



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

24 घंटे आपातकालीन प्रयोगशाला विभाग / DEPARTMENT OF 24 HOURS EMERGENCY LAB SERVICES

CLINICAL BIOCHEMISTRY REPORT

| | | | |
|----------------------|-----------------|-------------------------|--------------------|
| Name | <i>Laksh</i> | Age/Sex | |
| C.R. No. | <i>20011</i> | Consultant | |
| Unit/OPD | <i>U2 Hemat</i> | Date/Time | <i>19/8/25</i> |
| Diagnosis/History :- | <i>CBC</i> | Signature of the Doctor | <i>[Signature]</i> |

Please tick marks the required investigation in the box.

Please don't write anything on back side of requisition form. Lab Report is to be printed there.

| Investigation | Reported Value | Units | Normal Range | Investigation | Reported Value | Units | Normal Range |
|-------------------|----------------|-------|--------------|--------------------|----------------|-------|--------------|
| Blood Samples | | | | | | | |
| Glucose (Fasting) | | mg/dL | 60-100 | Axline Phosphatase | | IU/L | ≤350 |
| Glucose (PP) | | mg/dL | 85-140 | Total Protein | | g/dL | 6.5-8.0 |
| Glucose (R) | | mg/dL | 60-140 | Albumin | | g/dL | 3.5-5.0 |
| Sodium | | mEq/L | 135-145 | Serum Calcium | | mg/dL | 8-11 |
| Potassium | | mEq/L | 3.5-5.1 | - Ionized Calcium | | mg/dL | 4.0-5.5 |
| | | | | Increase | | | |

भारत सरकार / GOVT. OF INDIA
 लैडी हार्डिंग मेडिकल कॉलेज एवं अस्पताल
 LADY HARDING MEDICAL COLLEGE & ASSOCIATED HOSPITALS
 बंगला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001

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CLINICAL BIOCHEMISTRY REPORT

| | | | |
|-------------------|------------|-------------------------|--------------------|
| Name | Lakshya | Age/Sex | 4/1M |
| C.R. No. | 2001 | Consultant | Dr. Diali |
| Unit/OPD | U2 - Neuro | Date/Time | 15/8/25 |
| Diagnosis/History | CBC | Signature of the Doctor | <i>[Signature]</i> |

Please tick marks the required investigation in the box.
 Please don't write anything on back side of requisition form. Lab Report is to be printed there.

| Investigation | Reported Value | Units | Normal Range | Investigation | Reported Value | Units | Normal Range |
|----------------------------------------|----------------|-------|--------------|----------------------------|----------------|-------|--------------|
| Blood Samples | | | | | | | |
| Glucose (Fasting) | | mg/dL | 80-100 | Aspartate Aminotransferase | | IU/L | <350 |
| Glucose (PT) | | mg/dL | 85-140 | Total Protein | | g/dL | 6.6-8.0 |
| Glucose (2H) | | mg/dL | 80-140 | Albumin | | g/dL | 3.5-5.0 |
| Sodium | | mEq/L | 135-145 | Serum Calcium | | mg/dL | 9-11 |
| Potassium | | mEq/L | 3.5-5.1 | Ionized Calcium | | mg/dL | 4.0-5.5 |
| Chloride | | mEq/L | 98-108 | Inorganic Phosphorus | | mg/dL | 4.0-7.0 |
| Urea | | mg/dL | 10-40 | Total Cholesterol | | mg/dL | 110-200 |
| Creatinine | | mg/dL | 0.5-1.5 | HDL | | mg/dL | 40-60 |
| Uric Acid | | mg/dL | 3.0-6.5 | LDL | | mg/dL | <130 |
| Serum Bilirubin - Total (0-14D) | | mg/dL | 0.2-1.8 | CPK Total | | IU/L | 25-195 |
| Serum Bilirubin - Total (15D to <1 Yr) | | mg/dL | 0.05-0.88 | CPK-MB | | IU/L | 0-24 |
| Serum Bilirubin - Total (>1 Yr age) | | mg/dL | 0.2-1.1 | CRP (Quantitative) | | mg/L | <6.0 |
| Serum Bilirubin - Direct (>1 Yr age) | | mg/dL | 0.05-0.3 | Serum Amylase | | IU/L | 28-100 |
| SGOT (AST) | | IU/L | 10-40 | Serum Lipase | | IU/L | <60.0 |
| SGPT (ALT) | | IU/L | 10-45 | GOT | | IU/L | 9-48 |
| | | | | Serum Magnesium | | mg/dL | 1.7-2.3 |
| CSF | | | | Body Fluid | | | |
| CSF Protein | | mg/dL | 15-40 | Microproteins | | | |
| CSF Sugar | | mg/dL | 40-70 | Sugar | | | |
| | | | | Total Protein | | | |
| | | | | Albumin | | | |

