



Dr. Skanda Shukla

MD (Medicine) - Gold Medalist
DM (Clinical Immunology) - SGPGIMS, Lucknow
DAA - CMC, Vellore
(University of Colorado (USA))
IURF Fellow in Rheumatology
APLAR Fellow - Addenbrookes Hospital, Cambridge (UK)
Rheumatologist and Clinical Immunologist
(Specialist in arthritides and connective tissue diseases)

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Mobile : +91 63876 18097
E-mail : shuklaskand@yahoo.co.in
Timings : Mondays to Fridays
(10.00 AM - 05.00 PM)

Date:

Name: Surendra Kumar Jauhar
Age/Sex: 64y / M
Office ID: SS11108

Date: 08-02-2024 11:16 am
Mobile: 8840382954

Symptoms:

Pain in peripheral joints (Severe,
Symptomatic for last 27 years. No records
available. ? RA / ? Chronic gout.)

Diagnosis:

Diabetes mellitus type 2
HT - Hypertension
CAD - Coronary artery disease
CHB - Complete heart block (Pacemaker
present.)

Investigation results:

CBC - Complete Blood Count: 08-02-
2024: Hemoglobin: 8.0 g/dl, Platelet
Count: 85000 /cmm, Total Leukocyte
Count: 8180 Cells/cmm
Kidney Function Test KFT: 08-02-
2024: S Creatinine: 2.41 mg/dl

Advised Investigations: CBC - Complete Blood Count, SGPT,
Quantitative CRP, Westergren ESR, Quantitative RF, Anti CCP
Antibody

↓
synovial fluid

- ① - polarised microscopy for MSU crystals
- ② synovial fluid culture / microscopy
- ③ pro-calcitonin

Follow up: To meet with reports.



Scan QR code to download the digital Prescription on Docon Patient app.

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Rheumatologist & Clinical
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Reg. No. 046288

Dr. Skand Shukla
Find your prescription online on docon.co.in

[Handwritten signature]

Tab. Ultracet 1 bd, sos

(during severe pain only)

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Immunologist
Reg. No. 046288

8/2/24

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Date:

Name: Surendra Kumar Jauhar
Age/Sex: 64y / M
Office ID: SS11108

Date: 12-02-2024 02:44 pm
Mobile: 8840382954

Symptoms:

Pain in peripheral joints (Severe, Symptomatic for last 27 years. No records available. ? RA / ? Chronic gout.)

Diagnosis:

Diabetes mellitus type 2
HT - Hypertension
CAD - Coronary artery disease
CHB - Complete heart block (Pacemaker present.)
Chronic gout (MSU crystals seen under polarised microscope. Bacterial Culture sterile.)

Investigation results:

ANTI CCP: 12-02-2024: ANTI CCP Serum: negative
CBC - Complete Blood Count: 12-02-2024: Hemoglobin: 7.8 g/dl, Platelet Count: 155000 /cmm, Total Leukocyte Count: 8600 Cells/cmm, ESR: 99 mm/hour
Rheumatoid factor: 12-02-2024: Rheumatoid factor (RF): negative Iu/mL
C Reactive Protein CRP: 12-02-2024: C-Reactive Protein (CRP): 73.32 mg/L
Liver Function Test LFT: 12-02-2024: SGPT (ALT): 22.98 U/L

Instructions:

- कृपया समय पर दिखाएँ।
- गठिया-रोगों की नियंत्रक दवाएँ अपना प्रभाव धीरे-धीरे दिखाती हैं --- इसलिए कृपया धैर्य रखें।
- Opinion from the nephrologist regarding rising serum Creatinine.

	Medicines	Quantity	Frequency	Duration
1	Tablet Mepresso T (8 mg) METHYLPREDNISOLONE(8 MG)	1 tablet	Once a day	1 Week
			After Food, At 8.00 am after breakfast.	
		Then 1/2 tablet	Once a day	1 Week
			After Food, At 8.00 am after breakfast.	
2	Tablet Ultracet / Ultrazac / Acuvin (325 mg and 37.5 mg) ACETAMINOPHEN(325 MG) + TRAMADOL(37.5 MG)	1 tablet	Twice a day	SoS
			After Food, During severe pain only. Note to the pharmacist : to provide one strip of 10 tablets only with this prescription. DO NOT OVER PRESCRIBE.	

