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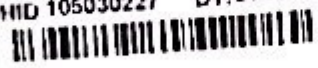


अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

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



OPR-6

एकक/Unit _____ विभाग/Dept. _____ नाम/Name _____	Dept Paediatrics DEPT. No: 20200030001960 Clinic Name: _____ CL. No: _____ Room: 14 Name: ANJALI PATEL Female 5 Y UHID 105030227 DT: 21-03-2020	10 संकीर्ण सं०/O.P.D. Regn. No. _____ आयु Age _____ पता/Address _____
निदान/Diagnosis		

दिनांक/Date	उपचार/Treatment
<p>10</p> <p>SMA/MRD post induction was diluted & To repeat</p> <p>Vit D - 4-8</p> <p>PTT : 47.2</p> <p>23/5/20</p>	<p>BA LL / IR / 10 10cels / Induction completed on 15-3-20</p> <p>to polymicrobial sepsis / receiving Cefixime and Colistin</p> <p>do high grade fever again since last night upto 102°F also chills. one e/o vomiting - yesterday. No repeat episode. No do look small pain abdomen. Thrombocytopenia (P). No do bruising / necrosis / bull / fissure.</p> <p>6E Temp 104.4°F No chills.</p> <p>B/L A E equal, no added sounds P/A soft liver 3cm, spleen 1cm CVS S1 S2 (A) CVS NAD. <u>TSK</u></p> <p>Acyclovir i/v/o chickenpox contact</p> <p>3 <u>Dr. R. Anjali</u> Acyclovir (100mg) 1 tab bid x 7 days</p>



CLEAN AND GREEN AIIMS / हमें का गरी संकल्प, स्वच्छता से काम करो
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26589360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



Adv

- CBC, PCT, Blood Cr , Ucr , Ucr
- Blood Transfusion today
- Torso Temperature
- To be reviewed by Dr. Prashant in day care in evening and decide on upgrading antibiotics.



Sharma
DR.

Dietary Notes:-

- ↳ NG to be inserted as discussed whenever possible.
- ↳ Child is eating well, gaining wt.
- ↳ Consultation done Regarding Typhine
- ↳ high fever & vomiting → dec in intake.
- ↳ To inc water by 1.5 L.

Sharma
21/3/2020

- fever up to 104°F today.

7.7 | 11.6 | 39.1

- swelling redness over left wrist
? Thrombophlebitis

fever (+); tachycardia (+).
HSM (+).

D/W Dr. R. Selt
AKG

Reviewed Cefepime for 14 days
Colistin for
culture +
E. coli
specimens

BM dilute
need to repeat.

day care { CBC
PCT
BKs
Ucr
Galactosemia
- CXR

Rx.

- PRBC day care
- continue Cefepime + Colistin
- Inf ~~Start~~ Clindamycin to start
- continue Septain.

Sh.



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बहिरंग रोगी विभाग / Out Patient Department

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



सर्वोत्तमं सर्वेभ्यो हिताय

OPR-6

Paediatric / Paediatrics
1001-1111
1001-1111
1001-1111
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कारोगी संजीवित सं/O.P.D. Regn. No. _____

वय Age	पता/Address

D-ALL / IR / icicle - Post Induction

दिनांक/Date

22

12/12

उपचार/Treatment

10 ~~crab~~ ~~toxic~~ back pain
(pain along T12 level and left side)
and pain in BIL heels, unable to
bear weight

~~10~~

O/E vitals stable .
afebrile .

BIL AE equal .

Lower 3 cm

Spleen 1 cm

Bed sore has healed .

Not tenderness along site of bone marrow

Imp ? Growing pain / ? vit & differences .

Adv

- To Get MRD reports
- If MRD in circulation - Repeat B M
- To get Vit D / PTH .
- Review & discussion Enc (C)
- xray skeletal (aprony / case) send to OP .
- Tlc specimens in culture for 2 days from _____



CLEAN AND GREEN AIIMS / एम आर का यही संकल्प, सफाई से काम कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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- TLC Enzymes, Cas Medial Lab.
- Sup Vit D3 & A-Z
- RIVC MRD, WED/EPH.

Dietary Notes:-

- ↳ Convinced parents for NG
- ↳ Inc. calories → 1800 kcal diet plan shared.
- ↳ To inc. water intake by 1.5l.

[Signature]
18/3/2020

CAN KIDS

Rx

- by Imipenem 325 mg q 6 hourly IV x 1 week

SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
New Delhi-110029

⇒ BM - hemodiluted
no opinion possible. *
BM-Flow - negative MRD -
informed telephonically.

