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

Patient Name : Ms.RAHNUMA

Age/Gender : 26 Y/F

Lab No : 10137808

Referred By : Dr.AZMI ABBAS
Refer Lab/Hosp : CHARAK NA

Visit No : CHA250040513

Registration ON : 06/Mar/2025 12:53PM Sample Collected ON : 06/Mar/2025 12:53PM

Sample Received ON :

Report Generated ON : 06/Mar/2025 03:41PM

MRI: LUMBO-SACRAL SPINE

IMAGING SEQUENCES (NCMR)

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

There is evidence of end plate altered signal intensity and bony erosions involving L3 and L4 vertebrae. Intervening intervertebral disc (L3-4) 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.

Moderate sized associated prevertebral and right paravertebral soft tissue component is seen at L3-4 level.

Diffuse disc bulge is seen at L3-4 level producing mild compromise of right lateral recess with mild extradural compression over the cal 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.

Screening of rest of the spine was done which reveals small disc bulge at C6-7 level.

IMPRESSION

- End plate altered signal intensity and bony erosions involving L3 and L4 vertebrae with associated soft tissue components —? Pott's spine.
- Disc bulge at L3-4 level.

Please correlate clinically.

DR. RAVENDRA SINGH

MD

Transcribed by Priyanka...

*** End Of Report ***

