

← 4 October 2023
16:57



Sir Ganga Ram Hospital

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Meharjot Singh Arneja (Reg no:3150743) 2 years 10 months old boy, S/o Mr Manmeet Singh Arneja is diagnosed with Acute lymphoblastic leukemia (blood cancer) in March 2023. He is undergoing treatment for the same under the care of Dr. Anupam Sachdeva/Dr. Manas Kalra at Sir Ganga Ram Hospital, Delhi. His total treatment duration of treatment is 2.5 years. The expected cost of treatment for the same is around INR 15 Lakhs. The approximate break up for the cost estimate has been shared below. Please feel free to contact me in case of any queries.

Induction + Consolidation	5-6 Lakhs
High dose MTX (1-4)	3-4 Lakhs
Reinduction + Reconsolidation	3-4 Lakhs
Maintenance	1- 1.5 Lakhs

Thank you.

Manas

Dr. Anupam Sachdeva /Dr Manas Kalra
Senior Consultants
Pediatric Hematology Oncology
And Bone Marrow Transplant Unit
Sir Ganga Ram Hospital, New Delhi
Phone: 9811043476/ 9958255228
Email id: manaskalra27@gmail.com

Dated
4/10/23

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Dr. Manas Kalra
Consultants
Pediatric Hematology Oncology & BMT Unit
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H-2008-0017
Since June 16, 2008



Sir Ganga Ram Hospital

DISCHARGE SUMMARY
INSTITUTE OF CHILD HEALTH
DEPARTMENT OF PAEDIATRICS
SIR GANGA RAM HOSPITAL

PAEDIATRIC HEMATO-ONCOLOGY AND BMT UNIT (PHO)

NAME: Meharjot Singh	AGE: 3 yrs	SEX: MALE
DOA: 18/01/24	DOD: 18/01/24	MRD NO: 3150743
Wt: 17 kg	Ht: 99 cm	BSA: 0.68 m ²

DIAGNOSIS:

Precursor B cell Acute Lymphoblastic Leukemia, PGR
Karyotype- 46XY, Molecular – ETV6-RUNX-1 positive, NGS – ETV6-RUNX1
TLC at admission- 54250/cumm, CSF – Negative,
TP1 MRD <0.01%, TP2 MRD <0.01%

Admitted for Cycle 2 week 3 Maintenance Chemotherapy
LP with IT-MTX

DISCHARGE ADVICE:

- Tab Ondem MD (5ml/4 mg) 5ml-5ml-5ml x 2 days and SOS for vomiting
- Tab 6MP (50mg) 1/4th tab for 3 days/week (Mon-Wed-Fri) .
(Avoid milk and milk products 1 hour before and 1 hour after Tab 6MP)
- Tab Folitrax (2.5 mg) 3 tab once per week (Skip this week)
- Syrup Septran (240mg/5ml) 5ml- 0- 5ml (Mon, Wed, Friday)
- Muout powder 2 scoops twice daily or Laxopeg sachet ½ sachet twice daily for constipation
- Candid mouth paint 4 drops thrice a day to continue
- Listerine mouth wash thrice daily to continue
- Avoid raw fruits, salads
- CBC/DLC every 2 weekly and inform
- Plenty of oral fluids, No visitors, Strict hygiene
- Don't administer any vaccination to the child/ Avoid OPV to the family member
- Follow up on 18/04/24 at 11 am in F55 with CBC/DLC or SOS before if fever occurs

Dr. Srijib

Dr Srijib/ Dr Ayush
Dr Ankita/ Dr Shivani
PHO Fellows

Dr. Swati Bhayana
Clinical Assistant

Dr. Anupam Sachdeva
Dr. Manas Kalra
Dr. Divij Sachdeva
Consultants

CASE SUMMARY

Meharjot , known case of Pre B-ALL admitted for Cycle 2 week 3 Maintenance Chemotherapy . No H/O fever, cough, vomiting or pain abdomen.

EXAMINATION:

On admission, afebrile , HR-108/min, BP – 90/60 mm Hg, RR-24/min, pallor- absent, Lymph nodes- absent P/A: Liver ,Spleen- not palpable Testis – bilateral normal, RS- b/l equal air entry, clear; CVS-S1 S2+, No murmur, CNS – conscious, no focal deficit.

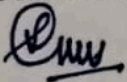
HOSPITAL COURSE

Maharjot was admitted. CBC/DLC at admission showed Hb-13.4gm/dl, TLC- 3390/cmm, Platelets-3.3lac/cumm, ANC-1830/cumm . After written informed consent, lumbar puncture was done and intrathecal methotrexate was given. He tolerated the procedure well.

At present she is afebrile, with good oral intake, hemodynamically stable and is being discharged to follow up on 18/04/24 at 11 am in ward 9 with CBC/DLC or SOS before if fever.

