





9/2/2016

Day care

- NO fever 102.4 F
- NO vomiting
- NO diarrhoea
- NO Headache (+)
- NO ↓ Oral Intake.

HR 2137/min
 RR 224/min
 BP 2108/65 mmHg
 CPT 23 sec
 Pulses = w.p.
 Temp = 38.5°C
 SpO2 = 98%

Mother wants to continue treatment from Main AIMS

↓
 Re-counseling today at POC.

Plan:

- Pediatric casualty for stabilization → i.v.f
- Transfusion

→ CPT 12 sec / RR 17 / UB 4 / Blood Cos LDK

Dr. Vishal VARGHNEY
 Senior Resident
 Dept. of Paediatrics
 AIMS, New Delhi

IV Cannula

11:30pm
 → Tuj. PCM 300mg iv
 - IV DNS (1:100 KCl) @ ml/hy
 → w/ resolution of fever if Afeluli d/s on oral Abx as advised
 → t/c rest of the medication as advised

4/2/26
8am.

[Signature]

C/S/B Peds on CSK

1° HLM of unknown aetiology

- Refractory ds
- Ruxolitinib not available
- Patient ↓ supportive care / non-curative intent

Persistent fever spikes
 HSM (+)
 Ferritin ↑ 6K
 Cytopenias (+)

- fever at night (6am) also 105°F.
- currently Afebrile
- HR ~ 150/min
 Chest clear
 P/A HSM (+)

plan

① T/c Dexam, dicyclonir, fluonazole, levofloxacin, Septan, Pantop

② Tab PCM 500mg 1 Tab SOS

~~Mother~~ Mother reassessed.

③ Discharge & R/V in OPD

[Signature]
 SA PO

Temp. Pulse Resp. B.P.

Fibrinogen = 384.

Tb = 213

Ferritin 1287 ng/ml

Blood is awaited
with rim - (2)

Temp.

29/1	Rate
7am	ford
	form
	Her
Ad	

Plan

- 1) Repeat CBC / LFT / RFT / UBG
- 2) to continue Proton Pump Inhibitor
- 3) send PCT
- 4) Decide on further plan
- 5) Continue Dexamethasone 5mg iv BD (10mg/m²)
- 6) Try Pantoprazole 40mg iv (2)

alil25
10:25 a

32125

1256

89797587
Paediatrics Emergency
Green

on Ruxolitinib

ng fever
spikes → 104°F
ca. but no vomiting
- similar complaint
is an oral enalapril

President of Pediatrics
New Delhi
MC No. 39252

3 CR HLH

4 Start vital monitoring

clothimazole cream LA tabs

MV PCT

modified ATT was negative throughout the

CID/W Dr Aditya Gupta Sec 2
Prof R. Seth

- ① ~~Make fever~~
- ② ① Re-counselling on Friday for Final further Plan
- ② to Plan IVIG ~~fever~~ 2gm/kg
to Plan for Cyclosporine / Ruxolitinib
- ③ Hygiene to maintain / septum / Betadine gargles
- ④ Tab Dexamethasone (4mg/tab) 1 Tab BD
- ⑤ Tab fluconazole (200mg/tab) 1 tab OD
- ⑥ Tab Pantop (40mg/tab) 1 tab OD
- ⑦ Tab Levofloxacin (500mg/tab) 1/2 tab BD
- ⑧ Tab PCM (500mg/tab) 2/3 tab 26 July
- ⑨ Tab Emset (4mg/tab) 1 tab SOS
- ⑩ Tab Acyclovir (200mg/5ml) 7.5 ml TDS

- pm femals applied
- HLA date for sibling
↓
3/2/2025

sive lethargy,
ain, oral
nd

11:30am
 - inf Pipzo 2g iv q daily
 - inf amikva 450 mg po over 0-1 hr OD
 - inf PCM 300mg over 0-20 min stat hb
 - inf pema 5mg po q daily
 - inf as DNS + 18100 ucl @ 70 ml/hr
 - the E report
 - led one up to review

Plan

- CBC
- VBG
- Cr / BUN
- BCLs
- famcilin
- TG (triglyceride)
- PT - INR APTT

22/01/26
 2pw

C/S16 SRPo

Respiratory HLH / on Ruxofitinib / discontinued TB
 = 4 tapering dx

→ fever

h, hg, hct: 103, 107, 3-4 rbc/wf/day

- no cough / sput / vomiting / low count / abdominal pain / rash / bleeding

O/E skin lesions: ^{all over} lot of ~~scabs~~ scaly macules

* did not take Ruxof X 2 days

clear central clearing

Adv

→ soft, BS @

non tender
 L2 umbil sp
 rhombic

~~needed~~

1. et iv antibiotics

is dexa (e/h/r/w/T)

2. PMS

3. CIR HLH WU

Plan
 Sin

4. Start vital monitoring
 5. clostimate green LA tabs

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

नाम Name Aakash

उम्र Age 12/M

सर्विस Service

दिनांक Date 25/1/26

यु.एच.आई.डी. नं. UHID No. 108212506

प्रोफेसर इंचार्ज Professor I/C

Notes written by Sanjana S

CLINICAL NOTES

11pm

Case reviewed by Ped Onco SR on call.

fever spikes (+)
No other focus of infection.
cytopenia +
Splenomegaly (+).
TqL = 216.
Fibrinogen > 200.
ferritin: awaited.
sepsis w/u: awaited.

Advice:

- Noted
1. Conti iv Abv.
 2. Dexa to conti @ 10mg/iv
 3. Will review

Sanjana
SR.

7:30am

Stop IVF

A

FLY FOUNDATION

NV

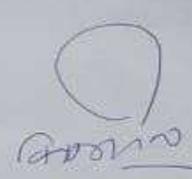
OPD

11/2/26

w/le CBC, LFT, Rf F.

Adv.

- TAB PARVOCID 20 mg 1 tab OD (BSC) x 2M
- TAB PCAM 500 mg 2 ~~600m~~ 600 mg $\frac{1}{2}$ tab SOS @
- TAB RUxOLINIB 20 mg $\frac{1}{2}$ — $\frac{1}{2}$
- TO CONT. ATT & follow in TB Clinic
- HLA matching dated 9/2/2026
- TAB SEPTRAM-SS & tab A/D
- TO CONT VITAMIN D and calcium supplement
- Arrange RUxOLINIB from dephar
- Next visit → 24/01/2026
- POC request has date 2/Feb/26 1:30 PM Room-210
1:30 PM
- TAB DOXYA (4mg) $\frac{1}{2}$
- CBC, LFT, KFT, feritin
triglycerides


Dr. Jagdish Prasad Mehta
MD, PhD, Additional Professor
and Director, Institute of Medical Education
and Research, Post Graduate Institute of Medical Sciences,
Rohtak, Haryana, India

LH23012601549 108212506



LC2301262289 108212506



Mr. AAKASHAKASH

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

पेटियाँ मिली. में *Aakush 12y/m 108212506*
tries to be made in ml. (milli liters)

तारीख DATE
समय 8 बजे प्रातः
Time 8 A.M. every mo

TIME PREVIOUS DAY TIME	INTAKE						OUTPUT			OTHERS
	ORAL		I.V.		OTHERS		URINE	SUCTION	DRAINAGE	
	Type	Qty.	Type	Qty.	Type	Qty.				
8 A.M.										
9										
10										
11										
12 Noon										
1 P.M.										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Midnight										
1 A.M.										
2										
3										
4										
5										
6										
7										
TOTAL										

Handwritten notes:
 11pm
 DNS E
 1:10 PM
 @ 70ml/hr
 Self voiding
 Food
 Jam
 500ml
 self voiding



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 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

(REVISIT)

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108212506

आपातकालीन नं. (Emergency No): 2026/030/0011852

दिनांक DATE: 03/02/2026

समय TIME: 10:52:40 PM

NON-MLC

135

नाम NAME: MR AAKASH AAKASH

आयु AGE: 12 years 10 months 8 days लिंग/SEX: M

S/O: bachhan Singh

पता ADDRESS:

घर नं. H.NO:

हदरस

पत्ती / नुस्खा STREET/MOH:

पिन PIN:

राज्य/प्रान्त CITY/BLOCK:

दूरभाष नं. PHONE NO:

FLY FOUNDATION

राज्य STATE:

