

TREATMENT PROTOCOL FOR HODGKIN LMPHOMA

Name..... Alshifa Age..... 7yrs Sex..... F POC No.....

Stage..... IV B Systemic symptoms..... fever

Poor prognostic factors (if any; refer to last page).....

Treatment received

Reports at diagnosis

1. Histopathology : Date..... 4/1/21 No..... 2024236
 Report..... classical HL Please encircle LP; NS; MC; LD
RS cells ⊕ CD15 ⊕, CD30 ⊕,

2. CT Scan : Site..... PET CT Date..... 16/12/20
 No..... FOG/15470/20

Report..... Metabolically active extensive lymphadenopathy on either side of diaphragm with inv. of liver, spleen, BM - lymphomatous etiology (stage IV)

3. Bone marrow

Touch date..... 14/12/2020 no..... L01-141220074-BP

Report..... No evidence of infiltration by lymphoma

Biopsy date..... no.....

Report.....

Hb..... 6.1 TLC..... 11320 DLC..... 68.4% Platelets..... 4.12 laka ESR..... 130 LDH..... 249
 SGOT..... 12 SGPT..... 6 SAP..... 369 Albumin/globulin..... 2.9/3.6 Serum bil..... 1.2 Conj/ Unconj..... 0.91/0.29
 Urea..... 11 Creatinine..... 2.0.3 Uric acid..... 1.2
 Others..... Ferritin - 324

3/12/20
17/12/20

Name Aishifa

Treatment details

BSA 0.54m²

No of cycles planned

Protocol

Radiotherapy.....

Echo Date..... Report.....

MT..... HBS Ag... 0.1..... 2.....

Supportive care.....

Details of chemotherapy

Cycle No 1a Date 11/1/21

Hb 7.9 TLC 11000 ANC 66.9% Platelets 5*6 lak

LFT TSB - 1.81 , Urea/CR - 14/0.29 , Ala/Asp - 138.3/4.75

Others.....

ABVD

~~Inj Doxorubicin 25mg/m² IV (infusion)~~.....

Inj. Bleomycin 10 mg/m² IV 4.3 mg.....

Inj. Vinblastine 6mg/m² IV 1.6 mg.....

Inj. Dacarbazine 375mg/m² IV 200mg/100ml NS

~~Inj Dexamethasone 0.15 mg/kg~~.....

Injection Emset. 3mg

Off therapy from day 16-28

Next visit.....

*withheld i/v/o
cardiac dysfn*

(80% dose)

(50% dose)

(50% dose)

Inj. Etoposide 40mg/100ml NS

Inj. Dexamethasone 1.5mg IV stat



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID:	105280843	Sex:	Female
Patient Name:	Miss. ALSIFA .	Sample Received Date:	15/01/2021 04:38 PM
Age:	7 years 1 month 17 days	Department:	Paediatrics
Unit Name:	Unit-III	Unit Incharge:	Dr S. K. KABRA
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date:	28/11/2020 11:46 AM	Sample Collection Date:	15/01/2021 11:39 AM
Report Generated Date:	15/01/2021 09:07 pm	Dept / IRCH No:	20210030000283
Recommended By:	Dr. S. KABRA	Lab Reference No:	480

Sample Details : S150121212

Report

Test Name	Result	Comment	Normal Range
LFT			
TOTAL BILIRUBIN	1.220 mg/dL		• 0.3 - 1.2 mg/dL
DIRECT BILIRUBIN	0.910 mg/dL		• < 0.3 mg/dL
INDIRECT BILIRUBIN.	0.31 mg/dL		• < 0.9 mg/dL
SGPT/ALT	104 U/L		• 10 - 49 U/L
SGOT/AST	132 U/L		• < 34 U/L
TOTAL PROTEIN	6.700 g/dL		• 5.7 - 8.2 g/dL
ALKALINE PHOSPHATASE	585 I.U.		• 46 - 116 U/L
GLOBULIN	2.9		• 2.5 - 3.4 g/dL
A/G Ratio	1.31034 ratio		• 1.2 - 2.2 ratio
Albumin	3.800 g/dL		• 3.2 - 4.8 g/dL
Gamma-Glutamyl Transferase	274		0.00-0.00
RFT			
UREA	34.200 mg/dL		• < 50 mg/dL
CREATININE	0.200 mg/dL		• 0.5 - 1.1 mg/dL
CALCIUM	8.800 mg/dL		• 8.7 - 10.4 mg/dL
PHOSPHOROUS	2.200 mg/dL		• 2.4 - 5.1 mg/dL
SODIUM (NA)	135 mmol/L		• 132 - 146 mmol/L
POTASSIUM (K)	4.700 mmol/L		• 3.5 - 5.5 mmol/L
CHLORIDE(CL-)	101 mmol/L		• 99 - 109 mmol/L
Uric Acid	1.700 mg/dL		• 3.1 - 7.8 mg/dL

Over All Comment :

