

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

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

Patient Name

: Mr.MANISH

: CHA250044430

Age/Gender

: 12 Y/M

: 12/Mar/2025 10:18AM

Lab No

: 10141725

Sample Collected ON

: 12/Mar/2025 10:18AM

Referred By Refer Lab/Hosp

: Dr.KGMU : CHARAK NA Sample Received ON

Report Generated ON

Registration ON

Visit No

: 12/Mar/2025 04:27PM

## MRI: RIGHT THIGH

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

Right femoral shaft (predominantly middle 3<sup>rd</sup>) is showing subtle altered marrow signal intensity with cortical thickening and sclerosis along postero-medial aspect. No obvious bony destruction is seen. Moderate to large sized periosseous collection is seen in upper, mid and distal part of thigh (measuring approx. 32 (AP) x 44 (TR) x 225 mm (CC) is seen, the collection is involving vastus intermedius muscle, the collection is seen extending overlying subcutaneous plane and skin surface in medial aspect of distal thigh. Small T1/T2 hypointense sclerotic content measuring approx. 24 mm in length and 3.8 mm in thickness is seen within the collection.

Rest of the visualized femur is normal in outline, shape and MR signal intensity. No evidence of avascular necrosis of femoral head. Both hip joints are showing normal articulation and alignment. Visualised pelvic bones are showing normal signal intensity and outline.

Vastus muscles are edematous. Rest of the visualized thigh muscles are displaying normal MR morphology, signal intensity and outline.

Femoral and popliteal neurovascular bundle is normally visualised.

## **IMPRESSION**

· Subtle altered marrow signal intensity with cortical thickening and sclerosis involving right mid femoral shaft with large periosseous collection as described -? Osteomyelitis.

**ADV**: Histopathological correlation.

Please correlate clinically.

DR. RAVENDRA SINGH MD

(Transcribed by Rachna)

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

