evercare
HOSPITAL CHATTOGRAM
Transforming Healthcare
Plot # H1, Ananna Residential Area, CDA, Oxygen-Kuwaish Road, Chattogram, Bangladesh, T +880241380350-61
infoctg@evercarebd.com, www.evercarebd.com
Appointments & Emergency Care 10663

INVESTIGATION REPORT

ab/Manual No	:	530849/OS-853	Order No	:	OP27/45047
atient Name	:	MD. TALHA	UHID	:	5182449
ge/Gender	:	9 Y/M	Sample Collected	:	23/05/2026 4:17PM
eferred By	:	DR. MD. JAMAL UDDIN TANIN	Sample Received	:	23/05/2026 5:15PM
ard/Bed No	:	OPD	Report Date	:	25/05/2026 5:28PM
inical History	:		Report Status	:	Finalized

MOLECULAR DIAGNOSTICS LAB

IMMUNOPHENOTYPING ACUTE LEUKEMIA / LYMPHOMA

Type of sample: Peripheral blood
The provided specimen presents a predominant cell cluster in the blast region along with lymphocytes, and very significantly reduced number of granulocytes.
Gating strategy : CD45 vs SSC
Events acquired : 50,000
Percentage cells gated : ~76% blast
On gating and further analysis, these critical cells express the following immunophenotyping findings -

Markers	Result (%)	Intensity	Interpretation
T-cell Markers			
cyCD3	100%	**Bright**	**Positive**
sCD3	—	Negative	Negative
CD4	—	Negative	Negative
CD8	100%	**Moderate**	**Positive**
CD5	100%	**Bright**	**Positive**
CD7	100%	**Bright**	**Positive**
TRBC1	—	Negative	Negative
TCR γ/δ	—	Negative	Negative
B-cell Markers			
CD10	68%	**Dim to moderate**	**Positive**
CD19	—	Negative	Negative
CD20	—	Negative	Negative
CD22	—	Negative	Negative
Myeloid Markers			
CD13	—	Negative	Negative
CD33	35%	**Dim**	**Positive**
CD117	—	Negative	Negative
CD15	—	Negative	Negative
MPO	—	Negative	Negative

IAMMAD AMIR HOSSAIN
Scientific Officer

Dr. MD MIZANUR RAHMAN
MBBS, PhD (Immunology)
SENIOR CONSULTANT – MOLECULAR DIAG

redBy Dr. MD MIZANUR RAHMAN

বাংলাদেশ ফরম নং ৭৬৮

তারিখ	রোগ ও রোগের লক্ষণাদি	ব্যবস্থাপত্র	পথ্যাদি

F/O ✓ 25.07.26
11.00 am

R/N: 00424259776
Name: Talha
Age: 10 yrs
Wt: 28.2 kg
Ht: 125 cm
BSA: 0.9 m²
Bl.Gr: O +ve
Dx: ALL (Pre-B early T-cell precursor)
[Reg- B induction of remission]

Dref - Neutropenic diet

inj. L-ASPA 5000 U/ml
1 ml deep I/M on upper and outer quadrant of gluteal region, alternate day, alternate bullock (check CBG)
26.07 | 28.07 | 30.07

inj. Vincristine (2mg/2cc)
1.3 cc IV push and flash method, push 20 ml IVF before and after inj. vincristine
26.07 | 02.08 | 09.08

inj. Daunorubicin (20mg/4ml)
(4.5ml + 100ml IVF) IV @ 100 d/min over 1hr
26.07 | 02.08

inj. Nausit 1cc + inj. Dexa 1cc | IV — sos (if vomiting)

inj. Emeset 8mg — 2.3 cc IV — sos

inj. Napa 1g/100 cc — 23 cc IV — sos (if temp ≥ 101°F)

inj. Omep 40mg/10cc
BCC IV — BD

Syp. Ulcate - ½ TSF × P/O — 6 hrly

Syp. Avolac — 2 TSF × P/O — 8 hrly

Tab. Napa 500mg - ⅓ + ½ + ½ (if temp ≥ 100°F)

Tab. Calbo D 500 - 1 + 0 + 1

Tab. MSL 10 - ½ + ½ + ½

Tab. Sonexa 4mg - 1½ + 0 + 0 (A/N)

inj. Lebothis JR 500ml
IV @ 20 d/min — daily

sos

Cotrim...2 চামচ করে দিনে ২ বার সোমবার ও মঙ্গলবার
Oralon Mouth Wash দিয়ে দিনে ৩ বার কুলি করবেন, চলবে।
Candex Oral Drop ১ চামচ করে দিনে ৪ বার চলবে।
Acriflavin Hipbath দিবে ১ বার এবং প্রতিবার পায়খানার পর চলবে।
আগামী.....তারিখ কোগুলেবেরাদি দিতে আসবেন।
আগামী.....তারিখ CBC করে সকাল ৯ টার মধ্যে আসবেন।

Inj. TIT
Inj. MTX 0.5 CC + Inj. HCR 0.5 CC
+Inj. Cytosar 0.3 CC
IT, Stat 25.07 ইং তারিখ।
01.08 | 08.08

BT Order (Date: 30.7.26 Time: 7.35pm)
Pt Name: Talha Bl Group: O+ve
Reg: 00 424259776 Bag No: 4001
Plz transfuse - PRBC/fresh blood/FFP/ platelet iv @.....5-10.....for 5 min. If no reaction occur, continue iv @.15-20. If any reaction > stop transfusion and give
Inj. Oradexon.....ml iv stat
Inj. Phenergan.....ml im stat
250 ml
- Inj. Lasix 20mg/2cc
1 amp IV @ mid-transfusion

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INVESTIGATION REPORT

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nical History	:		Report Status	:	Finalized

MOLECULAR DIAGNOSTICS LAB

IMMUNOPHENOTYPING ACUTE LEUKEMIA / LYMPHOMA

Markers	Result (%)	Intensity	Interpretation
Other Markers			
CD45	100%	Moderate	Positive
CD34		Negative	Negative
TdT	14%	Negative	Negative
CD38		Negative	Negative
HLA-DR		Negative	Negative
CD56		Negative	Negative
Kappa		Negative	Negative
Lambda		Negative	Negative

Result summary:
Blasts are positive for T-cells markers (cyCD3,CD5,CD7,CD8),CD10,myeloid marker CD33 and negative for sCD3,CD4, TCR γ/δ, TRBC1, B-cells and other granulocyte specific markers tested. These cells are also negative for CD34,TdT,CD38, HLA-DR and CD56.

Impression:
The overall Immunophenotype findings of specimen provided are compatible of **Near Early T-cell Precursor Acute Lymphoblastic Leukemia (Near-ETP-ALL).**

Please correlate with clinical features, peripheral blood findings, bone marrow morphology and cytogenetic/ molecular studies.

Advice: Leukemia genetic profile and Karyotyping for risk stratification.

Test platform:
Instrument : 12 color, 3 laser BD FACS Lyric (Becton Dickinson)
Method : Lysis followed by direct antibody staining.

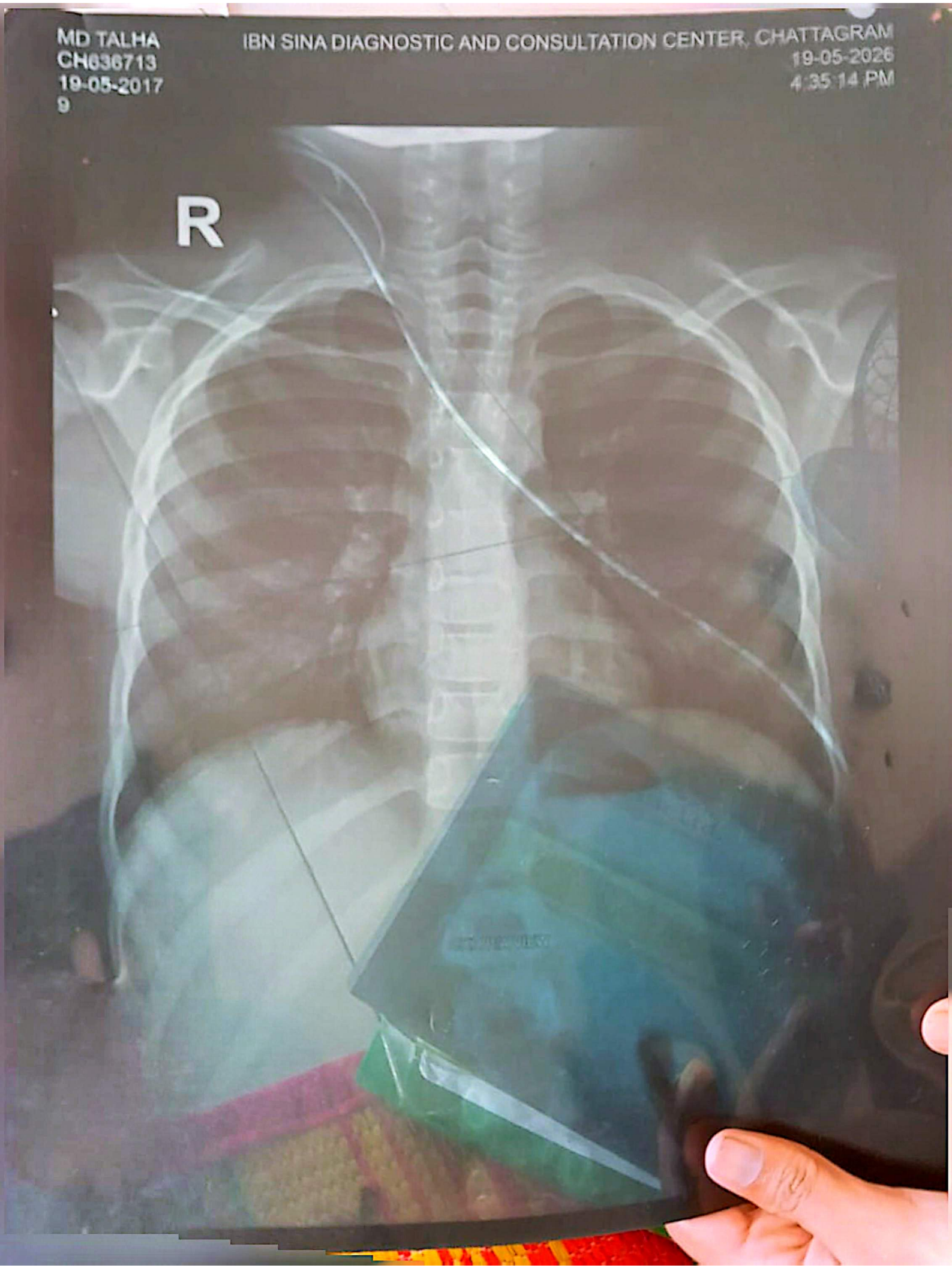
***This is a finalized report & requires no signature.**

