

Lab Serial No.	: 011904003141	Category	: GENERAL
Patient Name	: Mr. RUPESH GUPTA	Reg. Date	: 14-Apr-19 04:07 PM
Age/Sex	: 36 YRS / M	Sample.coll.Date	:
Referred By	: Dr. DAULAT SINGH	Report Date	: 15-Apr-2019 02:46PM
TestName	: 3T MRI DORSO-LUMBAR SPINE JUNCTION		
Center	: 15 Hargovind Enclave, Delhi - 110092		

MRI DORO-LUMBAR SPINE

STUDY PROTOCOLS:

FLAIR T1W AND FAST SPIN ECHO T2W HIGH RESOLUTION SAGITTAL IMAGES OF DORSOLUMBAR SPINE WERE OBTAINED ON A DEDICATED SURFACE COIL USING 1.5 TESLA HIGH GRADIENT SYSTEMS AND CORRELATED WITH T1W AND T2W AXIAL IMAGES. ADDITIONAL STIR CORONAL IMAGES WERE ALSO OBTAINED. NON CONTRAST STUDY WAS DONE. (TOTAL NUMBER OF FILMS - 3).

FINDINGS

Dorsolumbar spinal curvature is straightened.

Vertebral bodies are normal in height, alignment and marrow signal intensity. Posterior spinal elements are normal.

Mild early spondylotic changes are seen in the visualized vertebrae as evidenced by small marginal osteophytes at few levels.

L4-L5 : Disc desiccation along with diffuse circumferential disc bulge along with small broad based posterior central disc protrusion is seen, indenting the anterior thecal sac and obliterating bilateral lateral recesses and mild narrowing of bilateral neural foramina, leading to compression on bilateral descending nerve roots and impingement on bilateral exiting nerve roots. AP canal diameter ~9.1 mm at this level.

Rest of the intervertebral disc is normal in height and signal intensity. No significant disc herniation/neural compression is seen at any other level.

Visualized cord and conus medullaris region appear normal in caliber and MR morphology. No signal alteration is seen.

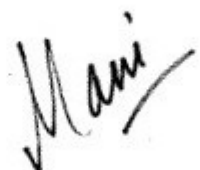
Bony spinal canal is capacious at all other visualized levels with no evidence of canal stenosis elsewhere.

Visualized bilateral neural foramina at all other levels appear normal in caliber.

Pre and paravertebral soft tissues are normal.

IMPRESSION:

- Disc desiccation along with diffuse disc bulge and small broad based posterior central disc protrusion at L4-L5 level, causing compressive neuropathy as described above.



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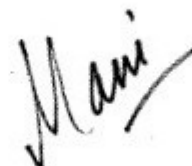
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Advised: Clinical correlation.

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.



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