- Adv:
- to do CBC/RET/LFT tomorrow.
 - to collect protocol from Sister Monica
 - to start IR-consolidation

[Print]
Dr. Brajendra K
12/4/20

11/4/20 ANJALI PATIL ; CIP no : 39989
phno:

IND METRO ITM 120g IT

~~9784163077~~
9784163077

[Signature] Con. M. Patil



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



OPR-6

एक/Unit _____
 विभाग/Dept. _____

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

नाम/Name	लिंग/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
				POF-40/20

निदान/Diagnosis

दिनांक/Date

17

उपचार/Treatment

Pancytopenia/NSM / ? acute leukaemia.

Fever / heavy pains : x 3 months.

no w/o bleeding [Blood transfusion
 once in Nov x PRP 7.
 PRP 10.]

B.M. done 4 times outside. → inconclusive.

[Once reported as Leukemia / Quezmae].
 other 2 reports NA.

of E:
 (+) LN (+)
 cervical.
 axillary
 inguinal
 MULTIPLE nodes.

14/1/20.
 Hb-3.
 TLC-510
 Plt - 2000.

↓
 2/1/20
 5 → 1300 ← 47000.
 720

BMA (outside) → flow. (ONQUEST). [2/12/19].

8.4% B. lymphoid
 blasts.

LDH-445.
 U.A → 2.1.

CXR 11/1.

→ 13/1/2020.

Hb-3.9.
 TLC-1000
 NS-1Lk.
 Plt-1.2 lacs.

P/A - L3S3.
 soft.
 CVS - ⑦ S2.
 Chest - clear.
 CNS - ⑦.



? Medication (8% blasts. BM)
 widening
 CLEAN AND GREEN
 एम का यह संकेत, संकेत
 जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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HR = 120/min
 RR = 32/min
 2/1/20
 meraaspatal.nip.gov.in

Handwritten notes in the top left corner, including "to 18/01" and other illegible scribbles.



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



एक/Unit _____
 विभाग/Dept. _____
 नाम, _____

General/70 0
 Cardiac/Pediatric
 Name: ANSARI PATIL Devs : Saturday
 PH: 250 8891/2
 PH: 011-26581077
 Date: 15/02/2020

OPR-6

1 No./O.P.D. Regn. No. _____
 पता/Address _____

रिपोर्ट / Diagnosis

दिनांक / Date	उपचार / Treatment
<p>15/02</p> <p>on Proton Pump Inhibitor (PPI) - Esomeprazole 40mg</p>	<p>40 L-Asparaginase (L-ASP)</p> <p>on induction</p> <p>Mild Abd pain</p> <p>NO vomiting</p> <p>ME</p> <p>vitals stable</p> <p>PLA - soft, non tender</p> <p>no organomegaly</p>
	<p>Plan</p> <p>① Tab <u>Carzol junior</u> 15mg 1 tab BD BPR</p> <p>② Tab <u>Wysolone</u> (10mg) 1 1/2 - 1 - 1</p> <p>③ Syrup <u>Septiam</u> 3.5ml BD <u>Spl Sun</u></p> <p>④ Inj <u>L-Asparaginase</u> 6000 IU/m² tom</p> <p>⑤ <u>Amplacel</u> in day care</p>



CLEAN AND GREEN AIIMS / एका का पत्ती नकल, सफ़ायता से काम करें
 अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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एन.ए.आर. सं. २०१७

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



www.meraaspatal.nha.com.in

Follow Up Patient
Dept Reg. 2020/001/0001968

OPR-6

एकक/Unit _____

विभाग/Dept. _____

नाम/Name _____

Paediatrics/Paediatric
Unit-133
Name: MISS ANJALI PATEL
Sex: महिला स्त्री
Age: 37 YRS
S/O: JITENDRA KUMAR
Sex: पतिविरत स्त्री

General/P 0

Ward/Room: 14

Days: Saturday

Sy 14 10

बीजा/र

Ph. 9784163077

J.P.D. Regn. No. _____

पता/Address _____



निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
24	In copy
25/2/2020	inj curax 6000 IV - 1m stat ball
27/2/2020	inj vcr 0.9 mg IV inj leunase 6000 IV IM stat
(2/3/2020)	inj leunase 6000 IV 1m stat Nishi m
	keals 13/2/2020

SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029



CLEAN AND GREEN AIIMS / एम का यही संकल्प, स्वच्छता से काम चलता
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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प्रयोगशाला कायचिकित्सा विभाग
 DEPARTMENT OF LABORATORY MEDICINE
 नैदानिक रसायनिक
 CLINICAL CHEMISTRY
 अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
 All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029
 रक्त रसायन / BLOOD CHEMISTRY