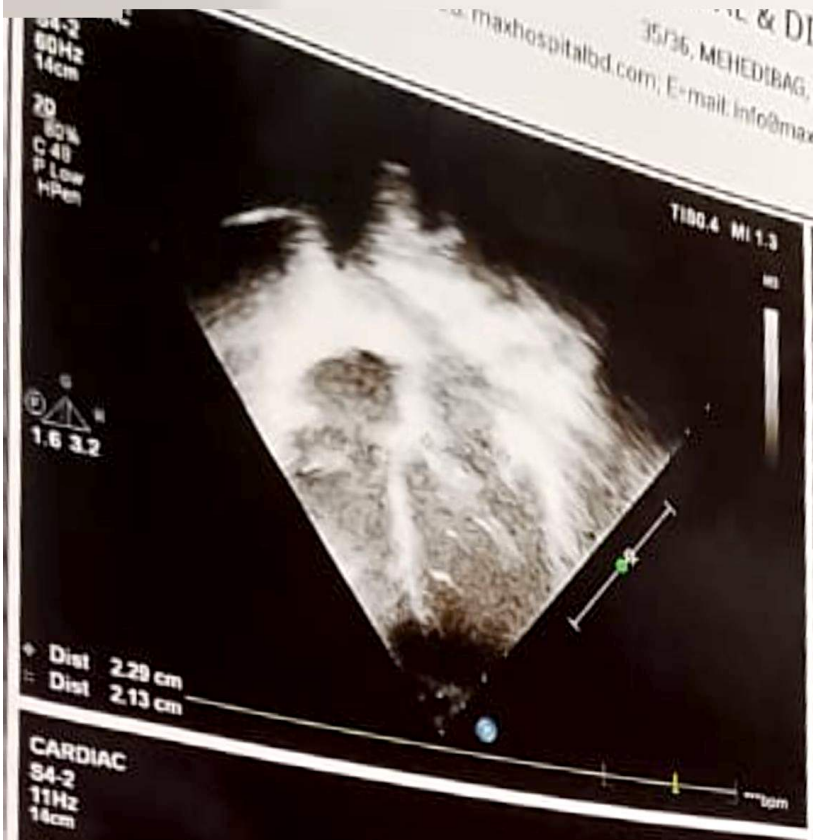
--- End of Report ---

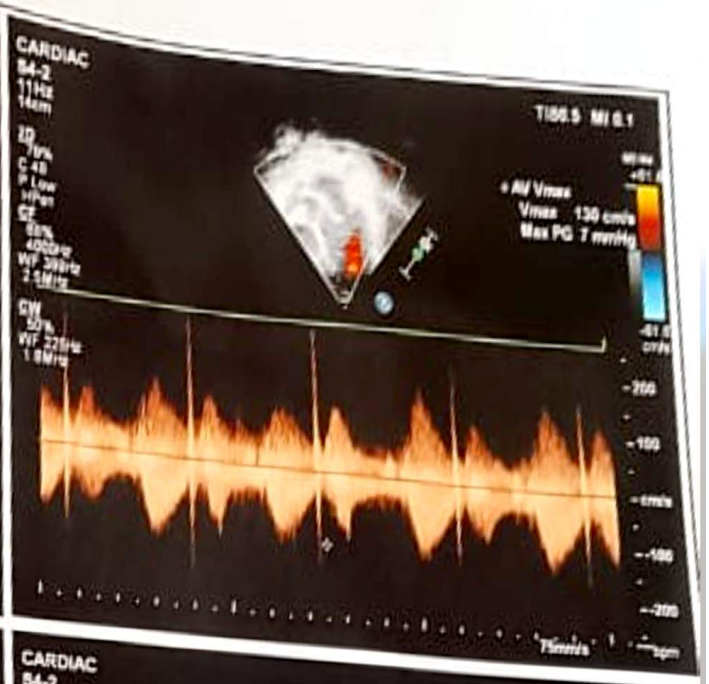
AMMAD AMIR HOSSAIN
Scientific Officer

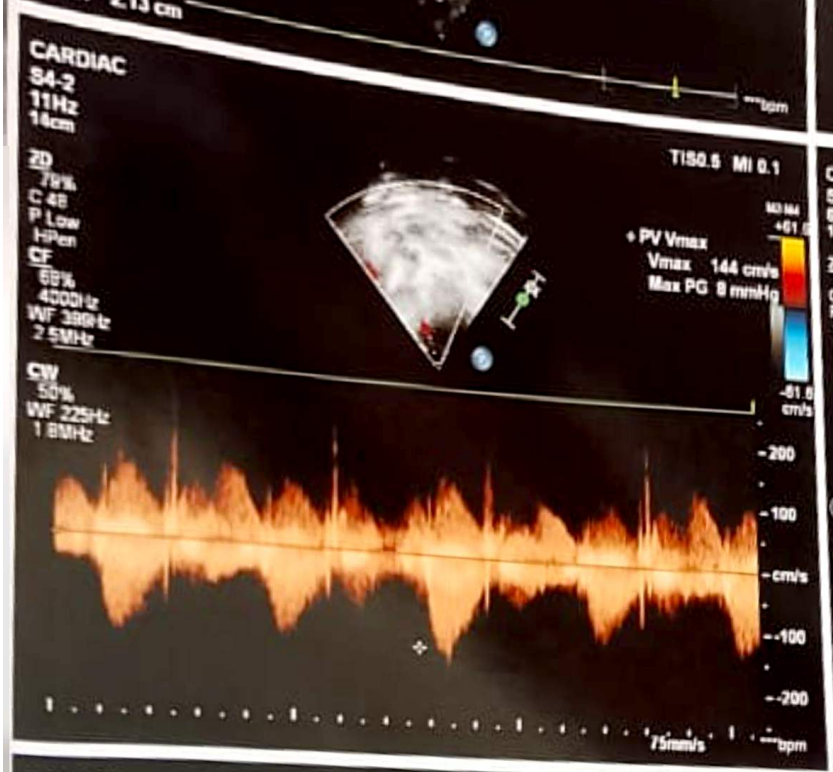
Dr. MD MIZANUR RAHMAN
MBBS, PhD (Immunology)
SENIOR CONSULTANT – MOLECULAR DIAGNOSTICS

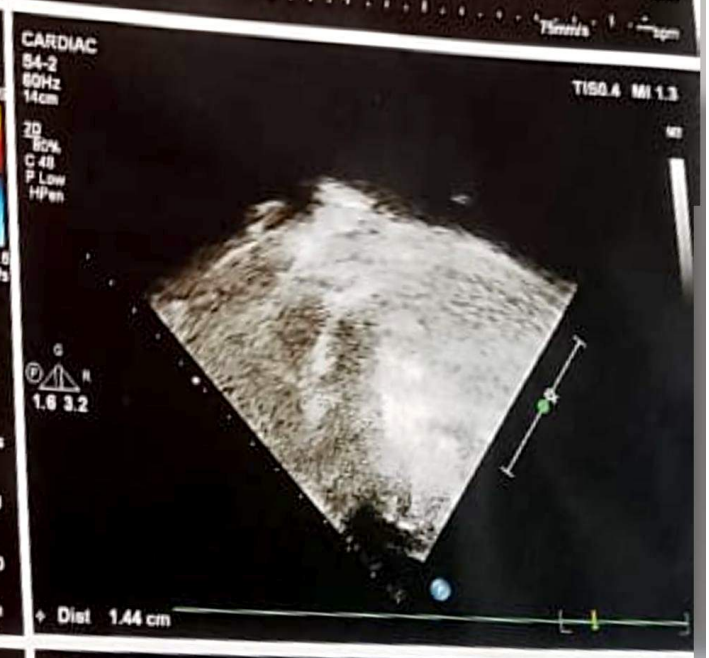
dBy Dr. MD MIZANUR RAHMAN

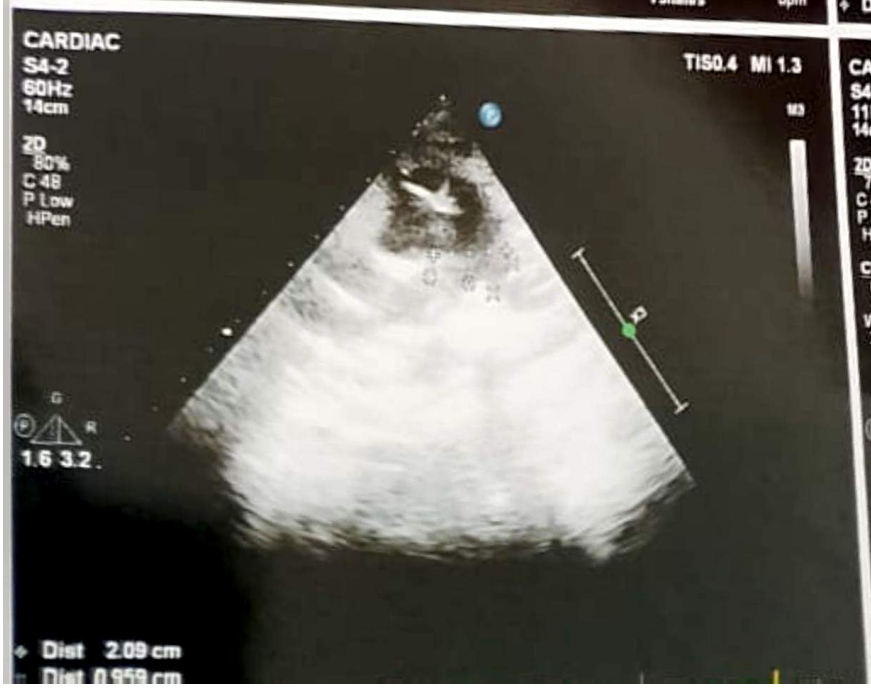

MD TALHA
CH636713
19-05-2017
9
IBN SINA DIAGNOSTIC AND CONSULTATION CENTER, CHATTAGRAM
19-05-2026
4:35:14 PM
R

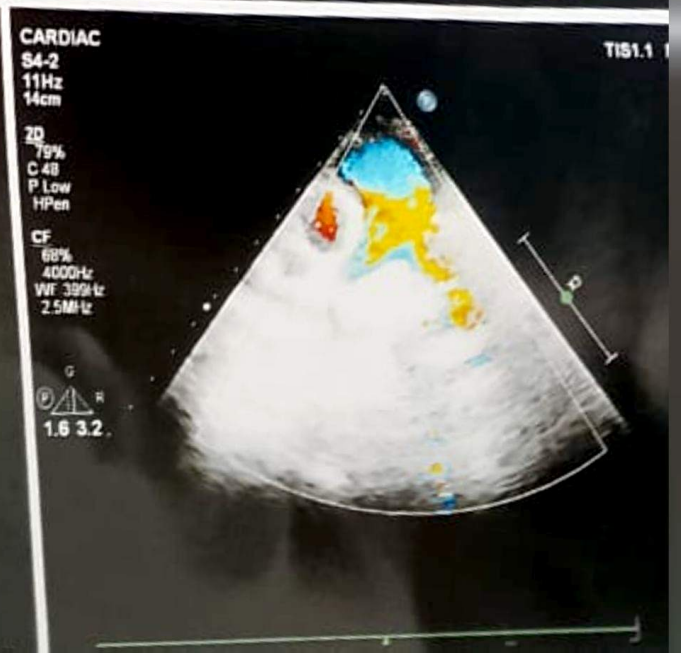

TIS0.4 MI 1.3
1.6 3.2
Dist 2.29 cm
Dist 2.13 cm


CARDIAC
S4-2
11Hz
14cm
TIS0.5 MI 0.1
All Vmax
Vmax 130 cm/s
Max PG 7 mmHg
CW
75mm/s


