PEDIATRIC AND ADOLESCENT HEMATOLOGY,
ONCOLOGY & STEM CELL TRANSPLANT UNIT
Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi - 110060

Dr. Anupam Sachdeva
DCH, MD
Adjunct Professor, National Board of Examination
President Indian Academy of Pediatrics 2017
Director, PHO Unit
Co-Director, Institute of Child Health
(DMC No. : 11823)
Private OPD, Room No. 3015, E-Block
Timing : 12 Noon - 4 PM, Mon - Sat

Dr. (Prof.) Manas Kalra
MBBS (Gold Medalist), MD (Gold Medalist), DNB
FNB (Pediatric Hematology Oncology), FIAP
Fellowship Pediatric Oncology & BMT (Sydney)
Senior Consultant
(DMC No. : 35631)
Private OPD : Room No. 3015, E-Block
Timing : 12 Noon - 4 PM, Mon - Sat

21/02/26

Devansh

4yo. Ph Positive ALL week 3 consolidation (2 doses Cyclo given).

7.6/4550/60,000/2321/364.

Adv (Dr Manas)

- Inj Cytarabine 50 mg i.V 21/02, 22/02, 23/02, 24/02.
(Premed with Avil, Crocin, Ondem).
- Tab 6MP ¼ tab OD.
- Continue Dasatinib, Septran.
- Observe for fever; if persistent then admit.
- F/U 1 week with CBC/DC.

fever 1 day

Advita

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OPD Phone No. : 011-4225 3015
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SIR GANGA RAM HOSPITAL

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H-2008-0017
Since June 16, 2008

MC - 2194

Clinical Laboratory Services
Department of Haematology

Name	:MASTER DEVANSH ,	Age/Sex	:4 Yrs/Male
Registration No.	:3665519	Ward No.	:
Lab Request No.	:1126038594	Room No.	:
Episode No.	:OP15896781	Location Type	:Out Patient
Location	:CENTRAL INVESTIGATION CENTRE	Collected On	:20 FEB 2026 08:06PM
Referred By	:Dr. Manas Kalra	Received On	:20 FEB 2026 08:53PM
Ext. Doctor	:	Reported On	:21 FEB 2026 09:41AM
Specimen	:Blood	Released by	:Dr. Jyoti Singhal
Printed on	:21 FEB 2026 11:38AM		

Investigation	Results	Units	Bio.Ref.Interval	Test Method
Complete Blood Count-EDTA BLOOD				Automated/Microscopy
Cell Counter	Sysmex XN			
Haemoglobin	**7.6**	g/dl	(11.0-14.0)	SLS Hb Method
TLC	**4.55**	thous/ul	(5.00-15.00)	Flowcytometry
Platelet Count	**60**	thous/ul	(200-450)	Impedance / Flowcytometry
PCV	**22.5**	%	(34.0-40.0)	Cumulative pulse height detection
RBC	**2.53**	mill/ul	(4.00-5.20)	Impedance
MCV	**88.9**	fl	(75.0-87.0)	Computed
MCH	30.0	pg	(24.0-30.0)	Computed
MCHC	33.8	g/dl	(31.0-37.0)	Computed
RDW	**14.2**	%	(11.6-14.0)	Computed
Micro R	3.20	%		Computed
Macro R	2.60	%		Computed
Differential Leukocyte Count (DLC)				Fluoroscence Flowcytometry / Manual
Neutrophils	51	%		
Lymphocytes	41	%		
Eosinophils	0	%		
Monocytes	8	%		
Basophils	0	%		
ANC	2321	/ul	(1500-8000)	
ALC	**1866**	/ul	(6000-9000)	
AEC	**0**	/ul	(100-1000)	
AMC	364	/ul	(200-1000)	
ABC	0	/ul	(0-100)	

Platelets reduced, verified on smears.