PROCEDURES: Lumbar puncture and IT methotrexate

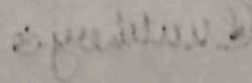
REPORTS AWAITED: None



Dr Srijib/ Dr Ayush
Dr Ankita/ Dr Shivani
PHO Fellows

Dr. Swati Bhayana
Clinical Assistant

Dr. Anupam Sachdeva
Dr. Manas Kalra
Dr. Divij Sachdeva
Consultants



Name	: Master. MEHARJOT SINGH	Patient UID.	: 4220333
Age/Gender	: 03 Yrs/Male	Visit No.	: 09652401170047
Referred Client	: LDPL1289-ROYALE LAB	Collected on	: 17-Jan-2024 10:00AM
Referred By	: ROYAL LAB	Received on	: 17-Jan-2024 04:58PM
Doctor Name	: Dr. PARAMJIT	Reported on	: 17-Jan-2024 05:43PM
Sample Type	: Whole Blood EDTA - 13697899		

Test Name	Results	Unit	Bio. Ref. Interval
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb) <i>Methodology: colorimetric method</i>	13.4	g/dL	11.0-14.0
RED BLOOD CELLS- RBC COUNT <i>Methodology: electric impedance</i>	5.22	millions/mm ³	4 - 5.2
PACKED CELL VOLUME (PCV) -HEMATOCRIT <i>Methodology: Pulse Height detection method</i>	42.1	%	34.0-40.0
MCV <i>Methodology: Automated/Calculated</i>	80.65	fL	75-87
MCH <i>Methodology: by Automated/Calculated</i>	25.67	pg	24.0-30.0
MCHC <i>Methodology: Automated/Calculated</i>	31.83	g/dL	31.0-37.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>Methodology: Automated/Calculated</i>	13.3	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>Methodology: Automated/Calculated</i>	40.4	fL	39.0- 46.0
MENTZER INDEX <i>Methodology: Calculated</i>	15.45		
PLATELET COUNT <i>Methodology: electric impedance</i>	330	10 ³ /μL	200-490
PLATELET DISTRIBUTION WIDTH (PDW) <i>Methodology: Calculated</i>	16.5	fL	9.00-17.00
PLT (PLATELETCRIT) <i>Methodology: Calculated</i>	0.342	%	0.108-0.282
MEAN PLATELET VOLUME - MPV <i>Methodology: Plt Histogram</i>	10.4	fL	7.00-12.0
P-LCR <i>Methodology: Calculated</i>	28.90	%	11.0-45.0
P-LCC <i>Methodology: Calculated</i>	95.00	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) <i>Methodology: electric impedance</i>	3.39	10 ³ /μL	5.00-15.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils <i>Methodology: Flow cytometry/Manual</i>	54.9	%	15 - 45
Lymphocytes <i>Methodology: Flow cytometry/Manual</i>	31.9	%	44 - 74
Eosinophils <i>Methodology: Flow cytometry/Manual</i>	2.6	%	0.00-8.00
Monocytes	10.0	%	2.00-10.0

DR. MD ARIF
MBBS, MD(PATHOLOGY)
LAB DIRECTOR
Reg. No. 34518

DR. PANKAJ VARSHNEY
MBBS, MD
CONSULTANT PATHOLOGIST
Reg. No. 66492



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Methodology: Flow cytometry/Manual

Basophils	0.6	%	0.00-1.00
Methodology: Flow cytometry/Manual			
ABSOLUTE NEUTROPHIL COUNT	1.86	10 ³ /μL	1.50-8.00
Methodology: Calculated			
ABSOLUTE LYMPHOCYTE COUNT	1.08	10 ³ /μL	6.00-9.00
ABSOLUTE EOSINOPHIL COUNT	0.09	10 ³ /μL	0.10-1.00
Methodology: Calculated			
ABSOLUTE MONOCYTE COUNT	0.34	10 ³ /μL	0.20-1.00
Methodology: Calculated			
ABSOLUTE BASOPHIL COUNT	0.02	10 ³ /μL	0.02-0.10
Methodology: Calculated			

CLINICAL NOTES

A complete blood count (CBC) is used to evaluate overall health and detect wide range of disorders, including anemia, infection and leukemia. There have been some reports of WBC and platelet counts being lower in venous blood than in capillary blood samples, although still within these reference ranges.

POSSIBLE CAUSES OF ABNORMAL PARAMETERS:-

- High RBC, Hb, or HCT - dehydration, polycythemia, shock, chronic hypoxia
- Low RBC, Hb, or HCT - anemia, thalassemia, and other hemoglobinopathies
- Low MCV - microcytic anemia
- High MCV - macrocytic anemia, liver disease
- Low WBC - sepsis, marrow hypoplasia
- High WBC - acute stress, infection, malignancies
- Low platelets - risk of bleeding
- High platelets - risk of thrombosis

Notes

1. Macrocytic Anemia/Dimorphic Anemia can have low platelet count.
2. Microcytic Anemia/Leucocytosis can have Reactive thrombocytosis.

microcytic indices a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

Reference ranges are from Dacie and Lewis Practical Hematology 12th edition(2016)

*** End Of Report ***



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HAEMATOLOGY

Test Name	Results	Unit	Biop. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
ESR [WESTERGREN]	14	mm/1st	0 - 15

Methodology: Sedimentation

CLINICAL NOTES

Erythrocyte sedimentation rate (ESR) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as lupus.

