

Patient Name	: Ms.RUBI DEVI	Visit No	: CHA250034089
Age/Gender	: 24 Y/F	Registration ON	: 25/Feb/2025 02:20PM
Lab No	: 10131385	Sample Collected ON	: 25/Feb/2025 02:20PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 07:34PM

MRI: LUMBO-SACRAL SPINE

IMAGING SEQUENCES (NCMR)

AXIAL: T1 & TSE T2 Wis. **SAGITTAL:** T1 & TSE T2 Wis **CORONAL:** T2

Mild scoliosis is seen with convexity towards the left. Vertebral bodies are showing normal height, alignment, curvature and marrow signal intensity pattern. No obvious inflammatory or infective pathology is seen.

Mild asymmetric disc bulge is seen at L4-5 level producing mild compromise of left lateral recess without extradural compression over thecal sac (AP thecal sac diameter 14mm).

Rest of the intervertebral discs and neural foramina are showing normal MR morphology and signal intensity pattern. No significant disc bulge/herniation or compression over thecal sac/spinal cord is seen at other levels.

Lower dorsal spinal cord and conus medullaris are showing normal morphology, outline and signal intensity. Cord CSF interface

Facet joints and ligamentum flavum are normal.

Pre and para vertebral soft tissues are normal.

A prominent left common iliac lymph node (measuring approx 23x 17mm) is seen at L5 vertebral level.

Ankylosis of right sacroiliac joint is seen. No joint effusion or periarticular bone marrow edema is seen.

Screening of rest of the spine was done which reveals no significant abnormality.

Incidental note : visualized sections of pelvis shows reduced right hip joint space with flattened & widened right femoral head epiphysis.

IMPRESSION

- **Mild asymmetrical disc bulge at L4-5 level.**
- **Ankylosis of right sacroiliac joint.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet



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