



obibo



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



Medicine

कमरा / Room B-209

PROHIBITED IN HOSPITAL PREMISES

OPR-6

शरीर
एकप
विभा

UHD: 106987337
ABHA: 91-4321-7007-0457
gauravdubey_5077adm
Dept No: 20240010052768
Clinic No: 648/2024
गौरव दुबे / GAURAV DUBEY

Queue / संख्या N7
Unit-II, Chest Clinic,

रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

S/O SUBHASH DUBEY
24Y 3M 8D / M(पुरुष)
THANA M H NAGAR KANDHAULI SMVAN,
BIHAR, Pin:0, INDIA
Ph: 6201177177
New Patient



Reporting: 01:41:24
13/12/2024

आयु
Age

पता/Address

निदान/Diagnosis

दिनांक/Date

o H/o DM TB (2022) (उपचार/Treatment) - (LNT + Lug)
o Post TB Bronchiectasi

Ht → 173 cm
Wt → 63 kg
BP → 131/93
PR → 78
SpO2 → 98%

Current complaint

• Yeast put ⊖
• Gram stain - imm

Chest Xrt

- 21/11/24
- RLL + B/L bronchiectasi (mild) + Fibrotic opacities.
- Multiple centrilobular nodules B/L UL+RLL.
- Minimal atelectasis.
- No med LAP.

- Non progressive SOB

- MMR-II
- Cough minimal
- Hemoptysis ⊖ / Low Wt ⊖

Ado

- o ~~MDI Formoterol 200/6 2pr~~
- MDI Tioga 9mcg OD 2pr

(B206)

- ~~PFT for BAC~~
- CRP
- PFT BDR + MDI Tech
- Aspergillus IgG / IgE
- Total IgE

R/A. 1 month
Senior Resident Unit-II
Department of Medicine
All India Institute of Medical Sciences, New Delhi



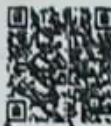
CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



Medicine



UHID: 108987337
ABHA 01-4321-7007-0457
govt.rv.jubey_Eg...
Deat No: 20240010047400

कमरा / Room A-209
Quota / संख्या F28
Unit-III Medicine

गौरव दुबे / GAURAV DUBEY

S/O SUBHASH DUBEY
24Y 2M 25D / M...

SAT बुध. रनि.

THANA MH NAGAR, PANDHAULI SIWAN
BHAR Pin 0, INDA
Ph: 820117777 General Rs 0
Follow Up Patient



Reporting: 06:24:31
30/11/2024

? Pul TB sequela
? Bronch...

Wt 60 kg

Sputum { AFB
CBNAAT
Gram stain
Cult
Cell count

A/C 2
Hb 15g
NCV

13/12/24
chest clinic

CBCT - see 1st
Multiple centrilobular
nodules B/L VC/RLL
showing TB pattern
Grossly opacities, white lines
derivation & tubular
bronchiectasis in B/L
LUL,
? Atelectasis on post 1 yr
sequela.

Adm.

— A/C upat.

श्री अरवि चंद्रा
Senior Chest Unit
विश्वविद्यालय / Department of Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

W.D → 93800877

Lab No - 1199/24

CHEST CLINIC MALVIYA NAGAR
TRUENAT REPORT

NAME OF DMC - AIIMS (POTS)

DATE OF TESTING - 02/12/24

~~MTB NOT DETECTED~~

~~MTB DETECTED~~

~~RIFAMPIN RESISTANCE NOT DETECTED~~

~~RIFAMPIN RESISTANCE~~

HIV/SUGAR REPORT

NAME OF DMC - ART Centre (5) Room

DATE OF TESTING

Blood Sugar (R) mg/dl

HIV PID No.

NON REACTIVE

REACTIVE



प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
Hematology

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

UHID:	106987337	Reg Date :	05/09/2023 09:05 AM
Patient Name :	Mr GAURAV DUBEY	Age :	24 years 2 months 11 days
Sex :	Male	Unit Name :	Unit-III
Department :	Medicine	Sample Collection Date:	16/11/2024 12:08 PM
Unit Incharge :	Dr. SANJEEV SINHA	Lab Sub Centre:	HEMATOLOGY (OPD)
Lab Name:	Hematology	Report Generated Date:	16/11/2024 02:20 PM
Sample Received Date:		Recommended By:	Dr. Prabhat Kumar
Dept / IRCH No:	20240010047400		
Lab Reference No:			

Sample Details : HM-161124288-E (Blood)

Test Name	Observation Result	Normal Range	Verification Comment(s)
ESR	02 mm/hr	<ul class="normalrange" style="list-style-type: none"> 0 - 15 mm/hr 0Year(s) - 50Year(s) (Male) 0 - 20 mm/hr 50Year(s) - 100Year(s) (Male) 	

Over All Comment :

