



Kalawati Saran Children's Hospital, New Delhi

Department of Biochemistry

Sample Id 69 Date 27-01-2024 11:25:34

Ref. class AD

UHID / CR No.

Name

Last name

Test Name	Result	Units	Normal Range	Low/High/No
Urea	27	mg/dL	15 - 45	Normal
Creatinine	0.22	mg/dL	0.59 - 1.45	Low
Bilirubin Total	2.8	mg/dL	0.3 - 1.2	High
Bilirubin Direct	1.36	mg/dL	0.00 - 0.40	High
AST/GOT	38	U/L	5 - 40	Normal
ALT/GPT	46	U/L	5 - 35	High
Alkaline Phosphata	411	U/L	25 - 125	High
Total Protein	4.43	g/dL	6.20 - 8.50	Low
Albumin	2.2	g/dL	3.5 - 5.2	Low
Calcium	7.6	mg/dL	8.1 - 10.4	Low
Phosphorus	5.1	mg/dL	2.6 - 4.5	High

Na⁺ - 141
 K⁺ - 3.7
 Cl⁻ - 98
 | normal

Performed By

Verified By

(Signature)

Sample No. 51-10473
 Patient ID
 Name
 Sample Comment

Ward Rack 10

Position 1 16/10/2023 15:43:32 WB
 Doctor
 Birth
 Sex
 Nickname XX-1580-1-A

LINC AX 007160 LINC

P15!

Smears show thrombocytopenia
 Red cells are normocytic normochromic.

DLC - N₇₅ L₁₆ M₉

BMAI - smears are diluted with peripheral
 + BMF] blood and show only a few lacrimatopoietic
 cells & pigment-laden macrophages.

Report on bone marrow biopsy to follow

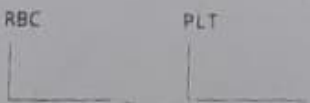
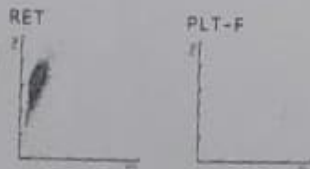
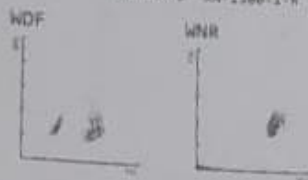
Spotti

Positive Morph. Count

WBC	5.57	$10^3/\mu\text{L}$
RBC	2.33	$10^6/\mu\text{L}$
HGB	6.9	g/dL
HCT	28.3	%
MCV	87.1	fL
MCH	29.6	pg
MCHC	34.0	g/dL
PLT	17	$10^3/\mu\text{L}$
RDW-SD	31.5	fL
RDW-CV	15.4	%
PDW	-----	fL
MPV	-----	fL
P-LCR	-----	%
PCT	-----	%
NRBC	0.01	$10^3/\mu\text{L}$
NEUT	4.41	$10^3/\mu\text{L}$
LYMPH	1.05	$10^3/\mu\text{L}$
MONO	0.10	$10^3/\mu\text{L}$
EO	0.00	$10^3/\mu\text{L}$
BAZO	0.01	$10^3/\mu\text{L}$
IG	0.61	$10^3/\mu\text{L}$
RET	0.11	%
IRF	0.0	%
LF#	100.0	%
M#	0.0	%
H#	0.0	%
RET-H#	26.7	pg
IP#		%

Anabiosol
 2.5g/1F
 24422
 V₂C₁

0.2	%
79.1	%
18.9	%
1.8	%
0.0	%
0.2	%
11.0	%
0.0026	$10^6/\mu\text{L}$



WBC-BF	$10^3/\mu\text{L}$	
RBC-BF	$10^6/\mu\text{L}$	
MN	$10^3/\mu\text{L}$	%
PMN	$10^3/\mu\text{L}$	%
TC-BF#	$10^3/\mu\text{L}$	

WBC IP Message
 WBC Abn Scattergram
 IG Present
 Blasts/Abn Lympho?
 Left Shift?
 Atypical Lympho?

