







LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL,
DEPARTMENT OF RADIODIAGNOSIS
NEW DELHI

NAME: ARSH	AGE/SEX: 2Y/M	REGISTRATION NO: 149
REFERRED BY: U2C5	CT NO: 2178/26	DATE: 26-02-26
CLINICAL DIAGNOSIS: C/O AML ON CHEMOTHERAPY WITH FEBRILE NUTROPENIA ?NEUTROPENIC COLITIS.		

CECT CHEST AND ABDOMEN

PROTOCOL: CT SCANNING OF THE CHEST ABDOMEN WAS OBTAINED AFTER ADMINISTRATION OF INTRAVENOUS IODINATED CONTRAST NO ADVERSE REACTIONS SEEN. STUDY REVEALS

FINDINGS IN CHEST

- Visualised bilateral lung fields appear normal
- Trachea and major bronchi appears normal.
- Mediastinal vessels and cardiac chambers appear normal.
- No mediastinal lymphadenopathy.
- No pericardial or pleural effusion seen.
- Chest wall appear normal.
- NG tube insitu.
- Tip of the Central line is seen in the right atrium. Needs repositioning.
- Lower thoracic esophagus is mildly dilated with diameter being ~16x10mm. GE junction is in normal location.

FINDINGS IN ABDOMEN:

- Liver is mildly enlarged in size ~11cm however normal in shape and attenuation. No other focal mass lesion is seen. Intrahepatic biliary radicals are not dilated. CBD and portal vein are normal.
 - Gall bladder is seen in distended state. No calcified calculus or mass lesion is seen.
 - Pancreas is normal in size, contours and parenchymal attenuation. No focal lesion is seen.
 - Spleen is mildly enlarged in size ~9cm however normal in contour and parenchymal attenuation. No focal mass lesion seen.
 - Both kidneys are normal in position, size, contours and parenchymal attenuation. Cortico-medullary differentiation is preserved. No evidence of any hydronephrosis or calculus is seen.
 - No significant retroperitoneal lymph nodes
 - Urinary bladder is seen minimally distended and mild diffuse wall thickening. No calculus or mass lesion is seen.
 - Minimal free fluid is seen in the peritoneal cavity.
 - There is smooth circumferential enhancing wall thickening seen involving the terminal ileum IC junction, cecum, proximal ascending colon.
 - Few discrete homogeneously enhancing lymph nodes seen in the mesenteric region. large of SAD 9mm.
 - Sigmoid colon is patulous and seen coursing in the right iliac fossa.
- Rest of the Visualized bowel loops appear grossly normal.



MC-2256



UNIQUE PATIENT ID: 686943

Case ID : 25010243788
 Patient Name : Mr. ARSH
 Age/DOB/Sex : 2 Years / / Male
 Hospital Name : KSCH, Delhi
 Physician Name : DR, NEHA CHOUGULE
 Regn Date : 08-Dec-2025 16:24
 Collection On : 08-Dec-2025 11:10
 Reported On : 16-Dec-2025 15:27
 Process AT : CORE-Gurugram
 Ref no :
 Sample Type : Peripheral Blood
 Report Status : Final

TEST NAME

Karyotyping For Hematological Malignancies

SPECIMEN INFORMATION

Peripheral Blood

CLINICAL HISTORY

AML

METHODOLOGY

Karyotyping

DIAGNOSIS

CYTOGENETICS

Karyotyping

INTERPRETATION

Normal

RESULT

46,XY[5]

CYTOGENETICS REPORT

Metaphases Counted	5
Metaphases Analyzed	5
Metaphases Karyotyped	2
Mitotic Index	Poor
Culture Type	24 Hours/48 Hours Unstimulated
Banding Technique	GTG
Banding Resolution	400 to 550
Quality of Metaphases	Poor

COMMENTS

1. The karyotype report is enclosed herewith and is normal.
2. There is no evidence of any structural or numerical abnormality in any of the metaphases studied.
3. Kindly correlate clinical and molecular findings are recommended.

REFERENCE

An International System for Human Cytogenomic Nomenclature (ISCN 2024).

