



वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली-110029  
 Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi-110029  
 सूक्ष्मजीव विज्ञान विभाग - जीवाणु विज्ञान प्रयोगशाला  
 Department of Microbiology - Bacteriology Laboratory

प्रयोगशाला नं.  
 Lab No.

0110

नाम/Name: Bhumnika आयु/Age: 44 लिंग/Sex: F

आवासीय पता/Residential Add: NA

मोबाईल नं./Mobile No. NA

एम.आर.डी.नं./MRD No. 123361

वार्ड/यूनिट/ओपीडी/Ward/Unit/OPD: W21/Orco बेड नं./Bed No.

15/09/24

नमूना एवं स्थल / Specimen Site: PF संग्रह की तिथि और समय / Date and Time of collection:

नमूना प्राप्ति की तिथि और समय / Date & time of sample receipt: 17/9/24 at 11:05 AM Gram stain

आवश्यक जांच / Investigation required: वायुवीर्य/अवायुवीर्य जीवाणुओं की वृद्धि और संवेदनशीलता

Aerobic / Anaerobic Culture and Sensitivity

प्रासंगिक वैद्यनिक इतिहास / Relevant Clinical History:

अन्य जांच की प्रासंगिक रिपोर्ट / Relevant reports of other investigation:

एंटीबायोटिक थेरेपी / Antibiotic Therapy

अस्थायी मूल्यांकन / Provisional Diagnosis:

DR. SHALINI  
 Senior Resident  
 Department of Microbiology  
 Safdarjung Hospital  
 New Delhi - 110029

क्लिनिसियन के हस्ताक्षर एवं मुहर / Clinician's Signature & Stamp:

**Report**

**Microscopy**

Pus cells	<u>1-2</u>	LPF/HPF/OIF
Epithelial cells	<u>7</u>	PF/HPF/OIF
Red Blood cells	<u>Nil</u>	LPF/HPF/OIF
Organisms	<u>Nil</u>	LPF/HPF/OIF
Ova/Cyst	<u>Nil</u>	LPF/HPF/OIF

Other Microscopic Report :

Culture: NO. Grown after 48 Hours

Sub

Medical Lab. Technologist Sign

Reviewed by Microbiologist (Name, Date, Signature)

DR. SHALINI  
 Senior Resident  
 Department of Microbiology  
 Safdarjung Hospital  
 New Delhi - 110029

Report Print

Validated

Bhumi, Ks  
066



Parameter	Value	Unit	Range
RBC	5.52	10 <sup>12</sup>	5.80 - 6.10
HGB	18.4	g/dL	11.5 - 15.5
HCT	55.2	%	37.0 - 54.0
MCV	89	fL	80 - 100
MCH	20.7	pg	27.0 - 33.0
MCHC	23.1	g/dL	32.0 - 36.0
RDW	11.0	%	11.0 - 14.0
RDW-CV	12.1	%	11.0 - 12.0
PLT	145	10 <sup>9</sup>	150 - 400
MPV	100	fL	84 - 110
PCT	0.011	%	0.150 - 0.500
PDW	28.8	%	11.0 - 18.0

Flags and Alarms

Morphology Flags: L1, H2, MN, LH, RM, RN, L1.1, ALY

QC: NO

Analyzer Alarms: LMNE

Suspected Pathology: Leukemias, Lymphocytosis, Large Immature Cells, Atypical Lymphocyte, Left Shift, NRBCs, Basophilia, Blasts, Acemia, Thrombocytopenia, Platelet Aggregates

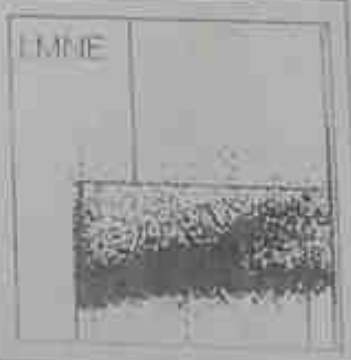
Quality Assurance Flags: QC Failed

Remarks:

RBC of the Run 09/06/2024 11:26:14  
 WBC of the Run 09/06/2024 11:26:14  
 PLT of the Run 09/06/2024 11:26:14  
 DIFF of the Run 09/06/2024 11:26:14



