



# DEPARTMENT OF PATHOLOGY

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

## CYTOLOGY REPORT FORM

Name of Patient..... Yash ..... Sex ♂ 5M Age..... M ..... Regd. No. 33125

Hospital ..... Ward ..... Dr. In-Charge .....

Case No ..... 1523 ..... Smear No ..... 4221-22 .....

Received on ..... 16/12/24 ..... Reported on ..... 16/12/24 .....

Investigation asked for :- ClF for malignant cytology (4221-22/24)

Gross :- Received 0.5ml clear fluid.

Report :-  
TLC - 2 cells/mm<sup>2</sup>  
DLC - L50%. M50%.

Microscopy :- cytospin smear shows occasional lympho-mononuclear cells.

No atypical cells seen in the smear examined.

Resp System

CVS

Provisional/Clinical Diagnosis CALLA+ve B-cell ALL

Basic Hematology Data (At admission)

- Hb..... 6.4 ..... gm/dl.....
- TLC..... 7600 ..... /mm<sup>3</sup>.....
- DLC: N 18% L 57% E 1.2% M 23.3% B 0.4% Myleo.....% Meta.....%
- Blasts..... 17 ..... % n RBC 29 /100wbc ?
- Platelets..... 21k / mm<sup>3</sup>.....

Smear Exam..... Thrombocytopenia with prum of 17% blasts, Red cells are Normocytic & normochromic with few macrocyte  
BMA (No 4-15/24) --- Report DLC = Blasts 17 N 15 L 58 M 10 n RBC (29) 100 wbc

Myelogram: Blast 82% MN 1 St 2 N 2 L 3 n RBC 10.  
Morphological Subtype..... CALLA positive B-cell Acute Lymphoblastic Leukemia.

- Special Stains
  - MPO.....
  - PAS.....
  - Peroxidase.....
  - Other.....
- Immunophenotyping..... Bright expr. -> CD 79a, CD 10, HLA-DR.  
Flow cytometry reveal 72% Blasts.
- Chromosomal studies
  - Numerical.....
  - Structural.....
  - BCR-ABL.....
- BM biopsy (No) Imprint report.....
- BM Biopsy report.....

Yash (s/o → Shiv. Kr. Paul)

Acute lymphoblastic Leukaemia [child was in TLS]

Age at Diagnosis: 2y 5m/M.

Presentation: Fever | Abdominal distension | Neck swelling x 3mo.

Initial TLC: 760

CXR: >1/3 Yes/No

Liver: Bulky Yes/No

Spleen: Bulky Yes/No

B/L testis: normal/Enlarged

Bone Marrow/Peripheral Blood: Myelogram - Blast 82% | M1, S2, N2, L3, nRBC 10

→ Blasts 17% | N1, S1, L5, M1, nRBC 29/100 RBC

Flowcytometry/IPF: → CALLA positive B-cell ALL.

→ Bright expression - CD79a, CD10, HLA-DR.

Cytogenetics:

1<sup>st</sup> CSF: TLC/DLC/RBCs

Malignant cells

Day 8 Absolute Blast Count: 111

Day 35: Bone Marrow

MRD

EOC (T-ALL/Refractory): Bone marrow

MRD

Initial Risk → SR &

Final Risk

- CSF \_\_\_\_\_ CNS Status \_\_\_\_\_
- FNAC (No-.....)
- LN Biopsy: (No-.....)
- D 8 PS Absolute blast count (exact number).....
- D 14 marrow: (write percentage of blasts).....

• **OTHER TESTS**

- Mx test.....
- HIV..... **(NR)**
- HbsAg..... **NR**
- HCV..... **NR**
- LFT: Bil T 0.4 1.4 I \_\_\_\_\_ SGOT 30.1 SGPT 12.8 ALP 246
- KFT Urea 39.6 Creatinine 0.34 Uric Acid 9
- S Calcium 10/4.2 Phosphorus 6.54
- CXR..... **(WNL)**
- Skeletal Survey.....
- USG Abdomen.....
- CT.....
- PET Scan (date).....

