







शरीरमांसं खलु धर्मशासनम्

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.मं अस्पताल / AIIMS HOSPITAL

OPR-6

बहिरंग  
अस्पताल के अन्दर धु

DR. B.R.A. IRCH, AIIMS, NEW DELHI

Reg. Date-02/03/2026

IRCH No. 363232

Clinic No. 2026/8419

Clinic Paediatric Medical Oncology Clinic

Deptt. MEDICAL ONCOLOGY

General



UHID-108926021

एकक/Unit

विभाग/Dept.

नाम/ Name

पिता/पुत्र/  
F/S/A

नाम

Name AAYAT PARWEEN

D/O- MOHD AFROZ

Sex/Age F/8Y

Room Board Room (Shift Afternoon)

Address WARD NO-12 VILL MEGHAUNA, THANA ALOLI, DISTT KHAGARIA, BIHAR, Pin:848203, INDIA

Date of Birth

निदान/ Diagnosis

दिनांक/ Date

Ph<sup>+</sup> B-ALL

P induction उपचार/ Treatment - MRS ⊕

30/3/26

Start  
consolidation-

Tab 6mp 50mg 1tab OD (mon - Sat)  
Sun - off  
सोम से शनिवार तक  
शुक्रवार - X

zj emeset 4mg iv  
zj dexa 4mg iv  
zj ranta 25mg iv

zj cyclophosphamide 400mg iv D<sub>1</sub> & D<sub>2</sub>

zj Ara C 60mg S/C D<sub>2</sub> - D<sub>5</sub>

Premed - tab emeset 4mg stat

कमरे में  
15

17 M 7x + CCF cytopath - 15  
12mg

continue seftoran / Acivir / dexalinib 50mg OD

WT- 19.3 Kg

P/v on 6/4/26 ⊕ CBC, UFT/UT.

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)  
बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

to come to IRCH OPD on Wednesday (18/2/26)  
D8 PS, CSF morphology,  
CBC, LFT, RFT

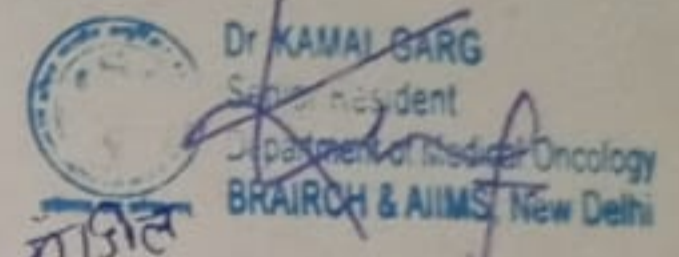
- CL BMA-fcm
- CTG
- NGS

wgt 19.4  
Hb - 120  
HSA - 0.80 m<sup>2</sup>

fw in Emergency in case of Bleeding,  
fevers, vomiting, loose stools @

Danger SIGNS as EXPLAINED

SDP  
19/2  
Kindly issue SDP  
R 19/2/26



18/2/26

- SDP in 2 bags (1st Floor) Apheresis Lab
- Day care
- Inj. L-Asp acetylaspirinase

15 no

SDP  
21/2  
Kindly issue SDP

- Cont Broad + Pan
- R with CBC + LFT (RF)
- on 23/2

*[Signature]*

Digene gel  
Inj. Peg. Asparaginase

2 top  
800 units IM  
x 1050x on  
19/2/26 ... *[Signature]*



MGM2450: Comprehensive Myeloid and Lymphoid Panel by NGS (SNVs, InDels, CNVs & Fusions)

Report Details	Specimen Information	Ordering Clinician
Sample ID / Order ID: 9758765 / 1633876 Collection Date: 10 <sup>th</sup> February 2026 Date Received: 11 <sup>th</sup> February 2026 Report Date & Time: 24 <sup>th</sup> Feb 2026 13:16 PM	Specimen Site: NA Specimen Received: Bone Marrow Aspirate (BMA) in EDTA Specimen Tested: Bone Marrow Aspirate (BMA) in EDTA Tumor Content (%): NA	Clinician: Dr. Deepam Pushpam Affiliation: Deepam Pushpam - Delhi Serviced By: NA Report Status: Final

### CLINICAL BACKGROUND

Precursor B-cell Acute Lymphoblastic Leukemia (Pre-B ALL) [as per the clinical details shared via email dated; 21-02-2026].

#### Test Result Summary

Result - POSITIVE

CLINICALLY RELEVANT VARIANT/S DETECTED in *BCR/ABL1* (fusion), *RB1* (CNV), *CDKN2A, CDKN2B* (CNV)

Gene/AMP Classification	Clinical relevance	Therapeutic relevance	Interpretation
CNV Variants			
<b>CDKN2A, CDKN2B Deletion (CNV) - 36886.891 kb</b>			
Tier IB (Variant of strong clinical significance & well documented literature)	Prognostic	NA	CDKN2A/B deletions are an adverse independent prognostic marker in ALL patients.
<b>RB1 Deletion (CNV) - 27.084 kb</b>			
Tier IID (Variant of potential clinical significance)	Prognostic	NA	RB1 deletions are independently associated with poor event free survival
FUSION Variants			
<b>BCR/ABL1 (FUSION - Minor Transcript ) Total Read depth - 532x</b>			
Tier IA (Variant of strong clinical significance & FDA approved Therapy)	Effective	Imatinib mesylate, Dasatinib	Patients with BCR-ABL1 fusion show good response to Imatinib and over 90% patients achieve complete remission (CR) after treatment.

