



SAI DIAGNOSTIC CENTRE

Complete Diagnostic Solutions

G5 & 6 Arun Apartments,
Red Hills, Hyderabad. Ph : 040 - 23390432
040 - 35064238

REPORT

Patient Name **Master B DIVYASH**

Age : 3 Year(s) Gender : Male

Sample ID : 24610780

Sample Type : WB EDTA

Patient ID : 4249573

Ref. Doctor : NILOUFER HOSPITAL

Ref. Customer :

Lab Code : CPL-TS-101

Sample Collection Date : 2026-10-05 00:00

Registration Date : 2026-10-06 00:04

Approved Date : 2026-10-06 18:31



HEMATOLOGY

Test Description	Result	Units	Biological Reference Ranges
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HbA2 Hemoglobinopathy

(Method: HPLC)

Hb Adult	<u>59.2</u>	%	94.3 - 98.5
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Hb A2	<u>1.0</u>	%	1.50 - 4.00
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Hb F (Foetal Window)	<u>39.8</u>	%	< 2.0
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Hb S (Sickle Window)	00	%	0 - 0
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Hb C	00	%	0-0
------	----	---	-----

Unknown Variant	00	%	< 1.0
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Hemoglobin	<u>7.5</u>	gms%	11.0-14.0
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(Method: SLS/Photometric)

RBC Count	<u>3.48</u>	milli/cumm	4.0-5.2
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MCV	<u>73.2</u>	FL	75-87
-----	-------------	----	-------

MCH	<u>21.7</u>	pg	24-30
-----	-------------	----	-------

RDW - CV	<u>26.3</u>	%	
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Suggestive Interpretation Beta thalassemia Intermedia

Advise Correlate Clinically

-End of Report-

Suggested Clinical Correlation
If there is a need, kindly discuss

Doctor - in - charge

FACILITIES AVAILABLE

B Ashok
Manager Technical

Digital X Ray, Dental OPG, Cephalogram, B-Mode, USG, Pathology & A.M.H.P.
Serological & Biochemistry Investigations, Pathology TSMC 70466
Lab ECG on Request

This is an electronically authenticated report. Report printed date: 06/10/2026 09:51:11
NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Processed at: Clinova Pathlabs, Central Lab, New Bowenpally, Secunderabad - 500011



Registered Address : Sai Sindhu Foundation, 8-2-293/82/A/389, Road no: 22-B, Jubilee Hills, Hyderabad 500033
Hospital Address : Sindhu Hospital Campus, Hitec City, Hyderabad - 500084, Telangana.

info@sindhuhospitals.com

www.sindhuhospitals.com

LABORATORY INVESTIGATION REPORT

Patient Name : Mast. BOHAT DIVYANSH
UHid : SHHC.26041561
Episode : OP
Ref. Doctor : Dr. S.K. Waheed Hussain

Age/Sex : 2 years 7 months 19 days/Male
Order Date : 10/10/2026
Bill No. : OCA26152013
Facility :

HAEMATOLOGY

TESTS NAME	RESULTS	UNITS	BIOLOGICAL REF INTERVAL
Sample No 0700198802B	Collection Date 10/10/26 18:34	Ack Date 10/10/2026 19:18	Report Date 12/10/26 18:06

Bone Marrow Aspiration

Sample Type- Bone Marrow Aspirate

Bone Marrow No

BMA2026-286

Clinical Details

Suspected Myeloid lineage leukemia.

Clinical Diagnosis

Bone marrow evaluation to rule out Acute leukemia.

PERIPHERAL SMEAR FINDINGS

BONE MARROW ASPIRATION

Cellularity

Pauciparticulate and cellular aspirate.

M:E Ratio

2.5 : 1

DIFFERENTIAL COUNT

Blast

04

%

Method - Microscopy / Leishman's Stain

Myelocytes

03

%

Method - Microscopy / Leishman's Stain

Metamyelocytes

12

%

Method - Microscopy / Leishman's Stain

Band Forms

05

%

Method - Microscopy / Leishman's Stain

Neutrophils Count

23

%

Method - Microscopy/Leishman stain

Lymphocytes Count

18

%

Method - Microscopy/Leishman stain

Eosinophils

02

%

Method - Microscopy / Leishman's Stain

Monocytes

07

%

Method - Microscopy / Leishman's Stain

Print DateTime: 12/10/2026



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Ref. Doctor	: Dr. S.K. Waheed Hussain	Facility	:

Basophils 01 %

Method - Microscopy / Leishman's Stain

Erythroid 24 %

Method - Microscopy / Leishman's Stain

Erythropoiesis Adequate with mild megaloblastoid maturation and mild prominence of early forms.

Method - Microscopy / Leishman's Stain

Myelopoiesis Adequate with orderly maturation. Few giant Band forms noted. ▲ (H)

Method - Microscopy / Leishman's Stain

Megakaryopoiesis Markedly reduced in number.

Method - Microscopy / Leishman's Stain

Lymphocytes and Plasma Cells Normal in number and morphology.