UID:	105030227	Sex :	Female
Patient Name :	Miss ANJALI PATEL	Sample Received Date :	05/02/2020 10:39 AM
Age :	5 years 15 days	Department :	Paediatrics
Unit Name :	Unit-III	Unit Incharge :	Dr. S. K. KABRA
Lab Name :	Bio Chemistry	Lab Sub Centre :	Clinical Chemistry
Reg Date :	27/01/2020 09:45 AM	Sample Collection Date :	05/02/2020 09:29 AM
Report Generated Date:	05/02/2020 10:39 pm	Dept / IRCH No:	20200030001968
Recommended By:	Dr vijay kumar	Lab Reference No:	75

Sample Details : CII-0502200900

Report

Test Name	Result	Comment	Normal Range
UREA	37 mg/dL		10.00-40.00
CREATININE	0.1 mg/dL		0.50-1.00
CALCIUM	8.1 mg/dL		8.50-10.50
PHOSPHATE	4.3 mg/dL		2.50-4.50
URIC ACID	2.8 mg%		• 2.5 - 6 mg/dL
SODIUM	134 mEq/L		135.00-145.00
POTASSIUM	4.1 mEq/L		3.50-5.00
BILIRUBIN TOTAL	0.3 mg/dL		0.20-1.20
TOTAL PROTEIN	6.5 g/dL		6.00-8.00
ALBUMIN	3.8 g/dL		3.50-5.00
GLOBULIN	2.7 g/dL		2.00-3.50
SGOT (AST)	12 U/L		5.00-10.00
SGPT (ALT)	10 U/L		5.00-45.00
ALK PHOS (ALP)	364 IU/L		• 240 - 840 IU/L

Over All Comment :

Authorised Signatory
Dr. Sudip Kumar Datta

Verified By
sudipkumar



पर्यायगत कथचिकित्स विभाग
DEPARTMENT OF LABORATORY MEDICINE
रसायनिक विभाग

CLINICAL CHEMISTRY
अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029
रक्त रसायन / BLOOD CHEMISTRY

UID:	10503127	Sex:	Female
Patient Name:	Miss ANJALI PATEL	Sample Received Date:	04/02/2020 10:47 AM
Age:	14 years 14 days	Department:	Paediatrics
Unit Name:	III	Unit Incharge:	Dr. S. K. KABRA
Lab Name:	Bio Chemistry	Lab Sub Centre:	Clinical Chemistry
Reg Date:	21/01/2020 09:45 / M	Sample Collection Date:	04/02/2020 10:21 AM
Report Generated By:	04/02/2020 03:39 pm	Disp / RCT No:	20200030001968
Recommended By:	Dr. Anjali kuma	Lab Reference No:	301

Sample Details : CH-002201466

Report

Test Name	Result	Comment	Normal Range
UREA	<u>43</u> mg/dL		10.00-40.00
CREATININE	<u>0.3</u> mg/dL		0.50-1.00
CALCIUM	<u>7.3</u> mg/dL		8.50-10.50
PHOSPHATE	<u>4.8</u> mg/dL		2.50-4.50
URIC ACID	5.3 mg%		• 2.5 - 6 mg dl.
SODIUM	126 mEq/L		135.00-145.00
POTASSIUM	3.0 mEq/L		3.50-5.00
BILIRUBIN TOTAL	0.3 mg/dL		0.20-1.20
TOTAL PROTEIN	6.6 g/dL		6.00-8.00
ALBUMIN	<u>3.2</u> g/dL		3.50-5.00
SGOT (AST)	13 U/L		5.00-40.00
SGPT (ALT)	4 U/L		5.00-45.00
ALK PHOS (ALP)	400 U/L		• 240 - 840 IU.L

Over All Comment :

Authorised Signatory
Dr. Sudip Kumar Dasg

Veri
dist



DEPARTMENT OF LABORATORY MEDICINE

Authorized Signatory

Hematology

110029

All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

UHID:	105030227	Sex:	Female
Patient Name:	Miss ANJALI PATEL	Sample Received Date:	14/03/2020 09:46 AM
Age:	5 years 1 month 24 days	Department:	Paediatrics
Unit Name:	Unit-III	Unit Incharge:	Dr. S. K. KABRA
Lab Name:	Hematology	Lab Sub Centre:	Hematology (Ward)
Reg Date:	21/01/2020 09:45 AM	Sample Collection Date:	14/03/2020 07:32 AM
Report Generated Date:	14/03/2020 01:38 pm	Dept / IRCH No:	20200030001968
Recommended By:	Dr. MAHESH ACHARYA	Lab Reference No:	258