UTTAR PRADESH

संस्था Location:

Paediatrics Emergency

मोबाइल नं. MOBILE NO:

Criticality: Red / Yellow / Green

किससे BROUGHT BY: Relative - mother

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

/min

SpO2

%

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

Primary Assessment (ABCDE) : Assessment Pentagon

<p>Airway</p> <p>Open & stable (Yes/No) <u>Yes</u> If No.....</p> <p>Breathing: RR/min <u>35 (febrile)</u> Efforts <u>Normal</u>/Poor/increased Auscultation: Air entry: <u>Normal</u>/poor/Differential</p> <p>Added sounds: <u>None</u>/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air... <u>98.4</u></p>	<p>Circulation <u>en 27-29/1/26</u></p> <p>HR...../min <u>150 (febrile)</u> 25</p> <p>CPT.....secs.</p> <p>BP.....mmHg <u>108/70</u></p> <p>Peripheral pulse: Poor/<u>Good</u> Central pulse: Poor/<u>Good</u></p> <p>Skin temp: <u>Warm</u>/cool</p> <p>Others</p>	<p>Disability <u>all on oral</u></p> <p>GCS..... <u>15/15</u></p> <p>Pupil size...../min <u>3m R/L</u></p> <p>Pupillary Reactions.....</p> <p>Motor activity: <u>Normal & Symmetrical</u> Asymmetrical/ Posturing/Flaccidity/Seizure</p> <p>Blood Sugar.....mg/dl</p> <p>Exposure: Temp..... <u>102.1</u> Colour <u>Normal</u>/pallor/cyanosis mottled Any other skin lesions.....</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Diagnosis

Just in (2/2/26)

3860 / 45K

ANC-1450

Ferritin - 6912

PT/INR | -> 15.9/1.18

D-Dimer - 11.42

Fibrinogen - 231

P/A - liver - 6.5
an LREM

spleen - till

umbilicus

c/w Pedr Queo S

child on supportive care

↓

→ dermat review

→ do CBC | RFT | LFT + ferritin + DLG profile

→ f/u on 4/2/26 @ 10pts

P. Roma
R. Pedone

4/2/2026

C10 Refractory H2H / ~~an~~ / ~~leto~~

C10 Persistent fever spikes ⊕

No cough / cold.

No focus

issues

① Persistent fever

② rising ferritin

③ No availability of Ruxolitinib.

D/E

HR = 120/min

RR = 24/min

CP 7-3sec

pulses = WP

Chest clear.

⊕ side bp → stain lesion Black

? Hematome.

$$EBC = 9.7 \frac{3860}{560} \approx 6.5K$$

Ferritin → 6912 ng/ml.

fibrinogen = 1.18.

TB/DR = 0.94/0.51



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 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
 Department of Lab Medicine.

IHD: 108212896 Sex: Male
 Patient Name: Mr AAKASH AAKASH Sample Received Date: 28/01/2026 12:39 AM
 Age: 12 years 10 months 1 day Department: DEPT. OF EMERGENCY MEDICINE
 Unit Name: Unit-1 Unit Incharge: Dr. Rakesh Yadav
 Lab Name: Hematology Lab Sub Centre: Hematology PT
 Reg Date: 26/03/2025 08:16 AM Sample Collection Date: 27/01/2026 11:53 PM
 Report Generated Date: 28/01/2026 02:21 am Dept./ ICH No: 20260300008971
 Recommended By: Dr. Rakesh Yadav Emergency HOD Lab Reference No: 28

Sample Details : HPT-2701260520

Report

Test Name	Result	Comment	Normal Range
Disseminated intravascular profile (DIC) With Test Request Form Only			
PT (Patient) Coagulometric-turbidimetric	11.90 sec		• 12.7 - 16.1 sec
Activated partial thromboplastin time (APTT) (Photo-optical)	36.3 sec		• 33.9 - 46.1 sec
D-DIMER (Turbidimetry Method) With Test Request Form Only	3136.0 ng/ml		• < 232 ng/ml
FIBRINOGEN (Clauss Method)	384.9 mg/dL		• 212 - 433 mg/dL
International Normalised Ratio (INR) (calculated)	1.04 ratio		• 0.876 - 1.123 Non anticoagulated • 2 - 3 Anticoagulated

Kindly correlate clinically and with drug therapy

Over All Comment :

Verified By

Authorised Signatory
 Dr. Tushar Sehgal

FLY FOUNDATION

(11) Tab Septran DS → 1 tab Alternate day

PHYSICAL EXAMINATION

Temp. Pulse Resp. B.P. Weight

Plan

CPW Prof R sht

- ① send CBC / LFT / RFT / H&M Parameters VBG
- ② to be discharged on oral indications once Afebrile

(1) MEDICINE RECEIVED
NAME: 30/11/26
DATE: 30/11/26
SIGN: (Signature)

③ Tab DEXAMETHASONE (4mg/tab) 1 tab BD

③ Tab FIVONA ZOLE (200mg/Tab) 1 tab OD

④ Tab Paritop (400mg/Tab) 1 tab OD

⑤ Tab LEVOFLOXACIN (500mg/Tab) 1/2 tab BD

⑥ Tab RUXOLITINIB (20mg/Tab) 1/2 tab BD

⑦ Tab Paracetamol (500mg/Tab) 1 tab q 6 Hrsly

⑧ Tab Emsel (4mg/Tab) 1 tab SOS

⑨ Nil in OPD on 4/2/2026 ✓ CBC / LFT / RFT / DIC / Lipid Profile / Ferritin

Dr. MADHUKARENTK
Senior Resident
Department of Paediatrics
AllMS, New Delhi

⑩ Tab Shilecal 500mg BD

(Signature)



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department Of Lab Medicine (Emergency and Ward)

UHID:	108212506	Sex:	Male
Patient Name:	Mr AAKASH AAKASH	Sample Received Date:	27/01/2026 12:03 PM
Age:	12 years-10 months 1 day	Department:	Paediatrics
Unit Name:	Unit-I	Unit Incharge:	Dr. Rakesh Yadav
Lab Name:	Lab Medicine	Lab Sub Centre:	
Reg Date:	26/03/2025 08:16 AM	Sample Collection Date:	27/01/2026 11:31 AM
Report Generated Date:	27/01/2026 02:28 pm	Dept / IRCH No:	20260300008971
Recommended by:	Mrs. DR.SHRVEHA VERMA	Lab Reference No:	401

Sample Details : WC-2701260656

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	28 mg/dL		• 15 - 46 mg/dL
Creatinine (Creatine amidino hydrolase; Enzymatic method)	0.3 mg/dL		• 0.66 - 1.25 mg/dL
Uric Acid (Uricase Method)	6.9 mg/dL		• 3.5 - 8.5 mg/dL
Calcium (Arsenazo III method)	9.0 mg/dL		• 8.4 - 10.2 mg/dL
Phosphorus (p-methylaminophenol sulfate)	6.4 mg/dL		• 2.5 - 4.5 mg/dL
Sodium (Potentiometric)	132 mmol/L		• 137 - 145 mmol/L
Potassium (Trentometric)	4.5 mmol/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	104 mmol/L		• 98 - 107 mmol/L
Total Bilirubin (Modified diazo method)	1.75 mg/dL		• 0 - 1 mg/dL
Direct Bilirubin (Calculated)	0.89 mg/dL		• 0 - 0.6 mg/dL • 0 - 0.3
Indirect Bilirubin (Caffeine sodium benzoate method)	0.86 mg/dL		• 0.6 - 10.5 mg/dL • 0 - 1.1 • 0.6 - 10.5
ALT(UV with pyridoxal 5 phosphate method)	58 U/L		• < 50 U/L
AST(UV with pyridoxal 5 phosphate method)	87 U/L		• 17 - 59 U/L
ALP(PNPP, AMP, Buffer, IFCC)	245 U/L		• 38 - 126 U/L • 113 - 438 U/L
Albumin (BCG Method)	4.3 gm/dl		• 3.5 - 5 gm/dl
Globulin (Calculated)	2.9 gm/dl		• 3 - 3.7 gm/dl
A/G ratio (Calculated)	1.48		• 0.8 - 2
Total protein (Biuret reaction)	7.2 gm/dl		• 6.3 - 8.2 gm/dl

Kindly correlate results clinically.