No clinically significant SNVs and Small INDELS have been detected in this sample

<sup>^</sup> Refer to Glossary section for the classification criteria details.

<sup>S</sup> Drug Approvals are based on US-FDA Guidelines. Kindly refer to local guidelines if required.



## ADDITIONAL BIOMARKERS DETECTED

This section provides information about variants that do not have any therapeutic value. However, these variants may or may not have a likely oncogenic effect.

Gene	Exon	Nucleotide change	Protein change	Total Depth	Allele Burden (%)	Functional predictions	Population MAF (%)
ATM	15	chr11:g.108257506G>A ENST00000675843.1 c.2276G>A	p.Ser759Asn	168x	45.24%	T_lc(SIFT); D(LRT); PoD(Polyphen2)	0 (1000G); 0 (gnomAD);

A missense variation p.Ser759Asn has been detected in **ATM** gene of this subject. This variant has been reported to have uncertain significance in Hereditary cancer-predisposing syndrome as per the ClinVar database (RCV000164999.13). Hence, reported as a variant of unknown significance.

## GLOSSARY

**AMP Classification Criteria:** Displays the classification of a biomarker according to the recommendations of the Association for Molecular Pathology (AMP) [PMID: 27993330].

Tier	Criteria
Tier IA	Variants of strong clinical significance. FDA-approved therapy or biomarkers included in professional guidelines.
Tier IB	Variants of strong clinical significance. Well-powered studies with consensus from experts in the field.
Tier IIC	Variants of potential clinical significance. FDA-approved therapies for different cancer types or investigational therapies. Multiple small published studies with some consensus.
Tier IID	Variants of potential clinical significance. Preclinical trials or a few case reports without consensus.
Tier III	Variants of unknown clinical significance.
Tier IV	Benign or likely benign variants.

### Drug approval:

The development stage of the treatment for the patient's indication as per US-FDA guidelines.

Stage	Definition
Approved	This drug is launched for the primary or a secondary patient disease
Off-Label	This drug is launched for a disease other than the primary or secondary patient diseases
Investigational	This drug is currently under clinical development in the patient disease.
Other	None of the other stages are applicable. The drug or drug class is, for example, suspended, discontinued, or withdrawn.

Patient Name	Baby AAYAT PARWEEN	Study Date	27-Feb-2026
Patient ID	1000016376	Age / Sex	8 Years / F
Ref. Physician	DR RMO	Location	OPD

	RPA: 08 mm & LPA:08 mm
LV/RV Systolic Function	: Normal. EF: 60%, TAPSE:15 mm
Chamber Dimension	: Normal
Diastolic dysfunction	: No IVC congestion
Aortic arch	: Left Arch, Normal arch branches, No COA
CORONARY	: Normal
Ductus arteriosus	: No ductal shunt
Others	: No pericardial effusion/No vegetation/No thrombus

#### M MODE ANALYSIS

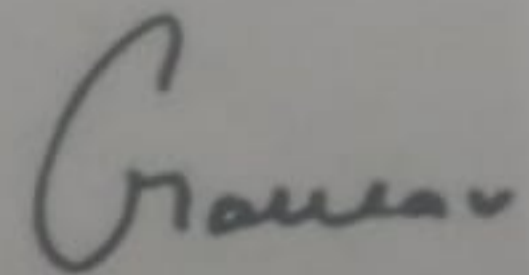
IVSd : 05 mm	IVSs : 06mm
LVIDd : 38mm	LVIDs : 24mm
LVPWd : 05mm	LVPWs: 06mm
EF : 60%	LA/AO : 20/15 mm

#### Doppler:

Mitral: E/A= 88/72 cm/sec	Tricuspid: E/A = 105/65cm/sec
Aortic velocity: 116cm/sec	Pulmonary velocity: 131 cm/sec

#### TISSUE DOPPLER:

Medial: S'=11 cm/sec;	E'= 15 cm/sec;	A'= 12 cm/sec
Lateral : S'= 11 cm/sec;	E'= 15 cm/sec;	A'= 9 cm/sec
RV Base: S'=14 cm/sec;	E'= 14 cm/sec;	A'= 10 cm/sec



**Dr. Gaurav Kumar**  
**Senior Consultant Paediatric Cardiologist**  
**Adult Congenital Cardiologist**  
**MBBS, MD DNB (Paediatric)**  
**FNB (Paediatric Cardiology)**  
**(UPMC:111459)**

**Note:** This is a professional opinion based on imaging finding and not the diagnosis. Not valid for medico-legal purposes. In case of any discrepancy due to machine error or typing error, please get it rectified immediately. The ECHO findings should always be considered in correlation with clinical and other investigation findings.