RBC IP Message
 Anemia

PLT IP Message
 PLT Abn Distribution
 Thrombocytopenia

Sample No.: ANABINOOR 25077 U2C5
 Patient ID:
 Name:
 Sample Comment:

Rack:

Ward:

Positive
 Morph. Count

WBC	5.10	[10 ³ /uL]	
RBC	2.87	[10 ⁶ /uL]	
HGB	8.1	[g/dL]	
HCT	26.7	[%]	
MCV	93.0	[fL]	
MCH	28.2	[pg]	
MCHC	30.3	[g/dL]	
PLT	29 *	[10 ³ /uL]	
RDW-SD	65.4 +	[fL]	
RDW-CV	19.7 +	[%]	
PDW	----	[fL]	
MPV	----	[fL]	
P-LCR	----	[%]	
PCT	----	[%]	
NRBC	0.34	[10 ³ /uL]	6.7 [%]
NEUT	2.83 *	[10 ³ /uL]	55.5 * [%]
LYMPH	1.98 *	[10 ³ /uL]	38.8 * [%]
MONO	0.27 *	[10 ³ /uL]	5.3 * [%]
EO	0.01 *	[10 ³ /uL]	0.2 * [%]
BASO	0.01	[10 ³ /uL]	0.2 [%]
IG	0.27 *	[10 ³ /uL]	5.3 * [%]
RET		[%]	[10 ⁶ /uL]
IRF		[%]	
LFR		[%]	
MFR		[%]	
HFR		[%]	
RET-He		[pg]	
IPF		[%]	
WBC-BF		[10 ³ /uL]	
RBC-BF		[10 ⁶ /uL]	
MN		[10 ³ /uL]	[%]
PMN		[10 ³ /uL]	[%]
TC-BF#		[10 ³ /uL]	

WBC IP Message
 NRBC Present
 IG Present
 Left Shift?
 Atypical Lympho?

RBC IP Message
 Anisocytosis
 Anemia

WDF

SFL

RE

FSC

RE

DEPARTMENT OF PATHOLOGY
LADY HARDINGE MEDICAL COLLEGE & SMT S. K. HOSPITAL: NEW DELHI
BONE MARROW BIOPSY REPORT

Name of Patient: Anubhinder Age/Sex: 25yr/F Regd. No: 24422
Hospital: KSCM Ward: U2C1 Dr. In charge: Dr.
Specimen No: BM-460/23 Microsection No: BM-460/23
Nature of Specimen: Bone Marrow biopsy
Date of Receiving:

Date of Reporting:

Labelled as Bone Marrow biopsy (BMB-460/23)

Microscopy:

Sections studied from tiny biopsy bit show haemorrhage fragmented bony trabeculae and crush artefact. A few foamy macrophages seen. Inadequate for opinion.

Reported by: Dr. Tyastna
Professor

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL
NEW DELHI
DEPARTMENT OF RADIO DIAGNOSIS

NAME: ANABINOOR	AGE/SEX: 25Y/F	REGISTRATION NO: 24422
REFERRED BY: PAEDS	CT NO: 5211/23	DATE: 09/10/23
CLINICAL DIAGNOSIS: K/C/O LCH		

CECT HEAD CHEST ABDO

PROTOCOL: CT SCANNING OF THE HEAD USING MDCT FROM THE BASE OF THE SKULL TO THE VERTEX AFTER INTRAVENOUS CONTRAST. NO ADVERSE REACTIONS NOTED. THE SCANS REVEALED:

FINDINGS IN HEAD:

- There are multiple variable sized geographical lesions seen involving the entire skull vault, facial bones (including maxilla, mandible and zygomatic bone), clavicles, scapula and bilateral ribs and bilateral pelvic bones. However, the vertebra appears grossly normal.
- There is soft tissue seen in the extraconal space of the left orbit lateral to the lateral rectus muscle.
- Multiple subcentimetric bilateral cervical lymph nodes seen SAD of approx. 5mm. Multiple homogeneously enhancing mediastinal lymph nodes noted largest of SAD 6mm.
- There is evidence of mild diffuse cerebral atrophy. Rest of the bilateral cerebral hemispheres appear normal. The pituitary and the stalk appears grossly normal.
- Bilateral ventricles appears normal.
- Bilateral thalamo-ganglionic region appear normal.
- Basal cisterns appears normal.
- Rest of the visualised brainstem appears normal.
- Bilateral cerebellar hemisphere appears normal in attenuation pattern.
- Bony calvarium appears normal.