Over All Comment :

Authorized Signatory

Verified By
drvidhilabmed

27-01-



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

अस्पताल में अग्नयुक्त पत्रों को प्रयोग करने से निषेधित है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



रोगी का नाम / Patient Name

उपनाम / उपनाम / UHID: 108212506

Queue / संख्या / C-210
N1
Unit: POC

OPR-6

वार्ड / Unit

Dept No: 20250030008822

Regn. No.

विभाग / Dept

आकाश आकाश / AAKASH AAKASH

पता / Name

S/O Bachhan Singh
12Y 9M 24D / 12/09/25
hathras, UTTAR PRADESH, Pin-0, INDIA

पता / Address

FLY FOUNDATION
New Patient



Reporting: 01:58:34
19/01/2026

रिपोर्ट / Diagnosis

Δ Refractory HCH / CMV

दिनांक / Date

19
28/11

उपचार / Treatment

Admitted 06/12/25 to 14/01/2026

Septax / CMV reactivation / Dilip / FN / WCC

On ATT since 24/5/25 (DIFF TB)

on RUXO / Itinab - since 03-01-2026

Op Abdominal pain x 3 days

(L) sided per-umbilical region

mod to sev grade, it resolves itself

no vomiting / loose motions / constipation

Op abdomen distended

HSM ⊕

no tenderness

Is ? Gastritis



CLEAN AND GREEN AIIMS / रग्मा का बही 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)



Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : Akash

UHID : 10821250 108212506

Diagnosis: HLT

एम.आर.-8 नर्सों डेली रिकार्ड
M.R.- 8 Nurses Daily Record

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

नाम Name **AAKASH** उम्र Age **12yr** लिंग Sex **M** वैवाहिक स्थिति Marital Status
 सेवा Service वार्ड Ward **PC OP Bed** व्यवसाय Occupation धर्म Religion
 यू.एच.आई.डी. नं. UHID No. **108212506**

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	<p>4/02/26</p> <p>T. PCM 500mg 1 tab sos</p>	<p>6am → pt is fluid. voiding</p>	<p>E4 vs M6 - ANISO self.</p>

FLY FOUNDATION

Save Page



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department Of Lab Medicine (Emergency and Ward)

UID:	108212508	Sex:	Male
Patient Name:	Mr AAKASH AAKASH	Sample Received Date:	27/01/2026 12:37 PM
Age:	12 years 10 months 1 day	Department:	Pediatrics
Unit Name:	Unit-4	Unit Incharge:	Dr. Rakesh Yadav
Lab Name:	Lab Medicine	Lab Sub Centre:	
Reg Date:	26/03/2025 08:16 AM	Sample Collection Date:	27/01/2026 12:16 PM
Report Generated Date:	27/01/2026 05:10 pm	Dept / IRCH No:	26260300008971
Recommended by:	Mrs. DR.SHIVEHA VERMA	Lab Reference No:	479

Sample Details : WC-2701260697

Test Name	Result	Report Comment	Normal Range
Total Cholesterol (CHU, Esterase, Peroxidase)	221 mg/dL		<ul style="list-style-type: none"> < 200 (Desirable) mg/dL 200 - 239 (Borderline high) mg/dL > 240 High mg/dL
HDL (Selective Cholesterol ester hydrolase method)	71 mg/dL		<ul style="list-style-type: none"> < 40 mg/dL 40 - 60 mg/dL < 150 (Normal) mg/dL 150 - 199 (Borderline high) mg/dL 200 - 499 (High risk) mg/dL > 500 (Very high) mg/dL
Triglycerides (Lipase, Enzymatic method)	213 mg/dL		<ul style="list-style-type: none"> 0 - 40 mg/dL
VLDL - C	42.6 mg/dL		<ul style="list-style-type: none"> < 100 Optimal (mg/dl) 100 - 129 Near Optimal (mg/dl) 130 - 159 Borderline High (mg/dl) 168 - 189 High (mg/dl) > 190 Very High (mg/dl)
LDL-C (Calculated)	107.4 mg/dL		<ul style="list-style-type: none"> < 3.5
LDL/HDL ratio	0.7		

Over-All Comment :

Authorised Signatory

Verified By
drvidhilabted

FLY FOUNDATION



27 JAN 2026 (DEPT. OF EMERGENCY MEDICINE)

UHID No: 108212506

आपातकालीन नं. (Emergency No): 2026/030/0008971

दिनांक DATE: 27/01/2026

समय TIME: 10:51:37 AM

NON-MLC

101

mbn

नाम NAME: MR AAKASH AAKASH

उम्र AGE: 12 years 10 months 1 days

लिंग/SEX: M

108212506

S/O: bachhan singh

ADDRESS:

मकान संख्या H.NO:

hathras

सूची / मुहल्ला STREET/MOH:

सकल/ब्लॉक CITY/BLOCK:

पिन PIN: 0

राज्य STATE:

UTTAR PRADESH

दूरभाष नं. PHONE NO:

FLY FOUNDATION

मोबाइल नं. MOBILE NO:

स्थान Location:

Paediatrics / Emergency

किसी द्वारा BROUGHT BY: Relative: MOTHER

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min SpO2 %

Shifted to Paeds/ Main/ New-Emergency

(↓ Paeds)

Presenting Complaints

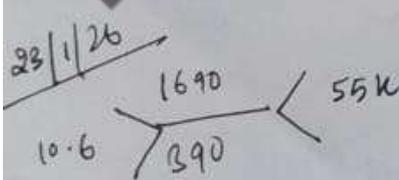
fever refractory until respinal cmv re activation / was on antibiotics 4 days back
 fever x 3 days
 generalized body aches x 2 days

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable Yes No If No.....	HR 125/min	GCS 15/15
Breathing: RR 20/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential	CFT.....sec (N)	Pupil size (N)/min
Added sounds: None/Stridor/Wheeze/Crackles	BP.....mmHg 110/67 mmHg	Pupillary Reactions (N).....
SpO2 on Room air 97%	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flacidity/Seizure
	Central pulse: Poor/Good	Blood Sugar.....mg/dl
	Skin temp: Warm/cool	Exposure: Temp 102°F Colour: Normal/pallor/cyanosis/ mottled Any other skin lesions.....
	Others	

Diagnosis

- oral acetaminophen (N)
 - P/a = USM + nt
 liver 4-5cm + cm
 spleen tail umbilicus



sent from ray call.



रोगी विवरण
UHO 108212586
Depl No: 2025/ED/30084
रोगी का नाम / AAKASH AAKASH

कक्षा / Room: C-207
Queue संख्या: F15
Unit: Paediatric

OPR-6

SD Doctor का: 121 220 / M/2025
Noida, UTTAR PRADESH, PIN INDIA
General - Rs. 0



OPR-6
EUS 190126018 108212586
URN-190126005 108212586
AAKASH AAKASH

रोग/Diagnosis

दिनांक/Date

चिकित्सा/Treatment

4
5.0.19

Cl. Refractory HLH / sepsis / CMV reactivation

admitted from 6/12/25 to 14/1/26

→ no fever
no cough/cold
no vomiting

on Ruxolitinib since 4/1/26 + Dexamethasone

→ ~~swelling~~ swelling in both limbs and face
no swelling elsewhere

HR → 100
RR → 25
PP → 114

PA: soft
CV: ACS 15/15

→ RS: R2 = BS clear
CV: S1S2 heard normal

pedal edema till knee





Laboratory Report at HCTS Confirmatory Facilities (SA-ICTC)
Delhi State AIDS Control Society

Laboratory Test Report form for HCTS Confirmatory Facility

Name & Address of SA-ICTC _____

SVH

Name: Surname _____ Middle name _____ First Name AAKASH

Gender: Male Female Transgender Age: 14 (years)

PID No.: 03356 Lab ID No.: 3356

Date & Time of Blood Drawn: 12/2/26 (DD/MM/YY) (HH:MM)

Test Details :

- Specimen type used for testing (tick one): Serum / Plasma / Whole Blood
- Date & Time of specimen tested: 13/2/26 (DD/MM/YY) (HH:MM)

Note:

- Column 2 and 3 to be filled only when HIV 1& 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA wherever not applicable

Column 1	Column 2	Column 3	Column 4
Name of the HIV kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test <u>Aventar</u>	NR	NR	NA
Test II:	NA	NA	NA
Test III:	NA	NA	NA

