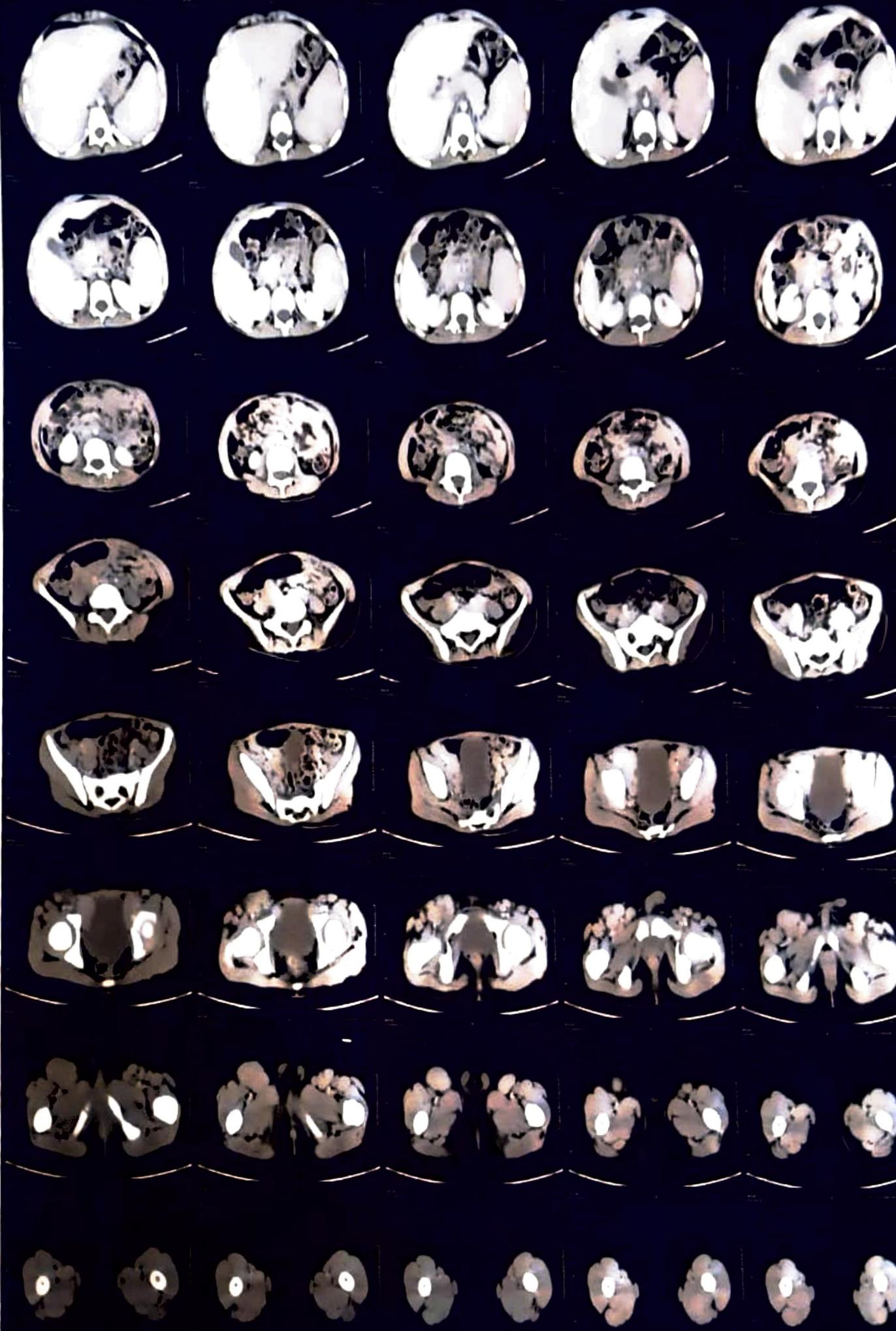




Southern State
WILD, CATTLE, COO, DETAIL-RICHNESS,
AND DURABILITY CHARACTERIZE

FUTURE
OFFICIAL OF THE STATE OF CALIFORNIA
LEADS FROM THE FRONT LINE
IT BARE A BETTER PUPIL







Dr. Ram Manohar Lohia Hospital

Baba Kharak Singh Marg, New Delhi

Patient Name:	MONEY	Age:	6 Years
Gender:	M	Registration No:	20260077055
Abha Id:		Abha No:	
Lab Center Name:	HISTOPATHOLOGY LAB	Lab Incharge:	DRR_AA_5441
Sample Collection Date-Time:	02/03/2026 15:37:38	Address:	NR RAMLILA MAIDAN HARTHALA SONAKPUR MORADABAD
Sample No:	HIS02-03-20260056	Specimen:	Specimen
Specimen Site:	-	Result Verification Date-Time:	02/03/2026 15:50:54
Guardian Name:	-	Doctor Name:	Dr. Neha Mehra
Department Name:	Paediatrics	Beneficiary Id:	-
Scheme Name:	-		

Test Name	Result	Unit	Reference
-----------	--------	------	-----------

Histopathology examination

Lab Ref No. :5262-63/26

Specimen: Labelled as Right inguinal lymph node.

Gross: Received a single grey-white to grey brown soft tissue piece measuring 3.2x2x1.5 cm. The external surface is unremarkable. On serial slicing, it is homogenous grey white to yellow are noted.

Microscopy: Multiple sections examined from the lymph node show a completely effaced nodal architecture. The cells are small to intermediate in size irregular nuclear border vesicular nuclei, prominent, conspicuous nucleoli, scant eosinophilic cytoplasm & brisk mitotic activity is also noted.

Immunohistochemistry :

CD3 - Negative

CD5 - Positive

CD20 - Negative

CD23 - Negative

CD4 - Negative

