



**IMPULSE
DIAGNOSTICS**

Hailakandi Road, Meherpur, Silchar - 788 015 Assam
Phones : 03842 - 224542 , 224546 , 87219 59217

Patlent ID:	1812175469	Patlent Name:	SUMITA ACHARJEE
Age:	40 Years	Sex:	F
Accession Number:		Modallity:	CT
Referring Physician:	DR. ARIJIT DHAR, MS	Study:	Right T. M. JOINT
Study Date:	18-Dec-2017		

Serial axial sections and sagittal and coronal reconstruction of *right Temporo-mandibular joint* were studied without the use of contrast media. Study reveals -

- Right TM joint space is reduced. Sclerosis noted involving the Head of condyle and condylar process of right hemimandible and articular surface of condylar fossa. Marginal osteophytes noted projecting from the articular surface of the head of condyle and from the articular surface of condylar fossa. Erosions noted in articular surfaces of both head and condylar fossa. Soft tissue planes around the joint appear intact.
- Normal alignment of condyle and glenoid fossa is seen in closed mouth position.
- Surrounding soft tissue appear normal.
- Right mastoid shows normal cellularity with no mucosal thickening or collection.
- Right middle ear cavities including epitympanum, mesotympanum & hypotympanum are normal.
- Right ossicular chains, tegmen plates and sinus plates are normal.
- Right semicircular canals, cochlea and vestibular aqueduct are normal.
- Right internal auditory canal is normal.
- Right external auditory canal is normal.
- Right cerebello-pontine angle region is normal.
- Right bony facial canal is normal.
- Styloid process is normal.
- Right carotid canals and jugular foramens are normal.

Impression:- Study features reveals

Degenerative arthritis of right Temporo-Mandibular joint as described.

Adv - Clinical correlation.

DR. ABHISHEK DAS, MD

DR. GAUTAM DEY, MD

DR. DIPAYAN SAHA, MD


DR. PRABHU. B.J, MD

DR. DEBALOK CHAKRABARTY, MD

M.R.I. - MD CT SCAN - COLOUR DOPPLER - ULTRASOUND - DIGITAL X-RAY - AUTOMATED PATH. LAB. - COMPUTERISED E.C.G.
THE FINDING SHOULD ALWAYS BE CONSIDERED IN CO-RELATION WITH THE CLINICAL AND OTHER INVESTIGATION FINDINGS WHERE APPLICABLE. THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE



Cert. No. NC-2396

CLIENT CODE : C000030792

CLIENT'S NAME AND ADDRESS :

BIOMED DIAGNOSTIC CENTRE
PROGRESSIVE TOWER, N S AVENUE, OPP. GOPINATH CINEMA,
CACHAR,
SILCHAR 788005
ASSAM INDIA
038-42220155 9864085555

SRL LIMITED
P S Srijan Tech Park Building, DN-52, Unit No. 2, Ground Floor, Sector
V, Salt Lake,
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CIN - U74899DL1995PLCD70603
Email : customercare.saltlake@srl.in

PATIENT NAME : SUMITA ACHARJEE

PATIENT ID : SUMIF18127735

ACCESSION NO : 0035QL003483 AGE : 40 Years SEX : Female DATE OF BIRTH :

DRAWN : 18/12/2017 13:48 RECEIVED : 18/12/2017 14:18 REPORTED : 19/12/2017 18:01

REFERRING DOCTOR : DR. Arjit Dhar

CLIENT PATIENT ID : AGABAH0083

Test Report Status	Final	Results	Biological Reference Interval	Units
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EIA - AUTO IMMUNE

ANTI - CCP ANTIBODIES, SERUM

ANTI - CCP ANTIBODIES	0.50	> 5 - Positive < 5 - Negative	U/mL
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METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA)

Interpretation(s)

ANTI - CCP ANTIBODIES, SERUM-

Rheumatoid arthritis (RA) is a systematic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of the membrane lining (synovium) joints which commonly leads to progressive joint destruction and in most cases to disability and reduction of quality of life. The disease spreads from small to large joints, with the greatest damage in early phase.

