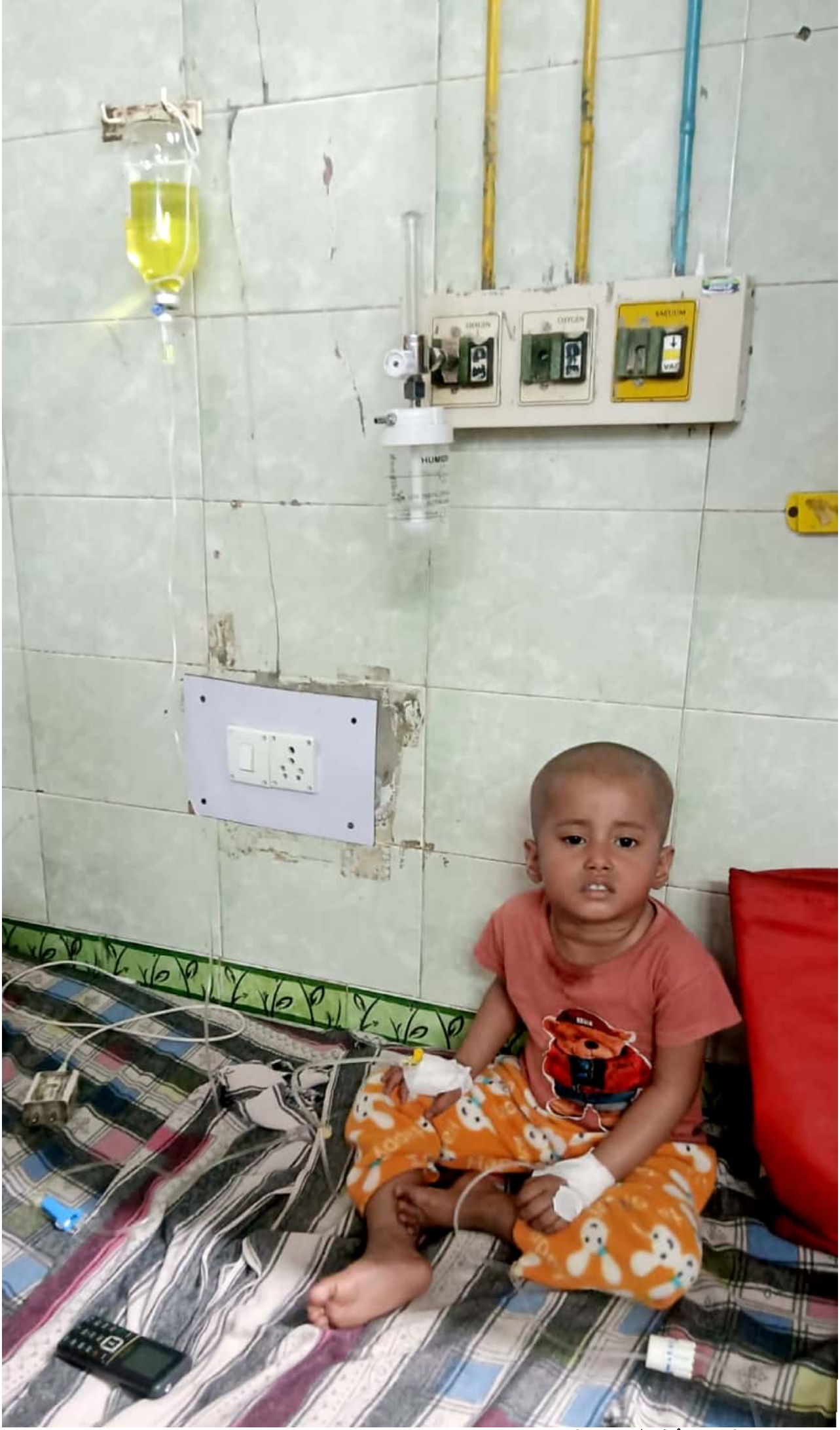

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DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient..... Ibha ..... Sex F ..... Age 2yrs Regd. No. 29674

Hospital ..... YSCH ..... Ward U2 CS ..... Dr. In-Charge .....

Case No ..... 1642 ..... Smear No ..... 3756-57/24 .....

Received on ..... 6/11/24 ..... Reported on ..... 6/11/24 .....

Investigation asked for :-

Report :- CSF for Malignant Cytology (# 3756-57/24)

Gross: Received 400 ml of clear fluid.

Microscopy: TLC - 10 cell/cumm
DLC - Lymphocyte 95 monocyte 04 Neutrophil 01.

