

21.12.2023

TO WHOM SO EVER IT MAY CONCERN

This is in regards to pt. Mr Krishna Nath Shukla, 80 yrs/male, diagnosed as a case of High Risk Myelodysplastic syndrome with excess blasts-2.

He is taking cancer treatment under my care at Medanta Hospital Lucknow since October 2022.

Patient is on chemotherapy for next 2 years till October 2024.

In View of chronic disease Mr Krishna Nath Shukla, would require immediate Family Member to take care during his cancer treatment.

Please allow Ms. Kavita Mishra (Daughter) to extend her duty from Lucknow (U.P.)

Please grant.

Dr. Deepankar
Dr. Deepankar Bhattacharya
Consultant- Medical & Haemato Oncology and BMT
MBBS, MD Paediatrics
FNB Haemato Oncology & BMT
UPMC- 62590
Mobile- 9559-05-0018
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Dr. Deepankar Bhattacharya
Consultant-Medical and Haemato Oncology
Employee Code-1001588
Regd. No. 62590

Accredited by



H-2022-6106
Apr 9, 2022 - Apr 8, 2026

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 MD - Pathology, FRC Pathology, FRCR, FRCR (P)
 Consultant, Myeloid & Hematologic Oncology
 Cancer Institute
 Deepankar Bhattacharya, Medanta
 UPI No: 91100000000000000000000000000000
 ointments - 0522-4505050

Myelodysplastic syndrome: [DCT20]

Temp.	36.9°
Pulse/min	88
SPO2	99%
BP	140/70
Ht (cm)	175
Wt (kg)	78.8

BMA: Hypercellular marrow with trilineage hematopoiesis with mild multilineage dysplasia, increased early myeloid precursors (~5% atypical cells)
M-spike → Not seen

Adv

- To get sample billing for KARYOTYPING
- Contrast enhanced CT chest + abdomen
- CBC, KFT

→ Combo Myeloid gene mutation panel (peripheral blood) → MED-GENOME

→ Inj ACTORISE 200mcg subcutaneous weekly (DARBAPOETIN) x 3 weeks

→ Tab MASTREE GOLD 1 tab once daily x 3 weeks

→ To review outside CD of CT chest + abdomen (Radiology)

Dr. Deepankar Bhattacharya
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High risk MDS EB2 for 11th cycle AZA

Urea-35 Cr-1.79 UA-6.4 Na-140 K-5.4 Ca-9

Bil-D-34 Protein-7.93 Alb-4.19 SGPT-18

CBC (20/12/23) - B.5 / 1920 / P₃₁ L₆₅ / 1.25 L_{6c}

P/S (N)

Temp.	36.2°C
Pulse/min	102/mt
SpO2	99%
Lt BP	102/139 mmHg
Rt BP	161/90 mmHg
Wt (kg)	78.4 kg

Actw

- Inj. NEUKINE 300mcg s.c OD x 2 days.
- Inj. EMESET 8mg in 100ml NS i.v over 30min x 5 days.
- Inj. AZACYTIDINE 145mg in 100ml NS i.v over 30min x 5 days.

- Inj. ACTORISE 200mcg s.c every 14 days
- Tab POSACONAZOLE 300mg once daily
- Tab SEPTTRAN-DS 1BD (M/W/F)

→ CBC, LFT, KFT monthly
 2 diff

For Emergency & Ambulance: Dial @ 1068

Deepankar

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 ointments: 0522-4505050

High risk MDS E2 for 10th cycle
 Patient Name: Age:
 UHID: A ZACYTIDINE Sex:

HT	35.6 C
Weight	94.6 kg
Hb	9.8 g/dl
PLT	62/69 mm ³
WBC	-
FT	77 kg

complaints: Urea-30 Cr-1.47 Na-140 K-4.9 G-8.9
 B11-0.34 Protein-7.82 Alb-4.12 SGPT-22

Medical and Surgical History: CBC - 9.2/26/10/P40 L57/11-71lac
 P/S -> No abnormal cells

Adv
 Medications: -> Inj. EMESET 8mg in 100ml NS i.v over 30min x 7 days
 -> Inj. AZACYTIDINE 145mg in 100ml NS i.v over 30min x 7 days
 -> Inj. NEUKINE 300mcg s.c once daily x 2 days

Adv
 Physical Exam: -> Inj. ACTORISE 200mcg s.c 15 days
 -> Tab MASIVIR 500mg once daily
 -> Tab POSACONAZOLE 300mg once daily
 -> Tab SEPTAN-DS 1BD (M/W/F)
 -> CBC, LFT, KFT after 1 month

