



All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar (Odisha) -751019
www.aiimsbhubaneswar.edu.in

Hosp ID CR No – 219172500445913

REFERRAL NOTE

To,

Dr. Rachna Seth, Professor
Division of Paediatric Oncology
Dept. of Paediatrics
AIIMS, New Delhi

Madam,

This Patient Master Karthick Chandra Tunga, 7 months/Male child S/o Shri Sarat Chandra Tunga, resident of Villi Nilakubra Nara. Saha Sahi, PO-RRL, PS-Nayapalli, Distt- Khordha (Odisha). <https://childreninindia.org/> He was diagnosed as a case of JMML in Mar 2025. Patient needs for Bone Marrow Transplantation. Since, this facility is not available at AIIMS, Bhubaneswar, the patient is referred to higher centre for HSCT.

Thanking you,

Place : Bhubaneswar

Dated: 10 June 25



डॉ. सोनाली महपात्र / Dr. Sonali Mohapatra
अतिरिक्त प्रोफेसर एवं विभागाध्यक्ष / Addl. Prof. & HOD
कर्करोग एवं रुधिर चिकित्सा विज्ञान विभाग /
Dept. of Medical Oncology & Hematology
एम्स, भुवनेश्वर/AIIMS, Bhubaneswar-751019



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108379246

आपातकालीन नं.(Emergency No): 2026/030/0019533

दिनांक DATE: 23/02/2026

समय TIME: 08:27:39 AM

NON-MLC

नाम NAME: **MASTER. KARTIK chandra Tunga**

आयु AGE: **2 years 1 months 22 days**

लिंग /SEX: **M**

S/O : SARAT CHANDRA TUNGA

पता ADDRESS:

मकान संख्या H.NO: VILLAGE BHUVNESHWAR

गली / मुहल्ला STREET/

MOH:

शहर/प्रखंड CITY/BLOCK: DIST KHURDA

पिन PIN:

राज्य STATE: ORISSA

दूरभाष सं. PHONE NO: 9776282444

मोबाइल MOBILE NO: 9776282444

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Criticality: Red / Yellow / Green

Triage: **Responsive**
Unresponsive

HR 148 /min

BP

mmHg RR 42 /min

spO2 97 %

Shifted to Paeds/ Main/ New Emergency

↓ Paeds Onco

Presenting Complaints

40 fmm

Fever x 1 day

(Last chemo 16/2/26)
ARA - C

✓ since yesterday evening
✓ upto 140.1 f

Primary Assessment (ABCDE) : Assessment <https://www.childhelpinghand.org/>

dry cough during now x 3 days

Airway	Circulation	Disability
Open & stable: Yes/No If No.....	HR.....148/min	GCS.....15
Breathing: RR 42/min	CFT.....2 secs.	Pupil size.....2.../min
Efforts: Normal/Poor/increased	BP.....mmHg	Pupillary Reactions.....R?
Auscultation:	Peripheral pulse: Poor/Good	Motor activity:
Air entry: conducted sounds	Central pulse: Poor/Good	Normal & Symmetrical/
Normal/poor/Differential	Skin temp: Warm/cool	Asymmetrical/
Added sounds:	Others	Posturing/Flacidity/Seizure
None/Stridor/Wheeze/Crackles		Blood Sugar.....mg/dl
SpO2 on Room air.....100% 8kg		Exposure:
		Temp.....100.1 f
		Colour: Normal/pallor/cyanosis/ mottled
		Any other skin lesions.....

Diagnosis

40 fmm with viral URI

Adv plan ✓ Dps NASOCLEAR 2° each nostril as per need -

✓ Decide for antibiotics also hemogram

✓ Paeds Onco review ✓ Adv -

9776282444

Early date
please fill empty
Dr. Rachna Sethi
Dr. Anjali Barua



PET - SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग / Department of Nuclear Medicine & PET
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi - 110029

Tel : 91-11-26593210

Physician request form for Positron Emission Tomography (PET) Scan
(Please Note : Scan will not be done if form is not properly filled)

Name : Kartik Age : 2y Yrs. Sex : M F

Referred by : Prof Dr Rachna Sethi Requisition Date : 18.02.26

UHID No./ Clinic / Dept. : ~~108379246~~ 108379246 / Unit III / Paediatrics

Brief Clinical History :

K/C/O JMMU c Germline NF1 mutation (+)

Child has developed swelling over left temporal region, hard consistency

Treatment History :

child has received 3 cycles of Azacytidin
<https://childhelpinghand.org/>

3 cycles of AraC / Tab GMF

To look for possibility of myeloid sarcoma

Past History DM HT TB Renal failur Previous Malignancies

For a Not significant

Investigations :

Respected
Burgkhun Side
Kindly consider
for PR only

FOG screened
Sx ⊖
CT (16/2/26) Atrial
RT ⊖
DM ⊖

Blood Sugar _____ Fasting _____ Random _____ Date :
Urea _____ Creatinine _____ BP _____ Height _____ Weight _____

Dr. ANJALI BARUA
Senior Resident
Dt. of Pediatric Oncology
IS, New Delhi

Ultrasound / ECHO / CT / MRI / Plain / Contrast

Xray skull - NAD + trans Benam

Previous Nuclear Medicine / PET : No. & Date

Indication of PET / CT : Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study : Whole Body PET (Eyes to thighs) Brain only Cardiac only

P.T.O.

Instruction to patients :

- Rs. 5000/- / 7500/- payment is to be made on the day of the test or prior. For 2nd PET-CT Scan charge are only Rs. 4000/-
- The study requires fasting for at least 6 hours. Only plain water is allowed.
- Bring your all previous Medical records.
- Study is subject to availability of RADIOISOTOPE.
- Report shall be available 2-3 days after the test.
- The study may require the whole day. Have patience and co-operate with staff.
- Bring 1 ltr. of drinking water with you.

General information / सामान्य सूचनाएं

- These tests are not recommended during pregnancy. Female Patients need to inform the staff if they are pregnant or could be pregnant before the test गर्भावस्था के दौरान इन परीक्षणों की सिफारिश नहीं की जाती है। महिला रोगियों को परीक्षण से पहले कर्मचारियों को सूचित करना होगा कि क्या वे गर्भवती हैं या गर्भवती हो सकती हैं।

<https://childhelpinghand.org/>

- Contrast injection during scan can occasionally cause side effects ranging from mild allergy like itching to severe breathlessness, low blood pressure or shock. These cannot be predicted but chances are higher in those with history of asthma or allergy to medicine. So please inform if you have any of these / स्कैन के दौरान कंट्रास्ट दवा के इंजेक्शन से कभी-कभी दुष्प्रभाव, (उल्टी, खुजली, सांस फूलना, निम्न रक्तचाप या शॉक इत्यादि) हो सकते हैं अगर आपको दमा या एलर्जी है तो कृपया पहले सूचित करें।

Kindly give early date
Dr. Amit
Dr. Mehul
Room no. 7

Dr. Sangi
9/11/26
Time: 9am

Payment: Whole Body _____ Cardiac _____ Brain _____

Receipt No/DD No. _____ Amount _____ Dt. _____ drawn on _____



KARTIKCHANDRATUNGA

PEDIATRIC ONCOLOGY (IRCH LABORATORY)

4th Floor, Room No. 414, G.F., Room No. 8, Dr. BRAIRCH, AIIMS, New Delhi, Tel : 5414, 3358, 5048

Referral form for Bone Marrow, Peripheral Smear, Flowcytometry, Molecular and Myeloma & Other Studies

