To

Dr. Krishna Mohan
Medical oncologist
Basavatarakam Cancer Hospital
Hyderabad.

Dear Dr. Krishna Mohan,

MS. K. Devi Amrutha aged 2
Presented with Pancytopenia in nov 20
Diagnosed as B-ALL started on B
ALL multiplex negative.
cytogenetics- 46 XX, t(5;6), i(9)
translocation between ch 5 & 6, deletion of P
Developed Pancreatitis and D22 inje
not given. She received Day 29 Dauno
vincristine.
D35 BM MRD showed 5.57% abnormal
Please evaluate her for further treatment a

Thank you

CRAVI KIRAN B.B

Dr. RAVI KIRAN BOBBA, MD (USA), FACP
Medical Oncology & Hematology

AMERICAN CANCER CARE
(A UNIT OF AMERICAN CANCER CARE PVT. LTD.)

Jan 8, 2024

To

Dr. Krishna Mohan
Medical oncologist
Basavatarakam Cancer Hospital
Hyderabad.

Dear Dr Krishna Mohan,

Ms. K. Devi Amrutha aged 21 year
Presented with Pancytopenia in nov 2023.
Diagnosed as B-ALL started on BFM regimen.
ALL multiplex negative.
cytogenetics- 46 XX, t(5;6), i(9)
translocation between ch 5 & 6, deletion of P arm chromosome 9.
Developed Pancreatitis and D22 injection were not given. She received Day 29 Consolidation & Vincristine.
D35 BM MRD showed 5.57% abnormal cells.
Please evaluate her for further treatment & Allo transplant.

Thank you

(RAVI KIRAN BOBBA)

Name of the patient: K.DEVI AMRUTHA	**Age/Gender:20y/Female**
MR Number: IPID2324847	**Lab Record Number: FCM 4/24**
Date of Reporting: 08.1.2024	**Referred by: Dr. Ravi Kiran Bobba**

FINAL DIAGNOSIS: B Acute Lymphoblastic Leukemia MRD: Positive. Advised clinical correlation.

TEST NAME: Minimal residual disease B Acute Lymphoblastic leukemia by Flow cytometry.

TYPE OF SPECIMEN: Heparin anticoagulated Bone Marrow Aspirate-

Sample Time Point:

METHOD: Lyse- Wash- stain-Wash method

INSTRUMENT: 2 laser-8 color multi parameter flow cytometry (Beckman coulter –DxFLEX)

Number of events acquired: 15,00,000cells/ tube

Previous immunophenotype: B ALL

IMMUNOPHENOTYPING RESULTS:

Markers used: CD45, CD19, CD20, CD34, CD38, CD10, CD73 and CD58.

Gating strategy: Side scatter vs CD38, Side scatter Vs CD19.

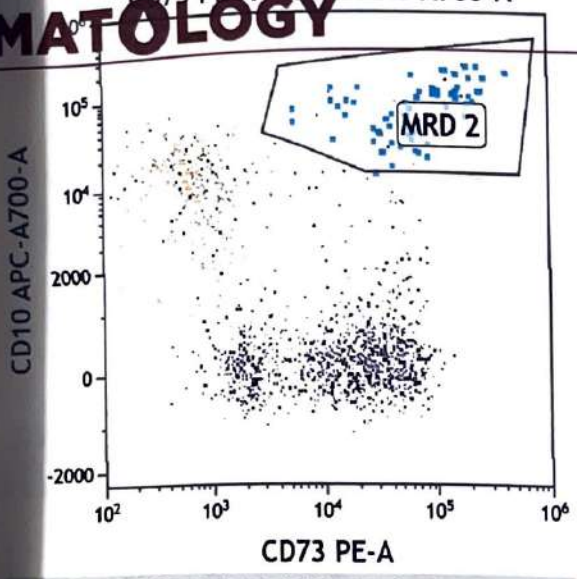
Abnormal events: MRD1:4.67 % , MRD2:5.57%.

Note: All investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures.

Ramya Katta

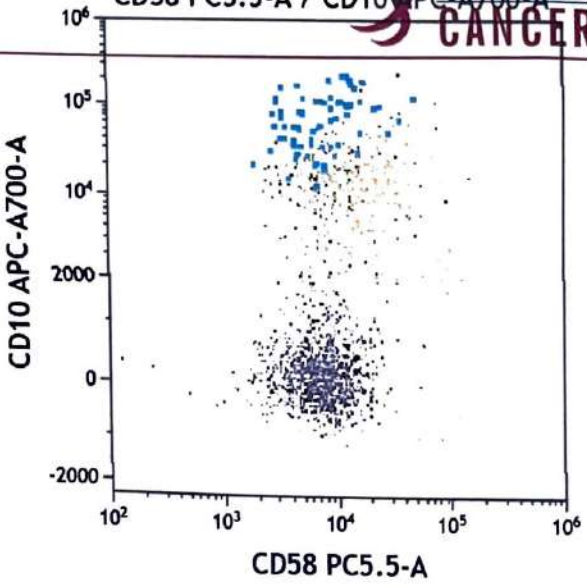
Dr. Ramya Katta MD.,
Consultant Pathologist.