Parameter	Value	Unit	Range
WBC	73.2	10 <sup>9</sup>	4.0 - 10.0
NEU	18	%	40.0 - 80.0
LYM	30	%	20.0 - 40.0
MON	2	%	2.0 - 10.0
EOS	0.4	%	1.0 - 6.0
BAS	48	%	0.0 - 2.0
PLT	145	10 <sup>9</sup>	150 - 400
MPV	100	fL	84 - 110



P/S shows 80% blasts.  
 WBC - TNC - 73,000/mm<sup>3</sup>

DHC - Blasts 80 Lymphocytes 18 Neutrophils 2

Blasts are 2-3 times the size of an RBC, with enlarged nuclei and minimal cytoplasm with few of the cells showing fine cytoplasmic vacuoles. They have coarse chromatin, highly irregular nuclear membrane with few nuclei showing clefting and 0-1 inconspicuous nucleoli. Blasts are heterogeneous with moderate variation in size and shape.

RBC - Normochromic normochromic RBCs (P.T.P)



MC-4647

**BIOCHEMISTRY LABORATORY REPORT**  
**भारत सरकार/GOVERNMENT OF INDIA**  
**वासीनोक्ल बरफोकेविल्टी युनिट/Clinical Biochemistry Unit**  
**बायोकेमिस्ट्री डिपार्टमेंट/DEPARTMENT OF BIOCHEMISTRY**  
 वी.एम.एम.सी. एवं साफदरजंग अस्पताल, नई दिल्ली/V.M.M.C. & Safdarjung Hospital, New Delhi



Index  
 Reporting Time: 05-Sep-24 08:53  
 [06-Sep-24 07:35]

Device No. Av:680.1

Patient Name  
 Lab No./CCR No. 937K Age Years Month Sex  
 MRD/UHID No. S.No. 0617  
 Sample Collection OPD  
 Sample Receiving WARD  
 Diagnosis Sample type Serum

Test Name	Result	Low Range	High Range	Unit
SODIUM (ISE)	138	136	145	mmol/l
POTASSIUM (ISE)	3.7	3.5	5.1	mmol/l
UREA (GLOH)	21.0	17.0	48.0	mg/dl
CREATININE (JAFFE'S)	0.62	0.60	1.30	mg/dl
TOTAL BILIRUBIN (OPD)	0.40	0.30	1.20	mg/dl
AST (IFCC w/o PSP)	77	10	35	U/l
ALT (IFCC w/o PSP)	11	10	45	U/l
ALP (IFCC)	100	43	128	U/l

Remark/Comments: \_\_\_\_\_

Sign. of Technician: \_\_\_\_\_

Sign. of doctor: \_\_\_\_\_

# NATIONAL INSTITUTE OF PATHOLOGY (I.C.M.R)

SAFDARJANG HOSPITAL CAMPUS, POST BOX NO. 4909, NEW DELHI-110029

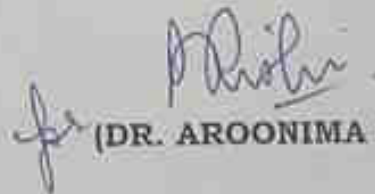
Ref. No. 06-07/11615

Date	19/09/2024	Srl No. 6	Hospital No. 123661
Name	BABY BHUMIKA	Age 4 Yrs.	Sex Female
Ref. By	DR. PRASHANT, SJH	I.O.P. No. CY-160-24	Date of Receipt 19-9-24

## CSF EXAMINATION

**SPECIMEN - CSF FOR MALIGNANT CELLS**

**MICROSCOPY -** Centrifuged CSF smears examined are tramatic and show scattered lymphocytes and occasional neutrophils in a background of RBCs.

  
(DR. AROONIMA MISRA)

**\*\* End of Report \*\***

Signature



MC-4647

**BIOCHEMISTRY LABORATORY REPORT**  
**भारत सरकार/GOVERNMENT OF INDIA**  
**क्लिनिकल बायोकेमिस्ट्री युनिट/CLINICAL BIOCHEMISTRY UNIT**  
**बायोकेमिस्ट्री डिपार्टमेंट/DEPARTMENT OF BIOCHEMISTRY**  
 वी.एम.एम.सी. एवं साफदरजंग अस्पताल, नई दिल्ली/V.M.C.& Safdarjung Hospital, New Delhi



Index Reporting Time: 05-Sep-24 08:53  
[06-Sep-24 07:35]

Device No. AV-880-1

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ sex \_\_\_\_\_  
 LAB No./CCR No. 937a S.No. 0817  
 MRD/UHID No. \_\_\_\_\_ OPD \_\_\_\_\_  
 Sample Collection \_\_\_\_\_ WARD \_\_\_\_\_  
 Sample Receiving \_\_\_\_\_ Sample Type \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ Serum \_\_\_\_\_