MATERIAL SENT

- a) Bone marrow aspiration No. _____ Site _____
- b) BM touch preparation No. _____ Site _____
- c) Peripheral smear _____
- d) Blood (ml) FLOW CYTOMETRY - PB
- e) Any other _____

(For Lab Use Only)

Lab. Ref. No. _____

Received on _____

at _____ AM/PM _____

SPECIAL REQUEST (IF ANY)

Patient's Name

Block capitals) KARTIK CHANDRA TUNGA Age 7m Sex M

Registration No. 108379246 Ward / Bed No. Bed 9, SA

Clinical Unit Paediatrics Consultant-in-Charge Dr. R. Sethi

Name (Block caps) & signature of resident doctor Dr. SHANUBHOGUE

CLINICAL SUMMARY INCLUDING INVESTIGATIONS AND TREATMENT

Dr. SHANUBHOGUE
Senior Resident - DM
Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-29

KL/O <https://childhelpindia.org/>
 Past 3# Aracytami last 1/9/9/25
 now: fever / cough / fast healing x 5 days
 New onset swellings @ humeral scalp
 ? myeloid sarcoma
 Splenohypertrophy (+)
 CBC: hyperleukocytosis & thrombocytopenia
 Imp: progressed to ML.

PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.)

BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.T.)

RADIOLOGICAL DATE

CLINICAL DIAGNOSIS



Severy issue 257
 16/2/26
 अ० भा० आ० सं० अस्पताल / A.I.I.M.S. Department
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

बाल चिकित्सा विभाग
 L.HID: 108379246



Dept No: 20250030015470

Kartik chandra Tunga

S/O SARAT CHANDRA TUNGA
 27 1M 10D / M / पुरुष
 VILLAGE BHUVNESHWAR, DIST
 KHURDA, ORISSA, INDIA
 Ph: 9776282444 General Rs 0
 Follow Up Patient

कमरा / Room C 216
 Queue / संख्या F51
 Unit-III, Paediatric

बुध, शनि, Wed, Sat



Reporting: 08 26 09
 11/02/2026

ब० र० कि० पंजीकृत सं० / O.P.D. Regn. No. _____
 पता / Address _____

आयु
 Age

निदान / Diagnosis

उपचार / Treatment

दिनांक / Date

13

8.45

N/V on 13.02.26 in wednesday OPD
 E.CBE/UA/KH

<https://childhelpinghand.org/>

Ajale
 SR



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

LH16022602194 108379246



LC1602263098

108379246



Kartik_cha



N/V on



Pradhan Mantri Jan Arogya Yojana
 Ayushman Bharat
 PM-JAY
 प्रधानमंत्री जन आरोग्य योजना
 (pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
 अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



मेरा अस्पताल
 My Hospital
 meraaspatal.nhp.gov.in

बाल चिकित्सा विभाग
UHID: 108379248



Dept No: 20250030015470

Kartik chandra Tunga

S/O SARAT CHANDRA TUNGA
2Y 1M 17D / M (पुरुष)

VILLAGE BHUVNESHWAR, DIST
KHURDA ORISSA INDIA
Ph: 9776262444 General Rs. 0
Follow Up Patient

कमरा / Room
C 218

Queue /
संख्या F40
Unit-III, Paediatric

बुध, शनि, Wed, Sat



Reporting: 08:23:23
18/02/2028

Server Issue

23/02/26

N/V on 25-02-26
(Wednesday OPD)
CBC/UA/KFT

8

8-15

LH23022601126 108379246

LC2302261734 108379246



Master Kartikch

Ajali
SR

बाल चिकित्सा विभाग
UHID: 108379248



Dept No: 20250030015470

Kartik chandra Tunga

S/O SARAT CHANDRA TUNGA
2Y 1M 24D / M (पुरुष)

VILLAGE BHUVNESHWAR, DIST
KHURDA ORISSA INDIA
Ph: 9776262444 General Rs. 0
Follow Up Patient

कमरा / Room
C 218

Queue /
संख्या F52
Unit-III, Paediatric,

बुध, शनि, Wed, Sat



Reporting: 09:11:31
25/02/2028

19

8-15

R/O on

7.2.22

CBC/UA

Amik
SR

Helpinghand.org/



प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi



UHID: 108379246 Sex: Male
Patient Name: Master. Kartik chandra Tunga Sample Received Date: 23-Feb-2026 12:51 PM
Age: 2Y 1m Department: DEPT. OF EMERGENCY MEDICINE
Reg Date: 23-Feb-2026 12:51 PM Sample Collection Date: 23-Feb-2026 10:55 AM
Recommended By: Dr. Rakesh Yadav Sample Details: LH23022601126
Lab Sub Centre: SMART Lab. New RAK OPD Lab Reference No: 2617323659

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type: EDTA Whole Blood			
Hb (SLS-photometry)	✓ 6.20	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	20.90	%	34 - 40
RBC count (Impedance)	1.98	10 ⁶ /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	✓ 19.53	10 ³ /μL	5.0 - 15.0
Platelet count (Impedance)	29.00	10 ³ /μL	200 - 490
MCV (Calculated)	105.60	fL	75 - 87
MCH (Calculated)	31.30	pg	24 - 30
MCHC (Calculated)	29.70	g/dL	
RDW-CV (Calculated)	20.70	%	11.6 - 14
Neutro (Fluo. flow cytometry)	---	%	30-60%
Lympho (Fluo. flow cytometry)	---	%	29-65%
Eosino (Fluo. flow cytometry)	---	%	1-4%
Mono (Fluo. flow cytometry)	---	%	2-10%
Baso (Fluo. flow cytometry)	---	%	0-1%
NRBC	12	%	
Neutro - Abs (Calculated)	---	10 ³ /μL	1.5-8.0
Lympho - Abs (Calculated)	---	10 ³ /μL	6.0-9.0
Eosino - Abs (Calculated)	---	10 ³ /μL	0.1 - 1.0
Mono - Abs (Calculated)	---	10 ³ /μL	0.2 - 1.0
Baso - Abs (Calculated)	---	10 ³ /μL	0.02 - 0.1

<https://childhelpinghand.org/>

Remarks: K/c/o JMML [LOI-051225097-PS (Blood)]. DLC: Blasts- 05%, Myelocytes- 20%, MM- 02%, Neutrophils- 14%, Lymphocytes- 28%, Monocytes-30%, Basophils-01%. Dysplastic neutrophils noted. NRBCs- as given. Smudge cells + noted. Platelets- reduced. Manual platelet count done. Kindly correlate clinically.

