



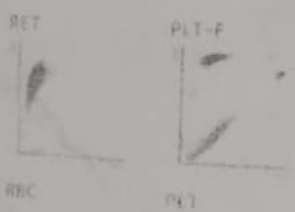
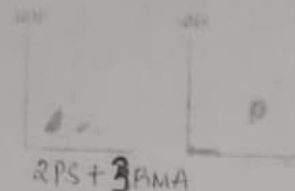
Patient Name: _____
 Date: _____
 Ref: _____

25/12
 Vast
 GYM
 1377
 O2
 KSCM

Positive
 P15: 100% 100%

WBC	Hb	Hct	MCV	MCH	MCHC	RDW	PLT
10.0	10.0	30.0	30.0	30.0	30.0	10.0	10.0
10.2	10.1	30.1	29.5	29.8	30.2	10.1	10.1
10.4	10.2	30.2	29.0	29.5	30.5	10.2	10.2
10.6	10.3	30.3	28.5	29.0	30.8	10.3	10.3
10.8	10.4	30.4	28.0	28.5	31.1	10.4	10.4
11.0	10.5	30.5	27.5	28.0	31.4	10.5	10.5
11.2	10.6	30.6	27.0	27.5	31.7	10.6	10.6
11.4	10.7	30.7	26.5	27.0	32.0	10.7	10.7
11.6	10.8	30.8	26.0	26.5	32.3	10.8	10.8
11.8	10.9	30.9	25.5	26.0	32.6	10.9	10.9
12.0	11.0	31.0	25.0	25.5	32.9	11.0	11.0

RET	PLT-F
0.2	0.2
0.3	0.3
0.4	0.4
0.5	0.5
0.6	0.6
0.7	0.7
0.8	0.8
0.9	0.9
1.0	1.0
1.1	1.1
1.2	1.2
1.3	1.3
1.4	1.4
1.5	1.5
1.6	1.6
1.7	1.7
1.8	1.8
1.9	1.9
2.0	2.0



P/S: Smear shows red cells which are normocytic normochromic with mild anisocytosis. WBC show relative lymphocytosis with presence of few atypical cells (? reactive). Platelets are mildly reduced.
 DLC - N15 L80 M04 E01

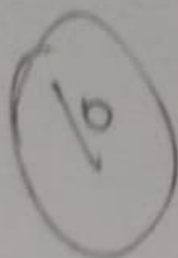
BMA :- Smear all cellular showing marked crushing artefact, however, erythropoiesis appear normoblastic ~~also~~ in nature. Myeloid series show normal maturation. Few megakaryocytes are seen and there is increase in number of lymphocytes.

WBC TP Message
 Lymphocytes
 Blast/Abn Lympho

RBC TP Message
 Anemia
 RET Abn Scattergram

PLT TP Message

of Pathology



10/10111
NAME YUSUF BYAM 19877 UPPHAD
TEST CBC/SM/T2022

of Peds

This is regarding Yunus, by M, CR: 13922
 multiple lymphadenopathy, c? SMS.
 showing contiguous lymph node Cox,
 mediastinal, abdominopelvic c lymph node
 both sides of diaphragm c splenic
 involvement size of Hodgkin's lymphoma of
 (1) (2) c bulky disease.
 c PS sent along

Splenic
 BCM?
 FNA
 LN?

Thank you

Shikha

Wishy contact numbers

Received CBC
 BMA only
 30/7/2022

DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient Ms. Yamy Sex M Age Regd. No.

Hospital H. 2. 5 Ward L.H.M.C. Dr. In-Charge Dr. V. Singh

Case No 1001/23 Smear No 2955-56/23

Received on 29/02/23 Reported on 29/03/23

Investigation asked for :-

CSF Cytology

Gross = Received approx 1-ml of clear CSF

Report :-

Microscopy = TLC = 1 cells/mm³.
DLC = No 2 Lx8 %.

Smears are Scantly cellular with few
Mature & transformed lymphocytes and occasional
seen. No Atypical cells
Very occasional pia arachnoid mesothelial cells

Dr. Deeksha

Dr. Deeksha

Asst. Prof.

29/02/23

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD BANK
 LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
 KALAWATI SARAN CHILDREN HOSPITAL
 License No. 982/83, Telephone No. 011-23408270
 TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 5/4/23 Time AM (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SOP	
		<u>2 units RBC</u>		<u>4</u>	<u>0</u>	<u>0</u>

Patient's Name YUSUF Age Sex 2yrs M Ward/Bed 2/25
 Hospital Registration No. 9473 Father's/Husband Name Mohd Ismail

Ordering/Replacement Donor (Donor Card No.) 2645
 Doctor In-Charge Dr. V. Singh Name of Transfusing Doctor Dr. D. D.

