



2
Dy G-CSF 55 mg SC

1
D4 9/11/26
D5 20/1/26
D6 Mela 21/1/26
D7
D8

- Kindly coordinate & shanti ji for accommodation
- Kindly update chemo date
- Upt 2D PCMO done
- Dypt FMFCT (5ml/2m) 5ml POTDS x 3 days
fast chemo

N/v 22/01/26
c 2 pur Pisc done

↳ Room 211

1
22/01/26
6-

Nikita
Dr. NIKITA SINGH
SR Pediatrics Oncology
Dept. of Pediatrics Oncology
AIIMS, New Delhi

22/01/26

→ fever x 1 day, undocumented

* received cyclophosphamide

↳ 18/1/26

cough x 1 day

O/E

HR - 110/min

chest: clear

RR - 20/min

CP + + PP + +

CRT < 3 sec

Adv

1. report casualty :

- CBC, CXR, Blood c/c

- Hapt & vanthrombin

- resp. viral panel

↳ P: P: P: 2
↳ Amritouu

- perf. monitoring

- ct 7mg 6-LSK

Chhara
SRP

1mg a-csf 55mcg
↓
60mcg slc
22/01/26
PCOPD 27/01/26 7:10pm
Jai a-csf

24/1/26

SYP. CETIRIZINE (1ml/1mg) 1ml HS x 5 days

To provide
analgesia for 4 weeks.

Shivani
SR.



Dr. ANJALI BARUA
DM Senior Resident
Dept. of Pediatric Oncology
AIIMS, New Delhi

[Signature]

Dr. Rukhsana Siddiqui, P.F.
DM Resident
Pediatric Oncology
AIIMS, New Delhi-110029
DMC No 13411

N/V in OPD on 11/02/2026 T CD/RA/UP

Shivani
SR.



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW
DELHI

Department Of Lab Medicine (Emergency and Ward)



IID: 108573783 **Reg Date:** 30/08/2025 10:42 AM
Patient Name: Mr SONAMATI SONAMATI
Sex: Male **Age:** 3 years 6 months 19 days
Department: DEPT. OF EMERGENCY MEDICINE **Unit Name:** Unit-1
Unit Incharge: Dr. Rakesh Yadav **Sample Collection Date:** 18/03/2026 11:01 AM
Lab Name: Lab Medicine **Sample Received Date:** 18/03/2026 12:24 PM
Lab Sub Centre:
Dept / IRCH No: 20250030028735 **Recommended By:** Dr. Rakesh Yadav Emergency I10D
Lab Reference No: 495

Sample Details : WC-1803260757 (Serum) / Report Date: 18/03/2026 01:50 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
Calcium (Arsenazo III method)	10.2	mg/dL	8.40-10.20	
Chloride (Potentiometric)	105	mmo/L	98.00-107.00	
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.46	mg/dL	0.66 - 1.25 mg/dL	
Phosphorus (p-methylaminophenol sulfate)	5.3	mg/dL	2.5 - 4.5 mg/dL	
Potassium (Potentiometric)	4.8	mmo/L	3.50-5.10	
Sodium (Potentiometric)	136	mmo/L	137 - 145 mmol/L	
Urea (Urease method)	33.3	mg/dL	15.00-42.00	
Uric Acid (Uricase Method)	5.2	mg/dL	3.5 - 8.5 mg/dL	
A/G ratio (Calculated)	1.28		0.80-2.00	
Albumin (BCG Method)	4.6	gm/dl	3.50-5.00	
ALP(PNPP,AMP Buffer-IFCC)	230	U/L	• 38 - 126 U/L • 144 - 327 U/L	
ALT(UV with pyridoxal 5 phosphate method)	15	U/L	• < 50 U/L	
AST(UV with pyridoxal 5 phosphate method)	37	U/L	• 17 - 59 U/L	
Direct Bilirubin (Calculated)	0.47	mg/dL	• 0 - 0.6 mg/dL • 0 - 0.3	
Globulin (Calculated)	3.6	gm/dl	3.00-3.70	
Indirect Bilirubin (Caffeine sodium benzoate method)	0.46	mg/dL	0.00-0.90	
Total Bilirubin (Modified diazo method)	0.93	mg/dL	• 0 - 1 mg/dL	
Total protein (Biuret reaction)	8.2	gm/dl	5.70-8.20	
Overall Comment :	Kindly correlate result clinically.			

Patel Vidhi Kalpesh Kumar)
Verified By

()
Authorized Signatory

Pa

sup (METS) (5ml/2mg)

5ml PO TDS x 3 ds

by 5-CAF @ CO mg

D₄

D₅

D₆

D₇

D₈

6/19



- MFI to be done post 2 cycles of chemo
- counselling to
- take chemo date
- kindly check lab before chemo.