-----End of Report-----

Dr. Sudip Kumar Datta

Dr. Tushar Sehgal

Dr. Suneeta Meena

Dr. Tshetij Rai

Generated On: 23-Feb-2026 20:52:25 2042.8642

This is an electronically authenticated laboratory report

Page 1 of 2

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005



प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi



UHID: 108379246 Sex: Male
Patient Name: Master. Kartik chandra Tunga Sample Received Date: 23-Feb-2026 17:12 PM
Age: 2Y 1m Department: DEPT. OF EMERGENCY MEDICINE
Reg Date: 23-Feb-2026 12:58 PM Sample Collection Date: 23-Feb-2026 10:55 AM
Recommended By: Dr. Rakesh Yadav Sample Details: LC2302261734
Lab Sub Centre: SMART Lab. New RAK OPD Lab Reference No: 2617323816

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea (Urease/GLDH)	9	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.3	mg/dL	0.2 - 0.4
Uric Acid (Uricase Colorimetric)	5.1	mg/dL	3.4 - 7.0
Calcium (5-Nitro-5'-methyl-BAPTA)	8.9	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybdate Reduction)	4.1	mg/dL	2.5-4.5
Sodium (ISE (indirect))	135	mmol/L	135 - 145
Potassium (ISE (indirect))	3.9	mmol/L	3.5-5.1
Chloride (ISE (indirect))	102	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.96	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen 2 Jendrassik-Grof)	0.50	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.40	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	16	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	30	U/L	<=40
ALP (PNPP, AMP Buffer - IFCC)	97	U/L	142 - 335
Total protein (Biuret Method)	6.7	g/dL	6.0 - 8.0
Albumin (Bromocresol Green (BCG))	4.3	g/dL	3.8 - 5.4
Globulin (Calculated)	2.4	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.8		0.8-2.0

<https://childhelpinghand.org>

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr. Sudip Kumar Datta MD
(Biochemistry)
23-Feb-2026 20:54

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029
 आपातकालीन विभाग

75

(REVISIT)



UHID No:108379246

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2026/030/0006861

दिनांक DATE: 20/01/2026

समय TIME: 07:41:19 PM

NON-MLC

नाम NAME: MASTER. KARTIK CHANDRA TUNGA

आयु AGE : 2 years 19 days

लिंग /SEX : M

S/O : SARAT CHANDRA TUNGA

पता ADDRESS:

मकान संख्या H.NO: VILLAGE BHUVNESHWAR

शहर/प्रखंड CITY/BLOCK: DIST KHURDA

राज्य STATE: ORISSA

मोबाइल MOBILE NO: 9776282444

गली / मुहल्ला STREET/

MOH:

पिन PIN:

दूरभाष सं. PHONE NO: 9776282444

स्थान Location: Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative : FATHER

Triage: Responsive/
Unresponsive

HR

110/min

BP

mmHg RR

32

/min

spO2

99 %

Shifted to Paeds/ Main/ New Emergency

↓ Paeds Care

do from sent from Day care
for blood transfusion.

Presenting Complaints

Primary Assessment (ABCDE) : Assessment

<https://childhelpinghand.org/>

Airway	Circulation	Disability
Open & stable : <u>Yes</u> /No If No.....	HR..... <u>110</u> /min	GCS..... <u>15</u>
Breathing: RR <u>32</u> /min Efforts: <u>Normal</u> /Poor/increased	CFT... <u>2</u> secs.	Pupil size..... <u>2</u> /min
Auscultation: Air entry: <u>Normal</u> /poor/Differential	BP.....mmHg	Pupillary Reactions..... <u>RL</u>
Added sounds: None/Stridor/Wheeze/Crackles	Peripheral pulse: <u>Poor</u> /Good	Motor activity: <u>Normal & Symmetrical</u> / Asymmetrical/ Posturing/Flacidity/Seizure
SpO2 on Room air..... <u>99%</u>	Central pulse: <u>Poor</u> /Good	Blood Sugar.....mg/dl
	Skin temp: <u>Warm</u> /cool	Exposure: Temp..... <u>38</u>
	Others	Colour: <u>Normal</u> /pallor/cyanosis/ mottled
		Any other skin lesions.....

Diagnosis

W/O from for PRBC transfusion
 Transfuse 120 ml PRBC over 4 hours
 ASIX 5 mg mid transfusion

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-११००२६
ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : _____ आयु _____ लिंग _____ यू.एच.आई.डी.सं. _____
 NAME : Kartik Chandra tungs AGE : 2y. SEX: M UHID No. : 108379246
 WARD : pcopd BED NO. : _____ DIAGNOSIS : _____
 PATIENT'S BLOOD GROUP : O+ve. UNIT CHIEF : _____

C O M P O N E N T S

Date	Starting time	Bag No.	WB	RBC	PLT	FFP	PLSM	CRYO	Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
<u>20/1/20</u>	<u>8pm</u>	<u>B00220</u> <u>2026</u>		<u>✓</u>					<u>O</u>	<u>Ave.</u>		<u>[Signature]</u>			
<p><u>[40 + 40 + 40] = 120 ml</u> https://childhelpinghand.org/ <u>midway lavix 5mg</u> <u>[Signature]</u></p>															

- | | |
|-------------------------|---------------------------|
| W.B. = WHOLE BLOOD | PLAM = PLASMA |
| R.B.C. = RED BLOOD CELL | CRYO = CRYOPRECIPRATE |
| P.L.T. = PLATELET | QTY. = QUANTITY |
| | FFP = FRESH FROZEN PLASMA |

DATE

DETAILS OF BLOOD REACTION, IF ANY	
ACTION TAKEN	
CAUSE OF BLOOD REACTION	
OUTCOME	

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name: Kartik. choudhary
उम्र Age: 2yr
लिंग Sex: M.
वैवाहिक स्थिति Marital Status:
सेवा Service:
वार्ड Ward:
बेड Bed:
व्यवसाय Occupation:
धर्म Religion:
यू.एच.आई.डी. नं. UHID No.: 108379246

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	21/01/26 mupirocin ointment 100		

<https://childhelpinghand.org/>



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

(REVISIT)

आपातकालीन विभाग



UHID No:108379246

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2026/030/0006286

दिनांक DATE: 19/01/2026

समय TIME: 10:45:12 AM

NON-MLC

नाम NAME: MASTER. KARTIK CHANDRA TUNGA

आयु AGE : 2 years 18 days

लिंग /SEX : M

S/O : SARAT CHANDRA TUNGA

पता ADDRESS:

मकान संख्या H.NO: VILLAGE BHUVNESHWAR

गली / मुहल्ला STREET/

MOH:

पिन PIN:

शहर/प्रखंड CITY/BLOCK: DIST KHURDA

दूरभाष सं. PHONE NO: 9776282444

राज्य STATE: ORISSA

स्थान Location: Paediatrics Emergency

मोबाइल MOBILE NO: 9776282444

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative : FATHER

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

no other complaints

ny old fuplo JMMU

last chemo = 15/1/26

swelling & redness over the canula site.

Primary Assessment (ABCDE) : Assessment Pentagon

<https://childhelpinghand.org/>

no fever (C hand)

Airway	Circulation	Disability
Open & stable <input checked="" type="checkbox"/> Yes/No	HR.....98/min	GCS...15/15
If No.....	CFT.....secs. <input checked="" type="checkbox"/> N	Pupil size... <input checked="" type="checkbox"/> N/min
Breathing: RR.....28/min	BP.....98/66 mmHg <input checked="" type="checkbox"/> N	Pupillary Reactions... <input checked="" type="checkbox"/> N
Efforts: <input checked="" type="checkbox"/> Normal/ <input type="checkbox"/> Poor/ <input type="checkbox"/> increased	Peripheral pulse: <input checked="" type="checkbox"/> Poor/ <input checked="" type="checkbox"/> Good	Motor activity:
Auscultation:	Central pulse: <input checked="" type="checkbox"/> Poor/ <input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> Normal & Symmetrical/ <input type="checkbox"/> Asymmetrical/
Air entry:	Skin temp: <input checked="" type="checkbox"/> Warm/ <input type="checkbox"/> cool	Posturing/Flacidity/Seizure
<input checked="" type="checkbox"/> Normal/ <input type="checkbox"/> poor/ <input type="checkbox"/> Differential	Others	Blood Sugar.....mg/dl
Added sounds:		Exposure: <input checked="" type="checkbox"/> P-afebrile
<input checked="" type="checkbox"/> None/ <input type="checkbox"/> Stridor/ <input type="checkbox"/> Wheeze/ <input type="checkbox"/> Crackles		Temp.....
SpO2 on Room air.....100%.		Colour:Normal/pallor/cyanosis/ <input type="checkbox"/> mottled
we. sig.	? cellulitis	Any other skin lesions.....