--------{END OF REPORT}--------

Note:- (C) after result of a test indicates, it is critical. Needs Attention

1. This is a Computer generated report, No Signature required.
2. Content of this report is only an opinion, not the diagnosis.
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NAME: Devansh **AGE: 4 years** **SEX: MALE**
MRD NO: 3665519
Wt: 15.5 kg **Ht – 98 cm** **BSA- 0.64 m2**

Consolidation Start Date -24/01/26

Dates	Day	Chemotherapeutic drug	Patient dose
24/01/26	Day 36	Cyclophosphamide, 1g/m^2 IV over 1 hour (with DMF and Mesna)	640 mg
		Tab Mercaptopurine(50mg), should be 60 mg/m^2/day Days 36-64 (or 28 days) from 24/01/26 to 20/02/26	Give ½ tab once a day x 4 days/week (Mon-Thurs) ¼ tab/day x 3 day/week (Fri-Sun)
24/01/26 To 27/01/26	Day 36-39	Cytarabine, 75 mg/m^2 IV/SC daily for 4 days	50 mg from 24/01 to 27/01/26
24/01/26	Day 36	LP and TIT	Mtx- 12mg Hcort-40mg, ARAC- 30mg
~~31/01/26~~ to 03/02/26	Days 43-46	Cytarabine, 75 mg/m^2 IV/SC daily for 4 days	50 mg from 31/01 to 03/02/26
~~07/02/26~~ to 10/02/26	Days 50-53	Cytarabine, 75 mg/m^2 IV/SC daily for 4 days	50 mg from 07/02 to 10/02/26
~~14/02/26~~ to 17/02/26	Days 57-60	Cytarabine, 75 mg/m^2 IV/SC daily for 4 days	50 mg from 14/02 to 17/02/26
~~21/02/26~~	Day 64	Cyclophosphamide, 1g/m^2 IV over 1 hour with DMF and Mesna	640mg
21/02/26	Day 64	LP + TIT	Mtx- 12mg Hcort-40mg, ARAC- 30mg

FN

14/2

NOTES:

1. For each block of cytarabine, the white count should be > 0.5 x 10^9/l and platelets > 30 x 10^9/l. If the count is too low for the cytarabine, also hold the mercaptopurine for that week. All the doses of cytarabine and mercaptopurine should be given in order to complete the phase of treatment.
2. For the first cyclophosphamide, the count should be neutrophils >0.5 x 10^9/l and platelet count >50 x 10^9/l. For the second the count should be neutrophils >0.3 x 10^9/l and platelet count >50 x 10^9/l
3. Fever of 38°C or higher may indicate severe infection and requires prompt evaluation and blood count. If neutrophil count less than 0.5x10^9/L, immediate admission and IV antibiotics are usually required.

Dr Laksita/ Dr Mridna
Dr Monika/Dr Twinkle
PHO Fellows

Dr Ankita
Senior Resident

Dr. Anupam Sachdeva
Dr. Manas Kalra
Consultants

DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

Patient Name Master Devansh , **Episode No.** IP01578050

chemotherapy.
Inj Cyclophosphamide was given with DMF and MESNA. He tolerated the procedure and chemotherapy well.

At present the child is stable, accepting orally and is being discharged with advice to follow up on 21/02/26 with CBC/DLC or SOS in ward 9 if fever occurs

PROCEDURES: Lumbar puncture + TIT
REPORTS AWAITED: None

DISCHARGE ADVICE

- Inj. Cytarabine (100mg/1ml)- 50 mg IV/SC (0.5 ml or 20 units by insulin syringe of 40 Units) once daily on 15/02, 16/02, 17/02/26.
  Premed - Give Syp Crocin DS (240mg/5ml) 3.5 ml, Syp Alerid 5 ml, Syp Ondem (2mg/5ml) 5 ml - 30 mins before Inj. Cytarabine
- Tab 6MP (50mg) ½ tablet once daily 3 days/week (Tues, Thurs, Sat)
  ¼ tablet once a day 4 days/week (Mon, Wed, Fri, Sun)
  to continue till 06/03/26.
  (Avoid milk and milk products 1 hour before and after T.6MP)
- Tab Ondem MD (4mg) 1 tab thrice daily for 2 days then SOS if vomiting
- Tab. Dasatinib (50 mg) 1 tab once daily for 5 days/week (Mon-Fri)
- Tab Septran (960mg) ¼ - 0 – ¼ twice a day on Mon/Wed/ Fri.
- Laxopeg sachet ½ sachet thrice daily for constipation
- Candid mouth paint 4 drops thrice a day to continue
- Warm saline gargles thrice daily to continue
- Sitz bath thrice daily
- Diet as advised
- Plenty of oral fluids, No visitors, Strict hygiene
- To maintain genital hygiene and general hygiene