Nikita

Dr. NIKITA SINGH
Sp. Pediatrics Oncology
Dept. of Pediatrics Oncology
AIIMS, New Delhi

o father counselled by Dr J.P. Sin

Adm): CBC / RFT / LFT
bet. BM A + biopsy B/L biopsies - 17/3/26
w/H chemo
 8 AM
 MCB/DC

if BM is negative - will continue Rx.

if not will give option for Best supportive care

25/3/26

① FORB / Stage IV A

Poor Compliance

Last chemo > 3 months ago.

no fund arranged; process not yet started

social & understanding issues ⊕.

BMA → no e/o mets.

BMBx → awaited

Plan

① To collect BM Biopsy report Ab
decide on further plan & treatment
Patient-

② N/U 01/04/26.

Shani
SR Po.

BMA → no elemts.

BM Bx → awarded

Plan

① To collect BM Biopsy report & breast metalim.
guide on further plan

Shaw
SR Ro.

② n/v 01/04/26.



अखिल भारतीय आयुर्विज्ञान संस्थान नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department of Lab Medicine (Emergency and Ward)

UHID: 108573783
Sex: Male
Patient Name: Mr SONAMATI SONAMATI
Sample Received Date: 29/03/2026 03:26 PM
Age: 3 years 6 months 30 days
Department: DEPT. OF EMERGENCY MEDICINE
Unit Name: Unit-1
Unit Incharge: Dr. Rakesh Yadav
Lab Name: Lab Medicine
Lab Sub Centre:
Reg Date: 30/08/2023 10:42 AM
Sample Collection Date: 29/03/2026 03:18 PM
Report Generated Date: 29/03/2026 04:04 pm
Dept / IHC II No: 20260300033741
Recommended By: Dr. Rakesh Yadav, Emergency HOD
Lab Reference No: 697

Sample Details: WC-2903260874

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	20 mg/dl.		• 15 - 46 mg/dl.
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.31 mg/dl.		• 0.66 - 1.25 mg/dl.
Uric Acid (Uricase Method)	3.7 mg/dl.		• 3.5 - 8.5 mg/dl.
Calcium (Arsenazo III method)	9.9 mg/dl.		• 8.4 - 10.2 mg/dl.
Phosphorus (p-methylaminophenol sulfate)	5.0 mg/dl.		• 2.5 - 4.5 mg/dl.
Sodium (Potentiometric)	138 mmol/L		• 137 - 145 mmol/L
Potassium (Potentiometric)	4.5 mmol/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	107 mmol/L		• 98 - 107 mmol/L
Total Bilirubin (Modified diazo method)	0.53 mg/dL		• 0 - 1 mg/dl.
Direct Bilirubin (Calculated)	0.15 mg/dL		• 0 - 0.6 mg/dl. • 0 - 0.3
Indirect Bilirubin (Caffeine sodium benzoate method)	0.38 mg/dL		• 0.6 - 10.5 mg/dl. • 0 - 1.1 • 0.6 - 10.5
ALT(UV with pyridoxal 5 phosphate method)	17 U/L		• - 50 U/L
AST(UV with pyridoxal 5 phosphate method)	37 U/L		• 17 - 59 U/L
ALP/PNPP/AMP Buffer-IFCC)	179 U/L		• 38 - 126 U/L • 144 - 327 U/L
Albumin (BCG Method)	4.4 gm/dl		• 3.5 - 5 gm/dl
Globulin (Calculated)	3.5 gm/dl		• 3 - 3.7 gm/dl
A/G ratio (Calculated)	1.26		• 0.8 - 2
Total protein (Biuret reaction)	7.9 gm/dl		• 6.3 - 8.2 gm/dl

Over All Comment :

Authorized Signatory

Verified By
drsudhakar

11/03/26

RT FORB C Mito to B11

stage IV bar

• 2 cycle HDCEV

• up & shifted to cementation when

Received cemented cycl 1 on 18/1/26

+

not to follow

counselled regarding the tx.

parents that has not managed just for

MSCT

parents not consistently properly regarding the management.

• Kindly get when start

CBC / AFT / UPT

Medication

• Di GMSER 2mg IV bid

• Di DEXTRO 1mg IV bid

• Di CARBOPLATIN 230mg in 100ml NS IV slowly over 1 hour D₁ / D₂

• Di ETOPOSIDE 40mg in 150ml NS IV slowly over 1 hour 14 D₁ / D₂ / D₃

w/1

प्रयोग
DEPARTMENT

LC-2903260873

108573783



SONAHATI SONAHATI

पुत्र विभाग

PRIMARY MEDICINE

108 57-3783

खेल भारतीय आयुर्विज्ञान संस्थान, अन्सारी नगर, नई दिल्ली-110029
India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

नाम

आयु/Age

लिंग/Sex

Consultant

Unit/Bed No.