Diagnosis

11am.

- CBC

- USG renal site

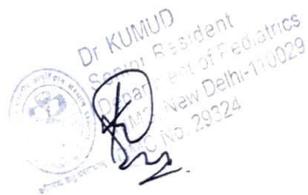
- Blood C/S

- VBS

- iv canula

- Amj amoxycylar. 240 mg B & S daily.

- fu c reports.



19/01/2026

c/s/B Peds Oncs SR

K/40 J.M.M.L - NF1

on Cycle 3 (GMP - Ana-)

Last chemo 15/01/26 - Cytarabine

c/o (L) hand swelling x 4 days
& pain
in cannule
site

No fever, / other complaints.



O/E:- vit als stable.

<https://childhelpinghand.org> - clear

P/A - soft HSM (+)

(L) hand tense, swollen, mildly tender
CVS / WBC
CVS / WBC

USG - skin thickening
s/c edema noted in (L)
hand at the site of clinical
swelling and redness likely
cellulitis.

Adv.

- ~~R/LV~~
CB.C
for iv a/b/s

Ureter
SR - Ped
onc

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Kartik Chandra Age/Sex : 11 Male Ref. Deptt./Unit : Ped. Casualty Date : 19/1/26

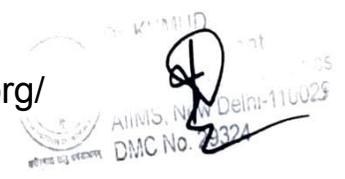
Indoor (Bed No.) / Outdoor / Casualty : _____ UHID No. : _____ LMP : _____

Examination Required : 10 8379 216

Clinical History and Examination : ⓐ hand.
use local site

! cellulitis

<https://childhelpinghand.org/>



Clinical / Working Diagnosis :

Blood Urea / S. Creatinine : _____
Any h / o allergy or asthma : _____
(for IVU patients only) : _____

Signature of Referring Physician / Date : _____

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : _____

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS: _____

Sign. of Radiographer : _____ P.T.O.

(19/1/26)

USG (L) Hand

Skin thickening & edema noted in (L) Hand at the site of clinical swelling and redness. likely cellulitis

Paul
22/1/26

Report :

<https://childhelpinghand.org/>

Sign. of Radiologist / Date :

Hematology Analysis Report

First Name: **KARTIK**
 Gender: **Male**
 Department:
 Code: **AL-WB-CD**
 Serial No.: **TW-25002239**
 Diagnosis:

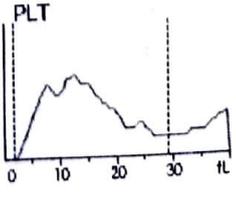
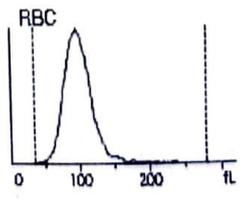
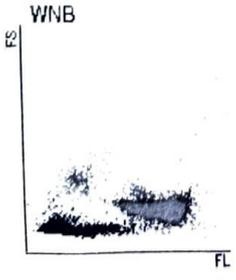
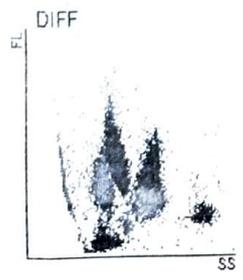
Last Name:
 Age: **1 Year(s)**
 Bed No.:
 Date of Birth:

Sample ID: **M.70**
 Patient ID: **108379246**
 Date of Analysis: **19-01-2026 13:10**
 Ward:
 Tube Pos.: **1-4**

Para.	Result	Unit	Ref. Ranges	Flag
1 WBC	22.99	10 ⁹ /L	4.00 - 12.00	Blasts?
2 Neu#	9.26	10 ⁹ /L	2.00 - 8.00	Abn Lymph/blast?
3 Lym#	6.81	10 ⁹ /L	0.80 - 7.00	Immature Gran?
4 Mon#	6.14	10 ⁹ /L	0.12 - 1.20	Atypical Lymph?
5 Eos#	0.64	10 ⁹ /L	0.02 - 0.80	Left Shift?
6 Bas#	0.14	10 ⁹ /L	0.00 - 0.10	NRBC Present
7 IMG#	2.85	10 ⁹ /L	0.00 - 999.99	Monocytosis
8 Neu%	40.3	%	50.0 - 70.0	Lymphocytosis
9 Lym%	29.6	%	20.0 - 60.0	Leucocytosis
10 Mon%	26.7	%	3.0 - 12.0	Anisocytosis
11 Eos%	2.8	%	0.5 - 5.0	Anemia
12 Bas%	0.6	%	0.0 - 1.0	Thrombocytopenia
13 IMG%	12.4	%	0.0 - 100.0	
14 RBC	2.42	10 ¹² /L	3.50 - 5.20	
15 HGB	6.9	g/dL	12.0 - 16.0	
16 HCT	23.1	%	35.0 - 49.0	
17 MCV	95.4	fL	80.0 - 100.0	
18 MCH	28.4	pg	27.0 - 34.0	
19 MCHC	299	g/L	310 - 370	
20 RDW-CV	19.7	%	11.0 - 16.0	
21 RDW-SD	67.8	fL	35.0 - 56.0	
22 PLT	37	10 ⁹ /L	150 - 450	
23 MPV	14.4	fL	6.5 - 12.0	
24 PDW	15.8	fL	15.0 - 17.0	
25 PCT	0.051	%	0.00 - 0.05	
26 P-LCC	22	10 ⁹ /L	30 - 90	
27 P-LCR	59.8	%	11.0 - 45.0	
28 NRBC#	0.340	10 ⁹ /L		
29 NRBC%	1.48	/100WBC		
* 30 HFC#	0.20	10 ⁹ /L		

Handwritten notes:
 6.9 g/dL (circled)
 95.4 fL → *slightly*
 Boxed text: **PRBC data**

<https://childhelpinghand.org/>



Delivered by:
 Order Time:
 Comments:
 [The analysis results only answer to the corresponding sample]

Operated by: User
 Draw Time:

Validated by:
 Time of Printing: 19-01-2026 13:10

*For research use only, not for diagnostic use.

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.एच.आई.डी. नं. UHID No.
<u>Kaushik</u>	24/11/20		19.1.21	
प्रोफेसर इंचार्ज Professor I/C	Notes written by			

CLINICAL NOTES

JP-Note.

CDW Dr SA @mo.

Advice.

