

70



Indian Spinal Injuries Centre

Indian Spinal Injuries Centre
Spine Services
Dr. H.S. Chhabra

Sector - C, Vasant Kunj, New Delhi - 110070 Ph.: 91-11-42255225 (30 Lines), For Appointment - Ext. 201
Fax : 91-11-26898810 E-mail: appointment@isiconline.org Visit us at : www.isiconline.org

545031

OPD CARD

10AM to 1PM

Registration No.
Name S.K. Tewari Pathi
Age 37 M/F DOB
Address Motha Jhoni St
Phone 9111333433
Consultant Dr. H.S. Chhabra

Ank. Spandylolosis

✓ Please bring this card on all subsequent visits.

ISIC OPD

1st visit

Date Chief Complaints / Past History

Date 4/4/2017

Signature [Signature]

c/o LBA : 6 months radiating to ant. thigh.
- Morning stiffness (+) 1-2 hrs.
- WD : 1km
- sitting : 2-3 hrs.
- standing : did not explore.

Allergies if any (Please Specify)

✓ No H/O BBE.

Chest expansion : 1cm

O/E : - B/L Sg; Tenderness (+).
- B/L FABER (+).

Investigations Advised / Reports

PLT : 2.78
CRP : 71.6
HbA27 - +ve

- Neck ROM - Restricted.
- Lumbar flexion/Extension Restricted.

Treatment Advised

✓ D/L spine Therapy Tenderness (+).
- Cx/Ti, Tenderness (+).
- Neurology (+)

Adv Rheumatologist opinion (Dr. Malviya)



NABH, NABL Accredited
FOD/QF/03/01/10-01-15

[Signature]
Dr. H.S. Chhabra
Doctor's Name and Signature



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OPD CARD

Registration No. 548031
 Name S.K. Tripathi
 Age 37 M/F..... DOB.....
 Address.....
 Phone.....
 Consultant Dr. S. Kapoor

Assessment chart given
Pos

✓ Please bring this card on all subsequent visits.

Date Chief Complaints / Past History

OPD

Date 04/04/17

Signature [Signature]

Symptoms for 8-10 yrs:
 lower back pain, pain radiating to
 neck pain
 pain in buttock region
 off low.
 10 yrs.

no H/O uric acid
 no H/O rheumatoid arthritis.
 Allergies if any (Please Specify)
 no significant family H/O.

NSAIDs - daily
 H/O chest tuberculosis ⊕
 SpA (Axial).
 IBP
 ↑ CRP
 RA B27 ⊕
 BP

8/03/17

CRP - 71.6 ⊕

Investigations Advised / Reports

HLA B27 ⊕ (Flow cytometry)

Rf - +

Amtoad (uo) cn
 Saaz DS R O
 80
 42
 55

Treatment Advised

3wks

g Remicade
TNFD - Johnson

40mls (5) und
 DCR med ccm 41 } u/s
 Neu Gen A (120) (1) }
 Durin sd week
 Hetch - B (k) (k)
 Ash - Hew
 CBC c @ 12, sugar
 Just 1407: S-Creat, HSCAP
 Mm bus test (LOT. 0)
 Gamme Gold Inter-hum
 Doctor's Name and Signature
 X. M. Chet



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ARTHRITIS RHEUMATISM & PAIN CLINIC

DR P D RATH

MD, FACR, FRCP (Edin), FRCP (Glasgow)
FNIMS, FRCM, GCPR (UWA, AUS)
DIPLOMA MSK ULTRASOUND (UCAM, SPAIN)
POST GRADUATE CERTIFICATE IN (RHEUMATOLOGY)
JOHN HOPKINS UNIVERSITY (USA)

DIRECTOR & HEAD OF DEPTT RHEUMATOLOGY

MAX SUPER SPECIALITY HOSPITAL
SAKET, SMART, PANCHSHEEL (NEW DELHI)

MEMBER BRITISH SOCIETY OF RHEUMATOLOGY
MEMBER EUROPEAN LUPUS SOCIETY
MEMBER NATIONAL OSTEOPOROSIS SOCIETY (UK)
AESCULOP FELLOWSHIP (BRAUN) INTERVENTIONAL PAIN MANAGEMENT