Interpretation of the result: Tick (✓) relevant

- Specimen is negative for HIV antibodies
- Specimen is positive for HIV-1 antibodies
- *Specimen is positive for HIV antibodies (HIV-1 and HIV-2; or HIV-2 alone)
- Specimen is indeterminate for HIV antibodies. Collect fresh sample in 2 weeks

*Confirmation of HIV 2 sero-status at identified referral laboratory through ART centers

Name & Signature
Laboratory Technician

Shweta
Name & Signature
Laboratory In-charge

Dr. Shweta Raina
MBBS, MD (Micro)
Senior Resident
Department of Microbiology
VMMC & Safdarjung Hospital
New Delhi-110029



प्रयोगशाला कार्याचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
नैदानिक सूक्ष्म जीव विज्ञान
Clinical Microbiology & Molecular Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New
Delhi-110029

UHID: 108212506 Reg Date: 26/03/2025 09:18 AM
Patient Name: Mr AAKASH AAKASH Age: 12 years 10 months 2 days
Sex: Male Unit Name: Unit-I
Department: DEPT. OF EMERGENCY MEDICINE
Unit Incharge: Dr. Rakesh Yadav Sample Collection Date: 26/01/2025 12:23 AM
Lab Name: Microbiology Lab Sub Centre: Clinical Microbiology (Urine R)
Sample Received Date: 26/01/2025 07:12 AM
Dept / IRCH No: 20260300008971 Recommended By: Dr. Rakesh Yadav Emergency HOD
Lab Reference No: Ward Name: C5(Emergency) /3

Sample Details : CUR-2801260009 (Urine)

Urine Routine

Result of Investigation: BIOLOGICAL REFERENCE INTERVAL

Colour (Visual examination): PALE YELLOW
Reaction(Double indicator method): 6.0
Sp.Gravity(Hydrogenous ionogen): 1.015
Protein(pH- indicator test): Absent
Sugar(Double sequential enzyme reaction): Absent

MICROSCOPIC:

RBC: NIL /HPF
WBC: 1-2 /HPF
Epithelial Cells: NIL /HPF
Bacteria: NIL
Granular: Fine: NIL
Granular: Coarse: NIL
Ca Oxalate: NIL
Triple Phosphate: NIL
Phosphate: NIL
Amorphous: NIL
Urate: NIL
Uric Acid: NIL
Yeast: NIL
Mucus: NIL

SPECIAL:



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department of Lab Medicine.

UHID:	108212506	Sex:	Male
Patient Name:	Mr AAKASH AAKASH	Sample Received Date:	27/01/2026 12:03 PM
Age:	12 years 10 months 1 day	Department:	Paediatrics
Unit Name:	Unit-I	Unit Incharge:	Dr. Rakesh Yadav
Lab Name:	Hematology	Lab Sub Centre:	Hematology PT
Reg Date:	26/03/2025 08:16 AM	Sample Collection Date:	27/01/2026 11:37 AM
Report Generated Date:	27/01/2026 12:54 pm	Dept / IRCH No:	20260300008971
Recommended By:	Mrs. DR.SHIVEHA VERMA	Lab Reference No:	176

Sample Details : HPT-2701260236

Report

Test Name	Result	Comment	Normal Range
Activated partial thromboplastin time (APTT) (Photo-optical)	43.2 sec		• 38.9 - 46.1 sec
<u>PROTHROMBIN TIME (PT-INR)</u>			
PROTHROMBIN TIME(PT) (Photo-optical)	12.30 sec		• 9.4 - 12.8 sec
International Normalised Ratio (INR) (calculated)	1.08 ratio		• 0.876 - 1.123 Non-anticoagulated • 2 - 3 Anticoagulated

Over All Comment :

Authorised Signatory
Dr.Tushar Sehgal

Verified By
drrupalisr

Advice:

1. 7. DEXA 4mg. 1 ————— 1/2 #11 6/12/25.

2. Inj. Emsert 4mg iv push.

↓
Inj. ETOPOSIDE 150mg / 300ml NS iv over 1h

} today
29/11.

3. W/h cyclosporine as child has been ste initiated on #LH-94 induction with dexa + etoposide.

4. All other meds to continue as prescribed.

5. Sangu sequencing to collect.

6. N/P. 6/12/25 \bar{c} CBC / EFT / UFT / ferritin / lipid profile / coag profile

↓
To meet Dr. Nikita J in Room 207 for transplant counselling, plan and workup.



Panjana
SR.

PHYSICAL EXAMINATION

Temp. Pulse Resp. B.P.

11:30am



Noted
Anxiety,
28/1/22

Plan

- collect femtin

→ CT Dexa at 10mg / m²
CIV Dexa 5mg BD

→ CT IV PIPTAZ / Amikaci

→ IV PCM 450mg QID

→ To collect femtin / fibrinogen

→ do CXRM
and urine vitals culture

Dr. Remo
Dr. Pedonco

8am

Dr. B. Dr. Pedonco

Severe

HR → 110

RR → 26

PP 17 / H

BP → 100/6

urine routine @

CXRM → few BL

para cardiac
infiltrates

RS: AB = BS clear

CS: S1S2 heard normal

PA: L3 S12

CNS: UCS 15 / 15 Ady

→ fibrinogen → 384

TU → 212

→ collect femtin

→ CT Dexa / PIPTAZ

Amikaci

→ will review

L2umb^{sp}
Klombing

Neck

PenJOS

3 CR HLH HU

Plan
Pm

4 Start vital monitoring

5. clostrimide green LA tab

Imp: ? ALL H places [infectious trigger]
Advise and Plan

- ① CXR & A view counts / vbg
ALL parameters
D/C motile
Blood clt / viral panel
EBV / CMV

Refer to ER
stat
↓

- ⊕ Empirical
iv Abx Piptaz
⊕ Amikacin

② ↑ SB
@ 10mg/m² inj. dexamethasone 5 mg iv qd

③ Once SA shall review

Dr Nikita
POCSA

15/01/26

N/O on 17/01/26
POCSA

Sharma
SAPO

1. ORALLY ALLOWED, NEUTROPENIC DIET, PLENTY OF FLUIDS
2. BETADINE MOUTH WASH, CANDID MOUTH PAINT, SITZ BATH TDS
3. Tab Levofloxacin 250 mg PO BD
4. Tab Voriconazole 200 mg PO BD
5. Tab Septran (160mg) half tab BD on Saturday and Sunday
6. Tab Ruxolitinib 5mg PO BD
7. Tab Dexamethasone 4 mg 1 tab - $\frac{1}{2}$ tab PO BD for 2 weeks
4 mg $\frac{1}{2}$ tab - $\frac{1}{2}$ tab PO BD for 2 weeks
4 mg $\frac{1}{2}$ tab PO OD for 2 weeks then stop
8. Continue ATT with pyridoxine as advised from the dots centre
9. Tab Pantop 40 mg PO OD BBF for 6 weeks
10. Tab Acyclovir 400 mg PO TDS for 10 days
11. Acyclovir cream local application TDS for 10 days
12. DANGER SIGNS EXPLAINED
13. REVIEW SOS IN ER-2

(signature)

Follow up in pediatric hematology oncology clinic in room number 228/229, Wednesday 2PM
In case of emergency call Pediatric oncology helpline number 9354073207

Danger signs explained:

Lethargy/ persistent vomiting/fever/fast breathing/ loose stool/ seizure or any new symptom
which patient perceive to be alarming

Next visit: 20/2/2026 in OPD to review with reports

CBR
- PLS

FLY FOUNDATION

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name: Ashish उम्र Age: 10y 11m सर्विस Service: _____ दिनांक Date: 28/1/26 यू.एच.आई.डी. नं. UHID No.: 1088/2506
प्रोफेसर/इंचार्ज Professor/IC: Prof. P. Bhatnagar Notes written by: W. S. Bhatnagar

CLINICAL NOTES

SR POC

NO refractory HTN / On Ruxolitinib (discontinued) ^{Not taken x 11 days}
On Tapering Dexam. TB.

3 fever high grade. 104-105

- NO cough / cold.

- NO vomiting / No 2 cm

- NO other complaints

Fibrinogen
384 mg/lcd.

D-dimer = 3136

INR = 1.

O/E - active alert child.