- 1) Symp Augmentin (228 mg/5ml) 3.5 ml PO BD x 7 days
- 2) Symp PCM (228 mg/5ml) - 2.5 ml PO SOS (if temp > 100.4°F)
<https://childhelpinghand.org/>
- 3) Take date for PARC T. from daycare

20/1/21 |

Selly

(English Version)



FORM NO-5
ISSUE NO : 4340/2025



GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Bhubaneswar Municipal Corporation

CERTIFICATE OF BIRTH

*Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and 8/13 Rule of the Odisha
Registration of Births and Deaths, Rule 2001*

This is to certify that following information has been taken from the original records of birth which is in the register for **Bhubaneswar Municipal Corporation** of Tahasil **BHUBANESWAR** of District **KHORDHA** of State **ODISHA**

NAME: KARTIK CHANDRA TUNGA

SEX: MALE

DATE OF BIRTH:
17/10/2024

PLACE OF BIRTH:
SATYAM HOSPITAL, BHUBANESWAR

NAME OF MOTHER:
GAYATRI MAHARANA

NAME OF FATHER:
SARAT CHANDRA TUNGA

MOTHER'S ID PROOF NO: <https://childhelpinghand.org/> FATHER'S ID PROOF NO:

ADDRESS OF PARENT AT THE TIME OF CHILD BIRTH: NILACHAKRA NAGAR, SALIA SAHI, PO-RRL, PS-NAYAPALLI, KHORDHA, ODISHA, INDIA, 751013

PERMANENT ADDRESS :
NILACHAKRA NAGAR, SALIA SAHI, PO-RRL, PS-NAYAPALLI, KHORDHA, ODISHA, INDIA, 751013

REGISTRATION NO:
15421/2024

REGISTRATION DATE:
30/10/2024

UBRN NO:
21UB362-0001-015421-2024

DATE OF ISSUE:
21/02/2025



Signature Not Verified

Digitally signed by DEEPAK KUMAR BISOI
Date: 2025.02.21 16:13:09 IST
Reason: Birth Certificate
Location: BHUBANESWAR

Dr Deepak Kumar Bisoyi
Issuing Authority
Registrar, Births & Deaths
HEALTH OFFICER

THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY.

It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature, stamp or seal. This certificate is issued as per section 4,5 & 6 of information technology Act 2000 and it's subsequent amendments in 2008. For any query or verification, please visit <https://www.birthdeath.odisha.gov.in> Tampering of this certificate will attract penal action.

Division of Pediatric Oncology, Dept of Pediatrics, AIIMS-New Delhi

SEQUENTIAL THERAPY OF JMML WITH ARA-C AND 6-MP CYCLE

Cycle No..... 3 (6-MP-ARA-C)

Name..... KARTIK Age..... 1yr Sex..... M

Weight..... 8kg Height..... BSA..... UHID No..... 108379246

POC No..... Diagnosis..... JMML

Days	Drugs	Date	Signature
1	ARA-C	11/01/26	[Signature]
2	ARA-C	11/01/26	[Signature]
3	ARA-C	13/01/26	[Signature]
4	ARA-C	14/01/26	[Signature]
5	ARA-C	15/01/26	[Signature]
6	Off Chemotherapy		
7	6-MP	17/01/26	
8	6-MP	18/01/26	
9	6-MP	19/01/26	
10	6-MP	20/01/26	
11	6-MP	21/01/26	
12	6-MP	22/01/26	
13	6-MP	23/01/26	
14-28	Off Chemotherapy		

24/1/26

Next Cycle on.....

Total 10-12 cycles

Drugs	Doses	Route	Frequency	Days
Arabinoside (ARA-C)	75 mg/m ²	SC	OD	1-5
6-Mercaptopurine	75 mg/m ²	Oral	OD	7-13

Division of Pediatric Oncology, Dept of Pediatrics, AIIMS-New Delhi

SEQUENTIAL THERAPY OF JMML WITH ARA-C AND 6-MP CYCLE

Cycle No.....
 Name..... KARTIK Age..... 1yr Sex..... M
 Weight..... 8kg Height..... BSA..... UHID No..... 10837924-6
 POC No..... Diagnosis..... JMML

Days	Drugs	Date	Signature
1	ARA-C	<u>9/12/25</u>	<u>[Signature]</u>
2	ARA-C	<u>10/12/25</u>	<u>[Signature]</u>
3	ARA-C	<u>11/12/25</u>	<u>[Signature]</u>
4	ARA-C	<u>12/12/25</u>	<u>[Signature]</u>
5	ARA-C	<u>13/12/25</u>	<u>[Signature]</u>
6	Off Chemotherapy		
7	6-MP	<u>✓ 15/12/25</u>	
8	6-MP	<u>✓ 16/12</u>	
9	6-MP	<u>✓ 17/12</u>	
10	6-MP	<u>✓ 18/12</u>	
11	6-MP	<u>✓ 19/12</u>	
12	6-MP	<u>✓ 20/12</u>	
13	6-MP	<u>✓ 21/12</u>	
14-28	Off Chemotherapy		

Next Cycle on.....

Total 10-12 cycles

Drugs	Doses	Route	Frequency	Days
Arabinoside (ARA-C)	75 mg/m ²	SC	OD	1-5
6-Mercaptopurine	75 mg/m ²	Oral	OD	7-13

Division of Pediatric Oncology, Dept of Pediatrics, AIIMS-New Delhi

SEQUENTIAL THERAPY OF JMML WITH ARA-C AND 6-MP CYCLE

Cycle No.....
 Name..... KARTIK Age..... 1yr Sex..... Male
 Weight..... 8kg Height..... BSA..... 0.4 UHID No..... 108379246
 POC No..... Diagnosis..... JMML

WT = 8 kg
 Lt = 66 cm
 BSA = 0.39 m²

Days	Drugs	Date	Signature
1	ARA-C	3/11	Dr. Anita
2	ARA-C	4/11	Dr. Anita
3	ARA-C	5/11	Dr. Anita
4	ARA-C	6/11	Dr. Anita
5	ARA-C	7/11	Dr. Anita
6	Off Chemotherapy	8/11	
7	6-MP	9/11	
8	6-MP	10/11	
9	6-MP https://childhelpinghand.org/	11/11	
10	6-MP	12/11	
11	6-MP	13/11	
12	6-MP	14/11	
13	6-MP	15/11	
14-28	Off Chemotherapy		

Next Cycle on.....

Total 10-12 cycles

Drugs	Doses	Route	Frequency	Days
Arabinoside (ARA-C)	75 mg/m ² <u>30mg</u>	SC	OD	1-5
6-Mercaptopurine	75 mg/m ² <u>30mg</u>	Oral	OD	7-13

Division of Pediatric Oncology, Dept of Pediatrics, AllMS-New Delhi

JMML Azacytidine protocol

Ref: JCO, 2019

Cycle No. (2)

Name: KARTIK Age: Sex: M.

Weight: 7.4 kg Height: BSA: 0.26 UHID No: 108379246.

POC No: Diagnosis: JMML TNF I.

Days	Drugs	Date	Signature
1	Azacytidine (26 mg in 50ml NS)	29/07/25	<i>[Signature]</i>
2	Azacytidine	30/7/25	<i>[Signature]</i>
3	Azacytidine	31/7/25	<i>[Signature]</i>
4	Azacytidine	1/8/25	<i>[Signature]</i>
5	Azacytidine	2/8/25	<i>[Signature]</i>
6	Azacytidine https://childhelpinghand.org/	3/8/25	<i>[Signature]</i>
7	Azacytidine	4/8/25	<i>[Signature]</i>

Next Cycle on.....

Total: 6 cycles

Drugs	Doses	Route	Frequency	Days
Azacytidine	75 mg/m ²	IV	OD	1-7

Division of Pediatric Oncology, Dept of Pediatrics, AIIMS-New Delhi

JMML Azacytidine protocol

Ref: JCO, 2019

Cycle No. ①

Name: KARTIK Age: 8 mo Sex: male
 Weight: 6.6 kg Height: 68 cm BSA: 0.35 m² UHID No: 108379246
 POC No: Diagnosis: JMML T NF1

Days	Drugs	Date	Signature
1	Azacytidine	24/6/25	<u>[Signature]</u>
2	Azacytidine	25/6/25	<u>[Signature]</u>
3	Azacytidine	27/6/25	<u>[Signature]</u>
4	Azacytidine	https://childhelpinghand.org/	<u>[Signature]</u>
5	Azacytidine	28/6/25	<u>[Signature]</u>
6	Azacytidine	29/06/25	<u>[Signature]</u>
7	Azacytidine	30/6/25	<u>[Signature]</u>

Next Cycle on.....