[CLEAN B CELLS]
CD73 PE-A / CD10 APC-A700-A

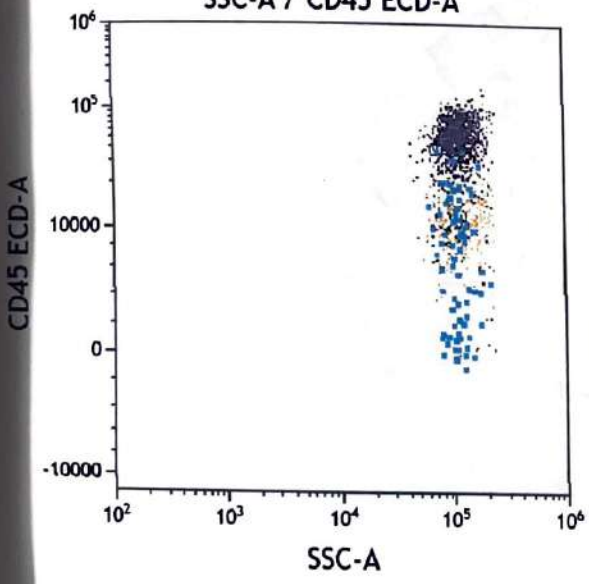


Gate	Number	%Total	%Gated
All	1,473	0.10	100.00
MRD 2	82	0.01	5.57

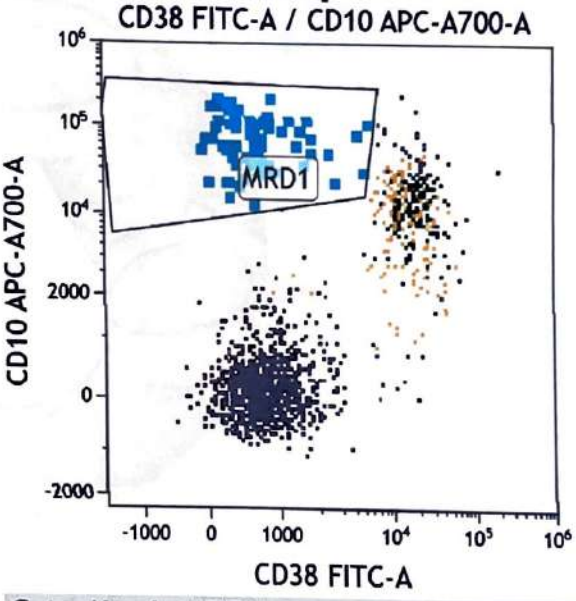
[CLEAN B CELLS]
CD58 PC5.5-A / CD10 APC-A700-A



[CLEAN B CELLS]
SSC-A / CD45 ECD-A



[CLEAN B CELLS]
CD38 FITC-A / CD10 APC-A700-A



Gate	Number	%Total	%Gated
All	1,473	0.10	100.00
MRD1	69	0.00	4.68

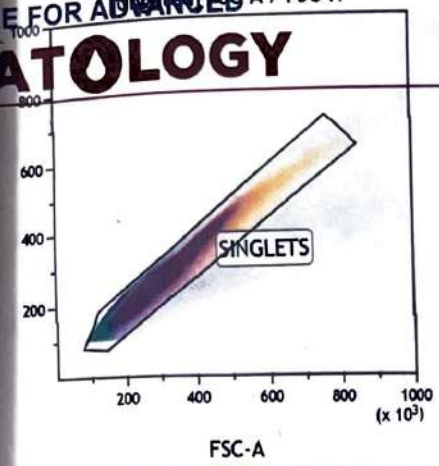
Opp. Siddhartha Public School, Moghalrajpuram, Vijayawada - 520 010. A.P.
Cell : 76860 89999

[Sample1]Tube1 (1)
New Protocol 1 - Plot Sheet 1

NTRE FOR ADVANCED
MATOLOGY

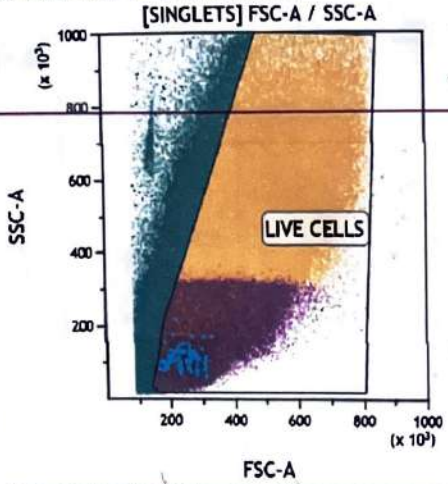
RAVI'S AMERICAN CANCER CARE

[SINGLETS] FSC-A / FSC-H



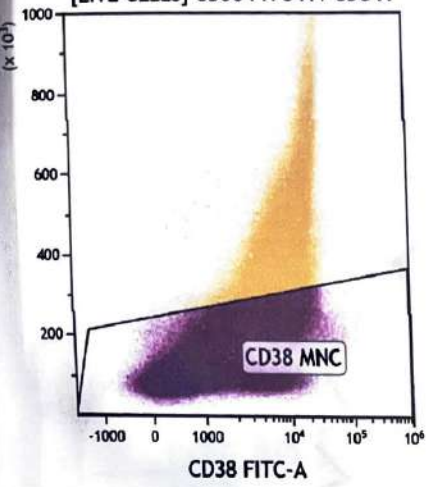
Gate	Number	%Total	%Gated
All	1,500,000	100.00	100.00
SINGLETS	1,357,585	90.51	90.51

[SINGLETS] FSC-A / SSC-A

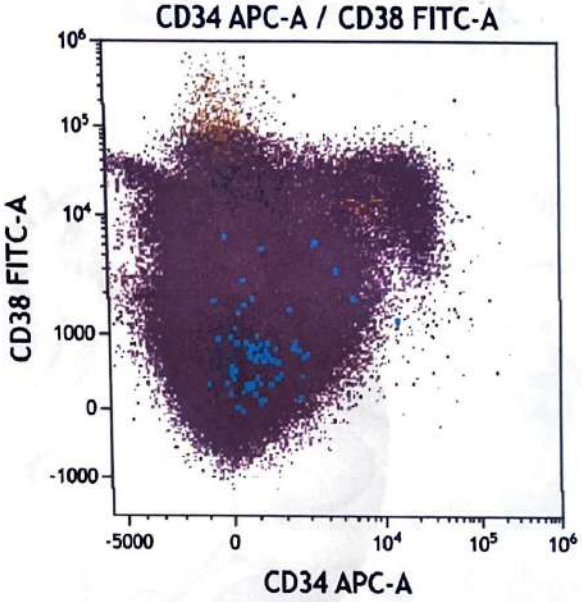


Gate	Number	%Total	%Gated
All	1,357,585	90.51	100.00
LIVE CELLS	1,172,047	78.14	86.33

