



DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT DISCHARGE SUMMARY

Patient Name Master Mayank , Episode No. IP01630442

CLINICAL SUMMARY

Mayank was admitted. CBC done showed Hb- 12.4 gm/dL, TLC- 2800/cumm, Platelets- 3.1 lac/cumm, ANC- 2128/cumm, AMC- 350/cumm. CRP- 11 mg/L. He require fluid bolus for dehydration. He was started on iv antibiotics, to which he shows response. His general condition improved, taking orally.

After informed consent, Inj. Vincristine was given. He tolerated the chemotherapy well.

At present he is hemodynamically stable is being discharged with advice to follow up as advised at E block 3015 on 31/07/26 with CBC/DLC or SOS before if fever

PROCEDURES: None

REPORTS AWAITED: None

DISCHARGE ADVICE

- 10am - 10pm
0 - 0
- Syp Taxim-O (100mg/5ml) 2.5 ml twice a day for 3 days (till 26/7/26).
 - Syp Emset (2mg/5ml) 5ml SOS if vomiting
 - Syr Septran (240 mg/5 ml) 2.5 ml once daily to continue
 - Laxopeg sachet 1/2 sachet and Syp Looz 5ml twice a day for constipation
 - Candid drops 4 drops thrice daily
 - Sitz bath thrice a day
 - Diet as advised
 - BP monitoring
 - BP centiles- 50th - 87/43 mmHg, 90th - 100/55 mmHg, 95th - 106/60 mmHg, 95th + 12- 116/69 mmHg
 - Plenty of oral fluids, No visitors, Strict hygiene
 - PICC line dressing weekly
 - Don't administer any vaccination to the child/ Avoid OPV to the family member

FOLLOW UP

- Follow up on 30/07/26 at 11 am in E block 3015 with CBC/DLC or SOS and before 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

Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology

Paediatrics

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Name : Master MAYANK
Lab No. : 513947626
Ref By : DR MANAS KALRA
Collected : 29/7/2026 8:36:00AM
A/c Status : P
Collected at : FPSC NANGLOI-2
Shop no 2, Building no 13, 14, 15, Khasra
no-36/17, Rajendra Park, Near Railway Me

Age : 3 Years
Gender : Male
Reported : 29/7/2026 12:34:55PM
Report Status : Interim
Processed at : LPL-PUNJABI BAGH
8, West Avenue Road, Punjabi Bagh, Delhi -
110026

Test Name

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD (Sis Method, Sheath Flow Dc Detection Method, Fluorescent Flow Cytometry & Calculated)			
Hemoglobin	10.90	g/dL	11.00 - 14.00
Packed Cell Volume (PCV)	37.20		
RBC Count	4.68	mill/mm3	4.00 - 5.20
MCV	79.50	fL	75.00 - 87.00
Mentzer Index	17.0		
MCH	23.30	pg	24.00 - 30.00
MCHC	29.30	g/dL	31.00 - 37.00
Red Cell Distribution Width- CV (RDW-CV)	13.90	%	12.10 - 15.60
Total Leukocyte Count (TLC)	8.11	thou/mm3	5.00 - 15.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	50.00	%	24.00 - 67.00
Lymphocytes	25.00	%	28.00 - 64.00
Monocytes	10.00	%	2.00 - 11.00
Eosinophils	15.00	%	0.00 - 7.00
Basophils	0.00	%	0.00 - 1.00
Absolute Leucocyte Count			
Neutrophils	4.06	thou/mm3	1.50 - 8.00
Lymphocytes	2.03	thou/mm3	6.00 - 9.00
Monocytes	0.81	thou/mm3	0.20 - 1.00
Eosinophils	1.22	thou/mm3	0.10 - 1.00
Basophils	0.00	thou/mm3	0.02 - 0.10

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If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
Tel: 011-4988-5050, Fax: +91-11-2788-2134, E-mail: customer.care@lalpathlabs.com

Name : Master MAYANK
Lab No. : 513947626
Ref By : DR MANAS KALRA
Collected : 29/7/2026 8:36:00AM
A/c Status : P
Collected at : FPSC NANGLOI-2
Shop no 2, Building no 13, 14,16, Khasra
no-36/17,,Rajendra Park,Near Railway Me

Age : 3 Years
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110026

Test Name

Test Report

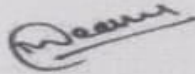
Test Name	Results	Units	Bio. Ref. Interval
Platelet Count	332	thou/mm3	200.00 - 490.00
Mean Platelet Volume	10.6	fL	7.00 - 12.00
There is eosinophilia			

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



Dr. Meenu Rani
MD, Pathology (DMC - 68035)
Chief of Laboratory
Dr Lal PathLabs Ltd.



