Hematopathology Report

Addis Ababa University
CHS School of Medicine
Department of Pathology

2024 811

Name: Abdurazak Mujira

Sex: M 28

Hospital: Tikur Anbessa Hospital Type: Regular

Doctor:

Previous: Removed:

Clinic:

Clinical Diagnosis:

Gross:

Microscopy: Peripheral Morphology
Smear Quality- Fair
RBC Morphology- Normocytic,Normochromic
Platelet- decreased
WBC Count- increased
-Differentials- Neutrophils-4%
- Lymphocytes- 23%
- Blast-73% have scant cytoplasm, coarse condensed chromatin, prominent nucleoli.

Bone Marrow Aspiration

Yield- Hypercellular particulate marrow with Megakaryocyte.
- Few myeloid and erythroid precursors cells seen with suppresed maturation.
- Marrow flooded with blast having above mentioned features account for 82%.

Diagnosis: PM+BMA- Acute leukemia favor ALL

Comment:

Date: 23-Aug-24

Resident Dr: Dr Isa Salo

Pathologist: Dr Selam Gebrechirstos

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aboratory Report

Patient Name: ABDURZAK MUJIRA
MRN:
Age: 28 years Sex: F
Collection Time: 22/08/2024 05:31 PM Report Time: 22/08/2024 07:23 PM
Accession No: 2208240110 Collected by:

phone:-
rring Institution:
rring Physician: casheir casheir

ıe	Result	Unit	Reference Range	ABN	Referral
UNOLOGY					
D GROUP and RH FACTOR	O POSITIVE		A B AB O POS/NEG		

ed by: Yezabnesh Dessie, Verified Date Time: Aug 22, 24 05:31 PM, Analyzer : , Specimen type: Blood

oved by: Asrat Dansa

nents:



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CamScanner

	Apr 27	Apr 21	Apr 22
WBC	5.64	9.72	15.46
Hgb	9.1	7.9	9.0
Hct	25.4	22.5	25.3
MCV	86.4	86.9	85.8
Plt	25	20k	31k
Anc	0.11	N/A	N/A
Alc	4.25	4.3k	9.72
Na	127	141	141
K	3.91	4.7	3.89
Cl	92.1	104	104.7
Cr	1.0	1.1	0.9
Urea	19.0	21	18.0
AST	47.0	37	36.0
ALT	54	39	35
ALP	157	94	96
TBil	1.1	0.7	
D-Bil	0.344	0.227	
INR	1.02		
PT	11.1		
PTT	23.6		
Ca	9.0		
P	2.46		
LDH	2057.4		
UA	6.2		
Mg	2.29		
TP	5.8		

Peripheral smear (Done at Bekefara) = Acute leukemia favoring ALL.
Apr 18, 2024 = Neutrophilia, lymphocytosis, eosinophilia, thrombocytosis.

→ BMA/biopsy
→ Abd ultrasound (done at peripheral): splenomegaly of 16cm x 9cm

HBSAg
HCV-Ab] – VR

Order Sheet 15/12/16

Name Abdurahman Awino Age - 28 Sex M
ID. 287325

Pt. Acute leukemia ? + ? AML

S - Fever
A - Anorexia
O - Anicteric
IX CBC, Glu, Off, Cxr, Abd US, BT

15/12/16 Rx - CPT 960mg p. 3x/week
11:00 LT - Acyclovir 400mg p. BID
- Furosemide 20mg p. BID
- Follow Vital Chart

Dr. Zaid (I)

Added order
- Allopurinol 100mg PO BID

Dr. Zaid (I)

Revised order
16/12/16 - Start PTRT (Remission induction)
6:00 PM - CPT 960mg p. 3x/week
- Acyclovir 400mg p. BID
- Furosemide 20mg p. BID
- Allopurinol 100mg p. BID
- Follow Vital Chart

Dr. Surafel (Resident)

DATE: August 15, 2024

BM -N-1396/2024

PATIENT: ABDURAZAK MUJIB, 28years, Male

CARD No.: --

Nature of specimen: peripheral smear

Clinical data: ?

Sent by: Dr. --

INSTITUTION: -- Tirunesh Beijing

GROSS:

The slides were stained and studied

MICROSCOPY:

Smears show anisocytotic and normochromic RBC. WBC shows neutrophils 10%, lymphocytes 50%, lymphoblasts 30%.