HR = 110/min

RR = 24/min

CF < 3 sec

Pulses - WP

Periph. pulses weak

Urine R/M - (2)

TG = 213 mg/lcd.

CBC = 10.7, 3960, 234, 900

NW - OPD - 11/2/26 w/le CBC, ESR, RF K.

[The analysis results only...

PHYSICAL EXAMINATION

Temp.

Pulse

Resp.

B.P.

Weight

29/11
7am

Revised

fixed + persisting

fever: (1200)

Hemodynamic stable.

Advice:

1. To discuss on grounds for admission / Periph
H/O refractory ds and flake.

Sanjiv
SA

21/12/25

7:25 am

T° - 100.4 °F

Advice

TAB PA

TAB PARACETAMOL (500mg) 3/4

stat

u
Do Come

Also
in

3 CIR HLH WU

4 Start vital monitoring
5. clonidine

2/12/20

C10 Refractory HLH on Ruxolitinib

→ Already covered for best of supportive care in view of non-availability of Ruxolitinib + no drugs being available for him

has persistent fever spikes (+)

- no cough
- no cold
- no vomiting

HR → 100

RR → 22

BP → 114

ECG: ME = BS clear

CVS: S1S2 heard

PA - soft → splenomegaly upto umbilicus

→ blackish lesion on angle of (R) mull

Plan

→ CT + levofloxacin + fluconazole + Dexamethasone as advised

→ ~~Tp~~ : Amoxicillin 200mg/5ml

6

7.5ml — 7.5ml — 7.5ml

x3/d

Brucella Ab- non
reactive.

Advice at discharge (explained to parents by doctor/nurse-

1. ORALLY ALLOWED, NEUTROPENIC DIET, PLENTY OF FLUIDS
2. BETADINE MOUTHWASH, CANDID MOUTH PAINT, SITZ BATH, TDS
3. T. LEVOFLOXACIN 250 MG PER ORAL BD
4. T.VORICONAZOLE 200 MG PER ORAL BD
5. T. SEPTRAN 160 MG HALF TABLET BD ON SATURDAY AND SUNDAY
6. T. RUXOLITINIB 5 MG PER ORAL BD [NA]
7. T. DEXAMETHASONE 4MG 1 TAB PO BD FOR 2 WEEKS

4MG ½ TAB PO BD FOR 2 WEEKS

4MG ½ TAB PO OD FOR 2 WEEKS

8. CONTINUE ATT WITH PYRIDOXINE AS ADVISED FROM THE DOTS CENTER.
9. T. PANTOP 40 MG PER ORAL BBF FOR 6 WEEKS
10. T. PARACETAMOL 500MG 3 TAB PO SOS
11. DANGER SIGNS EXPLAINED 14
12. REVIEW SOS IN ER-2

Dr. RIFAT NAZ
PG Resident Doctor
Department of Pediatrics
VMMC & Safdarjung Hospital
New Delhi-110029

(signature)

Follow up in pediatric hematology oncology clinic in room number 228/229, Wednesday 2PM
In case of emergency call Pediatric oncology helpline number 9354073207

Danger signs explained:

Lethargy/ persistent vomiting/fever/fast breathing/ loose stool/ seizure or any new symptom
which patient perceive to be alarming

Next visit: 02/03/26 at 9:00 AM in daycare with reports.(CBC,LFT)

Mother was explained regarding multiple
HLH flare episodes & child currently in
fever.

Mother Applied funds 1 week Back

Need for Transplant Explained

Ruxolitinib → Not Available @ @

Plan → To Register the child in VMHC

& Arrange Ruxolitinib

→ to be arrange funds via ^{PM} _{em} funds

→ Tab ^{Tab} PCM 500mg in 9 hourly

→ Tab Desca 4mg BD

→ continue Acyclovir / Levoflox / flucanazole ₂₀₁

→ Danger Signs Explained

CBC / LFT / RFT / DIC / ferritin



DR. VISHAKHA VARSHNEY
Senior Resident
Dept. of Paediatrics
AllMS, New Delhi



वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली-110029
Vardhman Mahavir Medical College & Safdarjung Hospital,
New Delhi-110029

वाल रोग विभाग

Department of Paediatrics
Division of Paediatrics Haematology & Oncology



DISCHARGE SUMMARY

Name	Aakash	Time/Date of admission	11/02/2026
Age/Gender	12y/Boy	Time/Date of discharge	17/02/2026
MRD no	17065	Hematology no.	
Weight	28 kg	BSA	1.3 m ²
Height		Blood group	O+
Attending faculty	Dr. Prashant Prabhakar, Dr. Himani Batra, Dr. Nidhi Chopra		
Diagnosis	Refractory Secondary HLH with Febrile Neutropenia, Disseminated TB%		

Past History - Course at AIIMS Delhi

A 12-year-old boy presented with a history of intermittent high-grade fever for approximately one year and progressive generalized edema over ten months. Initial evaluation at a local hospital revealed hepatosplenomegaly, pancytopenia, and hyperferritinemia, and he was referred to a tertiary center for further evaluation. At AIIMS, persistent cytopenias, hyperferritinemia, hypofibrinogenemia, and transaminitis were noted, fulfilling criteria for hemophagocytic lymphohistiocytosis (HLH). Evaluation for triggers revealed necrotizing histiocytic lymphadenitis on lymph node biopsy and GeneXpert positivity for *Mycobacterium tuberculosis*, confirming extrapulmonary tuberculosis, for which antitubercular therapy, steroids, and intravenous immunoglobulin were started. During subsequent admissions, he developed cytomegalovirus and Epstein-Barr virus reactivation requiring antiviral therapy and experienced recurrent HLH flares requiring escalation of therapy including cyclosporine, intravenous immunoglobulin, and etoposide as per the HLH-1994 protocol. His course was further complicated by visceral leishmaniasis treated with liposomal amphotericin B, respiratory distress requiring high-flow nasal cannula support, hydrocephalus with raised intracranial pressure managed medically, dermatophytosis with id reaction, and suspected drug-induced cytopenias. In a later admission in December 2025, he presented with fever, vomiting, difficulty in breathing, and epistaxis and was found to have another HLH flare with hyperferritinemia and cytopenias. He required escalation of dexamethasone, intravenous immunoglobulin, continuation of etoposide, and reintroduction of cyclosporine. During this admission he developed febrile neutropenia, respiratory infection requiring high-flow oxygen, gastrointestinal illness with sigmoid thickening managed conservatively, hypovolemic shock due to diarrhea requiring fluids and brief inotropic support, severe hypocalcemia with bradycardia treated with calcium supplementation, and CMV reactivation requiring valganciclovir, which was later stopped after PCR negativity. Disseminated tuberculosis treatment was modified in view of transaminitis and later continued with plans for prolonged therapy. Persistent pancytopenia required

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	पुरच.आई.डी. नं. UHID No.
Akash	10y/m		3/1/26	1082) 9504
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	<p>Δ: Refractory HLH/Man/lymphoma. G/G Prof Pachna Seku Maam Parent was counselled in detail regarding disease status & prognosis — HLH typing, karyo — Acute — Parents opted for supportive care. A&V/ Child can be discharged on oral medications</p>		
	TAB. DEXAMETHASONE 4mg 1 tab PO B.D.		<p><i>[Signature]</i> Dr. RUKSANA SIDHIQUE P.R. DAI Resident Pediatric Oncology</p> <p>To continue</p>
	TAB. PANTOP 40mg PO OD		
	TAB. FLUCONAZOLE 200mg 1 tab PO OD.		
	TAB. LEVOFLOXACIN 500mg 1/2 tab PO B.D.		
	TAB. RUXOLITINIB 20mg 1/2 tab PO B.D.		
	TAB. PARACETAMOL 500mg 1 tab SOS		<p>Wednesday 10 w/e (BRIEF, R.F.K.)</p>
	NIV — OPD — 11/2/26		

The analysis results only answer to the corresponding...

