





**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

Devauch

yo. Ph Positive All week 3 consolidation  
(2 doses cyclo given)

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

Adv (SIS Dr Manas)

- Intrj Cytarabine 50mg i.v 21/02, 22/02,  
23/02, 24/02.  
fever 1 day  
(treated with Alend, Crown, Axiem)

- Tab GMP  $\frac{1}{4}$  tab OD.

- Continue Dasatinib, Septtran.

- observe for fever; if persistent then admit.

Shanta

- flu > 1 week with CBC/ur.



# SIR GANGA RAM HOSPITAL

Trust of Generations



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
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### Complete Blood Count-EDTA BLOOD

Automated/Microscopy

#### Cell Counter

Sysmex XN

Parameter	Result	Units	Reference Range	Test Method
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)

Fluorescence Flowcytometry / Manual

Parameter	Result	Units	Reference Range
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.
3. The report shall not be reproduced, except in full, without permission.

<<< Page: 1 of 1 >>>



# SIR GANGA RAM HOSPITAL

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H-2008-0017  
Since June 16, 2008

NAME: Devansh  
MRD NO: 3665519

AGE: 4 years

SEX: MALE

Wt: 15.5 kg

Ht - 98 cm

BSA- 0.64 m<sup>2</sup>

Consolidation Start Date -24/01/26

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

### NOTES:

- For each block of cytarabine, the white count should be  $> 0.5 \times 10^9/l$  and platelets  $> 30 \times 10^9/l$ . 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.
- For the first cyclophosphamide, the count should be neutrophils  $> 0.5 \times 10^9/l$  and platelet count  $> 50 \times 10^9/l$ . For the second count should be neutrophils  $> 0.3 \times 10^9/l$  and platelet count  $> 50 \times 10^9/l$
- Fever of  $38^\circ C$  or higher may indicate severe infection and requires prompt evaluation and blood count. If neutrophil count less than  $0.5 \times 10^9/l$ , 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) 1/2 tablet once daily 3 days/week (Tues, Thurs, Sat)  
1/4 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) 1/4 - 0 - 1/4 twice a day on Mon/Wed/ Fri.
- Laxopeg sachet 1/2 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

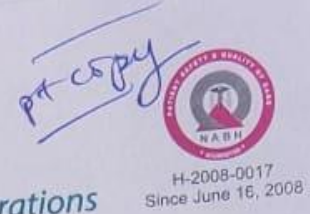
*Manas*

Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology

Paediatrics



## 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  
 TPI 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.

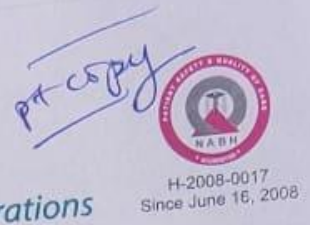
*Dr. Pivkle*  
Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology

Paediatrics

Page 1 of 3



## 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

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 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  
 TPI 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.

*Dr. Tinkle*  
Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology

Paediatrics



## 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- 90/60 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 Cytarabine 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

Resident Doctor

Consultant

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Page 1 of 3



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Devansh

9/1/26  
Go Home A/C 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 mte (send CSF)
- Continue Dasatinib, Septam
- FU > 1 week for CBC/DC on 24/01/26.

Shruti

Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-110060 INDIA

OPD Phone No. : 011-4225 3015

Phone : +91-11-35125600 (30 lines), 42254000 (30 lines) • Fax : +91-11-25861002 • E-mail : gangaram@sgrh.com • Website : www.sgrh.com



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Senior Consultant  
(DMC No. : 35631)

Private OPD : Room No. 3015, E-Block  
Timing : 12 Noon - 4 PM, Mon - Sat

Demash

for future - All for week 4 consolidation -  
(2 doses cycle given).

= 9.4 | 1310 | 45000 | 564 | 257.

Adv (2108/Manas) -

→ Jy Cytarabine 50mg i.v 28/02, 01/03, 02/03, 03/03  
• (given with Aleid, Cronin, Duxtem)

= 6MP 1/4 tab OD.

- Continue Dasatinib, Septem.

(f/u > 1 week with CB for)

Prata

## DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT DISCHARGE SUMMARY

Patient Name Master Devansh , Episode No. IP01581549  
REPORTS AWAITED: None

### DISCHARGE ADVICE

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

- 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

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

**Ambulance Services / Patient Transport Service:** For Sir Ganga Ram Hospital ambulance services, kindly contact at 011-42253030 / 9717437005. PICK and DROP facility also available.

*Anand*  
Resident Doctor

**Consultant**

Consultant Paediatric Hemato-Oncology

Paediatrics

Page 2 of 2



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. TPI MRD.

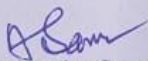
**Gross Examination:** Single bony piece of tissue measuring 1.3 cm. in length.

**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



# Muskurata Bachpan Trust

Ref no.../14.....

Date 28-02-2026

सैता में,

महोदय जी,

मुस्कुरता बचपन ट्रस्ट

लाडो सराय, मेहरौली-110030

महोदय,



मैं गोपाल शर्मा, मेरा बेटा देवाश जो सर गंगा राम हॉस्पिटल में दिनांक दिसम्बर माह से भर्ती है मेरे बेटे को ब्लड कैंसर है। जिसके लिये मेरे बेटे की कीमो थैरेपी चल रही थी। डाक्टरों द्वारा पूरे इलाज का खर्चा 12 से 13 लाख बताया गया है। हम पलवल के रहने वाले हैं वहां से आने-जाने में भी हमें बहुत खर्चा लगता है और वहां रुकने की भी हमारे पास कोई व्यवस्था नहीं। आप सभी डायरेक्ट से मेरा अनुरोध है मेरे बच्चे के इलाज के लिए आप हमारी सहायता करें।

*[Handwritten signature]*



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- info@muskuratabachpan.com
- www.muskuratabachpan.org