Indication for Transfusion (Specify) aplastic anemia

Genetic History (in female patients) _____
 Patient's Hb 7.2 Platelet Count 12K PT _____ APTT _____

Previous Transfusion: Yes / No, If Yes: _____

Date	No. of units transfused	Types of Components Whole Blood	ABO/Rh Group of units transfused	Adverse Reaction if any

Comments of Transfusing Doctor, if any Unstable anemia and
transfused 220ml RBC, 40ml FFP
 Ensure that _____

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION.

Drawn by DOO Date 6/4/23 Sign & Stamp of Medical Officer [Signature]
 Designation of Medical Officer SpR Paeds.

Registration No. _____

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Form received by _____ Date 6/4 Time 6:30 PM
 ABO Group & RhD B +ve Antibody screen _____ Tested by _____ Sign _____

Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issue By		
				Date	Time	Sign		Date	Time	Sign
	<u>RCC</u>						<u>5870</u>	<u>6/4</u>		
	<u>Plt</u>						<u>71</u>			
							<u>72</u>		<u>7:45 PM</u>	
							<u>73</u>			
							<u>74</u>			

Signature of BBO/Technician, if any _____

Sample ID: 12
 Name: _____
 Category: _____
 Age: _____
 Ref. Dr: _____
 Sample Remarks: *6/11*

Ng - 135
K - 44
Cl - 97
4.0

male
ajay

Patient ID: _____
 Sample Type: SERUM
 Collection Date: 07-Apr-2023
 Reg. Date: 07-Apr-2023
 Analyst: _____
 Location: _____

Sr.No.	Test	Result	Flag	Normal Range
1	Urea	15.3 mg/dl	L	↓ 18.0 - 55.0 mg/dl
2	Creatinine ENZ	0.22 mg/dl	L	↓ 0.70 - 1.30 mg/dl
3	Bilirubin Total	<u>4.18 mg/dl</u>	H	↑ 0.00 - 2.00 mg/dl
	Bilirubin Direct	0.44 mg/dl	H	↑ 0.00 - 0.20 mg/dl
	AST/GOT	42.6 U/L	H	↑ 0.0 - 35.0 U/L
	ALT/GPT	210.2 U/L	H	↑ 0.0 - 45.0 U/L
	Alkaline Phosphatase	245 U/L	H	↑ 53 - 128 U/L
	Total Protein	6.43 g/dl		6.40 - 8.30 g/dl
	Albumin	4.04 g/dl		3.50 - 5.20 g/dl
	Calcium	10.3 mg/dl	H	↑ 8.6 - 10.2 mg/dl
	Phosphorus	5.69 mg/dl	H	↑ 2.50 - 4.50 mg/dl

Sample ID 23

Name ES

Category

Age

Ref. Dr.

Sample Remark

Patient ID

Sample Type

SERUM

Collection Date

06-Apr-2023

Reg. Date

06-Apr-2023

Analyst

Location

No.	Test	Result	Flag	Normal Range
	Sodium	133.62 mmol/l	F,L	↓ 135.00 - 145.00 mmol/l
	Potassium	3.92 mmol/l		3.50 - 5.00 mmol/l
	Chloride	103.50 mmol/l		95.00 - 105.00 mmol/l
	Urea	24.3 mg/dl		18.0 - 55.0 mg/dl
	Creatinine ENZ	0.17 mg/dl	L	↓ 0.70 - 1.30 mg/dl
	Bilirubin Total	2.60 mg/dl	H	↑ 0.00 - 2.00 mg/dl
	Bilirubin Direct	0.94 mg/dl	H	↑ 0.00 - 0.20 mg/dl
	AST/GOT	61.9 U/L	H	↑ 0.0 - 35.0 U/L
	ALT/GPT	297.8 U/L	H	↑ 0.0 - 45.0 U/L
	Alkaline Phosphatase	278 U/L	H	↑ 53 - 128 U/L
	C-Reactive Protein	2.1 mg/l		0.0 - 6.0 mg/l

yusuf Islam (6/11/20)

T Cell MR (IR)

CP ended. → 26/11/20

BSA = 0

High Risk Interim Maintenance Phase, HDMTX

Week	15	16	17	18	19	20	21	22
Day	8	15	22	29	36	43	50	
ITMTX As per age (IT)	1	15		29		43		
IV MTX 5/m ² (iv)	1	15		29		43		
Folinic acid 15 mg/m ²	2-3	16-17		30-31		44-45		
Mercaptopurine 25 mg/m ² (po)	1						49	

Ceribawic
→ ANC > 7
→ Platelet >

SE

with G-AMP

plan to start → HR (IM) phase - HDMTX

cl/w or Laksh Siv

every 2nd day
start udiliv

Day visit weekly

vital panel

Review reqd to discuss
reg Rx.

