लगातार चार्ट / CONTINUATION CHART

नाम/Name Ishrat ..... कमरा/शय्या सं/Room/Bed No. .....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet

2/4/22

Δ's B cell ALL (Intermediate risk)
consolidat^n phase.

Issues
- Fever spike 1-2 spike/day upto 100.8°F
- Recurrent vomiting.
- Afebrile > 24 hrs.

Adv (36 kg)

O/E
HR → 92/min
RR → 22/min
PP/PV → +/(N)
CRT → < 3 sec.
Ext → warm

CVS
CNS
R/S
P/A
WNL.

- NPO till vomiting resolves
- Inj. Emset 4 mg IV SOS
- Inj. Pantop. 40 mg IV OD.
- T. Calcium. 500 mg OD.
- T. MV. 1 tab OD.
- Syp. Zincovit 5ml OD.
- Inj. PCM 360 mg IV SOS.
- Inj. Fortum. 1.8 gm IV TDS
- Inj. amika. 500 mg IV OD
- IVF DNS + MVI @ + (1:100 KCl) @ 40 ml/Hr. ½ maint.
till vomiting resolves
- Vital monitoring

30/3/2022

लगातार चार्ट / CONTINUATION CHART

नाम/Name: Ishaal Byl female — कमरा/शय्या सं॰/Room/Bed No. ....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	A/n's: B-cell-ALL (Intermediate Risk) Consolidation phase	
	No c/o fever / yellowish discolouration of body / abdominal pain	
CR LFT/KFT/SE CBC ✓ P/S. Told - failure / Ankan - fever w/u 45/10 MU? Dr Dhananjay - Emset always before coitus - If not control granisetron -	O/E GC - fair HR - 93/' RR - 24/' PP/PR + good. Ext. warm. SpO_2 - 98%. Chest, CVS, CNS, P/A } WNL. Advice: 36 kg ① orally allowed ② Sy. Emset 4mg 1/u SOS ③ Sy. pantop 40mg 1/u OD ④ T. Calcium 500mg OD ⑤ T. MV 1 tab OD ⑥ Syp. Zincovit Ch 5ml OD ⑦ Inj. PCM 360mg IV SOS (for pain) D1 { ⑧ Sy. Septran 1.8 gm i/u 4 days 8) Inj. amikacin 500mg i/v OD ⑨ Sy. IVF DNS + KCl @ ...ml/hour	

LHMC XN series LHMC

Sample No: 89-2605 | Rack: 12 | Position: 2 | 23/03/2022 14:57:20 WB
Patient ID | Ward: | Doctor:
Name | Birth: | Sex:
Sample Comment | Nickname: XN-1500-1-R

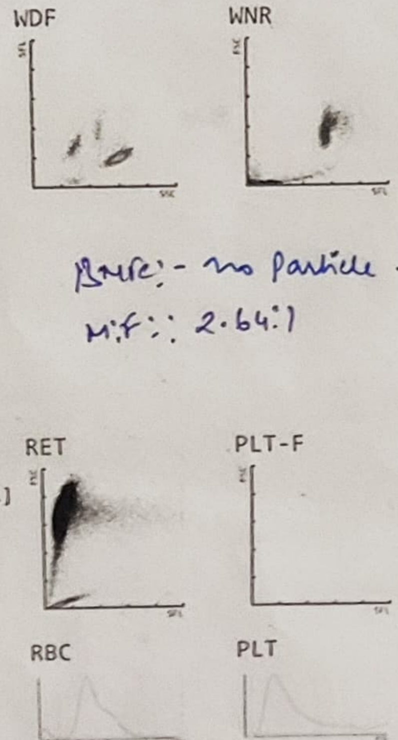
Positive — [BMA - 187/22]
Diff. Morph. Count

