100 mg/m <sup>2</sup> continous infusion over 24hours	Daunorubicin <del>45mg/m<sup>2</sup></del> or 45mg/m <sup>2</sup> daily by slow (1 hour) i.v. infusion <i>30mg/m<sup>2</sup></i> Inj. Etoposide 100mg/m <sup>2</sup> over 4 hour
	Signature <i>[Signature]</i>	Signature <i>[Signature]</i>
Day 4	Cytosine Arabinoside 100 mg/m <sup>2</sup> continous infusion over 24hours	Inj. Etoposide 100mg/m <sup>2</sup> over 4 hour
	Signature <i>[Signature]</i>	TIT <i>[Signature]</i>
Day 5	Cytosine Arabinoside 100 mg/m <sup>2</sup> continous infusion over 24hours	Daunorubicin <del>45mg/m<sup>2</sup></del> or 45mg/m <sup>2</sup> daily by slow (1 hour) i.v. infusion <i>30mg/m<sup>2</sup></i> Inj. Etoposide 100mg/m <sup>2</sup> over 4 hour
	Signature <i>[Signature]</i>	<i>[Signature]</i>
Day 6	Cytosine Arabinoside 100 mg/m <sup>2</sup> continous infusion over 24hours	
	Signature <i>[Signature]</i>	
Day 7	Cytosine Arabinoside 100 mg/m <sup>2</sup> continous infusion over 24hours	TIT
	Signature <i>[Signature]</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

**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.



Viney





MC-4647

## BIOCHEMISTRY LABORATORY REPORT

भारत सरकार/Government of India

कलीनिकल बायोकेमिस्ट्री यूनिट/CLINICAL BIOCHEMISTRY UNIT

कलीनिकल बायोकेमिस्ट्री विभाग/DEPARTMENT OF CLINICAL BIOCHEMISTRY

डी.एम. .ए.सी. एवं सफदरजंग अस्पताल, नई दिल्ली/V.M.M.C. &amp; Safdarjung Hospital, New Delhi

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

Device NO. 2017025979

Patient Name VIRAT  
LAB No./CCR No.  
MRD/UNID No. 6420  
Sample Collection  
Sample Receiving 11:00  
DiagnosisAge 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 (JAFPE'S)	0.2	0.9	1.3	mg/dL	
TOTAL BILIRUBIN(OPD)	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:

Sign. of Doctor:

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



JAN 2023

हृदयरोग विज्ञान विभाग  
सफदरजंग अस्पताल, नई दिल्ली-29

Phone No: 011-26766111

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

17 JAN 2023

OPD Reg. No. \_\_\_\_\_ AGE \_\_\_\_\_ SEX M/F  
 WEIGHT \_\_\_\_\_ kg MRD No. \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ BSA \_\_\_\_\_ m<sup>2</sup>  
 Imaging \_\_\_\_\_ Poor/Adequate/Good Done by Dr. \_\_\_\_\_  
 Checked by Dr. \_\_\_\_\_

Measurements

Normal Values

Normal Values

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

MURMURS

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

CARDIOMEGALY

Normal/Thickening/Calcification/Enlarged

AORTIC VALVE

Morphology AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming  
 PML-Normal/Thickening/Calcification/Prolapse/Paradoxical Motion/Fixed  
 Subvalvular 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 \_\_\_\_\_ cm<sup>2</sup>

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming  
 Doppler 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  
 Address

Name viat/ly/m  
 Day of admission

DATE 6/2/23

Chemotherapy cycle

Last chemotherapy date

Diagnosis Kidney  
CNS Blast

BSA 0.383 m<sup>2</sup>

Reinduction  
chemotherapy complete

Events in last 24 hrs

cough/cold (+)  
tachypnea relieving  
relieving  
relieving

Complaints

Examination

PP - good CFT < 3 sec Temp: Afebrile  
 SpO<sub>2</sub> 98% RA; 99% by NP @ 2L/min  
 RR: 38/min BP: 102/62 mmHg  
 HR: 110/min  
 RS: R/L AE @ ut, chest - R/L crepts (+) ut  
 CVS - S<sub>1</sub>S<sub>2</sub> (+) 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