Test Name	Result	Low Range	High Range	Units			
SODIUM(ISE)	134	138	143	mmol/L	✓	✓	✓
POTASSIUM(ISE)	3.3	3.5	5.1	mmol/L	✓	✓	✓
UREA (GLDH)	31.0	17.0	43.0	mg/dl	✓	✓	✓
CREATININE(JAFFE'S)	0.43	0.60	1.30	mg/dl	✓	✓	✓
TOTAL BILIRUBIN(DPO)	2.80	0.30	1.20	mg/dl	✓	✓	✓
AST (IFCC w/o HSP)	79	10	35	U/L	✓	✓	✓
ALT (IFCC w/o HSP)	45	10	45	U/L	✓	✓	✓
ALP (IFCC)	110	42	128	U/L	✓	✓	✓

Remark/Comments: \_\_\_\_\_

Sign. of Technician: \_\_\_\_\_

Sign. of Doctor: \_\_\_\_\_

4

सफदरजंग अस्पताल, नई दिल्ली-110029  
SAFDARJUNG HOSPITAL, NEW DELHI-110029

नैदानिक विकृति विज्ञान (रुधिर विज्ञान)  
CLINICAL PATHOLOGY (FLUIDS & EXCRETIONS)

नाम/Name Bhuma तारीख/Date 6/9/24

उम्र/Age 4 months लिंग/Sex F

रजि. नं./Regn. No./M.R.D. No. 066

यूनिट/Unit ER-2 बा.रो.वि./O.P.D. \_\_\_\_\_

वार्ड नं./Ward No. \_\_\_\_\_ शय्या संख्या/Bed No. \_\_\_\_\_

अपेक्षित जांच/INVESTIGATION REQUIRED \_\_\_\_\_

PT - INR - APTT

नैदानिक टिप्पणी/Clinical Notes :

सफदरजंग अस्पताल का केंद्र  
CENTRAL EMERGENCY LAB  
कोमलुलरिन प्रोफाइल रिपोर्ट  
COAGULATION PROFILE REPORT

पी.टी. 13.9 Seconds (N. Range 9.5 to 12.5)  
ए.पी.टी. 43.4 Seconds (N. Range 24.5 to 32.5)  
INR 1.21

Dr. Allisha Brown  
Junior Resident  
Department of Casuality  
EMIC & Safdarjung Hospital  
New Delhi-110029

हस्ताक्षर/Signature \_\_\_\_\_

चिकित्सा अधिकारी का नाम एवं मुहर

Name of Medical Officer with Seal

Please Correlate Clinically

# NATIONAL INSTITUTE OF PATHOLOGY (I.C.M.R)

SAFDARJANG HOSPITAL CAMPUS, POST BOX NO. 4909, NEW DELHI-110029

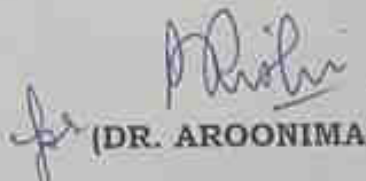
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Name	BABY BHUMIKA	Age	4 Yrs.	Sex	Female
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(DR. AROONIMA MISRA)

\*\* End of Report \*\*

Signature



1463C

स.जं.अ-178  
S.J.H.-178

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली  
X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL, NEW DELHI

रोगी का नाम Name of Patient	आयु Age	स्त्री/पुरुष Sex	वार्ड Ward	विस्तर संख्या - Bed No.	यूनिट Unit	मासिक आय Monthly Income
Bhenuka	4yr	F	W211ALL ओ.पी.डी. OPD	108		रु. Rs.

