



THE TENTH USZKSOFT PROJECT



DOPR.

Govt. of India

भारत सरकार / GOVT. OF INDIA
लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
बांग्ला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001
क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

233
Document ID : LHMC/KSCR/Lab/1
Version 1

57

नाम /Name	Vishal	आयु/Age	9y	लिंग /Sex	M
C.S.No.	17750	Consultant			
Ward/OPD	U2C5	Unit/Bed No.			
Date/Time	14/7/25				
Nature of Anticoagulant		EDTA/Citrate/Heaparin/Nil			
Diagnosis/History	LFT/KFT/SE				
Today's Lab. Ref. No.		Signature of the Doctor		Time of Receipt	

INCOMPLETE FORM IS NOT ACCEPTABLE

Anthropometry

Wt. at Admission 28 Kgs. Wt. at Discharge _____

Height/Length _____ Head Circumference _____

Nutritional Status _____

Immunisation

BCG

Pentga/DPT/OPV 0 1 2 3 B1 B2

Hep. B 0 1 2 3

Measles / MMR / Typhoid

किया गया उपचार / Treatment Given :

B M A day

④
Plow cytorectry

छुटी के समय परामर्श / Advise on Discharge :

① R/U BMA Report in Home day Card
on 11/7/25

② R/U 5057

③ Dose explained.

④ T. Vasivazal 200mg $1\frac{1}{2}$ tab - 1 tab P.O.B.D

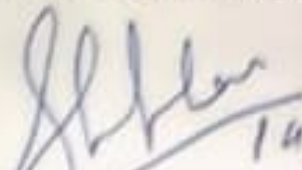
छुटी के बाद ओ.पी.डी. में / पर सुबह 9.00 बजे कमरा नं. में आए।

छुटी के बाद Herat स्पेशल क्लिनिक में deal को 2.00 बजे कमरा नं. 22⁰ में आए।

अगला टीकाकरण तारीख

वरिष्ठ रेजिडेंट चिकित्सक के हस्ताक्षर

Signature of Senior Resident


143

कनिष्ठ रेजिडेंट चिकित्सक के हस्ताक्षर

Signature of Junior Resident

DOPR.

231

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भारत सरकार / GOVT. OF INDIA
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 LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
 कलावती सरन बाल चिकित्सालय
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 बांग्ला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001
 क्लिनिकल हिमेटोलॉजी लैब
 CLINICAL HAEMATOLOGY LAB

नाम /Name	Vishal	आयु/Age	9y	लिंग /Sex	M
C.R. No.	17750	Consultant			
Ward/OPD	U2LS	Unit/Bed No.			
Date/Time	14/7/25				
Nature of Anticoagulant		EDTA/Citrate/Heparin/Nil			
Diagnosis/History	CBC			Signature of the Doctor	
Today's Lab. Ref. No.				Time of Receipt	

INCOMPLETE FORM IS NOT ACCEPTABLE

Anthropometry

Wt. at Admission 28 Kgs. Wt. at Discharge _____

Height/Length _____ Head Circumference _____

Nutritional Status _____

Immunisation

BCG _____

Pentga/DPT/OPV 0 1 2 3 B1 B2

Hep. B 0 1 2 3

Measles / MMR / Typhoid

Sample ID	E57	Patient ID	
Name		Sample Type	SERUM
Category	-	Collection Date	14-Jul-2025
Age	-	Reg. Date	14-Jul-2025
Ref. Dr		Analyst	
Sample Remark		Location	

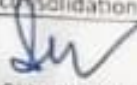
Sr.No.	Test	Result	Flag	Normal Range
1	Sodium	138.80 mmol/l		135.00 - 145.00 mmol/l
2	Potassium	3.73 mmol/l		3.50 - 5.00 mmol/l
3	Chloride	109.10 mmol/l	H	↑ 95.00 - 105.00 mmol/l
4	Urea	14.9 mg/dl	L	↓ 18.0 - 55.0 mg/dl
5	Creatinine ENZ	0.42 mg/dl	L	↓ 0.70 - 1.30 mg/dl
6	Bilirubin Total	0.39 mg/dl		0.00 - 2.00 mg/dl
7	Bilirubin Direct	0.24 mg/dl	H	↑ 0.00 - 0.20 mg/dl
8	AST/GOT	39.2 U/L	H	↑ 0.0 - 35.0 U/L
9	ALT/GPT	21.8 U/L		0.0 - 45.0 U/L
10	Alkaline Phosphatase	128 U/L		53 - 128 U/L



D.O.P.R.

LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

Patient Details:	VISHAL	9Y/M	17214
Bone marrow received on	08/07/25		
Bone marrow aspirate:	368/25		
Clinical details : Known case of B cell Acute lymphoblastic leukemia with isolated bone marrow relapse, completed consolidation phase.			
CBC:			
Hb (gm/dl)	TLC $\times 10^9$ /ul	Platelet & F $\times 10^9$ /ul	
11.1	3.19	161	
DLC: N48 L40 M5 E7			
Peripheral smear: Smear shows leukopenia. Red blood cells show moderate anisocytosis with presence of predominantly normocytic normochromic cells with few elliptocytes and occasional macrocytes.			
Bone marrow Aspirate			
Cellularity	Bone marrow aspirate smears show no particles and appear diluted. Smears made from bone marrow EDTA sample show hypocellular particles with cellular trails.		
Erythropoiesis	Erythroid series show normoblastic erythroid hyperplasia		
Granulopoiesis	Myeloid series show all stages of maturation.		
Megakaryopoiesis	Megakaryocytes are adequate.		
Others	There is increase in number of histiocytes. Many bare nuclei are also seen		
Myelogram :			
Blasts	01	Eosinophils	-
Promyelocytes	-	Erythroid	64
Myelocytes	02	Plasma cells	02
Metamyelocytes	05	M:E ratio	0.25:1
Stab forms / Band forms	03		
Neutrophils	06		
Lymphocytes	17		
IMPRESSION: Together with flow cytometry (Ref no. 313/25), bone marrow aspirate is positive for measurable residual disease (0.032%) in a known case of B cell ALL relapse, end of consolidation phase.			


 Dr. Shivali Sehgal
 Assistant Professor
 10/07/2025

VISHAL MDCC Ward

Pos. No. Birth No. Wt. d Ingu.

Sample ID	E57	Patient ID	
Name		Sample Type	SERUM
Category	-	Collection Date	14-Jul-2025
Age	-	Reg. Date	14-Jul-2025
Ref. Dr		Analyst	
Sample Remark		Location	

Sr.No.	Test	Result	Flag	Normal Range
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9	ALT/GPT	21.8 U/L		0.0 - 45.0 U/L
10	Alkaline Phosphatase	128 U/L		53 - 128 U/L

Patient Remark

Sample No.: 17750 VISHAL U2
 Patient ID:
 Name:
 Sample Comment

Ward:

Rack:

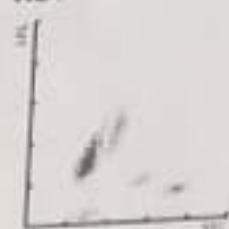
Position: 14/07/2025 17:06:30
 Doctor:
 Birth: Sex:
 Nickname: XN-1000-1-A

Positive

Diff. Morph. Count

WBC	2.12	[10 ³ /uL]		
RBC	3.90	[10 ⁶ /uL]		
HGB	11.4	[g/dL]		
HCT	35.3	[%]		
MCV	90.5	[fL]		
MCH	29.2	[pg]		
MCHC	32.3	[g/dL]		
PLT &F	184	[10 ³ /uL]		
RDW-SD	63.2	[fL]		
RDW-CV	19.1	[%]		
PDW	8.7	[fL]		
MPV	9.0	[fL]		
P-LCR	16.9	[%]		
PCT	0.16	[%]		
NRBC	0.00	[10 ³ /uL]	0.0	[%]
NEUT	0.24	[10 ³ /uL]	11.4	[%]
LYMPH	1.29	[10 ³ /uL]	60.8	[%]
MONO	0.45	[10 ³ /uL]	21.2	[%]
EO	0.12	[10 ³ /uL]	5.7	[%]
BASO	0.02	[10 ³ /uL]	0.9	[%]
IG	0.00	[10 ³ /uL]	0.0	[%]
RET		[%]		[10 ⁶ /uL]
IRF		[%]		
LFR		[%]		
MFR		[%]		
HFR		[%]		
RET-He		[pg]		
IPF	2.7	[%]		
WBC-BF		[10 ³ /uL]		
RBC-BF		[10 ⁶ /uL]		
PMN		[10 ³ /uL]		[%]
PMN		[10 ³ /uL]		
TC-BF#		[10 ³ /uL]		

WDF



WNR



RET



PLT-F



RBC



PLT



PLT IP Message

RBC IP Message

wBC IP Message
 Neutropenia
 Leukocytopenia
 Blasts/Abn Lympho?
 Atypical Lympho?

