



H-2008-0017
June 16, 2020 - June 15, 2023
Since June 16, 2008



Sir Ganga Ram Hospital

29-10-2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Shwetanshu Chandra Jha, Reg No. 3083993 has been diagnosed with T Cell Lymphoblastic Leukemia and is undergoing treatment at Sir Ganga Ram Hospital. He is on Induction currently and will be coming to Hospital for Follow up.

The expected cost of the treatment will be 10-12 Lakhs.

Feel free to contact us in case of any queries.

DR. MANAS KALRA
MBBS MD DNB FNB
Consultant
Pediatric Hematology
Sir Ganga Ram Hospital
Rajinder Nagar, New Delhi - 110 060
Clinic No. :- 33681

Manas

Dr. Anupam Sachdeva / Dr. Manas Kalra

Senior Consultants

Pediatric Hematology Oncology & BMT Unit,

Sir Ganga Ram Hospital

New Delhi.

Phone: 9811043476/9958255228

Email: manaskalra27@gmail.com



Pediatric and Adolescent Hematology, Oncology & Stem Cell Transplant Services

Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi 110 060

Dr. Anupam Sachdeva

DCH, MD (DMC No.: 11823)
Adjunct Professor, National Board of Examination
President Indian Academy of Pediatrics 2017
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divijs@gmail.com

28/12/22

Shwetanshu

8.7/960/52000/86/134

Post Week 5 Day + 12

Advice

- Stop Septuan after 30/12/22
- Hb on 4/1/23 & CBC/DLC.
- Febrile Neutropenia counselling done.

SGRH

Dr. Anupam Sachdeva
AIB-Pro
Trainee

24 HOUR HELPLINE +91 9717145987



H-2008-0017
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Sir Ganga Ram Hospital

Department of Haematology

Name : MASTER SHWETANSHU CHANDER JHA Age/Sex : 2 Yrs/M
Registration No. : 3083993 Ward No. :
Lab Request No. : 1122223418 Room No. :
Episode No. : OP12109919 Location Type: Out Patient
Location : CENTRAL INVESTIGATION CENTRE Collected On : 24 DEC 2022 09:00AM
Referred By : Dr. Manas Kalra Received On : 24 DEC 2022 09:51AM
Ext. Doctor : Reported On : 24 DEC 2022 02:07PM
Specimen : Blood Released by : Dr. Sabina Langer Kumar

Investigation	Results	Units	Bio.Ref.Interval	Test Method
Complete Blood Count-EDTA BLOOD				
Cell Counter	Sysmex XN			Automated/Microscopy
Haemoglobin	9.8	g/dl	(11.0-14.0)	
TLC	1.00	thous/ul	(5.00-15.00)	
Platelet Count	15	thous/ul	(200-450)	
PCV	29.5	%	(30.0-38.0)	
RBC	3.69	mill/ul	(4.00-5.20)	
MCV	79.9	fl	(72.0-82.0)	
MCH	26.6	pg	(25.0-29.0)	
MCHC	33.2	g/dl	(32.0-36.0)	
RDW	14.4	%	(11.6-14.0)	
Micro R	7.40	%		
Macro R	3.60	%		
Differential Leukocyte Count (DLC) - EDTA BLOOD				
Neutrophils	56	%		
Lymphocytes	34	%		
Eosinophils	8	%		
Monocytes	2	%		
Basophils	0	%		
ANC	560	/ul	(1500-8000)	
ALC	340	/ul	(6000-9000)	
AEC	80	/ul	(100-1000)	
AMC	20	/ul	(200-1000)	
Basophils	0	/ul	(20-100)	

WBC shows leukopenia with neutropenia. Platelets are reduced, counted on smear. please correlate with clinical and therapeutic profile of patient.

