BSA = 0.7 m²

29 oct

- Mod. thinness
- wt now - 18kg

Intake - 94%
(1529/1627) kcal
Pro - 49/45 gm

- cont with same diet
- ONS cont (1 scoop two times a day).
- Pediagold

[illegible]

1/11/25

B-ALL | HR
(Completed DI) → starts on Maintenance phase (M1)

No active complains @ present

To start on maintenance phase (M1)

8.1 \ 3180 / 1.46 Lac

ANC = 1780

LFT/RFT = (N)

Adv:-

① Tab. 6-MP (50mg) 1 tab once daily.

② Tab Methotrexate (15mg) (1 tab) every week

7 ③ CSF-ITM after ② wks

13/10/2025

Dx: B-ALL/HR/DI/D35

NO new concerns

9 → 2450 / 1930 → 1.08

Rx:

- T. 6MP (50mg) 1 tab OD — 5/7
  ½ tab OD — 2/7
  till 20/10
- Inj Arac 52 mg slow IV push
  15/10
  16/10
  17/10 19/10/25 Done
  18/10
- Cont T. septran / SB / BG
- R/V in OPD on 27/10/2025 ±
  CBC/RFT/LFT

Clinical SR

27/10/25

B ALL / HR / DI phase completed

Imp:

↓

- Plt count recovery 2nd cycle

7.7 → 2210 / 1260 → 61k

[27/10]

4th June. 2025

wt - 16kg (wt inc.)
Intake - 80%
(1230/1546) ucal
Pro (40.9/40) gm.
- ONS x4 circuit/day.
- Cont. with same diet.

Nutritionist

c/o
B-ALL/HR/IM. post HDMTX :: 15/5/25

9.4 > 2130/690 < 1.39©

Hold septran. for a wk.

Adv.
- cont GMP
- f/u on 11/6/25 c̄ CBC, LFT/RFT.
- If ANC still <500, w/H GMP ~~form~~ in N/V.

LH0906250013B 107996190
LC0906250266 107996190
Miss SHRADDHA GUPTA

- 11/6/25
- 2% Betadine gargle
- Sitz bath
- w/H septran
- No fresh complaints
- Due for 2 HDMTX.

B-ALL/HR:
due for II HdMTX.

child ok.
Labs checked.

Advice:
1. Plan admission ↓ Pvt ward.
2. To arrange: Inj. HdMTX 2.1g
Inj. Leucovorin 15mg x3
Inj. BIOTREXATE — ①
3. N/V 21/6/25 c̄ CBC/RFT/LFT

Sanjana
SR.

27 Aug

moderate weakness
wt constant
Reluctance in taking
supplement as oral
- take ONS 1.5 scoops twice
a day
- cont. with small freq
meals.

LC0109252860 107996190
LH01092502053 107996190
Miss SHRAD

Preinduction C/O BALL/HR/IM/ completed
4H HDMTX
due. To start D1 Phase ↓
15/8/25
No active complaints

CBC → 10.7 > 2530 / 1530 < 50K

Platelets Not received

Plan
① to check CBC for count recovery
② to take date for a CSF ITM from Monika ji (4/09/25)
③ Echo to do ~~[illegible]~~
④ To N/V 3/9/25 c̄ CBC/LFT/RFT

Dr. VISHAKHA VARSHNEY
SR, Paediatric Oncology
Deptt of Paediatrics
AIIMS, New Delhi

18 June

wt wise 16.9 kg
moderate thickness
calorie - 83%.
(1319/1582) kcal.
Prot - (34.2/42.2 gm)
- ONS - twice a day.

Prescription

27/6/25 Daycare

Recurrent / chronic
grade I - II. constipation
oral cavity mucosa (N)
NO loose stools / fever

Plan

(1) Zyclu gel L/A TDS.
Candid paint L/A TDS

(2) Syp lactulose 10 ml H/S SOS

Shravani
SR PD.

FR
28/6/25(2nd)

29/1/25 ICICLE: HR-consolidation

1. Date fd IFM + CSF from Daycare. 4/2/25
2. Date for 6th cyclophos from Daycare 31/1/25

inf DNS + (1:1)KCl @ 90 ml/hr. for 6h.

