

# संस्था को चिकित्सक सहायता हेतु आवेदन पत्र

सेवा में,

संस्थापक  
चाइल्ड सेवा ट्रस्ट  
टी-53/4, सब्जी मंडी,  
रेलवे कॉलोनी  
नई दिल्ली 110007



विषय : संगठन के संस्थापक को चिकित्सक सहायता संबंधित अनुरोध पत्र।

महोदय जी,

"सविनय निवेदन यह है कि प्रार्थी अजय कुमार चौरसीया उदमभानपुर (उत्तर प्रदेश)  
का निवासी हूँ। मेरे बच्चे का नाम शिवांशु चौरसीया जिसका आयु 4 वर्ष है।  
जिसका इलाज सर गंगा राम हॉस्पिटल में चल रहा है, मेरा  
बच्चा ब्लड कैंसर (शुद्ध स्टेज) से पीड़ित है, बच्चे की चिकित्सक स्थिति संबंधित विवरण"  
मेरा बच्चा न्यूरोब्लोस्टोमा ब्लड कैंसर से पीड़ित है, मैं किसान हूँ और बच्चे  
का इलाज बहुत महंगा है कृपया आप सभी संतर हमारी सहायता करें।

हमारा परिवार बच्चे का इलाज करवाने हेतु आर्थिक रूप से सक्षम नहीं है एवं बच्चे की वर्तमान स्थिति के अनुसार बच्चे को सुचारु इलाज की शीघ्र आवश्यकता है।

प्रार्थी चाइल्ड सेवा ट्रस्ट से अनुरोध करता / करती हूँ कि आप मेरे बच्चे के इलाज में हमें आर्थिक सहायता प्रदान करें।

मैं अपनी सहमति से बच्चे के इलाज से संबंधित सभी चिकित्सक आलेख आपसे साझा कर रहा / रही हूँ जिससे आपको मेरे बच्चे की वर्तमान चिकित्सक स्थिति से अवगत करवाया जा सके।

मैं और मेरा परिवार चाइल्ड सेवा ट्रस्ट एवं आप से जुड़े सभी दाताओं का दिल से आभारी रहेगा / रहूंगी।

धन्यवाद!

अभिभावक

Ajay

हस्ताक्षर



अंगूठे का निशान



आपका अनुरोध चाइल्ड सेवा  
ट्रस्ट द्वारा स्वीकार्य है

यह प्रारूप परिवार की से शैक्षिक स्थिति एवं कोविड-19 को ध्यान में रखते हुए तैयार किया गया है, किसी प्रकार की त्रुटि के लिए संस्था क्षमा व्यापक है।







Sir Ganga Ram Hospital  
Delhi Pediatric Rheumatology Group



Senior Consultant Pediatric & Adolescent Rheumatologist

**Dr. Sujata Sawhney**

M.D. (PEDIATRICS) M.R.C.P. (U.K.),

C.C.S.T. Medical Royal Colleges (U.K.)

(Completion Certificate of Specialist Training)

GradCertPRheum (Australia)

Diploma MSK Ultrasound (Murcia Spain)

Attending Consultant :

**Dr. Manjari Agarwal**

Fellow :

**Dr. Prajakta Dekate**

All Appointments :

Anita Kher

(9.00 am to 8.00 pm)

Shivansh Chaurasiya (P6616)

Male, 5 Years 1 Month

By: Dr. Sujata Sawhney

### Clinical Notes

Date: 30 May, 2024

Joint

- I reviewed this patient.  
Large swelling of the right ankle Complex. Reduced dorsiflexion and plantarflexion. Reduced inversion and eversion. Screening ultrasound examination shows small anterior tibiotalar effusion and a large posterior subtalar effusion.  
Suggest aspiration for cytopspin and cell count and cultures Including evaluation for tuberculosis, Synovial fluid for glucose. Use EDTA vial for cell count and fluoride vial for glucose

Investigation

- HLA B 27

Diagnosis

- ? Partially treated septic  
? Leukaemia relapse

*Dr. Sujata Sawhney*

Clinic Hours :

**SGRH**

12 noon - 4 pm

Mon. - Sat.