K140 B Cell ALL [Isolated B M Relapse]

रोग का संक्षिप्त विवरण / Brief Clinical History & Examination :
Completed Consolidation Phase

CBC

10.7 / 2530 / 1.712
39/41

ANC=1010

BMA done

+
Flow Cytometry MRD

} Sample sent

जांच / Investigation :

D/S



DOPR

LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

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Dr. Shivali Sehgal
Assistant Professor

10/07/2025



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नामोक्तन क्रम / Enrollment No. : 0206/38002/01903

30/11/2013

To
Seema
सीमा
W/O: Anil
House No-87
Khindora-3
Khindora
Aminagar Sarai, Baghat
Uttar Pradesh - 250606
8742911294



KL597369435FT

59736943



आपका आधार क्रमांक / Your Aadhaar No. :

5484 4876 1182

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India

सीमा
Seema

जन्म तिथि/DOB: 05/07/1988
लिंग / Female

5484 4876 1182



आधार - आम आदमी का अधिकार



Government of India



सूचना

- **आधार** पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन प्रमाणीकरण द्वारा प्राप्त करें।

INFORMATION

- **Aadhaar** is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- **आधार** देश भर में मान्य है।
- **आधार** भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- **Aadhaar** is valid throughout the country.
- **Aadhaar** will be helpful in availing Government and Non-Government services in future.



पता: WQ अक्षर, हाउस नं-87
 ब्लॉक-2, खिंदोरा, अमिनागर जिला
 बगपत, उत्तर प्रदेश, 250606

भारतीय पहचान प्राधिकरण
 Unique Identification Authority of India

Address: WQ: Anl, House/
 Bldg./Apt: House No-87,
 Area/Locality/Sector:
 Khindora-2, Village/Town/
 City: Khindora, District:
 Bagpat, P.O.: Aminagar
 Sarai, State: Uttar Pradesh,
 PinCode: 250606

5484 4876 1182



भारत सरकार

Government of India



विशाल

Vishal

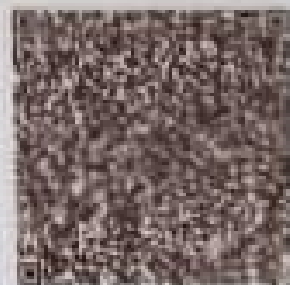
जन्म तिथि/DOB: 04/08/2015

पुरुष/ MALE

बाल आधार

यह आधार 5 वर्ष की उम्र तक ही वैध है

4454 9436 0170



मेरा **आधार**, मेरी पहचान



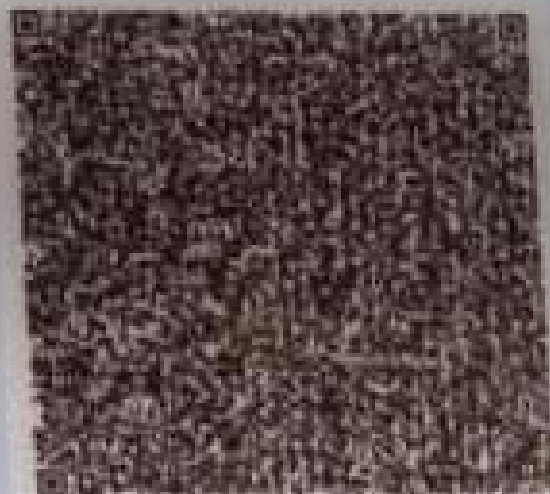
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:
आत्मज: अनिल कुमार, गांव - खिन्दीडा, खिन्दीडा, बागपत,
उत्तर प्रदेश - 250606

Address:

S/O: Anil Kumar, Village - Khindora,
Khindora, Baghat,
Uttar Pradesh - 250606



4454 9436 0170





Regd. No. 2021

ABHISHIKHA TRUST

S. No. 25.....

Date: 15 / 07 / 2025

सेवा में

श्रीमान् ट्रस्टी महोदय जी

Abhishikha Trust

G-3, Gali No. 7, Pusta

Sonia Vihar, Delhi-110094

महोदय,

सर मेरा नाम सीमा है, मैं कृ.पी.की रहने वाली हूँ, सर मेरे बच्चे को ब्लड कैंसर हो गया है, अभी मेरा बच्चा दिल्ली के कल्याण अस्पताल में भर्त है, मेरे बच्चे के इलाज के लिए महंगी दवाइयाँ और जाँचों की जरूरत है, मेरे पैसे ख़त्म चलते हैं, हमारे पास इतने पैसे नहीं हैं की हम इतनी महंगी जाँचें और रवायें का खर्चा उठा सकें, हमें अपने बच्चे का इलाज के लिए मदद की बहुत जरूरत है आपसे हाथ जोड़कर विनती है, कृपया हमारे बच्चे के लिए जरूर मदद करें

धन्यवाद
सीमा



Office Address : G-3, Gali No. 7, Pusta, Sonia Vihar, Delhi-110094

Website : www.abhishikha.org E-mail ID : info@abhishikha.org

Contact No. : 9958524587