Total: 6 cycles

Drugs	Doses	Route	Frequency	Days
Azacytidine	75 mg/m ²	IV	OD	1-7

3rd given at ANMS, ARSR (Aza - 29 mg)
 from 1/9 - 4/9, 6/9, 8/9 - 9/9/25.



भारत सरकार

Government of India



आधार

Aadhaar no. issued: 09/05/2013



ସରତ ଚନ୍ଦ୍ର ତୁଙ୍ଗ

Sarat Chandra Tunga

ଜନ୍ମ ତାରିଖ / DOB: 15/03/1993

ପୁରୁଷ / MALE

Mobile No.: 9776282444



9187 2676 6238

ଆଧାର ହେଉଛି ପରିଚୟର ପ୍ରମାଣ, ନାଗରିକତା ତିନି ବସ୍ତୁ ତାରିଖର ପ୍ରମାଣ ନୁହେଁ।
ଏହାକୁ ବେତନ ଯାଜ୍ଞ (ଅବଲମ୍ବନ ଅନୁକୂଳ ବେତନ ବିନା ବ୍ୟତୀତ ଲୋକ /
ଅପଲମ୍ବନ ବ୍ୟବହାର ପାଇଁ) ସହିତ ବ୍ୟବହାର କରିବା ଉଚିତ।
Aadhaar is only proof of identity, not of citizenship or date of birth.
It should be used with verification (online authentication, or scanning
of iris or fingerprint).

0238

ମୋ ଆଧାର, ମୋ ପରିଚୟ

<https://childhelpinghand.org/>



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



आधार

Aadhaar no. issued: 25/11/2025



Kartik Chandra Tunga

Date of Birth/DOB: 17/10/2024

Male/ MALE

Mobile No: 9776282444

3629 4000 3704

Details as on: 09/12/2025

This Aadhaar is valid till 5 years of age only

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

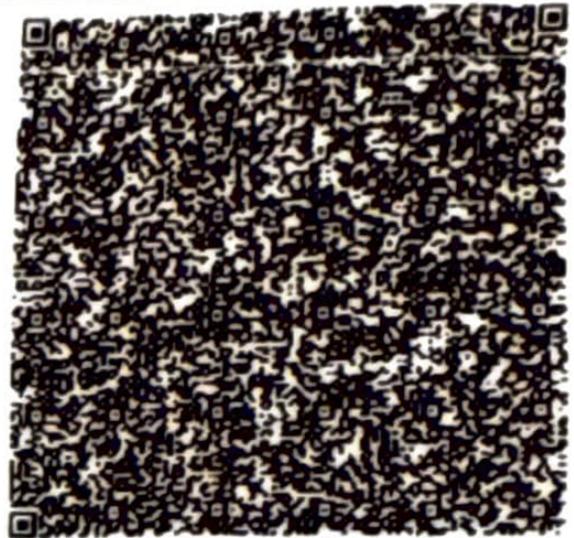


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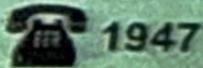
ନିଳଚକ୍ରନଗର (ସାଲିଆସାହି), ଆର.ଆର ଏଲ,
ଭୁବନେଶ୍ୱର(ଏମ.ସି), ଖୋର୍ଦ୍ଧା,
ଓଡ଼ିଶା - 751013

Address:

NILACHAKRA NAGAR SALIA SAHI,
R.R.L, Regional Research Laboratory
S.O, DIST: Khordha, Orissa - 751013



9197 287 0238



1947



help@uidai.gov.in



www.uidai.gov.in

<https://childhelpinghand.org/>



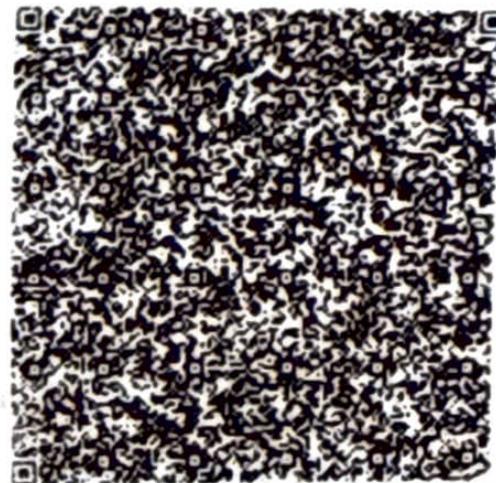
भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA



Address:

C/O: Sarat Chandra Tunga, NILACHAKRA NAGAR
SALIA SAHI, R.R.L, Regional Research Laboratory
S.O, DIST: Khordha,
Orissa - 751013



3629 437 3704

VID : 9177 4190 6432 0018



1947



help@uidai.gov.in



www.uidai.gov.in



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

बाल वि



S/O S/
DY BM

VILLA
KHURDA
Ph: 9
Folio

नित

बाल चिकित्सा विभाग
UHID: 108379246



KARTIK

Dept No: 20250030015470

S/O SARAT CHANDRA TUNGA
DY BM 1D / M (पुरुष)
VILLAGE BHUVNESHVAR, DIST
KHURDA, ORISSA, INDIA
Ph: 9776282444 General Rs 0
New Patient
17417 / Diagnosis

कमरा / Room
C-210

Queue / संख्या
N30
Unit-III, Paediatric,

क्र०रो०वि० पंजीकृत सं० / O.P.D. Regn. No.

पता / Address

आयु
Age

बुध, शनि, Wed, Sat



Reporting: 09:11:56
11/06/2025

दिनांक / Date

Ht is 66cm Wt is 46.5kg उपचार / Treatment

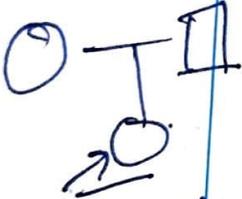
6.3kg
2.782

DOB is 17/10/20

H. 682

40

From Bhubaneswar



No 110 lbr illness in
the family

Symptomatic since 5 months of
<https://childhelpinghand.org/> age.

Abdomen distension.

No c/o Pallor / Jaundice / Vomiting /
Constipation / Ab @ movements /
Joint Pain / Swelling / Rash.

Investigated initially @ AIIMS Bhubaneswar

2D → (N)
ECHO

MIV
MSAG
Anti HCV | (NR)

USH Abd: -

Slight moderate

Hepatosplenomegaly

MPLC; BMA; BCR - DBL; Done @
Karyotyping NGS / NKI study ? Reports (NA)
AIIMS Bhubaneswar



Pradhan Mantri Arogya Yojana
Ayushman Bharat
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



My Hospital
meraaspatal.nhp.gov.in

Review Reports :-

CBC

Hb

TLK

DLK

RFT

PS

24/4/25

7.8

1:09L

2:33L

9800 - Blast 12% ;

Hydrocyte ⊕ ;

Metamyelocyte → (2+) ;

Ab ⊕ Monocytes + 9-1.

21/3/25

11.2

11650

1.24L

Blast → (2%)

16/4/25

6.6

19150

2.54L

Blast → (13%)

7/9/25

5.7

31950

90K

Blast → (15%)

26/5/25

8

6260

30K

Blast → (8%)

3/16/25

6.2

18810

<https://childhelpinghand.org/>

(15) 24/2/25

Not evaluated

at JMHL

2/23/5 - 28/5

Marked Leucocytosis ⊕

Received BMP & ARA C → Report

Myeloid left shift =

Cerebrally ; 28/3

Basophilia (3%) ; &

O/E ; Pallor ⊕

leucocytosis (10%) ;

PIA

Ab ⊕ Monocytic cells (15%)

? Purule over → Asplenic

like → 2cm B RCM

Scattered Ab ⊕ lymphoid cells ⊕

forehead. Spleen → 6cm BLM

Multiples Osseous

(+) lymphoproliferation

lesions → 2-3mm over back.