ATTACHED KARYOTYPE

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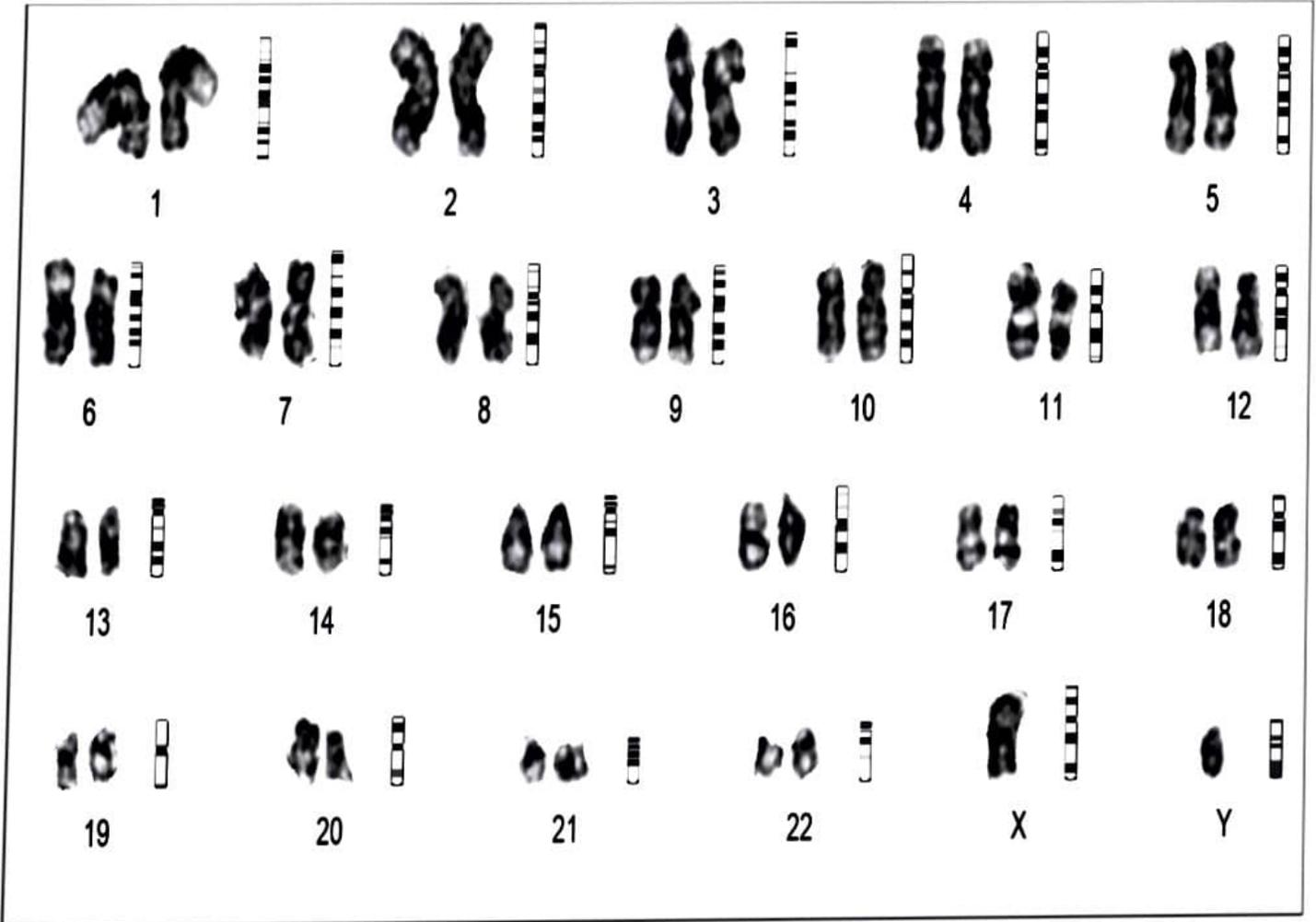
hemaCORE



MC-2256



UNIQUE PATIENT ID: 686943



Shivani

Dr. Shivani Sharma
 DCP, DNB, FRCPath
 (London)

Sonika

Dr. Sonika
 Ph.D

IMPRESSION: CECT chest and abdomen reveals:

- Lower thoracic esophagus is mildly dilated with diameter being ~16x10mm. GE junction is in normal location.
- Mild hepatosplenomegaly.
- There is smooth circumferential enhancing wall thickening seen involving the terminal ileum IC junction, cecum, proximal ascending colon. Likely inflammatory/infective etiology.
- ~~Mesenteric lymphadenopathy~~

