3rd CSF

(1st COPADM cycle Dx)

DEPARTMENT OF PATHOLOGY

LADY HARDINGE MEDICAL COLLEGE & SMT. S.K. HOSPITAL, NEW DELHI

CYTOLOGY REPORT FORM

me of Patient Vansh Sex 4y/M Age 4yr Regd. No. 988

ospital LHMC Ward U2 PMBC Dr. In-Charge

ase No 78 Smear No FNA 1-92/75

eceived on 13/1/25 Reported on

nvestigation asked for :-

CSF for Malignant Cytology (FNA 1-92/75)

Report :- GROSS - Received 600 µl of clear fluid.

TLC = 01 cell / cmm3

Microscopy :- Cytospin smears show occasional lymphocyte.

No atypical cell seen in the smears examined.

Dr Preeti
Professor

KALAWATI SARAN CHILDREN HOSPITALL- NEW DELHI

24 HRS. EMERGENCY LAB
DEPARTMENT OF BIOCHEMISTRY

DXH 500
MACHINE-I

Specimen ID: 12
Patient ID: 22619
First Name: VANSH

Run Date/Time: 19/01/2025 03:14 PM
Collection:
Location: U2

Test: CD
Gender: U
Last Name:

Specimen: WB

Age:

Date of Birth:
Sequence #: 34534
Physician:

Kindly Correlate clinically.

Checked Twice

Test	Result	Flags	Units	Low	High
WBC	0.78	L	x10³/µL	3.71	10.67
LY	62.81	Rh	%	18.94	46.71
MO	32.94	Rh	%	4.88	12.81
NE	3.42	Rl	%	40.62	71.65
EO	0.47	Rl	%	0.74	6.73
BA	0.35	R	%	0.05	0.48
LY#	0.49	Rl	x10³/µL	1.15	3.52
MO#	0.26	R	x10³/µL	0.25	0.99
NE#	0.03	Rl	x10³/µL	1.85	6.72
EO#	0.00	Rl	x10³/µL	0.04	0.48
BA#	0.00	R	x10³/µL	0.00	0.03

Test	Result	Flags	Units	Low	High
RBC	2.65	l	x10⁶/µL	3.87	5.68
HGB	6.26	L	g/dL	12.00	16.75
HCT	19.7	L	%	35.1	48.7
MCV	74.4	l	fL	78.4	97.6
MCH	23.6	l	pg	26.5	33.5
MCHC	31.8	l	g/dL	32.9	35.4
RDW	19.5	h	%	12.7	15.6
RDW-SD	48.0		fL	38.9	49.0
PLT	22.9	RL	x10³/µL	150.5	366.8
MPV	9.05	R	fL	7.42	10.77

Flags & Messages

Flags:
Abnormal Diff
Suspect Diff
Large Cells
PLT3: PLT/RBC Overlap

RBC

PLT

6.2. Group B, intermediate risk: Induction: COPADM course n°1 and course n°2

1st COPADM (course n°1) starts on day 8 after COP, (may be delayed for up to 3 days if continuing metabolic or other problems).
Note: Control renal function before administrating methotrexate. If GFR is <60 ml/min/1.73m² delay methotrexate until GFR >60 ml/min/1.73m².

Vincristine	2.0 mg/m² (max dose 2 mg) as IV bolus on day 1.
Prednisolone	60 mg/m²/day (divided into two doses) orally on Days 1 - 5 inclusive then reduced to zero over 3 days. Methylprednisolone IV may be used at the same dose of prednisolone if unable to take orally or GI absorption affected.
Methotrexate	3 g/m² in fluids as per local practice. IV infusion over **3** hours on Day 1. See Appendix 2 for further details.
Folinic acid	15 mg/m² orally/IV every 6 hours until MTX level is below 0.15 µmol/L, see Appendix 2 for further details. This begins at **24** hours from the start of the methotrexate infusion.
Cyclophosphamide	250 mg/m²/dose every 12 hours as an infusion over 15 mins on days 2-4 (total of 6 doses). Continue hydration at a rate of 3000 ml/m²/day until 12 hours after the last dose of cyclophosphamide.
Doxorubicin	60 mg/m²/day in 1 hour infusion on Day 2.
IT drugs	Methotrexate and hydrocortisone 8 - 15 mg by IT injection on Days 2 and 6 (dose varies with age, Appendix 1)
	IT injection on D2 should be given before start of folinic acid rescue.