Authorised Signatory

Verified By
anjulabnci



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

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



Follow Up Patient

Dept Reg. 2021/003/0000283

OPR-6

Paediatrics/Paediatric
/Unit-III

General/४०

Name: Miss. ALSIFA

बनर/Room: 7
Days :
Wed, Sat (बुध, शनि)
Queue No : F29
7Y महिला/F

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

D/O ASHQEEN

Ph. 9105771401

UHID : 105280843

Date. 16/01/2021

आयु
Age

पता/Address

105280843
Paeds.

(Bill-108)

निदान/Diagnosis

Stage IV B / Hodgkin / Post Ia / Hepatic dysfunction f

दिनांक/Date

17

उपचार/Treatment

S.A Malnutrition /
Cardiac dysfunction.
(EF 40%)

11.1kg
Chemo given E (50%)
on 11/1/21 B (80% dose).
V (50% dose)
D ~~watched~~ (100% dose).

c/o Cough x 1 day

o/e Afebrile
Not active.
Mild icterus (+)
Furuncle (R) nostril
? Petechiae nape of neck.
B/L rubbery cervical nodes largest 3x2cm.
P/A Distended
Liver 4.5cm ↓ RCM; Apleen just palpable.
RS- B/L AEqual; no added sounds



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



My Hospital
meraaspatal.nhp.gov.in

Pharmacy

Plan:

Hb - 9g%
 TLC - ~~3266~~
 10,690
 N69L24
 Plt - 7.24 lakh
 U/G₂ - 34/0.2.
 T. Bil - 1.2
 Direct - 0.9.
 OT/PT/ALP - 132/104/
 585.
 GGT - 274.
 Na/K - 135/47
 Ca/PO₄ - 8.8/2.2.

1. NG insertion
2. Dietician to plan feeds.
3. Syp. A to Z 5ml PO OD.
4. Syp Zn-20 5ml PO OD
5. Syp Vit D₃ 800 IU (2ml) PO OD.
6. Cap. T. Kenadion 1mg PO weekly.
7. T. Folate 1/4 tab OD.
8. T. Albendazole 400mg PO stat
9. Syp Augmentin $\frac{228mg}{5ml}$
 3ml Tds X 5 days.

Room C.
Ms. Manpreet

10. T. Envas 2.5mg 1/2 tab OD
11. T. Carvedilol 3.125mg 1/3 tab OD.
12. Next cycle due on 01.02.21.
13. To review in OPD after 3 days.

20.01.21
 GENERIC RESIDENT

In case of fever/ any complaints to review sos in emergency

AIIMS FREE GENERIC PHARMACY
 (✓) MEDICINE RECEIVED
 NAME:
 DATE: 16/1/21
 SIGN:



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



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

New Patient
Dept Reg. 2021/003/0000283

OPR-6

Paediatrics/Paediatric
/Unit-III

कक्षा/Room: 7

Days :

Wed, Sat (बुध, शनि)

Queue No : N7

7Y महिला/F

Name: Miss. ALSIFA .

D/O ASHQEEN

Ph. 9105771401



UHID : 105280843

Date. 09/01/2021

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

आयु
Age

पता/Address

निदान/Diagnosis

HODGKIN'S LYMPHOMA

दिनांक/Date

उपचार/Treatment

10Kg 16/12/20

PET CT : Stage II, Bulky disease B symptoms (+)

4/1/21 B₂ : s/o HL (classical)
LDH (+)
30 (+)

currently on P. Wysolone 10mg 1 - 1/2 - 1/2
(@ 2mg/kg/d)

18

3/E
P⁺ T⁺ C⁺ E⁻ L⁺ E⁺

HR 100b
RR 20
CFT 2s
P W

3/E
P/A ~~Sp~~ Pense, NT
dissected -
No Hepatomegaly
Spleen tip (+)

CVS S1S0 (+) / no mur

Chest B/L AEE
NURS (+)

CNS NAD.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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Current concerns

1. Hepatic dysfunction - Hyperbil clinically
 ̄ Alb 2.9
2. ↓ Sexue maturation

C/D/W Prof R. Sethi.

Plan

- Echo
 - RFT, Bil
- } Today in daycare

↓
AVBD vs. EBVD

̄ 20% dose reduction

- Switch to non-escalated BEALOPP in next cycle.

- Syb. A-Z 5ml OD ✓
- Syb. Ca/D₃ 5ml - 5ml ✓ ✓
- Tab. Folvite (5mg) 1/2 tab OD (1)
- ✓ Syb. Septtran (5ml/40mg) 6ml alt day
- Tab. Lanzol JR (15mg) B.B.F.

Deborah Sethi.