FINDINGS IN CHEST: (MOTION ARTEFACTS PRESENT)

- There is evidence of diffuse ground glass opacities alongwith few ill defined tiny nodules noted in bilateral lung fields; however, no evidence of any cystic changes or cavitations seen. Multiple areas of septal thickening is also noted in bilateral lung fields predominantly in lower lobes.
- Trachea and major bronchi appears normal.

DEPARTMENT OF RADIODIAGNOSIS

Name: ANABINOOR	Age/sex: 1.5Y/F	CR No: 24422
Date: 03/11/2023	Ref by: U2C1	MRI No: M3043/23
Complaints: K/C/OF multisystem LCH disorder, k/c/ of CMV.		

MRI BRAIN PLAIN

MRI was performed on a 3 TESLA whole body MRI Scanner with 32 channel head coil.
SEQUENCES PERFORMED: Axial: T2 FLAIR/3D BRAVO, T2W, T2* GRE, DWI were obtained, and post processed.

FINDINGS:

- There is bilateral loss of white matter along with prominence of extra-axial and sulcal spaces noted in bilateral cerebral hemisphere.
- There is bilateral ex-vacuo dilatation of lateral ventricles, with periventricular ooze.
- Cavum velli interpositum - normal variant is noted.
- Pituitary appears normal in intensity and morphology. (Bright spot of posterior pituitary seen)
- Corpus callosum appears normal in signal intensity and morphology.
- The basal ganglia and thalami do not show any abnormality.
- Brainstem and cerebellar parenchyma are normal.
- No diffusion restriction is seen on diffusion-weighted images. No evidence of signal loss on magnetic susceptibility weighted images.

IMPRESSION: MRI brain plain study reveals

Bilateral loss of cerebral white matter with prominence of extra-axial and sulcal spaces with ex-vacuo dilatation of lateral ventricles s/o cerebral atrophy.

Please correlate clinically.

Samin
04/11
onsultant

Neha
Senior resident- Dr. Neha

Name: ANABINOOR	Age/sex: 2Y5M /F	CR No: 20258
Date: 26/08/23	Ref by: U3C6	MRI No: M2394/23
Complaints: MULTIPLE LESIONS IN SHULL BONE, TO R/O LESION IN PITUITARY		

MRI BRAIN PLAIN

MRI was performed on a 3 TESLA whole body MRI Scanner with 32 channel head coil.
SEQUENCES PERFORMED: Axial: FLAIR, 3D BRAVO, T2W, T2* GRE, DWI, T1 thin SAG AND COR were obtained, and post processed.

FINDINGS:

- There are multiple well defined variable sized T1/T2 heterogeneously hyperintense lesions are noted diffusely scattered all calvarial bones and bilateral zygomatic bones; largest measuring 33 x 6 mm in left frontal bone. Few of the lesions are showing diffusion restriction.
- There is a well-defined T2 (with the bone) isointense lesion in noted in the lateral wall of left orbit abutting lateral rectus muscle, displacing it towards medial side.
- Bilateral cerebral parenchyma has normal MRI appearance and signal intensity except mild diffuse atrophy of bilateral cerebral hemispheres with dilated ventricular system.
- Gray-white matter differentiation is normal. Pituitary gland appears normal, T1 bright spot in posterior pituitary is maintained.
- Bilateral basal ganglia and thalami are normal. Corpus callosum is normal in thickness and signal intensity.
- Brainstem and cerebellar parenchyma are normal.
- B/L hippocampus appear normal in morphology and signal intensity.
- No diffusion restriction is seen on diffusion-weighted images. No acute hemorrhage.
- Basal cisterns are clear and patent.
- Major dural venous sinuses demonstrate normal flow related signal voids. Flow voids of bilateral ICA is maintained.

IMPRESSION: MRI brain plain study reveals

- Multiple T1/T2 hyperintense lesions in the all calvarial bone with diffusion restriction in few of them.
- A T2 isointense lesion in the lateral wall of left orbit with mesial displacement of lateral rectus muscle.

• Multiple marrow infiltrative disorder: To consider LCH. Suggested Radiologist correlate clinically.

DR. HIMANSHU
Senior resident

Junior resident

HISTOPATHOLOGY REPORT


Name of Patient: Anabi Nurr Age /Sex: 2.5/F Regd. No 24422
Hospital: LHMC Ward: u2 c1 Dr. In charge: Dr. Piyali
Specimen No: 8066 Microsection No: 8066/23
Nature of Specimen: Liver biopsy
Date of Receiving: 4/11/2023 Date of Reporting: 13/11/2023

Labelled as liver biopsy (8066/23)

Section from liver biopsy shows liver parenchyma with areas showing portal fibrosis (identified on Masson's Trichrome stain), bile duct destructions, minimal chronic inflammation.