Noida Clinic :

House No. 110, Sector - 37, Opposite Botanical Garden Metro Station, Noida

6 pm - 8 pm, Mon. - Fri.

Research Assistant :

**Bhumika Chauhan**





Sir Ganga Ram Hospital



H-2008-0017  
Since June 16, 2008



MC - 2194

Clinical Laboratory Services  
Department of Haematology

Name : MASTER SHIVANSH CHAURASIYA      Age/Sex : 5 Yrs/Male  
 Registration No. : 3283466      Ward No. : WARD 9  
 Lab Request No. : 1124095910      Room No. : RM-1277/1277-C CAT3  
 Episode No. : IP01387639      Location Type: In Patient  
 Location : PAEDIATRIC HEMATO-ONCOLOGY-Dr. Anupa Chandra      Collected On : 22 MAY 2024      05:52AM  
 Referred By : Consultant Paediatric Hemato-Oncology      Received On : 22 MAY 2024      06:27AM  
 Ext. Doctor :      Reported On : 22 MAY 2024      06:57AM  
 Specimen : Blood      Released by : Anil Kumar  
 Printed on : 28 MAY 2024 02:20PM

Investigation	Results	Units	Bio.Ref.Interval	Test Method
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**Complete Blood Count-EDTA BLOOD**

Cell Counter	Sysmex XN			Automated/Microscopy
Haemoglobin	8.8	g/dl	(11.0-14.0)	SLS Hb Method
TLC	1.59	thous/ul	(5.00-15.00)	Flowcytometry
Platelet Count	249	thous/ul	(200-450)	Impedance / Flowcytometry
PCV	25.4	%	(34.0-40.0)	Cumulative pulse height detection
RBC	2.93	mill/ul	(4.00-5.20)	Impedance
MCV	86.7	fl	(75.0-87.0)	Computed
MCH	30.0	pg	(24.0-30.0)	Computed
MCHC	34.6	g/dl	(31.0-37.0)	Computed
RDW	14.4	%	(11.6-14.0)	Computed
Micro R	3.10	%		Computed
Macro R	3.10	%		Computed

**Differential Leukocyte Count (DLC)**

				Fluorescence Flowcytometry / Manual
Neutrophils	62	%		
Lymphocytes	32	%		
Eosinophils	0	%		
Monocytes	6	%		
Basophils	0	%		
ANC	986	/ul	(1500-8000)	
ALC	509	/ul	(6000-9000)	
AEC	0	/ul	(100-1000)	
AMC	95	/ul	(200-1000)	
ABC	0	/ul	(20-100)	

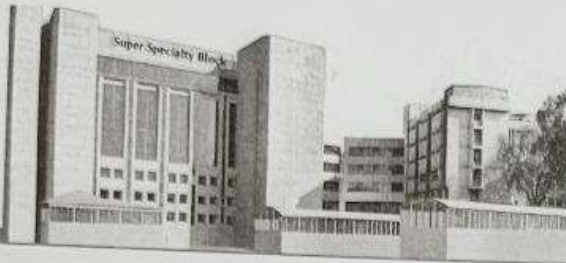
Kindly correlate clinically.

1. This is a Computer generated report, No Signature required.
  2. Content of this report is only an opinion, not the diagnosis.
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- <<< Page: 1 of 1 >>>





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Sir Ganga Ram Hospital

*patient copy.*

**DISCHARGE SUMMARY  
INSTITUTE OF CHILD HEALTH  
DEPARTMENT OF PAEDIATRICS  
SIR GANGA RAM HOSPITAL**

**PAEDIATRIC HEMATO-ONCOLOGY AND BMT UNIT (PHO)**

<b>NAME:</b> Shivansh Chaurasia	<b>AGE:</b> 4 years	<b>SEX:</b> MALE
<b>DOA:</b> 19/05/24	<b>DOD:</b> 28/05/24	<b>MRD NO:</b> 3283466
<b>Wt:</b> 16.9 kg	<b>Ht:</b> 111 cm	<b>BSA:</b> 0.72 m <sup>2</sup>