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



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

शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

एकक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 105280843

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता/Address
Alshifa		F	7y	

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
26/1/20	<p>Respect W/ghr by the Durgin jini please CAMSIS please E BARD - COAXIAL BIOPSY CATH. DUAL THROAT 18G → 20mm thru 9cm)</p> <p><i>(Signature)</i> Dr. Rachna Seth ज०. रचना सेठ आचार्य / Professor बालरोग चिकित्सा विभाग / Department of Pediatrics एम्स का. सं., नई दिल्ली / AIIMS, New Delhi-110029</p> <p>To, P.R.C This patient kindly give an appointment for for 9.1.2 ↓</p>



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अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



INTERVENTION LAB ROOM NO, 80

Department of Radio-diagnosis, AIIMS, New Delhi

Patient Name: Alsiya Age/Sex: 70/f UHID: 105280843

Referring Department & unit: ICU

Procedure Required:

Indication:

Upper Neck
Abdomen

Please tick one of the following

60 days

1. Patient is COVID-19 positive.
2. Patient is COVID-19 suspect awaiting test results.
3. Patient is not COVID -19 suspect.

Certified by:

Faculty In charge Name:

Department:

Signature S

Date & Time: 28/2

*Interventions for COVID-19 Positive cases will be done in Trauma Centre
Interventions for COVID-19 suspects will be done after getting test results*

9-1-21

A. L. S. P. A.
CSJ 00000000

0.5Hz - 40Hz | AC 50Hz 25 mm/s | 10 mm/mV

ID: 202101091744:1 Name:

Sex:

Age:

2021-01-09 17:44:00



aiims ecg services55

UNI-EM Version 2.53J

ARROW CE

विकिरण नैदानिक विभाग
अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : A. S. Iyer Age/Sex : 70/14 Ref. Deptt./Unit : _____ Date : 28/11
Indoor (Bed No.) / Outdoor / Casualty pad UHID No. : 105280843 LMP : _____

Examination Required :

Clinical History and Examination :

USA New
Abdomen
Hodur

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine : _____
Any h / o allergy or asthma : _____
(for IVU patients only) :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : _____

Your appointment is on : _____

Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No. : _____

Size / No. of Films : _____

Date : _____

Kvp/mAS : _____

Sign. of Radiographer : _____

P.T.O.

USG W/A 9 mm

Liver → (N)
Spleen → 11 cm. multiple hypoechoic lesions seen.

Biliary } → (N)
UB }

Pancreas → (N)

no free flow
Report:

USG - Neck:

Left ~~axillary~~ side → multiple heterogeneously hypoechoic enlarged lesions seen largest measuring $\sim 2 \times 2.4$ cm.

(R) side → multiple heterogeneously hypoechoic lesions seen largest $\sim 1.1 \times 1$ cm.

Imp:

Descriptive

fh
20

Sign. of Radiologist / Date :

UHID: 105280843 Sex : Female
Patient Name : Miss. ALSIFA . Sample Received Date : 18/12/2020 12:32 PM
Age : 7 years 20 days Department : Paediatrics
Unit Name : Unit-III Unit Incharge : Dr. S. K. KABRA
Lab Name: Hematology Lab Sub Centre: Heamatology PT
Reg Date : 28/11/2020 11:46 AM Sample Collection Date: 18/12/2020 11:50 AM
Report Generated Date: 18/12/2020 01:04 pm Dept / IRCH No: 0
Recommended By: Dr. MAHESH ACHARYA Lab Reference No: 93

Sample Details : HPT-181220170

Report

Test Name	Result	Comment	Normal Range
APTT	41.900 sec		25.70-33.70
<u>PROTHROMBIN TIME (PT-INR)</u>			
PROTHROMBIN TIME(PT)	20.000 sec		9.70-12.70
INR	1.765		

Over All Comment :

Authorised Signatory

Verified By
bhojraj



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 105280843 Sex: Female
Patient Name: Miss. ALSIFA . Sample Received Date: 17-Dec-2020 14:50 PM
Age: 7Y Department: Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 17-Dec-2020 14:23 PM Sample Collection Date: 17-Dec-2020 11:08 AM
Recommended By: Dr. Praveen Aggarwal Lab Reference No: 2010117431

Sample Details : LC1712200660

Sample Type : Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLDH)	11	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.3	mg/dL	0.4-0.6
Uric Acid (enzymatic colorimetric)	1.2	mg/dL	2.4-5.7
Calcium (5-Nitro-5'-methyl-B.APTA)	7.9	mg/dL	8.8 - 10.8
Phosphorus (molybdate U)	2.2	mg/dL	2.5-4.5
Sodium (Ion Selective Electrodes)	128	mmol/L	135 - 145
Potassium (Ion Selective Electrodes)	4.3	mmol/L	3.5-5.1
Chloride (Ion Selective Electrodes)	98	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	1.20	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.91	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.29	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	6	U/L	0 - 23
AST (IFCC without pyridoxal phosphate)	12	U/L	<=32
ALP (IFCC)	369	U/L	142 - 335
Total protein (Biuret)	6.5	g/dL	6.0 - 8.0
Albumin (BCG)	2.9	g/dL	3.8 - 5.4
Globulin (Calculated)	3.6	g/dL	3.0 - 3.7
A/G ratio (Calculated)	0.8		0.8-2.0