CARDIAC
S4-2
11Hz
14cm
TIS0.5 MI 0.1
PV Vmax
Vmax 144 cm/s
Max PG 8 mmHg
CW
75mm/s


CARDIAC
S4-2
60Hz
14cm
TIS0.4 MI 1.3
1.6 3.2
Dist 1.44 cm

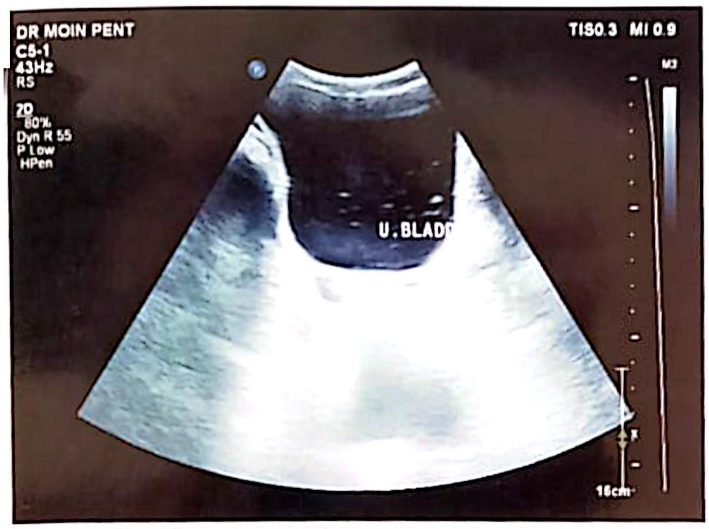

CARDIAC
S4-2
60Hz
14cm
TIS0.4 MI 1.3
1.6 3.2
Dist 2.09 cm

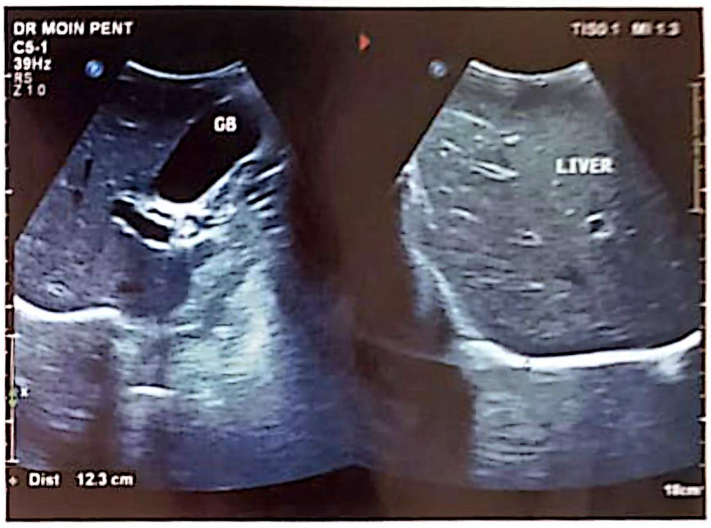

CARDIAC
S4-2
11Hz
14cm
TIS1.1
1.6 3.2

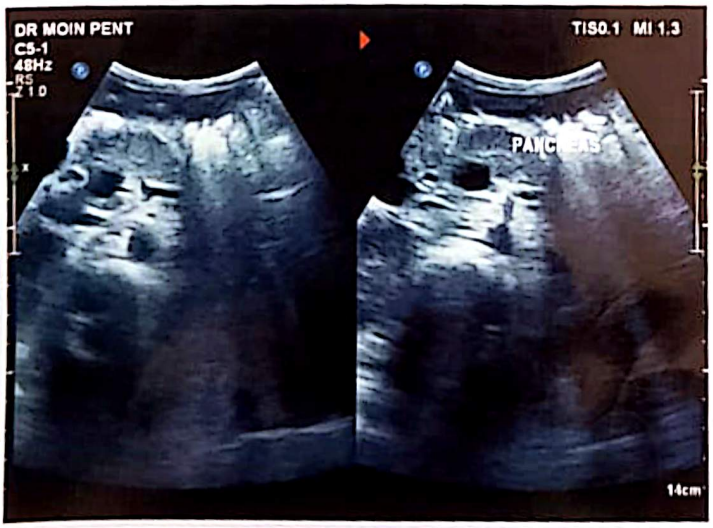
WebSite: www.epichcl.com
Email_ID: info@epichcl.com

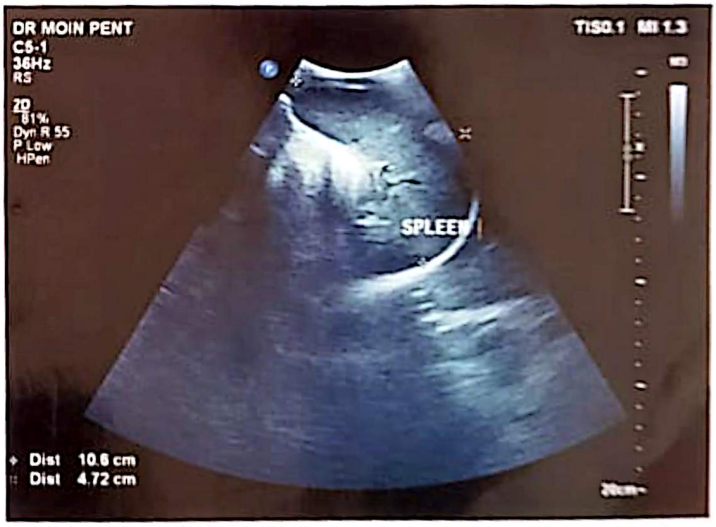
.tient ID: 9407
ame: TALHA 10Y

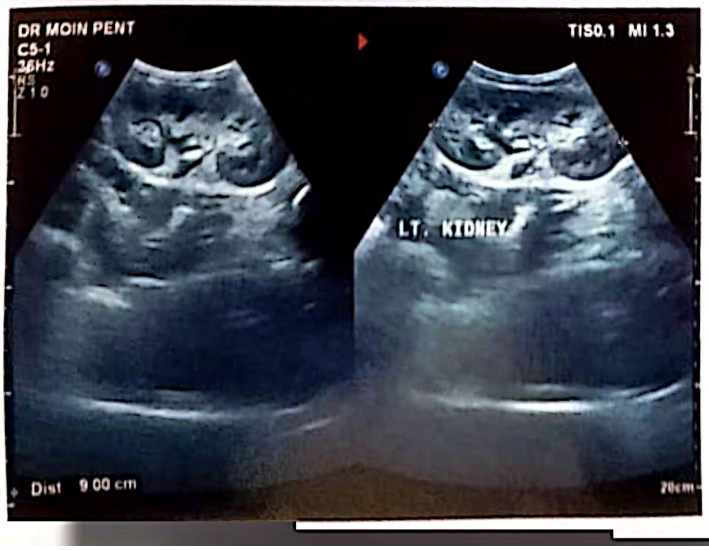
Date: 12-Jul-2026

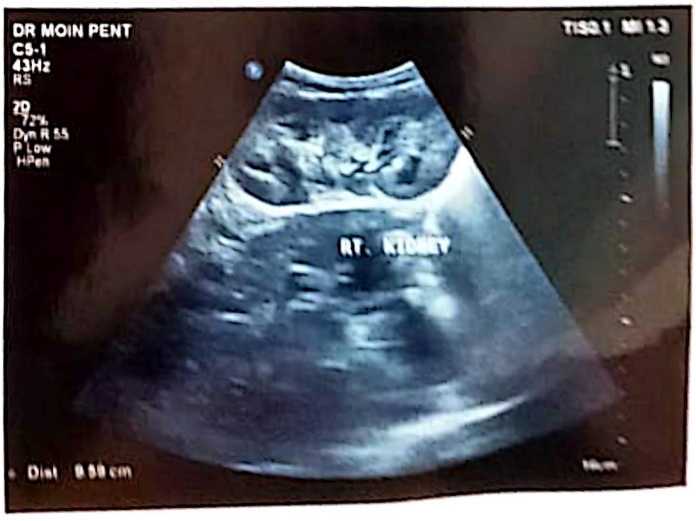












MAX Diagnostic Ltd.

NON-INVASIVE CARDIAC LAB REPORT

Patient ID	[illegible]	Report No		Report Status	PREPARED
Invoice No	[illegible]	Invoice Date	[illegible]	Delivery Date	[illegible]
Patient Name	MR. ABU [illegible]				
Age	10	Gender	Male		
Ref. Doctor	DMCH (Ward No.52, CTG)				

Test name: Echo Echo Cardiography + Color Doppler

Measurement 2D & M mode

AO	1.9mm	LV-IDD	3e mm	RVID	mm	MV	22mm
LA	2.2 mm	LV-IDS	20 mm	RVOT	mm	TV	21 mm
LA: AO	1.05	FS	43 %	RA	mm	AV	18 mm
IVSD	08 mm	EF	76 %	PA	20mm	PV	14 mm
PWD	08 mm	Heart rate	/min	RPA	11 mm	Coronary Rt. Lt	mm
				LPA	10 mm		

DESCRIPTION: Situs solitus. Two atria & two ventricles. AV & VA concordance. Normal systemic & pulmonary venous drainage.

GREAT ARTERIES: Left sided aortic arch, normally related great arteries.

CHAMBERS:

LA : Normal in dimension.
LV : Normal in dimension & thickness.
RA : Normal in dimension.
RV : Normal in dimension & thickness.

VALVES:

MV : Normally E: A ratio.
AV : Normal.
PV : Normal.
TV : Mild regurgitation PASP 26 mmHg.

IAS : Intact.
IVS : Intact.

Pericardium : No remarkable pericardial effusion.
Thrombus / Vegetation other mass: Not seen.