- ECT chest (+) Date
- Send Respiratory Panel
- VSA w/A (date)
- AP PCT
- Stool for Clostridium toxin
- Stool for atypical organism
- VBG

Resident signature

Senior resident signature

Faculty Signature



1/1/20						34/20	121	10	0.1	139/	
1/1/20	7.8	2570	340	27000	0.4	25/17	120	16	0.1	137/	
1/1/20					0.4	25/15	149	9	0.1	137/	
1/1/20	10.6	4850	790	79000	0.5	22/11	165	14	0.1	139/	
1/1/20										139/	pH/sO2/cK+/
1/1/20	9.2	3850	660	13400	0.4	19/9	161	10	0.1	139/	clac
				0						42	7.4/98.8/2.7/
											1.8
											pH/sO2/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

visit pt-309/22

17/11

ward-21

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

Bone Marrow Aspirate and BM Bopsy 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 Monoclo 28  
25 11 09 of 22

18 12 Hematogenous

Megakaryocyte

Platelet  
Erythrocyte

No. of Slide Received:

No. of Slide Stained:

No. of Slide Stained:

No. of Slide Stained:

cellular B cell leukaemia  
Dep pool seen

N:E = 2:1

Granulocytic cell seen  
mild left shifted mat

Erythrocyte seen mild  
megakaryocyte mat

megakaryocyte seen  
hypoblastic 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 <1<sup>st</sup> centile  
Height- 74 cm (3<sup>rd</sup> to 50<sup>th</sup> 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 is 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

आरोग्य विभाग/Ministry of Health & Family Welfare, Government of India  
आरोग्य विभाग/Ministry of Health & Family Welfare, Government of India

आरोग्य विभाग/Ministry of Health & Family Welfare, Government of India

आरोग्य विभाग/Ministry of Health & Family Welfare, Government of India

Patient details:

NAME **VIRAT**

OPD/WARD **d1**

(Mandatory to fill)

AGE **1yr**

SEX **M**

DATE **27/1/22**

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

**L1236**

(Mandatory to fill)

DIAGNOSIS

**Kleio - 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  
Technician Sign: 

**FOUNDATION SOCIETY**  
WE ARE DEDICATED TO HEALTH & CARE

**DR. SADAF KHAN**

Junior Resident  
Department of Paediatrics  
Vardaan & Safdarjung Hospital  
New Delhi-110029

STAMP & SIGNATURE OF DOCTOR (Mandatory to fill)



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	बेड नं. Bed No.	यूनिट Unit	मासिक आय Monthly Income
--------------------------------	------------	---------------------	---------------	--------------------	---------------	----------------------------

Virat

14yr M

ओ.पी.डी.  
OPD

रु.  
Rs.

भेजने वाले  
Referred by

DOD

ओ.पी.डी. नं./चि.रि.वि. संख्या

OPD No./MRD No. 64202

सी.जी.एच.एस. टोकन नम्बर  
CGHS Token No.

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 & CMS Blast  
C/o Pain Abdomen.  
? Neutropenic Enterocolitis

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

रोग संबंधी निदान  
CLINICAL DIAGNOSIS

एक्स-रे नम्बर  
X-RAY No.

सी 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  
Age: 1  
Ward:

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

Doctor:  
Sex: Male  
Type of Sample : EDTA

WARD REPORT

WBC 8.28  $10^3/\mu\text{L}$   
RBC 3.14  $10^6/\mu\text{L}$   
HGB 9.4 g/dL  
HCT 25.9 %  
MCV 82.5 fL  
MCH 29.9 pg  
MCHC 36.3 g/dL  
PLT 600  $10^3/\mu\text{L}$   
RDW-SD 46.6 fL  
RDW-CV 16.2 %  
PDW 11.8 fL  
P-LCR 10.7 fL  
PCT 29.6 %  
NRBC 0.64 %  
NEUT 0.03  $10^3/\mu\text{L}$   
LYMPH 3.64  $10^3/\mu\text{L}$   
MONO 2.35  $10^3/\mu\text{L}$   
EO 2.25  $10^3/\mu\text{L}$   
BASO 0.01  $10^3/\mu\text{L}$   
IG 0.03  $10^3/\mu\text{L}$   
RET 0.46  $10^3/\mu\text{L}$   
IRF 1.94 %  
LFR 21.6 %  
MFR 78.4 %  
HFR 16.6 %  
RET-He 5.0 %  
IPF 37.4 %  
MicroR 6.8 %  
MacroR 3.7 %