SPECIALIST IN
RHEUMATOID ARTHRITIS
OSTEOARTHRITIS
PSORIATIC ARTHRITIS
ANKYLOSING SPONDYLITIS
SLE
SCLERODERMA
GOUT
OSTEOPOROSIS
CHILDHOOD ARTHRITIS

CONSULTANT AT
MAX HEALTH CARE, NEW DELHI
SAKET
PANCHSHEEL
MAX SMART

Queries on 9818457413 Only
Between 8:00am to 8:00pm
No Queries on Sunday

BP-140/90
SPO₂-98%
PR-120b/m

Sarej esw Tripathi 44 yr. 19/12/23

CAUTION
RISK OF INFECTIONS/SIDE EFFECTS
ON THESE MEDICATIONS EXPLAINED
IN DETAIL

D.A.S.

~~DBL~~
~~DBL~~
~~DBL~~
LTA

TF 4 N 1 B 5y BO
ii) Tyrosine Dose Incr. Corrected

Dr. P. D. Rath

MD, FACR, FRCP (Edin), FRCP (Glasgow)
FNIMS, FRCM, GCPR (UWA, AUS)
DIPLOMA MSK USG (UCAM, SPAIN)
Director & Head Of Department - Rheumatology
DMC REG No. 22141

Immunology
Use ESR
Use Skof
JUM do Creatinine

Fresh Reports to be Done Before
every follow up as advised

9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : MR SANJEEV TRIPATHI (43Y/M)
REF. BY : DR V M TRIPATHI, BAMS
TEST ASKED : HbA1c, HEMOGRAM, HLA-B27

HOME COLLECTION :
NEAR OF COLLECTORATE MAHOBA UTTAR PRADESH -
210427

PATIENTID : ST18515226

Test Description : HLA-B27

Result : Positive

(The given sample may be homozygous for HLA B-27 allele)

Method : FLOWCYTOMETRY

Interpretation :

There is a strong association between the presence of HLAB27 antigen and an increased incidence of ankylosing spondylitis (AS) as well as others disorders, such as Reiter's Syndrome , psoriatic arthritis and arthropathies associated with inflammatory bowel disease. These disorders are collectively called Seronegative Spondyloarthritis.

HLAB27 positive patient is more likely to exhibit spondyloarthritis.

Please correlate with clinical conditions.

Method : Done on Fully Automated Three Laser Beckman Navios Flowcytometer U.S.A

Sample Collected on (SCT) : 10 Dec 2023 10:00
Sample Received on (SRT) : 12 Dec 2023 03:33
Report Released on (RRT) : 12 Dec 2023 09:12
Sample Type : EDTA
Labcode : 1112001680/UP095
Barcode : BL700543



Dr Sachin Patil MD(Path)

Dr Manali R MD(Path)

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PRADESH - 210427

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	5.2	%

Bio. Ref. Interval. :
Bio. Ref. Interval.: As per ADA Guidelines
Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics
Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	103	mg/dL
-----------------------------	------------	-----	-------

Bio. Ref. Interval. :
90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HbA1c values
Please correlate with clinical conditions.

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PATIENTID : ST18515226

HOME COLLECTION :
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PRADESH - 210427

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	8.31	X 10 ³ / μ L	4.0 - 10.0
NEUTROPHILS	62	%	40-80
LYMPHOCYTE	23.6	%	20-40
MONOCYTES	2.5	%	2-10
EOSINOPHILS	10.6	%	1-6
BASOPHILS	1	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	5.15	X 10 ³ / μ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.96	X 10 ³ / μ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.21	X 10 ³ / μ L	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.08	X 10 ³ / μ L	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.88	X 10³ / μL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 ³ / μ L	0-0.3
TOTAL RBC	5	X 10 ⁶ / μ L	4.5-5.5
NUCLEATED RED BLOOD CELLS	0.01	X 10 ³ / μ L	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	13.1	g/dL	13.0-17.0
HEMATOCRIT(PCV)	46.2	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	92.4	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	26.2	pg	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	28.4	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	50.4	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	17.7	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	13	fL	6.5-12
PLATELET COUNT	295	X 10 ³ / μ L	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	49.2	%	19.7-42.4
PLATELET CRIT(PCT)	0.38	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets: Appear adequate in smear.