कलावती सरन बाल चिकित्सालय
 KALAWATI SARAN CHILDREN'S HOSPITAL
 बंगला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001
 24 घंटे आपातकालीन प्रयोगशाला विभाग / DEPARTMENT OF 24 HOURS EMERGENCY LAB SERVICES

CLINICAL BIOCHEMISTRY REPORT

| | | | |
|----------------------|----------------------|-------------------------|--------------------|
| Name | Laksh | Age/Sex | 44/M |
| C.R. No. | 20011 | Consultant | |
| Unit/OPD | U ₂ Hemat | Date/Time | 8/14/8/21 |
| Diagnosis/History :- | CBC | Signature of the Doctor | <i>[Signature]</i> |

Please tick marks the required investigation in the box.
 Please don't write anything on back side of requisition form. Lab Report is to be printed there.

| Investigation | Reported Value | Units | Normal Range | Investigation | Reported Value | Units | Normal Range |
|--------------------------------------|----------------|-------|--------------|----------------------|----------------|-------|--------------|
| Blood Samples | | | | | | | |
| Glucose (Fasting) | | mg/dL | 80-100 | Alkaline Phosphatase | | IU/L | ≤350 |
| Glucose (PP) | | mg/dL | 85-140 | Total Protein | | g/dL | 6.6-8.0 |
| Glucose (R) | | mg/dL | 60-140 | Albumin | | g/dL | 3.5-5.0 |
| Sodium | | mEq/L | 135-145 | Serum Calcium | | mg/dL | 9-11 |
| Potassium | | mEq/L | 3.5-5.1 | - Ionized Calcium | | mg/dL | 4.0-5.5 |
| Chloride | | mEq/L | 98-108 | Inorganic Phosphorus | | mg/dL | 4.0-7.0 |
| Urea | | mg/dL | 10-40 | Total Cholesterol | | mg/dL | 110-200 |
| Creatinine | | mg/dL | 0.5-1.0 | HDL | | mg/dL | 40-60 |
| Uric Acid | | mg/dL | 3.0-6.5 | LDL | | mg/dL | <130 |
| Serum Bilirubin-Total (0-14D) | | mg/dL | 0.2-16.6 | CPK Total | | IU/L | 20-195 |
| Serum Bilirubin-Total (15D to <1 Yr) | | mg/dL | 0.05-0.68 | CPK-MB | | IU/L | 0-24 |
| Serum Bilirubin-Total (>1 Yr age) | | mg/dL | 0.2-1.1 | CRP (Quantitative) | | mg/L | <6.0 |
| Serum Bilirubin-Direct (>1 Yr age) | | mg/dL | 0.05-0.2 | Serum Amylase | | IU/L | 28-100 |
| SGOT (AST) | | IU/L | 10-40 | Serum Lipase | | IU/L | <60.0 |
| SGPT (ALT) | | IU/L | 10-45 | GGT | | IU/L | 9-48 |
| | | | | Serum Magnesium | | mg/dl | 1.7-2.3 |

| CSF | | | | Body Fluid | | | |
|-------------|--|-------|-------|---------------|--|--|--|
| CSF Protein | | mg/dL | 15-40 | Microproteins | | | |
| CSF Sugar | | mg/dL | 40-70 | Sugar | | | |
| | | | | Total Protein | | | |
| | | | | Albumin | | | |