**DIAGNOSIS:**

Pre B cell Acute Lymphoblastic Leukemia

Prednisolone good responder (PGR)

CSF Malignant cells- Negative, Molecular- Negative, Karyotyping- 50-53,  
XY,+X,+4,+14,+17,+18,+21,+22[cp19]/46, XY[1],

NGS- KRAS- p.Gly12Ala, CREBBP-p.Arg1446Cys

Highest TLC- 6120/cumm, Day 1 Induction-20/11/23

TP1 MRD-0.11%, TP2 MRD <0.01%

**HYPERSENSITIVITY TO PEG-ASPARAGINASE**

Admitted on Reinduction day +34

Febrile neutropenia

Synovitis and AVN of navicular bone

Discharged on Day +42

**DISCHARGE ADVICE:**

- Syp Taxim-O (100mg/5ml) 5ml-0-5ml for 3 days
- Tab Naproxen 250mg ½ tablet once daily for 3 days
- Tab Septran (960mg) ½ - 0 - ¼ tab (Mon/ Wed/ Fri)
- Muout Powder 1 scoop or Laxopeg ½ sachet twice daily for constipation
- Candid mouth paint 4 drops thrice a day to continue
- Listerine mouth wash thrice daily to continue
- Sitz bath thrice daily
- Avoid raw fruits, salads
- Plenty of oral fluids, No visitors, Strict hygiene
- To maintain genital hygiene and general hygiene
- Don't administer any vaccination to the child/ Avoid OPV to the family member
- Follow up on 31/05/24 at 11 am in P55 with CBC/DLC or SOS and before if fever occurs





# MRI CENTRE, SIR GANGA RAM HOSPITAL

Rajinder Nagar, New Delhi - 110 060  
Ph. : 4311 5700 - 30, 4225 1909

## RADIOLOGISTS :

**DR. T.B.S. BUXI**  
M.D.  
Head of dept.

**DR. ADITI SUD**  
D.N.B.

**DR. SEEMA SUD**  
D.N.B.

Patient Name (Last,First)	: CHAURASIYA SHIVANSH	Age/Sex	: 5 Yrs/M
Reg. No.	: 3283466	Ward No.	: WARD 9
Episode No.	: IP01387639	Room No.	: 1277/1277-C CAT3
Imaging No.	: 15794619-1452	Executed On	: 24-May-24 12:08:04PM
Location	: PAEDIATRIC HEMATO-ONCOLOGY-Dr.Anupam Sachdeva	Location Type	: IPD
Referred By	: CONSULTANT PAEDIATRIC HEMATO-ONCOLOGY	External Doctor	:

### SWr

**PRE AND POST CONTRAST MRI OF THE RIGHT ANKLE WAS PERFORMED USING SPIN ECHO T1W, TSE T2W AND TIRM IMAGES. SECTIONS WERE TAKEN IN AXIAL, SAGITTAL AND CORONAL PLANES. IN ADDITION DWI STUDY WAS ALSO PERFORMED.**

### Clinical Details :-

Patient is a known case of pre B ALL. Status : On chemotherapy and steroid.  
Presented with complaints of painful swelling and redness over right ankle joint.

### MRI Findings :-

There is thick smooth rim enhancing synovitis with synovial moderate effusion seen posterior to the posterior facet subtalar joint, shows anterior extension into the sinus tarsi region, through lateral aspect beneath the peroneal tendons. No true diffusion restriction seen within the fluid. Mild reactive oedema like signal without T1 abnormality is seen in the calcaneum towards lateral aspect.

Otherwise the anterior, middle and posterior facet of subtalar joint are congruent and shows normal signal intensity of the cartilage and subarticular bone.

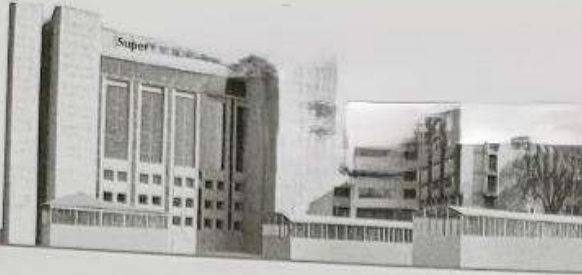
Similarly synovial thickening, enhancement and effusion also seen in the anterior more than posterior aspect of tibiotalar joint, however to a lesser extent, as compared to subtalar joint involvement. This is not associated with any erosion or oedema of the bones forming the tibiotalar joint.

