

Lab ID.	: 441601200016	Reg No.	: 361120
Patient Name	: Mr. SHISH RAM	Reg. Date	: 20/Jan/2016 10:20AM
Age/Sex	: 73 YRS / MALE	Sample Coll. Date	: 20/Jan/2016 10:20:05AM
Ref. Source	:	Sample Rec. Date	:
Delivery	: Self	Approved Date	: 20/Jan/2016 05:47PM
Referred By	: Dr. MAYOM HOSPITAL		



MRI OF LUMBAR SPINE

Technique: MRI of lumbar spine was performed using 24-channel spine coil of 3T Magnetom Spectra by Siemens. Multiplanar T1W, T2W and STIR images were obtained.

Imaging findings:

Lumbar lordotic curvature is maintained.

Degenerative changes in the form of marginal osteophytes, Schmorl's node and moderate disc desiccation seen at various levels. Type II end plate change seen at L3-L4 level.

Otherwise the vertebral bodies are normal in height and signal intensity.

Alignment is normal. No osseous destruction is seen. Posterior elements are normal.

Diffuse disc bulge with right paracentral extrusion migrating inferiorly upto S1 vertebra indenting cauda equina nerve roots and compressing bilateral traversing nerve roots at L5-S1 level.

Disc osteophytic bulge causing severe secondary canal stenosis and severe narrowing of bilateral lateral recess indenting cauda equina nerve roots and impinging bilateral traversing nerve roots at L4-L5 level. AP diameter of thecal sac 5.0 mm at this level.

Disc osteophytic bulge causing mild secondary canal stenosis & severe narrowing of bilateral lateral recess at L3-L4 level with no obvious neural compression. AP diameter of thecal sac 9.5 mm at this level.

Rest of intervertebral discs are of normal height.

The visualised spinal cord, conus medullaris are normal.

CSF reveals normal signal intensity.

Spinal ligaments are normal.

Facet joints are normal.

No Pre and para-vertebral soft tissue / collection seen. No intraspinal mass is noted.

IMPRESSION: Diffuse disc bulge with right paracentral extrusion with inferior migration indenting cauda equina nerve roots and compressing bilateral traversing nerve roots at L5-S1 level.

Disc osteophytic bulge causing severe secondary canal stenosis and severe narrowing of bilateral lateral recess indenting cauda equina nerve roots and impinging bilateral traversing nerve roots at L4-L5 level.

Disc osteophytic bulge causing mild secondary canal stenosis and severe narrowing of bilateral lateral recess at L3-L4 level with no obvious neural compression.

Rashmi Kumari

**DR. RASHMI KUMARI
MD. RADIODIAGNOSIS**

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Please correlate clinically.



SCREENING OF WHOLE SPINE

There is normal curvature and alignment of cervical and dorsal spine.
Degenerative changes in the form of marginal osteophytes and moderate disc desiccation seen at various levels. Type II end plate changes seen at C6-C7 and D8-D9 levels.
Rest of the vertebral bodies are normal in signal intensity and heights.
No listhesis is seen.
Disc osteophytic bulge indenting thecal sac seen at C3-C4, C6-C7 & D8-D9 levels.
Rest of intervertebral discs reveal normal signal intensity patterns.
Disc height is normal.
The spinal cord is normal in calibre.
No primary canal stenosis is seen.
The visualised cord and conus are normal.
CSF reveals normal signal intensity.
Note: Multiple cysts are seen in bilateral kidneys.

IMPRESSION: Disc osteophytic bulge indenting thecal sac at C3-C4, C6-C7 & D8-D9 levels.

Please correlate clinically.

*** End Of Report ***

Rashmi Kumari

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