IMPRESSION: **Normal cardiac structure**
Good LV Systolic function

Dr Jannatul [illegible]
MBBS, FCPS (Pediatrics)
Associate Professor (CC) Pediatric Medicine
Chattogram Maa-O-Shishu Hospital Medical College

EPIC Health Care
Diagnostic Center & Specialized Doctor's Chamber

ULTRASONOGRAM REPORT

HN:

Patient ID	: H12607960973	Report No: 126000404597	Counter 04
Invoice No	: NE2607749407	Invoice Date: 12/07/2026 01:54 PM	Report Status: PREPARED
Patient Name	: MASTER TALHA		Delivery Date: 12/07/2026
Ref. Doctor	: WARD-51PEDIATRIC HAEMATO ONCOLOGY, CMCH		Age/Gender: 10Y / Male

Test name : USG-Whole Abdomen

The Liver : **Mildly enlarged in size (12.3 cm)** with homogeneous echotexture. No focal lesion is seen. Hepatic veins & portal vein appears normal.

Biliary Channels: Intrahepatic biliary channels are not dilated. CBD: Not dilated.

The gall bladder: Normal in size. Wall thickness is normal. No echogenic structures, sludge or deposit is seen in GB lumen.

The pancreas: Normal in size and parenchymal echotexture. MPD is not dilated.

The spleen: **Mildly enlarged in size (10.6 x 4.7 cm)** and uniform in echopattern.

Right kidney: Normal in size measuring about 9.5 cm, shape and position. **Cortical echogenicity is increased. Cortico-medullary differentiation is mildly impaired .** Pelvicalyceal systems are not dilated.

Left kidney: Normal in size measuring about 9.0 cm, shape and position. **Cortical echogenicity is increased. Cortico-medullary differentiation is mildly impaired .** Pelvicalyceal systems are not dilated.

The urinary bladder: Well filled and regular in outline. No intravesical lesion seen

Prostate: Appear normal

**** No ascites, pleural effusion or lymphadenopathy noted.**

Impression:

- **Mild hepatosplenomegaly.**
- **Bilateral mildly echogenic kidneys.**

Legal Disclaimer:
This report is a professional opinion only; not the final diagnosis. It should be correlated with Pt's presentation, clinical findings & other supportive diagnostic evidences. Measurements including EDD depends on machine calibration & subject to Variation. This report is not valid as a document of evidence or for any medico-legal purposes.

Report Composed By: Pakhi
Checked by:

Dr. Kazi Md. Afom Uddin
MBBS, BCS (H), MD (BSMMU)
Advanced training in MRI (Mumbai).
Radiology & Imaging Specialist
Assistant Professor
Chittagong Medical College Hospital.

কে বি ফজলুল কাদের রোড, পাঁচলাইশ, চট্টগ্রাম। (চট্টগ্রাম মেডিকেল মেইন গেইটের বিপরীতে)। ০২৩৬৪-৪৩৩৬০০, ০২৩৪৭-০০৫০৪৫
রোড, পাঁচলাইশ, চট্টগ্রাম। (চট্টগ্রাম মেডিকেল পূর্ব গেইটের বিপরীতে)। ০২৩৬৪-৪৩৩৭০০, ০২৩৬৪-৭১০২
ভবনের বিপরীতে), আন্দরকিল্লা, চট্টগ্রাম। ০২৩৮৭-৪৫১১০২, ০২৩৮৪-৪৩৩৪

DEPARTMENT OF MICROBIOLOGY
CHITTAGONG MEDICAL COLLEGE
Chattogram, Bangladesh

CULTURE & SUSCEPTIBILITY TEST REPORT

Patient ID: 260709-08 Received Date: 09/07/2026 Delivery Date: / /2026

Name: Talha Age: 10 Sex: M

Referred by: Ward: 51 Bed: 16

Examination of: Urine for Culture & Susceptibility (C/S)

Culture Shows: A. NO Growth Colony Count

B. Colony Count

Susceptibility Test

Antibiotics	Susceptibility A	Susceptibility B	Antibiotics	Susceptibility A	Susceptibility B
ACCESS GROUP			**WATCH GROUP**		
Ampicillin			Azithromycin		
Amoxicillin + Clavulanic Acid			Carbenicillin		
Amikacin			Cefepime		
Chloramphenicol			Cefixime		
Clindamycin			Cefotaxime		
Cloxacillin			Cefpirome		
Co- Trimoxazole			Ceftazidime		
Doxycycline			Ceftriaxone		
Gentamicin			Cefuroxime		
Mecillinam			Cefoxitin		
Nitrofurantoin			Ciprofloxacin		
Oxacillin			Doripenem		
Penicillin			Erythromycin		
			Imipenem		
			Levofloxacin		
RESERVE GROUP			Meropenem		
Aztreonam			Nalidixic-Acid		
Colistin			Netilmicin		
Fosfomycin			Piperacillin+Tazobactam		
Linezolid			Teicoplanin		
Tigecycline			Vancomycin		

N.B: S= Sensitive, IS= Intermediate sensitive, R= Resistant. Antimicrobial susceptibility test done by the Kirby-Bauer disc diffusion method. Antibiotics are arranged according to WHO AWaRe Classification

Medical Technologist

Consultant

IBN SINA
স্বাস্থ্যসেবায় পথ প্রদর্শক

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, CHATTOGRAM

House # 12/A, Road # 2, Katalganj R/A, Panchlaish, Chattogram
Phone : 02-334455151-4, Mobile : 01886-610115, Hotline : 09610009622
E-mail : ibnsinactg18@gmail.com, Web : www.ibnsinatrust.com
ISO 9001:2015 Certified

REPORT

I.D. No	: CH636713	Received date :19 May 2026	Printed date :19 May 202608:15PM	
Name of Pt.	: MD.TALHA	Age :9 y(s)	Sex :Male	
Referred by	: DR. MD. JAMAL U. TANIN, MBBS, MD.			
Part Scanned:	XR CHEST P/A VIEW DIGITAL (CXR).			

Chest P/A View:

Lung fields are clear.

Trachea is central in position.

Heart is normal in size, shape and position.

Basal angles are clear.

Diaphragm is normal in outline and position.

Bony thorax revealed no abnormality.

Impression : Normal Skiagram of Chest.

Dr. Md. Abbas Uddin Chy
MBBS, M.Phil (Radiology & Imaging-BIRDEM)
Asso. Professor
BGC Trust Medical College
Radiologist and Imaging specialist.

epared by: MD. IQBAL HOSEN ARIF

16

ক্রম	রোগ ও রোগের লক্ষণাদি	ব্যবস্থাপত্র	স্বাক্ষর

R/N: 00 42425976
Name: Talha
Age: 10 yrs
Wt: 23.2kg
Ht: 125 cm
BSA: 0.9 m²
Bl.Gr: O +ve
Dx: ALL (Mean early T-cell precursor)
[Reg- B induction of Remission]

F/O 25.07.26 11.00 am

Drof - Neutropenic diet

inj. L-ASPA 5000 U/ml)
1 ml deep I/M on upper and outer quadrant of gluteal region, alternate day, alternate buttock (check CBG)
26.07 | 28.07 | 30.07

inj. Vincristine (2mg/2cc)
1.3 cc IV push and flash method, push 20 ml IVF before and after inj. Vincristine
26.07 | 02.08 | 09.08

inj. Daunorubicin (20mg/4ml)
(4.5ml + 100ml IVF) IV @ 100 ml/min over 1Hr
26.07 | 02.08

inj. Maxirit 1cc + inj. Dexa 1cc | IV — SOS (if vomiting)
inj. Emeset 8mg — 2.3 cc IV — SOS
inj. Napa 1g/100cc — 23 cc IV — SOS (if temp ≥ 101°F)
inj. Omep 40mg/10cc
Bcc IV — BD
Syp. Ulcafe - ½ TSF × P/O — 6 hrly
Syp. Avoiac - 2 TSF × P/O — 8 hrly
Tab. Napa 500mg - ⅓ + ⅓ + ⅓ (if temp ≥ 100°F)
Tab. Calbo D 500 - 1 + 0 + 1
Tab. MSL 10 - ½ + ½ + ½ + ½
Tab. Sonexa 4mg - 1½ + 0 + 0 (A/N)
inf: Leboff's JR 500ml
IV @ 20 ml/min — daily
inj. Algin - 2.3 cc IV — SOS

Cotrim...2...চামুচ করে দিনে ২ বার সোমবার ও মঙ্গলবার
Oralon Mouth Wash দিয়ে দিনে ৩ বার কুলি করবেন, চলবে।
Candex Oral Drop ১-চামুচ করে দিনে ৪ বার চলবে।
Acriflavin Hipbath দিয়ে ১ বার এবং প্রতিবার পায়খানার পর চলবে।
আগামী.....তারিখ কেমোথেরাপি দিতে আসবেন।
আগামী.....তারিখ CBC করতে সকাল ৯ টার মধ্যে আসবেন।

Inj. TIT
Inj. MTX 0.5 CC + Inj. HCR 0.5 CC
+Inj. Cytosar 0.3 CC
IT, Stat. 23.07 ইং তারিখ।
01.08 | 08.08

BT Order (Date: 30.7.26 Time: 7.35pm
Pt Name: Talha Bl Group: O+ve
Reg: 00 42425976 Bag No: 4001
Plz transfuse - PRBC/fresh blood/FFP/platelet iv @ 5-10 for 5 min. If no reaction occur, continue iv @ 15-20.
If any reaction > stop transfusion and give
Inj. Oradexon.....ml iv stat
Inj. Phenergan.....ml im stat
250ml
- Inj. Lasix 20mg/2cc
1 amp IV @ mid of transfusion

DR. Samia

CHITTAGONG MEDICAL COLLEGE HOSPITAL
Chattogram

REFERAL/NCC NOTE.

ON CALL SHEET :

NAME Talha AGE 10 yrs SEX M

WARD 5 BED 16 UNIT ADMISSION DATE 18.6.126

DIAGNOSIS :

1 ALL (T-cell) [Reg-B induction of remission] 2 1 week abdominal pain
USG on 12/07 — Bilateral mildly echogenic kidneys

PROBLEMS :

Regarding Report review

REFERED TO/OPINION SEEKED OF :

Prof. of Paediatric Nephrology

SIGNATURE WITH DESIGNATION :

DATE 16.07.126

OPINION/COMMENT/PROCEEDING

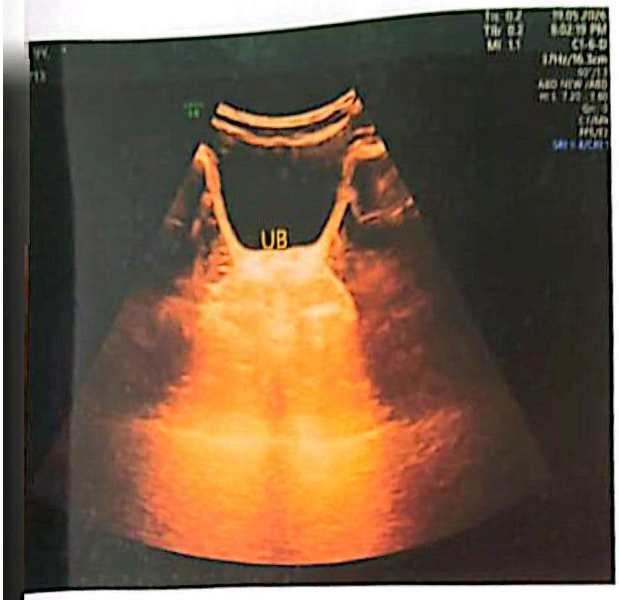
With thanks

Thanks for referral.