Smears show lymphocytic pleocytosis.
Cytospin smears shows predominantly lymphocytes, few monocytes and occasional neutrophils.
No atypical cell seen in the smears examined

Dr Geetika
Asst

JPMRND—4047LHMC—11-01-2016—500 pads (100 sheets in each pad)

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Patients and methods

From February 1982 to February 1984, 24 children with non-localised Burkitt's lymphoma, consecutively admitted to the paediatric oncology unit of Medical City Hospital, were entered into the study. There were 15 boys and nine girls, and their ages ranged from 2·5 to 12 years (median 4 years). Twenty three patients had had no previous treatment, and one had recurrent disease 12 months after completing six weeks of treatment with non-intensive chemotherapy (oral cyclophosphamide and methotrexate, vincristine, and intravenous cytosine arabinoside[4]). In each case the clinical diagnosis was confirmed by histological evidence of undifferentiated lymphoma or of 'L3' morphology of blasts in bone marrow. Neither immunological surface marker testing nor Epstein-Barr virus serology was available. Children with follicular centre cell or other histological subtypes of non-Hodgkin's lymphoma were not included.

The following staging investigations were carried out: full blood count, bilateral bone marrow aspiration, cerebrospinal fluid cell count and cytospin, chest *x* ray, and intravenous urogram. In addition, six non-laparotomised patients had a computed tomogram of the abdomen performed. Staging was according to Murphy's system.[5]

All patients were given oral or intravenous (if vomiting) allopurinol 50–100 mg for at least 24 hours before starting chemotherapy and for one to four weeks thereafter: an attempt was made to alkalinise the urine, using intravenous sodium bicarbonate, during courses 1–5 and 8–9. Chemotherapy was given in 11 courses at one to three weekly intervals (Fig. 1), with special emphasis on the delivery of the first five courses as soon as possible after blood count recovery (neutrophils >1·0×10⁹/l).

Courses 1, 2, 10, and 11 consisted of 'CHOP' (for details, see Fig. 1), courses 3, 4, 5, 8, and 9 of moderate dose methotrexate (combined in courses 8 and 9 with VM 26), and courses 6 and 7 of cytosine arabinoside and 6-thioguanine. In the methotrexate courses one third of the dose was given as a bolus and the remainder as a 24 hour infusion. The first dose (15 mg) of folinic acid 'rescue' was given intravenously at the end of the infusion of methotrexate and repeated every six hours (eight doses in all). Serum creatinine concentration was checked 48 hours from the start of treatment with methotrexate; if the concentration was >50% higher than just before treatment folinic acid rescue was continued for five days and the next dose of methotrexate was delayed by one week. Intrathecal methotrexate was given with courses 1–6, the dose being related to age:[15] children aged 2–4 years received 7·5 mg per dose, while older children were given 10 mg. All treatment was stopped after course 11, except in one child (case 19) who had blasts in the peripheral blood at diagnosis (L3 acute lymphoblastic leukaemia) and is on continuing ('maintenance') treatment (see Results). Radiotherapy

