



7th Nov, 2016  
New Delhi.

Ishrat.

U2CS.

To

NAO,  
Mission Hopp.

c/o Severe Aplastic  
anemia

Sir / Mam

kindly change, c. Tacrolimus 1.  
(2mg) 1BD

T-Levamisole (50mg) 2 1BD for 3 months.

Thank you,



Senior Resident  
Department of Pediatrics  
Lady Hardinge Medical College  
Kalawati Saran Children's Hospital  
New Delhi - 110001

T-Levamisole (50mg) → 180 tablets

c. Tacrolimus (2mg) → 180 Capsule.





ओ. पी. डी. पर्ची / OUT PATIENT TICKET

क.स.न.अ.-13 (संशोधित)  
KSCH-13 (Improved)

# कलावती सरन बाल अस्पताल, नई दिल्ली

KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

दिनांक / Date 15.9.2016 यूनिट / Unit RN दिन / Day

ओ. पी. डी. पंजी सं. / O.P.D. Reg. No. 102 532

नाम / Name इशान आयु / Age 154 लिंग / Sex M

टीकाकरण विवरण / Immunization Status वजन / Weight लम्बाई / Height

हेपेटाइटिस-बी, पोलियो Hep-B, OPV at Birth	
बी.सी.जी. BCG	
डी.पी.टी., पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 1 <sup>st</sup>	
डी.पी.टी., पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 2 <sup>nd</sup>	
डी.पी.टी., पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 3 <sup>rd</sup>	
खसरा एवं विटामिन ए Measles Vitamin -A	
एमएमआर MMR	
शुभ्राती पोलियो (1 वृद्धक सुराक) DPT Polio (1 Booster)	
टाइफाइड का टीका Typhoid	
डी.पी.टी. / ओ.पी.डी. - 2 वृद्धक DPT Polio (2 Booster)	
अन्य Others	

Ho SAA e Menorrhagia (T)

do papular lesion in left  
anilla. ? folliculite  
No other complex  
no bleeding.

Hb-6.9  
TLC-2990  
ANC-1040  
PLT-7000

o/e vital stable  
Systemic-NAD

Cynaerology Referred

To stop T. Norchishu  
Rlv SOS.

- Adc
- T. Augmentin 625mg 1 tab AD
  - T. Trexera 500mg 1 tab AD
  - Fucidin ointment

Rlv after 1 month.

- डाक्टर के हस्ताक्षर / Signature of Doctor
- T. Tacrolimus (2mg) 1 tab AD
  - T. Meco balamm (1000)
  - T. FA (1) 1 tab AD
  - T. Cal. 1 tab (500mg) 1 tab AD
- Danger sign explained

दिनांक / Date .....

NA

ओ. पी. डी. पंजीकरण सं.  
O.P.D. Reg. No.

प्रारंभिक निदान पर्चा  
Provisional Diagnosis Slip

For Hospital Use Only

Sample No.:  
Patient ID:  
Name:  
Comments:  
Positive  
Count

41

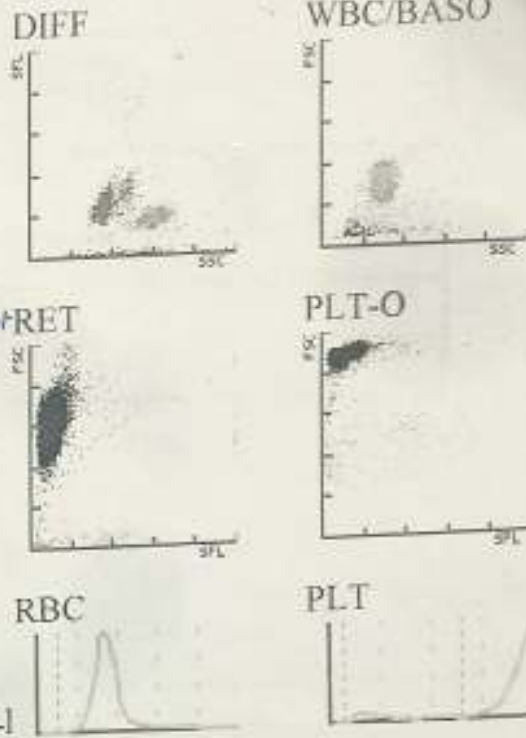
15729/15137 Rack:  
Ward:

