



INTRODUCTION OF THE ALL NEW STATE OF ART PET-CT SUITE

PET-CT SUITE / MRI 3T / CARDIAC CT / 4D ULTRASOUND / COLOR DOPPLER / ECHO / TMT / DIGITAL X-RAY / MAMMOGRAPHY / BMD / EEG / EMG / NCV / VEP / ECG / LABORATORY MEDICINE

Permanent ID :

Registration No.: 101846075

Mobile No. 9899062680

Patient Name: Mrs. NINA SAGAR

Registration Dt./Trm.: 01/08/2018 15:38:02

Age/Sex: 57 Yrs Female

Report Dt./Trm.: 01/08/2018 17:05:36

ID Card No.:

Validation Dt./Trm.: 01/08/2018 17:05:37

Referred By: Dr. A K Singh

Printed Dt./Trm.: 01/08/2018 17:05:41

Referring Hosp.: Fortis Hospital

MRI LUMBOSACRAL SPINE

STUDY PROTOCOLS:

SPIN ECHO T1W AND FAST SPIN ECHO T2W HIGH RESOLUTION SAGGITAL IMAGES OF LUMBOSACRAL SPINE WERE OBTAINED ON A DEDICATED PHASED ARRAY SURFACE SPINE COIL USING 3.0 TESLA TWIN GRADIENT SYSTEMS AND CORRELATED WITH T2W AXIAL IMAGES.

FINDINGS:

Lumbar lordosis is straightened.

L2 vertebral body hemangioma is seen.

Marginal osteophytes are noted in L1 to L5.

Disc desiccations are noted in L1/2 to L4/5.

Schmorl's nodes are noted in L1 and L2.

Vertebral bodies are normal in height, intensity and alignment.

Diffuse disc bulge is seen at L2/3 level indenting the thecal sac and bilateral traversing nerves (grade I). Bilateral facet joint hypertrophy is seen.

Diffuse disc bulge with propensity to left is seen at L3/4 level indenting the thecal sac and bilateral descending L4 nerves (Grade II on right and grade III on left). Bilateral facet joint hypertrophy is seen.

Diffuse disc bulge is seen at L4/5 level indenting the thecal sac and bilateral descending L5 nerves (grade III). Bilateral facet joint hypertrophy is seen.

Diffuse disc bulge is seen at L5/S1 level indenting the thecal sac and compressing bilateral descending S1 nerves (grade I). Bilateral facet joint hypertrophy is seen.

Bony canal is capacious at all levels with no obvious primary canal stenosis.

Distal cord, conus medullaris and filum terminale are normal in MR morphology.

Pre and paravertebral soft tissues are normal.

Posterior spinal elements are normal.

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ACCREDITED BY A.E.R.B. FOR RADIOLOGY SAFE PRACTICES



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Clinical Correlation is essential for final diagnosis. If test results are unsatisfactory, please contact personally. This report is for personal use of doctors only. Not for Medical legal cases. All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.

ON PANEL : CGHS, ESI, MCD, ECHS, DGEHS



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DIAGNOSIS:

MR IMAGING OF LUMBOSACRAL SPINE REVEALS:-

- L2 vertebral body hemangioma is seen.
- Marginal osteophytes are noted in L1 to L5.
- Disc desiccations are noted in L1/2 to L4/5.
- Schmorl's nodes are noted in L1 and L2.
- Diffuse disc bulge is seen at L2/3 level indenting the thecal sac and bilateral traversing nerves (grade I). Bilateral facet joint hypertrophy is seen.
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- Diffuse disc bulge is seen at L4/5 level indenting the thecal sac and bilateral descending L5 nerves (grade III). Bilateral facet joint hypertrophy is seen.
- Diffuse disc bulge is seen at L5/S1 level indenting the thecal sac and compressing bilateral descending S1 nerves (grade I). Bilateral facet joint hypertrophy is seen.

ADVISED: CLINICAL CORRELATION.

Dr. Saurabh Jyoti Bora

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