Partner	Fusion	5'Gene	3'Gene	Chromosomal Aberration	Major Disease type
PDGFRB	TPM3-PDGFRB	TPM3	PDGFRB	t(1;5)(q21.3;q32)	MPD
PDGFRB	TRIP11-PDGFRB	TRIP11	PDGFRB	t(5;14)(q32;q32.12)	AML
PDGFRB	WDR48-PDGFRB	WDR48	PDGFRB	t(3;5)(p22.2;q32)	MPD
PDGFRB	ZEB2-PDGFRB	ZEB2	PDGFRB	ZEB2/PDGFRB	ALL
PDGFRB	ZMYND8-PDGFRB	ZMYND8	PDGFRB	t(5;20)(q32.13;q13)	ALL
PRDM16	ETV6-PRDM16	ETV6	PRDM16	t(1;12)(p36.32;p13.2)	AML
PTK2B	KDM6A-PTK2B	KDM6A	PTK2B	KDM6A-PTK2B	ALL
RARA	ETV6-RARA	ETV6	RARA	t(12;17)(p13.2;q21.2)	AML
RARA	FIP1L1-RARA	FIP1L1	RARA	t(4;17)(q12;q21.2)	MDS/MPN, JMML, CMML, AML
RARA	GTF2I-RARA	GTF2I	RARA	t(7;17)(q11.23;q21.2)	AML
RARA	NPM1-RARA	NPM1	RARA	t(5;17)(q35.1;q21.2)	AML
RARA	NUMA1-RARA	NUMA1	RARA	t(11;17)(q13.4;q21.2)	AML
RARA	**PML-RARA	PML	RARA	t(15;17)(q24;q21)	AML
RARA	STAT5B-RARA	STAT5B	RARA	t(17;17)(q21;q21), dup(17)(q12q21)	AML
RARA	ZBTB16-RARA	ZBTB16	RARA	t(11;17)(q23;q21)	AML
RUNX1 (AML1)	**ETV6-RUNX1	ETV6	RUNX1	t(12;21)(p13;q22)	ALL
RUNX1 (AML1)	MECOM-RUNX1	MECOM	RUNX1	t(3;21)(q26.2;q22.1)	CML,MDS,AML
RUNX1 (AML1)	RUNX1-CBFA2T3	RUNX1	CBFA2T3	t(21;16)(q22.12;q24.3)	MDS,AML
RUNX1 (AML1)	RUNX1-FGA7	RUNX1	FGA7	t(4;21)(q28;q22)	ALL
RUNX1 (AML1)	RUNX1-PRDM16	RUNX1	PRDM16	t(21;1)(q22.12;p36.32)	AML,MDS
RUNX1 (AML1)	**RUNX1-RUNX1T1	RUNX1	RUNX1T1	t(8;21)(q22;q22.1)	AML
SET	FUS-SET	FUS	SET	t(9;16)(q34.11;p11.2)	ALL
SET	SET-NUP214	SET	NUP214	t(9;9)(q34.11;q34.13)	ALL
SETD2	SETD2-CCDC12	SETD2	CCDC12	3p21	ALL
STIL	**TAL1-STIL	TAL1	STIL	TAL1-STIL	ALL
TCF3	TCF3-HLF	TCF3	HLF	t(17;19)(q22;p13)	ALL
TCF3	TCF3-ZNF384	TCF3	ZNF384	t(12;19)(p13;p13)	ALL
TFE3	NONO-TFE3	NONO	TFE3	t(X;X)(p11;q13)	ALL
TFE3	TFE3-NONO	TFE3	NONO	t(X;X)(p11;q13)	ALL
TOP1	NUP98-TOP1	NUP98	TOP1	t(11;20)(p15.4;q12), t(11;20)(p15.4;q11)	AML
TYK2	MYB-TYK2	MYB	TYK2	MYB-TYK2	ALL
TYK2	NPM1-TYK2	NPM1	TYK2	t(5;19)(q35.1;p13.2)	NHL
TYK2	SMARCA4-TYK2	SMARCA4	TYK2	t(19;19)(p13.2;p13.2)	ALL
TYK2	ZNF340-TYK2	ZNF340	TYK2	ZNF340-TYK2	ALL

to come to IRUN OPD on Wednesday (18/2/26)  
 D8 PS, CSF morphology,  
 CBC, LFT, RFT

- c/L BMA-FCM
- CTG
- NGS

wgt 19.4  
 Hb-12.0  
 RDW-0.80

fw in Emergency in case of Bleeding,  
 fever, vomiting, loose stools  
 Danger SIGNS as EXPLAINED

SDP  
 19/2  
 Kindly issue SDP  
 1/20/26



18/2/26

SDP in 2 bags  
 Day care  
 (1st Floor) Apheresis Lab  
~~ASD to vent~~  
~~1/2~~