Remarks: Please correlate clinically, To discuss if required on 01126541726

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Pradeep Jingar MD
(Biochemistry)
17-Dec-2020 16:07



प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
Hematology

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

UHID:	105280843	Sex :	Female
Patient Name :	Miss. ALSIFA .	Sample Received Date :	17/12/2020 12:13 PM
Age :	7 years 19 days	Department :	Paediatrics
Unit Name :	Unit-I	Unit Incharge :	Dr. Praveen Aggarwal
Lab Name:	Hematology	Lab Sub Centre:	Hematology (Ward)
Reg Date :	28/11/2020 11:46 AM	Sample Collection Date:	17/12/2020 11:08 AM
Report Generated Date:	17/12/2020 02:16 pm	Dept / IRCH No:	0
Recommended By:	Dr. MAHESH ACHARYA	Lab Reference No:	249

Sample Details : HMW-171220360

Report

Test Name	Result	Comment	Normal Range
T.L.C	11.37 $10^3/\mu\text{L}$		4.00-11.00
NEUTRO	72.7 %		40.00-80.00
LYMPHO	15.4 %		20.00-40.00
MONO	11.3 %		2.00-10.00
EOSINO	0.4 %		1.00-6.00
BASO	0.2 %		1.00-2.00
NUCLEATED RBC	0.0 %		0
RBC COUNT	2.97 $10^6/\mu\text{L}$		• 3.8 - 4.8 $10^6/\mu\text{L}$
HB	7.4 g/dL		• 12 - 15 g/dL
HCT	25.2 %		• 36 - 46 %
PLATELET COUNT	412 $10^3/\mu\text{L}$		150.00-400.00
MCV	84.8 fL		78.00-97.00
MCHC	29.4 g/dL		31.00-34.00
MCH	24.9 pg		27.00-33.00

Over All Comment :

Authorised Signatory:
Dr. Tushar Sehgal

Verified By:
amodsaroj



Department Of Microbiology
CBNAAT-COVID Laboratory

A.I.I.M.S. New Delhi

UHID:	105280843	Reg Date :	28/11/2020 11:46 AM
Patient Name :	Miss. ALSIFA .		
Sex :	Female	Age :	7 years 18 days
Department :	DEPT. OF EMERGENCY MEDICINE	Unit Name :	Unit-I
Unit Incharge :	Dr. Praveen Aggarwal	Sample Collection Date:	16/12/2020 08:46 PM
Lab Name:	Microbiology	Lab Sub Centre:	XPERT SARS COV-2 (TB LAB)
Sample Received Date:	16/12/2020 08:47 PM	Report Generated Date:	16/12/2020 10:52 PM
Dept / IRCH No:	0	Recommended By:	Dr. Vishwanath .
Lab Reference No:	6688		
Ward Name:	C5 DAY CARE		

Sample Details : CGE-161220163 (TS/NPS/NS)

TS/NPS/NS FOR XPERT SARS COV-2

Result

Result: **Negative**

Remarks: **A Negative for SARS-Corona Virus-2 result indicates the absence of the RNA of this virus in the patient sample submitted.**

Sample Remarks : Note:-

1. Negative results do not exclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decision. Low viral load, presence of inhibitors in the sample and mutations in 2019-ncov can lead to a false negative result.
 2. Test has been performed on ICMR approved kit (Expert SARS COV-2).
- * Kindly ensure that these results are not to be used for any thesis/Presentation/Publication in journal without the prior permission of Director General ICMR and Tuberculosis Laboratory (Room No.8005) Dept. of Microbiology, AIIMS, New Delhi.

Authorized Signatory

UID:	105280843	Sex :	Female
Patient Name :	Miss. ALSIFA .	Sample Received Date :	15/12/2020 03:37 PM
Age :	7 years 17 days	Department :	Paediatrics
Unit Name :	Unit-III	Unit Incharge :	Dr. S. K. KABRA
Lab Name:	Hematology	Lab Sub Centre:	Hematology PT
Reg Date :	28/11/2020 11:46 AM	Sample Collection Date:	15/12/2020 11:47 AM
Report Generated Date:	15/12/2020 04:48 pm	Dept / IRCH No:	20200300095770
Recommended By:	Dr. Priyanka .	Lab Reference No:	83

Sample Details : HPT-151220143

Report

Test Name	Result	Comment	Normal Range
<u>PROTHROMBIN TIME (PT-INR)</u>			
PROTHROMBIN TIME(PT)	20.400 sec		9.70-12.70
INR	1.803		

Over All Comment :