Authenticity assured - scan the QR code to access the original report from our verified database

Result/s to follow:
DLC (DIFFERENTIAL LEUCOCYTE COUNT), WHOLE BLOOD



Name : Master MAYANK
No. : 513947626
By : DR MANAS KALRA
Collected : 29/7/2026 8:36:00AM
Status : P
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110026

Test Report

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted. *All test results are dependent on the quality of the sample received by the Laboratory. *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. *Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. *Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. *Test results may show interlaboratory variations. *The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). *Test results are not valid for medico legal purposes. *This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. *The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
Tel: +91-11-49885050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com





DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT DISCHARGE SUMMARY

Dr. Anupam Sachdeva
Dr. Manas Kalra

Patient Name	Master Mayank	Registration No.	3659379
Age	3 Yrs	Episode No.	IP01630442
Sex	Male	Date of Admission	23-Jul-26
Discharge Type	DISCHARGE	Date Of Discharge	24-Jul-26
Ward	OLD (OB)-WARD 9	Bed	1278-A DC
Admitting Consultant	Consultant Paediatric Hemato-oncology	Room Vacated on	Date Time

DIAGNOSIS

Embryonal rhabdomyosarcoma, fusion status- Negative
PET-CT- localised disease
Group III, Stage 3 Disease, Intermediate risk
Obstructive uropathy, AKI stage 3, Hypertension (Resolved- DJ stent in situ)
B/L Percutaneous Nephrostomy + DJ stenting (02/12/25)
VAC chemotherapy started on 03/12/25
Abandoned treatment after Week 13 chemotherapy

Presented with urinary complaints
Suspected Relapse
VAC chemotherapy given on 17/07/26
Admitted for Gastroenteritis (Day +7)

CLINICAL HISTORY

History:

Mayank, 2 ½ year old boy, k/c/o embryonal RMS, received Week 13 chemotherapy following which repeat assessment was done suggestive of good response. After which they abandoned treatment.
Now brought with complaints of urinary symptoms – increased frequency of urination and straining.
Shown at RGCIRC, CECT whole abdomen was done which showed cystitis with wedge shaped hypoenhancing areas in both kidneys – suggesting early pyelonephritis, multiple enlarged homogenously enhancing mesenteric lymph nodes – Possibly infective/inflammatory aetiology (more likely than neoplastic).
Whole body PET CT was performed which showed :
- Mild metabolically active (SUVmax 3.0) ill-defined soft tissue mass lesion is seen along the superior mesenteric vessel.
- No other metabolically active disease elsewhere in the body.
He was admitted post VAC chemotherapy day +7 with c/o loose motions .

PHYSICAL EXAMINATION

Weight: 10.5 Kg.

On admission, vitals were stable, HR- 116/min, RR- 30/min, BP- 90/60mm/Hg, No pallor.

Systemic examination: P/A: distended, no organomegaly, no palpable mass. R/S- clear. CVS- S1 S2 normal, no murmur, CNS- WNL.

Darshan
Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology
Paediatrics

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DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT DISCHARGE SUMMARY

Patient Name Master Mayank,

Episode No. IP01630442

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, |

Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology
Paediatrics

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SIR GANGA RAM HOSPITAL

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H-2008-0017
Since June 16, 2008

DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT DISCHARGE SUMMARY

Dr. Anupam Sachdeva
Dr. Manas Kalra

Patient Name	Master Mayank	Registration No.	3659379
Age	3 Yrs	Episode No.	IP01628125
Sex	Male	Date of Admission	16-Jul-26
Discharge Type	DISCHARGE	Date Of Discharge	20-Jul-26
Ward	OLD (OB)-WARD 9	Bed	1277-F CAT3
Admitting Consultant	Consultant Paediatric Hemato-oncology	Room Vacated on	Date Time

DIAGNOSIS

Embryonal rhabdomyosarcoma, fusion status- Negative
PET-CT - localised disease
Group III, Stage 3 Disease, Intermediate risk
Obstructive uropathy, AKI stage 3, Hypertension (Resolved- DJ stent in situ)
B/L Percutaneous Nephrostomy + DJ stenting (02/12/25)
VAC chemotherapy started on 03/12/25
ABANDONED TREATMENT after Week 13 chemotherapy

Presented with urinary complaints
Suspected Relapse
VAC chemotherapy given on 17/07/26

CLINICAL HISTORY

History:

Mayank is a 3 years old boy, is a k/e/o pelvic embryonal rhabdomyosarcoma localised disease, bladder base origin Group III, Stage 3 Disease, Intermediate risk, Previous Obstructive uropathy, AKI stage 3, Hypertension (Resolved). Previous B/L PCN-removed. VAC chemotherapy started on 03/12/25 week 12 VAC chemotherapy on 25/2/26. Bladder dysfunction (Increased Frequency and hesitancy) fusion status- Negative had received 12 weeks of VAC chemotherapy (ARST0551). He underwent B/L Percutaneous Nephrostomy + DJ stenting on 02/12/25. B/L PCN were removed later on 23/12/25. He received last chemotherapy on 25/2/26. He underwent CECT Abdomen on 25/2/26 showed moderated HDUN and features of pyelonephritis and ureteritis with b/l DJ stent in situ. He underwent Cystoscopic stent removal on 11/03/2026. After that the child was lost to follow up. Currently child again presented with c/o staining alot while passing urine. USG done outside showed thickened bladder with features of Cystitis. Urine R/M - normal. Currently, being admitted for further evaluation and management.