Method - Microscopy / Leishman's Stain

Macrophages Mild increase in number of histiocytes observed.

Method - Microscopy/Leishman's Stain

Blasts/Hematogone Constitute 4% of marrow nucleated cells.

Method - Microscopy/Leishman's Stain

Impression Marrow features in correlation with clinical history, cytopenias, organomegaly and Flowcytometry is suspicious for Myeloproliferative neoplasm, favouring Juvenile myelomonocytic leukemia over Chronic myeloid leukemia, in Chronic phase. Advise Molecular work-up for confirmation. ▲ (H)



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Ref. Doctor	: Dr. S.K. Waheed Hussain	Facility	:

End of Report

Meghna V

Dr. Meghna. V , CONSULTANT
PATHOLOGIST, HEMATOPATHOLOG
Y

DNB Pathology
RegNo: 56481



Print DateTime: 12/10/2026



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Order Date : 10/10/2026
Bill No. : OCA26152013
Facility :

FLOWCYTOMETRY

TESTS NAME	RESULTS	UNITS	BIOLOGICAL REF INTERVAL
Sample No 07O0198801A	Collection Date 10/10/26 18:33	Ack Date 10/10/2026 19:22	Report Date 12/10/26 18:38

Flowcytometry Panel-Acute Leukemia Comprehensive Characterization

Sample Type- BMA/Ed/Hep

Acute Leukemia Comprehensive Panel

FCM2026/81

IMPRESSION: The scatter profile and antigen expression of the bone marrow aspirate sample in correlation with bone marrow aspirate morphology and clinical findings is suggestive of Myeloproliferative neoplasm with dyspoiesis, in chronic phase.

Advise molecular studies for confirmation.

Clinical History & provisional diagnosis:

Persistent leukocytosis with anemia, thrombocytopenia and splenomegaly.

Specimen: Bone marrow aspirate

Gating strategy: FSC vs SSC and SSC vs CD45

Instrument / Software: DxFLEX (13 colour) / CytExpert

Flow cytometry results: There are **2.8% abnormal Myeloid blasts** in the bone marrow aspirate sample as determined by light scatter and fluorescence parameters. These blasts are dim for CD45, moderate for CD33, CD34, variable for HLA DR, CD117 and a subset express MPO.

There is down regulation / loss of CD13 in the myeloid blasts.

The Blasts are negative for rest of Myeloid/Monocytic/NK / B cell markers.

In addition mature granulocytes show complete loss of CD10 (dyspoiesis).

Sample processed by Mr. Sharath Kumar Cholleti

Print DateTime: 12/10/2026



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Facility :

End of Report

Meghna V

**Dr. Meghna. V , CONSULTANT
PATHOLOGIST,HEMATOPATHOLOG
Y**

DNB Pathology
RegNo: 56481



Print DateTime:

12/10/2026



TAPADIA DIAGNOSTIC CENTRE

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TEST REPORT

Reg.No	: 1426044947	Reg.Date	: 10-Oct-2026 02:10 PM
Name	: Baby Boy . DIVYANSH	Collection	: 10-Oct-2026 07:18 PM
Age/Sex	: 02 Y(s) /Male	Received	: 10-Oct-2026 07:18 PM
Referred By	: LITTLE STAR CHILDRENS HOSPITAL	Report	: 14-Oct-2026 12:42 PM
Referral Dr	: Self	Location	: MASAB TANK
Histo No	: CG000466/26		

AML PANEL â€“ FISH + Karyotyping (AML-ETO, PML-RARA, MLL, inv-16 + Karyotyping)

Acute Myeloid Leukemia (AML) Panel – FISH Report

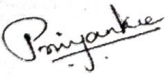
Lab Id: Gene/577/26

Summative Impression: Negative for RUNX1::RUNX1T1, BCR::ABL1, CBFB::MYH11 fusion and KMT2A gene rearrangement.

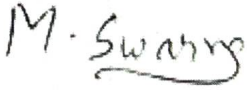
Clinical details: Recently diagnosed case of acute myeloid leukemia.

RESULTS

Abnormality Tested	Probe design	No. of Cells Counted	Positive Cells	Negative Cells	Result
RUNX1::RUNX1T1 (t(8;21))	Green: RUNX1 Red: RUNX1T1	200	0	200	Negative
BCR::ABL1 (t(9;22))	Green: BCR Red: ABL1	200	0	200	Negative
CBFB-MYH11 (inv(16))	Red: CBFB Green: MYH11	200	0	200	Negative
MLL (KMT2A)	Red: 5'KMT2A	200	0	200	Negative


Ms. Priyanka Bung
MSC, Research Associate.
Genomics


Dr. ANURAG GUPTA
MBBS, MD(Path), Fellowship in
Clinical and Cancer
Cytogenetics,
MBA, PGDHMM, PGDMLS.(Regn No.
APMC/FMR/84417)
Director Genomics