Performed By-
 (Medical Lab. Technologist)

Verified By-
 (Signature if Faculty)

Date:

13/08/2025

Day of Hospital Stay

Diagnosis

Bur RPLS Lymphoma stage 4 | Now E FN Cells

Issues

Fever spikes -

U/O - Adequate

OA - poor

0/e

Cc Sick

PR -> 10%h

PV good

CFT < 38

SPO2 96%

RR -> 25h

RD - nl

Adm

AMF DNS 350ml + 1:100 KCl 1/0 2PM
+ Amn no ven 25ml

Examination Findings

① orally allowed

② my Meropenem / Teicoplanin

(D6)

my liposomal Ampho B -

(D6)

my Colistin - D4

Treatment & Plan

③ my G CF

Syp Potchea / Syp Septran / my Pantop

④

Candida MP / Urd heptidine NW

⑤

Tal Aldactam

Parsh

CFT < 38

NO

Sample ID: E65
 Patient ID: _____
 Name: _____
 Category: _____
 Age: _____
 Ref. Dr: _____
 Sample Remark: *20*
 Sample Type: SERUM
 Collection Date: 18-Aug-2025
 Reg. Date: 18-Aug-2025
 Analyst: _____
 Location: _____

Wg - 133 mmol
te - 4.7 "
CC - 104 "
Calc. 4.4 mg/dl

| Sr.No. | Test | Result | Flag | Normal Range |
|--------|----------------------|-------------------|-------|---------------------|
| 1 | Urea | 21.7 mg/dl | | 18.0 - 55.0 mg/dl |
| 2 | Creatinine ENZ | 0.30 mg/dl | L | ↓ 0.70 - 1.30 mg/dl |
| 3 | Bilirubin Total | 0.49 mg/dl | | 0.00 - 2.00 mg/dl |
| 4 | Bilirubin Direct | 0.19 mg/dl | | 0.00 - 0.20 mg/dl |
| 5 | AST/GOT | 54.9 U/L | H | ↑ 0.0 - 35.0 U/L |
| 6 | ALT/GPT | NA U/L | TEC-L | -- |
| 7 | ALT/GPT | 12.5 U/L | #,V-I | 0.0 - 45.0 U/L |
| 8 | Alkaline Phosphatase | 169 U/L | H | ↑ 53 - 128 U/L |
| 9 | Total Protein | 4.76 g/dl | L | ↓ 6.40 - 8.30 g/dl |
| 10 | Albumin | 2.61 g/dl | L | ↓ 3.50 - 5.20 g/dl |
| 11 | Calcium | 8.2 mg/dl | L | ↓ 8.6 - 10.2 mg/dl |
| 12 | Phosphorus | 2.99 mg/dl | | 2.50 - 4.50 mg/dl |
| 13 | C-Reactive Protein | 72.3 mg/l | H | ↑ 0.0 - 5.0 mg/l |

Patient Remark: *[Signature]*

Completion Date: 18-Aug-2025 17:22

Note: Tests have been performed on fully automated analyzer:- XL-640

Print Date: 18-Aug-2025

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

Name of Patient: LAKSH Age /Sex: 4Y/M Regd. No: 16880

Hospital: KSCH Ward: Pediatrics

Dr. In charge : Dr. Charu

Specimen No: BMB363A/25 BMA-363/25

Microsection No: BMB-363A/25

Nature of Specimen: **Bone Marrow biopsy**

Date of Receiving: 11/07/25

Date of Reporting: 15/07/25

Labelled as Bone Marrow biopsy(363A/25)

Section from bone marrow biopsy shows cartilage along with bony trabeculae enclosing marrow spaces showing marked crush artefact with poorly preserved morphology. In an occasional area few blasts are identified.

