



Dr. (Prof.) Lalit Duggal MD FRCP

Chairman

Deptt. of Rheumatology and Cl. Immunology
Sir Ganga Ram Hospital & Gripper

Examiner : Royal College of Physicians & Surgeons (Glasgow)
Past President : Delhi Rheumatology Association



www.sgrh.com

Sir Ganga Ram Hospital, New Delhi
Private OPD : Room No. F-41, 1st Floor
12:00 pm - 4:00 pm (Mon - Sat)
For Appointment (9:00 am - 2:00 pm)
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Reg. No. : MCI/3094 / DMC No. 2214
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Residence Clinic :
C2/252, Janakpuri, New Delhi
7:00 pm - 8:30 pm (Mon - Fri)
For Appointment (5:00 pm - 8:30 pm)
Tel.: 011-30556042, 88268 01578

Name: Hankesh Kumar

Date: 12/10/18

Age: 44 Sex: M Mob: 8218183858

ID: 6687

in LB. → back Neck stab
→ Thrust
EMS +
Ked pain

long story (93)
H/O of renal
calculi



Mother's side
Dad's side

On Neck redness, stiff
Pso, tender neg.
Rel @

- ① Elbowe 120° at night
- ② Uprone D3 bsk evng. w.e.

Long back SpA (B-27 neg)

- ① CRP
- ② HLA-B-27 (PCR)
- ③ MR Screening of spine & SI joints

better answer

27/10/18

- Xray chest PA
 - Hb E & U, HbSAC, Antinuclear
 - TB chest exam Gold
 - Mx test

- Colone ① + ②
 +
 Sacro205 1/2-3-1/2 r/r
 the 1-3-1
 X Today 'H

- RA
- SpA
- SLE
- PSS
- Vasculitis
- Other CTDS
- CRYSTAL
- FMS
- PsA
- OA
- EYE
- RVD
- OTHERS

IN CASE OF EMERGENCY CONTACT SIR GANGA RAM HOSPITAL (CASUALTY) Ph.: 42254000, 25750000



www.doxper.com



9-231-3170-485-28927

INVESTIGATIONS

Dr. (Prof.) Lalit Duggal MD FRCP (Glasg)

Name: Hanikesh Kumar

Age:

Sex:

ID:

6687

Dated	11/12/18	12/6/17			
Hb	12.70				
TLC	9.25				
DLC	(2)				
Platelet	333				
ESR / CRP	59 /	125 (P)			
Creatinine, Na+, k+	0.60 /				
Uric Acid					
Blood Sugar					
SGOT/SGPT/AP	27 / 30 /				
S. Protein/Albumin					
Calcium/Phosphorus					
Urine R/M					
RF/CCP	<100 / <0.50				
ANA					
C3/C4/DSDNA					
ENA Profile					
ANCA					
T3 / T4 / TSH					
HLA B-27		(2)			
Vit D					
Vit B12					
Lipid Profile					
DAS 28					
BASDAI/BASFI/ASDAS					
SLEDAI					

Others

↓
 Mx → ALC 50 irregularly +
 11 Mdx T weekly Rt-15
 ↓ Spec → DO kua ? Romanus



3-201-4007-177-30569



MRI CENTRE, SIR GANGA RAM HOSPITAL

Rajinder Nagar, New Delhi - 110 060
Ph. : 4311 5700 - 30, 4225 1909

RADIOLOGISTS :

DR. T.B.S. BUXI
M.D.
Head of dept.

DR. ADITI SUD
D.N.B.

DR. SEEMA SUD
D.N.B.

Patient Name (Last,First)	: KUMAR HARIKESH	Age/Sex	: 44 Yrs/M
Reg. No.	: 2415545	Ward No.	: MRI
Episode No.	: OP08198827	Room No.	: /
Imaging No.	: 9632415-10	Executed On	: 12-Oct-18 02:12:36PM
Location	: MRI	Location Type	: OPD
Referred By	:	External Doctor	:

Ss

SCOUT SCREENING OF THE WHOLE SPINE WAS PERFORMED USING TSE T2W IMAGES IN SAGITTAL PLANE.