To Contact → PS / Fibrose from IRCH.

Dr. Rukona → To CIL BMA / NGS / MPLC

1. Also ABL reports from NIMS, Bhubaneswar

Dr. P. SHIVARAMAN
JUNIOR RESIDENT
DEPT. OF PEDIATRICS
A.I.I.M.S. NEW DELHI

? NFI status

in Peds Onco OPD (C.No 26)

Report

590



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग

UHID: 108379246

कमरा / Room

C-210

OPR-6



Dept No: 20250030015470

Queue / संख्या

F68

Unit-III, Paediatric

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No.

KARTIK

S/O SARAT CHANDRA TUNGA
07/08/40 / M / (पुरुष)

बुध रविवार Wed Sat

VILLAGE BHUVNESHWAR, DIST
KHURDA, ORISSA, INDIA



Ph: 9775282444 General Rs 0
Follow Up Patient

Reporting: 09/09/25
14/08/2025

आयु
Age

पता / Address

निदान / Diagnosis

JMML

दिनांक / Date

उपचार / Treatment

96

Referred from AIIMS, Bhubhaneshwar for Hscf.

8M/M:

6.5 kg

Category 1

Category 2

Category 3

<https://childhelpinghand.org/>

Splenomegaly ✓

NFI gene mutation ✓

PLC > 10k ✓

AME > 1000 ✓

Circulating myeloid precursors ✓

Blasts in P.B/BM +ve but < 20% ✓

Absence of BCR-ABL ✓

Rx received: 1# GMP-ARA-C.

Rx plan: Bridging chemo → HAPIOIDENTICAL Hscf.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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Advice:

c/o/w Prof. R. Seth Maam

1. HLA matching (C/L form from Transplant Immunology Lab, Teaching Block 4 floor).

R/w e form in Daycare to fill.

2. To start funds application (CANKIDS pls help. To meet Bharti/ Shantiji)

3. Register ↓ Transplant Waitlist (Dr. Rubsana (209))

4. To conti Supportive care and bridge chemo @ primary Rx centre (AIMS, Bhubhaneshwar).
<https://childhelpinghand.org/>

Child shall be admitted for transplant here

5. PRBC Transfusion date Daycare tomorrow 15/6/25.

6. N/V: ~~16/7/25~~ 18/6/25

Shirama
SR.

15/06/25.

Child seen in MCH-DC.

Neelam
c/o/w Dr ~~SR~~
Triage SR.

5.8 $\begin{matrix} 17.39 \\ \diagdown \quad \diagup \\ \text{---} \\ \diagup \quad \diagdown \\ 1.8 \text{ (L)} \end{matrix}$ →

6
10/06/25. O/E:- vitals stable.

Adv.

- Refer to Pediatric Casualty for urgent CBC and PRBC transfusion.





अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



बाल चिकित्सा विभाग
UHID: 108379246

कमरा / Room
C-210

OPR-6



Dept No: 20250030015470

Queue / संख्या
F85
Unit-III, Paediatric.

ब०रो०शि० पंजीकृत सं०/O.P.D. Regn. No.

KARTIK ...
S/O SARAT CHANDRA TUNGA
OY 8M 10D / M / (पुरुष)
VILLAGE BHUVNESHVAR, DIST
KHURDA, ORISSA, INDIA
Ph: 9776262444 General Rs 0
Follow Up Patient

बुध, शनि, Wed, Sat



Reporting: 09:16:09
18/08/2025

आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date

बाल चिकित्सा विभाग
UHID: 108379246

कमरा / Room
C-210



Dept No: 20250030015470

Queue / संख्या
F79
Unit-III, Paediatric.

JMML/NF 1

S/O SARAT CHANDRA TUNGA
OY 8M 11D / M / (पुरुष)
VILLAGE BHUVNESHVAR, DIST
KHURDA, ORISSA, INDIA
Ph: 9776262444 General Rs 0
Follow Up Patient

बुध, शनि Wed Sat



Reporting: 10:21:58
21/03/2025

<https://childhelpinghand.org/>

- HLA form given
- Estimate not given / BPR card yet to prepare.
- wants chemotherapy from AIIMS only.
- No CBC/LFT/WFT today.

D/E No pallor
Hdsclath
? relative macrocephaly



Master_KARTIK



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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Plan

- ① CBC / UFT / RFT
- ② HLA form & photograph → consultant sign
- ③ Daycare → Azacytidine protocol. (Sista Tinay) 3pm
- ④ Bhonal → Astimal form
- ⑤ N/V 23/06/25 at 2pm 100

Shrawi
 SN 120
 DR. G. SHRAVANI REDDY
 Senior Resident
 Paediatric Oncology
 Dept of Paediatrics
 All India Institute of Medical Sciences
 New Delhi - 110029

23/06/25

~~21/6~~
 9.8 / 33880 /
 ① shift - G

PO4³⁻ = 5.7.

Other TUs marked (N) <https://childhelpinghand.org/>

HT = 88 cm
 WT = 6.6 kg
 BSA = 0.35

HLA form given → to take date.
 Astimal form given.

Plan

① Daycare (10am) → Sista Tinay → Azacytidine protocol.

Candida

① AZACUTIDINE 27 mg / 100 ml NS once
 30 mins - 1 hr
 X 7 days.

② N/V 25/06/25

Shrawi
 DR. G. SHRAVANI REDDY
 Senior Resident
 Paediatric Oncology
 Dept of Paediatrics
 All India Institute of Medical Sciences
 New Delhi - 110029

241



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HO बहिरंग रोगी विभाग / Out Patient Depar

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL



Kartikchandra Tunga

बाल चिकित्सा विभाग
UHID: 108379246



Dept No: 20250030015470

KARTIK

कमरा / Room
C-210

Queue / संख्या
F92

Unit-III, Paediatric.

ब० रोगी सं० / O.P.D. Regn. No.

पता / Address	आयु / Age
	x

बुध, शनि, Wed, Sat



Reporting: 10:21:39
25/06/2025

S/O SARAT CHANDRA TUNGA
OY 8M 15D / M (पुरुष)
VILLAGE BHUVNESHWAR, DIST
KHURDA ORISSA INDIA
Ph: 9776282444 General Rs. 0
Follow Up Patient

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
<p>78</p> <p>6-6/25</p> <p>63</p> <p>6-6/25</p> <p>9.8 33880 / 1.36 @</p> <p>M₂L₂</p> <p>LFT/RT - OK</p>	<p>बाल चिकित्सा विभाग UHID: 108379246</p> <p>कमरा / Room C-210</p> <p>Queue / संख्या F69</p> <p>Unit-III, Paediatric.</p> <p>S/O SARAT CHANDRA TUNGA OY 8M 18D / M (पुरुष)</p> <p>बुध शनि Wed Sat</p> <p>VILLAGE BHUVNESHWAR, DIST KHURDA ORISSA INDIA</p> <p>Reporting: 10:00:57 26/06/2025</p> <p>https://childhelpinghand.org</p> <p>40</p> <p>JMML E NF1. on post #1. GMP-tral on #1. Azacytidine. ∴ 29/6/25.</p> <p>Adv</p> <ul style="list-style-type: none"> - complete #1. - complete 7 days Azacytidine - Enroll in POE - sr Tunc p/2 - Meet Dr Rukmana for BMT 1st. - HLA matchy to expedite on lv - PLU E CBC on 17/7/25



