

Patient Name	: Mr. MOHD MATEEN	Visit No	: CHA250036603
Age/Gender	: 80 Y O M O D /M	Registration ON	: 28/Feb/2025 10:28PM
Lab No	: 10133899	Sample Collected ON	: 28/Feb/2025 10:28PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 01:33PM

MRI: DORSO-LUMBAR SPINE

IMAGING SEQUENCES (NCMR)

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

Mild scoliosis is seen with convexity towards the right. There is evidence of degenerative changes affecting dorso-lumbar spine. All the intervertebral discs are desiccated. Vertebrae are also showing degenerative changes in form of anterior osteophytosis and signal changes adjacent to end plates.

Severe collapse with wedging of D11 vertebral body is noted, showing diffuse altered marrow signal intensity with involvement of posterior elements. Posterior margin of collapsed D11 vertebral is convex with small associated intraspinal (ventral epidural) soft tissue component causing severe spinal canal stenosis and cord compression with focal compressive myelopathic changes.

Body and posterior elements of D8 vertebra are showing diffuse altered marrow signal intensity appearing hypointense on T1 and hyperintense on T2/TIRM. Small associated intraspinal (ventral and dorsal epidural) soft tissue component is seen at D7-8 vertebral levels causing moderate spinal canal stenosis and left lateral displacement of spinal cord.

Partial central collapse of L4 vertebral body is noted, however showing normal marrow signal intensity.

Mild posterior disc bulge is seen at L1-2 level causing mild indentation over thecal sac without significant compromise of lateral recess and neural foramina.

Diffuse disc bulge is seen at L4-5 level producing mild compromise of bilateral lateral recesses without extradural compression over thecal sac.

Rest of the spinal cord and conus medullaris are showing normal morphology, outline and signal intensity. Cord CSF interface is normally visualized.

Facet joints and ligamentum flavum are normal.

Pre and para vertebral soft tissues are normal.



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Screening of rest of the spine was done which reveals small disc osteophyte complexes at C3-4, C4-5, C5-6 and C6-7 levels.

Incidental note: Large conglomerated mediastinal soft tissue lesion is seen in the visualized section —? enlarged conglomerated mediastinal lymphnodes.

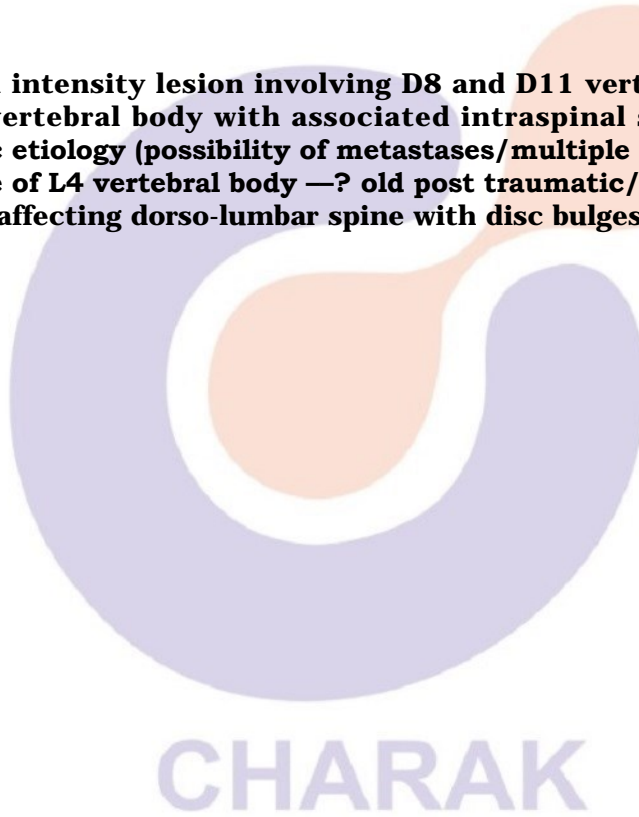
IMPRESSION:

- **Altered marrow signal intensity lesion involving D8 and D11 vertebrae with severe collapse and wedging of D11 vertebral body with associated intraspinal soft tissue components as described — neoplastic etiology (possibility of metastases/multiple myeloma to be ruled out).**
- **Partial central collapse of L4 vertebral body —? old post traumatic/osteoporotic.**
- **Degenerative changes affecting dorso-lumbar spine with disc bulges at L1-2 and L4-5 levels.**

Please correlate clinically.

Transcribed by R R...

**DR. RAVENDRA SINGH
MD**



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CT STUDY OF HEAD

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Cortical sulci are prominent.
- Bilateral cerebral parenchyma shows normal gray and white matter differentiation.
- No subdural or extradural collection is seen.
- Third and both lateral ventricles are prominent.
- Basal cisterns are clear.
- No midline shift is seen.

Bony architecture

- No obvious fracture is seen.
- Right maxillary sinus shows mucosal thickening.
- Nasal septum is deviated towards right.

IMPRESSION:

- NO POST TRAUMATIC INTRACRANIAL PATHOLOGY IS SEEN.
- DIFFUSE CEREBRAL ATROPHY.
- RIGHT MAXILLARY SINUSITIS.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Priyanka

*** End Of Report ***



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