Ishrat
13yr/F
144884
RML

WBC	4.72	[10^3/uL]			
RBC	3.94	[10^6/uL]			
HGB	11.5	[g/dL]			
HCT	37.5	[%]			
MCV	95.2	[fL]			
MCH	29.2	[pg]			
MCHC	30.7 -	[g/dL]			
PLT	263	[10^3/uL]			
RDW-SD	78.8 +	[fL]			
RDW-CV	24.1 +	[%]			
PDW	16.9	[fL]			
MPV	12.3	[fL]			
P-LCR	41.8	[%]			
PCT	0.32	[%]			
NRBC	0.01	[10^3/uL]	0.2	[%]	
NEUT	3.66	[10^3/uL]	77.6 +	[%]	
LYMPH	0.67 -	[10^3/uL]	14.2 -	[%]	
MONO	0.37	[10^3/uL]	7.8	[%]	
EO	0.00	[10^3/uL]	0.0	[%]	
BASO	0.02	[10^3/uL]	0.4	[%]	
IG	0.13	[10^3/uL]	2.8	[%]	
RET	5.47 *	[%]	0.2155 *	[10^6/uL]	
IRF	14.2 *	[%]			
LFR	85.8 *	[%]			
MFR	10.7 *	[%]			
HFR	3.5 *	[%]			
RET-He	30.9 *	[pg]			
IPF		[%]			
WBC-BF		[10^3/uL]			
RBC-BF		[10^6/uL]			
MN		[10^3/uL]		[%]	
PMN		[10^3/uL]		[%]	
TC-BF#		[10^3/uL]			

2PS + 1BMI + 2BMA

BMI :- no particle.
M:E :: 2.64:1



WBC IP Message
Lymphopenia
IG Present

RBC IP Message
Anisocytosis
RET Abn Scattergram
Reticulocytosis
Fragments?

PLT IP Message

00-22 23/03/2022 15:20 1/1

P/S RBCs are normocytic normochromic and shows presence of macrocytes.
platelets are adequate.

DLC :- MMy2 N80 L16 Mo2

BMA :- Aspirate smears are cellular.
BMI. - erythroid series show predominantly normoblastic reaction.
- Myeloid series show normal maturation.
- Megakaryocytes are adequate.

My_{13} MM_{10} St_{11} N_{30} L_9 Mo_2 $nRBC_{25}$

Imp:- Bone marrow in remission.

Dr. Shailaja Shukla
Director Prof.
24/3/22.

AIIMS B-ALL Protocol

Patient Name: Rahul? Hospital # :

Weight: kg Height: cm BSA: 1.09 m^2

INDUCTION (Intermediate-Risk)

Day	Date due	Date Given						Others
1			PRED 60 mg/m^2					
2			PRED 60 mg/m^2					
3			PRED 60 mg/m^2					
4			PRED 60 mg/m^2					
5			PRED 60 mg/m^2					
6			PRED 60 mg/m^2					
7			PRED 60 mg/m^2					
8	22/2	22/2	PRED 60 mg/m^2	VCR 1.5 mg/m^2	IT MTX			
9	23/2		PRED 40 mg/m^2				Dauno 25 mg/m^2	Dx Blast → 21/2/22
10	24/2		PRED 40 mg/m^2			LASP 10000 iu/m^2 PEG 1000 iu/m^2		
11	25/2		PRED 40 mg/m^2					
12	26/2		PRED 40 mg/m^2					
13	27		PRED 40 mg/m^2			LASP 10000 iu/m^2		
14	28		PRED 40 mg/m^2					
15	29		PRED 40 mg/m^2	VCR 1.5 mg/m^2	IT MTX			
16			PRED 40 mg/m^2			LASP 10000 iu/m^2	Dauno 25 mg/m^2	→ 28/2
17			PRED 40 mg/m^2					1/3
18			PRED 40 mg/m^2					2/3
19			PRED 40 mg/m^2			LASP 10000 iu/m^2		3/3
20			PRED 40 mg/m^2					
21			PRED 40 mg/m^2					
22			PRED 40 mg/m^2			LASP 10000 iu/m^2		6/3
23			PRED 40 mg/m^2	VCR 1.5 mg/m^2				7/3
24			PRED 40 mg/m^2			PEG-ASP 1000 iu/m^2		8/3
25			PRED 40 mg/m^2			LASP 10000 iu/m^2		9/3
26			PRED 40 mg/m^2					10
27			PRED 40 mg/m^2					11/3
28			PRED 40 mg/m^2			LASP 10000 iu/m^2		12/3
29			Taper PRED 40 mg/m^2	VCR 1.5 mg/m^2				13/3
30			PRED 40 mg/m^2					14/3
31			PRED 40 mg/m^2			LASP 10000 iu/m^2		15/3
32			PRED 40 mg/m^2					16/3
33			PRED 40 mg/m^2					17/3
34			PRED 40 mg/m^2					
35			PRED 40 mg/m^2		IT MTX			→ 20/3/2022
							RM RM	