भेजने वाले Referred by	DOD	ओ.पी.डी. नं./चि.रि.वि. संख्या OPD No./MRD No.	सी.जी.एच.एस. टोकन नम्बर CGHS Token No.
			134262

किस अंग विशेष की जांच होगी है Exact part to be examined	2DECHO	तारीख Date	08/10/24
--	--------	---------------	----------

संक्षिप्त रोग संबंधी नोट Short Clinical Notes	B cccc Au (IR) E FN c Septic shock (v) E hyponatremia E Viral myocarditis	चिकित्सा अधिकारी के हस्ताक्षर Signature of Medical Officer
रोग संबंधी निदान CLINICAL DIAGNOSIS		पद Designation

एक्स-रे नम्बर  
X-RAY No. (31) received 10/16

ली गई फिल्म का नम्बर और आकार  
No. and size of films :

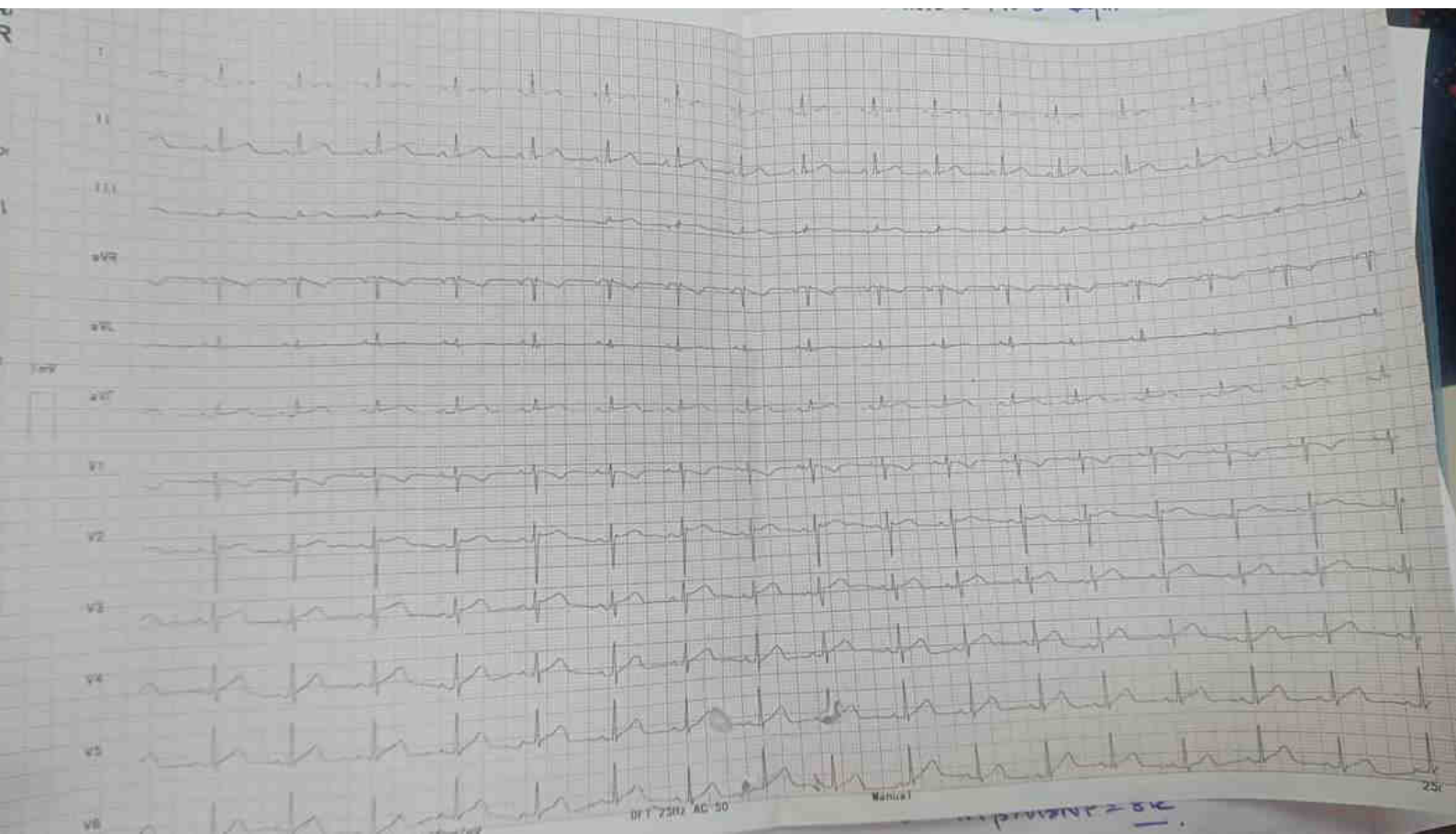
टेक्नीशियन  
Technician P. Prakash EF - VMMC & Safdarjung Hospital New Delhi

एक्स-रे की रिपोर्ट  
X-RAY REPORT

Dr. SATHYADHARI  
DM Cardiology Resident  
VMMC & Safdarjung Hospital  
New Delhi