Bethzatha
Advanced Medical Laboratory

CONCLUSION:

Peripheral: see comment

Comment: the presence of blasts is suggestive of acute leukemia favoring ALL, bone marrow aspiration is recommended

PATHOLOGIST: Dr. Yonas Bekuretsion

Dr. YONAS BEKURETSION
PATHOLOGIST

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Bethzatha
Advanced Medical Laboratory

[Laboratory Report]

ቤተ ዛታ አድቫንስድ ሜዲካል ላቦራቶሪ
BETHZATHA ADVANCED MEDICAL LABORATORY

BAMLPS/F-003

lient Name	ABIDUREZAK MUJIRA	Sample ID	C-150824123
ge	28 Years	Sex	Male
ample Draw Date & Time	8/15/2024 6:04:42 PM	Report Date & Time	8/16/2024 7:38:28 AM
est Requested By	UNKNOWN	Fasting	☐ Yes ☑ No
ocation	Central Branch	Invoice #	CSI23C-017413
ample Origin		Sample Comment	
ample Type	Whole Blood,		

EMATHOLOGY

est Name	Result	Unit	Ref. Range	Remark
eripheral Morphology by Pathologist				
hite Blood Cell Count	5.97	cells/mm3	4.0-10.8 *1,000	
eutrophil	2.8	%	40 – 72	
ymphocyte	52.1	%	17 - 45	
onocyte	44.7	%	4 - 12	
osinophil	0.2	%	0 - 10	
asiophil	0.2	%	0.5 - 1.0	
nmature granuclocyte	0.2	%	< 1	
ed Blood Cell Count	2.18	million/mm	Male: 4.3-5.9 Female: 3.5-5.5	
ucleated Red Blood cells %	0.5	%	0 NRBCs/100 WBCs	
aemoglobin	6.9	gm/dl	Male: 14 - 18 Female: 12 - 16	
aematocrit	19.3	%	Male: 42 - 54 Female: 37 - 47	
MCV	88.5	fl	80.0-94.0	
MCH	31.7	pg	27.0-31.0	
MCHC	35.8	g/dl	32.0-36.0	
Platelat Count	17	cumm	150-450	
RDW	16.6	%	11.5-14.5	
MPV	9.5	fL	9.0-13	

Bethzatha Advanced Medical Laboratory

**Chemistry Analyzer AU480, Hematology Analyser Sysmex XN-1000

Result Authorized By Teferi Zeleke

Verified Logged H High L Low Page 1 of 1

Addis Ababa, Ethiopia Core Lab /Stadium 011554 15 15 /011554 55 00
Ambassador 011552 59 95 · Bole / Olympia 011552 65 70
Fax: 0115541501 · P.O.B.: 55 Code 1110 · website: www.bethzatha.com · e-mail: lab@bethzatha.com
CALL CENTER 7477

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Initial evaluation note

Dx: Acute leukemia ? ALL

Currently on:- Augmentin 1000mg po BID
- Paracetamol 1000mg po TDS
- Clindamycin 300mg po TDS

- a 28 years old male patient who presented with a 7x/week history of LUQ dull aching type of abdominal pain of 2 weeks duration, associated with fever, easy fatigability, LOSS, night sweats & loss of weight of 1 month duration.
- He also has dry intermittent cough of 1 week duration, ~~loss of~~ significant but unquantified weight loss of other wise. He has no SOB, orthopnea, PND or chest pain
  - He has no diarrhea or constipation
  - He has no bleeding from any site of body.
  - He has no hx of TB Treatment or Contact with a known TB patient
  - He has no history of Previous malaria Treatment
  - He has no history of known chronic medical illnesses like HTN or DM.

PIE

I/A: ESL

IIS:

Hears: slightly pale conj & NAD

LOR: no LAP

Chest: clear & resonant

CVR: S_1 & S_2 well heard, no murmurs

Abdomen: flat & moves with respiration
: liver is palpable 6cm below LCM
: no area of tenderness
: no Hepatosplenomegaly.

CVR: no CVAT

IGR: no RSL

MSJ: no edema or bone Tenderness

CNS: CN II-III

Plan

- collect BMA Result & S.O.S.