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 I. No. UPMC - 52590

High risk MDS [EB 2] for 9th cycle
 19/10/23
AZACYTIDINE

CBC - 8.9/2700 / 29L66/2.3+L60 PK →
 Urea-27 Cr-1.45 UA-G.S Na-141 K-4.5
 Bil-D.SG Protein-8.37 Alb-4.03 SGPT-28

Temp.	35.8°C
Pulse/min	88
SPO2	99%
BP	200/90
Ht (cm)	165
Wt (kg)	78

Lt BP 200/90
 Rt BP 200/90

Adv

- Inj. EMESET 8mg in 100ml NS i.v over 30min x 7 days
- Inj. AZACYTIDINE 145mg in 100ml NS i.v over 30min x 7 days
- Inj. NEUKINE 300mcg s.c OD x 2 days

DISCHARGE ADVICE

- Inj. INFLUVAC 0.5ml intramuscular stat } 19-10-23
- Inj. PREVNAR 0.5ml intramuscular stat } 19-10-23
- Inj. ACTORISE 200mcg s.c every 7 days (weekly)
- Tab MASIVIR 500mg once daily
- Tab POSA CONAZOLE 300mg OD
- Tab SEPTRAN-DS 1BD (M/W/F)
- CBC, LFT, KFT monthly

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Making a difference in patient care

Founder Chairman

Dr. Sabya Sachi Sarkar

MBBS, MD

PADMA SHRI (2016)



ISO 9001-2008 Certified Organisation

B-307, SECTOR-B, MAHANAGAR, LUCKNOW-226006

Date	04/11/2022	Patient Id	102264085	Age	79 Yrs	Sex	Male
Name	Mr. KRISHNA NATH SHUKLA	Collected			04/11/2022 13:26		
Ref	Dr. DEEPANKAR BHATTACHARYA	Authenticated			04/11/2022 17:50:43		

CT SCAN OF THORAX

ULTRA HIGH RESOLUTION DUAL SOURCE DUAL ENERGY 128 SLICE SE-MENS DEFINITION DSOI SCANNER

Coronal slices were taken from root of neck to cover whole of thorax as per slice plan shown below and after giving IV contrast

Both lungs appear normal in attenuation. Bronchovascular pattern on both sides appears normal. No mass lesion or active consolidation is seen.
 No fluid is seen in pleural cavities. No pleural thickening is noted.
 Trachea appears normal. No intra luminal mass lesion is seen.
 No esophageal mass lesion is seen.
 Mediastinal vessels and heart grossly appear normal.
 No mediastinal mass lesion is seen.
 No significant mediastinal lymphadenopathy is noted.
 No evidence of pericardial effusion is seen.
 There are multifocal soft tissue lesions seen at ribs.
 Paravertebral muscles are seen normally.

OPINION

FIND OF MYELOPROLIFERATIVE SYNDROME SHOWS MULTIFOCAL SOFT TISSUE LESIONS OF RIBS SUGGESTIVE OF MYELOPROLIFERATIVE DISORDER

*** End of Report ***

DR SABYA SACHI SARKAR MBBS MD
 * Johns Hopkins & Duke Medical, USA
 * VISUS, Vienna, Austria

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AMBULANCE AVAILABLE

Email: drsabyasachi.sarkar@gmail.com

Website: www.dr.sarkar.in

☎ : 4091007 (30 lines)



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Dr. Sabya Sachi Sarkar

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PADMA SHRI (2016)



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B-307, SECTOR-B, MAHANAGAR, LUCKNOW-226006

Date	04/11/2022	Patient Id	102264085	Age	79 Yrs	Sex	Male
Name	Mr. KHISHNA NATH SHUKLA	Collected			04/11/2022 13:26		
Ref. Dr.	Dr. DEEPAKAR BHATTACHARYA	Authenticated			04/11/2022 18:22:13		

CT SCAN OF WHOLE ABDOMEN

ULTRA HIGH RESOLUTION DUAL SOURCE, DUAL ENERGY 128 SLICE SIEMENS DEFINITION DSCT SCANNER

6 mm slices were taken from right dome of diaphragm to cover whole abdomen as per slice plan show before and after giving IV contrast
Bowel opacification was done by oral diluted urografin.

Liver is normal in size with cystic lesion of left lobe measuring approx 13 x 11 mm in size. Intrahepatic biliary radicles are not dilated.
Gall bladder is normal in size. No wall thickening is seen.
Common bile duct and portal venous system are normal.
Pancreas is normal in size. No mass or calcification is seen. Pancreatic duct is not dilated.
Spleen is normal in size with homogenous parenchyma.
Both kidneys are normal in size shape and position. Renal parenchymal and sinus attenuation are normal. No mass or calculus or hydronephrosis are seen.
Ureters are not dilated.
Urinary bladder is normal in filling and contour. No calculus or wall thickening is seen.
Prostate is enlarged in size with intact capsule. No focal mass or calcification is seen.
Seminal vesicles appear normal.
There is no significant retroperitoneal or mesenteric lymphadenopathy.
There is no ascites. Bowel loops visualised are grossly normal.
Aorta and IVC are normal.
There are few lytic lesions seen at L3 and L4 vertebral bodies and muscles visualised are normal.