Sample Details : HMW-140320211

Report

Test Name	Result	Comment	Normal Range
T.L.C	1.32 $10^3/\mu\text{L}$		4.00-11.00
NEUTRO	39.4 %		40.00-80.00
LYMPHO	37.1 %		20.00-40.00
MONO	23.5 %		2.00-10.00
EOSINO	0.0 %		1.00-6.00
BASO	0.0 %		1.00-2.00
NUCLEATED RBC	0.0 %		0
RBC COUNT	2.64 $10^6/\mu\text{L}$		• 3.8 - 4.8 $10^6/\mu\text{L}$
HB	8.1 g/dL		• 12 - 15 g/dL
HCT	24.0 %		• 36 - 46 %
RDW	14.7 %		11.60-13.00
PLATELET COUNT	208 $10^3/\mu\text{L}$		150.00-400.00
MCV	90.9 fL		78.00-97.00
MCHC	33.8 g/dL		31.00-34.00
MCH	30.7 pg		27.00-33.00

Over All Comment : Leukopenia

Authorized Signatory
Dr. Tushar Sehgal

Verified By
Dr Malvikalm

Recd. Dt: 01/02/2020 Acc. ID: 441912417
 Coll Dt. Tm. 01/02/2020 10:00:25
 Recd. Dt. Tm. : 01/02/2020 18:39:26
 Age: 5 Yrs Sex: Female
 Name: Baby ANJALI PATEL

Client Details: Cankids
 Cankids (Heavens office) D-7/7, Basement Vasant Vihar, New Delhi
 Refd. By: DR RACHNA SETH
 Report Dt. Tm. : 05/02/2020 17:13:27

4 marker ALL Panel by FISH
BCR/ABL : Translocation Assay # ^
 Fluorescence in-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type : Heparinized BM

FISH Probe: Zy ovision directly labeled *ABL1* (9q34)/ *BCR* (22q11.2) DC-DF DNA probe

	<i>BCR</i> Green 22q11	<i>ABL1</i> Orange 9q34	<i>BCR/ABL</i> fusion Yellow t(9;22)	No. of cells (n=200)	Analysis
	2	2	0	200	Normal
	1	1	2	0	Ph+ve
Signals/cell	2	1	1	0	Variant form of Ph+ve/ Ph+ve with a Gain/Loss of <i>BCR/ABL1</i> locus
	3	3	0	0	Gain/Loss of <i>BCR/ABL1</i> locus

Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncquest Laboratories Ltd.

Interpretation:

nuc ish(ABL1,BCR)×2[200]

BCR/ABL1 Fusion signal was not detected in any cells.

The sample is Negative for t(9;22)



ANJALI

OHID - 105030227

HT - 100cm

WT - 13.6 kg

BSA - 0.61m²

Intermediate risk

Interim maintenance Week 11-18

Eligibility: ANC > 750/cumm, Platelets > 100000/cumm

OH
2657
4434

Day	VCR 1.5mg/sqm IV Max dose 2.0mg	IV MTx 100mg/sqm Escalate subsequent dose by 50mg/sqm	ITM (age appr)
1.	Signature	Signature	Signature 19/05/2020
2.	Signature	Signature	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.	31/5	Signature	
13.			
14.			
15.			20 02/06
16.			
17.			
18.			
19.			
20.			
21.			
22.	10/6	Signature 11/06	Signature 11/06
23.			12
24.			13
25.			14
26.			15
27.			16
28.			17
29.			18
30.			
31.			
32.	22/6	Signature	Signature
33.			

$$22 \times 0.61 = 7.5$$

PAGE NO.

DATE :

5/7/20

~~to~~ All ~~in~~ (IR) IM

cerical CAP

leg pair

? kelapese

To hiali daam

↳ Please send CBIC

+ P/S form

@AM.

Garf

Know
82

①

~~2/2/20 inj MTX 106 mg / 100ml
x 1hr~~

~~inj vck 0.9mg .iv stat~~

~~Gay
sated~~

4/7/2020

Plan

Hygm c P/s
Vit D
Sca | Bey | Alp

Wb - 11.2
Tk 3900
PU - 1.38 (D)
L 32.5.7.

Calcinal sachet 60000 IU one/week
Lyp Shelcal 5ml BID x 1 mon x 8 wks
R/V c Reports.

Key

5/7/20

200 All \bar{c} (IR) IM

cervical CAP

Leg pain

? Relapse

To Kiali Maam

↳ Please send CBK + P/S form @AM.

6/7/2020

Cervical L.N have Garg

led in size

one measuring $\text{RT } 1\text{cm}$

One 0.5 cm, No other CAP.

