SARAL DIAGNOSTICS™
A STEP AHEAD ALWAYS
ESTD 1984

THE MONTHLY NEWSLETTER

In this issue

A MESSAGE FROM THE CHAIRMAN

Dr. Ravi K Gupta

Over the years, Saral Diagnostics has built an enduring brand image in the medical diagnostic field. Latest technology and competent people is a combination that Saral has adopted, to deliver prompt, accurate and reliable reports. Customer satisfaction is our top most priority. It was the sole fundamental on which Saral Diagnostics was founded.

I wish to place on record my appreciation for all consultants and employees for contributing to this newsletter.

Thanking you for reposing your trust in us.

COVID-19 & SARAL

In these unprecedented COVID times it is only the drive to continually improve and upgrade, that keeps us going and the times have also made us all realize the importance of keeping at pace with the changing practices and advancements like never before. This newsletter is our small step in the same direction.

CHEST IMAGING @ SARAL

CT SCAN-

Chest CT has a very important role in the diagnosis, detection of complications, follow up, and prognostication of coronavirus related chest disease.

We use optimized (low dose) CT protocol with appropriate precautionary safety measures and a standard reporting system to enhance the clinical utility of CT chest.

Imaging @ Saral is performed with strict safety measures and at odd times to minimize hazardous exposure of SARS-Cov-2 to other patients. It is done in evening with prior appointments with least traffic.

ROLE OF CT CHEST IMAGING-

- For symptomatic patients with suspected COVID-19, when: (1) RT-PCR testing is not available; (2) RT-PCR testing is available, but results are delayed; and (3) initial RT-PCR testing is negative, but with high clinical of suspicion of COVID-19.
- For patients with suspected or confirmed COVID-19, not currently hospitalized and with mild symptoms, using chest imaging in addition to clinical and laboratory assessment to decide on hospital admission versus home quarantine.
- For patients with suspected or confirmed COVID-19, currently hospitalized or with moderate to severe symptoms, using chest imaging in addition to clinical and laboratory assessment to guide therapeutic management.
- For follow up / to look at interval changes.
- Detecting alternative diagnoses.
- Complications of COVID-19 infections (including acute respiratory distress syndrome, pulmonary embolism, superimposed infections and heart failure).
- Additional chest imaging may be done in patients who undergo CT of other body regions; for example gastrointestinal symptoms may predominate or may even manifest without respiratory symptoms in COVID-19 disease. Therefore, it has been advocated in the surgical community to perform additional chest CT for COVID-19 screening in patients with acute abdomen who undergo abdominal CT in the severe acute pandemic scenario.

ACKNOWLEDGEMENT

Dr. Sarika Gupta
HOD, Dept. of CT
SDC, Pitampura

Dr Virendra S Chauhan
HOD Radiology
SDCC, Noida

Dr Khushboo Pilania
Senior Consultant
SDCC, Noida

Dr. Mudit Gupta
Senior Consultant & Director
SDCC, Noida

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REPORTING-

- We use a standard reporting system to optimize the clinical utility of CT chest.
- The report includes detailed description of the lesions with CT severity score, CO-RADS classification and likely stage at the time of imaging.

Chest Findings In Covid 19 Disease

Abnormalities with high incidence (>70%)-

Ground glass opacities, vascular enlargement, bilateral abnormalities, lower lobe involvement, and posterior predilection

Abnormalities with intermediate incidence (10 % to 70%)-

Consolidation, linear opacity, septal thickening and/ or reticulation, crazy-paving pattern, air bronchogram, pleural thickening, halo sign, bronchiectasis, nodules, bronchial wall thickening, and reversed halo sign.

Abnormalities with low incidence (<10%)-

Uncommon COVID-19 cases, and these include pleural effusion, lymphadenopathy, tree-in-bud sign, central lesion distribution , pericardial effusion, and cavitating lung lesions. The isolated observation of one or more of these findings is more suggestive of another diagnosis than of COVID-19 infection.