Kindly refer to bone marrow aspirate (reference no. 363/25)



Dr. Shivali Sehgal
Assistant Professor,
Department of Pathology
15/07/25



LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

| | | | |
|--------------------------|------------|------|-------|
| Patient Details: | LAKSH | 41/M | 16880 |
| Bone marrow received on: | 07/07/2025 | | |
| Bone marrow aspirate: | 163/25 | | |

Clinical details: 1/2 fever since 2 months, associated with pain in lower limb, abdominal distension and progressive pallor.

CBC:

| | | |
|------------|-----------------------|----------------------------|
| Hb (gm/dl) | PLC $\times 10^9$ /ul | Platelet $\times 10^9$ /ul |
| 6.2 | 5.36 | 8 |

DLC: Blast 30 My1 Mmy1 S12 N30 L36

Peripheral smear: Smear shows presence of 80% blasts, these blasts are 3-5.5 times the size of small mature lymphocyte with moderate amount of cytoplasm showing fine vacuolation. The nuclei show irregular nuclear membrane, finely dispersed chromatin and 1-2 inconspicuous nucleoli. Red cells show moderate anisocytosis with presence of predominantly normocytic, normochromic cells. Platelets are reduced in smear.


Bone marrow Aspirate: Smears show no particle and are diluted with peripheral blood. 52% blasts are identified showing same morphology as described above. Few cells of erythroid lineage seen. No megakaryocyte seen.

Myelogram:

| | | | |
|-------------------------|----|--------------|---|
| Blasts | 52 | Eosinophils | - |
| Promyelocytes | - | Erythroid | + |
| Myelocytes | - | Plasma cells | - |
| Metamyelocytes | - | | |
| Stab forms / Band forms | 2 | | |
| Neutrophils | 5 | | |
| Lymphocytes | 35 | | |

IMPRESSION: In view of morphology and flow cytometry findings, possibility of leukemic phase of Burkitt's lymphoma is suggested.

ADVICE: 1) Clinical correlation
2) Cytogenetics of MYC gene rearrangement


Dr. Shivali Sehgal
Assistant Professor
06/07/2025

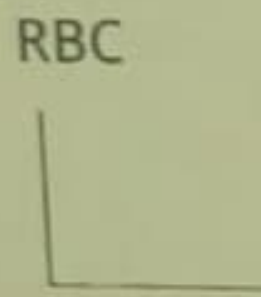
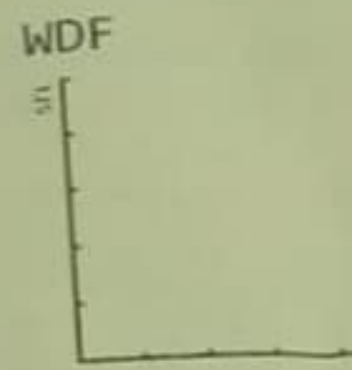
Sample No 20011 LAKSH U2DC
 Patient ID
 Name
 Sample Comment:

Ward
 Rack

Position
 Birth:
 Doc
 Nic

Positive
 Diff. Morph. Count

| | | | |
|--------|--------|-----------------------|------------|
| WBC | 9.21 | [10 ³ /uL] | |
| RBC | 1.06 | [10 ⁶ /uL] | |
| HGB | 8.7 | [g/dL] | |
| HCT | 26.2 | [%] | |
| MCV | 85.6 | [fL] | |
| MCH | 28.4 | [pg] | |
| MCHC | 33.2 | [g/dL] | |
| PLT | 36 * | [10 ³ /uL] | |
| RDW-SD | 48.8 | [fL] | |
| RDW-CV | 15.8 | [%] | |
| PDW | 15.8 * | [fL] | |
| MPV | 11.5 * | [fL] | |
| P-LCR | 36.4 * | [%] | |
| PCT | 0.04 * | [%] | |
| NRBC | 0.00 | [10 ³ /uL] | 0.0 [%] |
| NEUT | 3.02 * | [10 ³ /uL] | 9.5 * [%] |
| LYMPH | 0.10 * | [10 ³ /uL] | 47.6 * [%] |
| MONO | 0.08 * | [10 ³ /uL] | 38.1 * [%] |
| EO | 0.01 * | [10 ³ /uL] | 4.8 * [%] |
| BASO | 0.00 * | [10 ³ /uL] | 0.0 * [%] |
| IG | 0.01 * | [10 ³ /uL] | 4.8 * [%] |
| RET | | [%] | |
| 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] | |



WBC IP Message
 Neutropenia
 Lymphopenia

RBC IP Message
 Anemia

DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient Arshvi Sex F Age 24 Regd. No. 12330

Hospital K.M.H Ward U₂ block Dr. in Charge Dr. S.

Case No. 48 Smear No. F 1233-29/12

Received on 24/07/12 Reported on 24/07/12

Investigation asked for: CP for malignant cytology (F 1233-29/12)

Specimen: Received 300 ul of blood Haged fluid

Report:- Microscopy: cytoplasm preparation from blood and blood elements only.

Imp: Traumatic Tap.

Dr. Shivali Sahgal

ASST Prof

24/07/12

Sample No: 20032 LAKSH 02
 Patient ID
 Name
 Sample Comment

Ward
 Rack

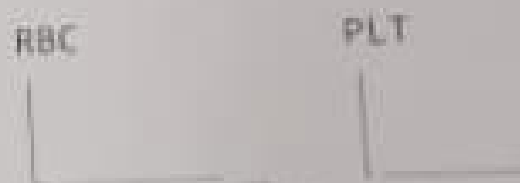
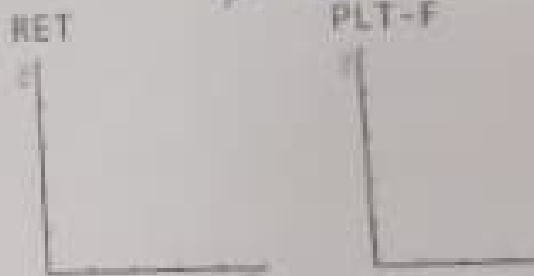
Position 10/06/2025 14:16:14
 Doctor
 Birth Sex
 Nickname 0010000-1-A

Positive
 Morph. Count

| | | |
|--------|------|--------------------|
| WBC | 4.81 | $10^3/\mu\text{L}$ |
| RBC | 3.38 | $10^6/\mu\text{L}$ |
| HGB | 9.0 | g/dL |
| HCT | 28.3 | % |
| HCV | 87.4 | fL |
| HCH | 27.6 | pg |
| HEMC | 11.0 | g/dL |
| PLT | 10.4 | $10^3/\mu\text{L}$ |
| RDW-SD | 52.0 | fL |
| RDW-CV | 18.4 | % |
| PDW | --- | fL |
| MPV | --- | fL |
| P-LCR | --- | % |
| PCT | --- | % |
| NEBC | 0.01 | $10^3/\mu\text{L}$ |
| NEUT | 2.78 | $10^3/\mu\text{L}$ |
| LYMPH | 0.04 | $10^3/\mu\text{L}$ |
| MONO | 0.55 | $10^3/\mu\text{L}$ |
| EO | 0.06 | $10^3/\mu\text{L}$ |
| BASO | 0.02 | $10^3/\mu\text{L}$ |
| IG | 0.15 | $10^3/\mu\text{L}$ |
| RET | --- | $10^6/\mu\text{L}$ |
| INF | --- | |
| LFR | --- | |
| MVB | --- | |
| HFR | --- | |
| RET-He | --- | |
| IPF | --- | |
| WBC-Bl | --- | $10^3/\mu\text{L}$ |
| RBC-Bl | --- | $10^6/\mu\text{L}$ |
| RM | --- | $10^3/\mu\text{L}$ |
| RMW | --- | $10^3/\mu\text{L}$ |
| TC-Bl# | --- | $10^3/\mu\text{L}$ |

