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

Patient Name	: Ms.GAZALA	Visit No	: CHA250046531
Age/Gender	: 55 Y/F	Registration ON	: 16/Mar/2025 08:00PM
Lab No	**: 10143826**	Sample Collected ON	: 16/Mar/2025 08:00PM
Referred By	: Dr.ASHISH TOMAR	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 01:32PM

PR.

MRI: CERVICAL SPINE

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

Small nodular altered signal intensity lesions appearing hypointense on T1 and hyperintense on TIRM W images are seen in left lateral aspect of the C7 and D1 vertebral bodies. No obvious bony destruction is seen.

Mild soft tissue thickening is seen in left paravertebral region at C7-D1 vertebral level, extending in left scalene triangle along the roots and trunk of left brachial plexus.

Cervical spine is straightened with loss of usual spinal curvature. There is evidence of degenerative changes affecting cervical spine. All the visualized intervertebral discs are dessicated. Vertebrae are also showing degenerative changes in form of anterior osteophytosis at multiple levels.

Mild posterior disc bulge is seen at C3-4 level causing mild indentation over thecal sac without significant compromise of lateral recess and neural foramina (AP thecal sac diameter 11.8mm).

Disc osteophyte complexes are seen at C4-5 and C5-6 levels producing mild compromise of bilateral lateral recesses with mild extradural compression over thecal sac (AP thecal sac diameter 12.5mm and 13mm).

Rest of the thecal sac with rest of the spinal cord is normal in signal intensity and configuration. Cord CSF interface is normally visualized. No intramedullary or intradural pathology is seen.

No evidence of any osseous or soft tissue anomaly at cranio-vertebral junction.

Screening of rest of the spine was done which reveals disc herniations at L2-3 and L4-5 levels.

IMPRESSION:

- **Small nodular altered signal intensity lesions in left lateral aspect of the C7 and D1 vertebral bodies with mild left paravertebral soft tissue thickening extending in scalene triangle along the roots and trunk of left brachial plexus —? nature ? neoplastic.** *Contrast enhanced MRI and clinico-pathological correlation is advisable.*
- **Degenerative changes affecting cervical spine with disc bulges at C3-4, C4-5 and C5-6 levels.**

DR. RAVENDRA SINGH
MD

Transcribed by R R...

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

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