FOLLOW UP

- To follow up in OPD E block 3015 on 21/02/26 at 10 am with CBC/DLC or SOS in ward 9 if fever occurs
- To follow with Dr. Anupam Sachdeva/ Dr. Manas Kalra

- Reports of investigations done during hospital stay are provided on a separate sheet
- Pending reports can be collected from "CIC-Room no. 32, ground floor (9AM-5PM)
- Histopathology Reports, Blocks or Extra Slides can be collected from Lab 1st Floor SSRB on all working days between 9 AM - 5 PM
- Contact no. of Emergency: 011-42251098, 42251099 Contact no. of SGRH Telephone Exchange: 011-42254000, 25750000

Resident Doctor

Consultant
Consultant Paediatric Hemato-Oncology

Paediatrics

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DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

Dr. Anupam Sachdeva
Dr. Manas Kalra

Patient Name	Master Devansh ,	**Registration No.**	3665519
Age	4 Yrs	**Episode No.**	IP01573993
Sex	Male	**Date of Admission**	2-Feb-26
Discharge Type	DISCHARGE	**Date Of Discharge**	9-Feb-26
Ward	OLD (OB)-WARD 9	**Bed**	1277-A CAT3
Admitting Consultant	Consultant Paediatric Hemato-oncology	**Room Vacated on**	**Date** **Time**

DIAGNOSIS

Ph positive pre B cell Acute Lymphoblastic Leukemia, PGR
Highest TLC- 13,100/cumm
CSF – negative, Molecular – t(9;22)(q34;q11) BCR::ABL1 [p190],
Karyotyping-46,XY, NGS – BCR/ABL1 fusion
Additional biomarkers – ATM Exon 4, p.Tyr103Cys.
Day 1 Induction- 15/12/25
TP1 MRD 0.4%
Admitted on Week 1 consolidation Day +10 (Modified BFM 2002 protocol)
Febrile neutropenia, Acute diarrhoea
Discharged on Day +17

CLINICAL HISTORY

History:
Devansh, 4 year old Male, c/o Pre B ALL, admitted on week 1 consolidation day +10 (as per modified BFM 2002 protocol) with c/o 1 fever spike.
He has no c/o cough, cold, loose stools or pain abdomen.

PHYSICAL EXAMINATION

Wt – 15.4 kg Height: 98.5 cm
On admission, afebrile, HR 126/min, RR-24/min, BP- 90/60 mmHg, spo2 – 99 % RA. No pallor , No icterus, no lymphadenopathy. Testis normal.
Systemic examination: P/A: soft; non tender, liver and spleen non palpable.
RS- Chest clear
CVS- S1S2 heard, CNS- No focal neurological deficits.

CLINICAL SUMMARY

Devansh was admitted. CBC showed Hb – 12.2 g/dl, TLC- 580/cumm and PLT – 52,000/cumm, ANC- 12/cumm, AMC – 0/cumm. After sending blood c/s, patient was started on Inj Magnex.
On day 2 of admission, patient developed loose stools, which were watery, large in quantity and had multiple episodes in a day. There were no s/o dehydration and serum electrolytes were monitored. Inj Metronidazole was added. In view of persistent high grade fever spikes and loose stools, antibiotic was upgraded to Inj Meropenem and Oral Nitazoxanide.