↓

D1 Inj. CYCLOPHOSPHAMIDE 750mg in 100ml NS iv over 1/2 h
Inj. MESNA 200mg iv @ 0, 4, 6h.

D1-D14 T. 6MP 50mg 1-1-1-1-1-½-½
~~T. MTX~~.

D2-D5 Inj. ARA-C 55mg iv OD.

3. N/V on 3/2/25 ē CBC
4. Protocol print — Sista Shweta/Tincy

Dr. Sanjana. S
DM, Pediatric Oncology
AIIMS, New Delhi
DM-C-105[illegible]96

C/E — Afebrile. PR-88/min

Hypoactive RR-24/min.

CFT-2s

Peripheral cyanosis

Adv/

dated 5/2/25

— Give augmentin for 3days.

— Plan for consolidation (Cyclophosphamide + ITM + CSF)

— CBC → 03/02/25

Chemo N/V → 03/02/25 POC @ 2pm

Dr
SK

Dr. RUCHIKA SEHRAWAT P.R.
DM Resident
Pediatric Oncology
AIIMS, New Delhi

10/3/25
Oral antibiotic
& finished
No oral ulcer
No septidon
2+ betadine
S42 bath

B-ALL / HR Consolidⁿ - D 80
Had G.I infⁿ - now resolving

8/3/25 ⇒ 8.3 — 2590 / 600 — 4.54L

1. Lipase = 114 (↓ from before)
2. Amylase = 93

Mono = 24%.

No fever
No abd. pain or vomiting

Adv — Dietician review — diet plan given

from 14/3/25

Inj. Emset 3 mg + Dexa 3mg iv
↓
IVF DNS + 1:100 KCl iv @ 95 ml/hr × 6 hrs (2hrs Prehydn)
↓
Inj. Cyclophosphamide 750 mg / 100 ml NS iv over 1 hr - D1,

Inj. Mesna 250mg / 100 ml NS iv @ 0, 2, 4hrs - D1,

[Intrathecal Methotrexate 12mg]

ITM (12mg MTx) — D1

T. 6MP (50mg) 1 tab OD × 6 days, f/b 1/2 tab OD on D7 ← f/b → Total 14 days

Inj. AraC 56mg iv/s.c. OD — D2, D3, D4, D5

Post CT → T. Emset (4mg) 1 tab TDS × 3 days.

Cont Septran / Sitz bath

F/U 19/3/25 ⇒ CBC, RFT / LFT

6/10/25

C10 , B-ALL/HR/DI phase

→ no fever/cough

→ HR → 100

RR → 26

PP +++/++

RS/CVS/PA/CNS NAD

due for cyclophosp + 6MP + ARAC

dated 7/10/25

CBC → 10.1 → 2440 / 1060 → 1.76L

RFT/LFT → N

Adv

→ cyclophosphamide tomorrow
1gm2

→ ARAC from day care from 8/10

→ 6MP from 7/10

→ f/u on 13/10/25

POC CBC/RFT/LF

Diagnostic Work UP & Risk Stratification

12/12/2014

BM- FCM: 63% blast. shows.
CD19, CD10, HLADR, cyCD79, CD38. (mod to dim).
CD99, CD58 (dim pos)
Immuno - shows ALL pos for B-ALL

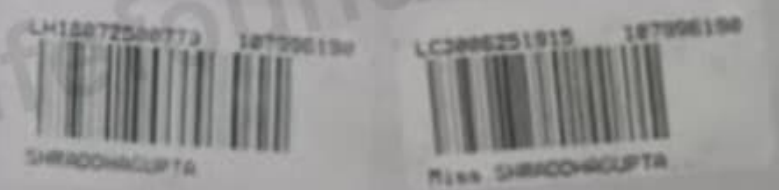
Karyotype: 46XX, t(1;19) (q23; p13.3)

(pre treatment : steroids) & HR.

PB → PS → No blast
→ IRCH → OCC. LMN cells.
CSF → cytopath.: Few lymphocytes.
TLC:- 6650

Bone Marrow → PS → No blast 7:1
CSF → IRCH:- occasional lymphomononuclear cell & few RBC
cytopath:- Reactive lymphocytes

EOI - BM A → 1% blast - Remission
(27/11/25) MRD → Negative



Name of treatment protocol

Gebo (N)

B-ALL - HR.