B75/14

Tube: 0 10/06/2016  
Dr.:  
Birth: Sex:  
Inst. ID: LHMC-Path

WBC	3.68 *	[10 <sup>3</sup> /uL]
RBC	2.58	[10 <sup>6</sup> /uL]
HGB	8.2 *	[g/dL]
HCT	21.7 -	[%]
MCV	84.1 -	[fL]
MCH	31.8 *	[pg]
MCHC	37.8 *	[g/dL]
PLT	7 *	[10 <sup>3</sup> /uL]
RDW-SD	41.7	[fL]
RDW-CV	14.6	[%]
PDW	10.7 *	[fL]
MPV	10.2 *	[fL]
P-LCR	26.8 *	[%]
PCT	0.01 *	[%]
NEUT	1.52 *	[10 <sup>3</sup> /uL]
LYMPH	1.81 *	[10 <sup>3</sup> /uL]
MONO	0.31 *	[10 <sup>3</sup> /uL]
EO	0.02 *	[10 <sup>3</sup> /uL]
BASO	0.02 *	[10 <sup>3</sup> /uL]
RET	0.26	[%]
IRF	4.0	[%]
LFR	96.0	[%]
MFR	2.0	[%]
HFR	2.0	[%]

Fe<sub>2</sub> Fitting  
21%  
+  
2B M Impant RET  
+  
2BMA  
+  
1B M DM



41.4 *	[%]
49.2 *	[%]
8.4 *	[%]
0.5 *	[%]
0.5 *	[%]
0.0067	[10 <sup>6</sup> /uL]

P/S: Smears show pancytopenia - RBC shows mild anisocytosis and all normocytic normochromic  
N45 L60 M05

B.M.E = diluted  
M:E = 4:1:1

WBC IP Message(s)

RBC/RET IP Message(s)  
Anemia

PLT IP Message(s)  
PLT Abn Scattergram  
Thrombocytopenia

Turbidity/HGB Interf?  
Amials

PLT Clumps?

BMA 1: Bone marrow aspirate shows no particles however all cellular and B.M. Impant Erythroid series shows normoblastic reaction. Few maturing cells of myeloid series also seen. There is increase in mature lymphocytes and occasional mature plasma cells are present. No megakaryocytes are seen. No abnormal cell population/granuloma is seen. Bone marrow Impant smears show similar morphology. My 5 MM, s16y N12 M0, L6 L3 neck & lymph  
Impression: Pancytopenia with reticulocytopenia with marrow lymphocytes Dr Anita Nangia  
hematologist of LHMC, report on hist cellularity Professor  
Date: 10/06/2016



Kindly accept the sample as child is sick -  
**LADY HARDINGE MEDICAL COLLEGE & SMT.S.K. HOSPITAL, NEW DELHI**  
 (HORMONE LAB, DEPARTMENT OF BIOCHEMISTRY)

Kindly accept sample  
 4504  
 Resident  
 Department of Pediatrics  
 Lady Hardinge Medical College  
 Kalawati Saran Children's Hospital  
 New Delhi-110001

Name of Patient: Ishrat Age/Sex: 15yr. 1F C.R.No.: 24079  
 Ward/OPD: U215 Date: 29/9/16 LMP:

Provisional Diagnosis: Menorrhagia hypothyroidism

Brief Clinical History with relevant examination findings: TFT

History of Drug Intake:  $\emptyset$   
 Hormone Assay: Biochemistry  
 Dept. of LHMC  
 दिनांक 29/9/16 सुबह 8.30 बजे  
 कक्षा नं. 10

Signature with stamp: Dr. Ananya K  
 CLINICIAN (Faculty / Senior Resident)  
 Senior Resident  
 Department of Pediatrics  
 Lady Hardinge Medical College  
 Kalawati Saran Children's Hospital  
 New Delhi-110001

(FOR LAB USE ONLY)

Lab Reference No.:

Free T3	Free T4	TSH	FSH	LH	Prolactin

Lab Reference No.:

Name: Age/Sex: C.R.No.: Ward/OPD: Date:

Hormones	Result	Reference value	Hormones	Result	Reference value
FT3 2.5-5.0	3.75	2.5-3.9 pg/ml	LH Follicular		1.68-15.0 IU/L
FT4 0.9-1.6	1.02	0.6-1.12 ng/dl	Mid-Cycle (Ovulatory)		21.9-56.6 IU/L
TSH 0.5-4.3	1.86	0.34-5.6 $\mu$ IU/ml	Luteal		0.61-16.3 IU/L
FSH Follicular		1-10 IU/L	Men		1.24-7.8 IU/L
Mid-Cycle (Ovulatory)		6-17 IU/L	Postmenopausal		14.2-52.3 IU/L
Luteal		1-9 IU/L	Prolactin (Men)		1.24-8.6 ng/ml
Men		1.4-15.4 IU/L	Women		3.34-26.72 ng/ml
Postmenopausal		16.74-113.5 IU/L	Postmenopausal		2.74-19.64 ng/ml
Insulin					

Remarks: WNL

Performed by: [Signature]

Reported by: [Signature]

PRIC of SAA

↳ excessive menstrual bleedn & last 1 day  
w/ln bleedng fr om any site, any trauma,  
LOC, Ab ⊕ body moven.