Advised Investigations: CBC - Complete Blood Count, SGPT, Serum Creatinine

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To come on 27/2/24.



Dr Shabnam
MBBS, MD (CMC)
Consultant Pathologist

Name	Mr. SURENDRA KUMAR JAUHAR	SR No.	7	Patient Id	2402080007	
Date	08/02/2024	11:26:45	Age	64 Yrs.	Sex	Male
Ref. By	Dr. SKANDA SHUKLA	Rep. Date	08/02/2024	Rep. Time	12:41:04	

Test Name	Value	Unit	Normal Value
HAEMATOLOGY			
<u>COMPLETE BLOOD COUNT (CBC)</u>			
HAEMOGLOBIN (Hb) Method - Photometric	7.8	gm/dl	M- 13-17 F12-15
HEMATOCRIT Electronic Impedance/ Calculation.	24.3	%	40 - 50
R B C COUNT Electronic Impedance.	2.83	mil/ul	4.2 - 5.4
MCV Calculated Parameter	86.0 ✓	fL	83 - 101
M C H Calculated parameter.	27.6 ✓	pg	27.0 - 32.0
M C H C Calculated Parameter.	32.2 ✓	g/dL	31.5 - 34.5
RDW Electronic Impedance	11.6	%	11.6 - 14.0
PLATELET COUNT Electronic impedance	155	thou/ul	150-400
TOTAL LEUCOCYTE COUNT (TLC) Electronic Impedance	8,600	thou/ul	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	86	%	40 - 80
LYMPHOCYTE	11	%	20 - 40
EOSINOPHIL	01	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 2

Note: The percentage counting of each type of differential leucocytes does not indicate correctly their absolute

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Date	08/02/2024	11:26:45	Age	64 Yrs.	Sex	Male
Ref. By	Dr. SKANDA SHUKLA	Rep. Date	08/02/2024	Rep. Time	12:41:00	

Test Name	Value	Unit	Normal Value
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increase or decrease, hence as per recommendation of the International Council for Standardization in Hematology the differential leucocyte counts are reported as absolute number of each cell type per unit volume of blood.

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE. Westergren method	99	mm at 1 hr.	0 - 15
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BIOCHEMISTRY

ALANINE AMINOTRANSFERASE (SGPT) IFCC	22.98	IU/L	13 - 50
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SEROLOGY

CRP (QUANTITATIVE) Nephelometry	73.32	mg/L	Less Than
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INTERPRETATION :-

C-reactive protien (CRP) is an acute-phase protein normally present in very low concentrations in the serum of healthy people. Elevated concentrations of CRP can be detected within 6 - 12 hr. after the onset of the inflammatory process.

CRP is useful:-

- Distinguishing bacterial infections from viral infections.
- Monitoring the course of an illness
- Monitoring & controlling postoperative infections.
- Following up the efficacy of antimicrobial therapy
- Predicting future cardiovascular diseases.

RA FACTOR (QUANTITATIVE) Nephelometry	11.66	IU/mL	0 - 25
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INTERPRETATION :-

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Name	Mr. SURENDRA KUMAR JAUHARI	Ref. No.	7	Patient Id	2402080007
Date	08/02/2024	Time	11:26:45	Age	64 Yrs.
Ref. By	Dr. SKANDA SHUKLA	Rep. Date	08/02/2024	Sex	Male
				Rep. Time	12:41:00

Test Name	Value	Unit	Normal Value
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0-25 Negative
25-50 Positive (Non Specific)
50-100 Elevated
>100 Highly Elevated.

ADVANTAGES OF QUANTITATION :-

Exact concentrations of RA Factor facilitate the following:

- * Accurate staging of disease.
- * Precise prognosis and indication of complications.
- * Adjustment of dose for treatment and follow up of treatment.

REMARKS :-

- * RA factor has been demonstrated in approximately 80 % of patients with rheumatoid arthritis.
- * False positive results may occur in hepatitis, sarcoidosis, cirrhosis of liver, Sjogren's syndrome, acute bacterial and viral infection.
- * Diagnosis of rheumatoid arthritis should be made in conjunction with complete clinical evaluation.