Dr. SWARNA MANDAVA
M.SC PH.D (GENETICS)
Consultant Molecular
Pathologist

Page: 1 of 3

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TEST REPORT

Reg.No : 1426044947
Name : Baby Boy . DIVYANSH
Age/Sex : 02 Y(s) /Male
Referred By : LITTLE STAR CHILDRENS HOSPITAL
Referral Dr : Self
Histo No : CG000466/26
Reg.Date : 10-Oct-2026 02:10 PM
Collection : 10-Oct-2026 07:18 PM
Received : 10-Oct-2026 07:18 PM
Report : 14-Oct-2026 12:42 PM
Location : MASAB TANK

(11q23)	Green: 3'KMT2A				
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ISCN 2024

nuc ish (CBFB, MYH11) x2 [200]
nuc ish (ABL1, BCR) x2 [200]
nuc ish (RUNX1T1, RUNX1)x2 [200]
nuc ish (5'MLL, 3' MLL)x2(5'MLL con 3'MLLx2)[200]

Interpretation:

- FISH analysis performed on bone marrow aspirate sample using above mentioned FISH probes showed signal pattern indicating absence of any abnormality as detected by these probes.

Methodology

FISH analysis was performed on interphase nuclei from bone marrow or peripheral blood samples using dual-color probes targeting recurrent chromosomal abnormalities associated with AML, including t(8;21), inv(16), t(9;22), and break apart probe design for 11q23/KMT2A rearrangement. After hybridization, the slides are analyzed under a fluorescence microscope to identify abnormal signal patterns and results were interpreted based on established laboratory criteria.

References

- ISCN 2024: International System for Human Cytogenomic Nomenclature.
- FISH Probe Specifications kit insert and inhouse verification.

Priyanka

Ms.Priyanka Bung
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Anurag

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M. Swarna

Dr.SWARNA MANDAVA
M.SC PH.D (GENETICS)
Consultant Molecular
Pathologist

Page: 2 of 3

RELIABLE DIAGNOSTICS AT AFFORDABLE RATES

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UNIQUE PATIENT ID : 974444

Case ID : 26010252909
 Patient Name : Mr. DIVYANSH
 Age/DOB/Sex : 27 Years / / Male
 Hospital Name : Little Star Hospital , Hyderabad
 Physician Name : DR WAHEED
 Registration On : 11-Oct-2026 13:40
 Collection On : 10-Oct-2026 10:00
 Reported On : 14-Oct-2026 13:42
 Process AT : CORE-Gurugram
 Ref ID :
 Sample Type : Bone Marrow
 Report Status : Final

TEST NAME

BCR-ABL1 Qualitative

SPECIMEN INFORMATION

Bone Marrow

CLINICAL HISTORY

Not provided

METHODOLOGY

Real Time Polymerase Chain Reaction (RT PCR)

RESULTS

TYPE OF TRANSCRIPT	RESULT
P210 (b3a2, b2a2) major transcript	Negative
P190 (e1a2) minor transcript	Negative
P230 (c3a2) micro transcript	Negative

COMMENTS

1. BCR-ABL is a fusion gene whose qualitative detection is done in bone marrow or peripheral blood samples. BCR-ABL is an activated protein kinase resulting translocation of long arms of chromosome 9 & chromosome 22 which is also known as Philadelphia chromosome. Philadelphia chromosome is found in both cases Chronic Myeloid Leukemia and Acute Lymphoid Leukemia.
2. The BCR-ABL gene translocation or t(9;22) is found in more than 95% CML patients, 5% of pediatric ALL-B CALLA positive and 15-30% of adult ALL-B CALLA positive patients. This genetic aberration is a balanced reciprocal translocation between ABL gene on chromosome 9 and BCR gene on chromosome 22. This test detects the presence or absence of BCR-ABL mRNA transcript in the sample. Follow-up is recommended, if clinically indicated. A repeat testing after 6 months is additionally recommended.
3. The lower limit of BCR-ABL transcript detection in the assay is dependent on the quality of RNA obtained and the cellularity of the sample. Since genetic variation and other problems can effect the accuracy of PCR based testing, the result should always be interpreted in light of clinical data.
4. Sensitivity and specificity of this assay for ABL & BCR-ABL gene is ≥ 10 copies/ μ l and 100% respectively.
5. Three clinically important variants are the p230, p190, and p210. Isoform p190 is generally associated with acute lymphoblastic leukemia (ALL), while p210 is generally associated with chronic myeloid leukemia but can also be associated with ALL. The p190 isoform can also be expressed as a splice variant of p210.

Assay Description And Methodology:



Mallika Dixit

Dr. Mallika Dixit
 DNB, Reg. No. 240951

Rahul Katara

Dr. Rahul Katara
 Ph.D.

Sanjay Kumar

Dr. Sanjay Kumar
 Ph.D.