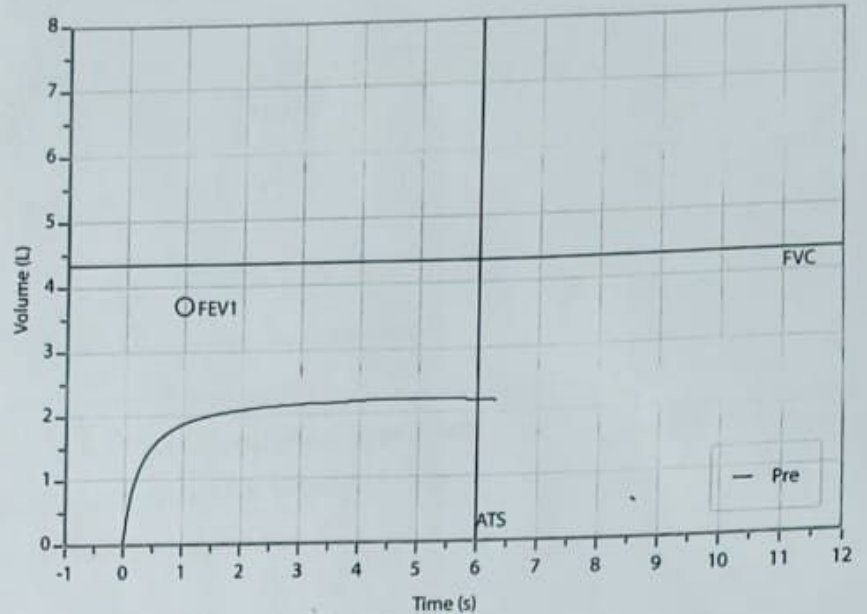
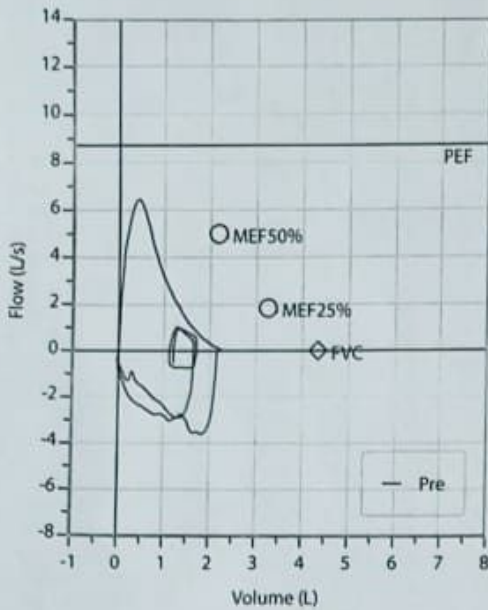
This is an electronically generated report, authorized signature is not required. The test reports have been authenticated.
Partial reproduction of the report is not permitted.

Authorized Signatory

NanhiSmileTrust

Name	GAURAV DUBEY		ID1	106987337		Gender	Male	Age	24	Weight (kg)	63.00	Height (cm)	173.0	
Company	DEPT OF MEDICINE		O.O.B.	01-01-2000	ID2	--	BMI (kg/m ²)	21.0	Smoke	--	Smoking Years	--	Cig/Day	--
Occupation	--		Operator	--		Physician	DR VENEET/PROF S SINHA							
Ethnicity	Indian	Room	PFT ROOM NO. B-206.		Set	Chhabra (India) (Spirometry)								

@ 16:34

FVC Pre

PRE

	Meas.	Normal Range	Pred	% Pred	z score	
FVC	L	2.28	3.55 - 5.12	4.34	52	-4.31
FEV1	L	1.91	3.04 - 4.36	3.70	52	-4.46
FEV1/FVC%	%	83.9	74.4 - 93.5	84.0	100	-0.02
PEF	L/s	6.43	6.72 - 11.31	8.72	74	-14.46
FEF25-75%	L/s	2.06	2.42 - 5.91	3.79	54	-6.37
MEF25%	L/s	0.86	1.03 - 3.25	1.83	47	-2.76
MEF50%	L/s	2.57	3.24 - 7.68	4.99	51	-9.25
MEF75%	L/s	5.58	---	-	-	-
FEV6	L	0.00	---	-	-	-
FEV1/FEV6%	%	0.0	---	-	-	-
FEV1/VCmax%	%	83.9	74.4 - 93.5	84.0	100	-0.02

 System QC Pre: **A** B C D E F Excellent

Operator QC Pre: A B C D E F

Interpretation:



