


Breadcrumbs

DIAGNOSTICS

SOURCE: MED435 TEAMS -- This document only contains whatever the team noted SPECIFICALLY as initial or diagnostic and as such does not cover all the diseases for the second term. Those with a “?” I'm not sure about. For any serious mistakes please contact our academic leaders.

In endocrine diseases, it's usually an approach where if it's hypo → do a stimulatory test if it's hyper → suppression test!

Disease	Best initial/Screening	Best confirmatory/most accurate
RA	Before OR spine x-ray MUST	ACPA
Baker's cyst	US! Must differentiate between cyst and DVT	
Sjogren syndrome	Schirmer's test	Lip or parotid gland biopsy
Pulm. arterial HTN (PAH)	Echocardiography	Right sided heart cath
ILD (rheumatology)		High resolution CT (you can't Dx with an x-ray)
Osteoarthritis		X-ray (late in the disease)
Ankylosing spondylitis	X-ray of sacroiliac joint	MRI showing sacroiliitis
Idiopathic inflammatory myopathies (DM/PM)	CPK and aldolase levels	Muscle biopsy
Pulmonary TB	CXR	Sputum culture
SLE	ANA test?	Anti-dsDNA/Anti-Sm AB (is it present? Yes → diagnostic)
SLE (drug induced)		Antihistone Ab (if negative exclude)
HIV	Combo test (Ab and P24 antigens)	INNO-LIA HIV I/II score. If undetermined/complicated case or to assess VIRAL load → PCR
Malaria	Best initial and most accurate: Blood film giemsa or wright stain.	
Primary	Ratio of plasma	Saline infusion OR oral sodium loading tests

hyperaldosteronism	aldosterone to plasma renin ¹	
Pheochromocytoma	Blood work: Metanephrine /Normetanephrine	CT/MRI?
HSV1/HSV2		Serology: DFA/ELISA
EBV 	Serology: heterophile antibodies using Paul-bunnell or Monospot (diagnostic)	
Hashimoto's thyroiditis		FNA showing lymphoid infiltration
Osteoporosis		DXA scan
Osteomalacia		X-ray showing looser's zone = pathognomic
GH secreting adenoma	IGF-1 levels	75g oral glucose tolerance test
DM	Random plasma glucose	Oral glucose tolerance test
Diabetic nephropathy	Microalbuminuria	
HyperPTH		Pathognomic → x-ray showing subperiosteal resorption Preop → Thallium 201 Tc99 subtraction
Subarachnoid hemorrhage	<ol style="list-style-type: none"> 1. If you suspect SAH do a CT if (+) step 2, if (-) → LP checking for xanthochromia. 2. If either CP OR LP is (+) → CT angio 3. Finally order an MRI (FLAIR/DWI/hemosid diffusion) 	
Arteriovenous malformation	Noncontrast CT	CT angiography
Suspected mass/hemangioma		MRI
Meningitis	LP	LP
Myasthenia gravis	AChR-Ab	Electrophysiological tests: single fiber
Lambert Eaton syndrome		VGCC Ab and electrodiagnostic studies
Huntington disease	MRI	DNA testing

¹ High ratio (high aldosterone low renin)→ primary, low ratio (both high) → secondary

Epilepsy with LOC	ECG	
Suspected seizure	MRI	
Prognosis of epilepsy		EEG
Prolonged APTT (hemophilia)	Mixing study	Factor levels
Lymphoma	Tru-cut biopsy	