| | |
|------|--------------------|
| 6.2 | $10^6/\mu\text{L}$ |
| 23.4 | |
| 13.7 | |
| 0.0 | |
| 15.7 | |

[N]
 [N]



Abnormal sample

40 RBC

WBC IP Message
 IG Present
 Blasts/Abn Lymphe/
 Left Shift/
 Atypical Lymphe?

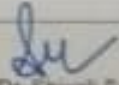
RBC IP Message
 Anemia

PLT IP Message
 PLT Abn Distribution
 Thrombocytopenia



LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|-------|
| Patient Details: | LAKSHI | 41/19 | 16880 |
| Bone marrow received on | 07/7/2025 | | |
| Bone marrow aspirate: | B63/25 | | |
| Clinical details: 1/2 fever since 2 months associated with pain in lower limb, abdominal distension and progressive pallor. | | | |
| CBC: | | | |
| Hb (gm/dl) | TLC $\times 10^9 / \mu l$ | Platelet $\times 10^9 / \mu l$ | |
| 6.2 | 5.36 | 8 | |
| DLC: Blast 80 Myel 1 Mny 1 S12 N30 L36 | | | |
| Peripheral smear: Smear shows presence of 80% blasts, these blasts are 3-5.5 times the size of small mature lymphocyte with moderate amount of cytoplasm, many showing fine vacuolation. The nuclei show irregular nuclear membrane, finely dispersed chromatin and 2-3 inconspicuous nucleoli. Rest cells show moderate anisocytosis with presence of granulocytomy normocyte, normochromic cells. Platelets are reduced on smear. | | | |
| Bone marrow Aspirate: Smears show no particle and are diluted with peripheral blood. 32% blasts are identified showing same morphology as described above. Few cells of erythroid lineage seen. No megakaryocyte seen. | | | |
| Myelogram: | | | |
| Blasts | 52 | Eosinophils | - |
| Promyelocytes | - | Erythroid | 6 |
| Myelocytes | - | Plasma cells | - |
| Metamyelocytes | - | | |
| Stab forms / Band forms | 2 | | |
| Neutrophils | 5 | | |
| Lymphocytes | 35 | | |
| IMPRESSION: In view of morphology and flow cytometry findings, possibility of leukemic phase of Burkitt's lymphoma is suggested. | | | |
| RUVICs: 1) Clinical correlation 2) Cytogenetics of MYC gene rearrangement. | | | |


Dr. Shivali Sehgal
Assistant Professor
08/07/2025

P/S

Smear shows presence of 21% blast. These blasts are 3-5 times the size of small mature lymphocyte with moderate amount of cytoplasm, many showing fine vacuolisation. The nuclei shows irregular nuclear membrane, finely dispersed chromatin & 0-1 inconspicuous nucleoli.

DLC + Blasts₂₁ WBC₂₁ Stab₀₄ N₃₄ L₃₃ M₀₄ E₀₂

Red cells are predominantly normocyte normochromic. Platelets are reduced on smear.

Imp: In view of morphology & flow cytometry findings possibility of Leukemia phase of Burkitt's lymphoma is suggested.