Disease Severity [maximum 25 points]

Percentage of parenchymal involvement in each lobe [0% (0 Points), <5% (1 Point), 5 - 25% (2 Points), 25 - 50% (3 Points), 50 - 75% (4 Points), 75-100% (5 Points)].

CO-RADS Classification

CO-RADS 1: COVID-19 highly unlikely (no CT abnormalities consistent with Covid-19 : No abnormalities in the lungs or only abnormalities consistent with non-infectious disease)
CO-RADS 2: COVID-19 unlikely (abnormalities consistent with infections other than COVID-19)
CO-RADS 3: Equivocal/indeterminate (unclear whether COVID-19 is present)
CO-RADS 4: COVID-19 likely (abnormalities suspicious for COVID-19)
CO-RADS 5: COVID-19 highly likely (abnormalities highly suggestive for COVID-19)
CO-RADS 6: Known COVID-19 (PCR proven)

Temporal evolution / most likely stage of COVID-19

Early / initial: 0-5 days (after symptom onset): Ground glass opacities or Normal CT.
Progressive: 5-8 days (after symptom onset): Increased ground glass opacities and crazy paving.
Peak: 9-13 Days (after symptom onset): Progressive consolidation.
Late / absorption (after symptom onset): > 14 days: gradual decrease of consolidation and ground glass opacities, and signs of fibrosis (parenchymal bands, architectural distortion, traction bronchiectasis) may manifest.
Note- It has been reported that unilateral involvement is only present in the early and late phases.

Communicating chest CT findings

The referring doctor is urgently contacted to discuss the case-
-When typical or indeterminate features of COVID-19 pneumonia are visualized as incidental findings in any patient;
-In case of Covid-19 complications and high CT score.

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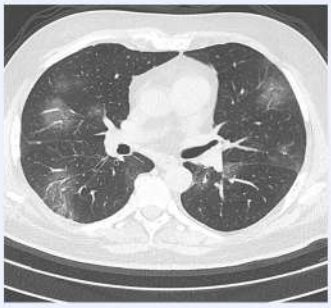

Figure 1. Axial HRCT of the chest below the level of the tracheal bifurcation shows scattered areas of peribronchovascular ground glass opacities in bilateral lung parenchyma – a pattern usually seen in the initial /early stage of COVID -19.

Figure 2. Axial HRCT of the chest above the level of the tracheal bifurcation shows patches of peribronchovascular ground glass opacities in bilateral lung parenchyma with interspersed septal thickening giving a crazy paving appearance [arrows] – a pattern usually seen in the progressive stage of COVID -19.

Figure 3. Axial HRCT of the chest at the level of the base of the lung parenchyma shows patches of peribronchovascular consolidation in bilateral lung parenchyma – a pattern usually seen in the peak stage of COVID -19.

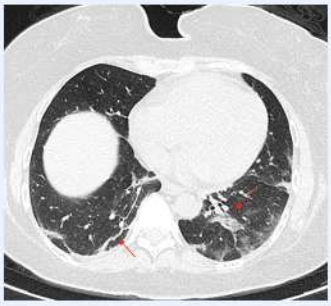

Figure 4. Axial HRCT of the chest at the level of the base of the lung parenchyma in an RT PCR positive case of COVID 19 shows linear subpleural opacities [solid arrow] and patchy areas of peribronchovascular fibrosis [dashed arrow] in bilateral lung parenchyma – a pattern usually seen in the absorptive stage of COVID -19.

X-RAY CHEST

Compared to chest CT, chest radiography appears to have a lower sensitivity. Chest radiography is associated with lower radiation doses and easier to repeat sequentially for monitoring disease progression or disease recovery.

LAB TESTS @ SARAL

Saral is committed to quality healthcare and in this endeavour is providing following LAB services during Covid-19 pandemic:

1. Covid-19 test by RTPCR:

Real time polymerase chain reaction (RT PCR) is the gold standard for testing the presence of viruses. RT PCR can be done on an open platform as well as closed system which are cartridge based. It has a high degree of sensitivity and specificity.