PRED = 60 mg/m^2, PO in three divided doses days 1 - 28 and taper from day 29 over 5-7 days

VCR = Vincristine 1.5 mg/m^2, IV, days 1, 8, 15, 22 & 29 (max dose should not exceed 2.0 mg).

IT MTX = Methotrexate, intrathecally, days 8, 15 & 29 *Dose should be age adjusted. Patients aged 1 - <2 should receive 8 mg, ages 2 - <3 years should receive 10 mg, and ≥ 3 years of age should receive 12 mg.

DAUNORUBICIN-25mg/m^2 IV

L-Asparaginase- Eight doses; 10, 000 Units/m^2, I.M. Note: L-asparaginase dose may be rounded off to nearest vial dose; in such cases, a single dose should not be less than 6,000 units/sq.m or PEG 1000 unit/m2

Cotrimoxazole: Twice a day, two consecutive days (e.g. Saturday and Sunday)

Body Surface Area (m^2)	Cotrimoxazole	Trimethoprim	Sulfamethoxazole
0.50 – 0.75	240mg, BD	40mg, BD	200mg, BD
0.76 – 1.00	360mg, BD	60mg, BD	300mg, BD
> 1.0	480mg, BD	80mg, BD	400mg, BD

1. Perform WBC with differential and peripheral blast count on days 8
2. Perform BM aspirate on day 35 or as soon as (ANC) is ≥ 750/mm^3 after the completion of this cycle and send for MRD studies.
3. Begin next cycle as soon as ANC is ≥ 750/mm^3 and PLT count is ≥ 75000/mm^3
4. Ensure urine sugar testing daily & BP weekly in children > 6 years
5. Ensure SOS laxative use to prevent constipation especially on day of VCR
6. Treatment as Intermediate Risk will no longer be continued in patients with either Poor Prednisone response at D8 (blasts >1000/µL), absence of blast clearance (i.e. > 5% blasts,) on BM at day 35 or Flow cytometry MRD ≥ 0.1% at Day 35 (progenitor-B disease only). If the post-induction bone marrow is hypocellular with <5% blasts, delay the start of the Consolidation phase by ONE week AND repeat bone marrow studies to establish remission status

23/3/22

28/3/2022

लगातार चार्ट / CONTINUATION CHART

नाम/Name ...... Ishrat 13yr/ female ...... कमरा/शय्या सं॰/Room/Bed No. ......

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	Asris: B-ALL- ALL (Intermediate Risk) Consolidation phase	
20/3/2022	Bone marrow for MRD - S/o morphological Remission	
	CSF - No Blast cells.	
	No fresh c/o.	
	25/3/2022	
	Hb - 11.3	
Repeat-	WBC - 5700	
LFT/KFT/SE	DLC - P76L18	
CBC c P/S.	PLT - 2.5lakhs.	
	Chest- CVS CNS P/A } WNL	
	Advice 36kg.	
	1) orally allowed	
	2) Sy. Emeset 4mg 1/4 SOS	
	3) Sy. pantop 40mg 1/4 OD	
	4) T. Calcium 500g OD	
	5) T. MV 1tab OD	
	6) Syp. Zincovit Cal 5ml OD	
	[signature]	

रा०म०लो०अ०-11
R.M.L.H.-11

25/03/2022

लगातार चार्ट / CONTINUATION CHART

नाम/Name ...Ishika? 13yrs female... कमरा/शय्या सं०/Room/Bed No. ...