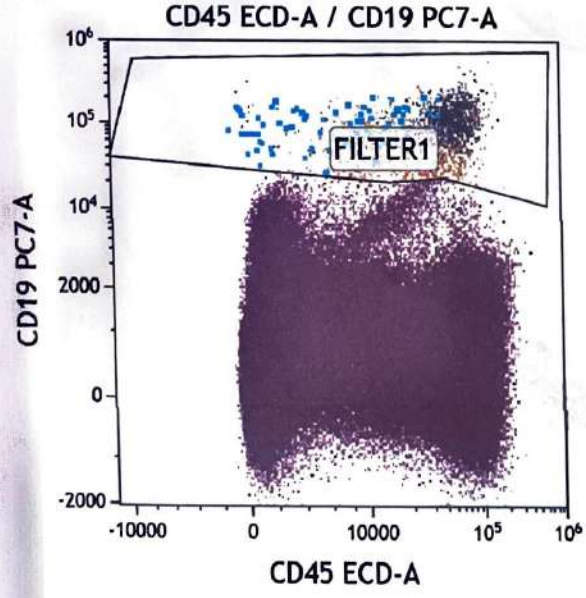
[LIVE CELLS] CD38 FITC-A / SSC-A



[CD38 MNC]
CD34 APC-A / CD38 FITC-A



[CD38 MNC]
CD45 ECD-A / CD19 PC7-A



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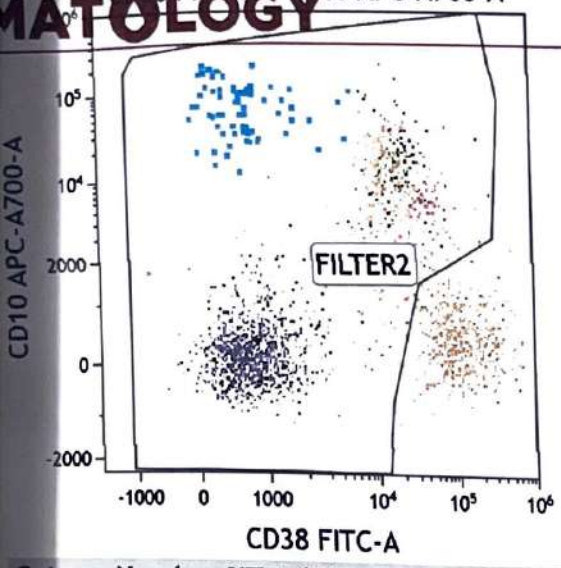
Cell : 76860 89999

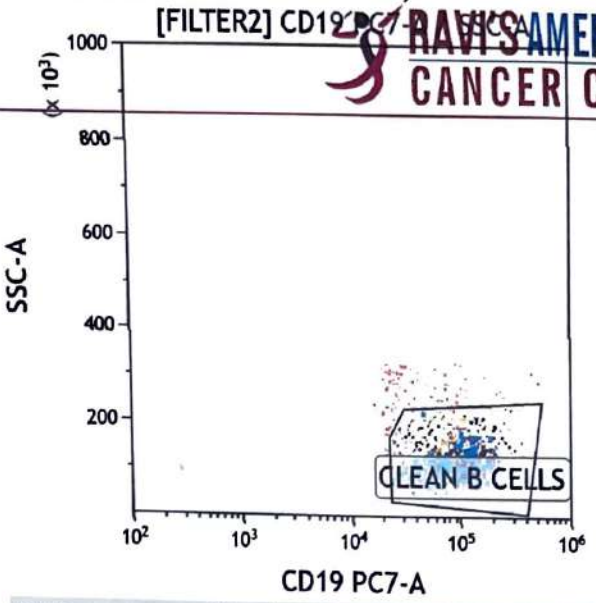
[Sample1]Tube1 (1)
New Protocol 1 - Plot Sheet 1

[FILTER1]
CD38 FITC-A / CD10 APC-A700-A



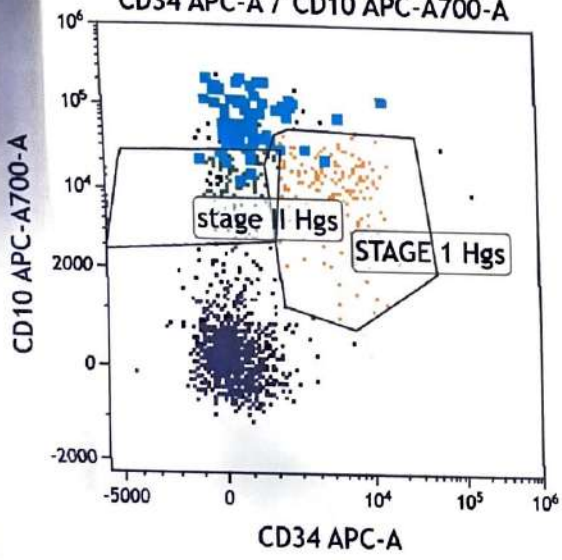
Gate	Number	%Total	%Gated
All	2,117	0.14	100.00
FILTER2	1,585	0.11	74.87

[FILTER2] CD19 PC7-A / SSC-A

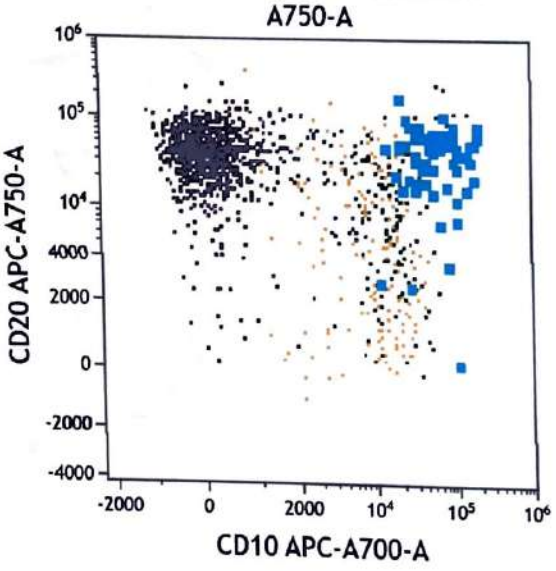


Gate	Number	%Total	%Gated
All	1,585	0.11	100.00
CLEAN B CELLS	1,473	0.10	92.93

[CLEAN B CELLS]
CD34 APC-A / CD10 APC-A700-A



[CLEAN B CELLS]
CD10 APC-A700-A / CD20 APC-A750-A



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Cell : 76860 89999

CÖRE

MC-2256

Report

102230195937

Specimen Type	Date & Time of Accessioning
Peripheral Blood	
en Collection Date & Time	
/11/2023 16:00	01/12/2023 10:57 Hrs

Case ID
Patient Name: KORLAGANTI DEVI AMRUTHA
Age/Sex: 20 Year /Female
Hospital Location: Vijayawada, Andhra Pradesh, India
Hospital Name: Ravi's American Cancer Care , Vijayawada
Physician Name: Dr. Ravi Bobba
Date & Time of Reporting: 04/12/2023 21:37 Hrs

T NAME

Multiplex Basic BCR-ABL,MLL-AF9,MLL-AF4,MLL-ENL, t(1;19) & t(12;21)

NICAL HISTORY

Provided.

