









छुट्टी/मृत्यु की रिपोर्ट : Discharge/Death Summary

Ph. 011-23404040/23365525

केन्द्रीय पंजीकरण संख्या CR.No. 202244306	विभाग/इकाई प्रभारी का नाम- P-8 Deptt/Name of HOU- Dr. Alok Hemal	वाट/रोगी कक्ष सं. Ward No. 211/11 floor
नाम Name Irshad	आयु/लिंग Age/Sex 12y/2m/f	एम.एल.सी. सं. MLC No. -
सी.जी.एस. सं. CGHS No. -	भर्ती की तारीख Date of Admission 18/8/22	छुट्टी/मृत्यु की तारीख एवं समय Date & Time of Discharge/Death 31/8/22

छुट्टी/मृत्यु का निदान-  
Diagnosis on Discharge of Case History Severe aplastic anaemia 1st cycle of ATG given on 13/9/22

मामले का संक्षिप्त सारांश-  
Brief Summary of Case History  
Child was admitted to OPD lip swelling petechia over lower limb by 10 days - gum bleeding & bleeding from lips x 10 days

जांचों का विवरण  
Details of Investigation  
e/f h/o: Child was admitted in some hospital in Bihar & referred  
Child was taken to AIIMS Delhi.  
Hb-4.4  
TLC-2500 → 10 PRBC was given  
PLT-1000 2 ORDP

In x chart attached

O/A: afebrile  
HR-80/min  
RR-17/min  
CRT 3sec  
PP/Pr (4) (2)  
ext - warm

eyes - conjunctival redness (P)  
lip swelling (P)  
blood stain (P)  
CAP-E - C1-C4 -  
CNS - +, S, (P) M (P)  
E/S - B/C A/R (P) clear  
H/A - soft, NT  
L > NP  
S

CNS - conscious oriented  
non-neurological signs  
TOUP - 0/0  
POWPR - 5/5 / 5/5  
OTR - 24 24  
PLANTAR + 1+

Continues

# My Laboratory Name

My Laboratory Address:

Sample ID: E126	Patient ID: 29558
Name:	Sample Type: SERUM
Category:	Collection Date: 29-Nov-2022
Age:	Reg. Date: 29-Nov-2022
Ref. Dr:	Analyst:

Sample Remark:

Sr. No.	Test	Result	Flag	Normal Range
1	Urea	52 mg/dl	H	15 - 45 mg/dl
2	Creatinine ENZ	0.8 mg/dl		0.6 - 1.2 mg/dl
3	Bilirubin Total	1.6 mg/dl	H	0.2 - 1.0 mg/dl
4	Bilirubin Direct	0.6 mg/dl	H	0.1 - 0.3 mg/dl
5	Total Protein	8.2 g/dl	H	6.0 - 8.0 g/dl
6	Albumin	5.5 g/dl		3.5 - 5.5 g/dl
7	Sodium	139.20 mmol/l		130.00 - 150.00 mmol/l
8	Potassium	2.35 mmol/l	F, I	3.50 - 5.50 mmol/l
9	Chloride	100.16 mmol/l	F	95.00 - 110.00 mmol/l
10	Calcium	9.9 mg/dl	CAL*	8.5 - 10.5 mg/dl
11	Phosphorus	5.1 mg/dl		2.5 - 5.5 mg/dl

Kt value centrally low  
 correlate clinically

low  
 29/11/22

Patient Remark:

Collection Date: 29-Nov-2022 16:22

Notes: Tests have been performed on fully automated analyser - #1-640

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 Prehad आयु-लिंग Age-Sex 12/F न.रो.वि./कै.स.स्वा.पौ. OPD/CGHS/CR No 69587  
प्रभारी चिकित्सक Dr. Incharge \_\_\_\_\_ वार्ड Ward/OPD 12 बिस्तर सं Bed No. \_\_\_\_\_  
रोगवृत्त Clinical History \_\_\_\_\_  
अन्तिम निदान Prov. Diagnosis \_\_\_\_\_  
यूनिट अध्यक्ष Head of Unit \_\_\_\_\_