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H-2008-0017
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Since June 16, 2008



Sir Ganga Ram Hospital

**DISCHARGE SUMMARY
INSTITUTE OF CHILD HEALTH
DEPARTMENT OF PAEDIATRICS
SIR GANGA RAM HOSPITAL**

PAEDIATRIC HEMATO-ONCOLOGY AND BMT UNIT (PHO)

NAME: Shwetanshu	AGE: 2 year 5m	SEX: MALE
DOA: 24/12/22	DOD: 24/12/22	MRD NO: 3083993
Wt: 13.6 kg	Ht: 88.5 cm	BSA: 0.58 m ²

DIAGNOSIS:

T cell Acute Lymphoblastic Leukemia, PGR

Karyotype-46XY, TLC at admission- 179090/cumm , CSF Negative

Dengue Fever without warning signs in Induction

TP1 MRD 0.24%

Post Week 5 Consolidation (BFM Protocol) day+8 ✓

RDP transfusion

DISCHARGE ADVICE:

- Tab Ondem MD 4 mg 1-1-1 X 2 days and SOS for vomiting
- Tab 6MP STOP
- Syp Septran (240mg/5ml) 5ml -0-5ml (Mon, Wed, Friday)
- Muout powder 2 scoops twice daily or Laxopeg satchet ½ satchet twice daily for constipation
- Candid mouth paint 4 drops thrice a day to continue
- Listerine mouth wash thrice daily to continue
- Avoid raw fruits, salads
- Plenty of oral fluids, No visitors, Strict hygiene
- Don't administer any vaccination to the child/ Avoid OPV to the family member
- Follow up on 28/12/22 at 11 am in F55 with CBC/DLC or SOS before if fever occurs

Dr. Sneha
Dr Srijib/ Dr Ayush
Dr Sani/Dr Saroj
Fellows

Dr. Swati Bhayana
Senior Resident

Dr. Anupam Sachdeva
Dr. Manas Kalra
Dr. Divij Sachdeva
Consultants



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29/12/22

~~Manas~~ Shwetanshu

T- ALL

Post Week 5 Consolidation
Day + 8

9.7 | 900 | 11000
ANC 531

Admit Ped DC.

- RDP Transfusion. ~~III~~ IIO

SGRH

F/U 28/12/22 with CBC

✓

24 HOUR HELPLINE +91 9717145987



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Since June 16, 2008



Sir Ganga Ram Hospital

Department of Haematology

Name : MASTER SHWETANSHU CHANDER JHA Age/Sex : 2 Yrs/M
Registration No. : 3083993 Ward No. :
Lab Request No. : 1122218820 Room No. :
Episode No. : OP12088686 Location Type: Out Patient
Location : CENTRAL INVESTIGATION CENTRE Collected On : 17 DEC 2022 08:39AM
Referred By : Dr. Manas Kalra Received On : 17 DEC 2022 09:15AM
Ext. Doctor : Reported On : 17 DEC 2022 01:45PM
Specimen : Blood Released by : Dr. Sabina Langer Kumar

Investigation	Results	Units	Bio.Ref.Interval	Test Method
Complete Blood Count-EDTA BLOOD				Automated/Microscopy
Cell Counter	Sysmex XN			
Haemoglobin	6.2	g/dl	(11.0-14.0)	
TLC	1.92	thous/ul	(5.00-15.00)	
Platelet Count	100	thous/ul	(200-450)	
PCV	18.7	%	(30.0-38.0)	
RBC	2.14	mill/ul	(4.00-5.20)	
MCV	87.4	fl	(72.0-82.0)	
MCH	29.0	pg	(25.0-29.0)	
MCHC	33.2	g/dl	(32.0-36.0)	
RDW	13.6	%	(11.6-14.0)	
Differential Leukocyte Count (DLC) - EDTA BLOOD				
Neutrophils	68	%		
Lymphocytes	17	%		
Eosinophils	4	%		
Monocytes	10	%		
Basophils	0	%		
ANC	1306	/ul	(1500-8000)	
ALC	326	/ul	(6000-9000)	
AEC	77	/ul	(100-1000)	
AMC	192	/ul	(200-1000)	
Basophils	0	/ul	(20-100)	
Metamyelocytes	1	%		

Smear shows pancytopenia. Platelets are reduced, counted on smear.
please correlate clinically

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DEPARTMENT OF PAEDIATRICS
SIR GANGA RAM HOSPITAL**

PAEDIATRIC HEMATO-ONCOLOGY AND BMT UNIT (PHO)

NAME: Shwetanshu	AGE: 2 year 5m	SEX: MALE
DOA: 17/12/22	DOD: 17/12/22	MRD NO: 3083993
Wt: 13.6 kg	Ht: 88.5 cm	BSA: 0.58 m ²

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TP1 MRD 0.24%

PRBC transfusion, Week 5 Consolidation (BFM Protocol)

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Shwetanshu

12/12/22

6-2/1920/99000

1094 / 269

T - ALL

Due for week 5 Consolidation chemo

Doing well

Adm S/B Dr. Manas Kalra

① Admit to Paed daycare

② PRBC transfusion

③ 20 mg Cyclophosphamide

④ LP + I/T MTX

⑤ Stop T. 6 MP.