COPADM cycle-1.

B-intermediate: COPADM 24/1/25 4/1 10/1 6/1 12/1 13/1

Days	1	2	3	4	5	6
Vincristine	•					
Prednisolone	• •	• •	• •	• •	• •	Tail to zero over 3 days
Methotrexate	•					
Folinic acid		••••	••(••)	(••••)		
Cyclophosphamide		• •	• •	• •		
Doxorubicin		•				
IT Methotrexate/ Hydrocortisone		•				•

D16 — CBC [Plt platelets, ANC > 1000] → restart 2nd COPADM (Before D21)

COPADM 2nd cycle → 28/1/25

Sample No.: VANSH 1513 U2C5
Patient ID:
Name:
Sample Comment:

Ward:
Rack:
Position:
Doctor:
Birth:
Sex:
Nickname:

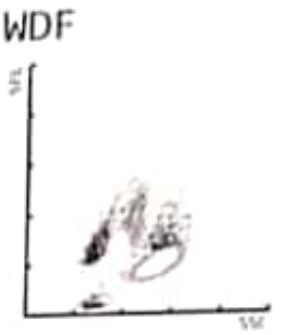
26/01/2025 12:40
XN-1000-1-A

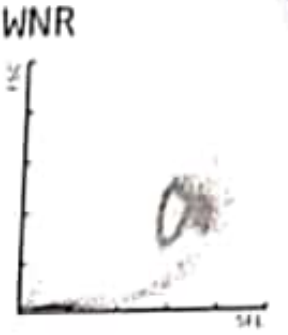
Positive

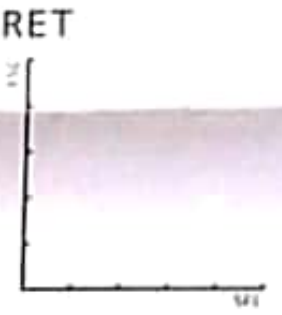
Diff. Morph. Count

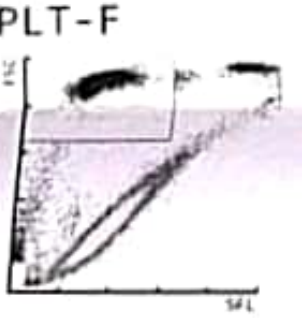
WBC	21.05 +	[10^3/uL]		
RBC	3.44	[10^6/uL]		
HGB	9.4	[g/dL]		
HCT	28.3	[%]		
MCV	82.3 -	[fL]		
MCH	27.3	[pg]		
MCHC	33.2	[g/dL]		
PLT &F	552 +	[10^3/uL]		
RDW-SD	50.4	[fL]		
RDW-CV	16.9 +	[%]		
PDW	11.2	[fL]		
MPV	10.3	[fL]		
P-LCR	27.1	[%]		
PCT	0.52 +	[%]		
NRBC	0.00	[10^3/uL]	0.0	[%]
NEUT	16.90 +	[10^3/uL]	80.3 +	[%]
LYMPH	1.81	[10^3/uL]	8.6 -	[%]
MONO	2.29 +	[10^3/uL]	10.9	[%]
EO	0.00	[10^3/uL]	0.0	[%]
BASO	0.05	[10^3/uL]	0.2	[%]
IG	0.92	[10^3/uL]	4.4	[%]
RET		[%]		[10^6/uL]
IRF		[%]		
LFR		[%]		
MFR		[%]		
HFR		[%]		
RET-He		[pg]		
IPF	10.9	[%]		

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
Neutrophilia
Monocytosis
Leukocytosis
IG Present

