
REDMI 13C
03/06/2026 12:23

LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

Patient Details:	LAVYANSH 1Y 6m/M 3374
Bone marrow received on	13/02/26
Bone marrow aspirate:	67/26

Clinical details: Case of pancytopenia with febrile neutropenia ?Aplastic anemia .

CBC:		
Hb (gm/dl)	TLC x10^3 /ul	Platelet&F x 10^3/ul
7.3	3.17	35

(ANC = UC / uL)

DLC: My01 N02 L94 M03

Peripheral smear: Smears show leucopenia with very severe neutropenia and thrombocytopenia. Red cells are predominantly normocytic normochromic , a fair number of target cells and few macrocytes are seen.

BMA +BMI : Aspirate smear show few tiny particles which are hypocellular for age however maturing hematopoietic cells are seen.

Erythropoiesis	There is marked preponderance of erythroid series showing megaloblastic reaction. Few erythroblasts showing features of dyserythropoiesis.
Granulopoiesis	Maturing cells of myeloid series are seen, however there is paucity of mature forms.
Megakaryopoiesis	An occasional megakaryocyte is seen on screening the smears.
Other	No abnormal cells/ parasites / granuloma seen.

Myelogram (Left)-			
Blasts / hematogones		Eosinophils	-
Promyelocytes		nRBC	77
Myelocytes	04	Plasma cells	01
Metamyelocytes	10	Monocytes	-
Stab forms / Band forms	04	M:E ratio	0.23:1
Neutrophils	00	Perl`s stain	3+
Lymphocytes	04		

IMPRESSION: Pancytopenia with megaloblastic erythropoiesis.
Report on bone marrow biopsy to follow.
Vitamin B12 & folate Assay

Reported by:
Dr Deeksha Singh
Assistant Professor
Lady Hardinge Medical College
14/2/26

KILKARI TRUST
Regd. No.464

KILKARI TRUST

You Think, You Care, You give.

Mob.: 8588981217

Ref. No.: .....

Date : 04-06-26

सेवा में
श्रीमान
संस्थापक महोदया
किलकारी ट्रस्ट
महोदया,

मेरा बच्चा लक्ष्यांश (1 वर्ष 6 माह) गंभीर बीमारी Aplastic Anemia से पीड़ित है। इसका इलाज अस्पताल में चल रहा है और लगातार दवाइयों, जाँच एवं प्लेटलेट्स की आवश्यकता है। हमारी आर्थिक स्थिति कमजोर होने के कारण इलाज का खर्च उठाना कठिन हो रहा है।

अतः आपसे निवेदन है कि कृपया हमारे बच्चे के इलाज हेतु आर्थिक सहायता प्रदान करने की कृपा करें।

आभारी
अमननाथ

KILKARI TRUST Reg. No. 464 DELHI

Sample No.: 1599 LAVYANSH U2C5 Rack: Position: 20/05/2026 11:31:51 WB
Patient ID: Ward: Doctor:
Name: Birth: Sex:
Sample Comment: Nickname: XN-1000-1-A

Positive
Diff. Morph. Count

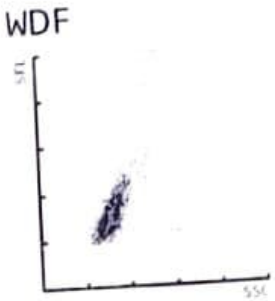
WBC	3.49	[10^3/uL]		
RBC	2.18 -	[10^6/uL]		
HGB	6.5 -	[g/dL]		
HCT	18.8 -	[%]		
MCV	86.2	[fL]		
MCH	29.8	[pg]		
MCHC	34.6	[g/dL]		
PLT &F	26 -	[10^3/uL]		
RDW-SD	43.6	[fL]		
RDW-CV	14.3	[%]		
PDW	10.4	[fL]		
MPV	11.3	[fL]		
P-LCR	33.4	[%]		
PCT	0.04 -	[%]		
NRBC	0.00	[10^3/uL]	0.0	[%]
NEUT	0.13 *	[10^3/uL]	3.7 *	[%]
LYMPH	3.14 *	[10^3/uL]	90.0 *	[%]
MONO	0.22 *	[10^3/uL]	6.3 *	[%]
EO	0.00	[10^3/uL]	0.0	[%]
BASO	0.00	[10^3/uL]	0.0	[%]
IG	0.00 *	[10^3/uL]	0.0 *	[%]
RET	0.30	[%]	0.0065	[10^6/uL]
IRF	7.8	[%]		
LFR	92.2	[%]		
MFR	6.7	[%]		
HFR	1.1	[%]		
RET-He	31.8	[pg]		
IPF	1.6	[%]		