⑥ Continue Septran, Candid.

Shwetanshu

24 HOUR HELPLINE +91 9717145987



H-2008-0017
June 15, 2020 - June 15, 2022
Since June 15, 2008



Sir Ganga Ram Hospital

Department of Haematology

Name : MASTER SHWETANSHU CHANDER JHA Age/Sex : 2 Yrs/M
Registration No. : 3083993 Ward No. :
Lab Request No. : 1122214271 Room No. :
Episode No. : OP12066809 Location Type: Out Patient
Location : CENTRAL INVESTIGATION CENTRE Collected On : 10 DEC 2022 07:47AM
Referred By : Dr. Manas Kalra Received On : 10 DEC 2022 09:32AM
Ext. Doctor : Reported On : 10 DEC 2022 04:28PM
Specimen : Blood Released by : Dr. Z.V. Vinu Balraam

Investigation	Results	Units	Bio.Ref.Interval	Test Method
<u>Complete Blood Count-EDTA BLOOD</u>				Automated/Microscopy
<u>Cell Counter</u>	Sysmax XN			
Haemoglobin	7.4	g/dl	(11.0-14.0)	
TLC	2.08	thous/ul	(5.00-15.00)	
Platelet Count	157	thous/ul	(200-450)	
PCV	22.9	%	(30.0-38.0)	
RBC	2.52	mill/ul	(4.00-5.20)	
MCV	90.9	fl	(72.0-82.0)	
MCH	29.4	pg	(25.0-29.0)	
MCHC	32.3	g/dl	(32.0-36.0)	
RDW	14.6	%	(11.6-14.0)	
<u>Differential Leukocyte Count (DLC) - EDTA BLOOD</u>				
Neutrophils	60	%		
Lymphocytes	19	%		
Eosinophils	2	%		
Monocytes	12	%		
ANC	1242	/ul	(1500-8000)	
ALC	395	/ul	(5000-9000)	
AEC	42	/ul	(100-1000)	
AMC	374	/ul	(200-1000)	
Metamyelocytes	1	%		

Pancytopenia with neutropenia and lymphopenia.
Platelets mildly reduced for age.

Kindly correlate with the clinical and therapeutic profile.

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11-20001-0017
June 16, 2020 - June 15, 2021
Since June 16, 2020



Sir Ganga Ram Hospital

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4321935225222

18/12/22

Shvedanshu

7.4/2020/1.57
1248

T ALL.

Week 4 consolidation / chemo

Adv

S/B

Dr. Manas Kalra

Prermed

①

Jnx

Cytarabine

40 mg

on

10/12

45 mg

on

11/12

12/12

13/12

②

Tab

6 MP (50 mg)

1/2 tab

OP

③

Flu

after 1 week

E

CBC/DLC

④

Leukine

Septoran

Candid



16.00000017
 June '88 2023 - June '18 2023
 Since June '18 2023



Sir Ganga Ram Hospital

Department of Haematology

Name : MASTER SHWETANSHU CHANDER JHA Age/Sex : 2 Yrs/M
 Registration No. : 3083993 Ward No. :
 Lab Request No. : 1122209845 Room No. :
 Episode No. : OP12047474 Location Type: Out Patient
 Location : CENTRAL INVESTIGATION CENTRE Collected On : 03 DEC 2022 09:33AM
 Referred By : Dr. Manas Kalra Received On : 03 DEC 2022 11:56AM
 Ref. Doctor : Reported On : 03 DEC 2022 03:39PM
 Specimen : Blood Released by : Dr. Pallavi Prakash

Investigation	Results	Units	Bio.Ref.Interval	Test Method
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Complete Blood Count-KDFA BLOOD

