

Patient Name	: Mr.MOHD ARIF	Visit No	: CHA250034846
Age/Gender	: 34 Y/M	Registration ON	: 26/Feb/2025 02:09PM
Lab No	: 10132142	Sample Collected ON	: 26/Feb/2025 02:09PM
Referred By	: Dr.JAVED AHMAD**	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 07:45PM

MRI: DORSO-LUMBAR SPINE

IMAGING SEQUENCES (NCMR)

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

There is transitional vertebra at lumbo-sacral junction which is considered as **lumbarized S1** vertebra with rudimentary disc at S1-2 level (counting done from C1 level downwards).

There is evidence of diffusely altered signal intensity and bony erosion involving D12, L1, L2, L3, L4, L5 & S1 vertebrae. Intervening intervertebral disc (D12-L1) 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. Height of D12-L1 vertebral body is mildly reduced.

Moderate size prevertebral and left paravertebral soft tissue component is seen extending from D12 to S1 level. Small intraspinal (ventral epidural) soft tissue component is seen at D12-L1 level producing mild compromise of bilateral lateral recesses with mild extradural compression over thecal sac.

Moderate sized left psoas abscess is seen, measuring approx 29x 27x 102mm.

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 appear normal in the visualized sections.

Screening of rest of the spine was done which reveals small disc bulges at C4-5, C5-6 & C6-7 levels.

IMPRESSION

Altered signal intensity and bony erosion involving D12, L1, L2, L3, L4, L5 & S1 vertebrae with associated soft tissue components and left psoas abscess — likely pott's spine.

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet



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*** End Of Report ***