CBC

चिकित्सक के हस्ताक्षर  
Signature of Clinician

रिपोर्ट  
Report

ई. एस. आर. (वेस्टर्ग्रेन) ESR (Westergren) ..... एम. एम. प्रथम घंटा mm 1st Hr. प्लेटलेट गणना Platelet Count < 10,000 क्यू. एम. एम. /cumm  
हीमोग्लोबिन Haemoglobin 4.8 ग्राम gm% पूर्ण इयोसिनोफिल गणना Absolute Eosinophil Count ..... क्यू. एम. एम. cumm  
कुल डब्ल्यू बी. सी. Total WBC 2000 क्यू. एम. एम. cumm कुल लाल रक्त कोशिकाएँ Total RBC 1.53 x 10<sup>6</sup> क्यू. एम. एम. cumm  
अभिन्न श्वेत कोशिका गणना Differential Leucocyte Count ANC = 500 पी. सी. बी. PCV 12.7 %  
रूपी Polymorphs 25 % एम. सी. बी. MVC 88.2 एफ. एल. fl.  
कोशिकाएँ Lymphocytes 70 % एम. सी. एच. MCH 28.4 पी. जी. pg  
नोफिल Monophils 02 % एम. सी. एच. सी. MCHC 34.1 %  
द्रव श्वेत कोशिका Reticulocytes 03 % जाल लोहित कोशिका गणना Reticulocytes count ..... %  
थक्का बनने का समय Clotting time Adv - kindly correlate clinically %  
Bleeding time Adv - kindly correlate clinically %

Ⓞ

Course during hospital stay

Irshad 1yr/Male, admitted to C/O Pediatrics, Dena 9/11/22

उपचार/ऑपरेशन का विवरण  
Treatment/Operation notes

Bleeding from mouth & day. Child was investigated for the cause of bleeding + prothrombin for

which CBC showed Hb-7.2, Tlc-670, Plt-16,000.

Complement therapy was given. Child also had

left ear discharge, ear opinion was taken

ear examination showed blood discharge, tympanic

membrane intact with mild ear aches.

Child was given Zinj. ampicillin, Zinj. ceftriaxone, Zinj

monocycl. Zinj. ceftriaxone 1/10 febrile neutropenia, treatment for

Child blood c/s showed bilobed species (*Staphylococcus aureus*)

Sensitive antibiotic (Zinj. ampicillin, Zinj. gentamicin)

were given. Bone marrow was planned 1/10 not reporting

polycythemia

Child Bone marrow aspirate - smears were suggestive

of acute leukemia. Inadequate for opinion Dec-12/22, Hb 9.0

WBCs - normocytic normochromic, 2 leukocytes

and thrombocytopenia. Possibility of aplastic anaemia

and thrombocytopenia were ruled out.

Child was confirmed line of management Child cytogenetic

test for Fanconi anaemia (showed no sensitive mutation).

Child was kept) Bone marrow Biopsy ~~showed~~ - possibility of hypoplastic marrow can't

be ruled out.

Parent's was counselled for the treatment of aplastic anaemia

(bone marrow transplant) but child's parents declined

for it. Child was given ATG on 13/8/22 after which HPS

continued. Child had fever spikes during hospital stay for

which Zinj. monocycl. was given. Child was given repeat

came afebrile, no bleeding manifestation from any site.

Child also had c/o headache - CBC examination - normal, fundus

normal. Headache resolved (with head - study)

Child was given Zinj. complement therapy according to the blood picture

was maintained > 8 g/dl + Ht count > 20,000.

छुट्टी के समय दी गई सलाह तथा अनुबर्ती मुलाकात  
Advice on Discharge & Follow up visits

Child was confirmed line of management Child cytogenetic test for Fanconi anaemia (showed no sensitive mutation). Bone marrow Biopsy ~~showed~~ - possibility of hypoplastic marrow can't be ruled out.