OPINION

SIMPLE HEPATIC CYST, PROSTATOMEGALY AND LYTIC LESIONS OF L3 AND L4 VERTEBRAL BODIES.

*** End of Report ***

Dr. Sabya Sachi Sarkar MBBS MD
 * Johns Hopkins & Duke Medical, USA
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DNA Test Report

MGM2450 - Comprehensive Leukemia panel (SNVs, small INDELS, CNVs and Fusions)

Patient: Krishna Nath Shukla / 79 years

Sample ID/Order ID: 7761877 / 539712

Patient Details		Specimen Information		Ordering Clinician	
Name	KRISHNA NATH SHUKLA	Sample ID	7761877	Clinician	Dr. Dipanker Bhattacharya
Gender/Age	Male/79 years	Order ID	539712	Specimen Type	Peripheral Blood (EDTA)
Patient ID	1176987	Date Received	25 th November 2022	Date and Time of Report	7 th December 2022 15:31 PM
Tumor Type	Myelodysplastic Syndromes	Test Name	Comprehensive leukemia panel (SNVs, small INDELS, CNVs and Fusions)	Affiliation	Life Care Medisolutions, Lucknow
Test Code	MGM2450				

CLINICAL BACKGROUND

Myelodysplastic Syndrome (MDS) [as per the clinical details shared via email on 26-11-2022]

Note: In this case, we have detected *NRAS* gene variants [p.Gly12Ser (c.34G>A) and p.Gly12Asp (c.35G>A)] and *KRAS* gene variant [p.Gly12Val (c.35G>T)] at less than 5% allele burden. These variants are not included in the result bar, as they are detected below the LOD of the assay.

Test Result Summary

Result - POSITIVE
CLINICALLY RELEVANT VARIANT/S DETECTED

Gene/AMP Classification	Clinical relevance	Interpretation	Therapeutic relevance
-------------------------	--------------------	----------------	-----------------------

ASXL1 p.Gly646TrpfsTer12 (FRAMESHIFT-INS) Variant Allele Frequency - 29.38%

Tier: B (Variant of strong clinical significance & well documented literature)	Prognostic	ASXL1 mutations are associated with shorter OS in MDS patients	NA
---	------------	--	----

RUNX1 p.Arg162Gly (MISSENSE) Variant Allele Frequency - 34.17%

Tier: B (Variant of strong clinical significance & well documented literature)	Prognostic	RUNX1 mutation are associated with poor survival in MDS	NA
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SRSF2 p.Pro95His (MISSENSE) Variant Allele Frequency - 34.92%

Tier: B (Variant of strong clinical significance & well documented literature)	Prognostic	SRSF2 mutations are associated with poor overall survival and transformation to AML in MDS and MPN patients	NA
---	------------	---	----

STAG2 p.Gln352SerfsTer7 (FRAMESHIFT-INS) Variant Allele Frequency - 8.98%

Tier: B (Variant of strong clinical significance & well documented literature)	Prognostic	In myeloid malignancies STAG2 mutations are associated with higher-risk disease in secondary AML and poor survival in MDS patients	NA
---	------------	--	----



Test performed at: MedGenome Labs Ltd. 3rd Floor, Narayana Netthiralya Building, Narayana Health City, #258/A, Bommasandra, Hosur Road, Bangalore - 560 099, India. Tel: +91 (0)80 67154989/950.
Web: www.medgenome.com

DNA Test Report

Comprehensive Leukemia panel (SNVs, small INDELS, CNVs and Fusions)

Prima Narayana Health City, 19 units

Sample ID/Order ID: 7761877 / 539712

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 pathogenic effect.