This echogenic change may be due to drug induced. please consider omission of inj. levofloxacin & then review USG after one week.

ডা. মো: ইকবাল হাবীব
এমবিবিএস(ডিএমসি), বিসিএস(স্বাস্থ্য)
এম,ডি (শিশু রেমাটোলজি এন্ড নেফ্রোলজি)
সহকারী অধ্যাপক
চট্টগ্রাম মেডিকেল কলেজ

Professor
Dept. of Pediatric Nephrology
Ward-7B, CMCH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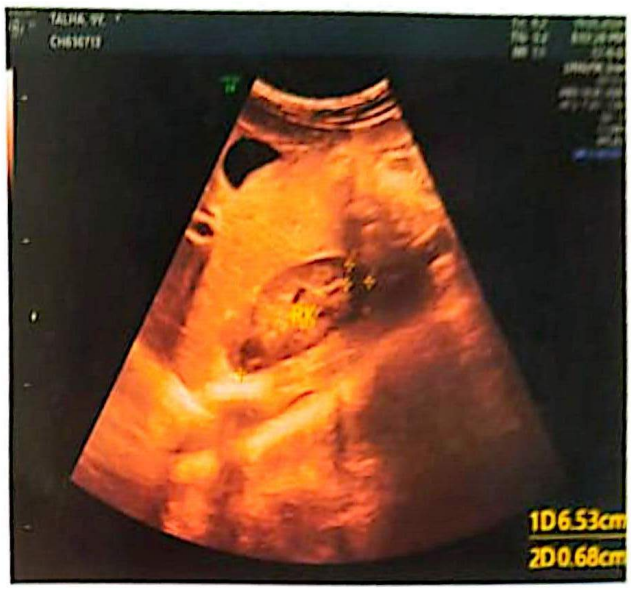
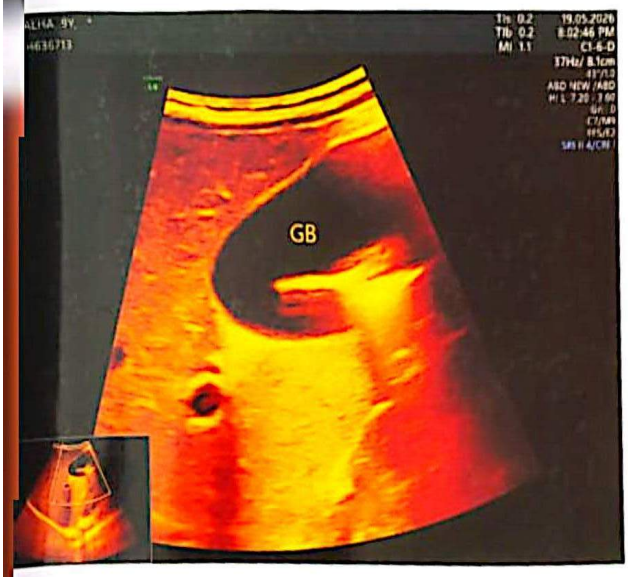
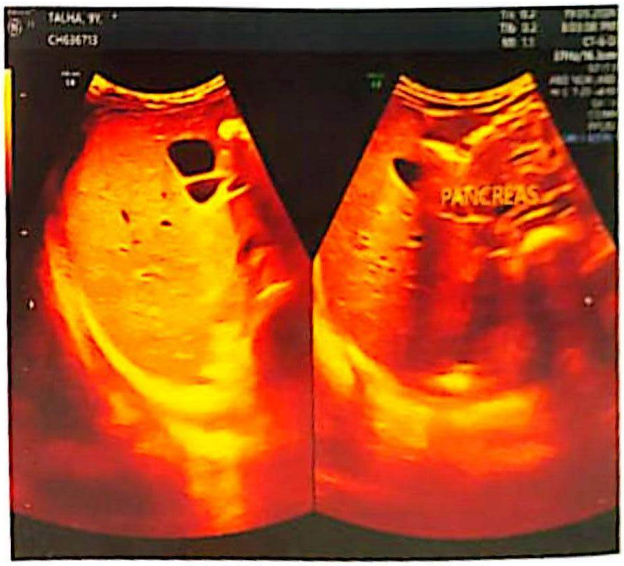
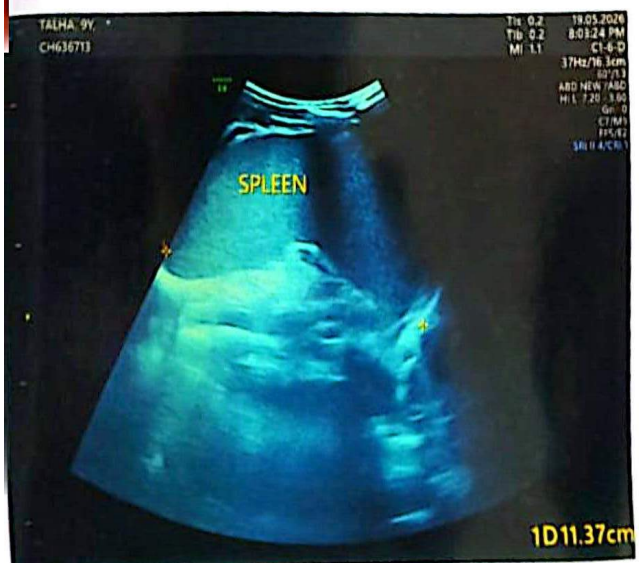
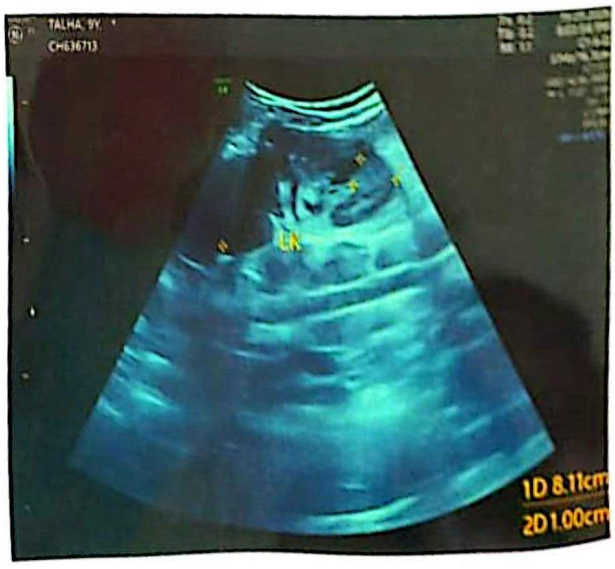

1D 6.53cm
2D 0.68cm


GB


PANCREAS


SPLEEN
1D 11.37cm


LK
1D 8.11cm
2D 1.00cm

PROTOCOL FOR
CUTE LYMPHOBLASTIC LEUKAEMIA

Regimen B (Boy)

DEPARTMENT OF PAEDIATRIC HAEMATOLOGY AND ONCOLOGY
BANGABANDHU SHEIKH MUJIB MEDICAL UNIVERSITY

ULTRASONOGRAM REPORT

HN:

Patient ID	: H12607986644	Report No: 126000470805	Counter 05
Invoice No	: NE2607769015	Invoice Date: 25/07/2026 01:37 PM	Report Status: PREPARED
Patient Name	: MASTER TALHA		Delivery Date: 25/07/2026
Ref. Doctor	: WARD-51PEDIATRIC HAEMATO ONCOLOGY, CMCH		Age/Gender: 10Y / Male

Test name : USG-Whole Abdomen

The Liver : **Mildly enlarged in size (13.4 cm)** with homogeneous echotexture. No focal lesion is seen. Hepatic veins & portal vein appears normal.

Biliary Channels: Intrahepatic biliary channels are not dilated. CBD: Not dilated.

The gall bladder: Normal in size. Wall thickness is normal. No echogenic structures, sludge or deposit is seen in GB lumen.

The pancreas: Normal in size and parenchymal echotexture. MPD is not dilated.

The spleen: Normal in size (10.9 cm) and uniform in echopattern.

Right kidney: Normal in size (9.8 cm), shape and position. Cortical echogenicity is normal. Cortico-medullary differentiation is well. Pelvicalyceal systems are not dilated.

Left kidney: Normal in size (9.5 cm), shape and position. Cortical echogenicity is normal. Cortico-medullary differentiation is well. Pelvicalyceal systems are not dilated.

The urinary bladder: Well filled and regular in outline. No intravesical lesion seen.

Prostate: Normal for age.

Mild ascites is noted.

Impression:

- **Mild hepatomegaly.**
- **Mild ascites.**

Legal Disclaimer:
This report is a professional opinion only; not the final diagnosis. It should be correlated with Pt's presentation, clinical findings & other supportive diagnostic evidences. Measurements including EDD depends on machine calibration & subject to Variation. This report is not valid as a document of evidence or for any medico-legal purposes.

Dr. Kazi Md. Moin Uddin
MBBS, BCS (H), MD (BMU)
Advanced training in MRI (Mumbai).
Radiology & Imaging Specialist
Assistant Professor
Chittagong Medical College Hospital.

Report Composed By: Lubna

Checked by- Pokehi

op Printed by: USG Printed Date : 25/07/2026 19:20 PM

Software By :: Mysoft Limited

HAEMATOLOGY REPORT

Invoice No	: P2605098726	Invoice Date : 19/05/26	HN H22605663204
Patient Name	: MASTER TALHA		Sample Collected : 19/05/26 03:47 pm
Age	: 9Y		Sample Received : 19/05/26 04:18 pm
Gender	: Male		Reported : 21/05/26 07:54 PM
Referred By	: DR.MD.JAMAL UDDIN TANIN MBBS (CMC), MD (HAEMATOLOGY) BSMMU , BLOOD DISEASE, BLOOD CANCER, THALASSAEMIA & ANAEMIA SPECIALIST		
Sample	: BLOOD		LAB. No : 22605219649
Tests	: PBF (Blood Film Study)		

Test	Result
Blood Film	
RBC	Normochromia with anisocytosis.
WBC	Leucocytosis with many atypical looking cells.
Platelets	Normal.
Impression	Presence of Atypical looking cells with Leucocytosis is significant.
Advice	Lymph node biopsy (if present). Bone marrow Trephine biopsy with Flow cytometry.