No synovitis or synovial effusion seen in the rest of visualised intertarsal and tarsometatarsal joint.

...Contd..p/2..



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**Sir Ganga Ram Hospital**

Patient Name (Last,First) : CHAURASIYA SHIVANSH Age/Sex : 5 Yrs/M  
Reg. No. : 3283466 Ward No. : WARD 9  
Episode No. : IP01387639 Room No. : 1277/1277-C CAT3  
Imaging No. : 15794619-324 Executed On : 21-May-24 04:43:23PM  
Location : PAEDIATRIC HEMATO- ONCOLOGY-Dr.Anupam Sachdeva Location Type : IPD  
Referred By : CONSULTANT External Doctor :  
PAEDIATRIC HEMATO- ONCOLOGY

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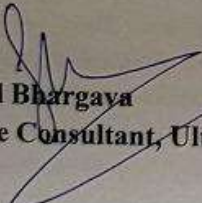
**ULTRASOUND OF SMALL PARTS (LEFT ANKLE)**

High resolution of ultrasound of left ankle was done using high frequency linear probe.

There is evidence of partially loculated collection with some septations seen in the posterior recess and antero lateral recess of the ankle joint with mild fluid also seen in eth anterior central recess. The antero lateral recess shows significant debris and septations. Increased echogenicity of surrounding fat pad noted – suggestive of inflammation.

**Features likely represent infected collection in the recesses of the ankle joint.**

**Suggested : Aspiration for further evaluation.**

  
**Dr. Salil Bhargava**  
Associate Consultant, Ultrasound Department





**PEDIATRIC AND ADOLESCENT HEMATOLOGY,  
ONCOLOGY & STEM CELL TRANSPLANT SERVICES**

Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi - 110060

**Dr. Anupam Sachdeva**

DCH, MD, (DMC No. : 11823)  
Adjunct Professor, National Board of Examination  
President Indian Academy of Pediatrics 2017

Director  
Chairman, Department of Pediatrics

Private OPD, Room No F-55, SGRH  
Timing : 12 Noon - 2PM, Mon - Sat

**Dr. Manas Kalra**

MBBS (Gold Medalist), MD (Gold Medalist), DNB  
FNB (Pediatric Hematology Oncology), FIAP  
Fellowship Pediatric Oncology & BMT (Sydney)

Senior Consultant  
(DMC No. : 35631)

Private OPD : Room No. F-55, SGRH  
Timing : 2 PM - 4 PM, Mon - Sat

**Dr. Divij Sachdeva**

MBBS, MD, FIAP  
Associate Consultant  
(DMC No. : 14567)

Private OPD : Room No. F-55, SGRH  
Timing : 8 AM - 10 AM, Mon - Sat

Adv

Shivansh

Admit for next cycle.

20 | 5 | 24

BM, MRD.

LP + IT MTx

mana

Ref Dr Sujata  
Dr Manjari

On naproxen

issues

• joint pain

• Is it AN? ?

• Is it leuk? ?

Is it infectio  
?





**SIR GANGA RAM HOSPITAL  
DEPARTMENT OF PAEDIATRIC HEMATO-ONCOLOGY-DR.ANUPAM SACHDEVA  
INVESTIGATION SUMMARY**

<b>Patient Name</b>	Master SHIVANSH CHAURASIYA	<b>Registration No.</b>	3283466
<b>Age</b>	5 yrs	<b>Episode No.</b>	IP01387639
<b>Gender</b>	Male	<b>Date of Admission</b>	20 May 2024 19:51
<b>Episode Status</b>	CURRENT	<b>Date of Discharge</b>	
<b>Ward</b>	WARD 9	<b>Bed</b>	1277-C CAT3

### Department of Biochemistry

TestSetName	TestItems	Range	Unit	23 Mei 24	
				Time	Result
Immunoglobulin G ( IgG )	IgG	540-1822	mg/dL	18:40	397 Low