Gene	Exon	Nucleotide change	Protein change	Total Depth	Allele Burden (%)	Functional predictions	Population MAF (%)
BCOR	14	chrX:g.40252402T>C ENST00000375444.9 c.4877-2A>G	NA	793x	31.15%	NA(SIFT) NA(LRT) NA(PolyPhen2)	0 (1000G), 0 (gnomAD)

GLOSSARY

AMP Classification Criteria: Displays the classification of a biomarker according to the recommendations of the Association for Molecular Pathology (AMP) [PMID: 27471141]

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 IC	Variants of moderate clinical significance. FDA-approved therapies for different cancer types or included in clinical trials or published in peer-reviewed journals with some consensus
Tier II	Variants of potential clinical significance. Freely available in the literature reports with some 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



Test performed at: MedGenome Labs Ltd. 3rd Floor, Narayana Nethralaya Building, Narayana Health City, #258/A, Bommasandra, Hosur Road, Bangalore - 560 099, India. Tel: +91 (0)80 67154989/990, Web: www.medgenome.com



Dr. Deepankar Bhattacharya

High risk MDS (EB2) on 3rd cycle AZACITIDINE

Appointment: 9522 458505

Complete:

CBC(13/4) - 8.3/3540 / P45 L51 / 1.22 L (Blasts 10%)
 (13/4/23) - Urea-24 Cr-1.48 K-4.6 Na-136
 Protein-7.68 ALB-3.97 SGPT-15

Al and Surgeon's Regn:

Adv

DAY CARE ADMISSION

Pres:

- Inj. EMESET 8mg in 100ml NS i.v over 30min x 7days

Ent Medications:

- Inj. AZACITIDINE 145mg in 100ml NS i.v over 30min x 7days

Quater:

DISCHARGE ADVICE

- Inj. ACTORISE 200mcg s.c weekly

- Tab VALCIVIR 500mg OD →

- Tab SEPTRAN-DS 1BD ← (Mon/Wed/Sat)

- Tab POSA CONAZOLE 300mg OD

ical Exam:

→ ENPROLAC protein powder 2scoops in 1 glass milk twice daily x 1month

→ Tab NURICAL 500mg twice daily x 1month

→ Review with CBC, LFT, KFT on 19/5/23

Medanta - Lucknow

Deepankar



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Senior Consultant - Medical & Hemato Oncology
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Dr. UPMC - 02590
Phone: +91 522-4505050

Patient Name: **Mr. Krishna Nath Shukla**
UHD:
Age: **80Y**
Sex: **MALE**
Location: **Medical Oncology**
Practitioner: **Dr Deepankar**

Temp.	36.0c
Wt	90kg
Hb	99%
Hct	140/80mm
WBC	---
PLT	78.8kcg

High risk MDS-EB2 on 12th cycle AZA

and Surgical History CBC → 8.8 / 24.70 / P₃₂L₆₂ / 11.02L
 Bil-0.63 Protein-8.29 Alb-4.4 SGPT-19
KFT → Urea-26 Cr-1.31 Na-139 K-4.8 Ca-8.9

Medications Adv

- Inj. NEUKINE 300mcg s.c OD x 2 days
- Inj. EMESET 8mg in 100 ml NS i.v over 30 min x 5 days
- Inj. AZACITIDINE 145mg in 100 ml NS i.v over 1 hour x 5 days
- Inj. ACTORISE 200mcg s.c weekly
- Tab POSACONAZOLE 300mg OD
- Tab SEPTRAN-DS 1BD (M/W/F)
- Tab RB-CAL 1 tab twice daily
- Cap. F-OMEGA 1 cap twice daily
- CBC, LFT, KFT monthly

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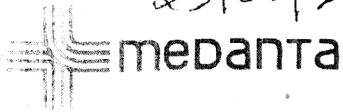
Deepankar

Dr. Deepankar Bhattacharya

NIC 800

5 Star

23/02/2024



Mr. Krishna Nath Shukla
ML10138192 Sex: M Age: 80Y
Location: Medical Oncology
Practitioner: Dr Deepankar



Medanta Cancer Institute

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Specialty: Medical & Hemato Oncology
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Email: deepankar.bhattacharya@medanta.org
Phone: 011-2292-62590

High risk MDS EB-2 on 13th cycle AZA

Temp.	96.2F
Pulse/min	86b/m
SpO2	99%
BP	156/77 mmHg
Hb (gm)	-
Hct (%)	77.4%

CBC(2/2/24)- H₁ 4/23 40/P₃₈L₅₆/bil Lec.
Cr-1.34 K-4.2 Ca-8.2 UA-G.G K-4.2

Adv

→ 10 PRBC transfusion (on 28/2/24) → Day Care

→ Inj. NEUKINE 300mg s.c OD x 2 days

→ Inj. EMESET 8mg in 100ml NS i.v over 30min x 5 days

→ Inj. AZACYTIDINE 145mg in 100ml NS i.v over 1 hour x 5 days

→ Inj. ACTORISE 200mcg s.c weekly

→ Tab POSACONAZOLE 300mg OD

→ Tab SEPTRAN-DS 1BD < (M/W/F)

→ Tab RB-CAL 1BD <

→ Cap. f-OMEGA 1cap twice daily

→ CBC, LFT, KFT monthly

For Emergency & Ambulance: Dial @ 1068

2D ECHO

Deepankar

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1-2022-0936
Apr 9, 2022 - Apr 8, 2026

