



Dr. Sandeep K. Garg

M.S.

खाने के बाद - रोज - 4 महीना

जब जरूरत - रोज

Orthopaedic Surgeon

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2292 : Mr.Arvind Misra (44y, Male) - 9415053204

Date: 10-Mar-2021

Diagnosis: SEC. OA RT WRIST

 R_{χ}

Medicine Dosage Timing - Freq. - Duration 1 - 0 - 0

1) JOINTACE -TRIO (AFLAPIN + NATIVE COLLAGEN TYPE-2 + MOBITEE +

: 1 - नाश्ते के बाद

CURQLIFE) **Timing**

2) OTH. TURMNOVA LOZENGE 1 - 0 - 1रोज - 4 महीना

Timing : 1 - स्बह, 1 - रात Note: : TO BE SUCKED

3) ADTROL PLUS (CALCIUM -0 - 0खाने के बाद - रोज - 4 महीना CARBONATE + CALCITRIOL + L-

METHYFOLATE + VIT-B12 + PYRIDOXAL-5-PHOPHOSPHATE + Z

Timing : 1 - नाश्ते के बाद

4) DYNAPAR QPS PLUS (DICLOFENAC + रोजअगली तारीख तक METHYL SALICYLATE + MENTHOL +

ABSOLUTE ALCOHAL)

5) TAB. DOLO 650 MG

Composition : PARACETAMOL 650 MG

Note: : FOR PAIN

Advice: DR SUDHIR WARIER MS, MUMBAI.

अगली तारीख: 08-Jul-2021 - Thursday

Dr. Sandeep K. Garg

Clinic Timing: Monday to Friday: 6:00 pm to 8:00 pm ■ Sunday: 10:00 am to 12:00 noon

Health City Timings: Tuesday / Thursday / Saturday: 11:00 am to 1:00 pm Consultation by appointment only on phone or online at drskgarg.com





Patient Name : MR. ARVIND

MISHRA

:44Yrs

: Male

Date

:21/02/2021

OPD

Ptn/IP No:60057336

Referred By

:DR.SANJAI KUMAR SRIVASTAVA

Lab No: 9645728

Report Print Date/Time:22/02/2021 09:48:08

MRI OF RIGHT WRIST

TECHNIQUE:

MRI of the right wrist was performed with multiplanar imaging and multi-weighted sequences.

FINDINGS:

There is evidence of reduced joint space at radio- scaphoid and radio- lunate joints. Subchondral cysts noted at articular surface of radius, scaphoid and lunate bone with surrounding PDFS hyperintensity. Small osteophytes also noted.

There is evidence of PDFS hyperintensity seen in ulnar fovial component of triangular fibrocartilage however the fibers are intact.

There is no evidence of instability or dislocation.

Scapholunate and lunotriquetral ligaments are unremarkable. Radial and ulnar collateral ligament are normal. There is no abnormal positive or negative ulnar variance.

Dorsal or ventral intercarpal ligaments are unremarkable.

Flexor pollicus longus, flexor carpi radialis, flexor digitorum superficialis and profundus, flexor carpi ulnaris are normal.

Carpal tunnel and Guyton's canal are normal

Abductor pollicus longus, extensor pollicis brevis, extensor carpi radialis longus, extensor pollicis longus, extensor digitorum longus, extensor digiti minimi and extensor carpi ulnaris are normal.

Flexor and extensor retinaculum are normal.

There are no pathological cysts or soft tissue masses.

IMPRESSION:

Reduced joint space at radio- scaphoid and radio- lunate joints with subchondral cysts and small osteophytes as described above.... degenerative changes

Sprain in ulnar fovial component of triangular fibrocartilage.

Dr. Shivi Mohini MBBS, DMRD, DNB Consultant Radiologist

NOT FOR MEDICOLEGAL PURPOSES.

The science of radiological diagnosis is based on the interpretation of various shadows produced by normal and abnormal tissues and a not always conclusive. This is a professional opinion and not a definite diagnosis. Further clinico-pathological correlation is necessity

Shri Ram Murti Smarak Functional Imaging & Medical Centre

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Helpline: (M.) 9458701800, Ambulance Services Available