





H-2008-0017
Since June 16, 2008



Sir Ganga Ram Hospital

MOLECULAR HEMATOLOGY
Department of Hematology

Patient's Name : Ram Krishan
Lab Ref No. : AL33/25
Regn. No : 3576635
Consultant/Unit : Dr. Manas Kalra

Date Collected : 28/06/2025
Date Received : 30/06/2025
Date Reported : 02/07/2025
Age/Sex : 03 Year 3 Months/Male
Ward/OPD : IPD

Clinical History: A recent diagnosed case of pre B-ALL.

Acute Lymphoblastic Leukemia Translocation Panel

Specimen: Bone Marrow in EDTA.

Method: Qualitative Multiplex Reverse transcriptase Real time PCR

Translocation	Results
t(9;22)(q34;q11) BCR::ABL1 [p210, p190 & p230]	Negative
t(1;19)(q23;p13.3) TCF3::PBX1	Negative
t(12;21)(p13;q22) ETV6::RUNX1	Negative
t(4;11)(q21;q23) MLL::AF4	Negative
t(9;11)(p22;q23) MLL::AF9	Negative
t(11;19)(q23;p13.3) MLL::ENL	Negative

Combined Result: The fusion transcripts BCR::ABL1 [p210, p190 & p230], TCF3::PBX1, ETV6::RUNX1, MLL::AF4, MLL::AF9 & MLL::ENL are not detected in the test sample.

Interpretation: The test is intended to detect common gene translocations of significance in Acute Lymphoblastic Leukemia.
BCR::ABL1/ t(9;22)(q34;q11): The transcript found in >95% patients of CML at diagnosis, ~5% patients of pediatric B-ALL & 15-30% patients of adults B-ALLs. Presence of this transcript is diagnostic marker of CML whereas it shows unfavorable prognosis in ALL. The test detects both Major (p210) & Minor (p190) breakpoint
TCF3::PBX1/ t(1;19)(q23;p13.3): Approximately 3% of children/adolescents and 6% of adult ALL harbor this translocation. The t(1;19) translocation had been associated with inferior outcome in the context of antimetabolite-based therapy but the adverse prognostic significance was largely negated by more aggressive multiagent therapies in pediatric ALL. (Moorman et al. *Lancet Oncol* 2010; 11(5):429-438)
ETV6::RUNX1/ t(12;21)(p13;q22): The transcript is common in pediatric B-ALL (~25%) and less prevalent in adult ALL. The presence of the translocation is associated with favorable prognosis.
MLL::AF4/ t(4;11)(q21;q23): The transcript is reported in approximately 50-70% of infants ALL cases, about 5% of pediatric and ~3% of adult ALL cases. The presence of this hybrid transcript is an indication of unfavorable prognosis.

~End of report~

Prepared By: Ms. Preeti Nagpal

Dr. Vandana Arya
Consultant Scientist

Dr. (Col) Jyoti Kotwal
Sr. Consultant & Head

Note: All molecular assays have their limitations, imposed by the inherent sensitivity and specificity of the test, the specimen quality and the biological / environmental influences on the phenotypic expressions of any defect identified.



Sir Ganga Ram Hospital



11-2008-0017
Since June 10, 2008



MC - 2194

Clinical Laboratory Services
Department of Pathology (Cytopathology Division)

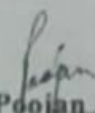
Name	: MASTER RAMKRISHAN .	Age/Sex	: 3 Yrs/Male
Registration No.	: 3576635	Ward No.	: WARD 6
Lab Request No.	: 4525006229	Room No.	: 1059 /1059-C GW
Episode No.	: IP01506821	Location Type	: In Patient
Location	: PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT-Dr.Anupam Sachdeva	Collected On	: 28 JUN 2025 05:03PM
Referred By	: Dr. Manas Kalra	Received On	: 28 JUN 2025 05:07PM
Ext. Doctor		Reported On	: 30 JUN 2025 03:10PM
Specimen	: CSF		

Lab No: C-5715/25

Result:

Cytospin CSF smears show occasional mononuclear cell only.

NEG: No evidence of cancer in specimen


Dr. Poojan Agarwal
Consultant Cytopathology
am

- 1) Duplicate tissue sections will be given on payment after a minimum of 48 hours of request.
- 2) Extra charges will be levied, if special tests are required.