SHIMION TRIPURA
Medical Technologist

PROF. SHAHED AHMAD CHOWDHURY
MBBS, FCPS.
PROFESSOR OF HEMATOLOGY,
CHITTAGONG MEDICAL COLLEGE & HOSPITAL

evercare
HOSPITAL CHATTOGRAM
Transforming Healthcare
Plot # H1, Ananna Residential Area, CDA, Oxygen-Kuwaish Road, Chattogram, Bangladesh, T +880241380350-61
infoctg@evercarebd.com, www.evercarebd.com

INVESTIGATION REPORT

Lab/Manual No	:	530849/OS-853	**Order No**	:	OP27/45047
Patient Name	:	MD. TALHA	**UHID**	:	5182449
Age/Gender	:	9 Y/M	**Sample Collected**	:	23/05/2026 4:17PM
Referred By	:	DR. MD. JAMAL UDDIN TANIN	**Sample Received**	:	23/05/2026 5:15PM
Ward/Bed No	:	OPD	**Report Date**	:	25/05/2026 5:28PM
Clinical History	:		**Report Status**	:	Finalized

MOLECULAR DIAGNOSTICS LAB

IMMUNOPHENOTYPING ACUTE LEUKEMIA / LYMPHOMA

Type of sample: Peripheral blood

The provided specimen presents a predominant cell cluster in the blast region along with lymphocytes, and very significantly reduced number of granulocytes.

Gating strategy : CD45 vs SSC
Events acquired : 50,000
Percentage cells gated : ~76% blast

On gating and further analysis, these critical cells express the following immunophenotyping findings –

Markers	Result (%)	Intensity	Interpretation
T-cell Markers			
cyCD3	100%	Bright	Positive
sCD3	—	Negative	Negative
CD4	—	Negative	Negative
CD8	100%	Moderate	Positive
CD5	100%	Bright	Positive
CD7	100%	Bright	Positive
TRBC1	—	Negative	Negative
TCR γ/δ	—	Negative	Negative
B-cell Markers			
CD10	68%	Dim to moderate	Positive
CD19	—	Negative	Negative
CD20	—	Negative	Negative
CD22	—	Negative	Negative
Myeloid Markers			
CD13	—	Negative	Negative
CD33	35%	Dim	Positive
CD117	—	Negative	Negative
CD15	—	Negative	Negative
MPO	—	Negative	Negative

MOHAMMAD AMIR HOSSAIN
Chief Scientific Officer

Dr. MD MIZANUR RAHMAN
MBBS, PhD (Immunology)
SENIOR CONSULTANT – MOLECULAR DIAGNOSTICS

PreparedBy Dr. MD MIZANUR RAHMAN

Study Date: 22/06/2026

Accession #: Alt ID:

Age: Gender: Ht: Wt: BSA:

HOSPITAL LTD

Physician:

Physician of Record: Performed By:

Comments:

Adult Echo: Measurements and Calculations

2D

LV Mass (Cubed)	96.3 g

MMode

IVSd (MM)	0.853 cm	ESV (MM-Teich)	13.9 ml	FS (MM-Cubed)	43.9 %
LVIDd (MM)	3.69 cm	SV (MM-Teich)	43.9 ml	IVS % (MM)	43.0 %
LVPWd (MM)	0.945 cm	FS (MM-Teich)	43.9 %	LVPW % (MM)	6.88 %
IVSs (MM)	1.22 cm	EF (MM-Teich)	76.0 %	LA Dimen (MM)	2.0 cm
LVIDs (MM)	2.07 cm	EDV (MM-Cubed)	50.2 ml	AoR Diam (MM)	1.9 cm
LVPWs (MM)	1.01 cm	ESV (MM-Cubed)	8.87 ml	LA/Ao (MM)	1.05
IVS/LVPW (MM)	0.903	SV (MM-Cubed)	41.3 ml		
EDV (MM-Teich)	57.8 ml	EF (MM-Cubed)	82.3 %		

Doppler

AV Vmax		TR Vmax		PV Vmax	
Max PG	7 mmHg	Max PG	24 mmHg	Max PG	6 mmHg
Vmax	130 cm/s	Vmax	244 cm/s	Vmax	120 cm/s

Signature

Signature:

Name(Print): Date:

Regimen - B (Boy)

Name: Talha
CHCH: 1921


716
R
SC 100 %
716 TALHA 10Y M
2026 JUN 22
CHATTOGRAM MEDICAL COLLAGE HOSPITAL

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HAEMATOLOGY REPORT

Invoice No	: P2605098726	Invoice Date : 19/05/26	
Patient Name	: MASTER TALHA	Hospital No	: H22605663204
Age	: 0Y	Sample Collected	: 19/05/26 03:47 PM
Gender	: M	Sample Received	: 19/05/26 04:18 PM
Referred By	: DR MD JAMAL UDDIN TANIN MBBS (CMC), MD (HAEMATOLOGY) BSMMU , BLOOD DISEASE, BLOOD CANCER, THALASSAEMIA & ANAEMIA SPECIALIST	Reported	: 21/05/26 07:46 PM
Sample	: BLOOD	Lab No	: 22605219649
Test	: TC/DC/HB%/ESR/PCV/PC/PMCT(CBC) (Govt.Rate)		

Test is carried out by Sysmex XN-1000

Test	Result	Unit	Flag	Reference Value	Method
Haemoglobin*	10.9	g/dL	L	F: 12.0-15.5, M: 13-18 g/dL	Colorimetric,Phot
ESR (Westergren Method)	06	mm in 1st hour		M: <10 mm in 1st hour , F:<20 mm in 1st hour	Photometric
Total Count					
White Blood Cells*	25.30	X 10^9/L	H	04.00 - 11.00 X 10^9/L	Fluorescence
Red Blood Cells*	3.88	X 10^12/L		F 3.8-4.8, M 4.5-5.5 X 10^12/L	HDFI, FFDCI
Platelets*	238	X 10^9/L		150 - 400 X 10^9/L	HDFI, FFDCI
Differential Count					
Neutrophil	12	%	L	40 - 75 %	
Lymphocyte	67	%	H	20 - 50 %	
Monocyte	01	%	L	02-08 %	
Eosinophil	00	%		01-06 %	
Basophil	00	%		<01 %	
Atypical Cells	20	%			
Absolute Count					
Neutrophil	3.04	X 10^3/uL			
Lymphocyte	16.95	X 10^3/uL			
Monocyte	0.25	X 10^3/uL			
Eosinophil	0	X 10^3/uL			
Basophil	0	X 10^3/uL			
MCV	85.6	fL		83 - 99 fL	
MCH	28.1	pg		27 - 32 pg	
MCHC	32.8	g/dL		30 - 35 g/dL	
PCV (Hct)*	33.2	%	L	F: 36 - 46 % , M: 40 - 50 %	
PDW	9.7	%			
RDW-CV	17.2	%		11.60 - 14.00 %	
MPV	9.6	fL		7.20 - 9.20 fL	

HN :

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SHIMION TRIPURA
Medical Technologist

PROF. SHAHED AHMAD CHOWI
MBBS. FCPS.
PROFESSOR OF HEMATOLOGY,
CHITTAGONG MEDICAL COLLEGE & HC

CHITTAGONG MEDICAL COLLEGE HOSPITAL
Chattogram

NCC NOTE.

HEET : Talha AGE 10 Years SEX Male

BED D06 UNIT IV ADMISSION DATE 18.6.26

IS : Acute Leukemia (ALL)

MS : Regarding further management & possible transfere

RED TO/OPINION SEEKED OF : Professor of Hemato-oncology

ATURE WITH DESIGNATION :

E 20.06.26

NION/COMMENT/PROCEEDING

With thanks

Thanks for Referral,

Pls add —

→ Inf. Liboth's Fluid (2.5L/m²/day)

→ Inj Tazid (1500mg/m²/dose TDS)

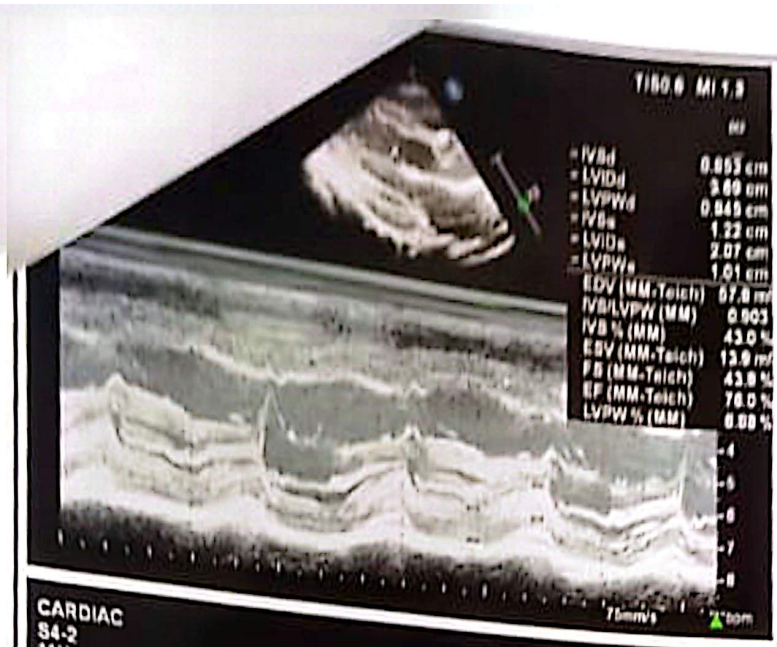
→ Inj Leacin (7.5mg/kg/dose BD)

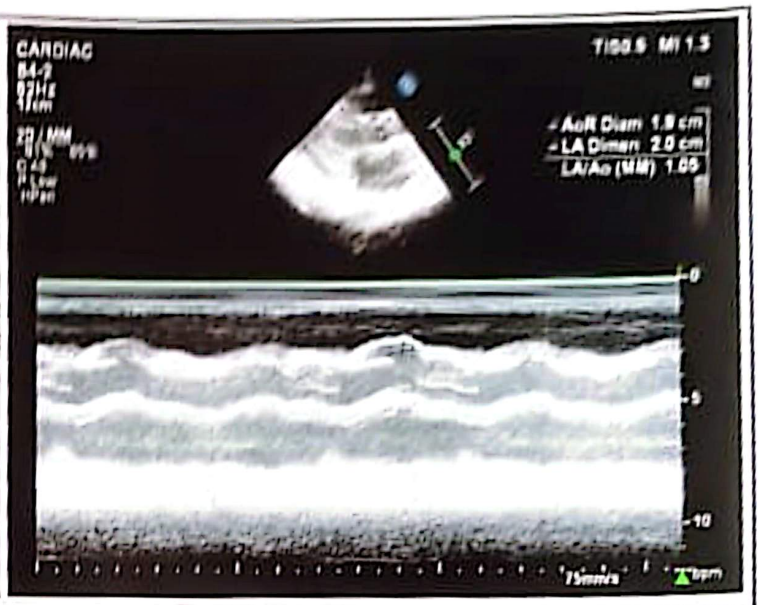
→ Tab. Eclonic 100mg (300mg/m²/day TDS)