Parent's was counselled for the treatment of aplastic anaemia (bone marrow transplant) but child's parents declined for it. Child was given ATG on 13/8/22 after which HPS continued. Child had fever spikes during hospital stay for which Zinj. monocycl. was given. Child was given repeat came afebrile, no bleeding manifestation from any site. Child also had c/o headache - CBC examination - normal, fundus normal. Headache resolved (with head - study) Child was given Zinj. complement therapy according to the blood picture was maintained > 8 g/dl + Ht count > 20,000.

कमरा नं. Room No.	मा.पो. शाका. O.D. Veg.		भोजन प्रकार Eng. Non-Veg.				दूध Milk	खिचड़ी Khichri	अन्य Extras	दिनांक Date
	चपाती Chapati	चावल Rice	चपाती और चावल Chapati & Rice	ब्रेड Bread	चावल Rice	ब्रेड और चावल Bread & Rice				

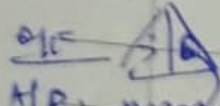
17/11/22

CP/W  
CONSULTANT

यह है डा. दा.

1940 Severe Aplastic Anemia & left (SOM) osteomastoiditis,  $\pm$  Mucor mycosis

at 10



- MR. nose seen in
- nasal cavity
- crusting

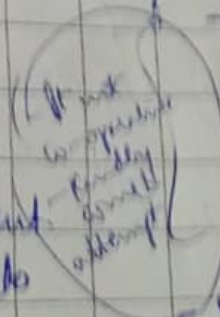
Patient came to show CCT PNS report as admitted in previous surgery

- Crusting @ or (CP) soft debris of nose
- CCT PNS (17/11/22)

Patient improved on symptoms. (diminished in swelling)

well defined heterogeneously enhancing STD seen in (CP) nasal cavity puppy, which is seen to impinge into adjacent soft tissue. Medially it is 1-2 cm into nasal cavity & protrude into middle meatus, medially seen & possible of Nasal Mucormycosis

- STD in R/L sinus & paranasal.



Quality good  
KOH @ HCL for the patient from Room (204 A)

- N/A saline 45 drops BID
- continue with antibiotics per your bid
- To start Amphoter B after previous report of KOH

PT is on inj Amphotericin B (apcom) 100 mg @ 400ml DS 1/1V → 1/1V

Amphoter B report of KOH  
You are on DDD  
- report in 1/1V  
10/11/22



GOVERNMENT OF INDIA  
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI  
BIOCHEMISTRY - LAB REPORT

Name: Palani  
 CR/REGD. No: 69558  
 Clinical Diagnosis: \_\_\_\_\_  
 Unit Incharge: \_\_\_\_\_  
 Age/Sex: 12  
 CGHS No.: \_\_\_\_\_  
 Date: 24/11/15  
 OPD/WF: CCC P.  
 Signature: \_\_\_\_\_

Blood Sugar: \_\_\_\_\_

\_\_\_\_\_ mg/dl (70-110)

\_\_\_\_\_ mg/dl (90-180)

\_\_\_\_\_ mg/dl (70-140)

Kidney Function Test:

\_\_\_\_\_ mg/dl (15-45)

\_\_\_\_\_ mg/dl (0.2-1.2)

\_\_\_\_\_ mg/dl (2.5-6.0)

Liver Function Test:

\_\_\_\_\_ mg/dl (0.2-1.2)

\_\_\_\_\_ mg/dl (0.1-0.3)

\_\_\_\_\_ mg/dl (0.2-1.1)

\_\_\_\_\_ U/L (15-50)

\_\_\_\_\_ U/L (15-50)

\_\_\_\_\_ U/L (50-130)

\_\_\_\_\_ U/L (9-61M; 5-36F)

S. Proteins:

\_\_\_\_\_ gm/dl (6.0-8.0)