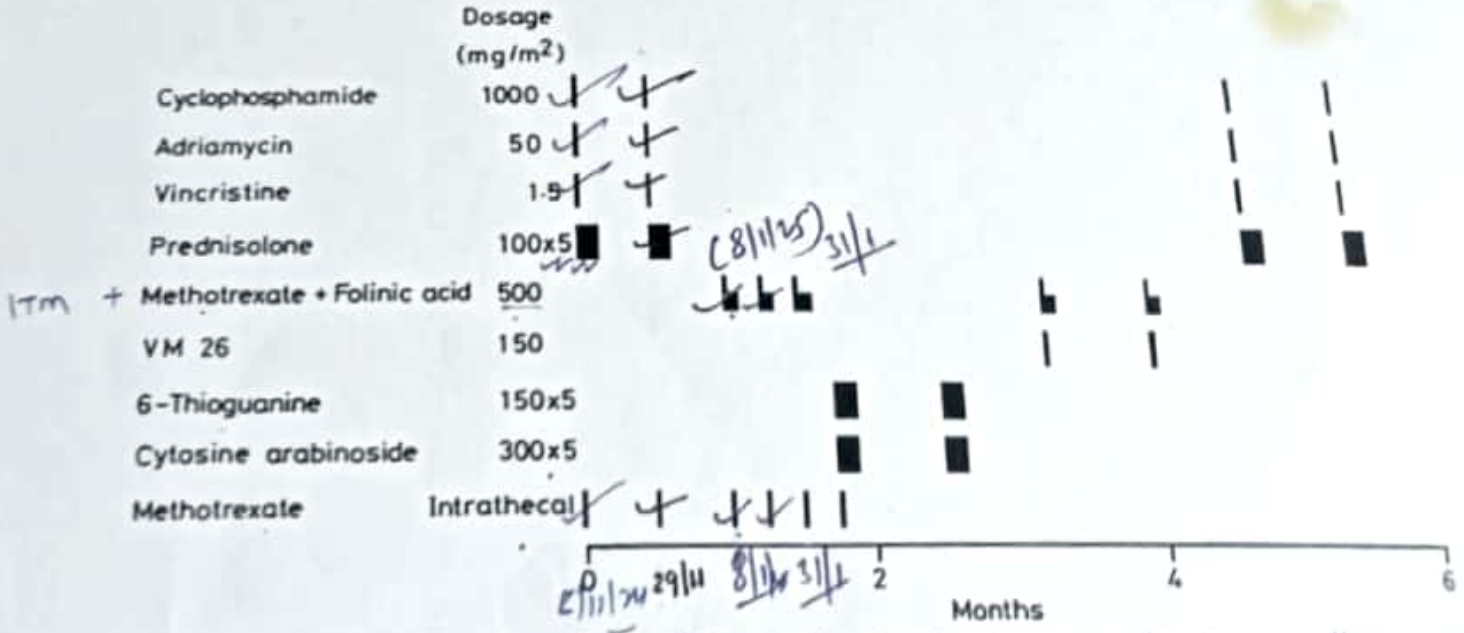

Fig 1 *Diagrammatic representation of protocol. Dosage of intrathecal methotrexate was dependent on age.[15] Courses 1–3 were given as close together as blood count allowed.*

2/11/25 – 4/11/25 child admitted IVD FN & ASOM → Restarted 8/11/25
ANC = 150 → Chemotherapy with ANC - 1310

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Rack
Position
Doctor
Sex
XN-1000-1-A
Ward
Birth
Nickname
Patient ID
Name
Sample Comment

Positive
Norgn. Count

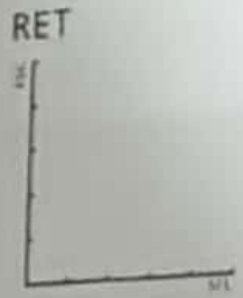
WBC	5.66	[10^3/uL]			
RBC	4.87	[10^6/uL]			
HGB	10.9	[g/dL]			
HCT	32.3	[%]			
MCV	78.4 -	[fL]			
MCH	24.6 -	[pg]			
MCHC	33.3	[g/dL]			
PLT	235 *	[10^3/uL]			
RDW-SD	38.5 *	[fL]			
RDW-CV	25.7 *	[%]			
PDW	14.3 *	[fL]			
MPV	10.1 *	[fL]			
P-LCR	29.3 *	[%]			
PCT	0.24 *	[%]			
NRBC	0.00	[10^3/uL]	0.0	[%]	
NEUT	1.65 *	[10^3/uL]	29.0 *	[%]	
LYMPH	2.72 *	[10^3/uL]	48.1 *	[%]	
MONO	0.96 *	[10^3/uL]	17.0 *	[%]	
EO	0.31	[10^3/uL]	5.5	[%]	
BASO	0.02	[10^3/uL]	0.4	[%]	
IG	0.02 *	[10^3/uL]	0.4 *	[%]	
RET		[%]		[10^6/uL]	
LHF		[%]			
LFR		[%]			
MFR		[%]			
HFR		[%]			
RET-He		[pg]			
IPF		[%]			

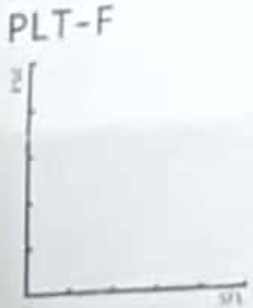
WBC-BF	[10^3/uL]	
RBC-BF	[10^6/uL]	
MN	[10^3/uL]	[%]
PMN	[10^3/uL]	[%]
TC-BF#	[10^3/uL]	

WBC IP Message
Atypical Lympho?

RBC IP Message
Anisocytosis

PLT IP Message
PLT Abn Distribution
PLT Clumps?





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DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient..... Ibba ..... Sex ...F..... Age..3..... Regd. No. ..3982...

Hospital ....LHMC..... Ward ..U2C5..... Dr. In-Charge ....Dr PIALI....

Case No .....279..... Smear No .....F703-04/25.....

Received on .....21/2/25..... Reported on .....21/2/25.....

Investigation asked for :-

Report :- CSF Cytology (CF703-04/25)

Gross - Received 400 µL of colourless clear fluid.