• Please correlate clinically

Consultant

Ramin
27.2.26

Chethan
Senior resident

Chethan

डॉ. चेतन कुमार वी / Dr. Chethan Kumar V
बरिष्ठ रेजिडेंट / Senior Resident
डीएमसी सं.-110934 / DMC No.-110934
विकिरण विज्ञान विभाग / Radio-diagnosis
ले.हा.मे.का. एवं अस्पताल, नई दिल्ली-1
LHMC & Smt. Jawahar Lal Nehru Hospital, New Delhi-1

Junior resident

RADIOMETER ABL800 PLUS

525 EMERGENCY AB
PATIENT REPORT

Syringe - 5.95ul

12/11/2022
13:10:11

210%
37.0°C

Identifications

Patient ID: 2699
 Patient Last Name: ARSH ARVIND
 Sex: Unknown
 Department (Pat.):
 Sample type: Venous
 FO₂(I): 21.0 %
 T: 37.0 °C

Blood Gas Values

pH	7.340		(7.310 - 7.450)
pCO ₂	38.6	mmHg	(31.0 - 45.0)
pO ₂	41.6	mmHg	(80.0 - 104.0)

Temperature Corrected Values

pH(T)	7.340		
pCO ₂ (T)	38.6	mmHg	
pO ₂ (T)	41.6	mmHg	

Electrolyte Values

cNa ⁺	148	mmol/L	(136 - 146)
cK ⁺	2.7	mmol/L	(4.0 - 4.5)
cCa ²⁺	1.39	mmol/L	(1.15 - 1.23)
cCl ⁻	115	mmol/L	(98 - 106)

Metabolite Values

cGlu	94	mg/dL	(30 - 120)
cLac	0.3	mmol/L	(0.5 - 1.6)

Oximetry Values

ctHb	6.8	g/dL	(12.0 - 17.5)
sO ₂	74.5	%	(95.0 - 99.0)
FO ₂ Hb	72.6	%	
FMetHb	1.3	%	
FCOHb	1.3	%	
FHHb	24.8	%	

Acid Base Status

cHCO ₃ (P) _c	20.2	mmol/L	
cHCO ₃ (P.st) _c	20.4	mmol/L	
ABE _c	-4.5	mmol/L	
SBE _c	-4.5	mmol/L	
ctCO ₂ (B) _c	44.5	vol%	
ctCO ₂ (P) _c	48.0	vol%	

Calculated Values

BO _{2c}	9.3	vol%	
ctO _{2c}	7.0	vol%	
Hct _c	21.4	%	
Anion Gap _c	12.7	mmol/L	
Anion Gap _c K ⁺ _c	15.4	mmol/L	
p50 _c	28.13	mmHg	

L.H.M.C. & SMT.S.K.
HOSPITAL NEW DELHI

.....
.....CASH/BILL.....

NO.047246 0 SLM- 0 26-02-26
ARSH 3677 KSCH U.2

.....
DESCRIPTION QTY RATE AMOUNT

.....
C.T.SCAN W.BODY 1.00 1000.00 1000.00
SUB_TOT ITM= 1 Q=1.00 1000.00

.....
CASH 1000.00

THANKS

C 6 09:24:05 M/C NO 1



KILKARI TRUST

Regd. No.464

KILKARI TRUST

You Think, You Care, You give.

Mob.: 8588981217

Ref. No.:

Date: ..16..03..26..

शेवा से
क्षीमान
संस्थापक महोदया
किलकारी ट्रस्ट

महोदया

मैं अर्श का पिता आपके संस्था से निवेदन करता हूँ
कि हमारा बच्चा रक्त कैंसर से ग्रस्त रहा है
हमारे बच्चे की हालत दिन पर दिन नाजुक
होती जा रही है और हमारे बच्चे का इलाज का
खर्च बहुत ज्यादा है। आपकी संस्था सबकी मदद
करती है। कृपया करके हमारे बच्चे की भी सहायता
करे।

हमारा पूरा परिवार आपका आभारी रहेगा।

आभारी
अरविंद



hemaCORE



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 Sample Type : **Peripheral Blood**
 Report Status : **Final**

TEST NAME

AML panel with MLL by FISH

SPECIMEN INFORMATION

Peripheral blood

CLINICAL HISTORY

AML.