• **RISK ASSESSMENT:**

○ Initial:

- Age : < 1 yr/ **>1-10 yr** / > 10 yr
- WBC (presentation): **< 50,000**/mm<sup>3</sup>/ 50,000-100,000/mm<sup>3</sup>/ >100,000/mm<sup>3</sup>
- Bulky disease:
  - Liver > mid-umbilicus...yes **(no)**

Sample No 51/7184  
 Name  
 Sample Comment

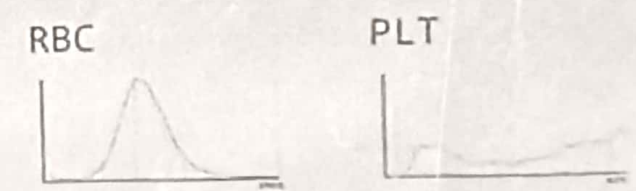
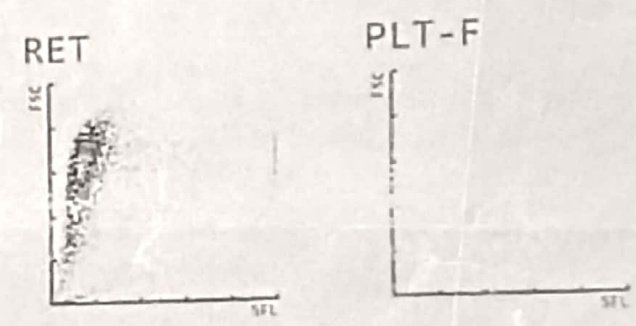
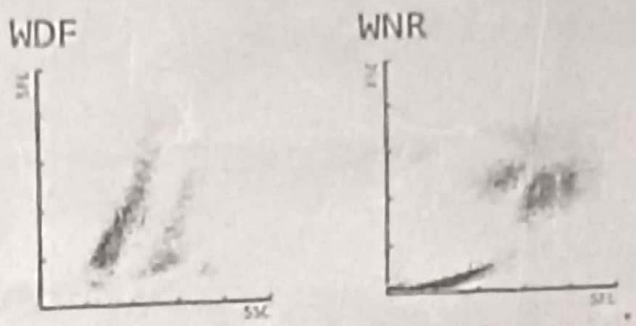
Ward Rack 14 Position: 4 2024/07/26 14:46:33 WB  
 Doctor  
 Birth Sex  
 Nickname XN-1500-1-R

Positive  
 Diff. Morph. Count

WBC	7.60	[10 <sup>3</sup> /uL]
RBC	2.09	[10 <sup>6</sup> /uL]
HGB	6.4	[g/dL]
HCT	22.8	[%]
MCV	109.1	[fL]
MCH	30.6	[pg]
MCHC	28.1	[g/dL]
PLT	21	[10 <sup>3</sup> /uL]
RDW-SD	82.7	[fL]
RDW-CV	21.4	[%]
PDW	----	[fL]
MPV	----	[fL]
P-LCR	----	[%]
PCT	----	[%]
NRBC	1.19	[10 <sup>3</sup> /uL]
NEUT	1.37	[10 <sup>3</sup> /uL]
LYMPH	4.34	[10 <sup>3</sup> /uL]
MONO	1.77	[10 <sup>3</sup> /uL]
EO	0.09	[10 <sup>3</sup> /uL]
BASO	0.03	[10 <sup>3</sup> /uL]
IG	0.34	[10 <sup>3</sup> /uL]
RET	2.70	[%]
IRF	37.2	[%]
---	52.7	[%]
HFR	17.6	[%]
H-R	19.6	[%]
RET-He	25.8	[pg]
IPF	----	[%]
WBC-BF	----	[10 <sup>3</sup> /uL]
RBC-BF	----	[10 <sup>6</sup> /uL]
MN	----	[10 <sup>3</sup> /uL]
PMN	----	[10 <sup>3</sup> /uL]
TC-BF#	----	[10 <sup>3</sup> /uL]

Yash  
 2y 5m  
 21087  
 U<sub>2</sub> C<sub>3</sub>

P/S - smear shows thrombocytopenia with presence of 14% atypical cells/blast. Red cells are normocytic normochromic with a few macrocytes



WBC IP Message  
 WBC Abn Scattergram  
 Lymphocytosis  
 Monocytosis  
 NRBC Present  
 IG Present  
 Blasts/Abn Lympho?  
 Atypical Lympho?

