AAN

Neuropathies Investigation Non-Invasive Assessment

SUDOSCAN REPORT

Patient Identification:

rp

Date and Hour of Examination:

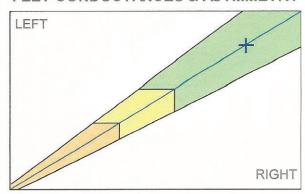
19-3-2013

@ 16h44

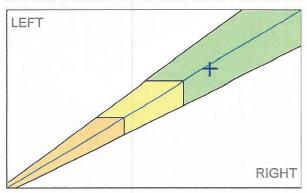
Patient History:

Patient is a 59 year old man with a BMI of 25

FEET CONDUCTANCES & ASYMMETRY



HANDS CONDUCTANCES & ASYMMETRY



ANALYSIS:

(Normalized ESC)

Feet Mean ESC: 86 µS

Feet Mean Asymmetry: 0%

(No risk if > 60, Elevated risk if < 40, Moderate inbetween)

(Investigation suggested if > 20%)

Hands Mean ESC: 68 µS

(No risk if > 60, Elevated risk if < 40, Moderate inbetween)

Hands Mean Asymmetry: 2%

(Investigation suggested if > 20%)

Risk for cardiac autonomic neuropathy (investigation only): 23%

(Investigation suggested if > 50%)

This report provides an objective measurement of sudomotor function. Sympathetic peripheral autonomic assessment supplements the patient examination; a clinical diagnosis must be made by the physician in the context of all available information.

Conclusion:

Test results show normal levels of skin conductance (measured in micro-siemens).

No additional analysis is needed. Advise periodic check-up as necessary. Proactively plan a new Sudoscan test in 6 to 9 months.

Doctor's notes:

Study Methodology:

Electrochemical Skin Conductances (ESC) of the hands and of the feet are measured using two well-known principles: reverse iontophoresis and electrochemistry. ESC expressed in micro-Siemens (uS) is the ratio between current generated and the constant direct voltage stimulus applied between the electrodes (<4 V). ESC evaluates local sudomotor function. It reflects the lesions of sympathetic nerve fibres that innervate sweat glands. These long and small unmyielinated fibres of the autonomic nervous system are the earliest nerve fibres to undergo damage in peripheral neuropathies (Sumner et al, Neurology 2003). Assessment of symmetry is important to characterize a peripheral neuropathy.