~~Inj. L-Asp acetylaspirase~~  
~~20/2~~

15 no

SDP  
 21/2  
 Kindly issue SDP

Cont Pred + Pan x 1wh  
 with CBC + LFT/RFT  
 on 23/2

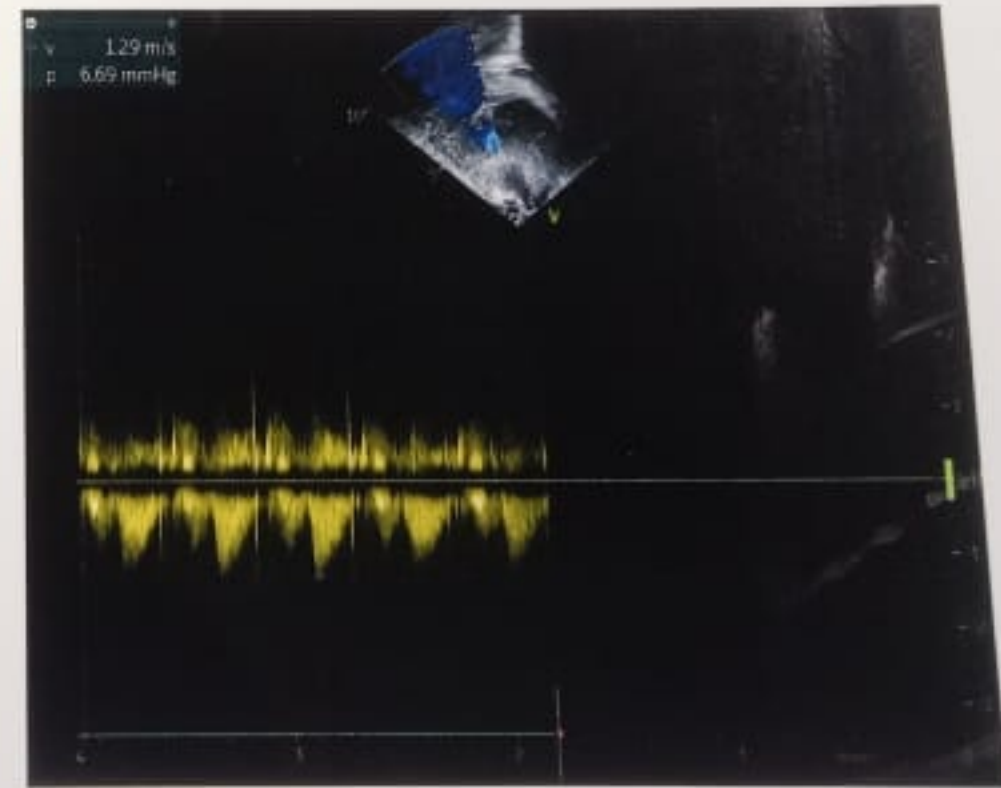