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

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NAME : MR SANJEEV TRIPATHI (43Y/M)
REF. BY : DR V M TRIPATHI, BAMS
TEST ASKED : ARTHRITIS PROFILE - B

HOME COLLECTION :
NEAR OF COLLECTORATE MAHOBA UTTAR
PRADESH - 210427

PATIENTID : ST18515226

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	7.94	AU/mL

Bio. Ref. Interval. :
Negative : < 10
Positive : >=10

Clinical Significance :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into an irreversible damage.

Specifications: Specificity : 94 % , Sensitivity : 76 %

Kit Validation reference:

Vossenaar ER et al., Arthritis Rheum., 50, 3485, 2004

Method : INDIRECT SOLID PHASE ENZYME IMMUNOASSAY

ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	36.14	AU/mL
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Bio. Ref. Interval. :

NEGATIVE : <25 POSITIVE : >= 25

Clinical Significance:

Autoimmune diseases are characterized by abnormal functioning of Immune System where cell recognition mechanism fails to distinguish " Self " and " non-self " antigens. Presence of ANA autoantibodies associated with rheumatic autoimmune diseases such as systemic Lupus Erythematosus (SLE), Sjogren Syndrome, Scleroderma and mixed connective tissue disease (MCTD).

Specifications:

Specification:- Precision: Intra assay (%CV): <=6.6, Inter assay (%CV): <=13.3, Sensitivity: 87.1%, Specificity: 80%.

Kit Validation Reference:

Antinuclear Antibody The Lancet, September 15, 1984: 611-13

Method : INDIRECT SOLID PHASE IMMUNOASSAY

Please correlate with clinical conditions.

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Report Released on (RRT) : 12 Dec 2023 15:45
Sample Type : SERUM
Labcode : 1112001715/UP095
Barcode : B0894006

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Dr Manali R MD(F)

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PRADESH - 210427

PATIENTID : ST18515226

TEST NAME	TECHNOLOGY	VALUE	UNITS
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RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL
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Bio. Ref. Interval. :
ADULT : <= 18

Clinical Significance:

Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:

Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:

Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Method : LATEX ENHANCED IMMUNOTURBIDIMETRY

ANTI STREPTOLYSIN - O (ASO)	IMMUNOTURBIDIMETRY	< 40	IU/mL
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Bio. Ref. Interval. :

Normal Range: < 166

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER

COMPLEMENT 3 (C3)	IMMUNOTURBIDIMETRY	> 1.7	gm/L
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Bio. Ref. Interval. :

Adults : 0.80 - 1.70

Method : FULLY AUTOMATED IMMUNO TURBIDIMETRY

Please correlate with clinical conditions.

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Sample Type : SERUM

Labcode : 1112001715/UP095

Barcode : BO894006

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Dr Manali R MD(Path)

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TEST ASKED : ARTHRITIS PROFILE - B

HOME COLLECTION :
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PATIENTID : ST18515226

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	36.71	ng/mL

Bio. Ref. Interval. :
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 ng/ml || TOXICITY : >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health. Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome. Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266-81.

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12 E.C.L.I.A 361 pg/mL

Bio. Ref. Interval. :

Normal: 197-771 pg/ml

Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition, TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

Please correlate with clinical conditions.

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PATIENTID : ST18515226

HOME COLLECTION :
NEAR OF COLLECTORATE MAHOBA UTTAR
PRADESH - 210427

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	36.27	mg/L

Bio. Ref. Interval. : (mg/L)

Acute phase determination : < 5 mg/L

Clinical Significance:

It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms.

CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 to 10mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE; Leukemia; after surgery; to detect rejection in renal allograft recipients; to detect neonatal septicemia and meningitis. However, its is a nonspecific marker and cannot be interpreted without other clinical information.

Please correlate with clinical conditions.

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