Cell Counter	Sysmex XN			Automated/Microscopy
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Haemoglobin	8.8	g/dl	(11.0-14.0)	
TLC	0.87	thous/ μ l	(5.00-15.00)	
Platelet Count	101	thous/ μ l	(200-450)	
PCV	27.2	%	(33.0-38.0)	
RBC	2.97	mill/ μ l	(4.00-5.20)	
MCV	91.6	fL	(72.0-82.0)	
MCH	29.6	pg	(25.0-29.0)	
MCHC	32.4	g/dl	(32.0-36.0)	
RDW	15.6	%	(11.5-14.0)	

Differential Leukocyte Count (DLC) - KDFA BLOOD

Neutrophils	52	%	
Lymphocytes	35	%	
Eosinophils	2	%	
Monocytes	10	%	
Basophils	0	%	
ANC	452	/ μ l	(1500-8000)
ALC	305	/ μ l	(6000-9000)
ABC	27	/ μ l	(100-1000)
AMC	87	/ μ l	(200-1000)
Basophils	0	/ μ l	(20-100)
Metamyelocytes	1	%	
NRBC	1	/100 WBC	

Smear show marked leucopenia, thrombocytopenia with mild left shift.
 Reduced platelets count, manually counted on smear.
 Kindly correlate with clinical and therapeutic profile

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3/12/22

Shivtanshu

8.8/870/1.01 less

T cell ALL, MRD (+)
(TP₁)

ANC - 461

AMC - 87

week 3 consolidation

Adv s/o Dr. Manas Kalra

① Inj Cytarabine 40 mg x 3/12

45 mg on 4/12

Premed

Syp Alerid 5ml

5/12

Syp Ondem 5ml

6/12.

T. Ondem MD 4mg

② T. 6MP 1/2 tab once daily

③ If fever — admit

④ F/U after 1 week $\bar{C}$ CBC/DLC.

⑤ Continue T. Septran. Candid



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Sir Ganga Ram Hospital

Department of Haematology

Name	: MASTER SHWETANSHU CHANDER JHA	Age/Sex	: 2 Yrs/M
Registration No.	: 3083993	Ward No.	:
Lab Request No.	: 1122206095	Room No.	:
Episode No.	: OP12030252	Location Type	: Out Patient
Location	: CENTRAL INVESTIGATION CENTRE	Collected On	: 27 NOV 2022 07:08PM
Referred By	: Dr. Manas Kalra	Received On	: 27 NOV 2022 07:38PM
Ext. Doctor	:	Reported On	: 28 NOV 2022 02:09PM
Specimen	: Blood	Released by	: Dr. Pallavi Prakhara

Investigation	Results	Units	Bio.Ref.Interval	Test Method
Complete Blood Count-EDTA BLOOD				
Cell Counter	Sysmex XN			Automated/Microscopy
Haemoglobin	10.1	g/dl	(11.0-14.0)	
TLC	1.64	thous/ul	(5.00-15.00)	
Platelet Count	98	thous/ul	(200-450)	
PCV	31.2	%	(30.0-38.0)	
RBC	3.41	mill/ul	(4.00-5.20)	
MCV	91.5	fl	(72.0-82.0)	
MCH	29.6	pg	(25.0-29.0)	
MCHC	32.4	g/dl	(32.0-36.0)	
RDW	15.7	%	(11.6-14.0)	
Differential Leukocyte Count (DLC) - EDTA BLOOD				
Neutrophils	73	%		
Lymphocytes	17	%		
Eosinophils	1	%		
Monocytes	8	%		
Basophils	1	%		
ANC	1197	/ul	(1500-8000)	
ALC	279	/ul	(6000-9000)	
AEC	16	/ul	(100-1000)	
AMC	131	/ul	(200-1000)	
Basophils	16	/ul	(20-100)	

Smear show leucopenia and thrombocytopenia.

Reduced platelet count manually confirmed on smear.

IMPRESSION: PANCYTOPENIA

As advised earlier kindly rule out the possibility of pre analytical error for sample sent on 26/11/2022.

Kindly correlate with clinical and therapeutic profile.

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Sir Ganga Ram Hospital

27/11/22

08:00 PM

Shweta Anshu Chander Jha

Δ TAU - Week 2 Consolidation
[Day 79 post cyclophosphamide] - 14 kg

Fever ∴ 1 day

Cough and cold ∴ 3 days.

