

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

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

Patient Name

: Ms.SAFIYA

10 V/F

Age/Gender : 49 Y/F **Lab No** : **1014**

Referred By

: 10141780

Refer Lab/Hosp

: Dr.RBH : CHARAK NA Visit No

: CHA250044485

Registration ON

: 12/Mar/2025 11:18AM

Sample Collected ON

: 12/Mar/2025 11:18AM

Sample Received ON

Report Generated ON

: 12/Mar/2025 04:14PM

MRI: LUMBO-SACRAL SPINE

IMAGING SEQUENCES (NCMR)

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

End plate altered signal intensity and bony erosion is seen involving L3 & L4 vertebral bodies. Small associated prevertebral and bilateral paravertebral collection is noted at L3-4 level.

Moderate sized right ileo-psoas abscess is noted, measuring approx. 27 x 58 x 150 mm.

Lumbar spine is straightened with loss of usual spinal curvature. There is evidence of degenerative changes affecting lumbar spine. L3-4, L4-5 & L5-S1 intervertebral discs are desiccated. Vertebrae are also showing degenerative changes in form of anterior osteophytosis and signal changes adjacent to end plates.

Diffuse disc bulge is seen at L3-4 level producing moderate compromise of bilateral lateral recesses with mild extradural compression over thecal sac (AP thecal sac diameter 8mm).

Diffuse disc bulge is seen at L4-5 level producing moderate to severe compromise of bilateral lateral recesses with moderate extradural compression over thecal sac (AP thecal sac diameter 6mm).

Diffuse disc bulge is seen at L5-S1 level producing moderate compromise of bilateral lateral recesses with mild extradural compression over thecal sac (AP thecal sac diameter 8mm).

Rest of the vertebrae and intervertebral disc are showing normal height, morphology, outline, alignment and signal intensity. No significant disc bulge/herniation or compression over thecal sac/nerve roots at any other level.

Lower dorsal spinal cord and conus medullaris are showing normal morphology, outline and signal intensity. Cord CSF interface and cauda equina nerve roots are normally visualised. No evidence of primary canal stenosis.

Facet joints and ligamentum flavum are normal.

Rest of the pre and para vertebral soft tissues are normal.

Bilateral sacroiliac joints are normally visualized.

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





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IMPRESSION

• Degenerative changes in lumbar spine with disc bulges at L3-4, L4-5 & L5-S1 levels.

• End plate altered signal intensity and bony erosion involving L3 & L4 vertebral bodies with small associated soft tissue component and right ileo-psoas abscess - Infective etiology (? Pott's spine).

Please correlate clinically. DR. RAVENDRA SINGH (Transcribed by Rachna) *** End Of Report ***

CHARAK



MD