Sir Ganga Ram Hospital



10/2008-0247
Since June 08, 2008



MC - 2194

Department of Hematology

Phone : 42252105

Lab. Ref. No. : FCM-222/2025
Patient's name : Master Ramkrishan
Regn. No. : 3576635
Consultant/Unit : Dr. Manas Kalra
Clinical History : Case of fever (off and on), progressive pattern since 2 months. ?Acute leukemia.
Mild hepatomegaly. Peripheral blood showed ~72% blasts.

Date received : June 28, 2025

Date Analyzed: June 30, 2025

Age/Sex : 03yrs/ Male

Ward/OPD : Ward 6/1059-C GW.

Flowcytometric Immunophenotyping Report-Single panel of Leukemia/Lymphoma (H193)

Complete blood counts: The CBC is - Hb: 6.6 g/dl; RBC: 2.21 mill/ μ l; PCV: 19.7%; MCV: 89.1 fl; MCH: 29.9 pg; MCHC: 33.5 g/dl; RDW: 15.9%; platelets: 81,000/ μ l, RET-Hc: 33.9pg; IPF: 3.9% and TLC: 9,370/ μ l (Neutrophils 04%, lymphocytes 24% and blasts 72%).

Specimen: Bone marrow in EDTA. TLC of flow sample is 1,42,660/uL (Ref BM-572/2025).

CD markers used: ALOT tube- CD45, CD34, CD7, CD19, CD10, CD2, sCD3, CD5, CD38, Cytoplasmic CD3, CD79a & Anti-MPO. Additional markers in B1 and Modified B2 tubes- CD73, CD20, CD81, CD58, CD123, CD33/13, CD22, CD66c and TSLP.

Descriptive summary:

12-colour, 3 laser-flowcytometry done on a BD FACSLytic™ flow cytometry

Gating Strategy: Exclusion of doublets on FSC-A vs FSC-H plot followed by exclusion of debris on the FSC-A/SSC. Populations gated on CD45 vs. SSC plot and analysis done on FACSuite RUO v1.6 software.

Immunophenotypic analysis of the bone marrow shows small populations of lymphocytes, granulocytes, monocytes and ~94.6% events in the dim to negative CD45 (blast region) with low SSC-A. These blasts gated and analyzed further.

The gated blasts in ALOT tube express moderate CD19 (~99.64%), moderate CD34 (~99.71%), moderate CD10 (~60.86%), moderate CD79a (~86.93%) and moderate to bright CD38 (~99.92%). These are CD2, CD5, CD7, MPO, surface and cCD3 negative.

Further B-ALL specific tubes run. The blasts express moderate CD22 (~75.21%), moderate CD81 (~96.33%), moderate CD58 (~99.99%), moderate CD123 (~83.66%) and moderate CD66c (~43.73%). The blasts are negative for CD73, CD20, CD13 and CD33 and show positive expression of TSLP (~93.31%).

Ploidy studies show DNA index = 0.83 suggestive of low haploidiplod.

The differentiating features from hematogones include dimmer CD 45, brighter CD10, brighter CD58 and expression of CD123 and CD66c on blasts when compared with hematogones. These will be useful for minimal residual disease analysis.

Impression: Together with bone marrow morphology (Ref BM-572/2025), the flowcytometric immunophenotyping features are suggestive of Precursor B-Acute lymphoblastic leukemia.

Advised: Cytogenetic and molecular studies for common B-ALL mutations including BCR::ABL1.

Dr. Pallavi Praxhar
Consultant

Dated: June 30, 2025

Dr. Maulika Agarwal
Sr. Resident

Prof. Dr. Jyoti Kotwal
Sr. Consultant & chairperson



Sir Ganga Ram Hospital



11-2008-0017
Since June 16, 2008



MC - 2194

Department of Hematology
First Floor, SSRB building
Phone: 42252105

Bone Marrow Aspiration Report (H 190)

Ref. No.	: BM-572/2025	Dated	: June 28, 2025
Patient's name	: Master Ramkrishan	Age/Sex	: 03y /Male
Regn. No.	: 3576635	Ward/OPD	: Ward 6/1059-C GW.
Consultant/Unit	: Dr. Manus Kalra		
Clinical History	: Case of fever (off and on), progressive pattern since 2 months. ?Acute leukemia. Mild hepatomegaly.		

Bone marrow aspiration and imprint smears are provided.

Particulate and hypercellular bone marrow aspirate shows near total replacement by blasts of small to intermediate size, having high N:C ratio, fine dispersed chromatin, inconspicuous nucleoli and scant basophilic agranular cytoplasm. Normal hemopoietic elements are markedly reduced. Imprints are cellular and show near total replacement by blasts.