UNIQUE PATIENT ID : 974444

Case ID : 26010252909
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 Age/DOB/Sex : 27 Years / / Male
 Hospital Name : Little Star Hospital , Hyderabad
 Physician Name : DR WAHEED
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 Collection On : 10-Oct-2026 10:00
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 Process AT : CORE-Gurugram
 Ref ID :
 Sample Type : Bone Marrow
 Report Status : Final

Total RNA extracted via common sample preparation methodologies from whole blood or bone marrow collected in EDTA is compatible with RT-PCR methods. The BCR/ABL1 Qual Test is an RT-PCR Test using TaqMan® technology. The test provides several advantages over current methods by enabling multiplex detection of all targets in a single reaction. In real-time PCR, the fluorescent signal is generated from the presence of an oligonucleotide probe specific for target DNA sequence. Fluorescence is emitted and measured by the real time systems optical unit during the PCR.

Intended Use:

The BCR-ABL Detection Kit is intended for the qualitative detection of BCR-ABL fusion gene (Major-BCR, minor-BCR, and micro (μ)-BCR) in bone marrow or peripheral blood samples using real time PCR system. The kit is based on reverse transcription of total RNA, followed by real time PCR amplification and detection of BCR-ABL (e13a2, e14a2 or e1a2 or e19a2) or p210, p190, p230 fusion transcripts and the ABL transcript.

Disclaimer:

This test is performed using in-house developed assay for BCR ABL Qualitative Analysis . The assay is designed to perform the reactions at the specified analytical sensitivity given that the template DNA is not heavily fragmented and does not contain materials that could inhibit the amplification reaction.

REFERENCES

- Baccarani M, Saglio G, Goldman J, Hochhaus A, Simonsson B, Appelbaum F, Apperley J, Cervantes F, Cortes J, Deininger M, Gratwohl A, Guilhot F, Horowitz M, Hughes T, Kantarjian H, Larson R, Niederwieser D, Silver R, Hehlmann R; European LeukemiaNet. Evolving concepts in the management of chronic myeloid leukemia: recommendations from an expert panel on behalf of the European LeukemiaNet. Blood 2006Sep 15;108(6):1809-20.
- Beillard et al. Evaluation of candidate control genes for diagnosis and residual disease detection in leukemic patients using 'real-time' quantitative reverse-transcriptase polymerase chain reaction (RQ-PCR) – a Europe against cancer program. Leukemia 2003;17, 2474 – 2486.
- Branford S, Cross NC, Hochhaus A, Radich J, Saglio G, Kaeda J, Goldman J, Hughes T. Rationale for the recommendations for harmonizing current methodology for detecting BCR-ABL transcripts in patients with chronic myeloid leukaemia. Leukemia 2006Nov;20 (11):1925-30.
- Druker BJ, Guilhot F, O'Brien SG, Gathmann I, Kantarjian H, Gattermann N, Deininger MW, Silver RT, Goldman JM, Stone RM, Cervantes F, Hochhaus A, Powell BL, Gahrilove JL, Rousselot P, Reiffers J, Cornelissen JJ, Hughes T, Agis H, Fischer T, Verhoef G, Shepherd J, Saglio G, Gratwohl A, Nielsen JL, Radich JP, Simonsson B, Taylor K, Baccarani M, So C, Letvak L, Larson RA; IRIS Investigators. Fiveyear follow-up of patients receiving imatinib for chronic myeloid leukemia. N Engl J Med. 2006Dec 7;355(23):2408-17.

Mallika Dixit

Dr. Mallika Dixit
DNB, Reg. No. 24051

Dr. Rahul Katara

Dr. Rahul Katara
Ph.D.

Dr. Sanjay Kumar

Dr. Sanjay Kumar
Ph.D.

emaCÔRE



UNIQUE PATIENT ID: 974444

Case ID : 26010252909
 Patient Name : Mr. DIVYANSH
 Age/DOB/Sex : 27 Years / Male
 Hospital Name : Little Star Hospital, Hyderabad
 Physician Name : DR WAHEED
 Regn Date : 11-Oct-2026 13:40
 Collection On : 10-Oct-2026 10:00
 Reported On : 14-Oct-2026 13:41
 Process AT : CORE-Gurugram
 Ref no :
 Sample Type : Bone Marrow
 Report Status : Final

TEST NAME

BCR-ABL1 Quantitative International Scale [IS]

SPECIMEN INFORMATION

Bone Marrow

CLINICAL HISTORY

Not provided.

METHODOLOGY

Real Time Polymerase Chain Reaction (RT PCR)

TEST RESULT

P210 (b3a2, b2a2) major transcript	Not Detected
P190 (e1a2) minor transcript	Not Detected
P230 (c3a2) micro transcript	Not Detected
Observed copies of ABL1	415978.6
Observed copies of BCR-ABL1	
P210 (b3a2, b2a2) major	0
P190 (e1a2) minor	0
P230 (c3a2) micro	0
BCR-ABL1/ABL1 ratio [%]	
BCR-ABL1/ABL1 ratio [%] Major	0
BCR-ABL1/ABL1 ratio [%] Minor	0
BCR-ABL1/ABL1 ratio [%] Micro	0
Conversion Factor for IS	0.64
BCR-ABL1 IS [%]	0

COMMENT:

The hybrid transcript of BCR-ABL1 was quantitated using Real-Time PCR assay. Signals for BCR-ABL1 were not detected in leukocytes of the specimen. Follow-up is recommended, if clinically indicated.

