

Date: 02-03-2020

Department : ORTHOPAEDICS

MR NO : CVIM.0000130599

Doctor : Dr AMBARISH MATHESUL

Name : Mr. Rakshit Gupta

Registration No : 2006/04/2234

Age/ Gender : 22 Y / Male

Qualification : MBBS, DNB, MS, MNAMS

Consultation Timing: 20:05

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Gto LBP

Adx

MRI LS spine + whole spine screening

Adx

LS frame → ①

IFT/ultrasound

- Hb, CBC, ESR
- RFT
- RA factor
- CRP
- Anti CCP
- ALAB 27

Follow up date:

Doctor Signature

S. NO.	NAME OF DRUG & STRENGTH (Generic Name and in CAPITAL)	A MEDICATION DOSAGE	B				C NO. OF DAYS	(A*B*C) TOTAL QTY.	INSTRUCTIONS FOR ADMINISTERING DOSAGE		
			MORNING	AFTERNOON	EVENING	NIGHT			Before Meal	After Meal	Others
1	T-Thiogam AP4						107	3day (C)		✓	
2	T-Pan 40						107	3day (C)	✓		
3	T-Synsart NT						0-0-1	10day (7)		✓	
4											
5											
6											
7											
8											
9											

RECOMMENDED INVESTIGATIONS

BIO CHEMISTRY

- ☐ ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM
- ☐ CALCIUM, SERUM
- ☐ CREATININE, SERUM
- ☐ FERRITIN - SERUM
- ☐ FREE T4 - SERUM
- ☐ GLUCOSE (FASTING)
- ☐ GLUCOSE (POST PRANDIAL)
- ☐ GLUCOSE, FASTING (F) AND POST PRANDIAL (PP)
- ☐ GLUCOSE, RANDOM
- ☐ HbA1c
- ☐ IgE (TOTAL)
- ☐ LIPID PROFILE
- ☐ LIVER FUNCTION TESTS (LFT)
- ☐ PROLACTIN - SERUM
- ☐ SERUM ELECTROLYTES
- ☐ THYROID FUNCTION TEST, TOTAL
- ☐ TOTAL BETA- HCG (TB-HCG)
- ☐ TSH: THYROID STIMULATING HORMONE-SERUM-FREE
- ☐ UREA - SERUM / PLASMA
- ☐ URIC ACID - SERUM
- ☐ VITAMIN B12 -SERUM
- ☐ VITAMIN D3

SEROLOGY

- ☐ C-REACTIVE PROTEIN (Qualitative)
- ☐ DENGUE IgM
- ☐ DENGUE IgM & IgG
- ☐ DENGUE NS1 ANTIGEN
- ☐ HIV I AND II ANTIBODIES
- ☐ MALARIAL ANTIGEN (VIVAX AND FALCIPARUM)
- ☐ RHEUMATOID FACTOR -SERUM
- ☐ TYPHI DOT - M
- ☐ WIDAL TEST

HEMATOLOGY

- ☐ ABSOLUTE EOSINOPHIL COUNT
- ☐ BLOOD GROUP ABO & Rh FACTOR
- ☐ COMPLETE BLOOD COUNT
- ☐ ERYTHROCYTE SEDIMENTATION RATE (ESR)
- ☐ HEMOGRAM (CBP+ ESR)
- ☐ PERIPHERAL SMEAR FOR MALARIAL PARASITE (MP)
- ☐ PLATELET COUNT

RADIOLOGY

- ☐ ULTRASOUND - ABDOMEN AND PELVIS
- ☐ ULTRASOUND - WHOLE ABDOMEN
- ☐ ULTRASOUND EARLY PREGNANCY (WITHIN 10 WEEKS)
- ☐ X-RAY CERVICAL SPINE AP AND LAT
- ☐ X-RAY CHEST PA
- ☐ X-RAY LUMBAR SPINE AP AND LAT
- ☐ X-RAY PNS

CARDIOLOGY

- ☐ 2D-ECHO WITH COLOUR DOPPLER
- ☐ CARDIAC STRESS TEST - (TMT)
- ☐ ECG

CLINICAL PATHOLOGY & MICRO BIOLOGY

- ☐ URINE ROUTINE (CUE)
- ☐ CULTURE AND SENSITIVITY [URINE]
- ☐ URINE ROUTINE AND MICROSCOPY

OTHER

- ☐ PULMONARY FUNCTION TEST

Additional Investigation Recommended:

In case of emergency or any rash or other allergic complaints, please call 1066 or come directly to emergency room of the hospital

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

PRESCRIPTION

NAME: Rakshit Gupta

DATE: 20/2/2020 AGE: 22 GENDER: M

PRESENT COMPLAINTS: low back pain since
Oct 2020 after fall

EXAMINATION

SPINAL POSTURE:

Lordosis/kyphosis/Sway/Shift flat back

Spinal ROM: Lx: Flex/Mod/ERP other Normal/NP

SENSORY EXAMINATION:

(N)

NEUROLOGICAL EXAMINATION:

(N)

MYOTOMAL EXAMINATION:

(N)

TREATMENT ADVISED:

DSA → Report → Rx
Sit & hips all the way behind
Posture ← up back and feet supported.
Use back roll in sitting
Break 30-45 min

DOS AND DON'TS:

- Avoid sitting on bed / floor / low couch.
- Avoid slouching

ANY OTHER DIAGNOSIS REQUIRED:

DSA/ Vit D/ Vit B12

✓

PROVISIONAL DIAGNOSIS:

No investigations available.

L₅ Derangement?

FURTHER PLAN OF CARE: (includes Pain management and root cause management)

- Isolated muscle Strengthening
Post DSA

- Cell repairs.

- 6-8 week rehab.

SOS Investigations

FUNCTIONAL GOALS TO BE ACHIEVED:

- Sitting

- Bending.

NEXT FOLLOW UP:

21/2/2020

DOCTOR'S NAME AND SIGNATURE:

Mphahlele (CPT)

Numeric data

Rakshit Gupta (Birthdate 1997-07-14)

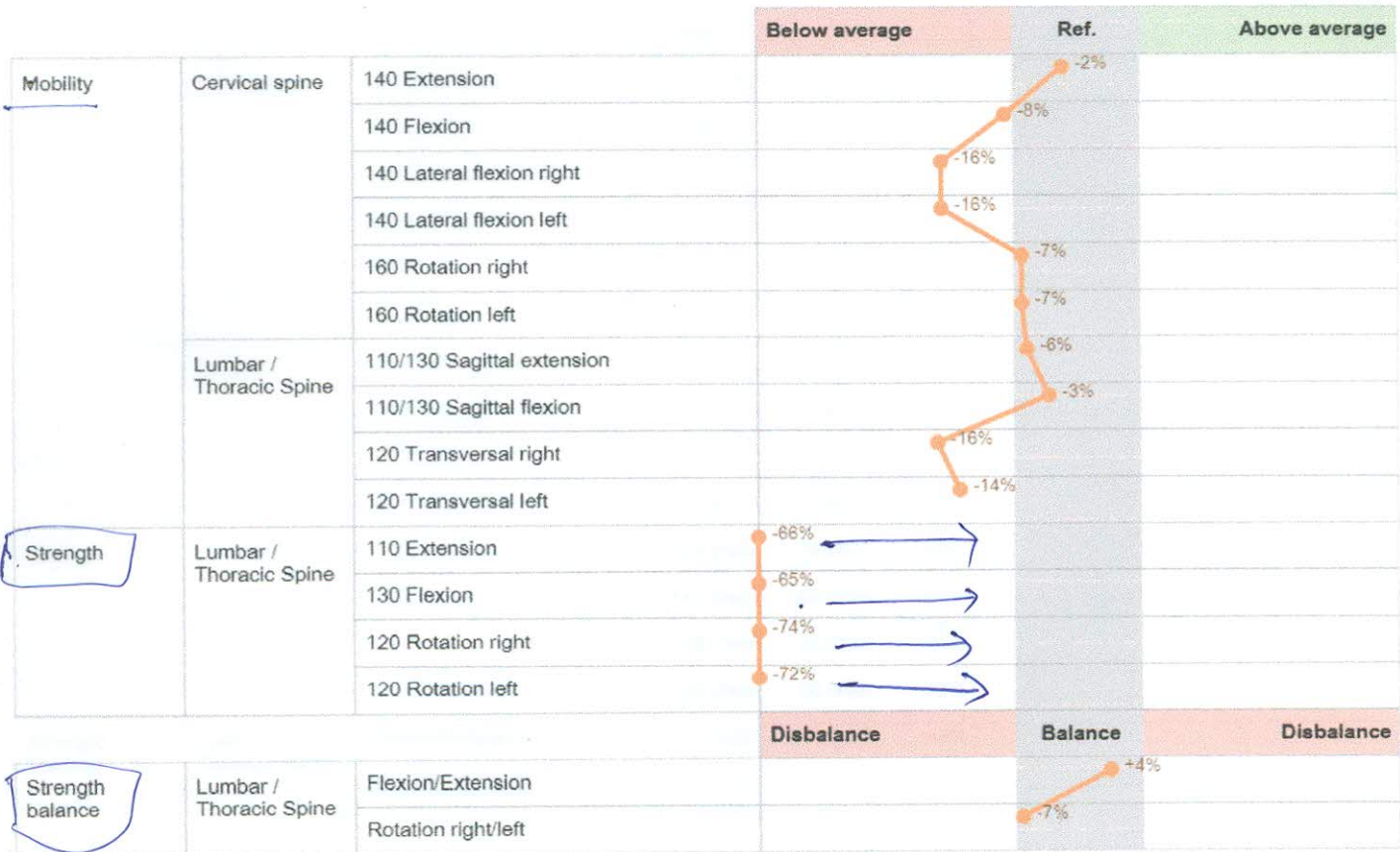
Test date	Height	Weight	Upper body weight	Head weight	BMI
2020-02-20 Initial test	182.0 cm	59.0 kg	34.8 kg	4.9 kg	17.8