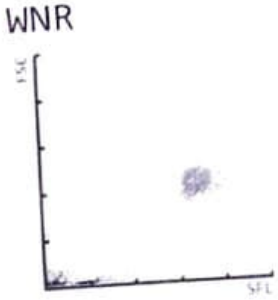
WBC-BF		[10^3/uL]	
RBC-BF		[10^6/uL]	
MN		[10^3/uL]	[%]
PMN		[10^3/uL]	[%]
TC-BF#		[10^3/uL]	

WBC IP Message
Neutropenia
Blasts/Abn Lympho?
Atypical Lympho?

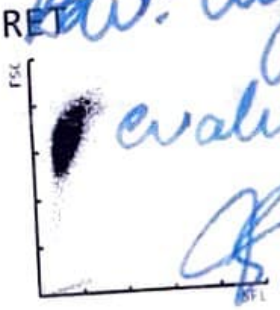
RBC IP Message
Anemia

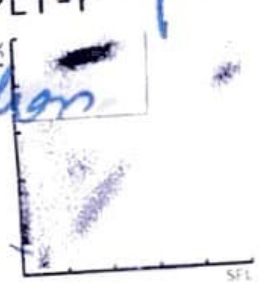
PLT IP Message
Thrombocytopenia

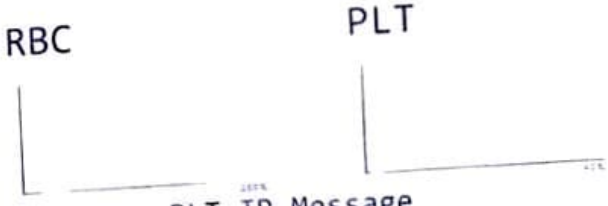




Marked anemia and thrombocytopenia
Adv: Urgent P/S evaluation







Sample No: LAVYANSH 12906 HEMAT Rack: Position: 30/05/2026 10:40
Patient ID: Ward Doctor:
Name: Birth: Sex:
Sample Comment: Nickname: XN-1000-1

Positive

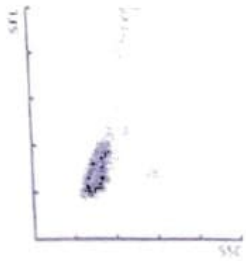
Diff. Morph. Count

WBC	5.15	[10^3/uL]		
RBC	2.78	[10^6/uL]		
HGB	8.3	[g/dL]		
HCT	24.4 -	[%]		
MCV	87.8	[fL]		
MCH	29.9	[pg]		
MCHC	34.0	[g/dL]		
PLT &F	4 -	[10^3/uL]		
RDW-SD	42.6	[fL]		
RDW-CV	13.7	[%]		
PDW	12.0 *	[fL]		
MPV	13.2 *	[fL]		
P-LCR	45.7 *	[%]		
PCT	0.01 *	[%]		
NRBC	0.01	[10^3/uL]	0.2	[%]
NEUT	0.44 *	[10^3/uL]	8.6 *	[%]
LYMPH	4.39 *	[10^3/uL]	85.2 *	[%]
MONO	0.31 *	[10^3/uL]	6.0 *	[%]
EO	0.00	[10^3/uL]	0.0	[%]
BASO	0.01	[10^3/uL]	0.2	[%]
IG	0.03 *	[10^3/uL]	0.6 *	[%]
RET		[%]		[10^6/uL]
IRF		[%]		
LFR		[%]		
MFR		[%]		
HFR		[%]		
RET-He		[pg]		
IPF	3.7 *	[%]		