Screening of the sacroiliac joints

Focal area of drop in signal in the subchondral location along the sacral aspect of the left sacroiliac joint on TIRM images suggestive of fatty changes/sclerosis.
The joint space is maintained, however, significant irregularity of the articular margins is seen bilaterally.

No evidence of any edema is noted.

The ligaments and enthesial structures bilaterally appear normal.
No evidence of any collection is noted in the vicinity of the sacroiliac joint on either side.

IMPRESSION:

MR findings are suggestive of bilateral sacroiliitis with no evidence of active disease in the present scan.

DR. SEEMA SUD
RADIOLOGIST
Contd..P/2..



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-2-

Ss

SCOUT SCREENING OF THE WHOLE SPINE WAS PERFORMED USING TSE T2W IMAGES IN SAGITTAL PLANE.

There is evidence of a focal area of increase in signal along the postero-inferior aspect of D8 vertebra on TIRM images.

The remaining vertebrae show normal height, alignment and marrow signal intensity.

A focal area of FLAIR hyperintensity is noted within D8 vertebra on TIRM images suggestive of a small hemangioma.

No thickening of the anterior or posterior longitudinal ligament is seen.

Disc desiccation changes are seen in the cervical, dorsal and L4-5 intervertebral discs.

Diffuse bulge of the disc is seen at L4-5 with the posterior central protrusion.

Endplate osteophyte with mild bulge of the disc is seen at C5-6 level. Central canal appear spacious.

No disc bulge is seen at any other level in the spinal column.

Cord shows normal signal intensity.

Cervico-medullary junction appears normal.

No tonsillar herniation is seen.

Facet joints show normal cartilagenous spaces bilaterally at all the levels.

The conus and cauda equina appear normal.

No abnormal pre or paraspinal soft tissue signal intensity is seen.

IMPRESSION:

MR findings reveal focal area of edema in the postero-inferior corner of D8 vertebra which could represent a Romanus lesion.

Suggest correlation with HLA-B27.


DR. SEEMA SUD
RADIOLOGIST



H-2008-0017
June 16, 2017 - June 15, 2020
Since June 16, 2008



Sir Ganga Ram Hospital

Department of Clinical Microbiology & Immunology

(An NABL Accredited Laboratory)

Name	: MR HARIKESH KUMAR	Age/Sex	: 44 Yrs/M
Registration No.	: 2415545	Ward No.	:
Lab Request No.	: 5518095683	Room No.	:
Episode No.	: OP08198940	Location Type:	Out Patient
Location	: CENTRAL INVESTIGATION CENTRE	Collected On	: 12 OCT 2018 02:08PM
Referred By	: DR. LALIT DUGGAL	Received On	: 12 OCT 2018 03:09PM
Ext. Doctor	:	Reported On	: 12 OCT 2018 03:56PM
Specimen	: Blood	Released by	: DR. K.J.PRASAD

Authorised by DR. K.J.PRASAD on 12/10/2018 at 15:56

C-Reactive Protein assay

Nephelometry Method
(Binding Site U.K.)

Result	POSITIVE	
Value	25 MG/L	(<6)

Comments:

CRP levels have been shown to be consistently elevated in wide variety of infections, inflammatory conditions and other disease states where there is tissue destruction. The estimation of CRP levels may provide valuable information in monitoring the progress of a disorder, its treatment and in differential diagnosis. It has been found to be more sensitive and reliable than ESR.

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<<< Page: 1 of >>>



Sir Ganga Ram Hospital

INSTITUTE OF MEDICAL GENETICS AND GENOMICS

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HISTOCOMPATIBILITY AND IMMUNOGENETICS LABORATORY

(An NABL Accredited Laboratory)

Date: 12/10/18

HLA Lab No: F 3235

Patient 's Name : HARIKESH KUMAR

Age/sex: 44yr/M

Diagnosis:

DNA ANALYSIS FOR HLA-B 27 ALLELE

HLA - B 27 Allele Absent (Negative)

*HLA-B27 gene is known to be associated with Ankylosing Spondylitis and also being implicated in reactive arthritis, eye disorders such as uveitis and iritis, psoriatic arthritis and ulcerative colitis associated spondyloarthritis.

Dr. Monika Jain
(Consultant Scientist)

Dr. Ratna Dua Puri
(Senior Consultant)

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H-2008-0017

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