RBC IP Message
Anemia

PLT IP Message

Sample No: 32619 VANSH U2DC Rack: Position: 13/01/2025 11:42
Patient ID: Ward: Doctor:
Name: Birth: Sex:
Sample Comment: Nickname: XN-1000-1-A

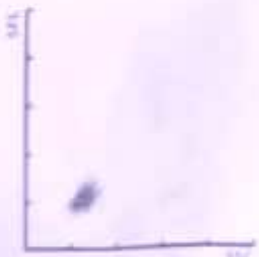
Positive

Diff. Morph. Count

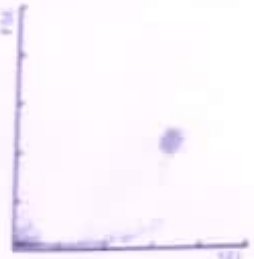
WBC	1.67 -	[10^3/uL]		
RBC	2.90	[10^6/uL]		
HGB	7.3 -	[g/dL]		
HCT	21.5 -	[%]		
MCV	74.1 -	[fL]		
MCH	25.2 -	[pg]		
MCHC	34.0	[g/dL]		
PLT	192	[10^3/uL]		
RDW-SD	46.4	[fL]		
RDW-CV	17.6 +	[%]		
PDW	8.8 -	[fL]		
MPV	9.6	[fL]		
P-LCR	22.9	[%]		
PCT	0.18	[%]		
NRBC	0.00	[10^3/uL]	0.0	[%]
NEUT	0.22 *	[10^3/uL]	13.2 *	[%]
LYMPH	1.38 *	[10^3/uL]	82.6 *	[%]
MONO	0.02 *	[10^3/uL]	1.2 *	[%]
EO	0.04	[10^3/uL]	2.4	[%]
BASO	0.01	[10^3/uL]	0.6	[%]
IG	0.04 *	[10^3/uL]	2.4 *	[%]
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]	

WDF



WNR



RET

PLT-F

RBC

PLT

WBC IP Message
Neutropenia
Lymphocytosis
Leukocytopenia
Blasts/Abn Lympho?

RBC IP Message
Anemia

PLT IP Message

KALAWATI SARAN CHILDREN HOSPITAL, NEW DELHI

24 Hrs. Emergency Lab
Department of Biochemistry

DXH 500
Analyser-II

Specimen ID: 15
Patient ID: 1513
First Name: VANSH

Test: CD
Gender: U
Last Name:

Specimen: WB

Run Date/Time: 23/01/2025 22:56
Collection:
Location: U2
Comments:

Date of Birth:
Sequence #: 144620
Physician:

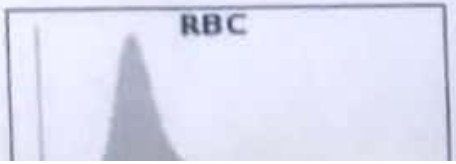
Age:

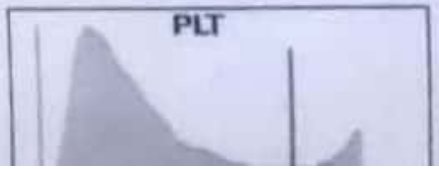
Test	Result	Flags	Units	Low	High
WBC	7.82		x10³/µL	3.71	10.67
LY	8.86	Rl	%	18.94	46.71
MO	23.05	Rh	%	4.88	12.81
NE	66.83	R	%	40.62	71.65
EO	0.19	Rl	%	0.74	6.73
BA	1.06	Rh	%	0.05	0.48
LY#	0.69	Rl	x10³/µL	1.15	3.52
MO#	1.80	RH	x10³/µL	0.25	0.99
NE#	5.23	R	x10³/µL	1.85	6.72
EO#	0.01	Rl	x10³/µL	0.04	0.48
BA#	0.08	Rh	x10³/µL	0.00	0.03