ATT

1. Tab Ethambutol (400 mg) 1 ½ tabs once daily
2. Tab Rifampicin (mg) 300 mg 1 ½ once a day
3. Tab Isoniazid 150 mg 2 tab once a day
4. Tab Pyridoxine 10mg PO once daily

HLH

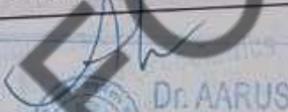
5. Tab Dexamethasone 4mg 1 tab PO twice daily- **To be tapered**
6. Tab Ruxolitinib 20mg ½ tab PO two times daily

Others

7. Tab Pantop (40 mg) 1 tab PO once daily
8. Vitamin D3 (60000 IU) 1 sachet every two weekly (2 more doses pending)
9. Tab Calcium (500 mg) one tab PO twice daily
10. Tab Septran (80 mg) 1 ½ tabs PO alternate day (एक दिन छोड़कर)
11. Tab Voriconazole 200mg PO two times daily

Followup

12. To follow up in Pediatric TB clinic 2pm (New RAK OPD, 2nd floor) with 16/01/26
13. Follow up in Pediatric oncology OPD, 9 am on Saturday 17/1/26 with CBC/LFT/SERET/Ferritin/Lipid Profile/DIC/CMV PCR
14. Danger signs explained → pediatric emergency in such a case.

JUNIOR RESIDENT	SENIOR RESIDENT
 Dr. AARUSHI KOLLANA Junior Resident	 Dr. Shreshtha/ Dr. Rema/ Dr. Nil Shivani/Dr Ruksana
Dr Nupur/ Dr Aarushi	

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name: Aruna उम्र Age: 12y 1m सर्विस Service: 12y 1m दिनांक Date: 23/1/26 यू.एच.आई.डी. नं. UHID No.: 108212506

प्रोफेसर इंचार्ज
Professor I/C

Dr. P. Sethi

Notes written by V. Shukla

CLINICAL NOTES

23/1/26

SRPOC

no Refractory Hzm / Fever / Infection
cytopenia ⊕

fever persisting

1 episode of vomiting yesterday.

No focus for Infection.

O/E - active Alert
HR = 100/min
RR = 20/min
QT = 3 sec
Pulses = WP
Peripheral warm.

chest clear.



massive
Spleen
- megalic.

— NW — OPD — 11/2/26 w/le (BC, LF, RF F.)



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department of Lab Medicine.

UHID: 108212506 Sex: Male
Patient Name: Mr AAKASH AAKASH Sample Received Date: 28/01/2026 12:39 AM
Age: 12 years 10 months 1 day Department: DEPT. OF EMERGENCY MEDICINE
Unit Name: Unit-I Unit Incharge: Dr. Rakesh Yadav
Lab Name: Hematology Lab Sub Centre: Hematology-PT
Reg Date: 26/03/2025 08:16 AM Sample Collection Date: 27/01/2026 11:53 PM
Report Generated Date: 28/01/2026 02:21 am Dept /IRCH No: 20260300008971
Recommended By: Dr. Rakesh Yadav Emergency HOD Lab Reference No: 28

Sample Details : HPT-2701260520

Report

Test Name	Result	Comment	Normal Range
<u>Disseminated intravascular profile (DIC) With Test Request Form Only</u>			
PT (Patient) Coagulometric-turbidimetric	11.90 sec		• 12.7 - 16.1 sec
Activated partial thromboplastin time (APTT) (Photo-optical)	36.3 sec		• 33.9 - 46.1 sec
D-DIMER (Turbidimetry Method) With Test Request Form Only	3136.0 ng/ml		• < 232 ng/ml
FIBRINOGEN (Clauss Method)	384.0 mg/dL		• 212 - 433 mg/dL
International Normalised Ratio (INR) (calculated)	1.04 ratio		• 0.876 - 1.123 Non anticoagulated • 2 - 3 Anticoagulated

Over-All Comment :

Kindly correlate clinically and with drug therapy

Authorised Signatory
Dr. Tushar Sehgal

Verified By

multiple transfusions. Genetic evaluation initially suggested an AK2 variant, but confirmatory testing was negative, and further workup for primary immunodeficiency was planned, with consideration of hematopoietic stem cell transplantation as definitive therapy. At discharge from the last admission, the child was afebrile, hemodynamically stable, accepting oral feeds, and showing improving hematological parameters, with plans to continue anti-tubercular therapy, HLH-directed therapy, and follow-up for immunodeficiency evaluation.

PRESENTING COMPLAINT:

Fever x 7 Days
 Pain abdomen x 7 days
 Ulcers in mouth x 4 days

COURSE DURING HOSPITAL STAY: Child admitted with above complaints. Child vitally stable. On examination Abdomen distended Liver 5 cm BCM and Span 18 cm. Spleen 15 cm till umbilicus. Cervical matted Lymphadenopathy. Multiple petechial spots and echymotic patches. Piptaz Amikacin started. ATT Ruxolitinib and Dexamethasone continued. Zytee gel and candid mouth paint added HLH Workup, Fever profile sent. Prbc and prp transfused. Fever persisted. Antibiotics upgraded to Cefepime, Telcoplanin, Acyclovir and voriconazole. Ruxolitinib omitted in view of severe thrombocytopenia and IVIG was given @2g/kg over 2 days. Fever resolved after IVIG. Currently the child is stable and afebrile with ulcers resolving. Fever Workup submitted in AIIMS awaited. Repeat WES sent from AIIMS awaited. USG whole abdomen and Doppler dated. Dexamethasone tapered.

INVESTIGATIONS-

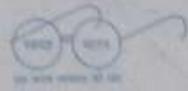
DATE	HB	TLC	ANC	PLT	OT/PT	ALP	BUN	CRET	NA/K	OTHERS
05/1	8.5	520	DLC(N/L) 5.8/9 2.3	11k	-	-	-	-	-	-
09/1	8.7	1600	DLC(N/L) 1.1/9 1.3	7k	-	-	-	-	-	-
12/1	8.0	1270	DIC(N/L) 4.7/7 6.4	23k	-	-	18.0	0.24	142/4.2	-
09/02	6.8	2340	320	9k	-	-	-	-	-	-
04/02	7.2	2180	80	15	-	-	-	-	-	-
12/02	6.8	1890	40	13k	66/50	238	8.4	0.28	138/2.9	UA-5:9,ca/po4-8.1/4.9,LDH-666,cl-109
13/02	6.8	1220	30	14k	-	-	-	-	-	-

Ferritin 2522, DCT Positive, LDH 503, TG 443, Fib 384

Advice at discharge (explained to parents by doctor/nurse-



अ० मा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल में अग्नि सुरक्षा नंबर 31 / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