THODOLOGY

merase Chain Reaction

SULTS

CHROMOSOMAL ALTERATION	GENES COVERED	RESULTS	
t(1;19) (q23;p13)	TCF3-PBX1 (E2A-PBX1)	Not Detected	
t(4;11)(q21;q23)	KMT2A-AFF1 (MLL-AF4)	Not Detected	
t(9;11) (p21;q23)	KMT2A-MLLT3 (MLL-AF9)	Not Detected	
t(9;22) (q34;q11)	BCR-ABL1 (Major)	Not Detected	
t(9;22) (q34;q11)	BCR-ABL1 (Minor)	Not Detected	
t(9;22) (q34;q11)	BCR-ABL1 (Micro)	Not Detected	
t(11;19) (q23;p13.3)	KMT2A-MLLT1 (MLL-ENL)	Not Detected	
t(12;21) (p13;q22)	ETV6-RUNX1 (TEL-AML1)	Not Detected	

EST ATTRIBUTES

- Qualitative analysis performed through Real Time PCR

laimer: This test is performed using in-house developed assay for ALL Multiplex Panel. The assay is designed to perform the ctions at the specified analytical sensitivity given that the template DNA is not heavily fragmented and does not contain materials t could inhibit the amplification reaction.

TEST ATTRIBUTES

LIST OF DETECTABLE VARIANTS AND LIMIT OF DETECTION

COMPONENTS	VARIANT(S) DETECTED	LIMIT OF DETECTION (LOD)

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS
-ID-2010258

Dr. Shivani Sharma, DCP, DNB, DipRCPath.
Reg. No. 1906

Dr.Sanjay Kumar, Ph.D

CÖRE DIAGNOSTICS™

Specimen Type	
Peripheral Blood	
en Collection Date & Time	Date & Time of Accessioning
/11/2023 16:00	01/12/2023 10:57 Hrs

MC 2256

Report

Case ID	102230195937
Patient Name	KORLAGANTI DEVI AMRUTHA
Age/Sex	20 Year /Female
Hospital Location	Vijayawada, Andhra Pradesh, India
Hospital Name	Ravi's American Cancer Care , Vijayawada
Physician Name	Dr. Ravi Bobba
Date & Time of Reporting	04/12/2023 21:37 Hrs

A-MLLT1 NL)	formation of MLL fusion genes • Translocations involving Mixed lineage leukemia (MLL) gene are reported in two thirds of infantile ALL (60-70%) cases • Translocation t(11;19) (q23;p13.3) generates MLL-ENL fusion gene which is the second most commonly found MLL translocation in acute leukemias • Presence of MLL-ENL fusion gene has been associated with poor prognosis, especially in infant • However, there is evidence MLL-ENL, associated with good prognosis in both T-ALL and patients age 1 to 9 years • MLL-ELN may persist over prolonged period of time as minimal residual disease during therapy follow up
RUNX1 ML1)	• The reciprocal translocation t(12;21)(p13;q22), the most common structural genomic alteration in B-cell precursor acute lymphoblastic leukaemia in children, results in a chimeric transcription factor TEL-AML1 (ETV6-RUNX1) • t(12;21) is the most common structural translocation in childhood pre B-ALL with incidence of 25% and 0-4% in adult ALL • Detection of this fusion shows improved outcome in childhood ALL with intensive chemotherapy and prognosis is undetermined in adult patients

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E of AMERICAN PATHOLOGISTS
010258

Dr. Shivani Sharma, DCP, DNB, DipRCPath.
Reg. No. 1906

Dr.Sanjay Kumar, Ph.D

AMERICAN CANCER CARE

29-13-41/1, Kaleswararao Rd, Near Pushpa Hotel Bus Stop,
Suryaraopeta,Vijayawada, Andhra Pradesh - 520002
Email : racc.vja@gmail.com / Phone : +91 8889996108
(CIN - U85300AP2022PTC122223)

ent	:Miss Korlaganti Devi Amrutha	UHID	: NDS232400847
/Sex	:20 Year(s) 0 Month(s)/Female	ID	: OPID23240001915
sultant Dr	:Bobba Ravi Kiran	Collection On	: 16-Dec-2023 12:17 PM
erred by	:	Reported On	: 19-Dec-2023 06:29 PM
ection Centre	:American Cancer Care		

HISTOPATHOLOGY

Test	Result	Unit	Biological Ref Interval	Method
IHC FINAL DIAGNOSTIC PANEL	Immunohistochemistry Report			

Immunohistochemistry Report

Specimen type: Bone marrow biopsy
IHC Record number: IHC42/23
Reference Block number: 214/23
Fixative: 10% buffered formalin
Duration of fixation: 48 hours
Adequacy of sample: Adequate
Immunohistochemical markers:
LCA: positive
CD3: negative
CD20: positive
CD5: negative
CD34: positive
TdT: positive
CD10: positive
BCL2: positive
BCL6: negative
C- MYC: negative
Kappa: negative
Lambda: negative
Ki67: 90%.
Impression: Histological and immunohistochemical features are suggestive of Acute B lymphoblastic leukemia.

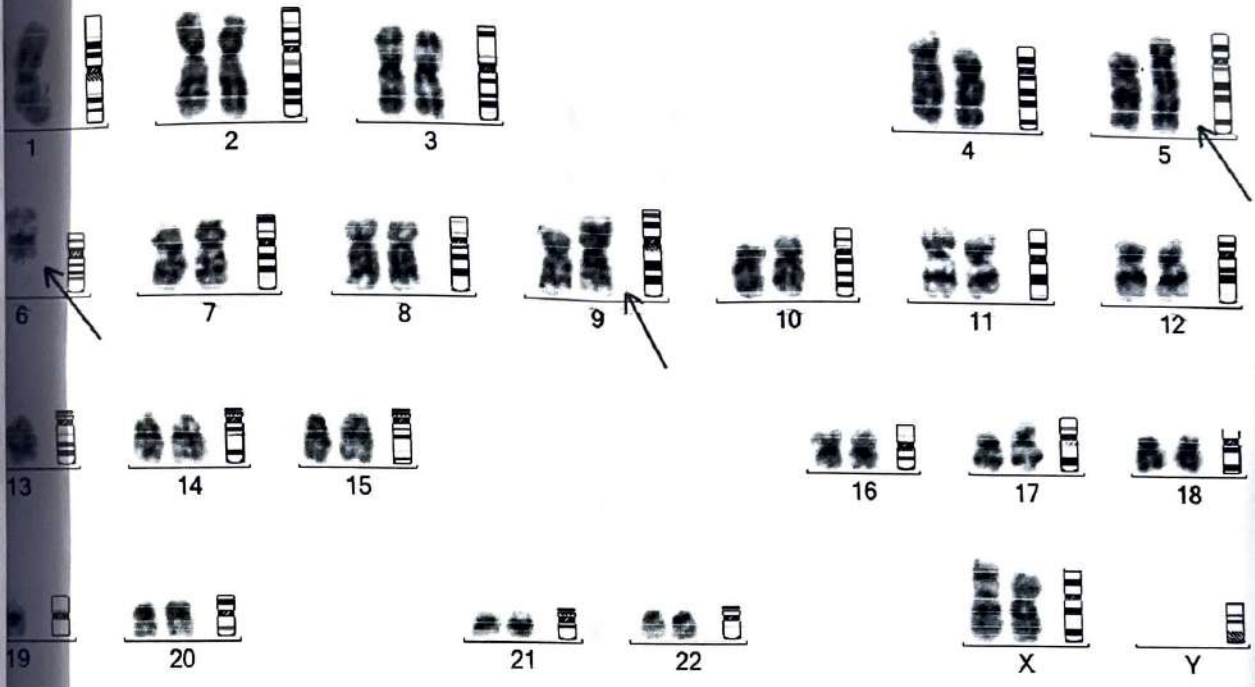
e:- The test result are subject to variations due to technical limitations hence Correlation with clinical findings & other stigations should be done.