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
[illegible] Outpatient Department

बाल चिकित्सा विभाग
UHID: 107998180
Dept No: [illegible]
SHRADHA GUPTA
D/O SHANKAR DAYAL GUPTA
8Y 10M [illegible]
UTTAR PRADESH, INDIA
General Rs. [illegible]
Follow Up Patient

कक्ष / Room C 218
Queue / संख्या F72
Paediatric
Reporting: [illegible]

OPR-6

नाम/Name
लिंग/Sex
O.P.D. Regn. No.
आयु/Age
पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
Wt - 18.Kg	Next F/w on 8/11/25 c̄ CBC/LFT/RFT R

बाल चिकित्सा विभाग
UHID: 107998180
Dept No: [illegible]
SHRADHA GUPTA
D/O SHANKAR DAYAL GUPTA
8Y 10M [illegible]
UTTAR PRADESH, INDIA
Ph: [illegible]
General Rs. [illegible]
Follow Up Patient

कक्ष / Room C 218
Queue / संख्या F110
Paediatric
Reporting: [illegible]

Details in notebook
F/U c̄ CBC, LFT/RFT
on 22/11/25
MS

2/7/25 c/o B-ALL/HR/ Post 2nd HD Ntx
on 01/6/25.

nausea ↓ ——— ↑ resolved.

30/6 KFT/LFT — (N)

CBC 28/6/25

9.1 → 1790 / 1020 → 93K

Adv

- add to waitlist for next HD Ntx ——→ 3rd HD Ntx.
due on 5/7/25
- (N/v) in OPD 9/7/2025
c CBC/KFT/LFT.

Dr. Shilpa Kaushik
Senior Resident
DM Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-110029

15/07/25

Adv

CBC, LFT, RFT (Smart lab)

Dr. Neelam 15/7

28/12/24

- Betadine gargles.
- Sitz Bath.
- DS - CSF & PS (27/12/24) reports awaited.
  TLC - 6650.
- No fresh complaints.

Day 8 W/O awaited

27/12 → 102 | 6650 | 85000

LFT/RFT (N)

D9 of Induction

No fresh issues

(M) Neurocognitive valuation done on WISC-IV. Child came with mother, rapport could be established, child was able to understand instructions properly.

Findings as per WISC-IV :-

1. Verbal comprehension: 104
2. Working Memory : 98
3. Perceptual Reasoning : 96
4. Processing Speed : 89

DOA : 28/12/24

FSIQ : 96 | "Average Intelligence"

Adv

C/L Day 8 PS & CSF
Cont. Wysolone
Pantop
Septran
Sitz bath/Betadine gargles.

F/U 1/1/25 - CBC RFT/LFT

Prescribed
28/12/24.

③ T/C oral BMP as advised

R/V on f/u on 16/7/25 c̄ CBC

[illegible] (JR)

9 July
wt wise 16.7kg
intake 73% (1144/1574) kcal
Pro - (34.2/41.8) gm
ONS - twice a day
(2 scoops a day)

[illegible] - no acute [illegible]

[illegible]
16.7.25
Rpt CBC

CF7 Ⓡ
CF7 Ⓡ

On [illegible]
2% betadine gargle
NO oral ulcers
[illegible] for HDMTX
[illegible] discharge summary

1.9
1.2
180
(0.3)

1M [illegible] due for 5th dose
[illegible]
[illegible] 6.4

8/11/25

C/O

B-ALL / HR / Maintenance :: 7/11/25

M_2 Day 5

10.1 ×3020/1610 2.05 ①

LFT/RFT - OK

Take d/f ITM on/after. 18/11/25

+CSF

Adv.

- Continue 6MP/MTX
- F/U CBC, LFT/RFT & CSF report on 22/11
- If no issues in next visit start Telecon-ath
- Continue septran.