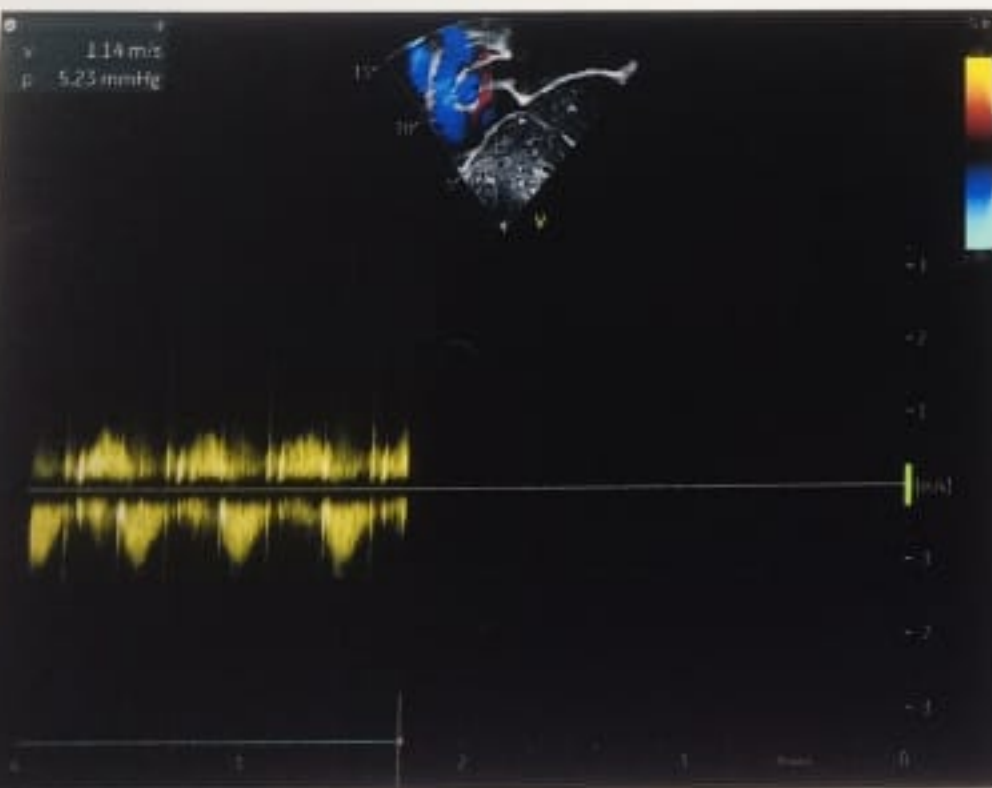
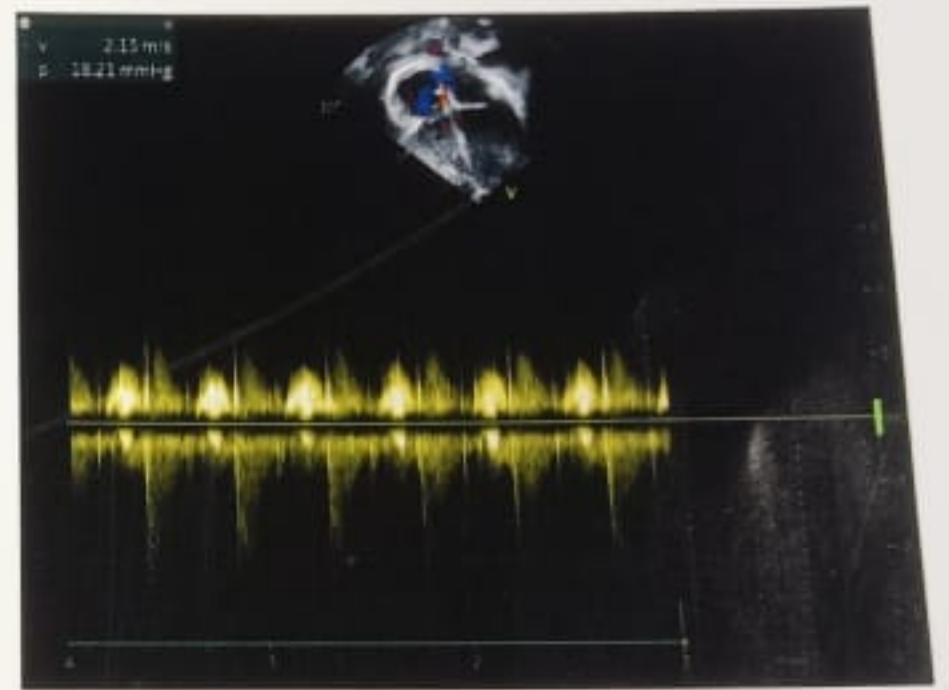
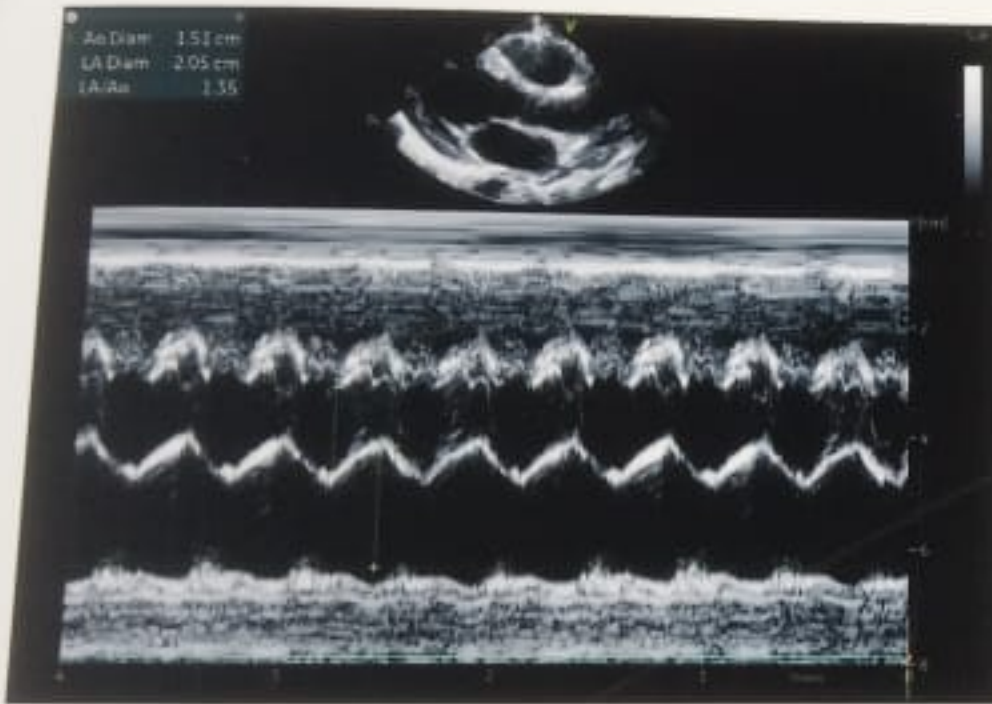
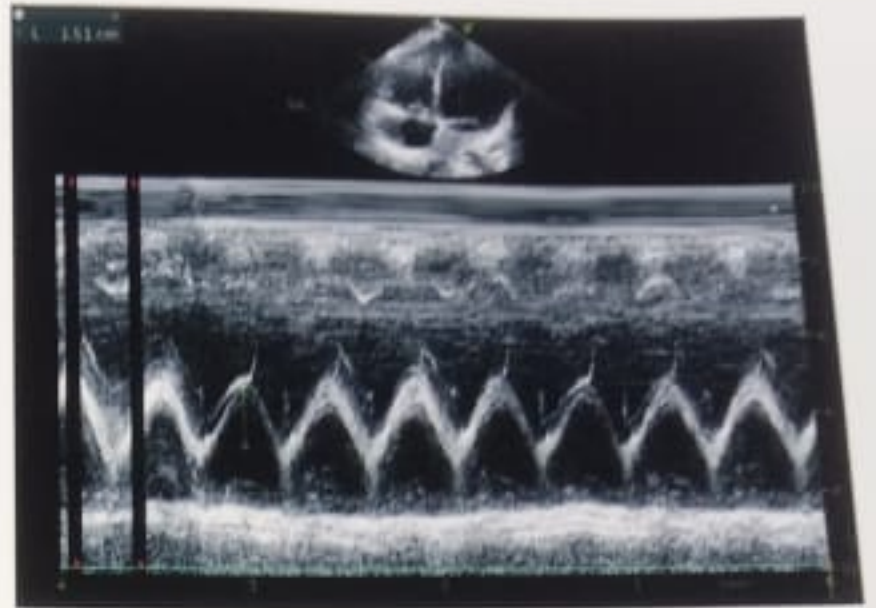
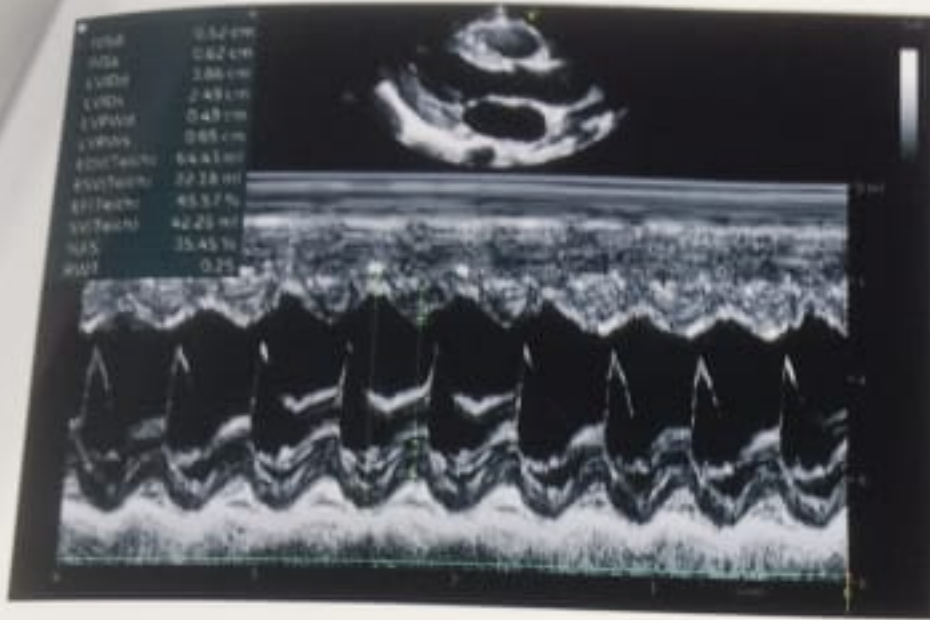
*[Signature]*