Technician
Ramya

Dr. Ramya Katta ,MD
Pathologist

Case ID	102230195326
Patient Name	KORIAGANTI DEVI AMRUTHA
Age/Sex	20 Year /Female
Hospital Location	Vijayawada, Andhra Pradesh, India
Hospital Name	Ravi's American Cancer Care , Vijayawada
Physician Name	Dr RAVI KIRAN BOBBA
Date & Time of Accessioning	30/11/2023 12:08 Hrs
Date & Time of Reporting	11/12/2023 13:03 Hrs

CHED KARYOTYPE



RENCE

20 (The International System for Human Cytogenetic Nomenclature)

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010258

Dr. Shivani Sharma, DCP, DNB, DipRCPath.
Reg. No. 1906

Dr.Sonika, Ph.D

CŌRE DIAGNOSTICS™

NAME: K. Devi Amrutha	AGE/GENDER: 20y/F
Referred by: Dr. Ravi Kiran Bobba	MR Number: 847
Date of reporting: 29.11.2023	Lab Record Number: FCM 109/23

FINAL DIAGNOSIS: Independent immunophenotyping revealed features suggestive of B Cell Acute Lymphoblastic Leukemia.

TEST NAME: Acute Leukemia- Advanced Immunophenotyping panel by flow cytometry

TYPE OF SPECIMEN: EDTA anticoagulated peripheral blood.

METHOD: Stain-Lyse-Wash method

INSTRUMENT: 2 laser-8 color multiparameter flow cytometry (Beckman coulter –DxFLEX)

Number of events acquired: 50,000.

IMMUNOPHENOTYPING RESULTS:

Cells with dim expression of CD45 and low side scatter were gated (Blasts).

Immunophenotyping analysis done showed that 65.0% cells had moderate expression for CD45 and low side scatter.

The gated cells were identified to be **positive for CD34, HLADR, CD38 (Non- lineage specific markers), CD10, CD19, CD20 CD58, CD73 and cyto CD79a (B cell markers).** Other Myeloid, T cell and NK cell markers are negative (see table).

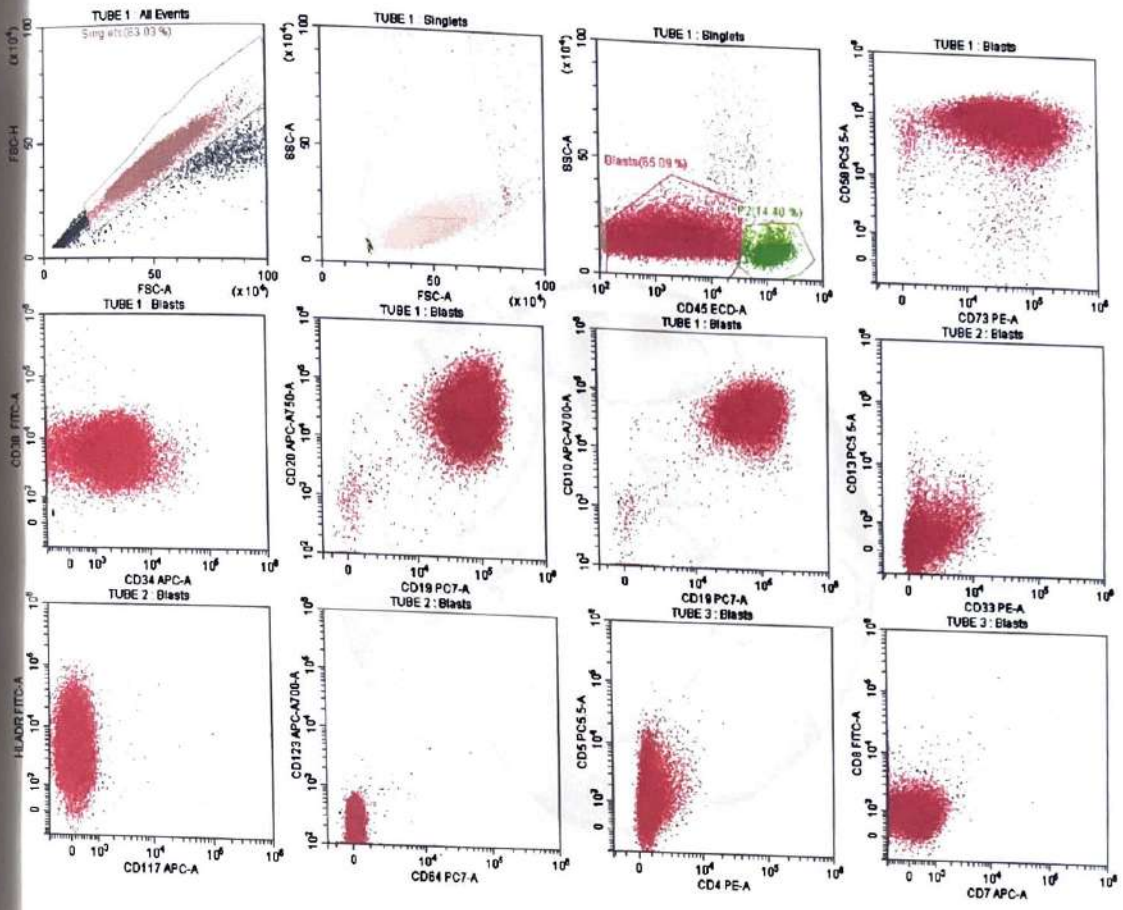
Ramya Katta

Dr. Ramya Katta MD(Pathology),
Consultant Pathologist.