Dr. Mallika Dixit
 DNB, Reg. No. 24061

Dr. Rahul Katara
 Ph.D.

Dr. Sanjay Kumar
 Ph.D.

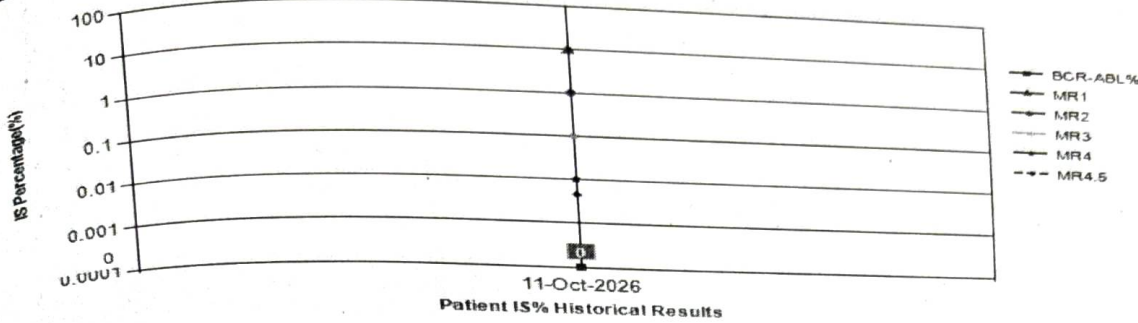
"C" represent critical value

CÔRE DIAGNOSTICS



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TEST INFORMATION

Background

Chronic myeloid leukaemia (CML), is characterized by the translocation between chromosomes 9 (9q34.1) and 22 (22q11.2). The t(9;22)(q34.1;q11.2) is detected cytogenetically in more than 91-96% of adult CML patients; in 5% of pediatric ALL-B CALLA positive; and 15-30% of adult ALL-B CALLA positive patients. At the molecular level, breaks in the BCR, and ABL1 genes result in the formation of fusion mRNA transcripts.

Assay Description, and Methodology

- This assay quantifies the Major (p210), Minor (p190), and Micro (p230) transcripts. Its internal reference gene is ABL1. It is in accordance with EAC Guidelines, and uses an inhouse approved kit with high sensitivity (>MR4.5). Its IS conversion factor is established in accordance with the guidelines of Europe Against Cancer (EAC), and has been calibrated using WHO International Standards for CML.
- Total cellular RNA is extracted via silica-membrane-based purification from whole blood or bone marrow collected in EDTA. The assay is an RT-qPCR that uses oligonucleotide hydrolysis principle.
- Molecular Response (MR) is measured using % BCR-ABL ratio. The formula used is: % BCR-ABL1 = [No. of copies of BCR-ABL1 transcripts/No. of copies of control gene transcripts] x 100.
- For the P210 transcript, this ratio is further normalized to the international scale (IS) and reported as BCR-ABL1/ABL1 % (IS). The formula used is: % BCR-ABLIS = [Sum of BCR-ABL1 copy number/Sum of ABL1 copy number* x CF x 100. Where *denotes minimum of 10,000 copies.
- Molecular response is thus expressed and reported as BCR-ABL% on a log scale relative to the standard baseline (100% IS), where 10%, 1%, 0.1%, and 0.0032% correspond to a decrease of 1, 2, 3, and 4.5 logs, respectively, below the standard baseline, i.e. 100% BCR-ABLIS

Disclaimer: The in house assay is designed to perform the reactions at the specified analytical sensitivity given that the template RNA is not heavily fragmented, and does not contain materials that could inhibit the amplification reaction.

Recommendations

Real Time PCR is generally recommended until stable MMR is achieved followed by 3-to-6 month testing thereafter. BCR-ABL1 KD mutation testing is recommended both by the ELN and by the NCCN in CML patients who do not achieve an optimal response to TKI therapy.

Mallika Dixit

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 Cross NC et al. Laboratory recommendations for scoring deep molecular responses following treatment for chronic myeloid leukemia. Leukemia. 2015 May;29(5):999-1003.

Mallika Dixit

Dr. Mallika Dixit
 DNB, Reg. No. 24061

[Signature]

Dr. Rahul Katara
 Ph.D.

[Signature]

Dr. Sanjay Kumar
 Ph.D.