Digene gel  
 Inj. Peg. Aspirin  
 2 top  
 800 units IM  
 x 1050x on  
 19/2/26 ... *[Signature]*

Name AAYAT PARWEEN,

Patient Id 1000016376

Date 27/02/2026



MISS. AAYAT PARWEEN  
 WARD NO-12 VIII, MEDICAL COLLEGE / STATION STREET / ANSARI NAGAR / NEW DELHI  
 DISTT KHAGARIA  
 BIHAR  
 8826868648  
 Criticality: Red / Yellow / Green

HR /min BP  
 Is/ Main/ New  
 reflex  
 platons  
 -arapena  
 fever noticed today  
 deny fever other  
 and cold.

9 B-LL / ICicle Im

Discharge  
 15  
 Pupa size  
 Pupillary P  
 Normal & S  
 Asymetric  
 Posturing T  
 Blood Sugar  
 Exposure  
 Temp  
 Colored  
 monitored  
 Any oth

**ISSUE / COMPATIBILITY LABEL**  
 Sample ID : 2026-R12635  
 Patient : AAYAT PARWEEN  
 Patient's Blood Group : O Pos  
 Hosp/Dr : AIIMS Hospital /dr deepika  
 UIID: 108926021  
 Pl. Hosp. Req. No.: 202658161  
 Wd-Bed No.: IRCH DAY CARE 1 (IRCH BUILDING 2 F)  
 Product : PRBC  
 Blood Group : O Pos  
 Bag ID : 2026-B05191  
 XMatching Report : Compatible  
 X-matched By : Vikas  
 Issue No.: 20948  
 Issue Dt : 21/Feb/2026 08:11 PM  
 Colln. Dt : 03/Feb/2026  
 Exp. Dt : 17/Mar/2026  
 Issued By : Gyanendra  
**BLOOD CENTRE, MAIN HOSPITAL DEPARTMENT OF TRANSFUSION MEDICINE AIIMS, New Delhi**  
 Ansari Nagar , New Delhi- 110029 Lic.No. 646/81

Botanical n  
 both  
 Nasal Med  
 the reports  
 see the report.

10/2/26

- BMF + MAM  
 +  
 IT - MTX 12mg  
 +  
 CSF cytology

Date 23/3/26  
 23/3  
 23/3

- cont. Dasatinib

- FU with CBC + LFT/AFG  
 on 30/3/2026

wt - 18.7kg

*[Handwritten signature]*



**YASHODA MEDICITY**  
 Patient Name: Baby AAYAT P  
 Patient ID: 1000016376  
 Ref. Physician: DR RMO  
 LVRV

Patient Name	Baby AAYAT PARWEEN	Study Date	27-Feb-2026
Patient ID	1000016376	Age / Sex	8 Years / F
Ref. Physician	DR RMO	Location	OPD

LV/RV Systolic Function : Normal. EF: 60%, TAPSE:15 mm  
 Chamber Dimension : Normal  
 Diastolic dysfunction : No IVC congestion  
 Aortic arch : Left Arch, Normal arch branches, No COA  
 CORONARY : Normal  
 Ductus arteriosus : No ductal shunt  
 Others : No pericardial effusion/No vegetation/No thrombus

**M MODE ANALYSIS**

IVSd : 05 mm	IVSs : 06mm
LVIDd : 38mm	LVIDs : 24mm
LVPWd : 05mm	LVPWs: 06mm
EF : 60%	LA/AO: 20/15 mm

**Doppler:**

Mitral: E/A= 88/72 cm/sec	Tricuspid: E/A = 105/65cm/sec
Aortic velocity: 116cm/sec	Pulmonary velocity: 131 cm/sec

**TISSUE DOPPLER:**

Medial: S'=11 cm/sec;	E'= 15 cm/sec;	A'= 12 cm/sec
Lateral : S'= 11 cm/sec;	E'= 15 cm/sec;	A'= 9 cm/sec
RV Base: S'=14 cm/sec;	E'= 14 cm/sec;	A'= 10 cm/sec

*Gaurav*

**Dr. Gaurav Kumar**  
 Senior Consultant Paediatric Cardiologist  
 Adult Congenital Cardiologist  
 MBBS, MD DNB (Paediatric)  
 FNB (Paediatric Cardiology)  
 (UPMC:111459)

Note: This is a professional opinion based on imaging finding and not the diagnosis. Not valid for medico-legal purposes. In case of any discrepancy due to machine error or typing error, please get it rectified immediately. The ECHO findings should always be considered in correlation with clinical and other investigation findings.