Patient ID:

Ward:

Position:

24/03/2023 08:59

Name:

Doctor:

Sample Comment:

Birth:

Sex:

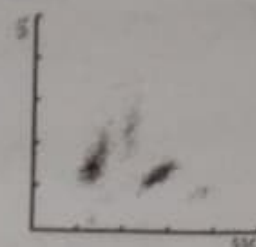
Nickname: XN-1000

Positive

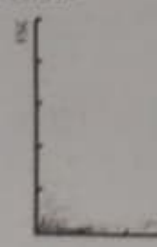
Diff. Morph. Count

WBC	1.41	[10 ³ /uL]		
RBC	2.13	[10 ⁶ /uL]		
HGB	7.0*	[g/dL]		
HCT	18.1	[%]		
MCV	85.0	[fL]		
MCH	32.9*	[pg]		
MCHC	38.7*	[g/dL]		
PLT &F	61	[10 ³ /uL]		
RDW-SD	34.1	[fL]		
RDW-CV	14.1	[%]		
PDW	----	[fL]		
MPV	----	[fL]		
P-LCR	----	[%]		
PCT	----	[%]		
NRBC	0.01	[10 ³ /uL]	0.7	[%]
NEUT	0.54*	[10 ³ /uL]	38.4*	[%]
LYMPH	0.67*	[10 ³ /uL]	47.5*	[%]
MONO	0.16*	[10 ³ /uL]	11.3*	[%]
EO	0.04*	[10 ³ /uL]	2.8*	[%]
BASO	0.00	[10 ³ /uL]	0.0	[%]
IG	0.00*	[10 ³ /uL]	0.0*	[%]
RET	1.20	[%]	0.0256	[10 ⁶ /uL]
IRF	5.7	[%]		
LFR	94.3	[%]		
MFR	4.3	[%]		
HFR	1.4	[%]		
RET-He	35.2	[pg]		
IPF	6.0	[%]		
WBC-BF		[10 ³ /uL]		
RBC-BF		[10 ⁶ /uL]		
MN		[10 ³ /uL]		[%]
PMN		[10 ³ /uL]		[%]
C-BF#		[10 ³ /uL]		

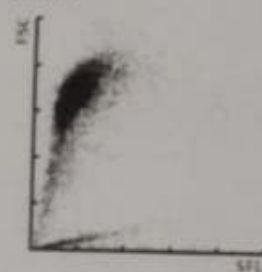
WDF



WNR



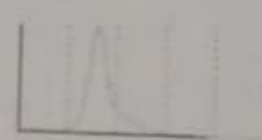
RET



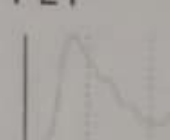
PLT-F



RBC



PLT



RBC IP Message
 neutropenia
 lymphopenia
 leukocytopenia
 left Shift?
 atypical Lympho?

RBC IP Message
 Anemia
 Turbidity/HGB Interf?
 Fragments?

PLT IP Message
 PLT Abn Distribution
 Thrombocytopenia

KALAWATI SARAN CHILDREN HOSPITAL

CLINICAL PATH LABORATORY

--- Patient ---

Sample ID 9423 CSF
Patient Name MD YUSUF U2C5
Age
Medical unit name :
Sample comment :

Patient ID

Sex : Unknown

Doctor name :

--- Measurement ---

BF

Analysis time 29/03/2023 14:51:15

RBC	1.1	/ μ l
WBC	1.1	/ μ l
MN#	0.7	/ μ l
MN%	60.0	%
PMN#	0.4	/ μ l
PMN%	40.0	%
EC	0.0	/ μ l
TNC	1.1	/ μ l

--- Report comment ---

--- Rule comment ---



Ref. No.:

Date :

दिनांक - 01-05-23

सेवा में,

संस्थापक महोदया,

किल्कारी ट्रस्ट,

नई दिल्ली

आपके संस्था से विनती है की हमारे बच्चे की
ब्लड कैंसर है। हमारा बच्चा बहुत कष्ट में है।

हमारा बच्चा सुसुप्त बहुत तकलीफ में है इस

बिमारी के कारण। इसका इलाज का खर्चा बहुत

डियादा है। हमारा परिवार बहुत कशिश कर रहा

है बच्चों को बचाने को।

कृपया करके हमारा आर्थिक खर्च

से सहायता प्रदान करें। हमारा परिवार सदा आपका

आभारी रहेगा।

आशाकर्ता

मौ. इस्लाम

बच्चा - सुसुप्त

Request Accepted

By Kilkari
Trust,

01.05.23