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	Asic: B-ALL-AL (Intermediate Risk) consolidation phase c/o skin lesions after chemotherapy. O/E HR 92/' RR-24/' PD/pr - Hgood Pt at warm. Chest, CVS, P/A, CNS } WNL. Adv 36kg ① orally allowed ② Inj. Emeset 4mg 1/4 hrs ③ Inj. Pantop 40mg i/v OD ④ T. Calcium 500mg OD ⑤ T. MV tab OD ⑥ Syp. Linomet ca 5ml OD c/o vomiting & Nausea Inj Emeset 4mg QID	

24/3/2022

रा०म०लो०अ०-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name: [illegible] 13yr/ female   कमरा/शय्या सं०/Room/Bed No. ....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	Dx: B-cell-ALL (Intermediate Risk)	
	Consolidation phase	
24/3/2022	Bone Marrow - MRD	
	Bone marrow is Remission.	
	O/E	
	HR-108/m Chest	
	RR-24/m CVS	
	P/pr +good P/A } WNL.	
	Ext - warm. CNS	
	SpO₂-98% R/A	
	Adv 38kg	
	① orally allowed	
	② Inj. Emeset 4mg i/v tds	
	③ Inj. pantop 40mg i/v OD	
	④ Chemo Therapy as per protocol.	
	⑤ T-Udiliv 1tab OD-	
	⑥ T. MV 1 tab OD.	

OMGIPMRND—1957RML—24-07-2019—12000 x 100 LEAVES

23/3/22
Receiving
CBC, PS
- BMAg
- BMAT
- BMB
Aiims

N ME: ISHRAL 44084 RMLH
TEST: BMA/CBC/23/03/2045

विकृति
PATHOLOGY

डा. रा. म. लो. अ.-88
Dr. R.M.L.H.-88

डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

89

उत्तक विकृति परीक्षा
HISTOPATHOLOGY EXAMINATION

के.स.स्वा.यो.सं.
C.G.H.S. No. .....

बा. रो. वि. सं.
O.P.D. No. .....

रोगी सं.
Case No. :

क्रम सं.
Serial No. .....

रोगी का नाम
Name of Patient : Ishrat

पं. सं.
Reg. No. 144 & 84

वार्ड
Ward ~~ward~~ 3rd Floor

शय्या
~~Bed~~

आयु
Age 13/F

पुरुष/स्त्री
Sex

निदर्श का स्वरूप
Nature of Specimen Bone marrow Specimen, Blood smear, & EDTA sample

कितने बजे लिया
Collected at 23/03/2022

किस तारीख को
On

प्रयोगशाला को कितने बजे भेजा
Sent to Lab at 23/03/2022

किस तारीख को
On

कार्य चिकित्सक/शल्य चिकित्सक
~~Physician~~/Surgeon Dr. Attend.

अंतिम साक्षणिक निदान
Pro Clin. Diagnosis B-cell-ALL (Induction phase completed) Intermediate Risk old age.

अपेक्षित परीक्षा
Examination Required Bone marrow Biopsy, BMA / BMS, P/S Blood

रोग संबंधी संक्षिप्त टिप्पणी
Brief Clinical Notes EDTA - Blood sample.