INDRAPURAM, GHAZIABAD 201014  
 Emergency: 8800  
 Yashoda Med  
 Emergency  
 yashoda

(CNV)

**Clinical and Therapeutic Relevance:** Copy number variations (CNVs) are widespread in both pediatric and adult cases of B-cell acute lymphoblastic leukemia (B-ALL). A study reported about 60% of B-ALL patient carry deletions of cell-cycle regulatory genes (e.g., *CDKN2A/B* and *RB1*). Another study reported that B-ALL-negative patients for *BCR-ABL1* (Ph- B-ALL) population, including children, adolescents, and adults; the *CDKN2A/B/RB1* deletion was reported as the negative prognostic factor (HR 2.12, P = 0.048) regardless of age.

In a Study Cohort, total of 91 children with newly diagnosed ALL were enrolled and monitored for response to treatment and were followed up for 4.0 years and analyzed for copy number alterations. *CDKN2A/B* was the most commonly observed gene deletion (n = 18; 19.8%) followed by *PAX5* (n = 11; 12.1%), *ETV6* (n = 10; 11.0%), *IKZF1* (n = 10; 11.0%), *RB1* (n = 4; 4.4%), *BTG1* (n = 4; 4.4%) gene and *PAR1* genes deletions were also seen commonly in B-ALL with a frequency of and 16.5% (n = 15), respectively. *CDKN2A/B*, *IKZF1* and *RB1* gene deletions were independently associated with poor event free survival ([doi.org/10.1016/j.phoj.2021.11.006](https://doi.org/10.1016/j.phoj.2021.11.006)).

PubMed References: [35992882](https://pubmed.ncbi.nlm.nih.gov/35992882/), [34150641](https://pubmed.ncbi.nlm.nih.gov/34150641/), [30874617](https://pubmed.ncbi.nlm.nih.gov/30874617/), [28439887](https://pubmed.ncbi.nlm.nih.gov/28439887/)

**BCR/ABL1 (FUSION - Minor Transcript)**

Gene Fusion: *BCR:ABL1*

Total Read Depth: 532x

5'Gene: *BCR*

Ensemble Gene ID: ENST00000305877.13

Exon/Intron: E:1

5'Chromosome Breakpoint (hg38):  
chr22:23182239:+

3'Gene: *ABL1*

Ensemble Gene ID: ENST00000318560.6

Exon/Intron: E:2

3'Chromosome Breakpoint (hg38):  
chr9:130854064:+

**Gene Summary 1:** The fusion is detected at **chr22:23182239:+** of *BCR* gene. The 5' gene is **exon 1** of *BCR* gene. *BCR* (Breakpoint cluster region) located at 22q11.23 with unknown normal function but known as a fusion partner to *ABL* gene in CML (Chronic Myelogenous Leukemia).

**Gene Summary 2:** The fusion is detected at **chr9:130854064:+** of *ABL1* gene. The 3' gene is **exon 2** of *ABL1* gene. *ABL1* (Abelson murine leukemia viral oncogene homolog 1) located at 9q34.12 is a protein which due to alternate splicing gives rise to 2 proteins of 145Kda and this is widely expressed with nuclear localization and inhibition of cell growth.

**Note:** Imatinib mesylate is approved to treat acute lymphoblastic leukemia in adults and children that is Philadelphia chromosome positive. Dasatinib is approved to treat acute lymphoblastic leukemia that is Philadelphia chromosome positive in adults whose disease did not respond to other drugs or who are not able to receive other drugs.

4942 28 MRD - 565

# DEPARTMENT OF HAEMATOLOGY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI 110029

## CHALLAN FORM

Dated 30/3/26

Cashier may please receive a sum of Rs. 3000 (Rupees Three)

Handwritten signature

From Aayat P.

In account of B-ALL MRD by flow

Creditable to Dept. of Heamatology Revolving Fund A/c.

Code No. : 307 - 06 .011  
Object head :- Thrombosis, Haemophillia and Lab Tests.

Handwritten signature

OFFICER INCHARGE SEC. / DEPTT.

SP Page



<https://ehospital.aiims.edu/ehospitalbilling/billing/moneyreceipts/m...>

नकदी रसीद / CASH RECEIPT  
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष { 26588500  
Phones { 26588700

रसीद संख्या / Receipt No.:

जमाकर्ता / Received From: 10/28/2025/202526

ओ.पी.डी. / यू.एच.आई. / ऑपीडी / UHID No.:

के नाम / ON ACCOUNT OF: MISS. AAYAT PARWEEN, Age: 8 Yrs 1 Mons 23 Days

108926021 (OPD)



दिनांक / Dated :

30/03/2026

रोगी प्रकार / Patient Type :

कक्ष संख्या / Room No. :

General

Sl No.	Service Name	Quantity	Rate	GST	Net Amount
1	HAEMATOLOGY/COAGULATION/HAEMOLYTIC ANEMIA (NPW) - MRD ANALYSIS FOR B-ALL	1	3000.00	0.00	3000.00

Printed on 30 Mar 2026 11:17:48 AM

भुगतान का प्रकार / Payment Mode :  
Cash

रुपये / INR (Rs.) GST:0.00

रुपये शब्दों में / RS. IN WORDS: 3000.00 (Including GST)

Rupees Three Thousand Only

MR. VIKAS SINGLE WINDOWS

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

2026/04/01 19:09

My Memory 🤖

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

नाम Name आयत Parveen उम्र Age 8y सर्विस Service दिनांक Date 04/03/26 यू.एच.आई.डी. नं. UHID No. 108926021  
प्रोफेसर इंचार्ज Professor I/C Notes written by .....