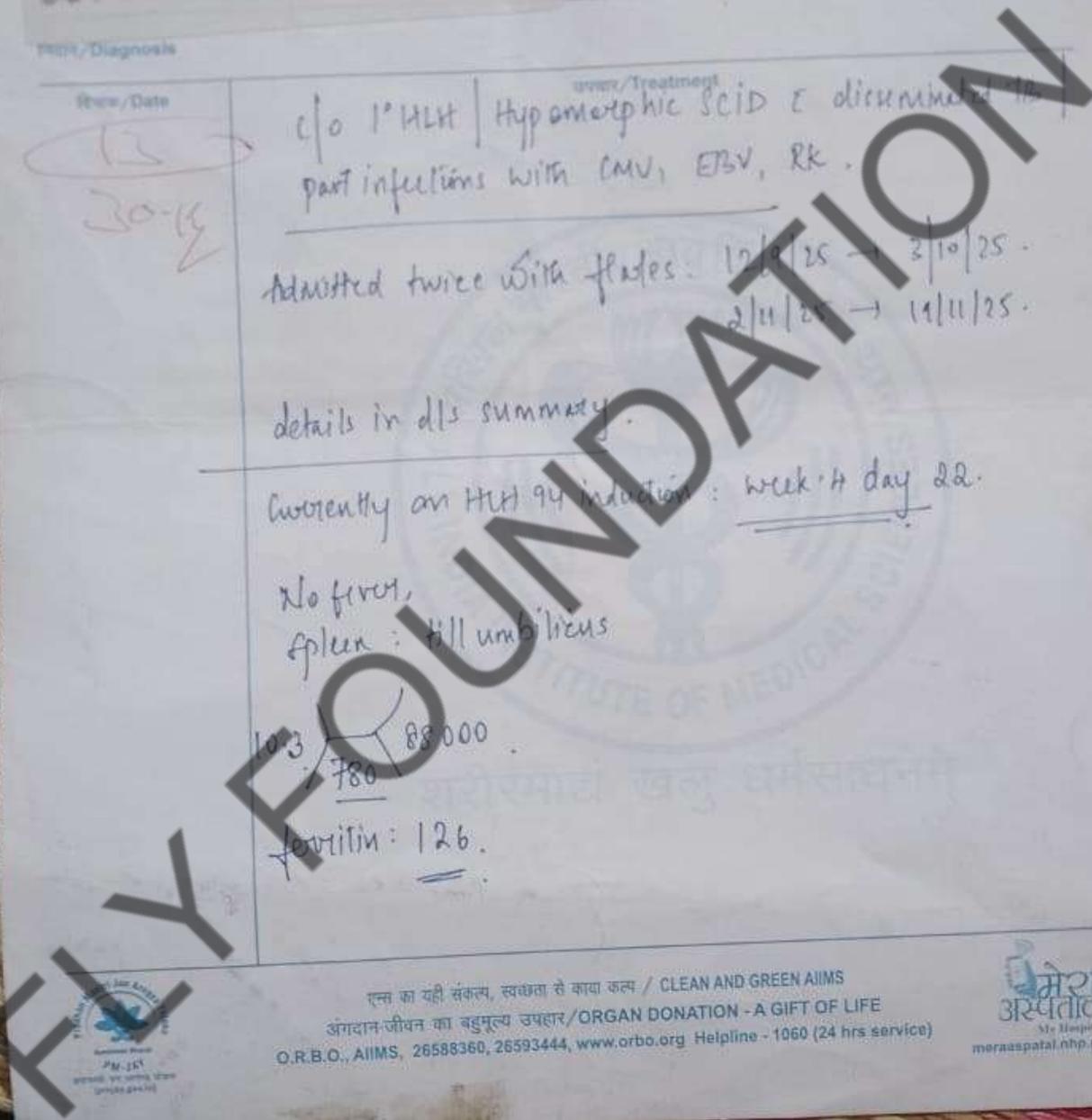


OPR-6

रोगी का नाम / Patient Name: **AAKASH AAKASH**
 UHO-108212518
 Dear No: 2025OC000822
 Room / Room: **C-207**
 Queue No: **F4**
 Date of Admission: _____
 Reporting Unit: _____
 Age: _____
 Address: **Home - 8447922036**

रोग / Diagnosis

दिनांक / Date	रोग / Treatment
15 30-11	c/o 1 st HLH Hypomorphic SCID & disseminated part infections with CMV, EBV, Rk.
	Admitted twice with flares: 12/8/25 → 3/10/25. 2/11/25 → 14/11/25.
	details in dls summary.
	Currently on HLH 94 induction: <u>week 4 day 22.</u>
	No fever, spleen: till umbilicus
	103 / 780 / 88000 Ferritin: <u>126.</u>



रक्त 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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① ATT Tab FOC (r) 3 tab + Tab FOC (Adult) 1 tab +
(hr) (hr)

Tab Atroviboral 10mg 3 tab OD.

② Cap Cyclosporin 50mg 1 BD

③ Tab Pyridoxine 40mg 1/2 tab OD

④ Tab Calcium 500mg 1 tab OD

⑤ Tab Fluorocyclid 15mg 1 tab OD

⑥ Tab ~~Neurobid~~ Neurobid (Tab 10mg vial) 1 tab OD

⑦ Tab Folate 5mg OD

⑧ Tab Dova 4mg 1 - 1/2 (Coagulo) till 6/12/25

↓
2.5mg 1 tab OD from 6/12/25 to 20/12/25

⑨ To do: Cmv DNA PCR today.

⑩ Tab Sphero 80mg 1 1/2 tab BID.

. Plw in Abdomen OPD on 8/12/25

LC2811252407 100212506



LM28112501675 100212506



PAKASHAASH



Dr. MANOJ K
Senior Resid
Dept of Ped
AIIMS, New

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
AAKath.	1924	M		106212506
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	29/1/26.		GAM
3 AM	Nil. PPTAG 3gm V.S.		→ Pt is conscious & oriented w.r.t/A → self voiding → HR - 96 BPM → SpO ₂ - 99%
11:30 AM	Nil. Amikacin 450mg IV BID		8 PM → Pt is E ₄ V ₅ M ₆ . taking orally. voiding self. HR - 114/min
11:30 AM	Nil. Beta 5mg IV BID		SpO ₂ - 100%
12:30 PM - 8:30 PM	Nil. Pam 450mg IV BID		
12 MD	4- Pantop 40mg SLV OD		
3 AM			

[The analysis results only answer to the query]

M.R. No. 110029
108212506

एम.आर.-3 जनरल हिस्टरी
M.R.-3 General History

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.
Aarash	12y	Ped oncology	27/1/26	108212506
फैसल इंचान Professor I/C	Prof Dr Rseth		Notes written by	Dr. Rseth

CLINICAL NOTES

SB for Ped onc

27/1/26
11pm

C/O HLH on Ruxolitinib

fever x 3 day \rightarrow 105°F.
 \rightarrow no cough / cold
 - no vomiting / no H
 \rightarrow voiding urine well.

off Ruxolitinib
 since 5 days
 (due to unavailability)

HR \rightarrow 110
 RR \rightarrow 26
 PPTT / H

CBC
 $\frac{3960}{10.7} \rightarrow 400 \rightarrow 34000$

Tu \rightarrow 213 ng/L
 PTTN / R / PTT e

RS: AB=BS clear
 CVS: S1S2 heard
 RA: soft \rightarrow L3 S12
 CNS: ACSIS / S

FLY FOUNDATION

NV	OPD	11/2/26	w/le CBC, ESR, RF T.
----	-----	---------	----------------------



Discharge Summary
Division of Pediatric Oncology
Department of Pediatrics
All India Institute Of Medical Sciences, New Delhi
 Phone: Pediatric casualty (011-26594225)

Name	Aakash	Age/Sex	12 years/ Male	UHID	108212506
Father's name	Bachhan singh	Date of admission	6/12/25	Date of discharge	13/01/26 14/1/26
Address	Hathras, Arya Nagar			Phone No	
Faculty	Prof. R. Seth/Prof Kanaram/Dr J P Meena/Dr AK Gupta				
Diagnosis	Refractory Hemophagolymphohistiocytosis (HLH)/Sepsis/Cytomegalo virus re-activation/?Drug induced liver injury/Febrile Neutropenia/Neutropenic enterocolitis/Shock (resolved)/Disseminated tuberculosis (on ATT 24/5/25)/Vitamin D deficiency/Hypocalcemia			Bed No	C5/3
Chief complaints					
Fever for 2 days Vomiting for 1 day Difficulty in breathing for 1 day Epistaxis for 1 day					
History of presenting illness					
<p>The patient is a 12-year-old male, a known case of Primary HLH with hypomorphic SCID, who was apparently well until 5th December, when he developed high-grade fever with spikes up to 104°F, associated with chills and rigors. The fever showed temporary relief with antipyretics but would recur within 2–3 hours.</p> <p>The febrile episodes were associated with cough and coryza. There was no history of cough with expectoration or post-tussive vomiting.</p> <p>One day prior to admission, the child developed vomiting, which was non-bilious, non-projectile, and not related to food intake.</p> <p>He also developed difficulty in breathing, described as fast breathing, with no history of chest pain or palpitations.</p> <p>There was one episode of nasal bleeding (epistaxis) on the morning of presentation.</p> <p>There was no history of generalized body ache, reduced activity, reduced appetite, excessive lethargy, abdominal pain, burning micturition, reduced urine output, hematuria, skin rash, joint pain, oral ulcers, abnormal body movements, or headache.</p> <p>With these complaints, the patient presented to AIIMS casualty for further evaluation and management.</p>					

Dr. AYAN GARYA
 Junior Resident
 Department of Pediatrics
 AIIMS New Delhi
 DMIC No. 392

FOUNDATION



2007-276-

OTP Issu



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

अस्पताल में अग्नि प्रयोग करना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग
UHSID: 108212506
Dept No: 20250030008822
आकाश आकाश / AAKASH AAKASH

कक्ष / Room: C-207
Queue / संख्या: F29
Unit: Paediatric

व्यक्ति का नाम / Name: आकाश आकाश / AAKASH AAKASH
वय / Age: _____

रिपोर्टिंग / Reporting: 08/33/19 08/12/2025

General Rx: 0
Follow Up Patient

SLM-140226075-UL108212506
PAR-140226028 108212506
SER-1402260002-8108212506
Mr-AAKASHAAKASH
LB250226176 108212506
Mr-AAKASHAAKASH
LB250226176 108212506
LB250226176 108212506
LC2502261648 108212506
Mr-AAKASHAAKASH

निदान / Diagnosis: f/clo ? Primary HHH

दिनांक / Date	उपचार / Treatment
26 30.11	clo - fever vomiting x 2 d cough ⊕
on examn	
	BP @ 50mm centile pulsus good volume chest - Aiz equal ⊕ diffuse basal crepitans rhonchi ⊕ IA - splenomegaly till umbilicus ⊕
	SpO ₂ on RA = 98% stermin 126 72 29/11 641



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10.2 → 2260 / 490 ← 24k 5/12

CBC \rightarrow 8.2 \rightarrow $\frac{840}{90}$ \rightarrow 53000.