Possibility

- Arrythmia (Af — anthracycline related)
- Anemia → CHF.
- Sinus tachycardia
- Compensated shock.

new DVT
↓
decompensate due to DVT
+ anemia

Plan/

— Child being sent to pediatric casualty for monitoring & evaluation

— CBC, VBG, LFT, RFT, Blood C&S, TropI, BNP, ECG, chest X-ray Echo

— If feature of CHF → Arrange PRBC.. Restrict IFR to 80%.

— If hemodynamic worsening / features of shock → IV fluid bolus

— If significant / severe anemia / CHF → consider PRBC transfusion in aliquots

— ECG monitoring

SR

14/5/25

1st cycle (42)

- usually well

- 14 scale 3 94/5

Inj HDMTX 2.1g

Inj Leucovorin 10 mg x 3 days

Inj TSM 12mg

If cephalic - DW family well for gettin HDMTX at SJH.

Inj - for admission - DW family, will consider daily to SJH

Ideas

- cytfe
- cardio

9/3/25

- 2% Betadine gargles.
- Sitz Bath.
- on septran sat/sun.

c/o ↓ Appetite.
↓ wt 17kg → 16kg.
from 24/2/25
To meet dietitian (2/5)

- anorexia (+)
c nausea

- no H/S/M/ LAP

counts
[24/2/25]
8.5 \ 1580 / 30k
760

Smoothie/fryer/fin

1515: B-ALL 14A / EOI MRD neg
↓
[Bios steroid intake (c)]

On consolidation phase [02/5]
(Acute vcr on + halts)
no abd pain/ jaundice/...

BP +
RR + - (N)

Advise and Plan
(1) To f/w c report CBC on 5/3/25 and decide on
27 02 5 cyclophosphamide

22/1/25
- BP - 112/72
- Pulse - 140/min
T3 - 55
T4 - 4.2
- Dated for EOI → 23/1/25
2% Betadine gargles
SR-12 B ath.
- Lethargic

B-ALL / Highrisk / Induction

% Cough x a day

No % fever / fast breathing.

O/E — Afebrile.

Pallor (+)

Chest - clear, NVBS

P/A - soft, non tender

Liver spleen — not palpable.

HR - 98/min

RR - 24/min

CFT - 2s.

Child was sent to Pediatric casualty. on 18/01/25.

I/v/o Pallor & tachycardia.

9.4 | 1390 | 2.53
ANC - 1130

ECG — Sinus tachycardia.

2D Echo — Normal.

Electrolytes — Normal

Chest X-ray — No cardiomegaly

Final impression:

Sinus tachycardia

Adv/

→ Continue tapering dose steroids & D/C tomorrow.

→ EOI assessment (BMA + MRD) from MCB Daycare (with NPO status)

→ FT3, FT4. (~~Smartlab~~ Reproductive lab)

→ N/V → 27/01/25 Monday POC @ 2pm with reports.

13th Aug

Moderate wasting
wt was 17.4kg
Intake - 1892 kcal
Pro - 44 gm
Cont with same diet
ONL - 8 scoops/day

Pratiksha

13/8/25

Counselled on
Betadine gargle 2/0
- Sitz bath
- personal hygiene
No fresh complain
On 6MP, Septran
On HR-IM due for
HDMTX. (4th dose)

C/O HR/B-ALL/IM

→ currently no complaints.

awaiting 4th HDMTX

CBC → 11.7 2410/1070 1.56

RFT/LFT ⓝ

Vitals stable ⓝ

Adv

→ added to waiting list

→ f/u on 20/8/25 c CBC/RFT/LFT

Dr. [illegible] KURADE

C/O constipation (+)

Plan

(1) Syp Lactulose 15ml BD — X 5days

(2) T/C 6MP as advised → stop after 01/04/25

(3) Inj AKA-C 55mg slow IV push

~~27/3~~ ~~28/3~~ 29/3 30/3

(4) N/V 02/04/25 & CBC at 9am OPD.

Shravani
SR PD.

1/4/25 — 02/04/25

B-ALL (HR) consolidation

- Hb:-6.3
- Plt:- 12k
- 2% Betadine gargles
- Soft Bath.
- Septran sat/sun
No fresh complaints

6.3 | 2.00 / 1.34 | 12,000

Clinically well.
No HSM
No LAP

Adv
— Sending to HCH-DC for 30 RDP and dlf PRBC transfusion.

