

Patient Name	: Ms.SHAHEEN	Visit No	: CHA250037156
Age/Gender	: 38 Y/F	Registration ON	: 01/Mar/2025 02:56PM
<b>Lab No</b>	<b>: 10134452</b>	Sample Collected ON	: 01/Mar/2025 02:56PM
Referred By	: Dr.R4	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 06:00PM

## **MRI: LUMBO-SACRAL SPINE**

### **IMAGING SEQUENCES (NCMR)**

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

There is evidence of patchy altered signal intensity and bony erosion involving L3 vertebral body. Intervening intervertebral discs (L2-3 & L3-4) are involved in the disease process. Affected osseous elements are displaying hyperintense signal on T2 W images and hypointense signal on T1 W images.

Small sized associated prevertebral and bilateral paravertebral soft tissue component is seen at L2-3 level. Small intraspinal (ventral epidural) soft tissue component is seen at L3 vertebral level on right sided causing mild indentation over thecal sac.

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.

Subtle sclerosis is seen in articular margins of both sacroiliac joints.

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

### **IMPRESSION**

- **Patchy altered signal intensity and bony erosion involving L3 vertebral body with associated soft tissue components — infective etiology (? Pott's spine).**
- **Subtle sclerosis in articular margins of both sacroiliac joints - ? mild chronic sacroiliitis.**

Please correlate clinically.

**DR. RAVENDRA SINGH**  
**MD**

Typed by Ranjeet

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