चिकित्सक के हस्ताक्षर
SIGNATURE OF CLINICIAN

Dr. G DHARMARAJ PATRA
Assistant Professor
Department of Pediatrics
Dr. RML Hospital

OICGIPRBND-129RMLH-1500 PadsX100-2020

23/3/22   Ishrat 14yr/female

B-Cell-ALL (Intermediate Risk)
(Completed Induction Phase)

B.M Biopsy + Aspiration send today for MRD

C/R

- No fever
- No other fresh complaint

O/E

Hemodynamically stable

wt - 36 kg

CNS
CVS
Resp
P/A
- WNL

- orally allowed

D5 - Ry fortum | 8 mskg
- Ry Emeset 4mg IV SOS
- Ry Pantop 40mg iv OD

[signature]

3/20/2022

RML ticket Preprinted

PH.: 011-23404040, 23365525

डॉ0 राम मनोहर लोहिया अस्पताल, नई दिल्ली – 110001
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110001

Registered By: VIKRANTSHARMA RML

Aadhaar No.:

Mobile:

बाह्य पंजीकरण कार्ड
OPD Registration Card

Dept Reg No.:20220260055788

बा0 रो0 वि0 पंजीकरण सं0 / OPD Regd. No. : 20220185888

दिनांक/Date 20-Mar-2022 04:49:13 20/3/22

के0 स0 स्वा0 यो0 कार्ड सं. / CGHS Token No. :

कमरा सं0 /Room No. : Room: /Queue: 445

निदानशाला/Clinic : CASUALITY

यूनिट/Unit : Casualty-Cas1

दिन /Days. MON,TUE,WED,THU,FRI,SAT,SUN

रोगी का नाम / Patient Name : ISHRAT Ishrat

आयु /Age : 13 years 13 yrs वर्ष/Years

माह /Month

लिंग /Sex : Female F

निदान
Diagnosis :

M 871-72122

SpO2 = 98% @ RA
non SARI

Admit

V/Dr. Prasad
V/D Attend

नोट: आप ऑनलाइन पंजीकरण प्रणाली (ओआरएस) ors.gov.in के माध्यम से ओपीडी अपॉइंटमेंट प्राप्त कर सकते हैं और घर पर ओपीडी पर्ची प्रिंट कर सकते हैं।

Note : You can get OPD appointment and print opd slip at home through online registration system (ORS) - ors.gov.in

जब भी अस्पताल आएं इस कार्ड को अपने साथ अवश्य लाएं।

Always bring this card with you when you come to Hospital.

धुम्रपान आपके एवं अन्यों के स्वास्थ्य के लिए हानिकारक है।

Smoking is Injurious To Your & Others Health.

निजी अस्पतालों में मुफ्त इलाज के लिए ई डब्ल्यू एस रोगियों को भेजने की सुविधा यहाँ उपलब्ध है।

The Facility of referral of EWS Patients to private hospital for free treatment is available here.

समतुल्य जेनेरिक दवाओं को भी जारी किया जा सकता है।

Equivalent generic Medicines can also be issued.

आप टेलीमेडिसिन के माध्यम से अपने चिकित्सक से अपने घर से परामर्श ले सकते हैं अधिक जानकारी के लिए कृपया देखे rmlh.nic.in

You can consult your doctor through telemedicine from your home for more detail please visit rmlh.nic.in

मच्छर पैदा न होने दें।

कूलरों को सप्ताह में एक बार साफ करके सुखाएं।

पानी की टंकियों व हौदियों के ढक्कन सही प्रकार से बंद रखें।

चिड़ियों के पानी पीने के बर्तन का पानी प्रतिदिन बदलें।

फेंगशुई पौधों /मनी प्लांट का पानी प्रति सप्ताह बदलें।

पुराने डिब्बों, टायरों, टूटे गमलों व कबाड आदि जिनमें बरसात का पानी रूक सकता है, खुले में न रखें।

Dr. Ram Manohar Lohia Hospital

Baba Kharak Singh Marg
New Delhi

CR→144889

LABORATORY OBSERVATION REPORT

UHID :	20220185888	Reg Date :	20/03/2022 04:48 PM
Patient Name :	Mrs. ISHRAT		
Sex :	Female	Age :	13 years 5 days
Lab Name :	PATHOLOGY	Lab Sub Centre :	PATHOLOGY LAB
Department :	Paediatrics	Unit Name :	P-2B (Fri)
Unit In-charge :	Dr Alok Hemal	Sample Collection Date:	25/03/2022 01:22 PM
Sample Receive Date :		Report Date :	
Ward Name :	ECS 3rd Floor Paed Department	Report Printed Date :	25/03/2022 01:28 PM

Sample Details : PTH:2503220785 (Bone Marrow) /PATHOLOGY LAB Clinical Details : Ward - ECS 3rd floor.