Monitor — N/V on 05/04/25 & CBC/LFT/KFT

18/11/25
BP: 110/70
Pulse: 120
-lethargic

B-ALL / High risk / Induction / Day 30

No fresh complaints (except lethargy) On tapering dose
c (Cough x 3 days) steroid.

No c/o fever / vomiting / loose stool

16/01/25

89 \ 9860 / 30SL.
ANC 9420

Oral intake - good

O/E

Pallor (+)

Last chemo —
17/01/25
(VCR, Daunorubicin)

Tachycardia — 138/min

RR — 24/min.

CFT — 3s

Peripheries - warm

BP — 110/70 mmHg

CP/PP ++/++

Chest — clear, NVBS

CVS — S_1, S_2 heard, No S_3/gallop

P/A — soft, non-tender, Liver / Spleen | Not palpable

24/05/2025 B-ALL (HR) IM

post 1st HDMTx
on 25/05/25

8.70 \ 3.54 / 70,000
 / 1.80 \

LFT/RFT - (N)

Oral mucositis grade
II → I

Clinically well

Adv:

- CANDID MP + Zytee LA (QID)

R/V on 28/05/25

c CBC

Manula

28/05/25

- k/c/o - Betaoline gang 27/8/25
- Sib bactrim
- on Septran

7.20 \ 2230 / 10K
 / 1300 \

- c/o - Oral ulcers
- low platelet count 10,000
- On IM - (Bopmds) Dw
- file incomplete

Diag: B-ALL / HR / IM / post 1st HD - MTX

Oral mucositis Grade I.

Adv:-

- Transfuse 4 ORDP - Dayrase
- Candid MP
- Zytee and for LA TDS.
- T. fluconazole (50mg) 2 tab PO OD → x 7d
- R/V in OPD on 31/05/25 c CBC/RFT/LFT

16/7/25

Oral Intake - 960kcal/33g
- Add 4 scoops of supplement in milk
- Add ghee
- Add dry fruits

D: B-ALL/HR/ ...

no active complaints

1.30 / 480 (1.30 lacs)

Adv:

repeat CBC/RFT/LFT

- N/v 21/7/25 at ...

21/7/25

c/o B-ALL/HR - steroid pretreatment post #2 HDMTX :: 21/6/25.
Due for #3
Arranged drugs
In waiting list.

11.1 2660/1120 (1.7

Adv. ~~Restart Tab 6MP 50g~~ → ½ & ¼ tab
- Sr Tincy plz note in HDMTX list.
- To take on priority.
- F/U c 50 CBC, LFT/RFT on 30/7/2025
(P.T.O.)

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

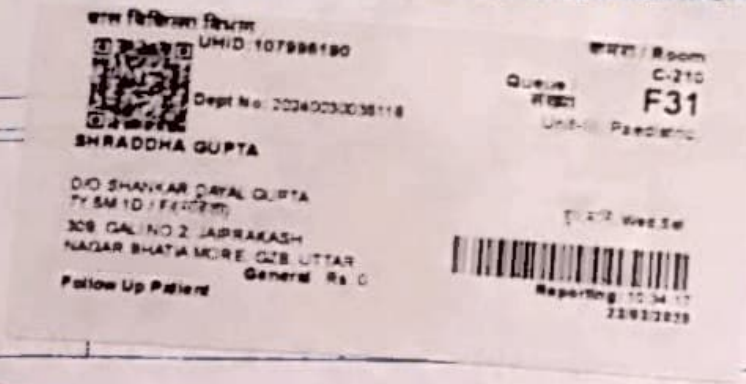
यूनिट/Unit _____

विभाग/Dept. _____

नाम/Name

Regn. No. _____

पता/Address



निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

25
1-2-25

N/V 24/2/25 , POC

Q

Dr. Anubha

9

7·6

N/V — 01/03/25 Saturday 9am

Dr Nukeam/SR

19 April, 25
S/B Dietitian.
intake - 1002/1505kcal
Pro - 31/37.5 gm
- cont with same diet
- small freq meals adv.
- Take fruits x times a day
- Take milk atleast 1/2 lt

Prathistha

23/4/25
Consolidation Completed.