Dr. Abhinav Singh  
C/D/W  
D/F 9/10/24

एक्स-रे विशेषज्ञ  
Radiologist



Name Bhymika  
 Day of admission

Diagnosis: wt 7 12kg BSA-

S.no	Drug (Capital letters)	Dose	Route	Signature
1	<del>ORS adlib</del>	<del>Neutropenic diet</del>	<del> Sitz . bath . TB</del>	
2	<del>Xylazine</del>	<del>viscous LABA</del>		
3	<del>IVF (ANS + 1:1000 KCl)</del>	<del>@ 4ml/hr.</del>		
4	<del>IVF N<sub>2</sub> + AS cont KCl</del>	<del>@ 4ml/hr x 16hr.</del>		
5	<del>can loose stool</del>	<del>replacement w/ N<sub>2</sub> + AS</del>		
6		<del>(120ml) q 6 hourly</del>		
7	<del>g<sup>ij</sup> meropenem (480mg)</del>	<del>in 20ml NS</del>	<del>iv TB</del>	
8	<del>g<sup>ij</sup> Teicoplanin (120mg)</del>	<del>in 10ml NS</del>	<del>iv OD</del>	
9				
10	<del>g<sup>ij</sup> Colistin (6lac IV)</del>	<del>in 15ml NS</del>	<del>iv TB</del>	
11	<del>g<sup>ij</sup> Leptazidime + Avibactam (600mg)</del>		<del>iv TB</del>	
12	<del>g<sup>ij</sup> Pam (120mg)</del>		<del>iv TB</del>	

Chemotherapy Orders: ~~g<sup>ij</sup> lennase (6000 units) deep IM stat~~

S.no	Oral Drug (Capital letters)	Dose	Route	Signature
1	<del>g<sup>ij</sup> Emser (4mg)</del>		<del>iv TB</del>	
2	<del>g<sup>ij</sup> Pantop (20mg)</del>		<del>iv OD</del>	
3	<del>T. Septan as advised</del>			
4	<del>T. Voriiconazole (200mg)</del>		<del>V<sub>2</sub> tab 10 BD</del>	

W/F vitals | E/O charting  
W/F → Riv stat

Resident signature 

Senior resident signature

Faculty Signature

**PULMONARY VALVE**

Morphology Doppler Normal/Atrisia/Thickening/Doming/Vegetation  
 Normal/Abnormal  
 Pulmonary Stenosis Present/Absent Level  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary Regurgitation Present/Absent  
 Early diastolic Gradient End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology Doppler Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation No. of cusps 1/2/3/4  
 Normal/Abnormal  
 Aortic Stenosis Present/Absent Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic Regurgitation Absent/Trivial/Mild/Moderate/Severe

**FINAL IMPRESSION**

SS/LC; PV → LA  
SVC → RA  
 IVC

**TEE**

**DIAGNOSIS**

NRGA; (N) AV - VA concordance

LVEF 30-35%

Global LV Hypokinesia

Mild MR

Mild TR; RVSP = RAP + 24.

Carelessness

My 3 ? Myocarditis Resident

*[Signature]*  
*[Signature]*

Consultant  
 LVED - d = 81  
 s = 24  
 Inf 00% *[Signature]*  
 No MR, 9/10/28

33  
 27

Safdarjung Hospital and VMMC  
DEPARTMENT OF MICROBIOLOGY - NEB LAB (107)  
AEROBIC CULTURE SENSITIVITY REPORT

Identification number = 13541  
Last name =  
First name = Bhumika  
Age = 4  
Sex = f  
Age category = ped

Location = Ward 21 Paediatrics  
Department = ped  
Specimen number = 20353  
Specimen type = Catheter, central  
Site of specimen =  
Specimen date = 30-Sep-2024  
Date of Reporting = 5-Oct-2024

Organism = Candida sp.

Kindly send fungal culture to rule out colonization. No  
growth in peripheral line culture.