RBC IP Message  
 Anisocytosis  
 Hypochromia  
 Anemia  
 RET Abn Scattergram  
 Fragments?

PLT IP Message  
 PLT Abn Distribution  
 Thrombocytopenia

DLC - Atypical cells . N L M E B 01  
 14 17 62 05 01  
 16 nRBC/100 WBC

Adv: -> clinical correlation  
 2) Bone marrow aspiration for confirmation & immunophenotyping.  
 00-22 2024/07/26 14:53  
 H/oth 27/7/25

# Standard Risk, Induction Phase

Yash  
2y8m/m. | BSA = 0.53 m<sup>2</sup>

30/07/2024

BCP-ALL Standard Risk - Induction Phase 08/8/2024



Prednisolone, 60 mg/m<sup>2</sup>, oral, in three divided doses (capped at 120mg per day) day, 1-7, 8-14 and 22-28  
 Vincristine, 1.5 mg/m<sup>2</sup> (capped at 2 mg per dose), IV Days 8, 15, 22, 29 as slow IV push OR slow bolus through the side port of a fast-running infusion of 100mL 0.9% NaCl  
 Intrathecal Methotrexate, (doses as above), days 8, 15, 35 (CNS disease -ve); X additional IT's for CNS2  
 Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg  
 Native L-Asparaginase, 10,000 IU/m<sup>2</sup>, IM, days 8, 10, 12, 22, 24, 26, no more than 2 ml at each site  
 OR, Peg-Asparaginase 1000 IU/m<sup>2</sup>, IM, day 8  
 Septran, BSA <0.50: 120 mg; ≥ 0.50 - < 0.76: 240 mg; ≥ 0.76 - < 1: 360 mg; ≥ 1: 480 mg BD, oral, on two consecutive days every week

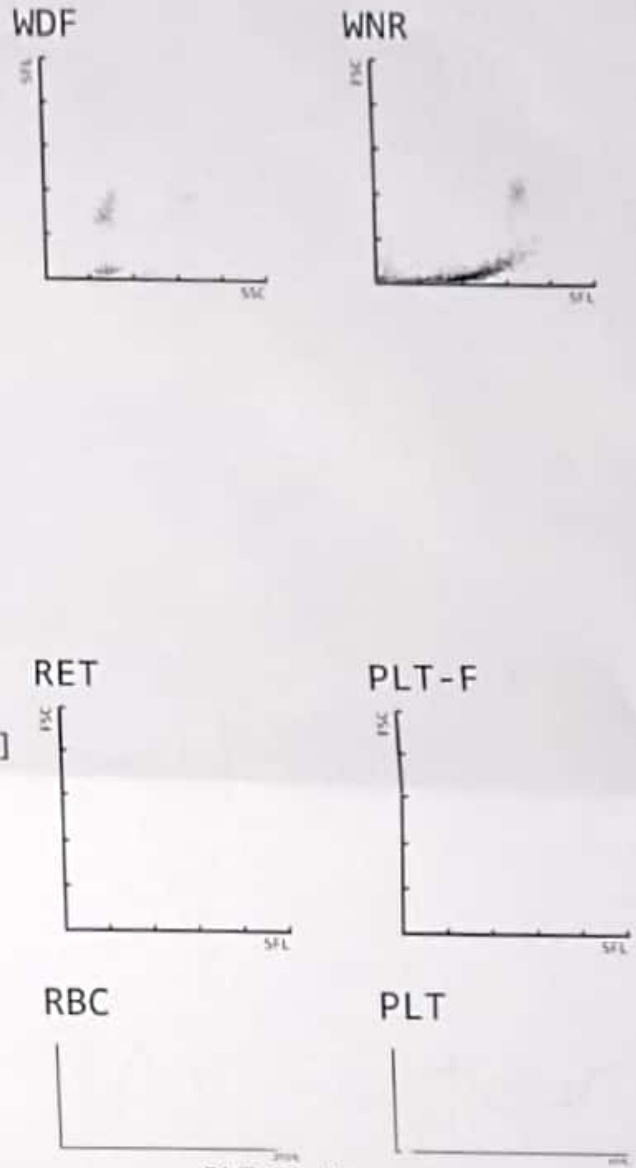
Sample No.: 33125 YASH U2  
Patient ID:  
Name:  
Sample Comment:

Ward: Rack:

Position: 21/12/2024 14:46  
Doctor:  
Birth: Sex:  
Nickname: XN-1000-1-A

**Positive**  
Diff. Morph. Count

WBC	0.35 -	[10 <sup>3</sup> /uL]	
RBC	3.18	[10 <sup>6</sup> /uL]	
HGB	8.5	[g/dL]	
HCT	29.6	[%]	
MCV	93.1	[fL]	
MCH	26.7	[pg]	
MCHC	28.7 -	[g/dL]	
PLT	70 *	[10 <sup>3</sup> /uL]	
RDW-SD	71.1 +	[fL]	
RDW-CV	21.1 +	[%]	
PDW	----	[fL]	
MPV	----	[fL]	
P-LCR	----	[%]	
PCT	----	[%]	
NRBC	0.00	[10 <sup>3</sup> /uL]	0.0 [%]
NEUT	0.09 *	[10 <sup>3</sup> /uL]	25.7 * [%]
LYMPH	0.24 *	[10 <sup>3</sup> /uL]	68.6 * [%]
MONO	0.02 *	[10 <sup>3</sup> /uL]	5.7 * [%]
EO	0.00 *	[10 <sup>3</sup> /uL]	0.0 * [%]
BASO	0.00 *	[10 <sup>3</sup> /uL]	0.0 * [%]
IG	0.04 *	[10 <sup>3</sup> /uL]	11.4 * [%]
RET		[%]	[10 <sup>6</sup> /uL]
IRF		[%]	
LFR		[%]	
MFR		[%]	
HFR		[%]	
RET-He		[pg]	
IPF		[%]	
WBC-BF		[10 <sup>3</sup> /uL]	
RBC-BF		[10 <sup>6</sup> /uL]	
MN		[10 <sup>3</sup> /uL]	[%]
PMN		[10 <sup>3</sup> /uL]	[%]
TC-BF#		[10 <sup>3</sup> /uL]	



WBC IP Message  
WBC Abn Scattergram  
Neutropenia  
Lymphopenia  
Lymphocytosis  
Leukocytopenia  
Blasts/Abn Lympho?

RBC IP Message  
Anisocytosis  
Hypochromia  
Anemia

PLT IP Message  
PLT Abn Distribution  
Thrombocytopenia



जुर्माना अथवा  
व्यक्ति पर उपकरणों की  
का दोगुना दण्ड वसूला जाएगा।  
1.का.) अथवा उनके प्राधिकृत  
क ऐसी कि...





# BACHPAN CARE ORGANIZATION

YOUR CONTRIBUTION, MANY SOLUTION

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

E-mail: [into@bachpancareorganization.org](mailto:into@bachpancareorganization.org) | Web: [bachpancareorganization.org](http://bachpancareorganization.org)

Ref. No. ....

Date .....

26-12-2024

सेवा में,

संस्थापक महोदया

बचपन केयर आर्गनाइजेशन

महोदया,

मैं शिवकुमार यश का पिता आपकी संस्था से टाच जोड़ कर निवेदन करता हूँ कि मेरे बच्चे की सहायता करें हमारे बच्चे की हालत दिन पै दिन गंभीर होती जा रही है। इसके इलाज का खर्चा बहुत ज्यादा है आपकी संस्था सबकी मदद करती है हुआ करके हमारे बच्चे पर कृपा करें। हमारा पूरा परिवार आपकी संस्था के लिए हुआ

आभारी  
शिवकुमार