Authorised Signatory

Verified By
naresh



प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
Hematology

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

UHID:	105280843	Sex :	Female
Patient Name :	Miss. ALSIFA .	Sample Received Date :	15/12/2020 01:30 PM
Age :	7 years 17 days	Department :	Paediatrics
Unit Name :	Unit-III	Unit Incharge :	Dr. S. K. KABRA
Lab Name:	Hematology	Lab Sub Centre:	Hematology (Ward)
Reg Date :	28/11/2020 11:46 AM	Sample Collection Date:	15/12/2020 11:47 AM
Report Generated Date:	15/12/2020 03:33 pm	Dept / IRCH No:	0
Recommended By:	Dr. Priyanka .	Lab Reference No:	234

Sample Details : HMW-151220344

Report

Test Name	Result	Comment	Normal Range
CBC PACKAGE			
T.L.C	7.83 $10^3/\mu\text{L}$		4.00-11.00
NEUTRO	69.7 %		40.00-80.00
LYMPHO	18.3 %		20.00-40.00
MONO	11.5 %		2.00-10.00
EOSINO	0.4 %		1.00-6.00
BASO	0.1 %		1.00-2.00
NUCLEATED RBC	0.0		0.00-
RBC COUNT	2.90 $10^6/\mu\text{L}$		• 3.8 - 4.8 $10^6/\mu\text{L}$
HB	7.2 g/dL		• 12 - 15 g/dL
HCT	24.1 %		• 36 - 46 %
PLATELET COUNT	421 $10^3/\mu\text{L}$		150.00-400.00
MCV	83.1 fL		80.00-96.00
MCHC	29.9 g/dL		32.00-36.00
MCH	24.8 pg		26.00-34.00

Over All Comment :

Authorised Signatory
Dr. Tushar Sehgal

Verified By
amodsaroj

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: Alshifa Age/Sex: 7y | F Ref. Deptt./Unit: III Date: 2/12/20
Indoor (Bed No.) / Outdoor / Casualty: 7y | F OPD No. / UHID No.: 105280843 LMP:

Examination Required :

Ultrasound Doppler (Arterial / Venous) Interventional Procedure
CT HRCT Dual Phase CT CT Angiography

Clinical History and Examination :

USA Neck B/L cervical lymph node
biopsy.

Clinical / Working Diagnosis :

Suspected Hodgkin lymphoma

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
 आपातकालीन विभाग

(REVISIT)



UHID No:105280843

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2020/030/0095770

दिनांक DATE: 16/12/2020

समय TIME: 05:53:02 PM

NON-MLC

152

नाम NAME: MISS. ALSIFA .

आयु AGE : 7 years 18 days

लिंग /SEX : F

D/O : ASHQEEN

पता ADDRESS:

मकान संख्या H.NO:

PURVA HAFEEZ ABDUL KAREEM गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK:

MEERUT

राज्य STATE:

UTTAR PRADESH

मोबाइल MOBILE NO:

9105771401

पिन PIN:

दूरभाष सं. PHONE NO:

स्थान Location:

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative :

Lead - Jit
 SCREENING

Triage: Responsive/
 Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

case of ? Hodgkin's Lymphoma
 ↓
 ONCO.

Presenting Complaints

→ Now came from f/o.
 Daycare for FFP transfusion
 & COVID-testing

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No.....	HR...../min	GCS.....
Breathing: RR/min Efforts: Normal/Poor/increased	CFT.....secs.	Pupil size...../min
Auscultation: Air entry: Normal/poor/Differential	BP.....mmHg	Pupillary Reactions.....
Added sounds: None/Stridor/Wheeze/Crackles	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure
SpO2 on Room air.....	Central pulse: Poor/Good	Blood Sugar.....mg/dl
	Skin temp: Warm/cool	Exposure: Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....
	Others	

wt = 11 kg.

Diagnosis

case discussed with Dr. Gargi Hadian
 Adv: FFP → 180ml over half hour
 → Coagulⁿ Profile to be sent
 → COVID-19.

Adv
 PT-INR
 aPTT
 FFP

CB NAAT sent @ 6:15pm on 16/12/2020
 in Syg with R - Surg staff

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Abija. उम्र Age 7yr सर्विस Service दिनांक Date 28/11/20 यू.एच.आई.डी. नं. UHID No. 105280843
प्रोफेसर इंचार्ज Professor I/C Prof DK/Kalra Prof R. Jetti Notes written by Dr. Mohan

CLINICAL NOTES

29/11/20

DOB: 17/8/

6yr old female child

- (A) Neck swelling x 2-3 years
 - Fever on & off x 2 months; wt 10kg (not documented)
 - No H/o preceding malignancy; no H/o blood transfusion
 - No H/o swelling anywhere
 - No H/o SMT.
- o/e child consulted; vitals stable.

(B) Lymphadenopathy → cervical

outside H/o Hodgkin's, H/o Chem medications Intake (+)

Plans

- CBC, RFT, LFT, LDH, ferritin,
- PT/INR.
- CAVIDS registration
- Biopsy Gun. from CAVIDS.
- PET CT.
- CXR → No medicinal widening
- To inform Dr. Pali for enrolment after biopsy report.