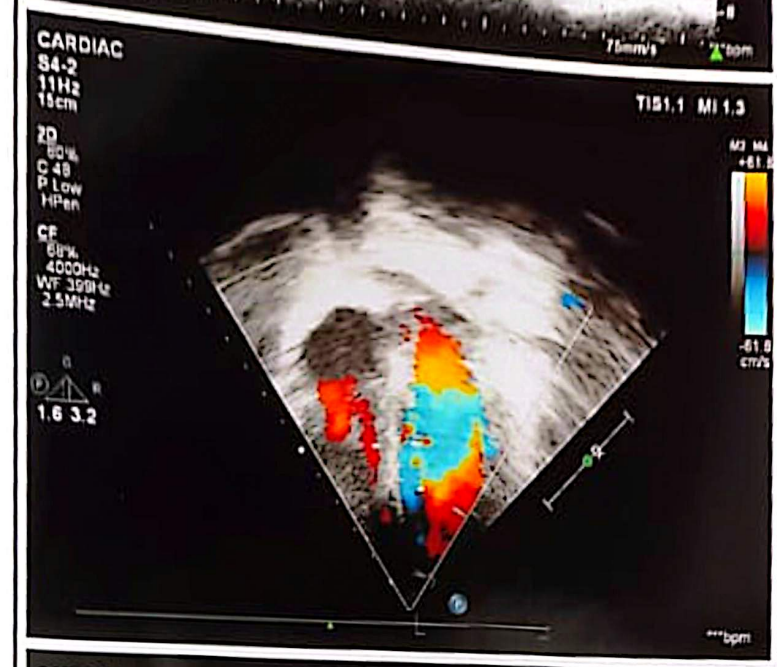
→ Syp Antacid — 9

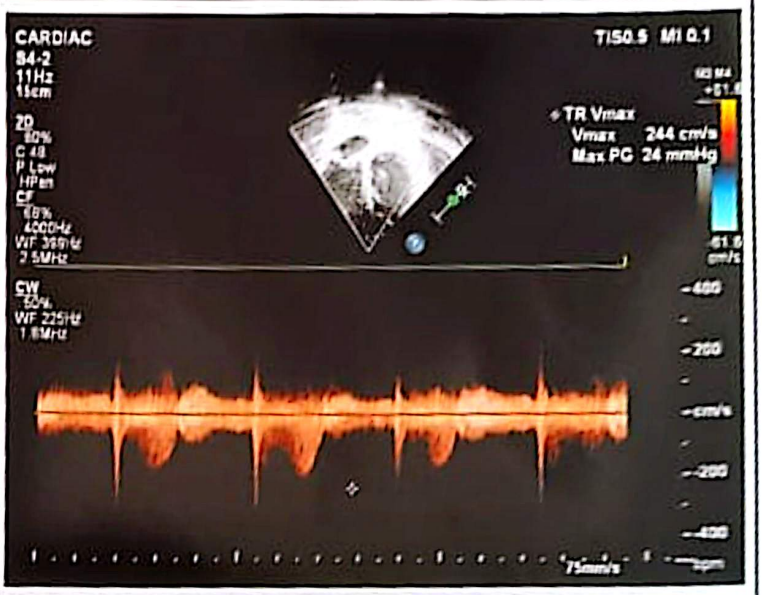
ডা. অপরূপ বাত্তি দাশ
সহকারী অধ্যাপক
শিশু স্বাস্থ্য বিভাগ
চ. মে. ক

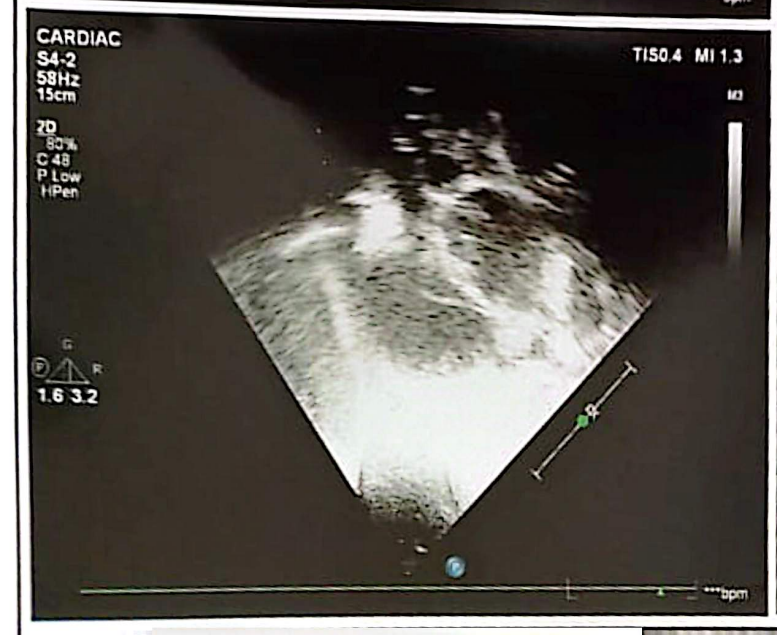
RESEARCH FELLOW Oncology

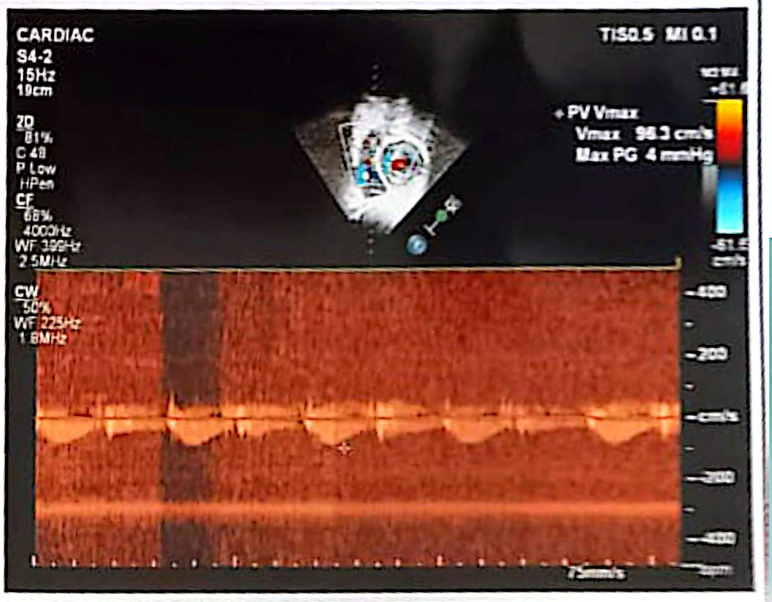

TIS0.6 MI 1.3
IVSd 0.853 cm
LVIDd 3.69 cm
LVPWd 0.845 cm
IVSs 1.22 cm
LVIDs 2.07 cm
LVPWs 1.01 cm
EDV (MM-Teich) 57.8 ml
IVS/LVPW (MM) 0.903
IVS % (MM) 43.0 %
ESV (MM-Teich) 13.9 ml
FS (MM-Teich) 43.8 %
EF (MM-Teich) 76.0 %
LVPW % (MM) 0.00 %
75mm/s
bpm


CARDIAC
S4-2
9Hz
17cm
TIS0.5 MI 1.3
Ao/R Diam 1.9 cm
LA Dimen 2.0 cm
LA/Ao (MM) 1.05
75mm/s
bpm


CARDIAC
S4-2
11Hz
15cm
TIS1.1 MI 1.3
1.6 3.2
bpm


CARDIAC
S4-2
11Hz
15cm
TIS0.5 MI 0.1
TR Vmax
Vmax 244 cm/s
Max PG 24 mmHg
75mm/s
bpm


CARDIAC
S4-2
58Hz
15cm
TIS0.4 MI 1.3
1.6 3.2
bpm


CARDIAC
S4-2
15Hz
19cm
TIS0.5 MI 0.1
PV Vmax
Vmax 96.3 cm/s
Max PG 4 mmHg

Acute lymphoblastic leukemia(Regimen-B)

INDUCTION OF REMISSION (PHASE-I) Wk(1-5)

Name Taha Age 10 yr Month Sex M

Wt 33.2 Kg Ht ..... cm BSA 0.9 m² m² Blood Group O+ve

Date of Induction Phase: From 24/06/26 To .....

WBC ..... 10^9/L PLATELET ..... X10^9/L

Week	Day		Date	TIT with Inj MTX 0.5 mg InjHCR 25 mg Inj cytosar mg	Dauno (25mg/m²)	Inj Vincristine (1.5mg/m²)	L.ASP 6000iu/m²	Oral 6 MP (75mg/m²/D)	Tab DEXA (6mg/m²/D(Max-10mg/day))	Cotrimoxazole (one tablet twice daily)
				CSF sent for study						
1	D	1	24/06/26	TIT					DEXA	
	D	2	25/6/26		Dauno	VCR			DEXA	Cotrimoxazole
	D	3	26/6/26						DEXA	Cotrimoxazole
	D	4	27/06/26				L-ASP		DEXA	
	D	5	28/6/26						DEXA	
	D	6	29/06/26				L-ASP		DEXA	
	D	7	30/6/26						DEXA	
2	D	8	1.7.	TIT			L-ASP		DEXA	→ PT↑ INR 2
	D	9	2.7		Dauno	VCR			DEXA	Cotrimoxazole
	D	10	6.7				L-ASP		DEXA	Cotrimoxazole
	D	11							DEXA	
	D	12	22.7				L-ASP		DEXA	
	D	13							DEXA	
	D	14	24.7				L-ASP		DEXA	
	D	15	25.7	TIT & BM					DEXA	
	D	16	26.7		Dauno	VCR	L-ASP		DEXA	Cotrimoxazole
	D	17							DEXA	Cotrimoxazole
	D	18	28.7				L-ASP		DEXA	
	D	19							DEXA	
	D	20	30.7				L-ASP		DEXA	
	D	21							DEXA	
4	D	22	01.08	TIT					DEXA	
	D	23	02.08		Dauno	VCR			DEXA	Cotrimoxazole
	D	24							DEXA	Cotrimoxazole
	D	25							DEXA	
	D	26							DEXA	
	D	27							DEXA	
	D	28							DEXA	
5	D	29	08.08	TIT & BM				6MP		Cotrimoxazole
	D	30	09.08			VCR		6MP		Cotrimoxazole
	D	31						6MP		
	D	32						6MP		
	D	33						6MP		
	D	34						6MP		
	D	35						6MP		

Hold chemo due to FN - low ANC

ফরম নং-০৮

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

চট্টগ্রাম মেডিকেল কলেজ হাসপাতাল
CHITTAGONG MEDICAL COLLEGE HOSPITAL
ট্রান্সফিউশন মেডিসিন বিভাগ
DEPARTMENT OF TRANSFUSION MEDICINE