2.2) 1640 / 150 (1.55 lacs

LFT/KFT (N)

401 MRD ⊖

· no active complaints

Adv

1. To start 6MP once count recovers

2. to add to waitlist for HD MTX

3. R/v 30/4/25 CBC/LFT/KFT

23/4/25.
S/B Dietitian.
Intake - 91%
1376/1505 kcal
- 61gm/37gm
- cont. with same diet
- milk x times/day.
- 500ml/day adv.
- Take whole fruits instead of juices

Prathistha

31/05/25

B ALL/HR/ Post 1st HDMTX

✓ Oral mucositis improved

dct Plt - 19000 · 4 0 RDP recvd

No complnt / No bleeding.

Adv. → CBC - ē show report in POC

- N/V 4/6/25 - CBC/LFT/KFT

- waiting dcts fr. HDMTX -

→ Give today's deptan dose.

Dr. Amitabh
DM Paediatric
Pediatric Oncology
DMC - 32871
AIIMS - New Delhi

LC0306252347 107990190
LH0306250170 107990190
Miss SHRADDHA GUPTA

2/6/25

Seen in Daycare:

Child ok.

8.3 — 1.27L

740

Advice:

1. N/V 4/6/25 ē CBC/RFT/LFT

SR

19/3/25

Chemo could not be given on 14/3 due to gastro enteritis

→ Betadine gargles
sitz bath
due for cyclophos + 3 m
→ No fresh complaint

No fever, now resolved
Asymptomatic

Adv Chemo as charted overleaf w.e.f. 19/3/25 Daycare 8am NPO

F/U 24/3/25 POC 2pm
c CBC, RFT/LFT

28/3/25
Counselling done
→ Betadine gargle 27
→ sitz bath
- personal hygiene
No fresh complain
on CMP, septran

HR-BALL | consolidation

D34.
No active issues

22/3
8.1 > 3430 / 2960 < 2.2L
AST/ALT - 145/128

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
...SPITAL OPR-6

...ient
...TAL PREMISES

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 334568 Reg.Date-17/12/2024
Deptt. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE(OAPM)
General

Clinic PAC & Palliative Care Clinic Clinic No. 2024//76296
नाम UHID-107996190
Name SHRADDHA GUPTA
D/O- SHANKAR DAYAL GUPTA Sex/Age F /7Y
Room 60 (Shift Morning)

...D. Regn. No. _____
जन्म तिथि/Date of Birth
10799619 0
IRCH

Unit _____
Dept. _____
नाम/Nam

FEB 2025
60

Diagnosis B-ALL

क/Date

उपचार/Treatment

Case discussed c Prof Dr Brajesh Kumar Ratre.

C/O Episodic fever (102°F) x 40d.
sweating (+)
chills and rigor (-)

C/O pain in joints asso c swelling x 20d.
sharp Aching pain.
Localised.
NRS - 8/10

60

Advice

- Tab Morphine 10mg @ 1/4 tab BID 1/4 — 1/4 — 1/4 — 1/4
- Syp Paracetamol (120mg/5ml) → 10ml TDS 1 — 1 — 1
- Syp Lansol kid 15ml ODAC 1 — X — X
- Cap Gaba 100mg 1 tab ODHS X — X — 1
- Syp cranaffin 1tsp HS X — X — 1tsp.
- Review under pediatric oncology.

Date - 31/12/24
Time - 10:00AM.
R.NO - 60.

R/V after 2 weeks.

17/12/24

maharin
17/12/24.

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

क०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

Name	पिता/पुत्र/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता/Address
, GUPTA	7y/F			107998190

Suspected acute leukemia

उपचार/Treatment

- Fever (on&off) – high grade up to 102° f (2-3 spikes/day)
- Joint pain & swellings.
- Rash/ Blackish discolouration over Spl

No h/o yellowish discoloration/ bleeding manifestations / abnormal movements.

O/E → Pallor(+), Blackish lesion (resolution) Spl.