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High risk MDS EB-2 planned
for 14th cycle AZA:

Cr-1.35 Urea-25 UA-6.8 SGPT-13 Bil-0.56 Protein-7.69
 Alb-3.68 Ca-8.56 Na-138 K-4.62

Temp.	36.5°C
Pulse/min	90 bpm
SPO2	99%
BP	153/75 mmHg
Ht (cm)	172 cm
Wt (kg)	75.7 kg

CBC-7.8/1440/P26 L70/30000

→ No fever; mild pedal edema; ± pain (? gouty arthritis)

CBC - diff + peripheral smear

Adv

→ Withhold AZACITIDINE

→ Inj. ACTORISE 200mcg s.c weekly ✓

→ Inj. NEUKINE 300mcg s.c once daily x 3 days → 2 more days

→ Tab. THROMPLAT 50mg, once daily (2hr after dinner)
 (ELTROMBOPAG)

→ CBC every 3-4 days

→ Tab POSACONAZOLE 300mg OD

→ Cap. F-OMEGA 1cap twice daily

→ Tab. TRANEXA 500mg as per c/o bleeding

Deepan



Mr. Krishna Nath Shukla
 ML10188192 Sex | M Age | 80Y
 Location | Medical Oncology
 Practitioner | Dr Deepankar



16/04/24

Dr. Deepankar Bhattacharya
 Consultant, Registrar, FNB Hemato Oncology and BMJ
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 Phone: 011-26110000

High risk MDS EB2 planned for 14th cycle Azacitidine

→ Transfusion dependent since 2-3 months

CBC - G-9/2210 / P19 LGB Mo11/96000

P/S → 71 NRBC

Temp.	36.5
Pulse/min	90 b/min
SpO2	99%
BP	163/80 mmHg
HT (cm)	172 cm
WT (kg)	77.3 kg

Adv

DAY CARE ADMISSION (17/4/24)

- Arrange 2 @ PRBC

Transfuse tomorrow

- Bone marrow aspiration + biopsy tomorrow

DISCHARGE ADVICE

→ Tab ELTROMBOPAG 50mg once at night (2hrs. after dinner).

Deepankar

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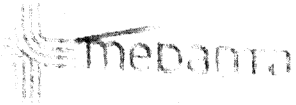
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Corporate Identity Number: U17214ND12012070000000000

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Name Mr. Krishna Nath Shukla

UOID ML10158192

Gender M

DOB 06 Jul 1943
(80 years)



Doctor Dr Deepankar Bhattacharya

Date 15 Apr 2024

Department of Laboratory Medicine - HEMATOLOGY

Test Name	21 Feb 2024 12:36	18 Mar 2024 11:26	15 Apr 2024 16:02	Your Value	Reference Range
Hemoglobin, gm/dL Method: SLS-Hb - colorimetric	7.4	7.6	6.9	Low	13-17
WBC, 10 ⁹ /µL Method: Fluorescence flow cytometry	2.34	1.64	2.21	Low	4-10
Neutrophil, Percentage Method: Fluorescence flow cytometry	38.1	29.2	19.4	Low	45-80
Lymphocyte, Percentage Method: Fluorescence flow cytometry	56.0	61.0	68.3	High	20-40
Eosinophil, Percentage Method: Fluorescence flow cytometry	0.4	0.0	0.5	Low	1-6
Monocyte, Percentage Method: Fluorescence flow cytometry	5.1	9.8	11.3	High	2-10
Basophil, Percentage Method: Fluorescence flow cytometry	0.4	0.0	0.5	Normal	0-2
Platelet Count, 10 ⁹ /µL 21 Feb 2024 12:36 PM: verified on smear	111	58	96	Low	150-410
18 Mar 2024 11:26 AM: verified on smear Method: DC Impedance/Hydrodynamic focusing					
RBC Count, Miln/Cumm Method: DC Impedance/Hydrodynamic focusing	2.79	2.74	2.34	Low	4.5-5.5
Hematocrit, Percentage Method: DC Impedance/Hydrodynamic focusing	27.9	29.0	25.2	Low	40-50
MCV, fL Method: Automated Calculation	100.0	105.8	107.7	High	83-101
MCH, pg Method: Automated Calculation	26.5	27.7	29.5	Normal	27-32
MCHC, g/dl Method: Automated Calculation	26.5	26.2	27.4	Low	31.5-34.5
RDW, Percentage Method: Derived	21.00	22.4	21.8	High	11.6-14
Erythrocyte Sedimentation Rate, mm/hr Method: Optoelectrical Measurement		28	16	High	0-14