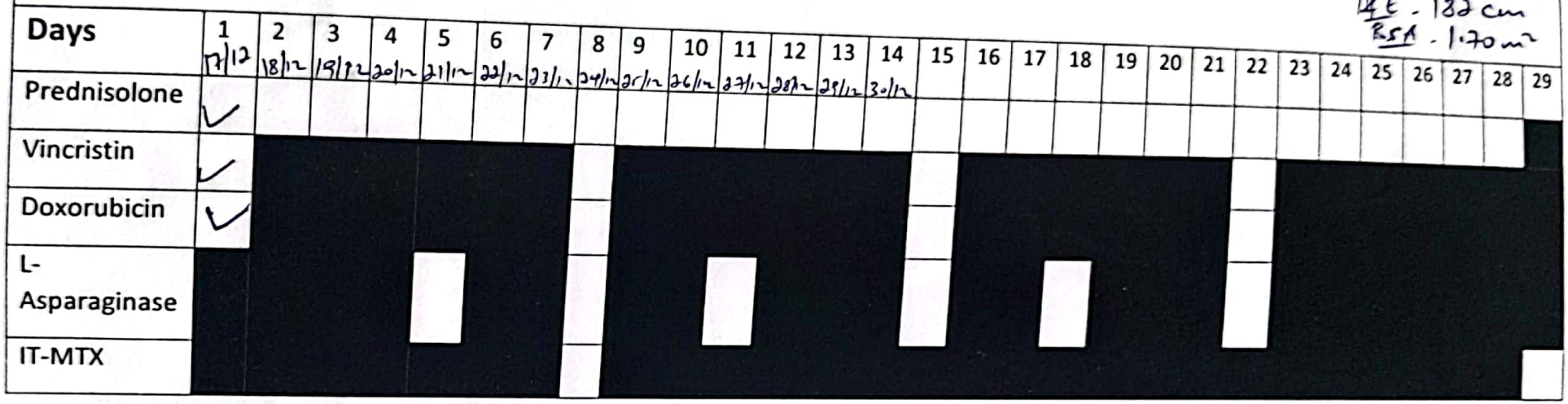
Dr Raleigh (R)

Aug 22, 2024

...iatric Inspired ALL Protocol -CALGB 10403 (for 15-39 years of age)

Remission Induction (Course I) -4 weeks

Name Abdurrafay Nusrat 28/m
ID - 297725
Wt - 54kg
Ht - 182 cm
BSA - 1.70 m²



Dose and Route

- Prednisolone 60 mg/m2 PO/day divided into 2 doses $60 \times 1.70 = 102 = 50mg$ PO BID
- Vincristin 1.5 mg/m2 IV (max. 2 mg) $1.5 \times 1.7 = 2.55 = 2mg$ i- 200ml of NS to run over 1hr
- Doxorubicin 25 mg/m2 IV $25 \times 1.7 = 42.5mg$ i- 300ml to run over 2hrs
- L-Asparaginase 6000 IU/m2 SC/IM $6000 \times 1.7 = 10,200$ IU SC
- IT methotrexate 15 mg IT (Day 8, and 29, also administer at day 15 for CNS3 disease) = 15mg IT

Premedications - Remdact 5 1bf of NS
- Dexamethasone 8mg IV stat
- Ondansetron 8mg IV stat
- Pheni 100mg IV stat
- Cimetidine 400mg IV stat
- Diphenhydramine 50mg IV stat

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Ward B: Clinical Notes

11/11/16

Name: Mr. [redacted] Age: 28 TC. 297731

28 years old male Admitted in the day of

Acute Leukemia D 7 / AML

- Presented to the Complaint of LVA duration, Relieving type of pain and severity of which duration is Associated Constitutional Symptoms headache, Retinal headache, LOA, Structural bone unfavourable Wt loss, LOA and no TN sweat
- He had also Low Safety and burning type epigastric pain of for same duration for which he was Rx with Pantoprazole at Beltsing (Tirunesh) hospital
- He also complains dry intermittent Cough of 1 week duration but no SOB, orthopnea, PND or Chest pain

Otherwise — No known Chronic medical illness
— No prev. TB Rx or contacts of known TB Pt.
— No hx of travel to Malaria endemic area
Previous malaria Rx

GA - CSR

V.S:- BP 100/50 PR. 110 RR. 22 T. 36°C Sat. 98%
HEENT - Scleral pale Conjuctiva / NCC Wt. 47kg Ht. 182cm
LCN - No. SLAP
Chest: clear B/Resonant
CVS: S1 S2 well heard No murmur
Abdomen: flat Moves to Resp
- Spleen > percebra 5cm BLCM
- No other organomegaly or mass
CNS - No CNS
IGS No. Real / Palpable
MSK - No Edema, bone tenderness
CVS - CO-TTPP

Assess: The same as P/. Malaria

Plan
- Update CBC, BF, Bld, BF, CXR
- Do BMA (Consent taken)
- Start Antimicrobial Rx.
- Follow V.S. closely