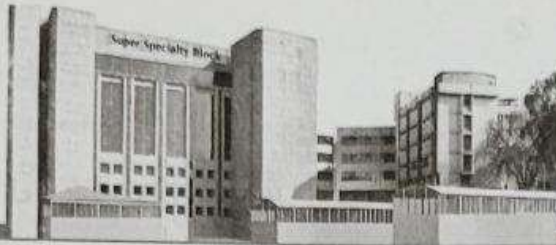
### Department of Haematology

TestSetName	TestItems	Range	Unit	22 Mei 24		24 Mei 24		26 Mei 24		28 Mei 24	
				Time	Result	Time	Result	Time	Result	Time	Result
Complete Blood Count (CBC)	Haemoglobin	11-14	g/dl	05:52	8.8 Low	06:20	9.6 Low	06:31	9.1 Low	06:11	10.9 Low
Complete Blood Count (CBC)	Packed Cell Volume (PCV)	34-40	%	05:52	25.4 Low	06:20	27.8 Low	06:31	26.6 Low	06:11	32.1 Low
Complete Blood Count (CBC)	Total Leukocyte Count (TLC)	5-15	thous/ul	05:52	1.59 Low	06:20	1.77 Low	06:31	1.86 Low	06:11	3.05 Low
Complete Blood Count (CBC)	Neutrophils		%	05:52	62	06:20	21	06:31	32	06:11	18
Complete Blood Count (CBC)	Lymphocytes		%	05:52	32	06:20	56	06:31	41	06:11	51
Complete Blood Count (CBC)	Eosinophils		%	05:52	0	06:20	0	06:31	0	06:11	0
Complete Blood Count (CBC)	Monocytes		%	05:52	6	06:20	22	06:31	27	06:11	31
Complete Blood Count (CBC)	Absolute Monocyte Count	200-1000	/ul	05:52	95 Low	06:20	389 Normal	06:31	502 Normal	06:11	946 Normal
Complete Blood Count (CBC)	Basophils		%	05:52	0	06:20	1	06:31	0	06:11	0
Complete Blood Count (CBC)	Absolute Basophils Count	20-100	/ul	05:52	0 Low	06:20	18 Low	06:31	0 Low	06:11	0 Low





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Sir Ganga Ram Hospital

DISCHARGE SUMMARY  
INSTITUTE OF CHILD HEALTH  
DEPARTMENT OF PAEDIATRICS  
SIR GANGA RAM HOSPITAL

PAEDIATRIC HEMATO-ONCOLOGY AND BMT UNIT (PHO)

NAME: Shivansh Chaurasia	AGE: 4 years	SEX: MALE
DOA: 01/05/24	DOD: 01/05/24	MRD NO: 3283466
Wt: 16.9 kg	Ht: 111 cm	BSA: 0.72 m <sup>2</sup>

**DIAGNOSIS:**

Pre B cell Acute Lymphoblastic Leukemia

Prednisolone good responder (PGR)

CSF Malignant cells- Negative, Molecular- Negative, Karyotyping- 50~53,  
XY,+X,+4,+14,+17,+18,+21,+22[cp19]/46, XY[1],