"C" represent critical value

CÔRE DIAGNOSIS



If you have any questions about this report or would like to have a conversation about the test results, please feel free to reach out to us at

+91 88828 99999 or **info@corediagnostics.in**

CONDITIONS OF REPORTING

1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form.
2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory.
3. The reported results are for information and are subject to confirmation and interpretation by the referring doctor.
4. Some tests are referred to other laboratories to provide a wider test menu to the customer.
5. CORE Diagnostics Pvt. Ltd. shall in no event be liable for accidental damage, loss, or destruction of specimen, which is not attributable to any direct and mala fide act or omission of CORE Diagnostics Pvt. Ltd. or its employees. Liability of CORE Diagnostics Pvt. Ltd. for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

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CORE Diagnostics (Central Reference Lab) - Gurugram
406, Udyog Vihar, Phase III, Gurugram, Haryana - 122016
T.: +91 8882899999

CORE DIAGNOSTICS™



TAPADIA DIAGNOSTIC CENTRE

Opp. Saptagiri Theatre, R.T.C. 'X' Roads, Hyderabad-500 020.
Ph: 2766 7554, 2761 5953, E: tdc4@rediffmail.com W: www.tapadiadiagnostics.com

A PLACE YOU CAN TRUST

Name : Master . DIVYANSH

Age/Gender: 2 Years/Male

Ref By : LITTLE STAR CHILDRENS HOSPITAL

Req.No : 1426044983

Referral Dr : Self

UMR NO : TD1126585

Registered On : 10-Oct-2026 06:57 PM

Reported On : 12-Oct-2026 02:06 PM

Lab No : BM000237/26

BM: 203-26.

Brief Clinical Profile: Recurrent URTI.
Spleen palpable 4 cm, firm.

Peripheral Smear:

Red cells are microcytic hypochromic.

Leucocytes shows marked leucocytosis with neutrophilia, shift to left, circulating blasts and basophilia.

Blasts 6%, Myelocytes 14%, Metamyelocytes 5%, Neutrophils 50%, Lymphocytes 20%, Monocytes 1%, Eosinophils 2%, Basophils 2%.

Platelets are markedly decreased.

Bone Marrow

Aspiration: Particulate smears with dense cellularity.

Myelopoiesis is orderly.

Erythropoiesis is normoblastic.

ME ratio is 1.5:1.

Blasts are seen 6 percent of marrow nucleated cells.

Megakaryocytes are sparsely seen.

MyeloPeroxidase : Positive in about 10 percent blasts.

Comments:

Marrow cytology, peripheral blood findings favor Blasts crisis in MPN (CML).
Ref. FC/LL/47/26.

Note : Sample submitted for FISH studies and Karyotyping.

Recommend review with above findings and clinical profile.
CSF-Ref.Cy-39-26.

Dr. Gayathri K
MD

Consultant Pathologist





TAPADIA DIAGNOSTIC CENTRE

Opp. Saptagiri Theatre, R.T.C. 'X' Roads Metro Station, Pillar No.1100, Hyderabad-500 020.
Cell: 8305555999, E: tdc4@rediffmail.com W: www.tapadiadiagnostics.com

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TEST REPORT

Reg.No : 1426044983
Name : MASTER.DIVYANSH
Age\Sex : 2 Years\Male
Referred By : LITTLE STAR CHILDRENS HOSPITAL
Referral Dr : Self
Lab No :

Reg.Date : 10-Oct-2026 /18:57
Collection : 10-Oct-2026 /19:19
Received : 10-Oct-2026 /19:19
Report : 12-Oct-2026 / 14:08
Location : MASAB TANK



Clinical Biochemistry

Investigation	Observed Value	Biological Ref Range	Method
Cell Count and Cell Type, CSF	50 cells/cumm	0-5 cells/cumm	Automated/Manual
CSF CELL COUNT	90% Neutrophils, 10% Lymphocytes.	Mononuclear cells (Lymphocytes&Monocytes) Adults:Upto 95% Polymorphs(Neutrophils) Adults:0-6% Newborn:0-8% RBCs has limited diagnostic value.	Microscopy
CSF DIFFERENTIAL COUNT			

Comments:

RBC- 200 cells/cumm.
Cytospin smears show plenty of red cells with prominence of neutrophils.
CSF- shows no blasts in a newly diagnosed Myeloid blast crisis in CML.
Ref.FC/LL/47/26 ;
BM.203/26.

Sample Type : Fluid

END OF THE REPORT

Dr.Gayathri K
MD
Consultant Pathologist

Dr. R TAPADIA
MD (Regn No. HMC/10741)
Consultant Pathologist

Page 1 of 1





TAPADIA DIAGNOSTIC CENTRE

Opp. Saptagiri Theatre, R.T.C. 'X' Roads, Hyderabad-500 020.
Ph: 2766 7554, 2761 5953, E: tdc4@rediffmail.com W: www.tapadiadiagnostics.com

A PLACE YOU CAN TRUST

Name : **Baby Boy . DIVYANSH**

UMR NO : TD1124935

Age/Gender : 2 Years/Male

Registered On : 09-Oct-2026 04:26 PM

Ref By : LITTLE STAR CHILDRENS HOSPITAL

Reported On : 10-Oct-2026 04:09 PM

Req.No : 1426044817

Lab No :

Referral Dr : Self

Test Name	Observed Test Value	Method	Sample	Biological Reference Range
HIV 1 & 2 Antibodies	Non-Reactive	ELISA	Serum	Non-Reactive

Interpretation :

This is a qualitative screening test to detect HIV 1 & 2 antibodies in human serum. All initially reactive or borderline samples must be confirmed by HIV Western Blot /PCR method.