EDTA / Citrate / Heparin / Nil

Signature of Doctor

J. P. Singh

Time of Receipt

LED FORM IS NOT ACCEPTABLE

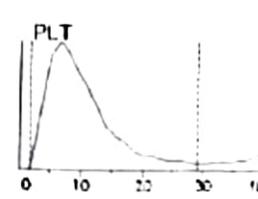
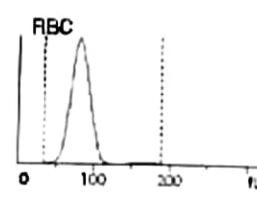
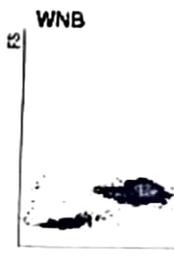
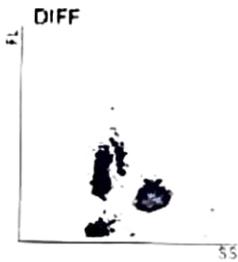
Hematology Analysis Report

First Name **SONAMATI**
 Gender **Female**
 Department
 Mode **AI-WB-CD**
 Serial No **TW-25002239**
 Diagnosis

Last Name
 Age (Year(s))
 Bed No
 Date of Birth:

Sample ID **1-87**
 Patient ID **108573783**
 Date of Analysis **29-03-2026 15:15**
 Ward
 Tube Pos **1-2**

Para	Result	Unit	Ref Ranges	Flag
1 WBC	6.46	10 ⁹ /L	4.00 - 12.00	
2 Neu#	4.54	10 ⁹ /L	2.00 - 8.00	
3 Lym#	1.65	10 ⁹ /L	0.80 - 7.00	
4 Mon#	0.25	10 ⁹ /L	0.12 - 1.20	
5 Eos#	0.01	10 ⁹ /L	0.02 - 0.80	
6 Bas#	0.01	10 ⁹ /L	0.00 - 0.10	
7 IMG#	0.01	10 ⁹ /L	0.00 - 999.99	
8 Neu%	70.4	%	50.0 - 70.0	
9 Lym%	25.6	%	20.0 - 60.0	
10 Mon%	3.8	%	3.0 - 12.0	
11 Eos%	0.1	%	0.5 - 5.0	
12 Bas%	0.1	%	0.0 - 1.0	
13 IMG%	0.2	%	0.0 - 100.0	
14 RBC	4.69	10 ¹² /L	3.50 - 5.20	
15 HGB	10.7	g/dl	12.0 - 16.0	
16 HCT	36.4	%	35.0 - 49.0	
17 MCV	77.6	fL	80.0 - 100.0	
18 MCH	22.8	pg	27.0 - 34.0	
19 MCHC	294	g/L	310 - 370	
20 RDW-CV	15.3	%	11.0 - 16.0	
21 RDW-SD	44.5	fL	35.0 - 56.0	
22 PLT	274	10 ⁹ /L	150 - 450	
23 MPV	10.2	fL	6.5 - 12.0	
24 PDW	16.1		15.0 - 17.0	
25 PCT	0.279	%	0.108 - 0.282	
26 P-LCC	75	10 ⁹ /L	30 - 90	
27 P-LCR	27.4	%	11.0 - 45.0	
28 NRBC#	0.000	10 ⁹ /L		
29 NRBC%	0.00	100WBC		
30 HFC#	0.01	10 ⁹ /L		



Delivered by
 Order Time:
 Comments:

Operated by: User
 Draw Time:

Validated by:
 Time of Printing: 29-03-2026 15:15

[The analysis results only answer to the corresponding sample]

*For research use only, not for diagnostic use

31/12/25

Rt CORE | stage IV a

96 / 7 15 / 27 < 293,000 ✓

RPT/ART - (N)

Pre-medication

qy FMSEF 2.5mg IV stat

qy DEXA 2mg IV stat

Augmented chemo:

(1)

qy VCR Keedly qyt 2DE410 → Dr. Saravona nam - 207

(Chemo date)
10/1/26

↓
Re-date
18/1/26

19/1/26

qy VCR 0.8mg IV slow push D₁

65ml/hour

(2)

qy Hydration

qy DNS + (1:100 Kcl) e

for 6 hour
fast 2 hours of hydration

12/1/26

(3)

qy CYCLOPHOS PHOSPHATE 760mg in 100ml NS
IV slowly over 1 hour (D₁)

(4)

qy MESNA 200mg in 100ml NS IV e D₁, 2, 4 hour

(5)

qy DOXORUBICIN 15mg in 100ml NS IV
slowly over 1 hour D₁

11 Aug. 4USF 55mg SC x 5 days

29/12/25

@ RT FORB / stage IV a.