\_\_\_\_\_ gm/dl (3.5-5.5)

\_\_\_\_\_ gm/dl (1.5-3.5)

Lipid Profile:

\_\_\_\_\_ mg/dl (130-200)

\_\_\_\_\_ mg/dl (30-60)

\_\_\_\_\_ mg/dl (50-150)

\_\_\_\_\_ mg/dl (upto 40)

6. S. Electrolytes:

Sodium: \_\_\_\_\_ mmol/L (130-150)

Potassium: \_\_\_\_\_ mmol/L (3.5-5.5)

Chloride: \_\_\_\_\_ mmol/L (95-110)

Calcium: \_\_\_\_\_ mg/dl (8.5-10.5)

Phosphorus: \_\_\_\_\_ mg/dl (2.5-5.5)

7. Cardiac Profile:

CPK: \_\_\_\_\_ U/L (50-200)

CX-MB: \_\_\_\_\_ U/L (upto 25)

LDH: \_\_\_\_\_ U/L (110-240)

SGOT: \_\_\_\_\_ U/L (15-50)

8. Iron Profile:

T. Iron: \_\_\_\_\_ µg/dl (60-150)

TIBC: \_\_\_\_\_ µg/dl (250-400)

UIBC: \_\_\_\_\_ µg/dl (150-250)

Saturation: \_\_\_\_\_ % (20-35)

9. Others:

S. Amylase: \_\_\_\_\_ U/L (30-110)

S. Lipase: \_\_\_\_\_ U/L (23-300)

S. Magnesium: \_\_\_\_\_ mg/dl (1.6-2.3)

Ammonia (NH<sub>4</sub>): \_\_\_\_\_ µmol/L (9-30)

Lactate: \_\_\_\_\_ mmol/L (0.7-2.1)

126


## HISTOPATHOLOGY REPORT

Name of Patient: Inlud      Age/Sex: 11y/11      Regd. No: 44306  
 Hospital: RMLH      Ward:      Dr. in charge: Dr.  
 Specimen No: BM-325/22      Microsection No: 325/22  
 Nature of Specimen: Bone marrow biopsy  
 Date of Receiving: 20/01/2022      Date of Reporting: 1/2/2022

Diagnosis:

Labelled as bone marrow biopsy (BM-325/22)

Bone marrow biopsy shows bony trabeculae enclosing marrow spaces, few of which are markedly hypocellular with suppression of all three haematopoietic series, along with occasional cellular marrow space showing erythroid hyperplasia with presence of many megaloblasts. Myeloid series shows normal maturation. megakaryocytes are reduced in number.  
 Possibility of hypoplastic marrow cannot be ruled out

  
 Dr. Shailaja  
 Dir. Path.  
 6/2/2022



# JEEVAN CARE FOUNDATION

Address:- 697, Village Madanpur Khadar, New Delhi 110076  
Mail- Jeevancarefoundation@gmail.com

Reg No. 92

Ref. No. ....

Date .....

दिनांक - 30/11/2022

सेवा में,  
श्रीमान संस्थापक महोदय  
जीवन केयर फाउंडेशन  
मदनपुर खादर

सर,

मैं मौ. अमानउल्लह आपकी संस्था से निवेदन करता हूँ कि मेरा बच्चा जिसका नाम इश्शाद वद बारह साल का है! जिसके शरीर में खून नहीं बन पाए है जिसके कारण मेरे बच्चे के शरीर में संक्रमण (infection) हो रहा है! जिसके कारण हमारा बच्चा बहुत काबट में रहता है। इसका इलाज R.M.L Hospital में चल रहा है। हमारा परिवार पुरा असमर्थ है इलाज करवाने में कृपया कर्के हमारे मदद फिजियल/अस्पताल में दवाई का खर्चा बहुत जाया है। आपके संस्था से मदद का आशा है।

प्राची

अमानउल्लह

Request by father for the help.