Indeterminate samples should be retested in 2-4 weeks. If the sample continues to be indeterminate, it should be confirmed by a Western Blot/PCR test.

The negative result indicates that there is no detectable HIV antibody in the specimen. However, a negative test result does not preclude the possibility of exposure to or infection with HIV-1 and HIV-2.

A negative result can occur if the quantity of anti-HIV-1 and HIV-2 antibodies present in the specimen is below the detection limits of this assay, or the antibodies that are detected are not present during the stage of disease in which a specimen is collected.

Some specimens containing unusually high titer of heterophile antibodies or rheumatoid factor may affect expected results.

Samples should not be taken from the patients who are taking high dose biotin until 8 hours of stopping of the biotin.

This test result should be used in conjunction with clinical presentation and other laboratory markers.

This test report is for the perusal of treating Physician only. Not for medico legal cases. Please contact us in case of unexpected result.

Dr. Pravallika K .

MD. PATH(Regn No.TSMC/FMR/25484)

Consultant Pathologist



TAPADIA DIAGNOSTIC CENTRE

Opp. Saptagiri Theatre, R.T.C. 'X' Roads Metro Station, Pillar No.1100, Hyderabad-500 020.
Cell: 8305555999, E: tdc4@rediffmail.com W: www.tapadiadiagnostics.com

A PLACE YOU CAN TRUST

TEST REPORT

Reg.No : 1426044817
Name : BABY BOY.DIVYANSH
Age\Sex : 2 Years\Male
Referred By : LITTLE STAR CHILDRENS HOSPITAL
Referral Dr : Self
Lab No :

Reg.Date : 09-Oct-2026 /16:26
Collection : 09-Oct-2026 /16:28
Received : 09-Oct-2026 /16:28
Report : 10-Oct-2026 / 16:09
Location : MASAB TANK



Immunology

Thalassemia Pack-LS

Investigation	Observed Value	Biological Ref Range	Method
Hepatitis C Virus Antibody (Anti HCV), Serum-Elisa			
HCV Antibody	Negative	NEGATIVE	ELISA

Non-reactive/Negative:

Indicates absence of detectable IgG anti-HCV in the serum specimen

Reactive/Positive:

Indicates presence of detectable IgG anti-HCV in the serum specimen

This is a qualitative test for the detection of IgG anti-HCV (Hepatitis C Virus) in human serum.

A negative test result does not preclude the possibility of exposure to or infection with HCV.

A negative result can occur if the quantity of IgG anti-HCV present in the specimen is below the detection limits of the assay, or the antibodies that are detected are not present during the stage of disease in which a specimen is collected.

A positive anti-HCV test result does not confirm the presence of the active virus or the stage of infection.

Test results should be confirmed by HCV RNA PCR.

Some specimens containing unusually high titer of heterophile antibodies or rheumatoid factor may affect expected results.

The results obtained with this test should only be interpreted in conjunction with other diagnostic procedures and clinical findings.

Sample Type : Serum

END OF THE REPORT

Dr. PRAVALLIKA K.
MD. PATH(Regn
No.TSMC/FMR/25484)
Consultant Pathologist

Dr. R TAPADIA
MD (Regn No. HMC/10741)
Consultant Pathologist

Permanent Registration
GOVERNMENT OF TELANGANA
DISTRICT RAYACHOTTA
HYDERABAD DISTRICT
TSAPMCE-2603

CERTIFICATE OF PERMANENT REGISTRATION

1. Application No. & Date : 3788 - 31-05-2023
2. Inspection Report No. and Date : 2603 - 09-05-2024
3. Original File No. of Registration Authority : 07F - TSAPMCE -2603
4. Date of Issue of the Certificate of Registration : 31-06-2023
5. Date of validity of the Certificate of Registration : 30-05-2028

This is to Certify that M/s. LITTLE STAR & SHE WOMEN AND CHILDREN HOSPITAL (A unit of Thirumala Child Health Services Private Limited), located at: Ascent Towers H.No.8-2-596/C/1,2,3,4,5 Road no.10, Banjara Hills, Hyderabad. Owned By DR.SATISH BABU GHANTA has been granted permanent registration as a clinic establishment under section 30 of The Clinical Establishment (Registration and Regulation) Act, 2010. The Clinical Establishment is registered for providing medical services as a

1. BASIC

2. SPECIALITY & Date

3. SUPER SPECIALITY

4. DIAGNOSTICS Types of services under Asopathic System of Medicine

6. This Certificate is valid for a period of five (05) years from the date of issue.
7. This Certificate shall be produced whenever it is required to the officer authorized by the Registration Authority.
8. The Establishment shall not lend, sell, transfer or otherwise close down without obtaining prior permission of the registration authority.
9. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the Establishment shall constitute a breach of registration.
10. The Establishment shall not violate the provision of the T.S. Clinical Establishment (Registration And Regulation) Act, 2010 as amended from time to time and the rules made there under.
11. This Certificate is subject to the conditions and the provisions of the T.S. The Clinical Establishment (Registration And Regulation) Act, 2010.