TLC - 1cell/mm^3

microscopy - Cytospin smear show occasional lymphocyte.

NO atypical cell seen in smear examined.

Dr. Geetika Sharma
Asst Prof

MGIPMRND—4047LHMC—11-01-2016—500 pads (100 sheets in each pad).

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UNIVESAL PRECAUTION

Govt. of India

KALAWATI SARAN CHILDREN'S HOSPITAL

INVESTIGATION RECORD SHEET

C.R. No. 2095

Name : Ibha Age : 34 Sex : F

Date	30/1											
HB/HCT	10 / 31.9											
TLC/DLC ANC	5660 / 1650											
Platelet Count	2.35L											
Urea												
Creatinine												
Na												
K												
Serum Bilirubin Direct / Indirect	0.3 / 0.16											
SGOT	58											
SGPT	30											
Alk Po4	230											
S. Protein/Alb												
S. Calcium/I												
Phosphate												
RBS												
Lipid Profile												
CSF M/E B/C	3/11 CSF malig cyto (acellular											
Any Other Fluid Examination												
PS/RMAT DENGUE SEROLOGY												

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DEPARTMENT OF PATHOLOGY
LADY HARDINGE MEDICAL COLLEGE & SMT S. K. HOSPITAL : NEW DELHI

BONE MARROW BIOPSY REPORT

Name of Patient: Ibha Age /Sex: 2·8y/F Regd. No: 29679
Hospital: LHMC Ward: U2C5 Dr. In charge : Dr.
Specimen No: bmb BMB-448,A/24 Microsection No: BMB- BMA-651/24
Nature of Specimen: **Bone Marrow biopsy** Date of Reporting: 27/11/24
Date of Receiving: 12/11/24

Labelled as Bone marrow biopsy 448,A/24

Sections show bony trabeculae enclosing marrow spaces which are cellular for age. Erythroid series show hyperplasia with normoblastic reaction. Myeloid series show normal maturation. Megakaryocytes are adequate.
No atypical cell/granuloma/parasite seen.

Reported by:
Dr Jyotsna
Professor
27/11/24

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Sample No.: 3982 IBHA U2DC Ward: Rack: Position: Doctor:
Patient ID: Birth: Nickname: XN
Name:
Sample Comment:

Positive
Morph.

WBC	4.29	[10^3/uL]		
RBC	4.23	[10^6/uL]		
HGB	10.9	[g/dL]		
HCT	35.1	[%]		
MCV	83.0 -	[fL]		
MCH	25.8 -	[pg]		
MCHC	31.1	[g/dL]		
PLT	137 *	[10^3/uL]		
RDW-SD	54.8 +	[fL]		
RDW-CV	18.5 +	[%]		
PDW	----	[fL]		
MPV	----	[fL]		
P-LCR	----	[%]		
PCT	----	[%]		
NRBC	0.00	[10^3/uL]	0.0	[%]
NEUT	1.28 *	[10^3/uL]	29.9 *	[%]
LYMPH	2.55 *	[10^3/uL]	59.4 *	[%]
MONO	0.45 *	[10^3/uL]	10.5 *	[%]
EO	0.00	[10^3/uL]	0.0	[%]
BASO	0.01	[10^3/uL]	0.2	[%]
IG	0.00 *	[10^3/uL]	0.0 *	[%]
RET		[%]		[10^6/uL]
IRF		[%]		
LFR		[%]		
MFR		[%]		
HFR		[%]		
RET-He		[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]	

WDF

WNR

RET

PLT-F

RBC

PLT

WBC IP Message
Atypical Lympho?

RBC IP Message

PLT IP Message
PLT Abn Distribution

00-22 10/03/2025 11:

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KILKARI TRUST
Regd. No.464

KILKARI TRUST

You Think, You Care, You give.

Mob.: 8826149690

Ref. No.: ..... Date : .....

दिनांक - 13/03/2025

सेवा में

संस्थापक महोदया,
किलकारी ट्रस्ट
नई दिल्ली

मैं हुमा आपसे विनती करती हूँ अपनी बच्ची इशा के लिए हमारा बच्चा बड़ी बीमारी से पिड़ित है। मेरी बच्ची को ब्लड कैंसर जैसे बीमारी से पिड़ित है। हमारा बच्चा बहुत तकलीफ में है। हमारे बच्ची के खर्चे में बहुत ज्यादा रकम आ रहा है। हम अपने बच्चे की ठीक से मदद नही कर पा रहे है। कृपा करके हमारा बच्चे की अधिक रूप से मदद करे हमारा परिवार सदा आपका आभारी रहेगा जिंदगी भर

प्रार्थी

हुमा

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