Printed By Mohammad Mohsin haider on 16 Apr 2024 10:33 AM

Page No. 2 of 4

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Password to access via QR code: 237854

Email: info@medanta.org

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Emergency: 1068

CIN: U74140DL2013PTC250579



Discharge Summary

Diagnosis: High Risk MDS (ASXL1 positive; RUNX1 Positive; SRSF2 Positive; TET2 positive), Post 13th Cycle AZACYTADINE		
Treatment given : 2 unit PRBC transfusion + Bone marrow aspiration + Biopsy		
Follow up : Follow up in OPD with Dr. Deepankar Bhattacharya on <u>22.04.2024</u> with Bone marrow aspiration + Biopsy report To do CBC+diff, KFT& LFT monthly		
Current Treatment Plan: Chemotherapy with AZACYTIDINE		
Height - 175 cm	Weight- 79.6kgs	Body Surface Area - 1.98 /m2
UHID No : ML10158192		Date Of Discharge : 17.04.2024

BRIEF HISTORY: Mr. Krishna Nath Shukla, 79 years old male, diagnosed case of High Risk MDS (ASXL1 positive; RUNX1 Positive; SRSF2 Positive; TET2 positive). Patient received 13th cycle Chemotherapy with AZACYTIDINE. Currently, patient admitted for 2 unit PRBC transfusion + Bone marrow aspiration + Biopsy, to know the disease status and low hemoglobin.

PAST MEDICAL HISTORY: Not known.

PAST SURGICAL HISTORY: Not known.

ALLERGIES HISTORY: Not known.

INVESTIGATIONS:

Ferritin (27.10.2022) : 222.00 ng/mL

Folate level : 19.1 ng/mL

Lactate dehydrogenase : 348 U/L

Percent Iron Saturation (27.10.2022) :

Iron, serum (Fe: 86 ug/dl

Total Iron binding capacity : 327 ug/dL

Percent Iron Saturation : 26.29 Percentage



H-2072-0896

Issued on: 08/08/2024 - Valid till: 08/08/2026

For Emergency & Ambulance: Dial @ 1068

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Corporate Identity Number: U74100DL2010PTC013201

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Name: Mr. Krishna Nath Shukla

UHID: ML10158192



Name	: Mr. Krishna Nath Shukla	Patient UHID	: ML10158192
Age	: 80Y	Gender	: Male
Registration Date	: 17/04/2024 09:46	Encounter Type	: Inpatient
Encounter ID	: 21459315	Specialty	: Medical & Haemato Oncology
Location	: 1st floor Chemotherapy Day Care	Bed No	: CH17
Consultant Incharge	: Dr Anshul Gupta & Team		

Renal Function Test (27.10.2022) : Blood Urea- 28 mg/dl, Serum Creatinine - 1.40 mg/dl, Uric Acid(Serum) - 2.7 mg/dl, Sodium(Serum) - 141 mmol/L, Potassium(Serum) - 4.9 mmol/L, Serum Calcium - 8.8 mg/dl, vitamin B12 - 417 pg/mL

Coombs Test (Direct) : Positive

Bone Marrow Aspiration (28.10.2022) showed Hypercellular marrow show trilineage haematopoiesis with mild multilineage dysplasia, increased early myeloid precursors with ~5% atypical cells ? blast and mild plasmacytosis.

Bone Marrow Biopsy (28.10.2022) showed hypercellular marrow with panmyelosis and foci of fibrosis. Cause ?? Secondary.

IMMUNOHISTOCHEMISTRY:

CD3: Highlights scattered T cells

CD20: Highlights few scattered B cells

CD117: Negative E-cadherin: Highlights group of early erythroid precursors

CD138: Highlights scattered and few perivascular aggregates of plasma cells

PAN-CK: Negative

CBC+DIFF (15.04.2024)- Hemoglobin - 6.9 gm/dl, WBC - 2.2 10^3 /uL, Platelet Count - 96 10^3 /uL, RBC Count - 2.34 Miln/Cumm.

HOSPITAL COURSE : Patient was admitted for 2 unit PRBC transfusion + Bone marrow aspiration + Biopsy.

In view of low hemoglobin, 2 unit PRBC transfusion were done. Post transfusion period was uneventful.

Bone marrow aspiration + biopsy was done under aseptic precaution and specimen were sent for further examination (Report awaited). Patient tolerated procedure well.

Patient tolerated treatment well and is being discharged with following advise.