DISPLAY ONE COPY OF THE CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS.
Place : HYDERABAD
Date : 09-05-2024

DR. J. VENKATI, MBBS, DGO

DR. J. (Office Seal)

Hyderabad District

14/10/2026

TO
CHILD VIKAS FOUNDATION,
HYDERABAD

LETTER OF FINANCIAL ESTIMATION OF TREATMENT

This is to inform you that **Master BOHAT DIVYANSH S/O BOHAT DHIRAJ KUMAR bearing UHID: 61363** is a 2 years 7 months old male child is admitted in Little Star and She Hospital, Hyderabad and diagnosed as **MYELOID BLAST PHASE of Chronic Myeloid Leukemia**.

The only cure for this condition is intensive cytoreductive chemotherapy followed by allogeneic bone marrow transplant. The cost of treatment is high with intensive chemotherapy, prolonged hospitalization, and blood and bone marrow investigations along with supportive care including blood product transfusions. The approximate cost for the treatment is about **Rs. 20,00,000/- [Twenty lakh rupees]**.

The following are the financial details of treatment:

1. Induction chemotherapy, support with blood products and Central line insertion - Rs. 6,00,000/-
2. Allogeneic bone marrow transplant - Rs. 12,00,000/-
3. Follow up for 12 months - Rs. 2,00,000/-

This letter was given for submission for purpose of financial assistance, any further clarification about the same kindly contact me via email at syedwaheedhussain@gmail.com

Thanking you,

Regards,



Dr. S.K. Waheed Hussain

Consultant

Pediatric Hematology, Oncology and Bone Marrow Transplant

Little Stars and She Hospital, Hyderabad

Dr. S. K. WAHEED HUSSAIN
M.B.B.S., M.D. Pediatrics, FIAP-PHO
Consultant, Pediatric Hematology-
Oncology and Bone Marrow Transplant

TSMC 08734

RAJAMAHENDRAVARAM, AP
Door No: 76-6-11, Plot No. B-4,
Gandhipuram 533 103,
T: 0883 2488 355,56,57
M: +91 88850 43576

BANJARA HILLS, HYD
#8-2-596, Ascent Towers,
Road No. 10
T: 040 6699.2345
M: +91 96666 04444, 91210 00101

KONDAPUR, HYD
4th Floor, Pulla Reddy Sweets,
H.No: 2-20/4 to 8,
Near Kothaguda X Roads
M: +91 91007 45558



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No.: 2189/64039/69799

To,
బిడ్డ మనిష
Bidla Manisha
D/O Bidla Anil
1-8-1/18
SURYA NAGAR
CHIKKADPALLY
Musheerabad
Musheerabad (delivery) Musheerabad Hyderabad
Telangana 500020
9703224143

Ref: 1272 / 06V / 260193 / 260345 / P



SB451994240FH



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

9422 7631 5747

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



బిడ్డ మనిష
Bidla Manisha
పుట్టిన తేదీ / DOB : 12/12/2000
స్త్రీ / Female



9422 7631 5747

నా ఆధార్, నా గుర్తింపు

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

5351 6409 7444

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



బ ధీరజ్ కుమార

B Dhiraj Kumar

పుట్టిన తేదీ / DOB : 04/08/2001

పురుషుడు / Male

5351 6409 7444

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LVOPK6810Q



नाम / Name
B DHIRAJ KUMAR

पिता का नाम / Father's Name
BOUTH DHARMENDER

जन्म की तारीख /
Date of Birth
04/08/2001

B. Dhiraj Kumar.
हस्ताक्षर / Signature



TSGGDI 10015795



GOVERNMENT OF TELANGANA
HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT
GREATER HYDERABAD MUNICIPAL CORPORATION
FORM NO. 5



BIRTH CERTIFICATE

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Registration of Births and Deaths Rules 1999)

This is to certify that the following information has been taken from the original record of birth, which is the register for ward GHANSI BAZAR, circle CHARMINAR of Greater Hyderabad Municipal Corporation Telangana State, India

Name	:	BOUTH DIVYANSII
Gender	:	MALE
Date of Birth	:	23-FEB-2024
Place of Birth	:	GOVERNMENT MATERNITY HOSPITAL
Name of Mother	:	B MANISHA
Name of Father	:	B DHIRAJ KUMAR
Address of the parents at the time of birth of the Child	:	HYD
Permanent address of the parents	:	HYD
Remarks	:	BCNE1024019212

Application No. : CNJ022402134032
Registration No. : 5084

ACK No. : 1202409056296
Date of Registration : 11-MAR-2024



Verified by :

Registrar of Births and Deaths
NAME : DR M JYOTHI BAI
DESIGNATION : AMOH
CIRCLE No & NAME : 9-CHARMINAR
DATE : 30-Oct-2024 01:13:15

Note: This is Digitally Signed Certificate and does not require physical signature. And this certificate can be verified at [http://www.telangana.gov.in/Birth_Certificate.aspx](#) by furnishing the Acknowledgement/Application number mentioned in the