HR - 122 bpm BP - 92/60 mmHg CXR reviewed - Perihilar shadows, no obvious pneumonic patch

RR - 24 /min

Chest - b/l clear.

CVS - S₁ S₂ M.O.

Abdomen - Soft

CBC (27/11) → 10.2 / 1640 / 98000 / 1214 / 131

Adv ① Syrup Paracetamol (250/5ml) 4.5ml SOS if temp > 100°F

② ~~Nebules~~ Syrup Cherry cough LS 5ml - 5ml - 5ml x 7 days

③ If fever persists please contact helpline

④ Warning signs - explained to father.

⑤ Please keep in touch with helpline

⑥ ~~Blood c/s sent (true report)~~

⑦ Syrup Janin - 0 forte (100/5) 4ml - 0-4ml x 5 days

Dr. S. R. J. B.
PHO-fellow



Pediatric and Adolescent Hematology, Oncology & Stem Cell Transplant Services

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Fellow, American Society of Hematology (ASH)
Fellow, European Society of Hematology (ESH)
Fellow, European Society of Paediatric Hematology & Oncology (ESHPHO)
Fellow, Indian Society of Hematology (ISH)
Fellow, Indian Society of Paediatric Hematology & Oncology (ISPHO)

Dr. Divij Sachdeva

MD, FRCP, FRCR, FRCR (UK)
Fellow, British Society of Paediatric Haematology & Oncology (BSHPO)
Fellow, Indian Society of Paediatric Haematology & Oncology (ISPHO)
Fellow, American Society of Hematology (ASH)
Fellow, European Society of Hematology (ESH)
Fellow, European Society of Paediatric Hematology & Oncology (ESHPHO)
Fellow, Indian Society of Hematology (ISH)
Fellow, Indian Society of Paediatric Hematology & Oncology (ISPHO)

26/11/22
62/15801
1-372
ANC-1169
ANC-158
TRIMD-
0-244

Shenulanshi

7-All for Week 2

Adm

Admission DC

- PRBC Transfusion - Unit

- Intravenous X 4 days
(Premed C Grocin, Alend, Emeset)

- Tab 6-MP, 1/2 daily
(50mg)

- F/U after Week 2 CBC/DLC

[Signature]

Department of Hematology
Floor, SSRB building
Phone: 42252105

Bone Marrow Biopsy Report

Ref. No. : S-18220/22 (BM-994/2022) Dated : November 12, 2022
Patient's name : Master Shwetanshu Chander Jha Age/Sex : 02yrs /Male
Regn. No. : 3083993 Ward/OPD : Ward 6.
Consultant/Unit : Dr. Anupam Sachdeva
Clinical History : Known case of T-Acute lymphoblastic leukemia. End of induction evaluation-TP1 MRD.

Gross Examination: Single bony piece of tissue measuring 1.2cm, in length.

Microscopic Examination: Bone marrow biopsy shows fragmentation with 5-6 evaluable marrow spaces. Precise comment on cellularity is not possible. All hemopoietic elements are seen showing erythroid predominance with maturing myeloid cells and adequate megakaryocytes. Mild prominence of histiocytes seen.

Impression: Fragmented bone marrow biopsy showing all hemopoietic elements. No blast clusters seen in the sections examined.

Please refer to bone marrow aspiration report no. BM-994/2022 and flowcytometric immunophenotyping report (Ref no. FCM-350/22) for MRD.


Dr. Amrita Saraf

Sr. Consultant

Dated: November 17, 2022



H-2008-0017
June 16, 2020 - June 15, 2023
Since June 16, 2008



Sir Ganga Ram Hospital

NAME: Shwetanshu AGE: 2 year 5 months SEX: MALE
MRD NO: 3052461
Wt: 13.6 kg Ht: 88.5 cm BSA: 0.58 m²