Dr. [redacted]
Sign

ለተጎጂ ሕክምና የቅድሚያ ክፍያ በማድረግ

(ለፖሊስ የሚሞላ)

[illegible] የሕክምና ካርድ ቁጥር [illegible]

ስልክ ቁጥር 0915312333 የሆነ/ነች የግል/የመንግስት ሰራተኛ በፖሊስ ጣቢያ [illegible] ቁጥር [illegible] ለሚገኘው ጉዳት ህክምና ለመከታተል ወደ [illegible] ሆስፒታል የተላከ/ች መሆኑን እያረጋገጥኩ ለህክምና የሚሆን ብር 1500 (አንድ ሺህ አምስት መቶ ብር) በደረሰኝ ቁጥር [illegible] አስይዣለሁ።

ህክምናውን በተሟላ ሁኔታ ለመፈጸም ባለመቻሌ ገንዘቡን ያስመለስኩ መሆኑን እያረጋገጥኩ ተስማምቻለሁ።

የሕክምና አገልግሎቱ ወጪ ከማስያዣው ገንዘብ በላይ ከሆነ ተጨማሪ የማስያዣ ገንዘብ እንደሚያስፈልግ በተጠየቅሁ ጊዜ ተጨማሪ የማስያዣ ገንዘብ ለማስያዝ ፈቃደኛ ካልሆንኩ ህክምናው እንደሚቋረጥ ተስማምቻለሁ።

የሕክምና አገልግሎቱ ተጠናቆ ሆስፒታሉ ሲያሳውቀኝ ከ[illegible] ቀን ውስጥ ተመላሽ ገንዘብ ካልጠየቅሁ ሆስፒታሉ ገንዘቡን ለመንግስት ገቢ ማድረጉን እንደሚቀበል ተስማምቻለሁ።

ስም ሙሉ [illegible]

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ቀን 15/12/11

ለሆስፒታሉ የሚሞላ

የተመለከተውን ደረጃ ያጠናቀቀው የፈተና ባለሙያ/ነርስ/ሀኪም ስም [illegible]

የፈተና ውጤት [illegible]

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ቀን 15/12/11

ለተጎጉ ሕክምና የቅድሚያ ክፍያ ሰምምነት

(በታካሚ የሚሞላ)

ኔ (ሥም እስክ እያት) አብዱረሂም ሰዲቅ የሕክምና ካርድ ቁጥር 27732 አድራሻ፤
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ጥር ____ ስልክ ቁጥር 0915312780 የሆንኩኝ የጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል
ኝ ታካሚ ስሆን ለአገልግሎቱ አስፈላጊ የሆነውን የቅድሚያ ማስያዥያ ገንዘብ
ር 2500 (ሁለት ሽህ አምስት) በደረሰኝ ቁጥር _____ አስይዣለሁ።
ሁ መለረትም ከዚህ ቀጥሎ የተመለከቱትን መብትና ግዴታዎች በነጻ ፈቃዴ የተቀበልኩ መሆኔን
ጋግጣለሁ።

1. ሕክምናውን በተጎዱ ታካሚነት ለመቀጠል ባስፈለገ ጊዜ በሆስፒታሉ አሰራር መሰረት ለሕክምናው አስፈላጊ የሆነውን የማስያዥያ ገንዘብ የመክፈል ግዴታ እንዳለብኝ ተስማምቻለሁ፤
2. የሕክምና አገልግሎቱ ወጪ ከማስያዥያው ገንዘብ በበለጠ ጊዜ እና ተጨማሪ የማስያዥያ ገንዘብ ክፍያ እንድከፍል በተጠየቅሁ ወቅት ሳመክፈል ተስማምቻለሁ፤
3. የሕክምና አገልግሎቱ ተጠናቆም ሆነ በሌላ ማናቸውም ምክንያት ከሆስፒታሉ በምለናበት ጊዜ የሂሳብ ስራው ተጠናቆ ከወጪ ቀሪ ተመላሽ ገንዘብ ካለኝ የመቀበል መብት እንዳለኝ ሆስፒታሉም የመክፈል ግዴታ እንዳለበት አውቂ ተስማምቻለሁ፤
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ቀን 15/12/16

ሆስፒታሉ የሚሞላ

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15/12/16

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ማሳቢያ፤

- ፎርሙ የተሞላው ከታካሚው ውጪ በሌላ ሰው ከሆነ የሞላው ሰው መታወቂያ ቅጂ ከዚህ ፎርም ጋር መያያዝ አለበት፤
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TASH-ADULT TRIAGE SHEET