RFT \rightarrow ∞

TU \rightarrow 265

Levetin \rightarrow (1093) (prev \rightarrow 3493) (12/120)

PT \rightarrow 12.2

d-dimer \rightarrow 397

INR \rightarrow 1.03

APTT \rightarrow 36.3

fibrinogen 85 mg/dl

CMV \rightarrow PCR \rightarrow 7.1×10^2 IU/d

name

Plan

CDW ∞ Dr Aditya Shiv

\rightarrow RFT/LFT (Se. albumin)

\rightarrow routine RFT

\rightarrow 2DEcho

\rightarrow Se. albumin

- urine routine

- urine protein creatinine

LC1701261844 108212506



Mr. ARKASH HARKASH

- Ruxolitinib \rightarrow repeated

Se \rightarrow peripheral edema

\rightarrow 2DEcho

\rightarrow Ct Ruxolitinib 10mg

\rightarrow T. Dexam

4mg

1/2 for 1 week

1/2 for 1 week

1/2 for 1 week then stop

\rightarrow fu on

19/1/26 \in repeat pOC clin.

\rightarrow pOC date

PHYSICAL EXAMINATION

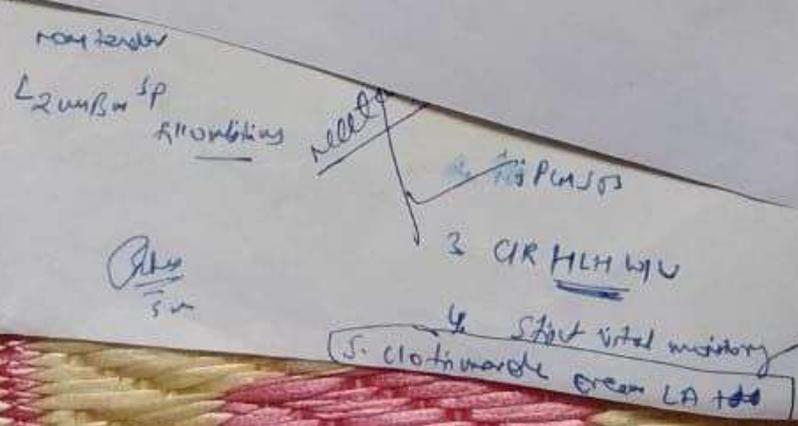
Temp. Pulse Resp. B.P.

Plan CIDW IP mucus

- ① Jovitein → (sample received) repeat amount
- ② Inj Desca 5mg BD.
- ③ continue Pipraz Amikacin
- ④ Send Fungal workup
- ⑤ Send PCR / Blood cs
- ⑥ Repeat CBC / LFT / RFT / VBG (today)
- ⑦ Send noricovazole levels tomorrow
- ⑧ Indent renal Hx
- ⑨ Try for lymphery bed
- ⑩ Inj PCM 450mg iv 26 hourly

open

FLY FOUNDATION



Referral to VMHC (237) → OPD
2nd floor

Akash, case of Refractory HLH, No genetic mutaⁿ
Had multiple flare episodes in past

He had Past Infections with CMV, EBV + R1237
& TB (24/5/2025)

HLH-1934 → Received (8/11/25 - 27/12/25)

Currently on Desia. 10mg/m² & continuation
Phase A + T.

He received MPS in last week Dec 25.

Child was stable & discharged on Ruxalitinib.

Currently NO fevers & B
Child has BPL card.

Kindly,

child is referred to VMHC, To get Registration
& arrange Ruxalitinib

Jishu

Dr. VISHAKHA VARSHNEY
Senior Resident
Dept. of Paediatrics
AIIMS, New Delhi

9/12/26
6/3 108/65mg/kg

11) Tab Septoran alternate days

12) NIV on 6/2/2025 1 pm in day care
for counselling

Dr. Vishakha

(217)

7/2/2028

Datas

Re counselling done On 7/2/2026
Prof. S. S. / J. P. Meena / Dr. Aditya. S.

→ fever ⊕, No focus
→ ALH - flare.

Vitals → ~~HR~~ HR = 130/min
febrile
RD stable.

HSM ⊕
cytopenias ⊕

fibrinogen 118

ferritin 621g

CBC → $\frac{3000}{470}$ (9/1)

↓
Received RDP in
Emergency

Alcans



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



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

बाल चिकित्सा विभाग
 UHID: 108212508
 ABHA: sumarya_820082008@abem
 Dept No: 20250030008822

कक्षा / Room: C-217
 कक्षा / सँख्या: F32
 (Unit), Paediatric

OPR-4



आकाश आकाश / AAKASH AAKASH

S/O bachhan Singh
 12Y 7M 26D / M (पुरुष)
 Bahras, UTTAR PRADESH, Pin.0, INDIA

समय, Mon, Thu (सोम, गुरु)

वयु
 Age



General Rs. 0

Follow Up Patient

रिपोर्ट/Diagnosis: Hypomorphic scd / tHtI / Circumcised TB

दिनांक/Date

29.7.25

उपचार/Treatment



No complaints

22/11/25

Received 50% Etoposide 150mg/m^2 + 5mg/m² doca

Doco r/w G, Etoposide doc on 29/11/25

10.8 } 1300 } 89,000
 N44 L49
 ANC - 568

O/E, No pain / lymphadenopathy

Ue/w - 38 / 0.4

OT/PT - 65 / 58

CRP - 15

Fewitin - 158



Static size of spleen, just covering umbilicus

Advice:

CBC, RFT, LFT, CRP, Fewitin on 28/11/25

plw in daycare for Etoposide on 29/11/25 E by Etoposide 150mg

Doco plw as advised.

tlc Sayen's report in 2 weeks.



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29/3/26

- Parent (mother) counselled in detail regarding disease status.

& requirement for transplant

- Parents opted for supportive care.

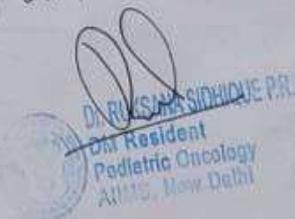
HLA typing — Awaited

Kundu — Applied.

Plan/

1. TAB. DEXAMETHASONE 4mg 1tab PO B.D.
2. TAB. PANTOP 40mg PO OD.
3. TAB. FLUCONAZOLE 200mg 1tab P.O.O.D.
4. TAB. LEVOFLOXACIN 500mg 1/2tab PO BD
5. TAB. RUXOLITINIB 20mg 1/2tab PO two times daily.
6. TAB. PARACETAMOL 500mg 1tab SOS.

F. N/V → (OPD) → 11/03/26 with (BIL) RF Y
Wednesday am



QnV0F0A515ETChgXFFvNCmVuZHN0c...

101%



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



UHID:	108212506	Sex:	Male
Patient Name:	Mr AAKASH AAKASH	Sample Received Date:	28-Jan-2026 22:42 PM
Age:	12Y 10m	Department:	DEPT. OF EMERGENCY MEDICINE
Reg Date:	28-Jan-2026 13:50 PM	Sample Collection Date:	28-Jan-2026 07:23 AM
Recommended By:	Dr. Rakesh Yadav	Sample Details:	LC0801260137
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2617174123

BIOCHEMISTRY	Result	UOM	Bio. Ref. Interval
Test Name (Methodology)			
Sample Type: Serum	1287.0	ng/mL	14-152
Ferritin (ECLIA)			

---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)
28-Jan-2026 23:56