NGS- KRAS- p.Gly12Ala, CREBBP-p.Arg1446Cys

Highest TLC- 6120/cumm, Day 1 Induction-20/11/23

TP1 MRD-0.11%, TP2 MRD <0.01%

**HYPERSENSITIVITY TO PEG-ASPARAGINASE**

Admitted for Day +15 Reinduction Chemotherapy

**DISCHARGE ADVICE:**

- Tab Decmax (4mg) ½ -0-½ from 15/04/24 – 05/05/24, then taper over 9 days
- Tab Dexona (0.5mg) 1-0-1 from 15/04/24 -05/05/24, then taper over 9 days
- Tab Lanzol Jr(15mg) 1 tab once daily to continue.
- Tab Ondem (4mg) 1 tab thrice a day for 1 day, then SOS if vomiting
- Tab Amlong(2.5mg) 1 tab once daily to continue.
- Tab Septran (960mg) ½ - 0 - ¼ tab (Mon/ Wed/ Fri)
- Muout Powder 1 scoop or Laxopeg ½ sachet twice daily for constipation
- Candid mouth paint 4 drops thrice a day to continue
- Listerine mouth wash thrice daily to continue
- Sitz bath thrice daily
- Avoid raw fruits, salads
- Plenty of oral fluids, No visitors, Strict hygiene
- To maintain genital hygiene and general hygiene
- Don't administer any vaccination to the child/ Avoid OPV to the family member
- BP and sugar monitoring
- Blood pressure centile 50th centile- 94/52 mmHg, 90th centile- 106/64 mmHg, 95th centile- 109/67 mmHg, 99th -121/79 mmHg. Infom if BP > 106/64 mmHg
- Follow up on 08/05/24 at 11 am in F55 with CBC/DLC or SOS and before if fever occurs

1



## CASE SUMMARY

Shivansh, a 4-year-old boy, a known case of Pre B ALL, TP1 MRD-0.11%, TP2 MRD <0.01% now admitted for day+29 Re-induction chemotherapy. She has no complaints of fever, loose stools, pain abdomen

## EXAMINATION:

On admission, afebrile, HR-100/min, BP – 100/60 mm Hg, RR-24/min, pallor -absent, Lymph nodes-not palpable. Abdomen-Soft, Liver and Spleen-not palpable, Testis- bilaterally normal. CNS- Alert & Oriented, CVS-S1, S2 normal, Chest-B/L air entry equal.

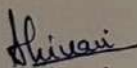
## HOSPITAL COURSE

Shivansh was admitted. CBC showed Hb- 10.7 gm/dl, TLC- 2070/cumm, Platelets- 2.13 lac/cumm, ANC- 1014/cumm. Day 29 Reinduction chemotherapy was given with Inj Vincristine, and Inj Doxorubicin. Patient tolerated the chemotherapy well. BP was <90th centile and Sugar was normal.

At present he is afebrile, with good oral intake, hemodynamically stable and is being discharged with advice to follow up on 22/05/24 with CBC/DLC in F55 OPD or SOS in Ward 9.

**PROCEDURES:** none

**REPORTS AWAITED:** None

  
Dr Ankita/ Dr Shivani

PHO Fellows

Dr. Anupam Sachdeva

Dr. Manas Kalra

Dr. Divij Sachdeva

Consultants





PAN No : AACTC8249B

# CHILD SEWA TRUST

"YOU CAN RELY ON US"

Khasra No. 337-F, Gali No. 8 Ram Park Extn., Loni Dehat,  
.P.-201102

Ref. No. ....76.....

Dated ....31.05.2024.....

## चाइल्ड सेवा ट्रस्ट द्वारा आर्थिक चिकित्सक सहायता प्रदान करने पश्चात प्राप्त स्वीकृत सर्वनाम लेखन पत्र

चाइल्ड सेवा ट्रस्ट संस्था के माध्यम से आपके बच्चे शिवांश चौशीया जिसकी ..  
आयु 04 वर्ष है अजय कुमार चौशीया के निवेदन के आधार पर आपके बच्चे की  
चिकित्सक स्थिति एवं आपके द्वारा प्राप्त चिकित्सक साक्ष्यों के आधार पर बच्चे की वर्तमान  
चिकित्सक स्थिति एवं परिवार की आर्थिक स्थिति को देखते हुए संस्था चाइल्ड सेवा ट्रस्ट  
द्वारा आपके बच्चे के सुचारु इलाज के लिए आर्थिक सहायता प्रदान की जा रही है।

आशा करते हैं संस्था कि इस छोटी से पहल के द्वारा आपके बच्चे का इलाज  
सुव्यवस्थित ढंग से हो पाएगा

अतः संस्था अपने सभी दाताओं के सहयोग से सदैव आपको इसी प्रकार आर्थिक अनुदान  
सहायता प्रदान करती रहेगी एवं सदैव आपके साथ है

अभिभावक

हस्ताक्षर

अंगूठे का निशान



संस्थापक  
चाइल्ड सेवा ट्रस्ट