PHYSICAL EXAMINATION

Pulse: 124/min. BP: 90/40 mmHg Temperature: 36 degree C Weight: 11 Kg.
Wt 10.5 kg BSA- 0.49 m2

On admission, vitals were stable, HR- 116/min, RR- 30/min, BP- 90/60mm/Hg. No pallor.

Systemic examination: P/A: distended, no organomegaly, no palpable mass. R/S- clear. CVS- S1 S2 normal, no murmur.
CNS- WNL.

P. R. TWINKLE
Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology
Paediatrics

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SIR GANGA RAM HOSPITAL



H-2008-0017
Since June 16, 2008

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DEPARTMENT OF PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT DISCHARGE SUMMARY

Patient Name Master Mayank .

Episode No.

IP01628125

VAC chemotherapy (17/07/26) :

After informed consent, VAC chemotherapy was given with Inj. Vincristine, Inj. Actinomycin-D and Inj. Cyclophosphamide. He tolerated the chemotherapy well.
Inj. Pegstim was given on 19/07/26.

Urinary catheter was removed on 20/07/26 after which child passed urine well.

At present he is hemodynamically stable is being discharged with advice to follow up as advised at E block 3015 on 24/07/26 with CBC/DLC or SOS before if fever

PROCEDURES: None

REPORTS AWAITED: Urine c/s (Final report).

DISCHARGE ADVICE

- ✓ Syp Emset (2mg/5ml) 5ml thrice daily for 2 days then SOS if vomiting 0-0-0
- Syp. Taxim-O (100mg/5ml) - 2.5ml twice daily for 3 days
- Syp Septran (240 mg/5 ml) 2.5 ml once daily to continue
- Laxopeg sachet 1/2 sachet and Syp Looz 5ml twice a day for constipation
- Candid drops 4 drops thrice daily
- Sitz bath thrice a day
- Diet as advised
- BP monitoring
- BP centiles- 50th 87/43 mmHg, 90th 100/55 mmHg, 95th 106/60 mmHg, 95th + 12- 116/69 mmHg
- Plenty of oral fluids. No visitors. Strict hygiene
- PICC line dressing weekly
- Don't administer any vaccination to the child/ Avoid OPV to the family member

FOLLOW UP

- Follow up on 24/07/26 at 10 am in E block 3015 with CBC/DLC or SOS and before if fever occurs
 - To follow with Dr. Anupam Sachdeva/ Dr. Manas Kalra Mobile no.: 9811043476/9958255228
 - Helpline for emergencies: 9717145987
 - To review with Dr. Satish Kumar Aggarwal, in Pvt. OPD, R. No. G-8, between 12pm-2pm with prior appointment.
- For appointment please call on 011-42254000/25750000.
If your baby/child has any problem and are not able to contact your doctor, please come to the emergency department of Sir Ganga Ram Hospital. The doctor on duty will attend to your child.

- 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

Dr. WINKIE
Resident Doctor

Consultant

Consultant Paediatric Hemato-Oncology
Paediatrics

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Muskurata Bachpan Trust

Ref no. 19

Date 01-08-2026

सेवा में,
महोदय जी,
मुस्कुराता बचपन ट्रस्ट
लाडो सराय, मेहरौली - 110030



महोदय,
मैं काजल, मेरा बेटा मयंक जो सिर्फ साल की उम्र में बलु
कैंसर जैसी बीमारी से पीड़ित है जिसका इलाज सर गंगा राम
हॉस्पिटल में चल रहा है। मैं दिल्ली (नागलोड) की निवासी हूँ।
मैं एक मध्यम वर्गीय परिवार से हूँ और इस गंभीर बीमारी का
इलाज करवा पाना एक मध्यम वर्गीय परिवार के लिए बहुत ही कठिन
है इसलिए मैंने आपकी संस्था द्वारा आप सभी संस्था से जुड़े डॉक्टरों
से अनुरोध है मेरे बेटे के इलाज में सहायता में आगे बढ़ें सामने
आने क्योंकि 10 से 12 लाख का ट्रिमेंट करवाना हमारे परिवार के
लिए संभव नहीं है।

धन्यवाद,

Kajal



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