CD8 - Negative

TdT - Positive

CD79_n - Negative

Pax5 - Negative.

Cyclin D1 - Negative

Impression: Histological features are of CD5-positive, Precursor T- Cell, lymphoblastic lymphoma

REPORTED BY:

Dr. (Prof.) Arvind Ahuja

HOD (Pathology)

Note:

Verified by
SANJAY SINGH RML

Authorized Signatory
KAUSHAL KUMAR

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name : <u>Monu</u>	Age/Sex : <u>64/M</u>	Date : <u>9/8/26</u>
CR/REGD. No. : <u>20260072055</u>	CGHS No. :	OPD/Wd : <u>Fes 3rd</u>
Clinical Diagnosis :		<u>P.B</u>
Unit Incharge : <u>TLS Moti Lal LDM</u>	Signature : <u>[Signature]</u>	

1. Blood Sugar :

F : mg/dl (70-110)
 PP : mg/dl (90-160)
 R : mg/dl (70-140)

2. Kidney Function Test :

Urea : mg/dl (15-45)
 Creatinine : mg/dl (0.6-1.2)
 Uric Acid : mg/dl (2.5-6.0)

3. Liver Function Test :

Total Bil : mg/dl (0.2-1.2)
 Direct Bil : mg/dl (0.1-0.3)
 In. D. Bil : mg/dl (0.2-1.1)
 SGOT : U/L (15-50)
 SGPT : U/L (15-50)
 Alk. Phos : U/L (50-130)
 GGT : U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : gm/dl (6.0-8.0)
 Albumin : gm/dl (3.5-5.5)
 Globulin : gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : mg/dl (130-230)
 HDL Chol. : mg/dl (30-65)
 LDL Chol. : mg/dl (50-150)
 VLDL Chol. : mg/dl (upto 40)
 Triglyceride : mg/dl (50-200)

6. S. Electrolytes :

Sodium : mmol/L (130-150)
 Potassium : mmol/L (3.5-5.5)
 Chloride : mol/L (95-110)
 Calcium : mg/dl (8.5-10.5)
 Phosphorus : mg/dl (2.5-5.5)

S.N.R

7. Cardiac Profile :

CPK : U/L (50-200)
 CK-MB : U/L (upto 25)
 LDH : U/L (110-240)
 SGOT : U/L (15-50)