Test Name : BONE MARROW ASPIRATION (Template : BONE MARROW ASPIRATION)

BONE MARROW (BM-68/22)

Clinical detail- K/C/O B cell ALL (induction phase). Took vincristine, Prednisolone. Now C/o fever, vomiting and abdominal pain x 1 day.

CBC:- Hb-11.8gm%, TLC-4600, DLC- Myelocyte-4, P-68,L-22,E-01,M-05, Platelets-2.2 lakh/cumm.RBC-3.87x10^6 cell mm, PCV-37.5%, MCV-96.9fl, MCH-30.5pg,-MCHC-31.5%, Reticulocyte count-2.5%.

Peripheral smear:- RBCs are predominantly normocytic normochromic with presence of few macrocytes and tear drop cells. Occassional nRBCs seen.

WBCs - Counts are within normal limits with shift to left and presence of few activated lymphocytes.

Platelets are adequate on smear.

No hemoparasite or blast cells seen.

Bone marrow aspirate and imprint smears (BM-68/22)

Myelogram- Erythroid-30%, Blast-01%,Myelo-21%, Metamyelo-12%, Band+ Neutrophil-31%, P-01%,L-04%, M:E-2.3:1.

Bone marrow aspiration and imprint smears are partially hemodiluted and not well spread. However in well spread areas hemopoietic elements of all three lineages are seen. Erythroid series cells show predominantly normoblastic reaction with presence of few megaloblasts . Myeloid series cells are seen upto all stages of normal maturation. Megakaryocytes are adequate and functioning. There is mild increase in histiocytes and plasma cells. Hemophagocytosis and emperipolesis are also noted.

No hemoparasite / granuloma or abnormal cells seen.

Impression:- Cellular reactive marrow.

Comments:- Peripheral blood finding, bone marrow aspiration and imprint smear are suggestive of morphological remission.

Bone marrow biopsy report to follow.

Reported By:-

Dr. Taruna

Dr.R.M.L.Hospital

Verification Comment: Report Verification is Pending

PATHOLOGY

Verified by

20/3/2022

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

रक्त की जाँच
EXAMINATION OF BLOOD

नाम Patient's Name Ishwar? आयु-लिंग Age-Sex [illegible] F 13 ब.रो.वि./के.स.स्वा.यो. OPD/CGHS/CR No. 14 884

प्रभारी चिकित्सक Dr.Incharge _____ वार्ड Ward/OPD _____ बिस्तर सं Bed No. _____

रोगवृत्त Clinical History E (S) Jaundice

अन्तिम निदान Prov. Diagnosis _____

यूनिट अध्यक्ष Head of Unit _____

10.0 CBC & P/S for MP

चिकित्सक के हस्ताक्षर Signature of Clinician

रिपोर्ट Report

ई. एस. आर. (वेस्टरग्रेन) ESR (Westergren) ..... एम. एम. प्रथम घंटा mm 1st Hr.

होमोग्लोबिन Haemoglobin 12.9 ग्राम gm%

कुल डब्ल्यू बी. सी. Total WBC 16000 क्यू. एम. एम. cumm

विशिष्ट श्वेत कोशिका गणना Differential Leucocyte Count

बहुरूपी Polymorphs 84 %

उसकोशिकाएं Lymphocytes 11 %

इयोसिनोफिल Eosinophil 1 %

एक केन्द्रक श्वेत कोशिका Monocytes 4 %

कारकरागी बहुवत Basophilis ..... %

अन्य Others No M.P. seen

प्लेटलेट गणना Platelet Count 3.6 L क्यू. एम. एम. /cumm

पूर्ण इयोसिनोफिल गणना Absolute Eosinophil Count ..... क्यू. एम. एम. cumm

कुल लाल रक्त कोशिकाएँ Total RBC 4.66x10^6 क्यू. एम. एम. cumm

पी.सी.वी. PCV 38.5 %

एम.सी.वी. MVC 96.2 एफ. एल. fl.