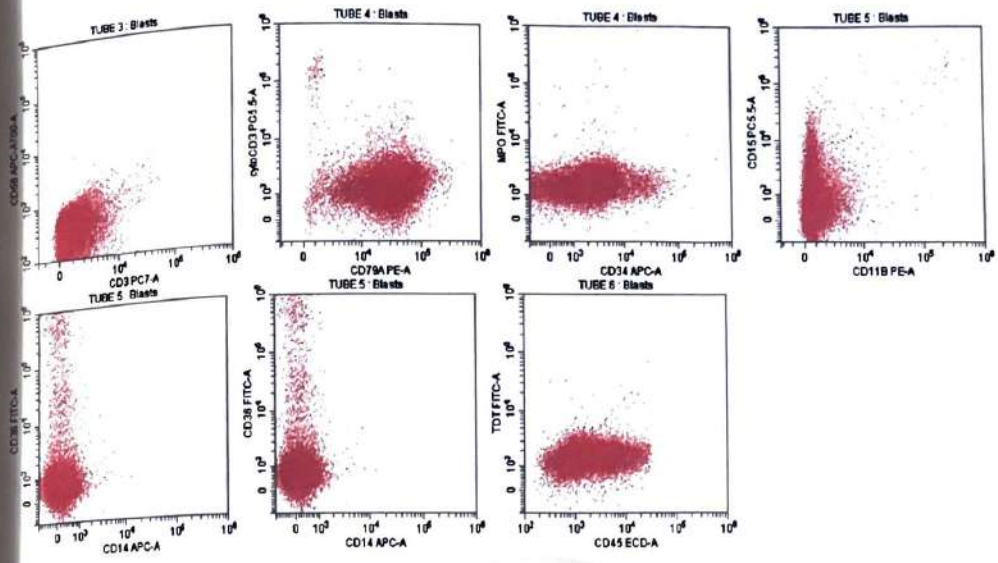
CD Marker	Result	Intensity
Gating Marker		
CD45	**Positive**	Moderate
Non Lineage specific markers		
CD34	Positive	Bright
HLADR	**Positive**	Bright
CD38	**Positive**	Moderate
Tdt	Negative	Not applicable
Myeloid Markers		
MPO	Negative	Not applicable
CD117	Negative	Not applicable
CD13	Negative	Not applicable
CD33	Negative	Not applicable
CD14	Negative	Not applicable
CD15	Negative	Not applicable
CD16	Negative	Not applicable
CD64	Negative	Not applicable
CD36	Negative	Not applicable
CD123	Negative	Not applicable
CD11b	Negative	Not applicable
B lymphoid markers		
CD10	**Positive**	Bright
CD19	**Positive**	Bright
CD20	Positive	Moderate
CD79a	**Positive**	Bright
CD58	**Positive**	Bright
CD73	positive	Bright
T and NK cell Markers		
Cyto CD3	Negative	Not applicable
CD3	Negative	Not applicable
CD4	Negative	Not applicable
CD5	Negative	Not applicable
CD7	Negative	Not applicable
CD8	Negative	Not applicable
CD56	Negative	Not applicable

Ramya Katta

Dr. Ramya Katta MD(Pathology),
Consultant Pathologist.



Dr. Ramya Katta MD(Pathology),
Consultant Pathologist.



Dr. Ramya Katta MD(Pathology),
Consultant Pathologist.

Email : racc.vja@gmail.com / Phone : +91 8889996108
(CIN - U85300AP2022PTC122223)

ient	:Miss Korlaganti Devi Amrutha	UHID	: NDS232400847
/Sex	:20 Year(s) 0 Month(s)/Female	ID	: IPID232400079
sultant Dr	:Bobba Ravi Kiran	Collection On	: 29-Nov-2023 03:09 PM
erred by	:Bobba Ravi Kiran	Reported On	: 30-Nov-2023 12:53 PM
lection Centre	:American Cancer Care		

HEMATOLOGY

Test	Result	Unit	Biological Ref Interval	Method
BONE MARROW BIOPSY	Final Impression:Acute leukemia.			

Bone Marrow Aspiration Morphology:

Aspiration sitc-Postcrior supcrior iliac spinc

Cellularity:Hypercellular marrow

Megakaryocytes:suppressed.

Myeloid series:suppressed.

Erythroid series:suppressed.

Lymphocytes:Sheets of atypical cells which are 1 to 2 times the size of small lymphocyte, with high N/C ratio, scant cytoplasm and fine chromatin with inconspicuous nuclcolus. Thcsc cclls arc constituting 82 percent of all nucleated cells.

Plasma cells:Within normal limits.

Bone Marrow Biopsy:

Gross:Received a bony core measuring 1.5 cm in length.Entirely submitted in one cassette as BM A214/23.

Microscopy:

Adequate biopsy for evaluation.

Hypercellular marrow.

Megakaryocytes -suppressed.

Erythropoiesis -suppressed.

Myelopoiesis -suppressed

Note:- The test result are subject to variations due to technical limitations hence Correlation with clinical findings & other investigations should be done.

Technician
Ramya

Dr. Ramya Katta ,MD
Pathologist

AMERICAN CANCER CARE

29-13-41/1, Kaleswararao Rd, Near Pushpa Hotel Bus Stop,
Suryaraopeta,Vijayawada, Andhra Pradesh - 520002
Email : racc.vja@gmail.com / Phone : +91 8889996108
(CIN - U85300AP2022PTC122223)

tient :**Miss Korlaganti Devi Amrutha**
ge/Sex :20 Year(s) 0 Month(s)/Female
onsultant Dr :Bobba Ravi Kiran
eferred by :Bobba Ravi Kiran
ollection Centre :American Cancer Care

UHID : NDS232400847
ID : IPID232400079
Collection On : 29-Nov-2023 03:09 PM
Reported On : 30-Nov-2023 12:53 PM

Sheets of atypical cells are seen occupying entire intertrabecular spaces.

Lymphocytes - within normal limits.

Plasma cells - within normal limits.

Granuloma:Not seen.

Metastatic deposits:Not seen.

Note:Slides and blocks issued along with the report

te:- The test result are subject to variations due to technical limitations hence Correlation with clinical findings & other estigations should be done.