8. Iron Profile :

T. Iron : µg/dl (60-150)
 TIBC : µg/dl (250-400)
 UIBC : µg/dl (150-250)
 Saturation : % (20-35)

9. Others :

S. Amylase : U/L (30-110)
 S. Lipase : U/L (23-300)
 S. Magnesium : mg/dl (1.6-2.3)
 Ammonia (NH₃) : µmol/L (9-30)
 Lactate : mmol/L (0.7-2.1)



**Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi - 110001**



DIAGNOSTIC STUDIES		4	9/2/26
ECG			still havey URI
ECHO			B/L chest clear no adventitious sounds Pediatric opinion taken regarding this.
TMT/ Dobutamine Stress ECHO			
Angiography			
Xray -Chest	Adv.		7/2/26
Spirometry		9/2/26 Adv	C/o productivel Cough
Xray -Neck		Indirect Laryngoscopy	child is having acute cough
CT/MRI			Adv.
DTPA		RPAE	Respiratory To and VORE Review RPAE
Renal Angiography			
USG Abdomen			
OTHERS			

Resident
Department of Anaesthesia
ABVIMS & Dr. RML Hospital
New Delhi - 110001

Dr. K. Kripa Rani
PG Resident
Department of Anaesthesia
ABVIMS and Dr. RML Hospital
New Delhi - 110001

ASA PHYSICAL STATUS	I / II / III / IV / E
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6/2/26

PLAN OF OPTIMIZATION (including Referrals)
1) Pediatric Neurology opinion if/af H/O seizure 6 months back
2) RPAE
3)
4)

Not on any anti-epileptic

Dr. Swagatika
PG Resident
Department of Anaesthesia
ABVIMS & Dr. RML Hospital
New Delhi - 110001

PLAN OF ANAESTHESIA-	GA/ SAB/ EB/ C/ S/ Nerve Block/Sedation/ MAC
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PAIN MANAGEMENT -

राम मनोहर लोहिया अस्पताल
(विकिरण विभाग)

एक्सरे/अल्ट्रासाउण्ड रिपोर्ट
X-RAY/ULTRASOUND REPORT

Dr. Ram Manohar Lohia Hospital
(Department of Radiology)

एक्सरे/अल्ट्रासाउण्ड की जांच के लिए मांग-पत्र
X-RAY/ULTRASOUND REQUISITION

यूनिट का नाम
Name of Unit

तारीख
Date 11/2/26

नाम
Name

आयु/लिंग
Age/Sex

रोगी का नाम
Name of Patient

आयु/लिंग
Age/Sex

भेजने वाले डॉ० का नाम
Referred by

5/2/26 USG neck

के०स०स्वा० योजना कार्ड सं०
C.G.H.S. Card No.

वार्ड/बा०रो०वि०
Ward/O.P.D.

रिपोर्ट सं०
Report No.

20260077055
IP - 260006866

ECG 37

संक्षिप्त नैदानिक टिप्पणी
Brief Clinical Notes

दिनांक
Date

multiple enlarged
cervical LNs largest
measuring 4x16mm
are noted at left
level I. enlarged
- multiple LNs also
noted at left level
II, III, IV

अपेक्षित जांच
Examination Required

अनन्तिम निदान
Provisional Diagnosis

USG neck + USG whole abdomen.
USG B/L Inguinoscrotal
- Non-Hodgkin's lymphoma

विकिरण विभाग के हस्ताक्षर
Signature of Radiologists
Dr. Manoj Kumar
PG Resident

विकिरण विज्ञानी के हस्ताक्षर
Signature of Radiologist

Imp cervical lymphadenopathy
is detailed

Planned for
2 pm
V.V. patient
fine early
Date

Planned
for emergency
L.N. Biopsy



HISTORY & SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM	
Asthma	
COPD	
TB/Pneumonia/ILD	4/2022
Smoking	Packs/Year
Productive Cough	H/O dry cough x 2 days.
Recent URI	
BHT	Chest: Breath Sounds B/L AE, clear & eg
Cough Test	Added Sounds not heard.