1. **Patient name** Abdurazak Mihira card No_____ age 28 sex M address A/Kaliti **Date** 15-12-16

In the previous recent days or months: Yes☐ No☐, if yes specifies the country_____ **Travel history**

2. **Duration of illness/accident** _____ **time of arrival to ED** 1:32 pm **Decision time of triage** 1:33 pm

3. **A) Mode of arrival to ED/Hospital:** Ambulance☐ Taxi☐ Heavy truck☐ Private car☐ Police car☐ Walking☐ Carried/others specify_____

B) Origin of referral: AA Hospital☐ Regional Hospital☐ Health Center ☐ Police☐ Regular OPD☐ Private Hospital☐ Private clinic☐ Self☐ other ☐ specify_____

4. **Pre-Hospital care/First aid given:** Yes☐ No☐

5. **Chief complaint on arrival:**

A) Non trauma: Chest pain☐ Fever☐ Diarrhoea/vomiting☐ Headache☐ Sudden collapse☐ Respiratory problem☐ Convulsion☐ poisoning☐abdominal pain☐other☐specify_____

B) Trauma: RTI☐ Fall accident☐ Homicide☐ Suicide☐ Gunshot☐ Stab☐ Burn☐ Foreign body swallow☐ Fighting ☐ others☐specify_____

C) Ob/gy: V. bleeding ☐ Labour pain☐ Lower abdominal pain☐ Seizure☐Other☐specify_____

6. **Past medical illness** no/rm f_____

7. **History of allergy** No☐ Yes ☐ specify_____

8. **Condition on arrival** A. **Glucose level** especially for unconscious, comma, syncope, & DM patient_____

B. Triage Early Warning Score (TEWS)

Score	Measured V/S	3	2	1	0	1	2	3
HR	110		≤ 40	41-50	51-100	101-110	111-129	≥ 130
RR	18		≤ 8		9-14	15-20	21-29	≥ 30
SBP	110/70	≤ 70	71-80	81-100	101-199		≥ 200	
SPO2	99				≥ 94%	90-93%	≤ 89% ---not for CO &severe anaemia	
Temp			≤ 35.0		35.1-37.2	37.3-37.9	≥38.5	
Mobility					Walking	With help	Stretcher/Immobile	
CNS/AVPU			confused		Alert	React to voice	React to pain	Unresponsive
Trauma					No	Yes		

9. **Triage Early Warning Score total** 2 **Assessment** ALL

10. **Category:** Red ☐(>=7) Orange ☐(5-6) Yellow ☐(3-4) Green☐ (1-2) Black ☐(0)

11. **Transfer to:** Resuscitation☐Procedure room☐ Waiting room☐ Regular OPD☐Nearby health institution☐NB: Red and orange admit to resuscitation, whereas, yellow and green to waiting area& frequently re-triage

12. **Treatment at triage**_____ **Investigation at triage**_____

13. **Triage officer name** Argaw _____ **Sign** _____

14. **Triage physician Name**_____ **Sign**_____

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Vital sign sheet

Name Abdurzaki sex M ICARE 297325

AGE 28

ate	Time	BP	PR	RR	SPO2	RBS	pain				Urine output	Sign
							no	mild	moderate	severe		
6/2/16	6pm	110/70	92'	20'	96%		✓					

TASH-ADULT TRIAGE SHEET

1. **Patient name** Abdurezak Hussen **card No** _____ **age** 28 **sex** M **address** A.A **Date** 14/12/2016

In the previous recent days or months: **Yes**☐ **No**☐, **if yes specifies the country** _____ **Travel history**

2. **Duration of illness/accident** _____ **time of arrival to ED** 10:02 pm **Decision time of triage** 10:02 pm

3. **A) Mode of arrival to ED/Hospital:** Ambulance☐ Taxi☐ Heavy truck☐ Private car☐ Police car☐ Walking☐

Carried/others /specify _____

B) Origin of referral: AA Hospital☐ Regional Hospital☐ Health Center ☐ Police☐ Regular OPD☐

Private Hospital☐ Private clinic☐ Self ☐ other ☐ specify _____

4. **Pre-Hospital care/First aid given:** Yes☐ No☐

5. **Chief complaint on arrival:**

A) Non trauma: Chest pain☐ Fever☐ Diarrhoea/vomiting☐ Headache☐ Sudden collapse☐ Respiratory problem☐ Convulsion☐ poisoning☐abdominal pain☐other☐specify _____