NO HSM

Earlier vit D 14.3

(Mar 2020)

Chest Bx clear

CNS } MAD

Not supplemented as per father

Anjali
105030227

wt + 14.200 Kg
ht + 106 cm

Delayed intensification

BSA - 0.6

IR DI R2-A

Week 19-25

Eligibility ANC > 750/cumm, Platelets > 100000/cumm

Day	Dexa 10mg/ sqm <u>6mg</u>	VCR [*] 1.5mg/ sqm(max dose 0.9 2.0mg) <u>1.5mg</u>	ITM (age appr) <u>1.5mg</u>	L asparaginase 10,000units/ sqmIM	Doxo 25mg/sqm <u>15mg</u> <u>23/7/20</u>	Cyclophos phamide 1000mg/sqm	Cytosine arab. 75mg/sqm IV	6-MP 66 mg /3 imPO
1.								
2.								
3.								
4.				<u>26/10/20</u>				
5.								
6.								
7.				<u>29/10/20</u>				
8.		<u>1.5mg</u>			<u>30/10/20</u>			
9.								
10.				<u>1/11/20</u>				
11.								
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अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली - ११००२९
Ansari Nagar New Delhi - 110029

MLC / NON - MLC

UHID No. 105030227

ADMISSION SLIP

Dated 4/5/20

AADHAR No.

Please admit Shri. / Smt. / Dr. / Miss

Anjali

Age..... Sex..... in ward.....

Under Unit.....

and Senior Resident of the Unit.....

III

C-5 Day care

whose Provisional

diagnosis is.....

All

(in block letters)

C. A. O / Hosp. Enquiry
Code No.....

Signature & Stamp of the Admitting Medical Officer

Name of the Admitting M.O.....

Designation of Admitting M.O.....

Please advise patient / attendant to fill the details on the back of slip.



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UID:	105030227	Sex:	Female
Patient Name:	Miss ANJALI PATEL	Sample Received Date:	22/09/2020 12:31 PM
Age:	5 years 8 months 1 day	Department:	Paediatrics
Unit Name:	Unit-III	Unit Incharge:	Dr. S. K. KABRA
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date:	21/01/2020 09:45 AM	Sample Collection Date:	22/09/2020 09:56 AM
Report Generated Date:	22/09/2020 07:38 pm	Dept / IRCH No:	20200030001968
Recommended By:	Mr. nitin	Lab Reference No:	270

Sample Details : E220920119

Report

Test Name	Result	Comment	Normal Range
<u>CBC</u>			
Hemoglobin	9.900 g/dL		• 12 - 15 g/dL
Hematoerit	31.119 %		• 36 - 46 %
RBC Count	3.300 $10^6/\mu\text{L}$		• 3.8 - 4.8 $10^6/\mu\text{L}$
WBC Count	2.830 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count	196 $10^3/\mu\text{L}$		• 150 - 400 $10^3/\mu\text{L}$
MCV	94.300 fL		• 83 - 101 fL
MCH	30 pg		• 27 - 32 pg
MCHC	31.8134 g/dL		• 31.5 - 34.5 g/dL
RDW	22.800 %		• 11.6 - 15 %
<u>DLC</u>			
Neutrophils	37.000 %		• 40 - 80 %
Lymphocytes	40.400 %		• 20 - 40 %
Eosinophils	2.500 %		• 0 - 7 %
Monocytes	11.900 %		• 3 - 11 %
Basophils	0.800 %		• 0 - 2 %
Neutrophils - Abs	1.0471 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs	1.14332 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs	0.07075 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs	0.33677 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs	0.02264 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$

Over All Comment :

Verified By
ashishlabnci

Authorised Signatory

विकिरण नैदानिक विभाग
अ० भा० आ० सं०, नई दिल्ली-११००२९,
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Anjali Age/Sex : 5yrs / Female Ref. Dept./Unit : III Date : 12/10/20
Indoor (Bed No.) / Outdoor / Casualty UHID No. : 105030227 LMP :

Examination Required :

Clinical History and Examination :

C/o Vertebral Prolapse
X-R whole spine < AP
flexion & Extension view
lateral

Clinical / Working Diagnosis :

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

Signature of Referring Physician / Date :

[Signature]

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.



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

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	मानसिक स्थिति Mental Status	यू. एन. आर. नं. UNO No.
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
				स्थिति Status

Referred by Dr. Jagdish Meena to Dr. Venkatesh
Requesting Doctor Consultant & Specialty

Findings : C/O/w Dr Venkatesh Date : 21/10/20

Sir
Kindly help us in getting order for date for Monday for this patient Anjali w/o B-DU maintenance phase & vertebroplasty procedure.