- Adv. ① Clinical correlation
- ② Cytogenetic studies for MYC

Date No. 26/9/22
Patient ID
Name
Sample Comment

Ward: Rank: 9

Position: 1 2825/87/84 14:22:49
Doctor
Birth: Sex:
Nickname: XN-1500-1-4

Positive
DIFF. Morph. Count

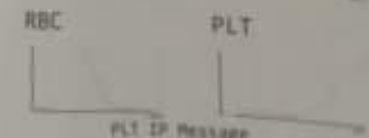
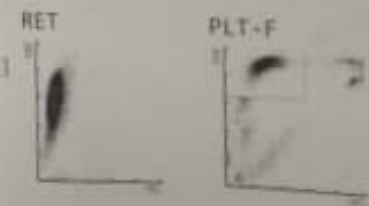
| | | |
|--------|-------|---------------------|
| WBC | 18.51 | 10 ⁹ /uL |
| RBC | 2.34 | 10 ⁶ /uL |
| HGB | 6.1 | g/dL |
| HCT | 21.4 | % |
| MCV | 92.5 | fL |
| MCH | 20.1 | pg |
| MCHC | 28.5 | g/dL |
| PLT BF | 12 | 10 ⁹ /uL |
| RDW-SD | 86.3 | fL |
| RDW-CV | 25.8 | % |
| PDW | ----- | fL |
| MPV | ----- | fL |
| P-LCH | ----- | % |
| PCT | ----- | % |
| NRBC | 0.09 | 10 ³ /uL |
| NEUT | 5.12 | 10 ⁹ /uL |
| LYMPH | 1.45 | 10 ⁹ /uL |
| MONO | 1.86 | 10 ⁹ /uL |
| EO | 0.83 | 10 ⁹ /uL |
| BAO | 0.85 | 10 ⁹ /uL |
| IG | 1.58 | 10 ⁹ /uL |
| RET | 0.52 | % |
| IRF | 23.3 | % |
| LEK | 76.5 | % |
| HFA | 15.7 | % |
| HFR | 7.8 | % |
| RET-H | 23.4 | % |
| IPF | 9.9 | % |

| | |
|--------|---------------------|
| WBC BF | 10 ⁹ /uL |
| RBC BF | 10 ⁶ /uL |
| PL | 10 ⁹ /uL |
| PLM | 10 ⁹ /uL |
| TC-B74 | 10 ⁹ /uL |

WBC IP Message
Anisocytosis
Dx Present
Blasts/Abn Lympho

0.9 (X)
49.7 (X)
32.8 (X)
17.7 (X)
0.3 (X)
8.5 (X)
16.8 (X)
0.0322 (10⁶/uL)

RBC IP Message
Anisocytosis
Hypochromia
Anemia



PLT IP Message
PLT Abn Distribution
Thrombocytopenia

Dr. Shivani Sehgal
Asst Professor



भारत सरकार

Government of India



वीरेश कुमार

Viresh Kumar

जन्म तिथि / DOB : 05/07/1993

पुरुष / Male



7010 9579 7198

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

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ABHISHIKHA TRUST

S. No. 26.....

Date: 19/08/2025.....

श्रीवा में

श्रीमान द्रस्वी महोदय जी

उपनिषत्तिका ट्रस्ट

G-3, Gali No. 7, Pusta

सोनिया विहार, दिल्ली - 110094

महोदय,

मैं मीरा, यू.पी. की रहने वाली हूँ। सर मेरा बचपु 15वीं साल का है। मेरे बचपु को ब्लड कैंसर है, मेरे बचपु की दवा बहुत ही खराब है। उसको खून की उल्टी भी हो रही है। मेरा बचपु बहुत बुरी हालत में है। उसका इलाज करने की दवाय सब बिक गया है अब हमारे पास कुछ नहीं बचा है। मैं दवा बहुत मसिबा है पाले मजबूरी करते हैं। मुझे अपने बचपु के लिए मदद की जरूरत है। डा. प्रीषका रनजीत ने हमारी बहुत मदद की है। आपसे निवेदन है हमारी मदद कीजिए हमारे बचपु की बचने में।

धन्यवाद
मीरा



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