Cytochemistry:

Myeloperoxidase stain: Blasts are negative for MPO stain (Internal control positive).

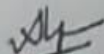
[Myelogram: Lymphocytes: 01%, myelocytes: 01%, blasts: 97% and erythroid cells: 01%]

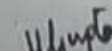
Peripheral Blood Film (Specimen-EDTA blood)

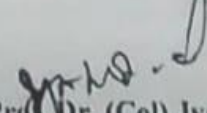
The CBC is - Hb: 6.6 g/dl; RBC: 2.21 mill/ μ l; PCV: 19.7%; MCV: 89.1 fl; MCH: 29.9 pg; MCHC: 33.5 g/dl; RDW: 15.9%; platelets: 81,000/ μ l, RET-He: 33.9pg; IPF: 3.9% and TLC: 9,370/ μ l (Neutrophils 04%, lymphocytes 24% and blasts 72%).

Red blood cells are normocytic normochromic. Reticulocyte count is 0.22%. Absolute reticulocyte count is 4,900/ μ l. White blood cells show ~72% circulating blasts with similar morphology as in bone marrow. Platelets are reduced.

Impression: Peripheral blood and bone marrow morphology is suggestive of Myeloperoxidase stain negative acute leukemia. Together with flowcytometry immunophenotyping report (FCM- 222/25), findings are consistent with Precursor-B-Acute lymphoblastic leukemia. Kindly wait for bone marrow biopsy for comment on additional pathology and advise molecular studies for common ALL mutations.


Prof. Dr. Sabina Langer
Vice Chairperson & Sr. Consultant
Dated: June 30, 2025


Dr. Meha Gupta
Fellow, Hematopathology


Prof. Dr. (Col) Jyoti Kotwal
Chairperson & Sr. Consultant



Muskurata Bachpan Trust

Ref no. 11.....

Date 05-07-2025

सेवा में,

महोदय जी,

मुस्कुराता बचपन ट्रस्ट

लाडो सराय, महरीली - 110030

महोदय,

मैं प्रमोद कुमार S/O लल्लू सिंह, उत्तर प्रदेश का निवासी हूँ। मेरा
पैरा रामकृष्ण जिसकी उम्र 03 वर्ष है जो कैंसर जैसी गंभीर समस्या से पीड़ित
है। मैं एक किसान हूँ जो केवल परिवार चलाने जितना ही कमाता हूँ मेरे बच्चे
के इलाज के लिए डॉक्टर ने 12 से 15 लाख का खर्चा बताया है जो कि मैं 06 से
08 महीने में चाहिये होगा जो हमारे लिये असंभव है अतः मुझे मेरे बच्चे के
इलाज के आविष्कार अपना खेत बेचना पड़ेगा अभी भी जो इलाज में क़रवा रहा
हूँ, वो भी क़स कज़ी आदि लेकर ही चल रहा है विधवापूर्ण मेरा आपके श्रम
जीओ २० एवं सभी डॉक्टरों से अनुरोध है कृपया मेरे बच्चे के इलाज के लिए
हर संभव प्रयास करें, एवं पिता सदैव आपका अमारी रहेगा।

धन्यवाद,

प्राथी

Pravmod Kumar



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Government of India

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नामांकन क्रमांक / Enrollment No.: 2728/21018/23317

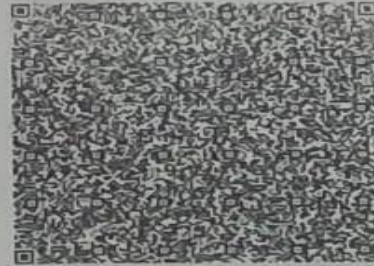
बाल आधार

To
रामकृष्ण
Ramkrishan
C/O: Pramod Kumar,
kalu kuwan,
VTC: Banda,
PO: Banda,
Sub District: Banda, District: Banda,
State: Uttar Pradesh,
PIN Code: 210001,

27364353



MC273643531FL



आपका आधार क्रमांक / Your Aadhaar No. :

8135 4355 7785

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



बाल आधार



रामकृष्ण
Ramkrishan
जन्म तिथि / DOB : 23/03/2022
पुरुष / Male

Issue Date : 09/04/2023

यह आधार 5 वर्ष की उम्र तक ही वैध है

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मेरा आधार, मेरी पहचान