Diagnosis or Impression :

Thanking you
[Signature]
21/10/20

Recommendations:

Consultant's Signature

Printed



CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Annam Nagar, New Delhi-110029

Phone: 26586300
26588700

APPOINTMENT SLIP

New Patient

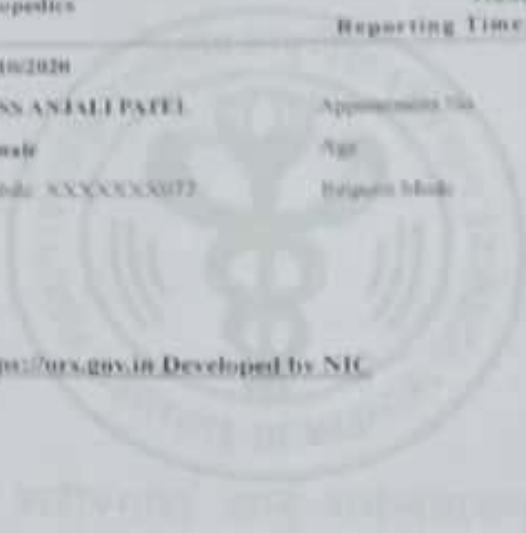


Receipt No: ANM/OPD/1910/190147
 Patient Name: ANSHU PINGOLIA DEO C. WING
 General F 0.0
 Dated: 27/10/2020
 Patient Type:
 OPD: ANM/OPD/1910/190147
 Room:
 Appointment Date: 27/10/2020
 Reporting Time: 09:00 AM-10:00 AM

Appointment Request date	19/10/2020	Appointment No	2020101901967
Name of Patient	MISS ANJALI PATEL	Age	5 years 8 months 29 days
Sex	Female	Referral Mode	other
Contact Details	Mobile: XXXXXX0072	Referral Mode	other

Remarks:
Visit 4310 G - 10800225

Book Online appointment from: <https://ors.gov.in> Developed by: NIC



Payment Mode:
INR (Rs.):
Rs. in Words

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP



ओ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल में जगमग धुएँ न पकाएँ / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

आरोग्य रोगी विभाग

OPR-6

रोगी/Unit

U

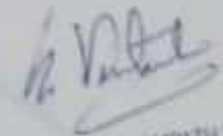
रोगी/Dept

Orthopedics

आरोग्य रोगी सं./O.P.D. Regn. No. 10503 0727

रोगी Name	शरीर, रंग, नाड़ी, रक्त F / S / W / D of	लिंग Sex	वय Age	पता/Address
Anjali		स्त्री F	२१/११	

रोग/Diagnosis B-ALL maintenance phase & vertebral collapse

दिनांक/Date	उपचार/Treatment
२१/१०/२०२०	Kindly allow this pt in OPD on Monday 26/10/2020.  Dr. VENKATESAN SAMPATH KUMAR MB (Ortho), FRCS (Ortho), MCh (Ortho), MCh (Spine) Assistant Professor Department of Orthopaedics A.I.I.M.S., New Delhi-110029



CLEAN AND GREEN AIIMS / रोगी का रोगी सहायक, सहायक से जगमग करण

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

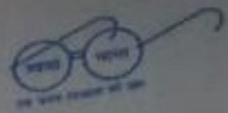
O.R.B.O., AIIMS, 26588360, 26583444, www.orbo.org Helpline - 1060 (24 hrs service)



merxaspatal.nhp.gov.in



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



15

Follow up Patient
Dept Reg. 2020/001/000164

General/OPD

Pediatric/Pediatric
JUNIOR III

Ward/Room: 8

नाम: अंजलि पटेल

Dept: 7

Home Pkx: ANJALI PATEL

Med. Stat (यु. एन. सी.)

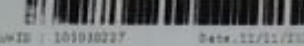
फोन: 070 227084

Cover No: PE

OPD JITTENORA KLNAR

SV 3M 210

PH: 8784183077



UID: 101010227 Date: 11/11/2020

OPR-6

No. _____

पता/Address _____

एकक/Unit _____
विभाग/Dept. _____
नाम/Name _____

निदान/Diagnosis

उपचार/Treatment

दिनांक/Date

25

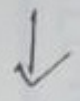
16-9kg

B-ALL M1 started on 24/9/20

MRI s/o diffuse bony d/s ? leukemias

marrow was done

but was diluted



Plan

① To come to daycare at 9AM to meet maan

② Tab Omvas 2.5mg 1/2 BD

③ Tab carvedilol 3.125 mg 1/2 BD

④ Tab Septtran 80 1 tab Sat/er

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)



मेरा अस्पताल

My Hospital
meraaspatal.nhp.gov.in



LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India Institute
of Medical Sciences, New Delhi-110029

UHID:	105030227	Reg Date :	21/01/2020 09:45 AM
Patient Name :	Miss ANJALI PATEL	Age :	5 years 9 months 17 days
Sex :	Female	Unit Name :	Unit-III
Department :	Paediatrics	Sample Collection Date:	07/11/2020 09:34 AM
Unit Incharge :	Dr. S. K. KABRA	Lab Sub Centre:	Lab Oncology (IRCH)
Lab Name:	Oncology Lab	Report Generated Date:	10/11/2020 01:59 PM
Sample Received Date:	09/11/2020 11:31 AM	Recommended By:	Dr. vijay kumar
Dept / IRCH No:	20206030001968		
Lab Reference No:	2508		
Ward Name:	CS DAY CARE /1		

Sample Details : LOI-071120009-AP (Bone Marrow)

BMA PS

Report: Largely hemodiluted bone marrow aspirate shows few haematopoietic cells only.