CARDIOVASCULAR SYSTEM	
Hypertension	
CAD	
Angina	
Rheumatic Fever	
CHF	
Pacemaker	None
DCMP/HOCM	
Dyspnea	Grade-
Orthopnea/PND	
METS	RCRI
Heart S1/S2	>4
Murmur	(+) not heard

NEUROLOGICAL SYSTEM	
Seizure	Neurological opinion - Not seizure but breath holding spell
CVA/TIA	H/O seizure x 6-7 months
Trauma	
Head injury/ Unconscious/Ent Bleed	None. Last attack 2-3 episode/day x 2 month
Previous Neurosurgery	breath after not taking medication from local doctor 19/05/22

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL,
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

नाम/Name Money Kumar | 77055 कमरा/शय्या सं./Room/Bed No

दिनांक/Date प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment आहार/Diet

<p>2/26 4 pm</p> <p>UCL NECK + USG W/A done for 5/2/26</p>	<p>OK - 2 NHL C? Non Hodgkin's lymphoma</p> <p><u>ALT</u> (R) inguinal swelling x 2 months, firm, consistently mobile, discrete</p> <p>(L) sized cervical LN swelling x 1 month firm in consistency, mobile, discrete</p> <p><u>O/S</u> AC-avg HR-avg/in RL- 22/mi Sp2 - 98/RA Ext - Wom CRT C3rec PPI Pu - TN</p> <p>W (P) - (R) inguinal LN (largest 8x7cm) multiple - mobile, discrete firm</p> <p>(L) cervical LN - level III largest 7x3cm mobile, firm in consistency, discrete</p> <p>06/04/25 (CPT) Dr. A. Hermalin</p> <p>• EEG • frozen histology •] if definite → <u>CERT head</u></p> <p>med c Colchicine → 2.5mg O, 2x, 4x</p>	<p>Adv to Review with USG Report</p> <p>DE NCH (243)</p>
--	--	---

31/1/26

Mani 5 year old male child

40

(R) Inguinal swelling x 3 months

L 7x8 cm

L Inguinal mass, progressive in nature
no pain, warmth, redness, pus discharge

AC - fever

PT - 90/min

RR - 24/min

CA - 34

BP -

(L) 1 sided cervical LN swelling x 1 month -> (R) side

L Multiple, painless mass, progressive in nature
L No signs of inflammation

L (R) side cervical LN 1 week

fever x 1 month - on 4 off, low grade, intermittent
relieved on medication

No weight loss, excessive sweating, lethargy
progressive pallor of body, TB contact
burning / difficulty in micturition / bladder symptoms

Throat pain / ear aches / ear discharge / No h/o
similar complaints in past

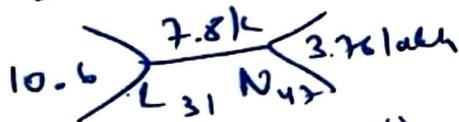
TL Cervical LN (L) side level III, IV (7x8 cm)
mobile, nodular, no signs of inflammation

(R) Inguinal LN (Multiple)
largest - 8x8 cm; mobile, nodular, no signs of inflammation

(L) side inguinal LN (2x1 cm)

PIA - soft, NT, ND
SS (+), NO USM

cutside MV
13/1/26



CSR - 2.71 (N)

RAS - 76.5

FNAC cervical LN - Reactive LN

(14/1/26)

MTx -

21/1/26

PS - Eosinophilia
FNAC (R) cervical & (L) inguinal LN
L Non Hodgkin's lymphoma
(centrocyte / centroblastic)