P/A soft, non tender
Liver – 3cm BR

Possibilities

Acute leukemia
(B-ALL > T-ALL > AML)

No h/o alternative medication

H/o RBC transfusion (2 times)

Prev. steroids × 7 days

Chest X-ray – Normal, widening

5.6 / 10000 / 3 lakh
N 46/65

Mantoux – NR

GA → NR
CBNAAT

PS → 40% blast

LDH → 1371

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाह्य चिकित्सा विभाग
UHID:107996190

Dept No: 202400300361 18

कमरा / Room C-210

Queue / संख्या N3

Unit-I POC

OPR-6

O.P.D. Regn. No

SHRADDHA GUPTA

D/O SHANKAR DAYAL GUPTA
TY BM 2D / F(FRESH)
309, GALI NO.2, JAIPRAKASH NAGAR, BHATA MORE, GZB, UTTAR
General Rs. 0

Reporting 23/12/2024

New Patient

पता/Address

LH311224018S4 107996190

LC311224147J 107996190

SHRADDHAGUPTA

उपचार/Treatment

Tab. Pcm 500mg (½ tab) SOS.

Syp. Pcm (250mg/5ml) 4ml POSOS

F/U 1/1/25 = CBC RFT/LFT

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग
UHID 107396190

Dept No. 202403200351[illegible]
Clinic No. 2024POC430

SHRADDHA GUPTA

D/O SHYAMKAR DAYAL GUPTA
[illegible]
209 GALI NO.2 JAIPRAKASH
NAGAR BHATA MORE GZB UTTAR
General Rs 0
Follow Up Patient

कमरा / Room C-210
Queue / सरक्षा F33
Unit: POC

OPR-6

/O.P.D. Regn. No.

पता/Address

Reporting 01:54:44
27/01/2025

POC 430/24

उपचार/Treatment

N/V 29/1/25

CBC/LFT/KFT

EOI BMA, MRD refd

No OTP

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग
UHID: 107996190
ABHA:
Dept No: 20240030036118

कमरा / Room C-207
Queue / क्यू F26
Unit-III, Paediatric

OPR-6

SHRADDHA GUPTA

D/O SHANKAR DAYAL GUPTA
7Y 3M 0D / F(महिला)
309, GALI NO 2, JAIPRAKASH NAGAR BHATIA MORE, GZB, UTTAR
General Rs: 0
Follow Up Patient

Reporting 21/12/2024

ओपीडी पंजीकरण सं./O.P.D. Regn. No.

आयु Age	पता/Address

निदान/Diagnosis

B-ALL /HR (Steroid Protocol)

दिनांक/Date	उपचार/Treatment
14	HIV (LNJP) → NR
	HBs Ag & Anti HCV (inside) → NR
	Anti HBs ~~To check~~ 31.2
15.12.24	Started on Prednisolone : 20/12/24
	No active issues
	RFT - (N) UA = 1.9
	Ca/PO4 = 9/4.1
	IC = 3.5
	TSB/DB = 1.92/0.63
	AST/ALT = 25/23
19/12/24	6 \ 5510 / 1690 \ 13000
	↓ PBSC
	↓ 30 ROP
Adv	Cont Prednisolone
	Lanzol IR
	Allopurinol
	Septran
	Betadine M/W & Sitz bath
	as advised

LC2312241353 107996190
LH23122400899 107996190
SHRADDHAGUPTA

भारत सरकार

Government of India

आधार

श्रद्धा गुप्ता

Shraddha Gupta

जन्म तिथि/DOB: 22/09/2017

महिला/ FEMALE

Download Date: 24/02/2020

Issue Date: 04/02/2020

बाल आधार

यह आधार 5 वर्ष की उम्र तक ही वैध है

7652 4153 4451

VID : 9139 5867 4035 2260

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

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भाटिया मोड, गाजियाबाद, गाजियाबाद,
उत्तर प्रदेश - 201001

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Ghaziabad,
Uttar Pradesh - 201001

7652 4153 4451

VID : 9139 5867 4035 2260

1947

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अर्चना गुप्ता
Archna Gupta
जन्म तिथि/DOB: 14/05/1986
महिला/ FEMALE

8012 2247 3475

VID : 9173 2657 5618 7687

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

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