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Age	4 Yrs	**Episode No.**	IP01573993
Sex	Male	**Date of Admission**	2-Feb-26
Discharge Type	DISCHARGE	**Date Of Discharge**	9-Feb-26
Ward	OLD (OB)-WARD 9	**Bed**	1277-A CAT3
Admitting Consultant	Consultant Paediatric Hemato-oncology	**Room Vacated on**	**Date** **Time**

DIAGNOSIS

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Devansh was admitted. CBC showed Hb – 12.2 g/dl, TLC- 580/cumm and PLT – 52,000/cumm, ANC- 12/cumm, AMC – 0/cumm. After sending blood c/s, patient was started on Inj Magnex.
On day 2 of admission, patient developed loose stools, which were watery, large in quantity and had multiple episodes in a day. There were no s/o dehydration and serum electrolytes were monitored. Inj Metronidazole was added. In view of persistent high grade fever spikes and loose stools, antibiotic was upgraded to Inj Meropenem and Oral Nitazoxanide.

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DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

PATIENT COPY

Dr. Anupam Sachdeva
Dr. Manas Kalra

Patient Name	Master Devansh ,	Registration No.	3665519
Age	4 Yrs	Episode No.	IP01578050
Sex	Male	Date of Admission	14-Feb-26
Discharge Type	DISCHARGE	Date Of Discharge	14-Feb-26
Ward	OLD (OB)-WARD 9	Bed	1278-B DC
Admitting Consultant	Consultant Paediatric Hemato-oncology	Room Vacated on	Date / Time

DIAGNOSIS

Ph positive pre B cell Acute Lymphoblastic Leukemia, PGR
Highest TLC- 13,100/cumm
CSF – negative, Molecular – t(9;22)(q34;q11) BCR::ABL1 [p190],
Karyotyping-46,XY, NGS – BCR/ABL1 fusion
Additional biomarkers – ATM Exon 4, p.Tyr103Cys.
Day 1 Induction- 15/12/25
TP1 MRD 0.4%
Admitted for Week 2 consolidation chemotherapy (Modified BFM 2002 protocol)

CLINICAL HISTORY

History:
Devansh, 4 year old Male, c/o Pre B ALL, admitted for week 2 consolidation as per modified BFM 2002 protocol.
He has no c/o fever, cough, cold, loose stools or pain abdomen.

PHYSICAL EXAMINATION

Weight: 14.2 Kg. Height: 98 cm.
On admission, afebrile, HR 98/min, RR-24/min, BP- 900/60 mmHg, spo2 – 99 % RA. No pallor/icterus, no lymphadenopathy. Testis normal.
Systemic examination: P/A: soft; non tender, liver and spleen non palpable.
RS- Chest clear
CVS- S1S2 heard, CNS- No focal neurological deficits.

CLINICAL SUMMARY

Devansh was admitted. CBC showed Hb – 9.5 g/dl, TLC- 7080/cumm and PLT – 1.12 lakh/cumm, ANC- 850/cumm, AMC – 2336/cumm.

After informed consent, under sedation, Lumbar puncture was done and Inj Methotrexate, Inj Cytarabine and Inj Hydrocortisone were instilled intrathecally.

Week 2 consolidation chemotherapy was given with Inj Cyatarabine and Tab 6 MP. In view of prolonged severe cytopenias, consolidation chemotherapy was delayed. Hence it was decided to give 2nd dose of cyclophosphamide with week 2

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29/1/26

Devansh

c/o Ph+ve ALL due for end of induction

CBC 13.9 | 4230 | 1.59 Lac | 1904 | 212

Adv.

- Admit in Ped DC
- BM-A, BM-B, MRD.
- LP + IT MTX (send CSF).
- Continue Dasatinib, Septran.
- F/U > 1 week for CBC/DLC. on 24/01/26.

Amrita

PEDIATRIC AND ADOLESCENT HEMATOLOGY, ONCOLOGY & STEM CELL TRANSPLANT UNIT

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Timing : 12 Noon - 4 PM, Mon - Sat

26

Devansh

4y Ph+ve ALL - for week 4 consolidation.
(2 doses cyclo given).

= 9.4 | 1710 | 45000 | 564 | 257.

