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NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms. SURZANA Visit No : CHA250034759

 Age/Gender
 : 45 Y/F
 Registration ON
 : 26/Feb/2025 12:46PM

 Lab No
 : 10132055
 Sample Collected ON
 : 26/Feb/2025 12:46PM

Referred By : Dr.AP SINGH Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 26/Feb/2025 05:01PM

MRI: LUMBO-SACRAL SPINE

IMAGING SEQUENCES (NCMR)

AXIAL: T1 & TSE T2 Wis.; SAGITTAL: T1 & TSE T2 Wis.

There is evidence of diffusely altered signal intensity and bony destruction involving D12, L1 & L2 vertebrae. Intervening intervertebral disc (L1-2) is also involved in the disease process. Affected osseous elements are displaying hyperintense signal on T2 W images and hypointense signal on T1 W images. Partial collapse with wedging of L1 & L2 vertebral bodies is noted.

Small to moderate sized associated prevertebral and bilateral paravertebral soft tissue component is observed extending from D12 to L3 vertebral levels. Small sized intraspinal (ventral epidural) soft tissue component is also noted at L1-2 level and laterally obliterating bilateral neural foramina. It is producing moderate extradural compression over the cal sac containing cauda equina nerve roots. Small to moderate sized bilateral psoas abscesses are seen measuring approx. $36 \times 28 \times 64$ mm on right side and $28 \times 14 \times 41$ mm on left side.

Spinal cord is showing normal MR morphology and signal intensity pattern. Cord CSF interface is normally visualized.

Rest of the vertebrae, 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.

Bilateral sacroiliac joints are normally visualized.

Screening of rest of the spine was done which reveals small disc bulge at C5-6 level.

IMPRESSION

• MR images reveal altered signal intensity and bony destruction involving D12, L1 and L2 vertebrae with associated soft tissue component and bilateral psoas abscesses as described - Suggestive of infective etiology - ? Pott's spine.

Please correlate clinically.

DR. RAVENDRA SINGH

MD

(Transcribed by Rachna)