Test	Result	Flags	Units	Low	High
RBC	3.06	l	x10⁶/µL	3.87	5.68
HGB	8.35	L	g/dL	12.00	16.75
HCT	25.5	l	%	35.1	48.7
MCV	83.4		fL	78.4	97.6
MCH	27.3		pg	26.5	33.5
MCHC	32.7	l	g/dL	32.9	35.4
RDW	17.2	h	%	12.7	15.6
RDW-SD	50.0	h	fL	38.9	49.0
PLT	285.2		x10³/µL	150.5	366.8
MPV	10.12		fL	7.42	10.77

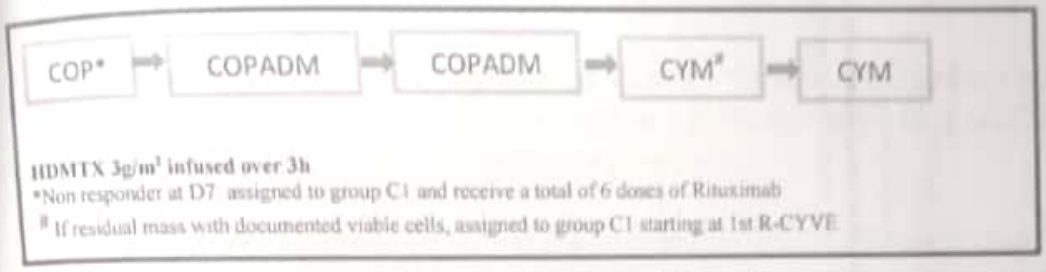
Flags & Messages

Flags
Abnormal Diff
Suspect Diff
MO/NE Overlap





6. Group B, intermediate risk



Intervals between courses should be as short as possible, and the subsequent course given as soon as recovery allows. In case of severe complication (such as gut perforation, fungal infection) which necessitates to delay chemotherapy and does not allow to start the next course on time, a course of COP ("waiting COP" course) should be considered in order not to leave the patient without any chemotherapy.

6.1. Group B, intermediate risk pre-phase: COP

Prevention or treatment of the tumour lysis syndrome must be started before the administration of the chemotherapy and be continued as long as necessary the following days.

Vincristine	1.0 mg/m² (max single dose 2.0 mg) IV bolus on Day 1
Cyclophosphamide	300 mg/m² as an infusion over 15 minutes on Day 1
Prednisolone	60 mg/m²/day (divided into two doses) orally on Days 1–7. Methylprednisolone IV may be used at the same dose of prednisolone if unable to take orally or GI absorption affected.
IT drugs*	Methotrexate and hydrocortisone 8 - 15 mg by IT injection on Day 1 (dose varies with age, Appendix 1)

B-intermediate: Pre-phase COP

Days	1	2	3	4	5	6	7 Tumour evaluation
Vincristine	•						
Cyclophosphamide	•						
Prednisolone	• •	• •	• •	• •	• •	• •	• •
IT Methotrexate/ Hydrocortisone*	•						

Note: *Omit D1 intrathecal if given previous intrathecal therapy (with the staging lumbar puncture)

Evaluation of tumour response should be performed on day 7. Patients who have no tumour respon at day 7 (<20% reduction in the product of the two largest diameters of the tumour) should be treat according to C1 arm and receive a total of 6 doses of rituximab.

Regd. No. 526

Mob.: 9717919012

BACHPAN CARE ORGANIZATION

YOUR CONTRIBUTION, MANY SOLUTION

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

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

Ref. No. .....

Date 04/03/2025

सेवा में,

संस्थापक महोदया

बचपन केयर आर्गेनाईजेशन

महोदया,

मैं धर्मवीर वंश का पिता आपकी संस्था से हाथ जोड़ कर निवेदन करता हूँ कि मेरे बच्चे की सहायता करें हमारे बच्चे की हालत दिन पे दिन गंभीर होती जा रही है। इसके इलाज का खर्चा बहुत ज्यादा है। आपकी संस्था सबकी मदद करती है कृपा करके हमारे बच्चे पर कृपा करें। हमारा पूरा परिवार आपके संस्था के लिए दुआ करेंगा।

आभारी

धर्मवीर