Dr. Rushika Saxena

Dr. Rajni Gaiind

*Rushika*

Name Bhumiika  
Day of admission

Diagnosis

BSA

DATE 29/9/24

WEIGHT:

Chemotherapy cycle-

Last chemotherapy date-

→ B-cell ALL (IK)

Events in last 24 hrs

(D-18 of induction)

Input

Output

Balance

Complaints

→ 3-4 eps fever spike

Examination

102°F

PP-

f/+

CFT < 3 sec

TEMP:

SpO<sub>2</sub>

→ 98% LRA

RR-

→ 24/min

HR-

→ 100/min

RS

→ Bil A/E ⊕

CVS

→ S1 & S2 ⊕

P/A-

CNS-

Compared  
to previous CXR  
↓  
today's CXR  
improved

T-BIL

SGOT/PT

Na

K

KFT

PCT

(+ve) → 1.25

CRP

Blood culture

Ca/Po4/ALP

URIC ACID

LDH

Urine examination

Treatment:

Investigations & Plan

→ CECT chest done

→ fungal w/o.

→ PCT

→ Add Voriconazole

→ Use lammn.  
Senior resident signature

Add - Leftax +  
Aribacter

Faculty Signature

Resident signature



VMMC AND SAFDARJUNG HOSPITAL, NEW DELHI-110029  
DEPARTMENT OF RADIOLOGY

CT / MRI SCAN REPORT

Name of the Patient Bhramika Age \_\_\_\_\_ Sex: Male/Female  
 OPD/Ward \_\_\_\_\_ Kidney Function Test (KFT) \_\_\_\_\_  
 Referred by 42332 Radiology Unit Dr Ritu, Dr Anushka,  
Dr Anshu, Dr Purnima  
 Study No. \_\_\_\_\_ Part Examined \_\_\_\_\_ Plain / Contrast  
 Clinical History 10/10/24

CECT THORAX

Clinical history: 44-year-old male who is k/e/o B cell ALL. Patient has c/o seizures and is in septic shock.

Blood culture and sensitivity revealed candida growth.

Procedure: Spiral volumetric data was acquired through chest from thoracic inlet to domes of diaphragm before and after injecting non ionic contrast agent IV and multiplanar reconstruction done. No immediate adverse reaction to contrast was encountered.

Study reveals:

MEDIASTINUM:

- Is normal in position, constituents and composition. Trachea is in the midline. Trachea and major bronchi are normal in position, course and caliber.
- Heart and great vessels show normal orientation, course, caliber and contrast opacification. No pericardial effusion noted. Oesophagus appears normal.
- No c/o significant lymphadenopathy.

LUNGS:

- There are multiple (at least four) tiny cavitary lesions with subpleural areas of consolidation seen predominantly in apical and anterior segments of the RUL.
- Right-sided pleural separation is seen in the right middle lobe with a maximum separation of 7.2 <sup>mm</sup> with peripheral enhancement s/o empyema - along anterior costal pleura and fissural collection.
- Mild peri-bronchovascular interstitial thickening noted (R > L)
- Rest of the visualized lung fields are normal in morphology, aeration and attenuation.

Junior Resident  
Name & Signatures & Date

Senior Resident  
Name & Signatures & Date

Consultant/Specialist/MO  
Name & Signatures & Date

- Visualized soft tissues of the chest wall appear normal in morphology, attenuation and enhancement.
- Visualized bones of the chest wall appear normal in morphology and density.
- Visualized liver and spleen are normal in morphology, attenuation and enhancement.


#### CECT HEAD

- Bilateral cerebral parenchymal appears normal in morphology, attenuation and enhancement. No focal lesion seen.
- Bilateral thalami and basal ganglia appear normal in morphology, attenuation and enhancement.
- Bilateral lateral ventricles, third and fourth ventricles *appear prominent*.
- No midline shift.
- Bilateral cerebellar hemispheres appear normal in morphology, attenuation and enhancement.
- Brainstem appear normal in morphology, attenuation and enhancement.
- Bony calvaria is normal.
- No abnormal brain parenchymal or leptomeningeal enhancement.

#### IMPRESSION: Current study reveals:

- Peripheral cavitary lesions with mild peri-bronchovascular thickening *l/v/o* h/o sepsis possibility of septic pulmonary emboli to be considered.
- Right sided loculated empyema.
- *intracardiac* No *clot* SOL or cerebral venous thrombosis seen.
- *area* prominence of ventricular system

Dr. Heeman Dr. Anuradha Ar  
(SN)

  
 डॉ. अनुपमा शर्मा, एम.डी.  
 DR. ANURADHA SHARMA, MD, FRCR  
 एम-आरडी / आरसीआर प्रोफेसर  
 रजिस्टर्ड फिजिशियन  
 Dept. of Radio-Diagnosis and Imaging  
 विभागाधीन रेडियोलॉजी प्रोफेसर, एम.डी.  
 VMMC & Safdarjung Hospital, New Delhi-110029