CLINICAL NOTES

c/s/B ENT-II on call

~~04/03/26~~

(Dr. Manpreet)

e/c/o B-ALL on Fri. VCR  
Sun. Asparaginase

e/c/o (R) ear discharge x 2 days.

uncomplicated,

H/o fever. x 4 days

No features s/o meningitis

of u-

(R)

(L)

was (+).

uncomplicated discharge

04/03/2026 436 w/A

(No History Provided by clinician)  
(Parent Parents R/o of Abdominal pain)

Report: Liver: (N) size, shape, echotexture, No SOL  
No I+H+ED

GB = <sup>Minimally</sup> distended, lumen = Anchoic

CBD/pan Not dilated

Pancreas = Normal

Spleen = (N) ~ 10cm

Blk Kidney = Normal

Free fluid = Nil

Bladder = Minimally distended

Imp: No abnormality detected

Sign. of Radiologist / Date :

JR/EP  
Dr. Hrasheeta h.



भारत सरकार  
Government of India



Aadhaar no. issued: 01/10/2024



आयत प्रवीण

Aayat Parween

जन्म तिथि/DOB: 2018

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
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**2203 7136 3316**

मेरा **आधार**, मेरी पहचान



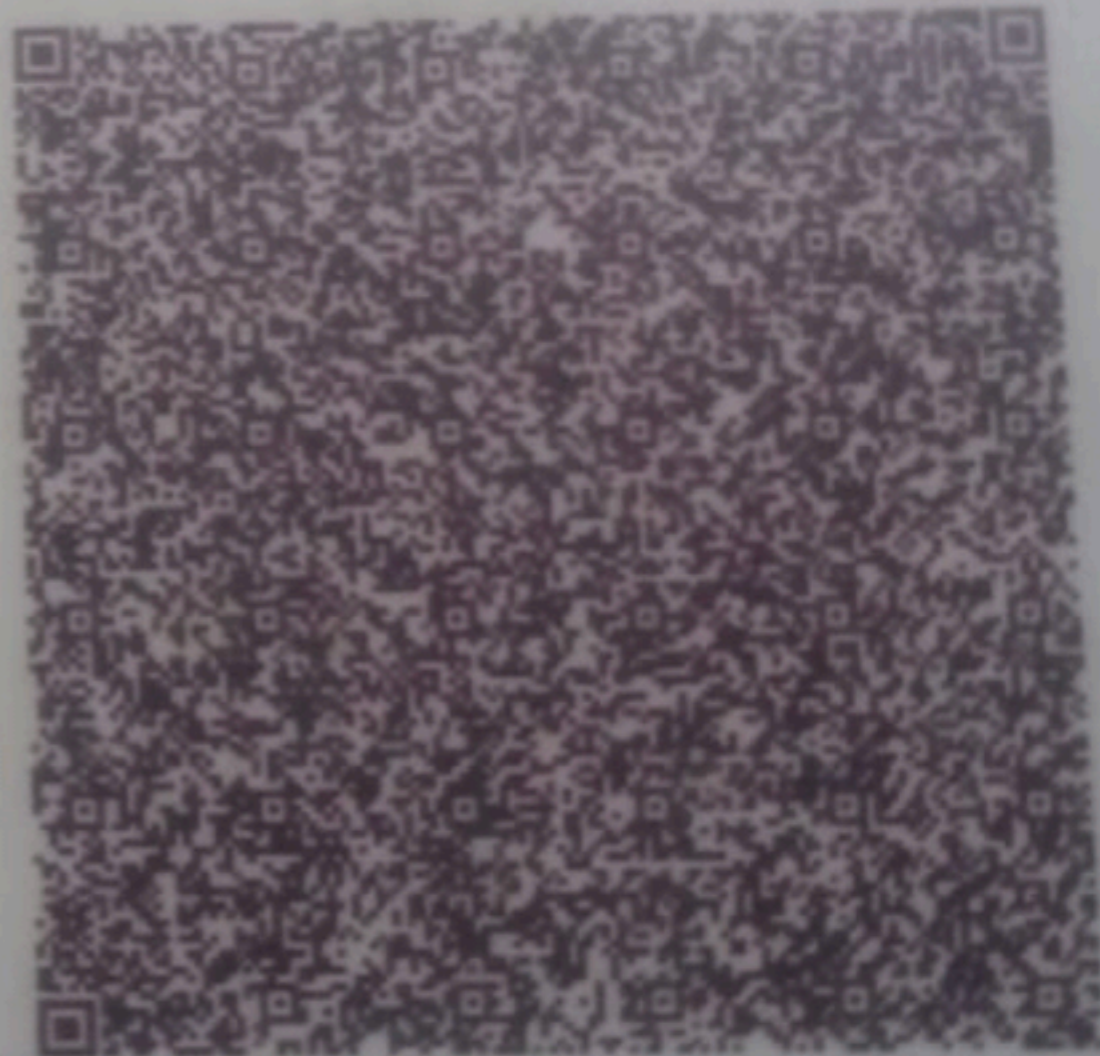
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बानो परवीन

Bano Parvin

जन्म तिथि / DOB : 01/01/1993

महिला / Female



7635 9354 5647

आधार - आम आदमी का अधिकार



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