B) Trauma: RTI☐ Fall accident☐ Homicide☐ Suicide☐ Gunshot☐ Stab☐ Burn☐ Foreign body swallow☐ Fighting ☐ others☐specify _____

C) Ob/gy: V. bleeding ☐ Labour pain☐ Lower abdominal pain☐ Seizure☐Other☐specify _____

6. **Past medical illness** _____

7. **History of allergy** No☐ Yes ☐ specify _____

8. **Condition on arrival** A. **Glucose level especially for unconscious, comma, syncope, & DM patient** _____

B. Triage Early Warning Score (TEWS)

Score	Measured V/S	3	2	1	0	1	2	3
HR	108		≤ 40	41-50	51-100	101-110	111-129	≥ 130
RR	20		≤ 8		9-14	15-20	21-29	≥ 30
SBP	136/85	≤ 70	71-80	81-100	101-199		≥ 200	
SPO2	98%				≥ 94%	90-93%	≤ 89% ---not for CO &severe anaemia	
Temp			≤ 35.0		35.1-37.2	37.3-37.9	≥38.5	
Mobility					Walking	With help	Stretcher/Immobile	
CNS/AVPU			confused		Alert	React to voice	React to pain	Unresponsive
Trauma					No	Yes		

9. **Triage Early Warning Score total** 2 **Assessment** ALL

10. **Category:** Red ☐(>=7) Orange ☐(5-6) Yellow ☐(3-4) Green☐ (1-2) Black ☐(0)

11. **Transfer to:** Resuscitation☐Procedure room☐ Waiting room☐ Regular OPD☐Nearby health institution☐NB: Red and orange admit to resuscitation, whereas, yellow and green to waiting area& frequently re-triage

12. **Treatment at triage** _____ **Investigation at triage** _____

13. **Triage officer name** Negga H **Sign** _____

14. **Triage physician Name** Dr Hiwot (Emcee) **Sign** _____

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TIKUR ANBESSA HOSPITAL

ADDIS ABABA

HISTORY SHEET

Patient name Abdurazak Mussa age 28 sex M date 14/12/16

Date of admission 14/12/16 ward 4:30DIt department

Prof evaluation

dic = Fatigue of of month

This is a 28 yo male complaines fatigue of of month, accompanied by dry cough, low grade fever, unquantified weight loss, profuse night sweats, feeling whole body weakness.

Otherwise he has no known medical illness
has no bleeding / shortness of breathe.
has no vomiting / diarrhea
has no h/x ABO/HDC.

GA = ASL. BP 136/85 PR = 108 RR = 20/min Sp
HEENT = slitty pale conjuctiva NIS wnl breast mass
Resp = clear & good air entry
CVS = S1 & S2 well heard, No MR & MB
Abd: Mass abd. mass with respiration, Spleen is palpe 5cm BLCM
Gus = NO CVCAT,
Ext = No palmar & Skin rashes.
NMS = No adem
CNS = Coppt, GCS = 15/15

WBC = 5.64x10^3
RBC = 2.84x10^6
Hgb/Hct = 9.1/25%
Plt = 25K

Pm = Acute leukemia in favor of ALL

Asst = Acute leukemia ALL

plan = Consult Hemato/onc dr. / plan & discussed
v Ref to hemato/onc units.

Dr Fsaye
ECCMD

Vital sign sheet

Name Abdulrazik sex ----M----ICARE-------

AGE

te	Time	BP	PR	RR	SPO2	RBS	pain				Urine output	Sign
							no	mild	moderate	severe		
9/11	10:30	110/60	90	24	96		✓					no

Item 4: HOSPITAL

Medication Administration Record

Diagnosis: ALL

Allergy:

	Date	Medications (Name, dose, route, freq)	Time to give (or few each day)	Given by	Day / Given by	Day / Given by	Day / Given by	Day / Given by	Day / Given by	Day / Given by	Day / Given by
	17/12	- Acyclovir syrup 2.5 BD	10am	D							
			10pm	D							
		- Pulconyrive syrup 2.5 BD	10am	D							
			10pm	D							
		- Cefotaxime 1.5g IV	10pm	D							

Date (DD/MM/YY)	
15/12/16	PM: intermediate to large sized blasts w inconspicuous nucleoli, scanty to moderate cytoplasm, and open chromatin. BMA: packed w blasts w abnormal morphology Assd: ALL - L2 Plan: - BCR-ABL FISH - PIRI + Allopurinol - Rx prophylaxis OB Intern