A definite opinion on remission status is not possible on smears examined.

Senior resident - : Dr Ekta Rahul

Signature Dr Amar Ranjan

Authorized Signatory



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



सर्वोपर्याय चतुः सर्वसामान्य

OPR-6

एकक/Unit _____
विभाग/Dept. _____
नाम/Name _____

Follow Up Patient
Dept. Reg. 2020/003/0001968
Paediatrics/Paediatric /Unit-III
Name: अंजलि पटेल
पिता: जितेंद्र कुमार
D/O JITENDRA KUMAR
UNID : 105030227

General/PO
Room/Room: 8
Days : Wed, Sat (घर, हॉल)
Queue No : P5
5V 13M 2D मधुन/फ
Ph. 9784161077
Date: 23/12/2020

Regn. No. _____
पता/Address _____

निदान/Diagnosis

दिनांक/Date

(2)

उपचार/Treatment

17.6 Kg

CP B-ALL (IR) on maintenance

Doing well
No complaints

e/e

vitals stable

Chest clear

P/A - no liver (spleen)

No LAP

CBC

Hb - 12.5

TLC - 3000

ANC - 1488

Mat - 184000



Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

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)



मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in



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

OPR-6

Follow up Patient
 Dept. Reg. 2020/003/0001968
 Paediatrics/Paediatric /Unit-III
 नाम: अंजलि पटेल
 Name: Miss ANJALI PATEL
 पिता: जितेंद्र कुमार
 D/O JITENDRA KUMAR
 PH. 9784163077
 LHID : 105030227
 Date: 16/12/2020

ब० रोगी व० पंजीकृत सं० / O.P.D. Regn. No.		पता / Address
ग	आयु / Age	
ख		

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

①

17.35 To PRC,

Kindly give paed unit - 3 appointment to this patient for today (30/12/20)

Senior Resident
 Department of Pediatrics
 All India Institute of Medical Sciences
 Ansari Nagar, New Delhi-110029

Follow Up Patient
 Dept. Reg. 2020/003/0001968
 Paediatrics/Paediatric /Unit-III
 नाम: अंजलि पटेल
 Name: Miss ANJALI PATEL
 पिता: जितेंद्र कुमार
 D/O JITENDRA KUMAR
 PH. 9784163077
 LHID : 105030227
 Date: 30/12/2020

- Blood in stools
 1-2 drops after stools
 - pain during stools
 perianal area red.

22/12

7 kg

Stable

on M₂:

LFT | V 07/PT
 RFT | = 520/175

R: 5 | 3.0 | 184
 N = 49%

- ① Tab GMP (50) } to continue.
 MTX }
- ② Carvedilol / Emvas to continue
- ③ Aug ITM 20mg Mefenoxate stat PTO

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

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

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

- ~~Fate~~ - Xylocaine jelly L/A.
- Tinct ~~ointment~~ L/A.
- syr lactulose 10ml B.P.
- (Pediatric Surgery review.)
for ruling out cause
of PR bleed
? fissure
- SITZ BATH

Al-yr

Ms Manpreet
(Dietitician) → pl review

Al-yr
 Department of Pediatrics
 All India Institute of Medical Sciences
 Anand Institute, New Delhi, India

Plan

(1) Tab GMP 50mg
4/7 x 1 tab OD x 4
3/7 x 1/2 tab OD

(2) Tab MTX 12.5/15mg to alternate

(3) Sypp Tab septtran (100) 1/2 tab sat/sun

(4) Tab Emax 2.5 mg 1/2 tab BD

(5) Tab Carvedilol 3.125 1/2 tab BD

(6) Sypp Lactulose 5 ~~ml~~ ml BD

(7) R CBC 2 weekly

↓
C3 sambhav

@ gmail.com

Gary
SK

(8) ITM Daycare - date → 07/01/2024

(9) Next OPD → 9/01/2024

Gary
SK
SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Science
Ansari Nagar, New Delhi-110029

o Ped 3

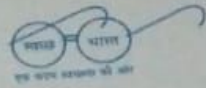
↓ Dr R Seth

7, 10, 14



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



OPR-6

Follow Up Patient
Dept Reg. 2020/001/0001968

Paediatrics/Paediatric / UNIT-III General/W D

नाम: अंजलि पटेल कमरा/Room: 8

Name: Miss ANJALI PATEL Days: wed, Sat (शुक्र, शनि)