clinical correlation

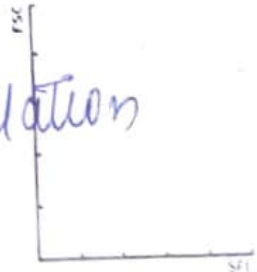
WBC-BF		[10^3/uL]
RBC-BF		[10^6/uL]
MN		[10^3/uL] [%]
PMN		[10^3/uL] [%]
TC-BF#		[10^3/uL]

WDF



WNR

RET



PLT-F

RBC

PLT

WBC IP Message
Neutropenia
Lymphocytosis
Blasts/Abn Lympho?
Atypical Lympho?

RBC IP Message
Anemia

PLT IP Message
PLT Abn Distribu
Thrombocytopenia

DEPARTMENT OF PATHOLOGY

LADY HARDINGE MEDICAL COLLEGE & SMT S. K. HOSPITAL : NEW DELHI

BONE MARROW BIOPSY REPORT

Name of Patient: LAVYANSH Age /Sex: 1 Yr/M Regd. No: 3374

Hospital: KSCH Ward: PAEDS Dr. In charge : Dr

Specimen No: BMB- 68A/26 Microsection No: BMB- 68A/26

Nature of Specimen: **Bone Marrow biopsy**

Date of Receiving: 13/02/26 Date of Reporting: 23/02/26

Labelled as Bone Marrow biopsy (BMB 68A/26)

Received 1 core measuring 1.2 cm in length. Section shows fibrocartilaginous tissue, few skeletal muscle bundles and bony trabeculae enclosing marrow spaces which are markedly hypocellular for age (10-15% cellularity) and show predominantly lymphocytes, few plasma cells and occasional mast cells. There is marked paucity of erythroid, myeloid and megakaryocytic series. Focal area of erythropoiesis is seen.

IMPRESSION:- Bone marrow biopsy suggestive of hypoplastic marrow.

Reported by-

23/2/2026

Dr Deeksha Singh

Assistant Professor

Lady Hardinge Medical College

Aplastic Anemia

Name - Lavyansh

Age 1yr 8m | male

presentation - Clo fever + black colored stool (Feb 2026)

BMA - pancytopenia c̄ megaloblastic erythropoiesis

BMB - suggestive of hypoplastic bone marrow

PNH → Negative

HIV, HBV, HCV — NR

Parvo, EBV — NR

WES → No significant abnormality detected

ATG - April 2026 (4/4/26 - 7/4/26)

<u>other w/up</u> ↓

RMAT, Widel, Lepto, S.crub — Neg

B_{12} - 111 pg/ml, folate - 41.65 nmol (Feb 2026) → B_{12} - 132, FA - 3.5 (April 26)

03/03/2023 09:13

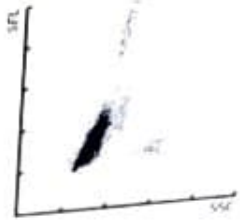
Sample No.: 13064 LAYANSH HEMT Rack: Position: 01/06/2026 10:21:53 WB
Patient ID: Ward: Doctor:
Name: Birth: Sex:
Sample Comment: Nickname: XN-1000-1-A