WBC ( 6.00 - 17.00 )  
RBC ( 3.70 - 5.30 )  
HGB ( 10.5 - 13.5 )  
HCT ( 33.0 - 49.0 )  
MCV ( 70.0 - 86.0 )  
MCH ( 23.0 - 31.0 )  
MCHC ( 30.0 - 36.0 )  
PLT ( 150 - 450 )  
RDW-SD ( 37.0 - 54.0 )  
RDW-CV ( 11.0 - 16.0 )  
PDW ( 9.0 - 17.0 )  
MPV ( 9.0 - 13.0 )  
P-LCR ( 13.0 - 43.0 )  
PCT ( 0.17 - 0.35 )

RET



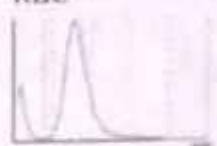
WNR



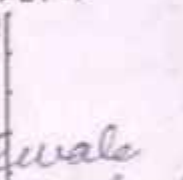
WDF



RBC



PLT-F



NEUT% ( 15.0 - 35.0 )  
LYMPH% ( 45.0 - 75.0 )  
MONO% ( 3.0 - 13.0 )  
EO% ( 0.0 - 6.0 )  
BASO% ( 0.0 - 1.0 )

4/40 ADL  
New type of Promyel/Myo  
of PLI 0.3.  
also monocytes 10  
Leop for  
Correlate Clinically

Scanned  
WBC IP Message

RBC IP Message  
Anemia

PLT IP Message

SLIDE CLEANING  
SMEAR MAKING  
SMEAR COUNTING  
SM STAINING  
SAMPLE QUALITY

KHUSHI FOUNDATION  
CHARITABLE SOCIETY  
WE ARE DEDICATED TO HEALTH CARE



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	विस्तर सं. Bed No.	यूनिट Unit	मासिक आय Monthly income
Virat.	1yr M.		ओ पी डी OPD			रु. Rs.
भेजने वाले Referred by	ओ पी डी. नं./वि.रि.वि. संख्या OPD No./MRD No.		सी.जी.एच.एस. टोकन नम्बर CGHS Token No.			
किस अंग विशेष की जांच होगी है Exact part to be examined	CECT chest.		तारीख Date 6/2/23			
संक्षिप्त रोग संक्षेप नोट Short Clinical Notes	w/clo AMLE CNS Blast clo crepts in chest Post chemotherapy ? invasive Aspergillus					
रोग संक्षेप निदान CLINICAL DIAGNOSIS						
एक्स-रे नम्बर X-RAY No.						
इसी गार्ड 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: 02/02/2023

शुशी फाउंडेशन चैरिटेबल सोसायटी,  
भागीमति अद्यक्षा (गीता यादव जी)

महोदया मैं आपसे बिनती करती हूँ, मेरे बच्चे  
की हालत बहुत खराब है मेरा बेटा 1 साल  
2 महीने का है मेरे बेटे को (ब्रंड कैंसर)  
है इस बिमारी का इलाज बहुत महंगा  
है और पूरी संपत्ति असाध्यक है  
इसका इलाज जल्द से जल्द नहीं हुआ तो  
ये बिमारी 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 जिन्दगी  
भर अक़ारी रहूँगी,

निवेदनकर्ता

बच्चे की माँ  
सरगम



*Signature*

Head Office: F-2/7, G/F, Village Khanpur, South Delhi New Delhi (India) -110062

Email: foundationkhushi9@gmail.com

Contact: +91 9873886160 | +91 8384080823 | +91 9871572176