The diagnosis of RA is primarily based on clinical, radiological and immunological features. The most frequent serological test is the measurement of rheumatoid factor (RF). The IgM class is the most common and is found in 60-80% of RA patients. RF is not specific for RA, as it is often present in healthy individuals and patients with other autoimmune diseases and chronic infections. Citrullinated proteins have been discovered in the joints of patients with rheumatoid arthritis but not in other forms of joint disease. The citrullinated proteins in the joints correspond to the presence of the citrulline antibodies in the blood and suggest a possible role for these antibodies in the development of rheumatoid arthritis. Anti-CCP test is used for the detection of the IgG class of autoantibodies specific to cyclic citrullinated peptide (CCP) in human serum or plasma (EDTA). Autoantibody levels represent one parameter in a multi-criterion diagnosis process, encompassing both clinical and laboratory-based assessments.

The citrulline antibody appears early in the course of rheumatoid arthritis and is present in the blood of most patients with the disease. When the citrulline antibody is detected in a patient's blood, there is 90-95% likelihood that the patient has rheumatoid arthritis. The test for the citrulline antibody is therefore useful in the diagnosis of patients with unexplained joint inflammation, especially when the traditional blood test for rheumatoid factor is negative. The citrulline antibody also has prognostic (predictive) value since it is associated with a greater tendency towards more destructive forms of rheumatoid arthritis.

Detection of anti-CCP antibodies is used as an aid in the diagnosis of Rheumatoid arthritis (RA) and should be used in conjunction with other clinical information.

End Of Report

Please visit www.srlworld.com for related Test Information for this accession

Sunanda Dey

Dr. Sunanda Dey, MD
Microbiologist

Dr. Anjit Dhar, M.S., ORTHOPAEDICS (GAU)
ORTHOPAEDIC SURGEON
 ASSOCIATE PROFESSOR OF ORTHOPAEDICS, SMCH

Formerly Attached to:
 Peerless Hospital, Kolkata and Downtown Hospital, Guwahati

BONE & JOINT SOLUTIONS



Not for Medicolegal Purpose

DONATE BLOOD SAVE LIFE

Clinical Notes :

L10 TM joint arthritis (AC)
 - 2 1/2 years.

✓ C7 SCAN.

Temporomandibular joint
 (IMPULSE)

→ degenerative changes (AC) TMJ
 R A factor < 8
 Uric acid → 3.5
 ANTI-CCP. - 0.5

Day Depo Prod 1ml
 Intra-articular Hyaluronate
 Bandaid
 Attend on Sunday at 11 AM

Name : Mrs Sumita Acharye Date : 18.12.17

Rx

Tab NUCOXIA-83 (10) once daily after food > 10 days
 S.O.S
 Tab RASSIG 40 (10) before breakfast > 10 days

Tab ORASOFT (EC) 2 times after food > 1 mth.

✓ Massage exercises

18/12/17

Tab NEURIN (40) 1/2 tab at bedtime > 10 days
 ↓
 one tab at bedtime > 1 mth.

Tab COLTASE-B (120) 2 times after food > 2 mth.

✓ ENT consultation
 ✓ Dr. Kompanay Nath

MS
 22/12/17

SUNDAY
 CLOSED

FOR APPOINTMENT INFORMATION CONTACT:
 MOB : 9864372482 / 9085084798 / 222185
 FRESH REPORTS TO BE DEPOSITED AT 7.00 P.M.
 NEW NAME ENTRY AFTER ONE MONTH OF FIRST VISIT

BARAK DIAGNOSTIC CENTRE, N.S. Avenue, Below Life Line Hospital, Silchar-5
CONSULTATION HOURS : 7.30 P.M. (Except SUNDAY)



CLIENT CODE : C000030796

CLIENT'S NAME AND ADDRESS :

WALK - IN
 PROGRESSIVE TOWER, N S AVENUE, OPP. GOPINATH CINEMA,
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PATIENT NAME : SUMITA ACHARJEE

PATIENT ID : UNITF18127735

ACCESSION NO : 0035QL003482 AGE : 40 Years SEX : Female

DATE OF BIRTH :