(Dr. Mohan Sr.)



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



अस्पताल को अन्दर धूम्रपान न करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

Follow up Patient
Dept Reg. 2021/003/000283
General/W O
Paediatrics/Paediatric /Unit-III
Ward/Room: 7
Days: Wed, Sat (शु, शनि)
Name: Miss. ALIIFA . Queue No: 929
7x अक्षर/ए
D/O ASHQEEN
Ph. 9105771401
UNID: 101280843 Date: 18/01/2021

OPR-6

वैद्यकीय पंजीकृत सं० / O.P.D. Regn. No. _____
आयु / Age _____
पता / Address
1052 80843
Paeds.
(Bil-108)

निदान / Diagnosis	दिनांक / Date	उपचार / Treatment
Stage IV B / Hodgkin / Post Ia / Hepatic dysfunction / SA Malnutrition / Cardiac dysfunction. (EF 40%)	11-18	
	17	<p>Chemo given on 11/1/21</p> <p>E (50%) B (80% dose) V (50% dose) D withhold (100% dose).</p> <p>c/o Cough x 1 day</p> <p>%E Afebrile Not active. Mild icterus (+) Furuncle (R) nostril ? Petechiae nape of neck. B/L rubbery cervical nodes largest 3x2cm. P/A Distended Liver 4.5cm ↓ RCM; Spleen just palpable. RS- B/L AEqual, no added sounds</p>



CLEAN AND GREEN AIIMS / स्वच्छता का गहरी संकल्प, स्वच्छता से ज्ञान कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME ALIFA AGE 74 SEX MF DATE 27/03/21
 ECHO No. 3454 CV No. 105280849 UHID No. 105280849 C.R. No.
 HEIGHT cm WEIGHT kg BSA m² Ref. Physician Dr. S. S. K.

Referring Diagnosis Done by Dr. Dr. S. S. K. Checked by Dr.
 Quality of Imaging Poor/Adequate/Good

MITRAL VALVE
 Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
PML - Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed
Subvalvular deformity Present/Absent Score
 Doppler Flow/B Abnormal
 Mitral stenosis Present/Absent RR interval msec
 EDG mmHg MDG mmHg MVA cm²
 Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE
 Morphology Normal/Atrial/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. RSV-P-RAP mmHg

PULMONARY VALVE
 Morphology Normal/Atrial/Thickening/Doming/Vegetation
 Doppler Normal/Abnormal
 Pulmonary stenosis Present/Absent Level
 PSG mmHg Pulmonary annulus mm
 Pulmonary regurgitation Present/Absent
 Early diastolic gradient mmHg End diastolic gradient mmHg

AORTIC VALVE
 Morphology Normal/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
 Doppler Normal/Abnormal
 Aortic stenosis Present/Absent Level
 PSG mmHg Aortic annulus mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

Measurements	Normal Values	Normal Values
Aorta <u>15</u>	(21-22mm/m ²)	LA es <u>18</u> (21-22 mm/m ²)
LV es <u>23</u> (<u>14-22</u>)	(15-19mm/m ²)	LV ed <u>34</u> (<u>28-34</u>) (19-32 mm/m ²)
IVS ed <u>0.7</u> (<u>4-22</u>)	(06-10mm)	PW(LV)ed <u>0.2</u> (<u>0.2-0.5</u>) (0.7-1.1mm)
RV ed <u></u>	(4-14mm/m ²)	RV Anterior wall (upto 5mm)
EF <u>40%</u>	(62-80%)	
IVS Motion	Normal/Flat/Paradoxical	
IAS		

CHAMBERS

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy
Contraction	Normal/Reduced
LA	Normal/Enlarged/Clear/Thrombus
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus

PERICARDIUM Normal/Thickened/Calcification/Effusion

REMARKS
 LV systolic dysfunction ⊖.
 G.L.V. AU ⊖, (VAF = 4%).
 Values - Normal.
 (N - enlarged).
 No effusion, clots, vegetations.

DIAGNOSIS

Final Impression LVSD (EF = 40%)

Resident Dr. S. S. K. Consultant

4/3/21



24 x 7 काल सेन्टर नम्बर - 011-65900669
अखिल भारतीय आयुर्विज्ञान संस्थान (अ.भा.आ.सं.)
checklist for Bone Marrow Examination & CSF Examination in Day Care /Ward

ने. Alifa Age 7y UHID No. 105280843 Diagnosis Hodgkin Lymphoma

- Please check indication of bone marrow CSF examination (Yes/No)
- Check vitals (enter details)
 - Pulse 102/1'
 - Respiratory rate 23/1'
 - Clinical evidence of respiratory distress no
 - BP 98/54
 - SpO2 98% (RA)
 - Pallor no
 - Clinical features of ↑ ICP no
 - Fundus normal, no papilledema
- Check hemoglobin & Platelet count (enter details)
 - Hb 11.4 28/1/21
 - Platelet count 3,88,000
 - Blood sugar 95 mg/dl (before procedure)
- Explain procedure to parent/guardian (Yes/No)
- Take consent (Yes/No)
- Ensure that child is at least 4 hours fasting before procedure (Yes/No)
- Ensure that emergency drugs & resuscitation trolley are available (Yes/No)
- Ensure that the child is in hospital clothes (Yes/No) AB5
- Ensure that procedure set is available in ward/Day care (Yes/No)
- Ensure that sister is available to assist with procedure (Yes/No)
- Ensure 2 hours post procedure monitoring of vitals (0,30,60,at discharge)