BM :- involved HPR proceed

DN :- unhooked \bar{c} intracranial fort
nucleus

counseling done \bar{c} whole visit by
Prof R. SETH.

- (i) father counseled regarding the disease status
- (ii) Advice for final arrangement for HSCT.
- (3) accommodation to be arranged
- (4) shift to augmented chemo to
not idea modified.

(5) N/V on wednesday ^{OPD} \bar{c} CBC/RPT/URT
31/12/25

↓ chemo to be started

LH30122501240 108573783



LC3012251804 108573783



Mr SONAMATISONAM

Neha

Dr. NIKITA SINGH
SR Pediatrics Oncology
Dept. of Pediatrics Oncology
AIIMS, New Delhi

Kindly provide Charantada for 10 days

Nikhil

DR. NIKITA SINGH
SR Resident - Pediatrics
Dept. of Pediatrics
All India Institute of Medical Sciences

3/26

Kindly provide Charantada for 10 days.



DR. ANNA SHARMA
Senior Resident
Department of Pediatrics
AIIMS, New Delhi

Patient Details

2/17

Name : *Sonamati*

SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI

Queue / Room
F25
Reporting 18/11/20

Age / Gender : *3y / m.*

Father's Name : *Swandea*

Counseling done at 5ml
- 0.1% Betadine gargle - water
1 5ml
Betadine

Address : *Siwan, Bihar*

- Sitz bath.
- Thermometer.
- Personal Hygiene
- Blood donation.
- Danger sign explained.
- Sick card given.

Contact No :

POC / PCSC No.: *403/25*

Diagnosis: *RB*

Remarks :

SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI
SONAMATI

Queue / Room
F25
Reporting 18/11/20

PICC Line Care

अगर आपके बच्चे को PICC Line Care लगी हुई है तो डे केयर के डाक्टर या नर्स से जरूर संपर्क करें।



UNID No: 108573783

(DEPT OF EMERGENCY MEDICINE)

Emergency No: 2026-030002911

REG DATE: 18/03/2026

REG TIME: 10:18:16 AM

NOX MLL

PROG. NO: **MR SONAMATI SONAMATI**

AGE: **3 years 6 months 19 days**

SEX: **M**

S/O: **MR. SONAMATI**

ADDRESS:

REG. NO: **HNO**

CL. NAME: **CHANDRAN SWAN**

STREET NAME:

CITY: **BLR**

POST:

STATE:

ZIP:

PHONE NO: **978102154**

MOBILE NO:

EMERGENCY:

Specialty: **Emergency**

Criticality: **Red / Yellow / Green**

EMERGENCY BY: **Dr. [Signature]**

Triage: **Responsive**
Unresponsive: **HR** min

Kc/o (R) EORB 2 mets to BM

Shifted to Paeds Main New Emergency

1 Peds One

Presenting Complaint:

40 fever x 2 days (undocumented low grade)
2 cough x 2 days (dry cough)
2 vomiting x 2 days (2-4 ep)

Primary Assessment: **ABC DE** Assessment: **Integon**

Airway

Open & stable: **Yes**
If No:

Breathing: **RR 22** min
Effort: **Normal** Poor increased

Auscultation: **Normal** Poor Differential

Added sounds: **None** Sndor Wheeze Crackles

SpO2 on Room air: **97 / 100**

wt = 11 kg

Circulation

HR: **120** min

CFI: **< 20**

BP: **100/60** mmHg

Peripheral pulse: **Good**

Central pulse: **Good**

Skin temp: **Warm** Cool

Others:

Disability

GCS: **15/5**

Pupil size: **4** mm

Pupillary Reactions: **Normal**

Motor activity

Normal & Symmetrical
Asymmetrical
Posturing Flaccidity Seizure

Blood Sugar: **100** mg/dl

Exposure

Temp: **38.5**
Color: **Normal** Pallor cyanosis mottled
Any other skin lesions:

Diagnosis:

imp

Kc/o (R) EORB 2 mets to BM
2 URI ? FN

- iv cannula / VBE
- CBC / KFT / SE / LFT
- CRP - P/A

19/03/26
- **19/03/26** inj PCM 110 mg iv SOS
- **19/03/26** inj lincosazine (2.5%) 5ml PO OD
- **19/03/26** **flap** 2 blood report if any antibiotics to be added to treatment
- **Peds One** review

