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

Patient Name

: Ms.VIDYA DEVI

Visit No

: CHA250046919

Age/Gender Lab No

: 45 Y/F

Registration ON Sample Collected ON

: 17/Mar/2025 11:27AM : 17/Mar/2025 11:27AM

Referred By

: 10144214

Sample Received ON

Refer Lab/Hosp

: Dr.RDSO LUCKNOW : RDSO LUCKNOW

Report Generated ON

: 17/Mar/2025 03:35PM

<u>MRI: CERVICAL SPINE</u>

IMAGING SEQUENCES (NCMR)

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

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.

Disc osteophyte complexes are seen at C3-4, C5-6 and C6-7 levels producing mild compromise of right lateral recess with mild extradural compression over thecal sac.

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.

Pre and para-vertebral soft tissues are normal.

AP thecal sac diameter at disc level measures:

C2-3	C3-4	C4-5	C5-6	C6-7	C7-D1
10.5mm	10.1mm	10.3mm	9.1mm	8.8mm	11.6mm

Screening of rest of the spine was done which reveals mild retrolisthesis with disc herniation at L4-5 level. Sacralization of L5 vertebra is seen.

IMPRESSION:

Degenerative changes affecting cervical spine with disc osteophyte complexes at C3-4, C5-6 and C6-7 levels.

Please correlate clinically.

DR. RAVENDRA SINGH

MD

Transcribed by R R...

*** End Of Report ***