Adv (S/B Dr Manas) -

- Inj Cytarabine 50mg i.v 28/02, 01/03, 02/03, 03/03
  (Preceed with Aleid, Cosvin, Ondem)
- 6MP 1/4 tab OD.
- Continue Dasatinib, Septran.

(F/U > 1 week with CBC/DLC)

[signature]

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DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT
DISCHARGE SUMMARY

Patient Name Master Devansh , **Episode No.** IP01581549

REPORTS AWAITED: None

- Nasoclear drops 2° 1+1 TDS X 3days
- Syp Maxtra 2.5ml 1-0-1 X 5days.

DISCHARGE ADVICE

- Tab 6MP (50mg) ¼ tablet once a day x 7 days/week to continue till 06/03/26.
(Avoid milk and milk products 1 hour before and after T.6MP)
- Tab Ondem MD (4mg) 1 tab thrice daily for 2 days then SOS if vomiting
- Tab. Dasatinib (50 mg) 1 tab once daily for 5 days/ week (Mon-Fri)
- Tab Septran (960mg) ¼ - 0 – ¼ twice a day on Mon/Wed/ Fri.
- Laxopeg sachet ½ sachet thrice daily for constipation
- Candid mouth paint 4 drops thrice a day to continue
- Warm saline gargles thrice daily to continue
- Sitz bath thrice daily
- Diet as advised
- Plenty of oral fluids, No visitors, Strict hygiene
- To maintain genital hygiene and general hygiene
- BP and sugar monitoring
- Blood pressure centiles: 50th centile – 91/49 mm Hg, 90th centile- 105/64 mm Hg, 95th centile- 109/68 mmHg, 95th + 12 – 121/80 mmHg. Inform if BP > 105/64 mmHg
- Don't administer any vaccination to the child/ Avoid OPV to the family member

FOLLOW UP

- To follow up in OPD E block 3015 on 28/02/26 at 10 am with CBC/DLC or SOS in ward 9 if fever occurs
- To follow with Dr. Anupam Sachdeva/ Dr. Manas Kalra

eports of investigations done during hospital stay are provided on a separate sheet
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ome Care Service: "REACH OUT" services like Nursing Care, Sample Collection, Injections, X-rays, Physiotherapy, Dressing,
utrition and Diet Counselling etc. are available in the comfort of your home.
ontact us at: 011-42251111 / 42253333, www.reachoutsgrh.com, reachout.sgrh@gmail.com

mbulance Services / Patient Transport Service: For Sir Ganga Ram Hospital ambulance services, kindly contact at
11-42253030 / 9717437005. PICK and DROP facility also available.

Resident Doctor

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H-2008-0017
Since June 16, 2008
MC - 2194

Department of Hematology
Phone: 42252105, 2117

Bone Marrow Biopsy Report

Ref. No.	: S-1209/26 (BM-42/2026)	**Dated**	: January 19, 2026
Patient's name	: **Master Devansh**	**Age/Sex**	: 04yrs/Male
Regn. No.	: 3665519	**Ward/OPD**	: **Old (OB Wd 9/1278-C DC**
Consultant/Unit	: Paediatric Hemato-oncology		
Clinical History	: Case of Ph +ve pre B-cell ALL, end of induction evaluation. TP1 MRD.		

Gross Examination: Single bony piece of tissue measuring 1.3 cm. in length.

Microscopic Examination: The bone marrow biopsy shows ~5-6 markedly hypocellular marrow spaces with cellularity <5%. Normal hemopoietic elements are markedly reduced. Large areas of fibrocollagenous tissue also seen.

Impression: Bone marrow biopsy shows markedly hypocellular marrow with cellularity <5%. Normal hemopoietic elements are markedly reduced. Large areas of fibrocollagenous tissue also seen.
Note: In view of discrepancy with bone marrow aspiration morphology, possibility of variable cellularity and focal necrosis may be considered.

Kindly refer to flowcytometric immunophenotyping results (FCM-19/2026) and bone marrow aspiration report no. BM-42/2026.

Dr. Amrita Saraf
Sr. Consultant
Dated: January 23, 2026

Dr. Prabhat S Kumar
Sr. Resident