एम.सी.एच. MCH 32.4 पी.जी. pg.

एम.सी.एच.सी. MCHC 33.7 %

जाल लोहित कोशिका गणना Reticulocytes count ..... %

रक्तस्राव का समय Bleeding time ..... %

थक्का बनने का समय Clotting time ..... %

GOVERNMENT OF INDIA

HOSPITAL, NEW DELHI

Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Marg
New Delhi

CR→14884

LABORATORY OBSERVATION REPORT

UHID :	20220185888		
Patient Name :	Mrs. ISHRAT	**Reg Date :**	20/03/2022 04:48 PM
Sex :	Female	**Age :**	13 years 8 days
Lab Name :	PATHOLOGY	**Lab Sub Centre :**	PATHOLOGY LAB
Department :	Paediatrics	**Unit Name :**	P-2B (Fn)
Unit In-charge :	Dr Alok Hemal	**Sample Collection Date:**	28/03/2022 01:23 PM
Sample Receive Date :		**Report Date :**	
Ward Name :	ECS 3rd Floor Paed Department	**Report Printed Date :**	28/03/2022 01:24 PM

Sample Details : PTH:2803220854 (Bone Marrow) /PATHOLOGY LAB Clinical Details : Ward: ECS 3rd floor.

Test Name : BONE MARROW ASPIRATION (Template : BONE MARROW ASPIRATION)

BONE MARROW BIOPSY (BMB-6964/22)

Bone marrow biopsy is subcortical.

In adequate for opinion.

Reported By:- (SR Pathology)
For Dr. Taruna
Dr. R.M.L. Hospital
28/3/22

Verification Comment: Report Verification is Pending

Verified by

PATHOLOGY

ALL Risk Stratification

Ishrat

Weight (kg) 35 kg
Height (cm)
BSA (m^2) 1.17

Hemogram (Baseline) Date 9/1/22 Haemoglobin (gm/dl) 3.3 Platelets (cells/Cumm) 10000
WBC (cells/Cumm.) 14,500 Serum LDH (IU) 519 Testicular enlargement/mass: Yes/No
Bulky disease: Yes/No, If yes, site: - (Lymph node / Liver/Spleen / Mediastinal mass, Immunophenotype:- B-ALL / T-ALL / Not D
CSF examination: - Negative / Positive / Traumatic / Indeterminate or Not Done, NCI Risk: -Low Risk / High Risk
FISH:-Negative / t(12,21) / t(9,22) / t(1,19) / t(MLL) / IAMP21 / Other / Not Done
Extra copies of chromosome No (
Cytogenetic:- Hyperploidy / Hypoploidy / Normal / Not Done or Failed / Other
PCR: TEL-AML/ BCR-ABL-P190 / BCR-ABL-P210 / AF4-MLL / 1:19 / Not Done / All Negative / Inadequate Sample
Day 8 Peripheral Smear Blast Count :- Nil /mm^3, Initial Risk Stratification:- Standard Risk / Intermediate Risk / High R
BM Post Induction: - CR / No CR, MRD:- Present / Absent / Not Evaluable or Not Done
If Present %
Final risk stratification:- Standard Risk / Intermediate Risk / High Risk

Definition of Bulky Disease

>5 cm peripharal nodes/>3 cm mediastinal nodes on CT/ mediastnal widening
>1/3 rd diameter on CXR & bulky liver/ spleen beyond midway to umclicus/testicular disease

Day 8th → No Blast cell (Nil)


NIKE

भारत सरकार
GOVERNMENT OF INDIA

इशरत
Ishrat
जन्म तिथि/DOB: 04/07/2008
महिला/ FEMALE

8141 9975 6802
VID : 9144 1420 8729 9085

मेरा आधार, मेरी पहचान

AADHAAR

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
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