Positive

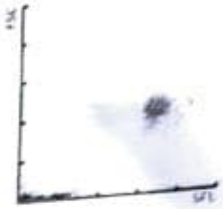
Diff. Morph. Count

WBC	3.46	[10^3/uL]		
RBC	2.18 -	[10^6/uL]		
HGB	6.5 -	[g/dL]		
HCT	20.2 -	[%]		
MCV	92.7	[fL]		
MCH	29.8	[pg]		
MCHC	32.2	[g/dL]		
PLT &F	4 -	[10^3/uL]		
RDW-SD	45.2	[fL]		
RDW-CV	13.6	[%]		
PDW	9.9	[fL]		
MPV	8.6 -	[fL]		
P-LCR	13.8	[%]		
PCT	0.00 -	[%]		
NRBC	0.00	[10^3/uL]	0.0	[%]
NEUT	0.31 *	[10^3/uL]	8.9 *	[%]
LYMPH	2.86 *	[10^3/uL]	82.7 *	[%]
MONO	0.29 *	[10^3/uL]	8.4 *	[%]
EO	0.00	[10^3/uL]	0.0	[%]
BASO	0.00	[10^3/uL]	0.0	[%]
IG	0.00 *	[%]	0.0 *	[%]
RET	0.45	[%]	0.0098	[10^6/uL]
IRF	15.5	[%]		
LFR	84.5	[%]		
MFR	14.0	[%]		
HFR	1.5	[pg]		
RET-He	35.2 *	[%]		
IPF	2.3 *	[10^3/uL]		
WBC-BF		[10^6/uL]		[%]
RBC-BF		[10^3/uL]		[%]
MN		[10^3/uL]		
PMN		[10^3/uL]		
TC-BF#		[10^3/uL]		

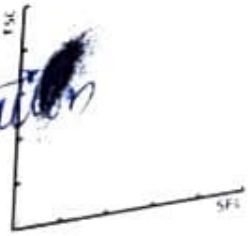
WDF



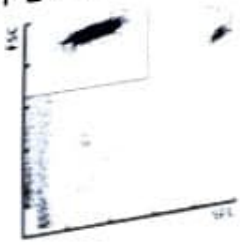
WNR



RET



PLT-F



RBC

PLT

RBC IP Message
Anemia

PLT IP Message
Thrombocytopenia

clinical correlation

WBC IP Message
Neutropenia
Blasts/Abn Lympho?
Atypical Lympho?

Name	Master LAVYANASH	Centre Details	ONCQUEST HC - DELHI
Age	1 Yrs 6 Mon 13 Days Sex Male	Accession ID	OQG2602281003
Collection Date	28/Feb/2026 06:33PM	Referred By	DR ANKITA GOEL
Received Date	28/Feb/2026 06:34PM	Report Date	26/March/2026 03:05PM
Registration Date	28/Feb/2026 06:33PM	Sample Type	Whole Blood EDTA

NGS:Whole Exome sequencing

Summary of the Clinical History Provided

Consanguinity Absent
Salient features cellulitis. Pancytopenia evaluation. Bone marrow aspirate hypercellular. Bone marrow biopsy hypocellular. Megaloblastic anemia
Clinical suspicion Aplastic anemia

Test Results and Interpretation

NO SIGNIFICANT VARIANT (SNV / CNV) RELATED TO PHENOTYPE DETECTED.

NOTE

- Variant classification is known to change with time and emerging evidence. Follow up with respect to changes in classification with your referring clinician/laboratory is recommended at 3-5 yearly intervals or as deemed required by your clinician.
- The clinical history section in the report contains concised details of the salient features provided for the patient. The analysis has been performed with all the clinical details provided and relevant HPO terms based on the same.

Recommendations

1. Clinical correlation as well as reverse phenotyping is recommended for all reports.
2. Genetic counseling for accurate interpretation of test results is recommended.
3. The reported findings are based on NGS analysis.
4. Analysis includes both single nucleotide (SNV) as well as copy number variant analysis (CNV).
5. Copy number variants when detected are included in the report.
6. Since CNV analysis is performed on a comparative basis, a negative result does not exclude the presence of a CNV.

Dr. Vinay Bhatia
Ph.D.
Head- Molecular Biology
and Genomics