			Ref.	Test 1	
Mobility	Cervical spine	140 Extension	-72.3°	-70.0°	-2%
		140 Flexion	61.3°	50.0°	-8%
		140 Lateral flexion right	44.0°	30.0°	-16%
		140 Lateral flexion left	-44.0°	-30.0°	-16%
		160 Rotation right	80.5°	70.0°	-7%
		160 Rotation left	-80.5°	-70.0°	-7%
	Lumbar / Thoracic Spine	110/130 Sagittal extension	-29.0°	-24.4°	-6%
		110/130 Sagittal flexion	48.4°	45.8°	-3%
		120 Transversal right	50.3°	33.8°	-16%
		120 Transversal left	-50.3°	-36.4°	-14%
Strength	Lumbar / Thoracic Spine	110 Extension	224.2Nm	76.0Nm	-66%
		130 Flexion	147.5Nm	52.0Nm	-65%
		120 Rotation right	106.2Nm	28.0Nm	-74%
		120 Rotation left	106.2Nm	30.0Nm	-72%
Strength balance	Lumbar / Thoracic Spine	Flexion/Extension	0.66	0.68	+4%
		Rotation right/left	1.0	0.93	-7%

Graphic profile

Rakshit Gupta (Birthdate 1997-07-14)

Test date	Height	Weight	Upper body weight	Head weight	BMI
2020-02-20 Initial test	182.0 cm	59.0 kg	34.8 kg	4.9 kg	17.8





Patient Name	: Mr. Rakshit Gupta (90211663)	Age/Sex	: 22Yrs/Male
Visit	: SP-1 Dt :03/03/2020 15:01	Order Date	: 03/03/2020 15:02
Consulting Dr	:	Report Date	: 03/03/2020 17:17
Referred By	: Apollo Clinic	Ordered By	:
MLC NO.	:	Joint Care	:

MRI LUMBAR SPINE WITH WHOLE SPINE SCREENING 1.5 TESLA

Clinical History

Clinical profile: Low backache and left leg pain.

MRI lumbar spine has been performed with multiplanar multiecho technique. Whole spine screening has also been performed with T2W sagittal sequence.

Observations

Lumbar lordosis is well maintained. The vertebral bodies are normal in height and signal intensity. No significant end plate changes are seen. No obvious spondylolisthesis noted.

Intervertebral discs show normal heights and signal intensity.

No significant disc protrusion or nerve root compression seen.

No spinal canal or neuroforaminal stenosis noted.

The conus medullaris and cauda equina nerve roots reveals normal signal intensity.


The pre and paraspinal soft tissues are normal.

The visualized portions of the sacro-iliac joints are normal.

T2 sagittal images of cervicodorsal spine reveals straightening of cervical lordosis. Vertebral body heights are normal. No spondylolisthesis noted. No cerebellar tonsillar herniation / CV junction abnormality. No significant disc protrusion seen. No significant cord signal abnormality. No spinal canal or neural foramina stenosis noted. Pre-vertebral soft tissues are normal.

Impression

No significant abnormality noted.


Dr. Amita Harsule
MBBS, DMRD, FRCR (UK)

Entered By : 70002735