DISCHARGE MEDICATIONS:

Injection ACTORISE 200 mcg subcutaneous once weekly

Tablet ELTROMOPAG 50 mg at bedtime (2 hour after dinner)

Tablet MASTTREE GOLD 1 tablet twice daily

Tablet RB-CAL 1 tab twice daily

Tablet F-OMEGA 1 cap twice daily

Tablet POSACONAZOLE 300 mg once daily

ENPROLAC protein powder 2 scoop in 1 glass milk twice

Tablet PANTOP 40 mg once daily before breakfast

Tablet SEPTRAN-DS 1 tablet twice a day (Monday, Wednesday & Friday)

Syrup DUPHALAC 30 ml at bedtime as and when required for constipation

Tablet PCM 650 mg as and when required for pain / fever

Tablet ULTRACET 1 tablet as and when required for pain

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WHEN TO OBTAIN URGENT CARE:

H 2022-0936
Apr 8, 2026

For Emergency & Ambulance: Dial @ 1068

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Name	: Mr. Krishna Nath Shukla	Patient UHID	: ML10158192
Age	: 80Y	Gender	: Male
Admission Date	: 17/04/2024 09:46	Encounter Type	: Inpatient
Encounter ID	: 21459315	Specialty	: Medical & Haemato Oncology
Location	: 1st floor Chemotherapy Day Care	Bed No	: CH17
Consultant Incharge	: Dr Anshul Gupta & Team		

Renal Function Test (27.10.2022) : Blood Urea- 28 mg/dl, Serum Creatinine - 1.40 mg/dl, Uric Acid(Serum) 7.7 mg/dl, Sodium(Serum) - 141 mmol/L, Potassium(Serum) - 4.9 mmol/L, Serum Calcium - 8.8 mg/dl.
Vitamin B12 - 417 pg/ml.

Coombs Test (Direct) : Positive

Bone Marrow Aspiration (28.10.2022) showed Hypercellular marrow show trilineage haematopoiesis with mild maturation dysplasia, increased early myeloid precursors with ~5% atypical cells ? blast and mild plasmacytosis.

Bone Marrow Biopsy (28.10.2022) showed hypercellular marrow with panmyelosis and foci of fibrosis- Cause ?? Secondary.

IMMUNOHISTOCHEMISTRY:

- CD3: Highlights scattered T cells
- CD20: Highlights few scattered B cells
- CD117: Negative E-cadherin: Highlights group of early erythroid precursors
- CD138: Highlights scattered and few perivascular aggregates of plasma cells
- CD45 CK: Negative

CBC+DIFF (15.04.2024)- Hemoglobin - 6.9 gm/dl, WBC - 2.2 10³/uL, Platelet Count - 96 10³/uL, RBC Count - 2.34 Miln/Cumm.

HOSPITAL COURSE : Patient was admitted for 2 unit PRBC transfusion + Bone marrow aspiration + Biopsy.

A few of low hemoglobin, 2 unit PRBC transfusion were done. Post transfusion period was uneventful.

Bone marrow aspiration + biopsy was done under aseptic precaution and specimen were sent for further examination (Report awaited). Patient tolerated procedure well.

Patient tolerated treatment well and is being discharged with following advise.

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- Tablet POSACONAZOLE 300 mg once daily
- ENPROLAC protein powder 2 scoop in 1 glass milk twice
- Tablet PANTOP 40 mg once daily before breakfast
- Tablet SEPTRAN-DS 1 tablet twice a day (Monday, Wednesday & Friday)
- Syrup DUPHALAC 30 ml at bedtime as and when required for constipation
- Tablet PCM 650 mg as and when required for pain / fever
- Tablet ULTRACET 1 tablet as and when required for pain

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WHEN TO OBTAIN URGENT CARE:

For Emergency & Ambulance: Dial @ 1068

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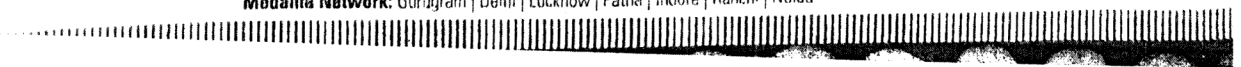
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Medanta Lucknow
Discharge Summary



Patient Name	: Mr. Krishna Nath Shukla	Patient UHID	: ML10158192
Age	: 80Y	Gender	: Male
Admission Date	: 17/04/2024 09:46	Encounter Type	: Inpatient
Encounter ID	: 21459315	Specialty	: Medical & Haemato Oncology
Location	: 1st floor Chemotherapy Day Care	Bed No	: CH17
Consultant Incharge	: Dr Anshul Gupta & Team		

Discharge Summary

Diagnosis: High Risk MDS (ASXL1 positive; RUNX1 Positive; SRSF2 Positive; TET2 positive), Post 13th Cycle AZACYTADINE		
Treatment given : 2 unit PRBC transfusion + Bone marrow aspiration + Biopsy		
Follow up : Follow up in OPD with Dr. Deepankar Bhattacharya on 22.04.2024 with Bone marrow aspiration + Biopsy report To do CBC+diff, KFT& LFT monthly		
Current Treatment Plan: Chemotherapy with AZACYTIDINE		
Height - 175 cm	Weight- 79.6kgs	Body Surface Area - 1.98 /m2
UHID No : ML10158192		Date Of Discharge : 17.04.2024