CANCER CARE
Email : racc.vja@gmail.com / Phone : +91 8889996108
(CIN - U85300AP2022PTC122223)

t Name	: IPID232400079 : Miss Korlaganti Devi Amrutha	UHID Age/Gender	: NDS232400847 : 20/Female
ss	: Kedareswaripeta	Date	: 28-Nov-2023
Bed	: DELUXE/313	Consulting Doctor	: Dr. Bobba Ravi Kiran
Of Admission	: 28-Nov-2023 19:23 PM	Date Of Discharge	: 02-Dec-2023 04:40 AM

Discharge Summary

arge Type : Normal Dischage

Diagnosis

Lymphoblastic Leukemia

s of the present complaint

r old female presented with fever on and off. Initially had CBC done in july that was checked for fever and had neutropenia. Again she had fever 2023 and she had low blood counts. She was referred to us for further evaluation of fever and low blood counts.

cant Past History :

al History

al History

al Examination

erature°F	: 102.4	Pulse	: 120	SPO2	: 97
atory Rate	: 22				
Pressure	: 120/70				

mic Examination

: RRR	Resp	: CTA	GIT	: Soft, BS+	CNS : No focal abnormalities

e in hospital

as hospitalized for low HB and fever. Underwent Bone marrow biopsy and flow cytometry. Flow cytometry showed B-ALL. Started on Prednisone eropenem.

e On Discharge

up on ALL mutiplex

arge Medicine

enem 1 gram 8th hourly
isolone 60 mg
p 40 mg
acid 5 mg
300 mg bd
urinol 100 mg TID
nazole 200 mg day
erax BD for 3 days this needs to be followed by Malardid DS.

Follow-Up Date :

Signature

Dr. Bobba Ravi Kiran
Reg No : 38800

BOBBA RAVI KIRAN, MD, (USA)
Medical Oncology, Hematology
APMC. Regd. No: 38800

(CIN - U85300AP2022PTC122223)
Phone : +91 8889996108

nt Name	: OPID23240001744 : Miss Korlaganti Devi Amrutha	UHID Age/Gender	: NDS232400847 : 20/Female
ess	: Kedareswaripeta	Date	: 05-Dec-2023
/Bed	: OPD/	Consulting Doctor	: Dr. Bobba Ravi Kiran
Of Admission	: 05-Dec-2023 13:18 PM	Date Of Discharge	: 08-Dec-2023 12:12 PM

Discharge Summary

arge Type : Normal Dischage

Diagnosis

Lymphoblastic Leukemia

s of the present complaint

female presented with fever on and off. Initially had CBC done in july that was checked for fever and had neutropenia. again she had fever on 23 and she had low blood counts.

CYTOMETRY : Features suggestive of B cell Acute lymphoblastic leukemia

MARROW BIOPSY : Acute leukemia.

d ALL-BFM

Vincristine - 2mg on 06/12/23

Daunorubicin-50mg on 06/12/23

Intrathecal Methotrexate-12mg on 07/12/23

al Examination

erature°F : 98.6f Pulse : 86 SPO2 : 98%

atory Rate : 20

Pressure : 110/70

mic Examination

: RRR Resp : CTA GIT : SOFT,BS+ CNS : No focal abnormalities

e in hospital

ceived D8- Daunorubicin-50mg , Vincristine-2mg D1-Intrathecal methotrexate without any issues

Advice

lo	Medicine	Advice	Days
	prednisolone-60mg	OD	DAILY
	ALLOPURINOL(ZYLORIC) 300MG	OD	DAILY
	UDILIV 300MG (15`S)	BD	DAILY
	PANTODAC 40MG	OD	DAILY
	POSACONAZOLE 100MG	TID	DAILY
	ACYCLOVIR 200MG	TID	DAILY
	BACTRIM-DS	OD	MONDAY/THURSDAY
	L-CIN 500MG	OD	DAILY

Advice

diet

Follow-Up Date :

Signature

Dr. Bobba Ravi Kiran
Reg No : 38800
BOBBA RAVI KIRAN, MD, (US
Medical Oncology, Hematolo
APMC. Regd. No: 388

AMERICAN CANCER CARE

29-13-41/1, Kaleswararao Rd, Near Pushpa Hotel Bus Stop, Suryaraopeta, Vijayawada, Andhra Pradesh - 520002
Email : racc.vja@gmail.com / Phone : +91 8889996108
(CIN - U85300AP2022PTC122223)

ient Name	: OPID23240001864 : Miss Korlaganti Devi Amrutha	UHID	: NDS232400847
ress	: Kedareswaripeta	Age/Gender	: 20/Female
rd/Bed	: OPD/	Date	: 13-Dec-2023
		Consulting Doctor	: Dr. Bobba Ravi Kiran
e Of Admission	: 13-Dec-2023 14:24 PM	Date Of Discharge	: 13-Dec-2023 01:13 AM

Discharge Summary

harge Type : Normal Dischage

l Diagnosis

e Lymphoblastic Leukemia

lls of the present complaint

o female presented with fever on and off. Initially had CBC done in july that was checked for fever and had neutropenia. again she had fever on 023 and she had low blood counts.

V GYTOMETRY : Features suggestive of B cell Acute lymphoblastic leukemia

E MARROW BIOPSY : Acute leukemia.

ed ALL-BFM

Vincristine - 2mg on 06/12/23

Daunorubicin-50mg on 06/12/23

Intrathecal Methotrexate-12mg on 07/12/23

5 Daunorubicin-50mg, vincristine-2mg on 13/12/23

ral Examination

erature°F : 98.6°F Pulse : 72 SPO2 : 98%

Pressure : 103/53

mic Examination

e in hospital

ceived D15- Daunorubicin-50mg , Vincristine-2mg without any issues

Advice

lo	Medicine	Advice	Days
	ACYCLOVIR 200MG	TID	daily
	POSACONAZOLE 100MG	TID	daily
	ALLOPURINOL(ZYLORIC) 300MG	OD	daily
	UDILIV 300MG (15`S)	BD	daily
	PANTODAC 40MG	OD	daily
	prednisolone-60mg	OD	daily
	L-CIN 500MG	OD	daily
	BACTRIM-DS	OD	monday/thursday

arge Medicine

diet

Advice

diet

Follow-Up Date :

Signature

Dr. Bobba Ravi Kiran
Reg No : 38800

BOBBA RAVI KIRAN, MD, (USA)
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APMC. Regd. No: 38800

AMERICAN CANCER CARE
Suryaraopeta,Vijayawada, Andhra Pradesh - 520002
Email : racc.vja@gmail.com / **Phone** : +91 8889996108
(CIN - U85300AP2022PTC122223)

	: OPID23240001874	UHID	: NDS232400847
Name	: Miss Korlaganti Devi Amrutha	Age/Gender	: 20/Female
s	: Kedareswaripeta	Date	: 14-Dec-2023
ed	: OPD/	Consulting Doctor	: Dr. Bobba Ravi Kiran
f Admission	: 14-Dec-2023 11:06 AM	Date Of Discharge	: 14-Dec-2023 01:45 AM

Discharge Summary

rge Type : Normal Dischage

agnosis

ymphoblastic Leukemia

of the present complaint

male presented with fever on and off. Initially had CBC done in july that was checked for fever and had neutropenia. again she had fever on 3 and she had low blood counts.

YTOMETRY : Features suggestive of B cell Acute lymphoblastic leukemia

ARROW BIOPSY : Acute leukemia.