पिता: जितेंद्र कुमार SY 11M 190

D/O JITENDRA KUMAR लिंग/M/F

Ph. 9784163077

UHID: 105030227 Date: 09/01/2021

रोगी सं. / O.P.D. Regn. No. _____

आयु / Age	पता / Address
-----------	---------------

निदान / Diagnosis

दिनांक / Date
3

18/3

उपचार / Treatment c/o B-AU maintenance (IR)

Doing well.
No complaints

etc

No HSM

No LAP / tenderness

CBC 11.9 → 2890 ← 234000
1557

U&T awaited

Plan

- ① Tab GMP 50mg
4/7 x 1 tab OD
3/7 x 1/2 tab OD

② Tab MTX 12.5mg/15mg to alternate week

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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③ Tab Septran (160) $\frac{1}{2}$ tab satlun
x 3 months

④ Tab Envas 2.5mg $\frac{1}{2}$ tab BD
⑤ Tab carvedilol 3.125 $\frac{1}{2}$ tab BD } x 3 months

⑥ Next OPD after 3 months

⑦ ECHO on Monday → Daycare
Sister Roopa
Dr Tejaswin
↳ To take call
on Envas
+ carvedilol

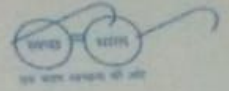
↓
9AM

SENIOR RESIDENT
Department of Pediatrics
Dr. Jay
SK.



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



OPR-6

एकक / Unit _____

विभाग / Dept. _____

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No. _____

नाम / Name	पिता / पुत्र / पत्नी / पुत्री	लिंग	आयु / Age	पता / Address
Orthopedics CL No: 20200080014778 UHID 105030227 ANJALI 5Y9M5D	Orthopedics Queue No: F16 Room C-106 JHID 105030227	12-01-2021		

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
	<p>B cell All on maintenance phase. Pediatrics review on s/o fracture might be old. A currently has no complaints.</p> <p style="text-align: right;">— Advice — Continue T10 brace R/A Ankles</p> <p style="text-align: right;"></p>

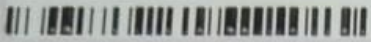
शरीरमाद्यं खलु धर्मसाधनम्

Orthopedics

Queue No: F108

Room: C-106

UHID 105030227 13-02-2021



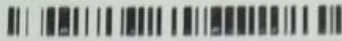
Orthopedics

CL No: 20200080014778

UHID: 105030227

ANJALI

5Y9M5D



13/2/2021

no pain/complaints at foot.

Review sos.
in case of emergency

Adv:

- Continue brace.
- UA 3 months.

Fellow *Ans*
Department of Orthopaed
A.I.I.M.S., New Delhi-1100



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



शरीरमाद्यं खलु धर्मसाधनम्

एकक/Unit _____
विभाग/Dept. _____
नाम/Name _____

Follow up Patient
Dept. No. 2020/001/0001968
General # 0
Paediatrics/Paediatric Unit - I/1
जन्म/जन्म तिथि/Date of Birth _____
Name: Miss ANJALI PATEL
पिता/पिता का नाम/Father's Name: Dr. STEVEN A. SUMAR
D/O STEVEN A. SUMAR
Ph. 9784161077
URID : 1030R227
Date: 07/04/2021

OPR-6

Regn. No. _____

पता/Address _____

निदान/Diagnosis

दिनांक/Date

16.8.20

(8)

B-ALL / IR / M₃ / उपचार/Treatment / Cardiac dysfunction

⊙ on GMP / MTX

Recent ↑ in dose:

CBC = 12.5 / 1.89 / 151
N = 60

LFT / RFT = W

- Continue GMP / MTX.

Augmentin stop.

↳ to continue upto 10tr.

- Review after 1 week

- Septra / Cardioprotectin to continue

? low grade fever

[Signature]

शरीरमाद्यं खलु धर्मसाधनम्

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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17/04

to review on Ped-3 OPD on 17/04

L. Prasad

Dr. Prasad S

SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
Anand Nagar, New Delhi-110029

Follow Up Patient
Dept Reg 2020/003/0001968 General/R/O

Paediatrics/Paediatric Unit-III
Ward/Room: 8
Days: Wed, Sat (AM, PM)
Name: MISS ANJALI PATEL
Queue No: FB
SV 2W 270
U/U: LITENDRA KUMAR
Ph: 9784163077



UHID: 105030227 Date: 17/04/2021

M3

17.2 Kg

CSF cytospin - Sample inadequate for opinion

① CSF

12.8 / 3810 / 1.75
Ave 2167

Adv

Tab 6MP 50mg 1 tab OD x 5/7
1/2 tab OD x 2/7

Tab MTx 12.5 } once a week
15mg } alternate

Cont Betadine gargles / erts bath
Cont Gavrilol / Envas.

CBC after 2 wksly and to mail the report.

patient can go home

ECHO

SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
Anand Nagar, New Delhi-110029