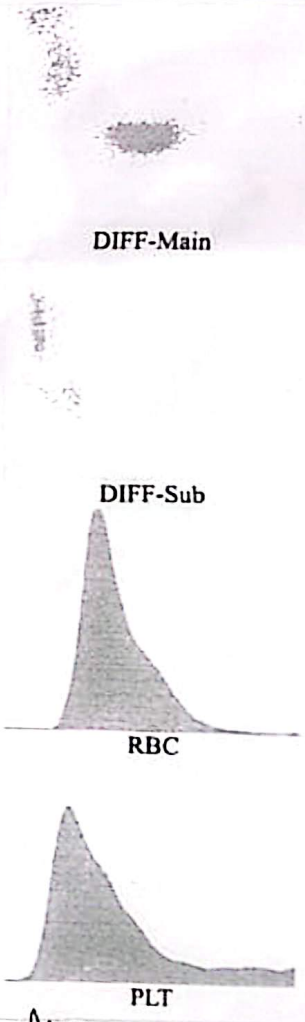
ID No	: 9155	**Test Date**	: 2026-07-30 02:57p.m.
Patient's Name	: TALHA	**Age**	: 10
Specimen	: Blood	**Sex**	: Male
Refd By	: W-51		

Estimations carried out by Automated Haematology Analyzer & Verified manually

HAEMATOLOGY REPORT

Test Name	Result	Unit	Reference Range
Hemoglobin (Hb)	9.4	g/dL	M: 13-17,F:12.0-16.5 g/dl. Child: 10-13 gm/dl. Infant(One Year): 8-10 gm/dl.
ESR(Westergreen)	0	mm/1st hr	M: 0-10, F:0-20 mm/1st hr
WBC Count(TC)	5,350	/cumm	Adult: 4000-11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential Count(DC)			
Neutrophills	82	%	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	17	%	Child: 62-62 %, Adult: 20-50 %
Monocytes	01	%	Child: 03-07 %, Adult: 02-10 %
Eosinophils	00	%	Child: 01-03 %, Adult: 01-06 %
Basophils	00	%	Adult: 00 - 01 %
RBC Count	3.3	m/µl	M: 4.5-6.5, F: 3.8-5.8 m/µl
HCT/PCV	28.2	%	M: 40-54%, F:37-47%
MCV	85.3	fL	76 - 94 fL
MCH	28.5	pg	27 - 32 pg
MCHC	33.5	g/dL	29 - 34 g/dL
RDW-CV	16.4	%	11.0 - 16.0 %
RDW-SD	46.9	fL	35.0 - 56.0 fL
Platelete Count (PC)	2,05,000	/cumm	1,50,000-4,00,000/cumm
MPV	10.1	fL	7.0 - 11.0 fL
PDW	15.8	%	10-18 %
PCT	0.206	%	0.1 - 0.2 %
P-LCR	20.3	%	13.0 - 43.0 %

Histogram



Medical Officer
Dept. of Transfusion Medicine
CMCH

Medical Technologist
Dept. Of Transfusion Medicine
Chattogram Medical College Hospital

MEDICAL TECHNOLOGIST(LAB.)
DEPT. OF TRANSFUSION MEDICINE.
CHITTAGONG MEDICAL COLLEGE HOSPITAL.

Medical Officer
Dept. Of Transfusion Medicine
Chattogram Medical College Hospital

W- 51
B - 16

Ht - 125 cm
wt - 23.2 kg

ফরম নং ৭৬৭

রোগী ভর্তির ফরম ও রোগ বৃত্তান্ত

রেজিঃ নং ও তারিখ 004242597675

পাতালের নাম CMCH

তালহা ..... পিতা/স্বামীর নাম নুরুল ইসলাম

১০ বছর ..... পুরুষ/মহিলা ..... ধর্ম ইসলাম ..... পেশা .....

না (বর্তমান) .....

ী বন্ধুবান্ধব

কট/স্থানীয় আত্মীয়ের নাম .....

কানা .....

র্তির তারিখ ২৮.০৬.২৬ সময় ..... ছাড়িয়া দেওয়ার তারিখ ..... সময় .....

রোগ (Tr-in → ২৯.০৬.২৬ ই)

হেমাটোলজি এন্ড অনকোলজি বিভাগে ..... ওয়ার্ডে ভাড়ায়/বিনা ভাড়ায়.....

..... এর অধীনে ভর্তি করা হইল।

স্বাক্ষর .....

নাম .....

পদবী .....

কেবিন/শয্যা নম্বর .....

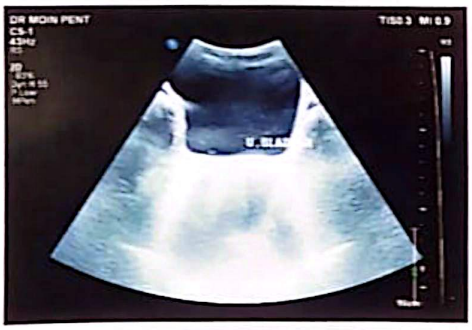
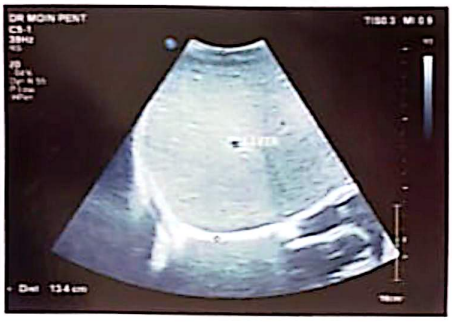
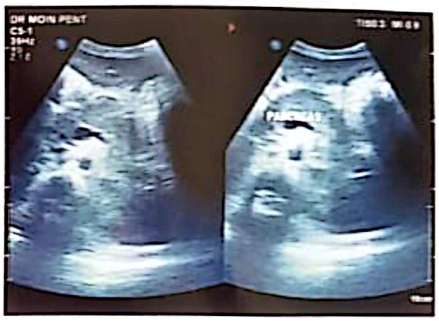
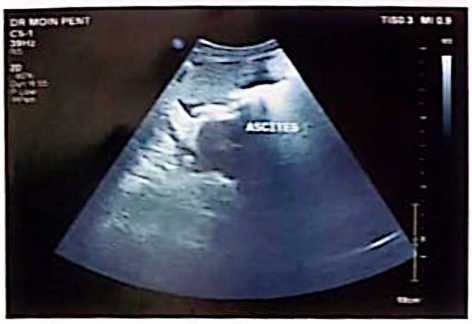
সংক্ষিপ্ত ইতিহাস ঃ

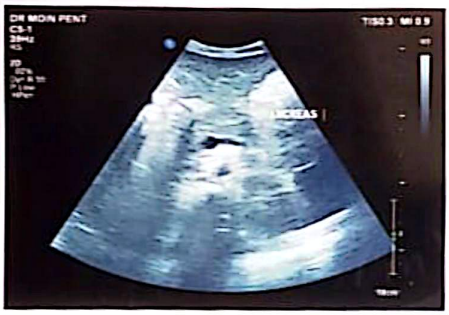
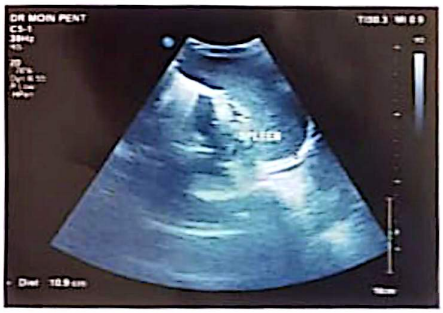
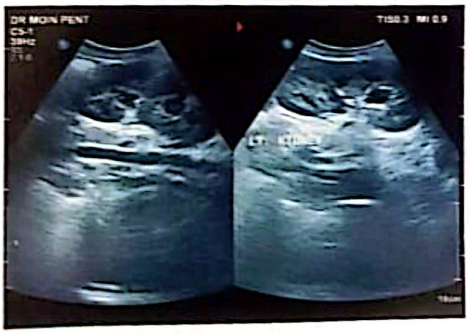
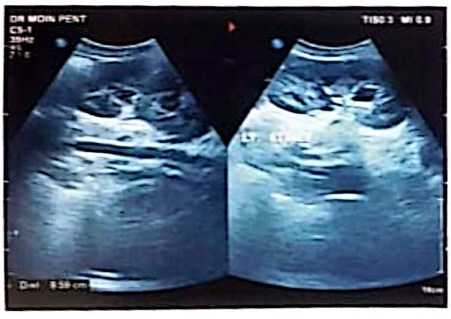
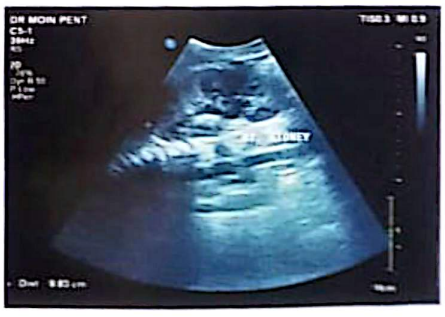
EPIC Health Care

Chittagong
WebSite: www.epichcl.com
Email_ID: info@epichcl.com

Patient ID: 9015
Name: TALHA 10Y

Date: 25-Jul-2026

NID - 2371240330

DEPARTMENT OF PEDIATRICS
CHITTAGONG MEDICAL COLLEGE HOSPITAL

8 Unit no: Bed no: Reg.no.: 004242597C75 Weight: 24 kg

ılars of the Patient:

Talha
year
ame: Nurul Islam
ccupation:
Name:
occupation:
admission with time: 18.06.26 at 4:22PM
discharge with time:
time of death:

Sex: M/F
Religion: I
Mobile no: (1) 01827716371
(2)
Informant:
Address: Cox-Bazar
Present:
Permanent:

senting Complaints with Duration:

fever for 3 month
cervical LN enlarge for same duration

History of Present Illness: (Elaboration of chief complaints, Systemic query, Important negative history, Treatment history of present illness)

আমার রোগীর অবস্থা
অত্যন্ত আকাংক্ষাজনক হওয়াতে আমি ছুটি
হচ্ছি, বাচ্চা মাঝে ভালো হাসপাতাল কর্তৃপক্ষ বা
ডাক্তার চাহি আসবে না।

. **History of Past Illness:** (Diarrhoea, ARI, Measles, Convulsion, TB etc.)

বুধন ইসলাম
(বাচ্চার বাবা)

5. **Birth History:**
Antenatal, Natal & Postnatal:
Neonatal:

6. **Feeding History:**
First feed at birth (Colostrum/Prelacteal)
EBF/Bottle/Mixed
Weaning/ Timing & type of food- Appropriate/ Not appropriate
Current dietary intake:
f Calorie Deficit (If SAM):