METHODOLOGY

Fluorescence In Situ Hybridization

DIAGNOSIS

CHROMOSOMAL ABNORMALITY

PML-RARA{t(15;17)(q24;q21)}

Total number of cells scored	200
% of cells positive for PML-RARA	0
% of cells negative for PML-RARA	100

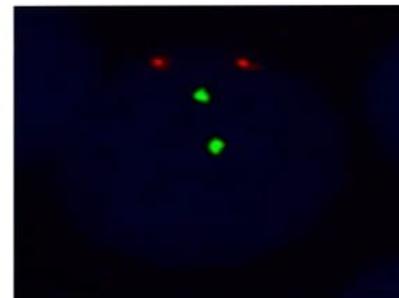
Nomenclature : nuc ish(PML-RARA)x2[200]

Probe used : RARA=Green;PML=Orange

Cut off for normal individual 2F 2% , 1F 10%

RESULT

NEGATIVE



INTERPRETATION

- PML-RARA{t(15;17)(q24;q21)}** is not present in any of the interphase cells studied
- Clinical, hematologic, and molecular correlation is recommended.

COMMENT

- Cases of acute promyelocytic leukaemia (APML) with the above mentioned translocation has a particular sensitivity to treatment with ATRA, which acts as a differentiating agent.
- The prognosis in APL, treated optimally with ATRA and an anthracycline is more favorable than for any one AML cytogenetic subtype, and cases of relapsed or refractory APL show a generally good response with arsenic trioxide therapy.

Sample No.: 3694 ARSH U2C5
 Patient ID:
 Name:
 Sample Comment:

Ward: Rack:

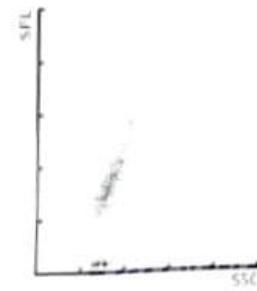
Position: 28/02/2026 08:40:27
 Doctor:
 Birth: Sex:
 Nickname: XN-1000-1-A

Positive
 Diff. Morph. Count

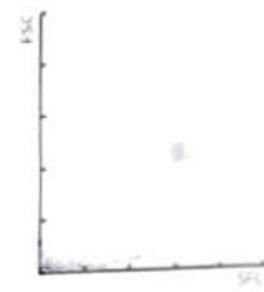
WBC	0.95 -	[10 ³ /uL]
RBC	5.10	[10 ⁶ /uL]
HGB	14.9	[g/dL]
HCT	44.7	[%]
MCV	87.6	[fL]
MCH	29.2	[pg]
MCHC	33.3	[g/dL]
PLT	76 *	[10 ³ /uL]
RDW-SD	53.2	[fL]
RDW-CV	16.6 +	[%]
PDW	----	[fL]
MPV	----	[fL]
P-LCR	----	[%]
PCT	----	[%]
NRBC	0.00	[10 ³ /uL]
NEUT	0.11 *	[10 ³ /uL]
LYMPH	0.66 *	[10 ³ /uL]
MONO	0.18 *	[10 ³ /uL]
EO	0.00 *	[10 ³ /uL]
BASO	0.00 *	[10 ³ /uL]
IG	0.01 *	[10 ³ /uL]
RET		[%]
IRF		[%]
LFR		[%]
MFR		[%]
HFR		[%]
RET-He		[pg]
IPF		[%]

Imp! Leucopenia
 thrombocytopenia

WDF

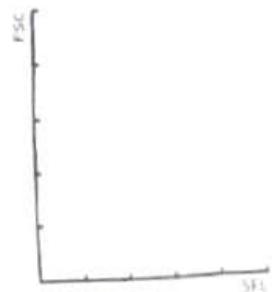


WNR

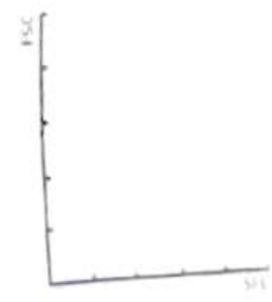


0.0	[%]
11.6 *	[%]
69.5 *	[%]
18.9 *	[%]
0.0 *	[%]
0.0 *	[%]
1.1 *	[%]

RET



PLT-F



RBC



PLT



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

[%]
[%]

RBC IP Message

PLT IP Message
 PLT Abn Distribution

WBC IP Message
 WBC Abn Scattergram

- Neutropenia
- Lymphopenia
- Leukocytopenia
- Blasts/Abn Lympho?
- Atypical Lympho?

Adv! P/B evaluation
 correlate clinically