Consolidation Day 1 -01/10/22

Dates	Day	Chemotherapeutic drug	Patient dose
19/11/22	Day 36	Cyclophosphamide, 1g/m ² IV over 1 hour (with DMF and Mesna)	580 mg
19/11/22 To 22/11/22	Day 36-39	Tab Mercaptopurine(50mg), should be 60 mg/m ² /day Days 36-64 (or 28 days) from 01/10/22 till 29/10/22	Give 1 tab once a day for 5 days/ week
	Day 36	Cytarabine, 75 mg/m ² IV/SC daily for 4 days	40 mg for 1 day (19/11) 45mg for 3 days (20/11, 21/11, 22/11)
26/11/22 Till 29/11/22	Days 43-46	LP and IT MTX	10 mg
	Days 43-46	Cytarabine, 75 mg/m ² IV/SC daily for 4 days	40 mg for 1 day (26/11) 45mg for 3 days (27/11, 28/11, 29/11)
3/12/22 till 6/11/22	Days 50-53	Cytarabine, 75 mg/m ² IV/SC daily for 4 days	40 mg for 1 day (3/12) 45mg for 3 days (4/12, 5/12, 6/12)
10/12/22 Till 13/12/22	Days 57-60	Cytarabine, 75 mg/m ² IV/SC daily for 4 days	40 mg for 1 day (10/12) 45mg for 3 days (11/12, 12/12, 13/12)
	Day 57	LP and IT MTX	10mg
17/12/22	Day 64	Cyclophosphamide, 1g/m ² IV over 1 hour with DMF and Mesna	580 mg

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 the count should be neutrophils $> 0.3 \times 10^9/l$ and platelet count $> 50 \times 10^9/l$.
- Fever of 38°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.



Sir Ganga Ram Hospital



H-2008-0017
June 16, 2020 - June 15, 2023
Since June 16, 2008



MC - 2194

Department of Hematology
First Floor, SSRB building
Phone: 42252105

Bone Marrow Report

Ref. No. : BM-994/2022 Dated : November 12, 2022
Patient's name : Master Shwetanshu Chander Jha Age/Sex : 02yrs /Male
Regn. No. : 3083993 Ward/OPD : Ward 6.
Consultant/Unit : Dr. Anupam Sachdeva
Clinical History : Known case of T-Acute lymphoblastic leukemia. End of induction evaluation-TP1 MRD.

Bone marrow aspiration and imprints smears are provided.

Bone marrow aspirate smears are particulate and cellular. All hemopoietic elements are seen with erythroid preponderance. M:E ratio is 0.3:1. Erythroid series show normoblastic maturation with mild dyspoiesis (possibly chemotherapy effect). Granulocytic series show sequential maturation. Megakaryocytes are adequate; few hypolobated forms noted. Blasts comprise 2%. Prominence of histiocytes with focal hemophagocytosis seen. Lymphocytes comprise ~9% of total nucleated cells. Imprints are cellular and show similar morphology. **Perl's stain:** Macrophage iron is (2+). No ring sideroblasts are seen

[Myelogram: Neutrophils: 09%, erythroid cells: 67%, lymphocytes: 09%, myelocytes: 08%, metamyelocytes: 05% and blasts: 02%]

Peripheral Blood Film (Specimen-EDTA blood)

The CBC is - Hb: 7.8g/dl; RBC: 2.79 mill/ μ l; PCV: 25.0%; MCV: 89.6fl; MCH: 28.0pg; MCHC: 31.2 g/dl; RDW: 19.4%; platelets: 2,26,000/ μ l, RET-He: 28.5pg; IPF: 7.8% and TLC: 3,310/ μ l (Neutrophils 21%, lymphocytes 62%, metamyelocytes 03%, myelocytes 02% and monocytes 12%). Red blood cells are predominantly normocytic normochromic with moderate anisopokilocytosis in the form of microcytes, polychromatophils and few spherocytes. NRBCs~20/100 WBCs. Reticulocyte count is 3.19%. Corrected reticulocyte count is 2.15%. White blood cells show leucopenia with neutropenia (ANC 695/ μ l). TLC has been corrected for NRBCs. Neutrophils show mild left shift. Platelets are adequate and seen in small clumps; verified on smear;

Impression: Cellular particulate bone marrow showing all hemopoietic elements with erythroid hyperplasia and 2% blasts. There is prominence of histiocytes with focal hemophagocytosis. Macrophage iron is 2+. Peripheral blood shows bicytopenia with moderate anemia and leucopenia.

Please refer to flowcytometric immunophenotyping report (Ref no. FCM-350/22) for MRD.

Kindly wait for report on trephine biopsy for further comments.

Dr. Amrita Saraf

Dr. Amrita Saraf

Sr. Consultant

Dated: November 14, 2022