

Report Sample

Name: Patient Name:
Address: Patient Address:

Patient ID: 01234
Gender: female
Date of Birth: 01/01/65
Height/Weight: 5'7" 300lbs
Examination Date: 01/10/11
NCS Technologist:

Referring Physician:

History and Physical Examination

A 46-year-old female was referred for an EDX examination because of increasing problems with numbness in tingling in her left hand over the last 3 years. The patient notes numbness during the day when gripping the steering wheel of her car. She has been waking during the night with pain or paresthesia in the left hand relieved by shaking the hand. Over the last few years she has developed problems with pain, numbness, and tingling. She underwent CTS release 3 years ago with good results.

Her past history is significant for a successful right carpal tunnel release 3 years ago for similar symptoms. She had a right sided mastectomy for breast cancer 10 years ago. A brief general examination was remarkable for lymphedema of the right upper extremity and a well healed scar over the right carpal tunnel. A brief neurological examination demonstrated normal deep tendon reflexes, normal strength and sensation in both upper extremities.

The EDX studies were performed to evaluate for a left carpal tunnel syndrome.

NCS Examination

For sensory nerve conduction studies, the amplitude is measured peak-to-peak, the latency reported is the distal peak latency, and the conduction velocity, if measured, is determined from onset latencies and is over the forearm.

For motor nerve conduction studies, the amplitude is measured baseline-to-peak, the latency reported is the distal onset latency, the conduction velocity is calculated over the forearm, and the F wave latency is the minimum latency.

Unless otherwise noted, the hand temperature was monitored continuously and remained between 32°C and 36°C during the performance of the NCSs.

SENSORY AND MOTOR NERVE CONDUCTION STUDIES (shaded results are abnormal)										
Type of Study	Side/ Nerve	Stimulation Site	Recording Site	Distance	AMP	Reference Normal Values	Peak* LATENCY	Reference Normal Values	Conduction Velocity	Reference Normal Values
Sensory	Left Median	Index	Wrist	13 cm	14	(>10 µV)	3.5	(<3.6 ms)		
Sensory	Left Median	Palm	Wrist	8 cm	55	(>20 µV)	2.5	(<2.3 ms)		
Motor	Left Median	Wrist	APB	7 cm	13.5	(>4.0 mV)	4.1	(<4.5ms)		
Motor	Left Median	Elbow/Wrist	APB	24	12.9	(>4.0 mV)			59	(>49 m/s)

Patient Demographics

Identification of Technologist

Reason for Referral

Description of History and Physical Exam

Limb Temperature

Tabular NCS Data:

- Side & Nerve
- Stimulation & Recording Site
- SNAP/CMAP Amplitude
- *Peak Latency for Sensory
- *Onset Latency for Motor
- Conduction Velocity
- Reference Values
- Distance

Report Sample

EMG Examination

The study was performed with a concentric needle electrode. Fibrillation and fasciculation activity is graded from none (0) to continuous (4+). The configuration and recruitment pattern of motor unit action potentials under voluntary control, if not normal, are described below.

Needle EMG Results										
Side	Muscle	Insertional Activity	Spontaneous Activity			Volitional Activity				Comments
			Positive Sharp Waves	Fibrillation	Fasciculation	Amplitude	Duration	Polyphasic	Recruitment	
Left	Pronator Teres	Normal	0	0	0	Normal	Normal	Normal	Normal	
Left	flexor pollicis longus	Normal	0	0	0	Normal	Normal	Normal	Normal	
Left	abductor pollicis brevis	Normal	0	0	0	Normal	Normal	Normal	Normal	Complex repetitive discharges
Left	biceps	Normal	0	0	0	Normal	Normal	Normal	Normal	
Left	deltoid	Normal	0	0	0	Normal	Normal	Normal	Normal	

Findings

- The left median sensory conduction study was ABNORMAL: the peak latency was prolonged with orthodromic stimulation of the ring finger and the palm.
- The left median motor conduction study was normal.
- The left ulnar sensory conduction study was normal.
- The left ulnar motor conduction study was normal.
- Needle examination with a concentric needle electrode of selected muscles of the left upper extremity was normal.

Diagnostic Interpretation

The study was ABNORMAL.

The findings were compatible with a diagnosis of median nerve pathology at the left wrist affecting primarily the median sensory fibers in the carpal tunnel segment.

There was no electrodiagnostic evidence of more proximal median nerve pathology or ulnar nerve pathology.

Right upper limb comparison studies were not performed due to lymphedema following right complete mastectomy and a history of a previous right carpal tunnel release.


In comparison with prior EDX studies of the left upper limb, which were report to the patient as normal, today's study demonstrates median sensory neuropathy at the wrist consistent with a clinical diagnosis of a mild left CTS.

Instrument Used:
Viking 4

Performed by:

Signature of physician(s)

Print name(s)



Tabular EMG Data:

- Side
- Muscle Tested
- Activity Data
 - Voluntary
 - Insertional
 - Spontaneous

Description of Findings

Probable Diagnosis and Location of Pathology

Study Limitations and Previous Study Information

Type of Instrument Used

Signature and Printed Name of Physician

Laboratory Accreditation Status if Applicable