BRIEF HISTORY: Mr. Krishna Nath Shukla, 79 years old male, diagnosed case of High Risk MDS (ASXL1 positive; RUNX1 Positive; SRSF2 Positive; TET2 positive). Patient received 13th cycle Chemotherapy with AZACYTIDINE. Currently, patient admitted for 2 unit PRBC transfusion + Bone marrow aspiration + Biopsy, to know the disease status and low hemoglobin.

PAST MEDICAL HISTORY: Not known.

PAST SURGICAL HISTORY: Not known.

ALLERGIES HISTORY: Not known.

INVESTIGATIONS:

Ferritin (27.10.2022) : 222.00 ng/mL

Folate level : 19.1 ng/ml

Lactate dehydrogenase : 348 U/L

Percent Iron Saturation (27.10.2022) :

Iron, serum (Fe: 86 ug/dL

Accredited by Iron binding capacity : 327 ug/dL

Percent Iron Saturation : 26.29 Percentage



For Emergency & Ambulance: Dial @ 1068

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Medanta - Gurugram

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Corporate Identity Number U74140DL2013P1C250679

Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida

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Name	: Mr. Krishna Nath Shukla	Patient UHID	: ML10152152
Age	: 80Y	Gender	: Male
Encounter Date	: 17/04/2024 09:46	Encounter Type	: Inpatient
Encounter ID	: 21459315	Specialty	: Medical & Haemato Oncology
Location	: 1st floor Chemotherapy Day Care	Bed No	: CH17
Consultant Incharge	: Dr Anshul Gupta & Team		

Kindly review in OPD / Emergency in case of any problem like:-

1. Fever
2. Loose stools/motions/vomiting or passing black stools like coal tar.
3. Bleeding from any site
4. Chest pain, breathing difficulty, profuse sweating, giddiness, pain in abdomen.
5. Decreased urine output.
6. Severe weakness/severe mouth ulcers.
7. Rash over skin, swelling over body.

For Ambulance Call and for any other medical problem for which you think urgent attention is required report to emergency at Medanta Lucknow at the earliest possible. (7428581521 / 0522-4505050).

DR. ANSHUL GUPTA
DIRECTOR
MEDICAL ONCO &
HAEMATO ONCOLOGY
MEDANTA HOSPITAL,
LUCKNOW

DR. DEEPANKAR
BHATTACHARYA
CONSULTANT
HEMATO-ONCOLOGY
MEDANTA - LUCKNOW

[Signature]
DR. PUNITA PAVECHA
ASSOCIATE CONSULTANT
HEMATO-ONCOLOGY
MEDANTA, LUCKNOW

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| For Emergency and Ambulance Services | :0522-4505050 / 1068 |
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2. Activate your eCLINIC account using the Patient's UHID registered at Medanta (ML*****)
3. For any assistance or query regarding eCLINIC / Telemedicine please call 0522-4500801 or write to telemedicine@medanta.org

Happy to get your feedback on our services:-

You will receive a message post discharge, please ensure to visit the link (insights.zykr.com) through your mobile phone and share your valuable feedback / suggestions.

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P-2022-1136
Valid till: Apr 8, 2026

For Emergency & Ambulance Dial 1068

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PROFORMA - 1

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, DR. MANOJ AGARWAL [Name] CMO/CMS. LUCKNOW [Name] have perused the documents presented before me by Sri/Smt. UP 60229 [Name] of the Officer]. ID No. ADJ (CBI-I) Designation and place of posting Lucknow OR on his behalf by Sri X Relation with the officer X Phone No. X

- I. I have personally examined Sri/Smt./Sushri. Krishna Nath Shukla who is suffering from the disease/syndrome/disability High Risk My. toxicity with syndromic with chest blast 2 [Name of the disease] and in my opinion he/she may require as diagnosed by Medant hospital Lucknow frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. as above is suffering from the disease/syndrome/disability/disorder as above in para I [Name of the disease] and the disease(s) find(s) mention at paragraph no. 01 of the Annexure-I enclosed herewith.
- III. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court. Note: Already undergoing treatment/chemotherapy in Medanta Lucknow.
- IV. The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely
- V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for Treatment period only months only.

K. N. Shukla


K
 Signature with seal (C.M.O./C.M.S.)
 Name: DR. MANOJ AGARWAL
 ID No.:
 Designation:
 Telephone No.
 Mobile No.

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
 2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.