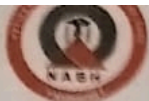
Factors increasing ESR

- Old age
- Pregnancy
- Anemia
- Elevated fibrinogen
- Macrocytosis

Factors decreasing ESR

- Microcytosis
- Low fibrinogen
- Polycythemia
- Marked leukocytosis

*** End Of Report ***



NA-2008-0017
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Meharajst -

18/1/24

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24 hrs Helpline Number
9717145987

B AU / Cycle 2 Week 3.

Sp/b Dr. Manas.

①. Admit ↓ Paeds DC → LP + ITMTX (10mg)

↳ Tab GMP - 1/4 (M|W|F)

- MTX - ③ tablet once weekly

↳ Septran, candid ✓

↳ CBC/DIC q 2 weekly

↳ Next LP → 18/4/24

3.4 / 3390 / 3.3
54%

[Signature]



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CBC 11.6/2440/
2.5L

ANC 1415
AMC 342

RS = B/L crepts (+)

Go Pre B - ALL on Maintenance
cycle 2 week 1.

Adv
- Nebulisation c Levolin (0.63mg)
- Nebulisation with Budecort
- Tab-Folicax | same dose.
- Tab GMP

- Octrimin nasal spray.
1 spray/per nostril x 3 days.
- Continue Candid Septem
listene
[PTO]



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26/10/23 MEHARJOT SINGH ARNEJA

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24 hrs Helpline Number
9717145987

11.8/1680/
4.012
ANC-672
AMC-487

Remain PICC line

Δ - Pre BAL - 11.8/1680/4.012
Due for Maintenance ANC-672, AMC-487
(Post Week / Reconsolidation Day + 23)

S/B Dr. Manas Kalra

Adm:

- Tablet 6-MP (50mg) $\frac{1}{4}$ th Tablet alternate daily
- Tablet Felitorax (2.5mg) 2 tablets/week.
- F/U after 1 week \bar{c} CBC/DLC
- (t Septem, Cardid, listem)

PHO UNIT, SIR GANGARAM HOSPITAL

Maintenance therapy BFM protocol

NAME: RESHMATH CHAUHAN AGE: 22 SEX: F

Week	Date	CBC (Hb/Hct/PLAT)	ANC (10 ⁹ /L)	PLT (10 ⁹ /L)	Remarks
Week 1	4/1/24	11.6/24.0/255	1.15	242	Stable
Week 2	11/1/24		SAME AS ABOVE	AS ABOVE	
Week 3	18/1/24	13.4/39/330	1.86	0.34	(M, W, F)
Week 4	25/1		SAME AS ABOVE	AS ABOVE	
Week 5	1/02	12.7/29.6/289	1.84	0.27	(M, W, F)
Week 6	8/02		SAME AS ABOVE	AS ABOVE	
Week 7	15/02	13.2/37.0/244	1.23	0.24	(M, W, F)
Week 8	22/02		SAME AS ABOVE	AS ABOVE	
Week 9	29/02	13.2/28.9/219	1	0.17	(M, W, F)
Week 10	7/03		SAME AS ABOVE	AS ABOVE	

Deceased
 ↑ IN/10
 ↑ Used infused with
 (L.P) →

→

PHO UNIT, SIR GANGARAM HOSPITAL

NAME: Neerajot
 CYCLE: (1)

HT: 164
 Wt: 55.0
 BSA: 0.65
 sq. m.

Maintenance therapy BFM protocol

Week	Date	CBC (HB/TLC/PLAT)	ANC/Neut %	AMC	6 MP 50 MG-dose as per CBC	HT	Wt	BSA	DEX
Week 1	26/10	11.8/1.68/401	672		1/4 tab alt. ^{day}				Politra-MTX 2.5mg No DEX given since 2 weeks as per CBC
Week 2	2/11	11.6/1.48/254	0.79	0.15	6MP 1/4 tab only M/F MTX 2 tabs on Friday				2 tab on Friday
Week 3	9/11				SAME AS ABOVE				
Week 4	16/11	10.3/2.24/230	1.57	0.24	1/4 tab 4 days M/W/F/SAT				4 times since 1 week on Friday
Week 5	23/11				SAME AS ABOVE				
Week 6	30/11	11.6/1.82/257	0.95	0.16	6MP STOP				2 tab only on Friday
Week 7	7/12	10.4/1.52/248	0.82	0.15	NO 6MP				NO MTX
Week 8	14/12	11.3/2.49/329	1.39	0.24	6MP 1/4 tab M/W/F				MTX 2 tabs once a week
Week 9	21/12	12.3/2.61/237	1.58	0.26	SAME AS				REMOVE
Week 10	28/12				SAME AS				REMOVE

→] - 2 weeks
 →] - 2 weeks
 → (SPD)



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

Download Date: 05/10/2021



मेहरजोत सिंह अरनेजा

Meharjot Singh Arneja

जन्म तिथि / DOB: 07/11/2020

पुरुष / MALE

M... ..

Issue Date: 06/08/2021

2175 3189 1155

मेरा आधार, मेरी पहचान