No medium sized duct included in the biopsy.

to new
old block
7th floor
727

Reported by: 
Dr. Jenna /Dr. Ali (SR) -
Asst. Professor

Department of Pathology

G.B. Pant Institute of Post Graduate Medical Education and Research, New Delhi - 110002 (GIPMER)

Biopsy no: T10445/23

Year: 2023

Name: ANABINOOR

Age: 2.5Y

Sex: Female

Referred By: DR CHITRAKSHI

CR No:

Receipt Date: 02-11-2023

Specimen Received:

T10445/23: Liver tru cut biopsy

Report:

T10445/23: Liver tru cut biopsy

Liver biopsy shows maintained lobular architecture. Pericapsular area and portal tracts shows infiltration by histiocytes in small clusters as well as singly. Some of these histiocytes have abundant amphophilic to finely vacuolated cytoplasm with foamy appearance. The histiocytes have plump round to oval nucleus with vesicular chromatin and single conspicuous nucleolus. No significant atypia or mitosis seen in these cells. These cells are positive for CD68 and negative for CD1a and S-100. Liver architecture is maintained. The portal tracts shows mild infiltration by lymphocytes. Focal bile duct injury with evidence of lymphocytic cholangitis is seen. Periportal ductular inflammation seen. Mild interface hepatitis is seen. Some activated histiocytic cells are seen in the sinusoids (? Kupffer cells) which are positive for CD68 and S-100 and negative for CD1a and langerin. Hepatocytes are showing degenerative changes with focal area of apoptosis and spotty necrosis. Focal cholestasis is present with few foci of lobular inflammation. No significant steatosis is seen.

Impression:

T10445/23: Liver Tru cut biopsy

Feature are suggestive of infiltration by non Langerhans cell histiocytosis (CD68 positive) negative CD1a and S-100).

Possibility of post chemotherapy aberrant loss of immuno-expression of CD1a and S-100 cannot be ruled out.

Note:

Advice: Review of the index biopsy and repeat sampling from skin lesion for correlation.

Reported by:

DR PUJA SAKHUJA/DR SURBHI GOYAL/DR ST

Verified by: DR VL

Date of Report: 25-11-2023

HISTOPATHOLOGY REPORT

Name of Patient: Anabinoor Age /Sex: 2.5/F Regd. No : 20252
Hospital: LHMC Ward: DERMA Dr. In charge: Dr. Vibhu
Specimen No. : 6069 Microsection No.: 6069/23
Nature of Specimen: Skin biopsy
Date of Receiving: 21/8/23 Date of Reporting: 28/08/2023

Labelled as skin biopsy (6069/23)
Consistent with Langerhans cell histiocytosis
IHC:
CD1a: Positive
CD100: Positive

Reported by:
Dr. Anjali (SR) /Dr. Shilpi Agarwal
Dir. Professor

BACHPAN CARE ORGANIZATION

YOUR CONTRIBUTION, MANY SOLUTION

B-360, Jaitpur, Extension, Badarpur, New Delhi - 110044

E-mail: into@bachpancareorganization.org | Web: bachpancareorganization.org

Ref. No.

Date

२७/११/२५

सेवा में,

संस्थापक महोदय

बचपन केयर ऑर्गेनाइजेशन

बक्सुर नई दिल्ली

महोदय,

मेरा बच्चा अनपिनूर जिसका इलाज कलावती श्रावण बाल चिकित्सालय नई दिल्ली में हो रहा है। मेरा बच्चा अभी भी अप सै विभार चल रहा काफी समय उन्की बापुक हालत में है। मेरे बच्चे का बलु कैंसर है। मेरे बच्चे की परिस्थानी बढ़ती जा रही है। मैं आपसे बंध जुड़ कर बिनती जाती हूँ मेरे बच्चे की ~~सहायता~~ ~~की~~ मदद करें मैं आपका जीवन भर उनका मातृभा। और आपका संस्था पर आभारी रहूंगा जीवन भर।

आर्थिक सहायता हेतु धन्यवाद

हार्थी

नविन