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 106987337 Sex: Male
Patient Name: Mr. GAURAV DUBEY Sample Received Date: 17-Nov-2024 03:57 AM
Age: 24Y Department: Medicine
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 16-Nov-2024 13:49 PM Sample Collection Date: 16-Nov-2024 12:08 PM
Recommended By: Dr. SANJEEV SINHA Lab Reference No: 2414880303
Sample Details: LC1611241773 Sample Type: Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLDH)	14	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.7	mg/dL	0.7-1.2
Uric Acid (Uricase Colorimetric)	6.8	mg/dL	3.4 - 7.0
Calcium (5-Nitra-5'-methyl-RAPTA)	10.2	mg/dL	8.6 - 10.2
Phosphate (Phosphomolybdate Reduction)	2.7	mg/dL	2.5-4.5
Sodium (ISE (indirect))	140	mmol/L	135 - 145
Potassium (ISE (indirect))	4.7	mmol/L	3.5-5.1
Chloride (ISE (indirect))	99	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.38	mg/dL	0 - 1.2
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.16	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.22	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	34	U/L	<=41
AST (IFCC without pyridoxal phosphate)	27	U/L	<=40
ALP (PNPP, AMP Buffer - IFCC)	113	U/L	40 - 129
Total protein (Biuret Method)	9.5	g/dL	6.4 - 8.3
Albumin (Bromocresol Green(BCG))	5.5	g/dL	4.0 - 4.9
Globulin (Calculated)	4.0	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.4		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Sudip Kumar Datta MD
(Biochemistry)
17-Nov-2024 05:14



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 106987337 Sex: Male
Patient Name: Mr GAURAV DUBEY Sample Received Date: 16-Nov-2024 13:24 PM
Age: 24Y Department: Medicine
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 16-Nov-2024 13:24 PM Sample Collection Date: 16-Nov-2024 12:08 PM
Recommended By: Dr. SANJEEV SINHA Lab Reference No: 2414880168
Sample Details: LH16112401243 Sample Type: Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	16.00	g/dL	13.0 - 17.0
Hematocrit (Direct Measure)	51.10	%	40 - 50
RBC count (Impedance)	5.80	$10^6/\mu\text{L}$	4.5 - 5.5
WBC count (Fluo. flow cytometry)	9.38	$10^9/\mu\text{l}$	4.0 - 10.0
Platelet count (Impedance)	217.00	$10^3/\mu\text{L}$	150 - 410
MCV (Calculated)	88.10	fL	83 - 101
MCH (Calculated)	27.60	pg	27 - 32
MCHC (Calculated)	31.30	g/dL	31.5 - 34.5
RDW-CV (Calculated)	12.90	%	11.6 - 14
Neutro (Fluo. flow cytometry)	83.80	%	40-80%
Lympho (Fluo. flow cytometry)	8.00	%	20-40%
Eosino (Fluo. flow cytometry)	1.90	%	1-6%
Mono (Fluo. flow cytometry)	6.20	%	2-10%
Baso (Fluo. flow cytometry)	0.10	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	7.86	$10^9/\mu\text{l}$	2.0-7.0
Lympho- Abs (Calculated)	0.75	$10^9/\mu\text{l}$	1.0-3.0
Eosino - Abs (Calculated)	0.18	$10^9/\mu\text{l}$	0.02-0.5
Mono - Abs (Calculated)	0.58	$10^9/\mu\text{l}$	0.2 - 1.0
Baso - Abs (Calculated)	0.01	$10^9/\mu\text{l}$	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
16-Nov-2024 14:00



DEPARTMENT OF RADIO-DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
 New Delhi

Patient Name: GAURAV
DUBEY

Sex: M

Age: 24Y

UHID: 106987337

Report State: Provisional

OPD / Ward:

EXAMINATION
DESCRIPTION:

PERFORMED
ON: 2024-11-21

CR
No:

Report:-

CECT Chest and Abdomen

Clinical details: Follow up case of abdominal TB, 2 yrs back

Took ATT for 6 month

Now with cough and SOB x 3-4 months

Findings:

Chest:

Multiple centrilobular nodules are seen in b/l upper lobes and in RLL, showing TIB pattern at some places. Multiple fibrotic opacities, architectural distortion and tubular bronchiectasis also seen in the b/l lung, mainly in RLL. Areas of mosaic attenuation also seen in b/l lungs ? Small airways disease component

Bilateral lung fields are normal

Tracheobronchial tree is normal

Mediastinum and vessels are normal. No significant lymph nodes.

Cardiac chambers are normal

No pleural or pericardial effusion

Bony thorax is normal

Abdomen:

Liver is normal in size and attenuation. No focal lesion. No IHBRD.

Gall bladder is normally distended. No calculus or wall thickening or pericholecystic fluid collection.

CBD and portal vein are normal

Pancreas is normal in bulk and attenuation. No focal lesion seen. MPD is not dilated.

Spleen is normal in size and attenuation. No focal lesion seen.

Bilateral kidneys are normal in size and attenuation. No calculi or hydronephrosis. No focal lesion seen.

Bilateral adrenals are normal.

Retroperitoneum and vessels are normal. Subcentimetric lymph nodes are seen in root of mesentery.

No free fluid in abdomen.

Urinary bladder is normally distended. No abnormal wall thickening or calculus seen.

No dilated bowel loops. No bowel wall thickening.

Visualised bony skeleton is normal.

Impression:

- ◆ Multiple centrilobular nodules in b/l upper lobes and in RLL, showing TIB pattern at some places
- ◆ Fibrotic opacities, architectural distortion and tubular bronchiectasis also in the b/l lung, mainly in RLL- f/s/o active infection with post infective sequelae
- ◆ Areas of mosaic attenuation in b/l lungs ? Small airways disease component

Report Status: Verified: Manish Saini