-Saral has provision for both the systems (Open system + Trunat both).

-Sample collection is by swab with strict safety measures.

-Report delivery time 12 -24 hrs.

2. Covid-19 test by Rapid Antigen test (RAT):

Rapid antigen test is an immunochromatography test.

-Sample used is a swab.

-RAT has much less sensitivity and specificity as compared to RT PCR.

-All negative reports of symptomatic patients need to be retested by RT PCR.

-Only advantage is short time taken for testing

3. Covid-19 Antibody test:

-It is a serological test using a blood sample.

-Two types of test are available

Total Antibody Sars Cov 19

IgG Antibody Sars Cov 19

-These tests are done to check:

1-If you have been exposed to coronavirus and your current symptoms may be related to it.

2-If you have recovered from Covid-19

3-For community screening

4-to donate plasma

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WELCOME NEW FACES-

Dr Niraj Kumar, MD, DNB, joined Saral Diagnostics Classic, Noida as Consultant Radiologist. He has served as Senior Resident at the prestigious AIIMS, New delhi for 3 years after completing his MD from PGIMER, Chandigarh. He completed his MBBS from AIIMS, New Delhi. He has keen interest in both diagnostic and interventional radiology. He has done multiple vascular and non-vascular interventions.

OUR EXPERTS

RADIOLOGY & IMAGING

Dr. Ravi K Gupta (MD; RADIODIAGNOSIS)	Dr. Naveen Lakhyani (MD; RADIODIAGNOSIS)	Dr. Sarika Gupta (MD; RADIODIAGNOSIS)	Dr. Virendra S Chauhan (MD; RADIODIAGNOSIS)	Dr. Khushboo Pilania (MD; RADIODIAGNOSIS)	Dr. Vivek C K (MD, DNB; RADIODIAGNOSIS)
Dr. S.S Bhullar (DMRD, MD; RADIODIAGNOSIS)	Dr. Anil K. Arora (DMRD, DNB; RADIODIAGNOSIS)	Dr. Mudit Gupta (DNB; RADIODIAGNOSIS)	Dr. Ujjwal (DMRD; RADIODIAGNOSIS)	Dr. Tej Prakash (DMRD; RADIODIAGNOSIS)	Dr. Niraj Kumar (MD, DNB; RADIODIAGNOSIS)
Dr. Charu Gupta (DMRD,DNB; RADIODIAGNOSIS)	Dr. Abhisht Aggarwal (DNB; RADIODIAGNOSIS)	Dr. Abhinav Aggarwal L (MD; RADIODIAGNOSIS)			

CARDIOLOGY

Dr. Sangeeta Sachdeva (MD)	Dr. Gaurav Agrawal (MD,FNB; PEDIATRIC CARDIOLOGY)	Dr. Gaural Bharadwaj (DM; CARDIOLOGY)	Dr. Ashutosh Marwah (MD; FELLOW PEDIATRIC CARDIOLOGY)	Dr. Anunai (DM; CARDIOLOGY)

PATHOLOGY & MICROBIOLOGY

Dr. Poonam Sahni (MD, PATHOLOGY)	Dr. Rakesh Bhasin (MD, MICROBIOLOGY)	Dr. Savitri (MD,MICROBIOLOGY)	Dr. Amita (PHD , BIOCHEMISTRY)	Dr. Geetanjali Gupta (MD, PATHOLOGY)	Dr. Priyanka Anand (MD, PATHOLOGY)
Dr Divya Sahay (MD; MICROBIOLOGY)					

NUCLEAR MEDICINE

Dr. Vivek Pathak
(DNB, NUCLEAR MEDICINE)

ANESTHESIOLOGY

Dr. Chandra Shekar (DNB; ANESTHESIOLOGY)	Dr. Vipin (DA; ANESTHESIOLOGY)	Dr. Kundan Kumar (DA;ANESTHESIOLOGY)

NEUROLOGY

Dr. Dinesh Sarin
(DM; NEUROLOGY)

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