Pulse	<u>102/1'</u>
Respiratory rate	<u>23/1'</u>
BP	<u>98/54 mmHg</u>
- If there is any doubt discuss with faculty. (Yes/No) Till then withhold procedure

Signature H. Padma Lakshmi
Self

- Before discharge
- Ensure that a discharge has been given to patient in day care
 - Ensure that discharge carries details of room where reports will be collected
 - Enter details of sedation given to patient

कृपया अपॉइंटमेंट वेब (www.aiims.edu) या कॉल सेन्टर (011-65900669) या आई० वी० आर० एस० (011-26589999) के माध्यम से लें। आप को अपॉइंटमेंट के बिना नहीं देखा जाएगा।
PLEASE TAKE APPOINTMENT THROUGH WEB (www.aiims.edu) OR CALL CENTRE (011-65900669) OR IVRS (011-26589999). YOU WILL NOT BE SEEN WITHOUT APPOINTMENT



NEUROMUSCULAR LABORATORY
Neurobiology Research Centre
National Institute of Mental Health & Neurosciences
Bangalore- 560029

*** LIST OF TESTS WITH CHARGES & FREQUENCY OF TESTING***

Tests	Govt hospitals	Charges for private hospitals (Rs)	Laboratory at Neurobiology Research Centre	Frequency of testing** (report-day after testing)
ANA profile (immunoblot): [nRNP/Sm, Sm, SS-A, Ro-52, SS-B, Scl-70, PM-Scl100, Jo-1, CENP B, PCNA, dsDNA, nucleosomes, histones, rib. P-prot, AMA M2]	1800	2700	Neurobiology Research Centre, Neuromuscular Lab, Room No.205	Thrice a week
ANCA (pANCA/cANCA)	800	questions		Thrice in a week
NMO (Aquaporin 4)	2000	3000		Twice a week
MOG-NMOSD (panel with NMO aquaporin-4 + MOG antibodies)	4000	6000		Thrice in a week
Anti-Ganglioside Profile (IgG). (GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b)	2000	3000		Once in a week
Anti-Ganglioside Profile (IgM). (GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b)	2000	3000		Once in a week
Autoimmune Encephalitis mosaic (NMDA, VGKC (CASPR2, LGI1), AMPA 1 & 2, GABA)	✓ 5300 (CSF sample)	8000		Thrice in a week
Paraneoplastic Neuronal Antibodies (Amphiphysin, CV2, PNMA2 (Ma2/Ta), Ri, Yo, Hu, GAD, Titin, Recoverin, SOX1, Zic4, Tr)	✓ 4000 (Serum sample)	6000		Thrice in a week
Myositis Profile (Immunoblot): (Mi-2β, Ku, PM-Scl100, PM Scl75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, RO-52)	4000	6000		Thrice in a week

Note: * Charges are subject to revision in accordance with Hospital administration

** In the event of holidays, the test will be performed on the next working day

If serum and CSF samples are sent for testing, both samples will be charged.

E-mail: autoimmuneneurologylab@gmail.com / mahadevananita@gmail.com
Tel: 080-26995094/26995137



NEUROMUSCULAR LABORATORY
Neurobiology Research Centre
National Institute of Mental Health & Neurosciences
Bangalore- 560029

Instructions for sample submission

1. Send 2 ml blood in red cap vacutainer (clotted blood) OR Yellow cap (GEL) with filled request form (single sample sufficient for performing all tests)
2. **Sample brought by patient relatives, should be submitted to Reception counter located in Ground Floor, Administrative Block, NIMHANS, Bangalore 560 029 [CASH COUNTER, open in Administrative Block on all working days from 9.00Am-3.30pm}**
3. **Samples should reach between 9.00am-4.30pm on working days (second Saturdays, Sundays holidays)**
3. **SAMPLES FROM OUTSTATION CAN BE SENT BY COURIER** (well sealed vacutainers) at room temperature for serum samples and with ice pack for CSF samples. Sample should reach within 48 hrs of collection. Please ensure samples are accompanied by request form completely filled along with payment details

Measurements

Aorta 14
LV es 12
IVS ed 6
RV ed' 6
EF 60%
IVS Motion
IAS

Normal Values

(21-22mm/m²)
(16-19mm/m²)
(06-10mm)
(4-14mm/m²)
(62-80%)
Normal/Flat/Paradoxical

Normal Values

LA es 16 (21-22 mm/m²)
LV ed 32 (19-32 mm/m²)
PW(LV)ed 5 (07-11mm)
RV Anterior wall (upto 5mm)

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy
Contraction Normal/Reduced
LA Normal/Enlarged/Clear/Thrombus
RA Normal/Enlarged/Clear/Thrombus
RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickened/Calcification/Effusion.