DRAWN : 18/12/2017 13:48

RECEIVED : 18/12/2017 14:15

REPORTED : 18/12/2017 15:29

REFERRING DOCTOR : DR. Arjit Dhar

CLIENT PATIENT ID : AGABAHO083

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIO CHEMISTRY

URIC ACID, SERUM

URIC ACID	3.5	2.6 - 6.0	mg/dL
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Interpretation(s)

URIC ACID, SERUM-
 Causes of increased levels

- Dietary
- High Protein Intake.
- Prolonged Fasting,
- Rapid weight loss.
- Gout
- Lesch nyhan syndrome.
- Type 2 DM
- Metabolic syndrome.

Causes of decreased levels

- Low Zinc Intake
- OCP's
- Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
- Limit animal proteins
- High Fibre foods
- Vit C Intake
- Antioxidant rich foods

SEROLOGY

RHEUMATOID FACTOR, SERUM

RHEUMATOID FACTOR	<8	LESS THAN 8	IU/mL
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Interpretation(s)

RHEUMATOID FACTOR, SERUM-

Rheumatoid factor (RF) latex particle agglutination test is one of the four laboratory test criterions in the diagnosis of probable, definite or classic Rheumatoid arthritis (RA).

Titres less than 8 (or dilution 1:10) are considered within normal range and indicate negative test report. However, negative test report does not rule out RA. A negative test is also seen in osteoarthritis, suppurative arthritis, ankylosing spondylitis and rheumatic fever.

RF test is positive in RA, in more than 50% cases in first six months of the disease. Positive test results are also observed in a small proportion of healthy individuals, elderly patients above age of 70 years, and in patients of Rheumatoid variants, systemic lupus erythematosus (SLE) and in autoimmune disorders. RF test is positive in 90 per cent individuals with autoimmune disorders like Sjogren's syndrome or cryoglobulinemic purpura. Positive results of RF test are observed in 10 to 40 per cent individuals with chronic infections of bacterial or treponemal or of viral etiology, psoriasis and sarcoidosis.

****End Of Report****

Please visit www.sriworld.com for related Test Information for this accession

Dr. Ashish Kumar Das
 Laboratory Head

Dr. Subhadip Bhattacharjee
 Consultant Pathologist

✓ ① Tab MACGEGIA. ⑥0
 ○ ————— ○ 2 times after food
 ✓ ② Tab RABONIK 40. ⑥0
 ○ ————— ○ before breakfast

25/2/18
 Dr D.P. (RH) TMJ genui
 Neston 18/3/18?
 Tab SIENOFLAM
 1 tab after food
 S.O.S
 25/2/18

PLEASE NOTE

- This prescription is based on clinical judgement in context to patient's illness. Though every effort is taken to ensure the accuracy, however the accuracy cannot be guaranteed because of difference of opinion among professionals, ongoing research, constant flow of information relating to drugs and drugs safety, patient susceptibility and response.
- Fractures manipulated blindly may require remanipulation (s) and even after repeated manipulations, it may not be successful to achieve a proper reduction. Even a good reduction may sometimes get displaced inside the plaster for several reasons, which can be detected by repeated X-Rays; subsequently the line or plan of treatment might also change.
- If not satisfied with consultation / treatment / results, it is always better to have a second opinion from another specialist.

IF YOU ARE APPLIED WITH A PLASTER CAST

- Contact immediately in case of swelling / excessive pain / discoloration / coldness / numbness / stiffness of fingers or toes of the plastered limb
- Report back immediately in case the plaster is broken / loose / any object (e.g. a coin / a pencil / a toothbrush) is lost inside the plaster cast / smell foul from inside the cast
- Plastered hand / foot to be kept elevated until the limb is back to active use
- Fingers / toes and all other joints free from the plaster are to be kept moving freely several times a day, in case of stiffness / difficulty to move, please contact immediately
- Keep the plaster dry and clean, protected from water
- Do not remove / trim / cut the plaster without doctor's advice. Do not walk by putting weight on the plaster unless specifically told so by the doctor