ALL-BFM

incristine - 2mg on 06/12/23

aunorubicin-50mg on 06/12/23

trathecal Methotrexate-12mg on 07/12/23

Daunorubicin-50mg, vincristine-2mg on 13/12/23

L-Peg asparaginase-1700u on 14/12/23.

Examination

ature°F	: 98.6°F	Pulse	: 56	SPO2	: 99%
ory Rate	: 21				
ressure	: 120/80				

ic Examination

RRR	Resp : CTA	GIT	: Soft,BS+	CNS	: No Focal abnormalities

in hospital

ived L-Peg asparaginase -1700U without any issues

dvice

	Medicine	Advice	Days
	PREDNISOLONE-60MG	OD	daily
	RABICIP 20MG TAB	OD	daily
	POSACONAZOLE 100MG	BD	daily
	ACYCLOVIR 200MG	TID	daily
	BACTRIM-DS	BD	MONDAY/THURSDAY
	L-CIN 500MG	OD	daily

vice

Follow-Up Date : 21-Dec-2023 12:00 AM

Signature

Dr. Bobba Ravi Kiran
Reg No : 38800

BOBBA RAVI KIRAN, MD, (USA)
Medical Oncology, Hematology
APMC. Regd. No: 38800

AMERICAN CANCER CARE

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Email : racc.vja@gmail.com / Phone : +91 8889996108
(CIN - U85300AP2022PTC122223)

Name	: IPID232400095	UHID	: NDS232400847
	: Miss Korlaganti Devi Amrutha	Age/Gender	: 20/Female
d	: Kedareswaripeta	Date	: 19-Dec-2023
	: DELUXE/302	Consulting Doctor	: Dr. Bobba Ravi Kiran
Admission	: 19-Dec-2023 23:31 PM	Date Of Discharge	: 27-Dec-2023 05:38 PM

Discharge Summary

ge Type : Normal Dischage

agnosis

mphoblastic Leukemia

of the present complaint

male presented with fever on and off. Initially had CBC done in july that was checked for fever and had neutropenia. again she had fever on and she had low blood counts.

YTOMETRY : Features suggestive of B cell Acute lymphoblastic leukemia

ARROW BIOPSY : Acute leukemia.

ALL-BFM

incristine - 2mg,Daunorubicin-50mg on 06/12/23

trathecal Methotrexate-12mg on 07/12/23

Daunorubicin-50mg, vincristine-2mg on 13/12/23

L-Peg asparaginase-1700u on 14/12/23.

nt delayed due to abdominal pain, nausea, vomiting and Constipation.

Daunorubicin-50mg and Vincristine-2mg on 26 Dec 2023

l Examination

ature°F : 98.6°F Pulse : 72 SPO2 : 98%

tory Rate : 20

ressure : 110/70

lc Examination

: RRR Resp : CTA GIT : Soft,BS+ CNS : No Focal abnormalities

in hospital

eived Daunorubicin-50 and Vincristine-2mg with out any issues

dvice

o	Medicine	Advice	Days
	PANTODAC 40MG	BD	daily
	RANTAC 150MG	BD	daily
	mova SR 200MG-	BD	daily
	SUCRAFIL SUSPENSION(PEPSIGARD)	TID	daily
	INSTARAFT-10ml	OD	daily
	pegmove-1 teaspoon in 1 glass water	OD	bed time
	ZINCOVIT 15`S	OD	daily
	ACICLOVIR 400MG	BD	daily
	BACTRIM-DS	BD	monday/thursday
0	OMNOCORTIL 5 MG	BD	daily
1	POTKLOR SYP	OD	2 days

Advice

iet

w-Up : WEEK Follow-Up Date : 03-Jan-2024

BOBBA RAVI KIRAN, MD, (USA)
Medical Oncology, Hematology
APMC. Regd. No: 38800

Signature

Dr. Bobba Ravi Kiran
Reg No : 38800

AMERICAN CANCER CARE

Email : racc.vja@gmail.com / Phone : +91 8889996108
(CIN - U85300AP2022PTC122223)

Name	: IPID232400099
	: Miss Korlaganti Devi Amrutha
d	: Kedareswaripeta
	: DELUXE/302
Admission	: 28-Dec-2023 04:05 AM

UHID	: NDS232400847
Age/Gender	: 20/Female
Date	: 28-Dec-2023
Consulting Doctor	: Dr. Bobba Ravi Kiran
Date Of Discharge	: 31-Dec-2023 11:30 AM

Discharge Summary

ge Type : Normal Dischage

agnosis

ncreatitis.

of the present complaint

emale presented with fever on and off. Initially had CBC done in july that was checked for fever and had neutropenia. Again she had fever on and she had low blood counts.

CYTOMETRY: Features suggestive of B cell Acute Lymphoblastic leukemia.

MARROW BIOPSY: Acute leukemia.

ALL-BFM

Vincristine-2mg, Daunorubicin-50mg on 06/12/23

ntrathecal Methotraxate- 12mg on 07/12/23

Daunorubicin-50mg, vincristine-2mg on 13/12/23

L-Peg asparaginase-1700u on 13/12/23

ent delayed due to abdominal pain, nausea, vomiting and constipation.

Daunorubicin-50mg and vincristine-2mg on 26/12/23

l Examination

rature°F	: 98.6°F	Pulse	: 72	SPO2	: 98%
atory Rate	: 20				
Pressure	: 110/70				

nic Examination

: RRR	Resp	: CTA	GIT	: Soft,BS+	CNS	: No Focal abnormalities

e in hospital

as hospitalized for severe abdominal pain. Treated symptomatically. Tramadol controlled her pain. Lipase was elevated. Endoscopy with normal c mucosa. Her diet was advanced as tolerated and was able to tolerate solids.

Advice

No	Medicine	Advice	Days
1	PANTODAC 40MG	OD	daily
2	RANTAC 150MG	OD	daily
3	MEVA SR 200MG	BD	daily
4	PEGMOVE-2 Tea spoons in 1 glass of water	OD	bed time
5	Tramadol Suppositories	OD	bed time
6	BUSCOPAN 10MG	BD	daily
7	AMITRIPTYLINE HCL 25MG	OD	daily
8	POSACONAZOLE 100MG	BD	daily
9	ACICLOVIR 200MG	BD	daily
10	BACTRIM-DS	BD	Monday/thursday

t Advice

diet

llow-Up : WEEK **Follow-Up Date :** 07-Jan-2024

BOBBA RAVI KIRAN, MD, (USA)
Medical Oncology, Hematology
APMC. Regd. No: 38800

Signature

Dr. Bobba Ravi Kiran
Reg No : 38800