last  
transfer on  
13/8/16 308L

↳ Cold extremity  
weakn  
o/c, P.P. 180/min, CRT ~ 3s  
RR - 32/min. PR 96/50 mmHg

↳ keene 20 RL - bote

↳ Shock imp Hb - 3.0  
Rt COX

USG positiv  
Ab ⊕ (R)

↳ 20 perc, 4 @ Pkt tran

↳ Di Transer shock

↳ gynae referral done  
also T. Novokhvatova

↳ bleedn pr stopped f lat 43h

↳ O/S



D.L. No. CD/SAR/15/113221

TAX/RETAIL INVOICE/CASH MEMO

TIN: 07516966651

KNOW AIDS

# DELHI MEDICOS

NO AIDS



**SUPER SPECIALITY PHARMACY**

Page No: 1

1/2, NEHRU BAZAR, PAHARGANJ, NEW DELHI-110055  
Email : delhimedicosp@gmail.com



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9958561350

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Date: 07/11/2016

Pt. Name: ISHRAT

Pr. by Dr.: L.H.M. DAX.S.C.HOSP

Address: C/O MISSION HOPF

No.	QTY	PKG.	DESCRIPTION	BATCH No.	EXPIRY	RATE	AMOUNT	VAT %
-----	-----	------	-------------	-----------	--------	------	--------	-------

L	100	10TAB	VINGRAF 2MG	16C15002	06/16	550.00	5500.00	
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OPEN ALL DAYS OPEN ALL DAYS OPEN ALL DAYS

OPEN ALL DAYS OPEN ALL DAYS OPEN ALL DAYS

OPEN ALL DAYS



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27/11/16

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अपने बच्चे को अच्छे स्वास्थ्य के लिए  
FOR GOOD HEALTH OF YOUR BABY

1. बिलंबी के सम्पर्क में बच्चे को माँ का दूध पिलाएं।  
Breast feed your child for as long as possible.
2. साठ से छः मास तक आयु के बच्चे को हल्का भोजन दें (छिन्नछोटे, दलिया, दल आदि)।  
Start to feed your child soft food when he is four to six months old.
3. दस्त होने की स्थिति में बच्चे को अधिक पानी पिलाएं।  
Give your child extra water when he is ill, especially if he has diarrhoea.
4. बच्चे को बीमारों से बचाने के टीके लगवाएं।  
Get your child immunised.
5. खाने को पतंगियों से बचा कर रखें।  
Keep flies off the food.
6. खाना खिलाने से पहले अपने व बच्चे को हाथ धोएं।  
Wash your own hands and your child's hands before feeding him.
7. दो बच्चों के बीच में कम से कम तीन वर्ष का अंतर होना चाहिए।  
There should be three years difference between the two children.

TELEPHONE--651 कोयलाबाद-2007--2,000 पैड्स।  
M. 011-652 KSCNH-1007--2,000 Pads.

कालवाती सरन-7  
KSCNH

कालवाती सरन बाल अस्पताल, नई दिल्ली  
KALAWATI SARAN CHILDREN'S HOSPITAL,  
NEW DELHI

छुटी का पर्चा/DISCHARGE SLIP

नाम Name Ishrat आयु Age 15y लिंग Sex F

पंजीकरण संख्या Reg. No. 195530 यूनिट Unit U2CS

दाखिले की तारीख Date of admission 18/8/16

छुटी की तारीख Date of discharge 24/8/16

निदान/Diagnosis SAA + Anemorrhagia  
Kochlearic study

भारी के समय वजन Weight at admission 44kg

छुटी के समय वजन Weight at discharge

रोग का संक्षिप्त विवरण Case summary

Investigation	1/8	11/8	15/8	22/8	24/8
Hb	3.6	12.2	11	7.3	8.5
TLC	12000	5200	3010	7190	2800
ANC	2700	-	1460	1490	1200
PLT	6000	74000	2500	19000	44000
MEG	116-9				

छुटी के समय दी गई सलाह  
Treatment Advised

1. T. Tacrolimus (2 mg) 1 tab BD
2. T. Methylcobalamin (1000ug) 1 tab OD
3. T. FA (5) 1 tab OD
4. Calceol MNI/Combimf
5. Cal D3 1 tab OD
6. T. Norethisterone 2 tab BD x 1 wk

दुबारा आने का दिन व समय  
To come to OPD on

Chlorhexidine mouth wash

1 tab BD x 2 wks

7. T. Tranexa (500mg) 1 tab TDS x cont

9. NV on 29/8/16/

Signature

दिया गया इलाज/Treatment given

Revised 30 PRBC  
PLT - 90 PLT

B VitK  
A Tranexa 400mg  
iv TX.

Norethisterone

CBC = Absolute Retic Count  
Rish 29/8/16

Resident

Sr. Resident

9818547846