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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30/6

Cont. Lallosoft LA TDS

Case

21/7/21

Kindly give report

pl

21/7/21

Δ: Imme

- Child seen in POC clinic

40 cough x 15 days

= fast breathing, subcostal retraction

40 swelling over ⊙ ear x 15 days (post chemotherapy)

- increasing in size

Wound looks - today

- pus discharge ⊙

- 2-3 episodes, watery

<https://childhelpinghand.org/>

- No fever / loose stools / rash / excessive irritability

PE: PR: 156/min

RR: 66/min, SCR ⊕

SPO₂: 96% on RA

Periph: warm

PP/CO: 1/0

RV: RA condensed wounds ⊕

RA AEE

P/A: Girth - 8cm R/LM

Girth - 9cm BCM

CHD: absent, aortic

ECG: S, S, ⊕

Plan: c/s/b Prof R. Sethi

- Refer to Peds casualty

- CBC & Ps for ? malignant transformation

↳ (Ilex also)

- Decide on IV vs oral (ceftriaxone + metrogyl)

- CXR - (infectious vs Imme infiltrate)

- usg local site

- Grok w/o, add urine

- can informed to casualty see

Local examination: swelling 3x2cm

over ⊙ parietal region & per point ⊕, tender, soft warmth ⊕ / E

bony crackling absent

- Pain management

- Once CR well refer

Signature
Dr. Manish

1269



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department



अस्पताल में अन्धर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल विकास विभाग
UJID: 108378248
ABHA:
tungekartik.202417@ahdm
Dept No: 20250030015470

कमरा / Room
C-210

OPR-6

Queue / संख्या
F76
Unit-III, Paediatric.

बंरोकिं पंजीकृत सं० / O.P.D. Regn. No. _____

KARTIK CHANDRA TUNGA

SIC SARAT CHANDRA TUNGA
1Y 6M 25D / M (पुरुष)
VILLAGE BHUVNESHWAR, DIST
KHURDA, ORISSA, INDIA
Ph: 9776282444 General Rs 0
Follow Up Patient

बुध गति, Wed Set



Reporting: 08 58 50
28/07/2025

वै. सं. / BX	आयु / Age	पता / Address

निदान / Diagnosis

उपचार / Treatment

दिनांक / Date

74
734

from 28/7/25
CBC/RFT/CFR

Smart lab
RAK
Baccument

<https://childhelpinghand.org/>



Dr. REMAN KUMAR
Senior Resident
DM: Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-110029

26/7/25 (Daycare)
CBC on walter
Shri
S.P.O.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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30/7/25

Dayan

Cough
coryza } x 2 days

Temp 99.9° F.

WBC = 48/mmil (↑)

Chest clear

no retractions

SpO₂ = 98%

26/7 ANC :- 53K

Plan

① Syp Augmentin (5ml/250mg) 2ml BD
x 5 days

② Syp Cetirizine (5ml/5mg) 2.5ml H/S
x 5 days
<https://childhelpinghand.org/>

Sham

SR PD

DR G. SHRAVANI REDDY
Senior Resident
Paediatric Oncology
Dept. of Paediatrics
All India Institute of Medical Sciences
New Delhi- 110029



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग
L.M.D. 108378248
Dept No: 20250030015470
KARTIK CHANDR & TUNGA
S/O SARATI CHANDRA TUNGA
1Y BM 27D / M / पुरुष
VILLAGE EHVUNESHWAR, DIST
KHURDA ORISSA INDIA
Ph: 0776282444 General Rs 0
Follow Up Patient

कक्ष / Room C-210
Queue / संख्या F29
Unit-I, POC

OPR-6

ब०सं०/दि० पंजीकृत सं०/O.P.D. Regn. No.

आयु Age	पता / Address
	240/25



सम
Reporting: 02/04/28
28/07/2025

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
22 7-3/14	<p>kindly give reports</p> <p>(- P.S to IRCH) (- flow to IRCH) cyt</p> <p>sent on 22/7</p> <p>https://childhelpinghand.org/</p>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



मरी
रोगी

बाल चिकित्सा विभाग
JHIC: 108379248

कमरा / Room
C-210

OPR-6



Dept No: 20250030015470

Queue /
संख्या
F20

Unit-I, POC.

रोगी सं/पंजीकृत सं/O.P.D. Regn. No.

KARTIK CHANDRA TUNGA

Age: 10 months

आयु
Age

पता / Address

S/O SARAT CHANDRA TUNGA
147M 1357M (पुरा)

लिंग

VILLAGE BHUVNESHWAR, DIST
KHURDA ORISSA INDIA

Ph: 9776282444 General Rs. 0



Reporting: 01:35:59
11/08/2025

Follow Up Patient

240/20

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

35
7-6

Review after 3 months

<https://childhelpinghand.org/>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



107

PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग

UHID:108379246



Dept No: 20250030015470

KARTIK CHANDRA TUNGA

S/O SARAT CHANDRA TUNGA
1Y 10M 0D / M(पुरुष)

VILLAGE BHUVNESHWAR, DIST
KHLRDA, ORISSA, INDIA

Ph: 9776282444 General Rs 0

Follow Up Patient

कमरा / Room

C 218

Queue /
संख्या

F60

Unit-III, Paediatric

बुध, शनि, Wed, Sat



Reporting: 08:29:25
01/11/2025

ब० र० कि० संकीकृत सं०/८

LC15112500303 108379246



LC1511250583 108379246



Master: Kartikch...

निदान / Diagnosis

दिनांक / Date

7-7-25

उपचार / Treatment

का

बाल चिकित्सा विभाग

UHID:108379246



ABHA:

tungekartik202417@ebdm

Dept No: 20250030015470

KARTIK CHANDRA TUNGA

S/O SARAT CHANDRA TUNGA
1Y 10M 11D / M(पुरुष)

VILLAGE BHUVNESHWAR, DIST
KHURDA, ORISSA, INDIA

Ph: 9776282444 General Rs. 0

Follow Up Patient

कमरा / Room

C 218

Queue /
संख्या

F88

Unit-III, Paediatric.

बुध, शनि, Wed, Sat



Reporting: 10:26:13
12/11/2025

<https://childhelpinghand.org/>

936

76
7-5K

(N/V) in OPD on 17/11/25
2 CBCRF 1/VF1

Signature



एम्स का यही संकल्प, स्वच्छता से काया कल्प / CLEAN AND GREEN AIIMS

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



बाल चिकित्सा विभाग
UHID: 108379246
ABHA: tungakartik202417@abdm
Dept No: 20250030015470

कमरा / Room C 218
Queue / संख्या F51
Unit-III, Paediatric,

OPR-6

एकक / Unit
विभाग / Dept

KARTIK CHANDRA TUNGA

पंजीकृत सं० / O.P.D. Regn. No.

S/O SARAT CHANDRA TUNGA
2Y 0M 9D / M (पुरुष)
VILLAGE BHUVNESHWAR, DIST
KHURDA ORISSA INDIA
Ph: 9776282444
Follow Up Patient
General Rs 0

बुध रानि, Wed, Sat

आयु
Age

पता / Address



Reporting: 08:23:15
10/01/2028

निदान / Diagnosis

च० JMMU / Germ/me MR 1

दिनांक / Date

उपचार / Treatment

Handwritten notes in red ink:
०७

Handwritten notes in red ink:
०८

<https://childhelpinghand.org/>

N/V in OPD on 24/01/2028 to
CBC/RFT/UA

Srinani
SR



Master: Kartikch... *Soni*



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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