US A3 - NR

cutside MV - NR

- No mediastinal

Plan
- CBC E PS, retic count
- LFT, KFT, SET

- PT / AP TT / ZNK

-> Chest X Ray / A + V

-> GA for CSNAAT

-> Peds surgery reference for LN Biopsy

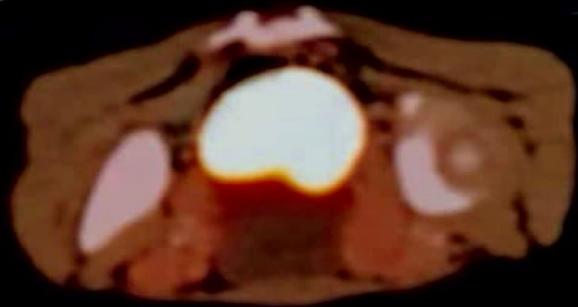
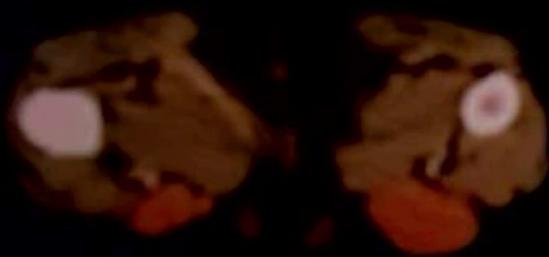
Safal

MOLECULAR DIAGNOSTICS

18F-FDG 06/01/2026

MOEY
P.O.#1610002227

M 6V





BACHPAN CARE ORGANIZATION

YOUR CONTRIBUTION, MANY SOLUTION

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

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

Date

Ref. No.

श्रीमान्
संस्थापक महोदय
Bachpan Care Organization

विषय : — मेरे बच्चे के इलाज हेतु आर्थिक सहायता प्रदान करने के संबंध में प्रार्थना पत्र।

महोदय : — मेरा नाम आलोक कुमार है और मेरी मनी (Maney) का पिता हूँ। हम मुंबईवादी (उ.प्र.) के निवासी हैं। मेरा बच्चा इस समय (Hospital) में इलाज के लिए भर्ती है। डॉ. के अनुसार मेरे बच्चे को नॉन हॉजकिन लिम्फोमा (Non-Hodgkin Lymphoma) होने की आशंका है जो कि एक गंभीर बीमारी है। डॉक्टरों ने कई जाँचें, बायोप्सी, अस्पताल में भर्ती और कीमती उपचार की सलाह दी है।

इलाज का अनुमानित खर्च लगभग ₹ 2,50,000 से 6,00,000 बताया गया है जो मेरी आर्थिक स्थिति से कहीं अधिक है। मैं एक गरीब व्यक्ति हूँ और इतने बड़े इलाज का खर्च उठाने में असमर्थ हूँ।

आपसे निवेदन है कि कृपया मेरे बच्चे के इलाज के लिए आर्थिक सहायता प्रदान करने की कृपा करें। ताकि मेरे बच्चे का इलाज हो सके।

प्रार्थी
आलोक कुमार



Paeds Surgery reference

Money
byla
77055

To
The sstao
Dept of paeds Surgery
Dr Ranu Hoop
Delhi.

Respected sir/madam

This patient is 4000000 Rt inguinal ^{Progressive} swelling x 3 months (7-8cm)
Lt cervical LN swelling x 1 month (gradually progressive)
& fever x 1 month - (on & off)
No night sweats +

? Non Hodgkin's lymphoma
Lymph node (Cervical) FNAC + Reactive lymphadenopathy
& left inguinal FNAC → Non-Hodgkin lymphoma (centroblastic) (centrocytic)

- HBAg, AntiHCV & HIV + NP.
- IFA/IFA/IFA ⇒ 19.8 / 34.7 / 1.17

o/e Rt Inguinal LN multiple → largest Bery 8x8 cm; mobile; firm; discrete
Lt Inguinal LN → 2x1 cm
Lt Cervical LN → level II & IV → 7x8 cm mobile firm & discrete

PIA soft NT NO liver & spleen → not palpable

USG w/A → B/L inguinal lymphadenopathy → multiple
5/2/26 → mild splenomegaly
→ borderline hepatomegaly
USG neck → Cervical lymphadenopathy
Rt → largest 15mm
Lt → 6mm

Kindly assess & consider this patient for LN Biopsy
↓ local anaesthesia.
Thank you.