REMARKS

Normal function
No RWMA

TEE

values normal,
No reg/cur/PA

DIAGNOSIS

Final Impression

Normal study.

[Signature]
Resident

Consultant

ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Abhifa AGE 27 SEX M/F DATE 22/06/2024
ECHO No. 7542/2 CV No. _____ UHID No. 105280843 C.R. No. _____
HEIGHT _____ cm WEIGHT _____ kg BSA _____ m² Ref. Physician _____
Referring Diagnosis _____ Done by Dr. Sunil Checked by Dr. _____
Quality of Imaging Poor/Adequate/Good

MITRAL VALVE

Morphology AML Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
PML Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score _____
Doppler Normal/Abnormal
Mitral stenosis Present/Absent RR interval _____ msec
EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolaps/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

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Domng/Vegetation
Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level _____
PSG _____ mmHg Pulmonary annulus _____ mm
Pulmonary regulation Present/Absent
Early diastolic gradient _____ mmHg End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
Doppler Normal/Abnormal
Aortic stenosis Present/Absent Level _____
PSG _____ mm Hg Aortic annulus _____ mm
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

WT 14 kg
HT - 100 cm
BSA -- 0.6 m²

CD/W Dr. R. Sethi main -
To give EBVD today as
cycle IIA

Adv

- 2inj Etoposide 90 mg / 200 ml NS
iv over 1 hour
- 2inj Bleomycin 6 mg iv slow push
- 2inj Vinblastine 3.6 mg iv slow push
- 2inj Doxorubicin 225 mg / 100 ml NS iv over 1 hour.
- Cont envars / Carvedilol / Septran as advised.
- Neuro opinion to be taken for continuation of
disposition.

↓
To get Rpt ECHO
done prior to next
cycle IIB.

[Signature]

Next visit 10/4/2021

- 12/4/21
- missed appointment on 10/4/21.
 - OPD appointment under led 3 on 17/4/21.

Thank you,

K. Padma Sagarini
SE/led 3.

SE/led 3
New Delhi



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

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



संशोधन एवं शिक्षण

OPR-6

Full Name of patient: _____
 Dept. No.: 2012/2017/001181
 Date of Birth: _____
 Sex: _____
 Age: _____
 Address: _____
 City: _____
 State: _____
 Pin Code: _____
 Mobile No.: _____
 Date: 11/11/21

बहिरंग रोगी सं० / O.P.D. Regn. No. _____
 उम्र / Age _____
 पता / Address _____

निदान / Diagnosis

Hodgkin lymphoma Stg IV / ^{CNS} Paraneoplastic syndrome

दिनांक / Date

11

14.15

30/3/21

11.9 | 11680 | WBC

ATC S226

Tbil 0.4

(D) 0.1

2 0.2

PT/OT 35/30

ALP 425

उपचार / Treatment

Cardiac dysfunction

Cycle IA - Reduced doses of EBVD due to hyperbil. (11/1/21)

IB - full dose of EBVD. (1/3/21)

Adriamycin was omitted from regimen due to Cardiac dysfunction.

Currently no H/C. All CNS symp have subsided. Cervical LAP has subsided except few 1-1.5 cm nodes.

30/3/21 - EF 55%

Cardiac LVVD is borderline LV dysfunction

- Worm infestation subsided
- Scalp - dandruff ⊕
- Itching improved but still persisting



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से कारा कल्प

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


O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



8/6

Cycle No 116 Date 4-11-20
 Hb 12.6 TLC 11400 ANC 4129 Platelets 4-11-20
 LFT OTIP 271231.2-12
Urea 2.1 (A-2)

Others.....
 ABVD Inj Doxorubicin 25mg/m² IV (infusion).....
 Inj. Bleomycin 10 mg/m² IV
 Inj. Vinblastine 6mg/m² IV
 Inj. Dacarbazine 375mg/m² IV.....
 Inj Dexamethasone 0.15 mg/kg

1500/100 ml
 6 U
 3.6 U
 225 mg 1100 ml
 2 mg


Injection Emset: 2m
 Off therapy from day 16-28
 Next visit.....

Cycle No Date.....
 Hb..... TLC..... ANC..... Platelets.....
 LFT.....

Others.....
 ABVD Inj Doxorubicin 25mg/m² IV (infusion).....
 Inj. Bleomycin 10 mg/m² IV
 Inj. Vinblastine 6mg/m² IV
 Inj. Dacarbazine 375mg/m² IV.....
 Inj Dexamethasone 0.15 mg/kg

Injection Emset.....
 Off therapy from day 16-28
 Next visit.....