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CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.REKHA DEVI	Visit No	: CHA250036471
Age/Gender	: 34 Y/F	Registration ON	: 28/Feb/2025 06:35PM
Lab No	**: 10133767**	Sample Collected ON	: 28/Feb/2025 06:37PM
Referred By	: Dr.HARSHA NURSING HOME	Sample Received ON	: 28/Feb/2025 06:49PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 28/Feb/2025 07:58PM
Doctor Advice	: CREATININE,CONTRAST MRI,MRI BRAIN,MRI C SPINE		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

***** End Of Report *****

MC-2491

[Checked By]

Print.Date/Time: 01-03-2025 00:01:50

***Patient Identity Has Not Been Verified. Not For Medicolegal**

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST

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PR.

CEMRI : BRAIN

IMAGING SEQUENCES (CEMR)

AXIAL : *GRE, DIFF, T1, FLAIR & TSE T2 Wis. ;* ***SAGITTAL :*** *TSE T2 Wis.;* ***CORONAL :*** *T2 Wis.*

Post Contrast : T1 sagittal, axial & coronal

Small thick walled ring enhancing intra-axial lesion is seen in left parietal lobe in sub-pial location. Core of the lesion is showing hyperintense signal on T2 W images & hypointense signal on T1 W images with mild restriction on DWI. Mild perifocal edema is observed. Minimal mass effect is seen in form of effaced adjacent sulcal spaces. Features are suggestive of inflammatory granuloma.

Rest of the cerebral hemispheres shows normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami and corpus callosum are showing normal signal intensity pattern. Both lateral ventricles and third ventricle are normal in size shape and outline. Septum pellucidum and falx cerebri are in midline. No midline shift is seen. Rest of the supratentorial sulcal and cisternal spaces are normally visualized.

Brain stem and cerebellar hemispheres are showing normal morphology, signal intensity and outline. Fourth ventricle is normal in size and midline in position.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Sella, supra-sellar and para-sellar structures are normally visualized.

IMPRESSION

- **Inflammatory granuloma in left parietal lobe – ? tuberculoma D/D includes : neurocysticercus**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet

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MRI: CERVICAL SPINE

IMAGING SEQUENCES (NCMR)
AXIAL: *T1 & T2 Wis.* ***SAGITTAL:*** *T1 & TSE T2 Wis.* ***CORONAL:*** *T2 Wis*

Normal spinal curvature is maintained. Vertebral bodies and intervertebral discs are showing normal morphology, signal intensity, height and outline.

No significant disc bulge or herniation is seen in cervical region. Neural foramina with exiting nerve roots show normal MR morphology.

Thecal sac with cervical spinal cord is normal in signal intensity and configuration. Cord CSF interface is normally visualized. No significant compression over thecal sac, spinal cord or nerve roots is observed. No intramedullary or intra/extradural pathology is seen.

No evidence of any osseous or soft tissue anomaly at cranio-vertebral junction.

Facet joints and ligamentum flavum are normal.

Pre and para-vertebral soft tissues are normal.

Screening of rest of the spine was done which reveals mild disc bulge at L4-5 level.

IMPRESSION

No obvious compressive or non-compressive pathology is seen in cervical spine.

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet

***** End Of Report *****