**** End Of Report ****

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Name	Mr. SURENDRA KUMAR JAUHAR	Age	22	Patient Id	2402080022
Date	08/02/2024 13:55:10	Age	64 Yrs.	Sex	Male
Ref. By	Dr. SKANDA SHUKLA	Rep. Date	12/02/2024	Rep. Time	11:07:00

CLINICAL PATHOLOGY

FLUID FOR CRYSTALS UNDER POLARIZER LENS
MANUAL

SITE: ANKLE CRYSTAL SEEN

MICROSCOPIC EXAMINATION: SMEARS SHOW NUMEROUS SINGLY PLACED AND CLUSTERS OF NEEDLE SHAPED CRYSTALS. THESE CRYSTALS APPEAR LIKE URATE CRYSTALS ON WET SMEARS UNDER POLARIZER LENS. BACKGROUND SHOWS PROTEINACEOUS MATERIAL AND FEW NEUTROPHILS.

COMMENTS: KINDLY CORRELATE CLINICO-BIOCHEMICALLY.


**** End Of Report ****

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Patient Name : Mr. Surendra Kr Jauhar	Dept. : MICROBIOLOGY
Age / Gender : 64 / Male	Received Date : Feb 08, 2024, 04:09 p.m.
Ref. Doctor : SKANDA SHUKLA	Reporting Date : Feb 10, 2024, 01:19 p.m.
Patient ID : 100691	Lab Request No : 

MICROBIOLOGY

<u>Test Description</u>	<u>Value(s)</u>	<u>Unit(s)</u>	<u>Reference Range</u>
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Culture & Sensitivity (Manual)			
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Culture & Sensitivity (Manual)

FLUIDS CULTURE	FLUID CULTURE STERILE AFTER 48 HOURS OF AEROBIC INCUBATION AT 37 DEGREE.
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****END OF REPORT****

Authenticated On : Feb 10, 2024, 01:19 p.m.
Printed On : Feb 10, 2024, 01:19 p.m.



Aditi
Dr. Aditi Gupta
MD Pathologist

[Handwritten Signature]

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**Dr Shabnam
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Consultant Pathologist**

Patient Name : Mr. Surendra Kr Jauhar
Age / Gender : 64 / Male
Ref. Doctor : SKANDA SHUKLA
Patient ID : 100691

Dept. : IMMUNOLOGY
Received Date : Feb 08, 2024, 04:09 p.m.
Reporting Date : Feb 08, 2024, 05:37 p.m.
Lab Request No :



IMMUNOLOGY

<u>Test Description</u>	<u>Value(s)</u>	<u>Unit(s)</u>	<u>Reference Range</u>
Anti CCP (Cyclic Citrullinated Peptide)			
CCP Antibody	7.14	AU/mL	Negative: < 20 Positive: >= 20

Method: CLIA

Interpretation :

This test is used for the semi-quantitative determination of the IgG class of auto antibodies specific to CCP in biological specimens.

Detection of anti-CCP antibodies is used as an aid in the diagnosis of Rheumatoid Arthritis and should be used in conjunction with

other clinical information. Autoantibody levels represent one parameter in a multi criterion diagnostic process, encompassing both clinical and laboratory based assessments.

Abbreviation :

CCP : Cyclic Citrullinated Peptide

Procalcitonin, Serum

Procalcitonin	0.81	ng/mL	Low Risk of severe sepsis and/or septic shock: < 0.3
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Method: CLIA

INTERPRETATION :

- PCT is the prohormone of calcitonin secreted by different types of cells from numerous organs in response to proinflammatory stimulation, particularly bacterial stimulation.
- Depending upon clinical background, PCT > 0.1 can indicate clinically relevant bacterial infection, requiring antibiotic treatment.
- PCT is an important marker enabling specific differentiation between bacterial infection and other causes of inflammatory reactions
- Resorption of septic infection is accompanied by decreases in PCT concentration which returns to normal with half life of 24 hours



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Dept. : IMMUNOLOGY
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Lab Request No : 
100740

IMMUNOLOGY

<u>Test Description</u>	<u>Value(s)</u>	<u>Unit(s)</u>	<u>Reference Range</u>
5. In certain situations (newborns, polytrauma, burns, major surgery, prolonged or severe cardiogenic shock etc) PCT elevation may be independent of any infectious aggression. The return to normal values is usually rapid			
6. Viral infections, allergies, autoimmune diseases and graft rejection do not lead to significant increase in PCT. Localized bacterial infections can lead to moderate increase in PCT levels.			

****END OF REPORT****

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Printed On : Feb 08, 2024, 05:37 p.m.


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