



This document holds the written Radiology Report for

**MR.BHARATH REDDY B**

**24 Years     Male**

Visited us on

**04 June, 2025**

**MRI WHOLE SPINE**

**Acc# : 7358\_252097\_291**

Referred By

**APOLLO SPECTRA HOSIPTALS**

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<b>Name</b>	MR.BHARATH REDDY B	<b>Patient ID</b>	AS_KON_MR_7358
<b>Accession No</b>	7358_252097_291	<b>Age/Gender</b>	024Y / Male
<b>Referred By</b>	APOLLO SPECTRA HOSIPTALS	<b>Date</b>	04-Jun-2025

## **MRI REPORT - WHOLE SPINE**

### **TECHNIQUE:**

T1W, T2W Sagittal

T2W STIR CoronalàSI joints

T2W Axial

MR Myelogram

### **CERVICAL SPINE:**

**Haemangioma noted involving C4 vertebral body.**

**Loss of cervical lordosis.**

**C4-C5 : Mild disc bulge indenting anterior thecal sac , right mild neural foraminal narrowing causing indentation of exiting nerve root.**

**C5-C6 : Mild disc bulge indenting anterior thecal sac .**

The vertebral bodies, pedicles, laminae, transverse processes show normal morphology and MR signal pattern.

No significant disc herniation seen.

The facet joints and rest of the neural foraminae appear normal.

The alignment of the vertebrae is normal.

The cervical canal dimensions from C2 to C7 is as follows

Level	C2-3	C3-C4	C4-C5	C5-C6	C6-C7	C7-D1
AP Diameter	1.20	1.24	1.03	1.02	1.05	1.24

The cervical spinal cord and the CSF display normal signal intensity in all sequences.

There is no evidence of tonsillar herniation.

The cranio vertebral junction is normal. The atlanto-axial joint is normal.

The pre and paraspinal regions do not show any abnormal soft tissue lesion or abnormal signal intensity.

### **DORSAL SPINE:**

The vertebral bodies, pedicles, laminae, spinous process and transverse process of the dorsal spine show normal morphology.

All the dorsal intervertebral discs show normal morphology and MR signal intensities.

**Haemangioma noted involving D7 vertebral body**

No significant disc bulge / herniation seen.

The spinal canal dimensions are within normal limits.

The dorsal spinal cord and the sub arachnoid space are normal.

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The paraspinal soft tissues appear normal.

### **LUMBAR SPINE:**

**L3-L4 : Mild disc bulge indenting anterior bilateral mild neural foraminal narrowing.**

**L4-L5 : Diffuse disc bulge indenting anterior thecal sac, traversing nerve root, bilateral mild neural foraminal narrowing causing indentation of right exiting nerve root.**

**L5-S1 : Diffuse disc bulge indenting anterior thecal sac, traversing nerve roots, bilateral mild neural foraminal narrowing causing indentation of right exiting nerve root.**

The intervertebral disc spaces shows normal height and signal pattern.

No significant disc herniation seen.

The facet joints and rest of the neural foraminae appear normal.

The Pedicles, laminae, spinous process and transverse process of the lumbar vertebrae show normal morphology. No evidence of spondylolysis.

The ligamentum flavum thickness is within normal limits.

The bony spinal canal diameter is normal.

Level	L1-2	L2-3	L3-4	L4-5	L5-S1
AP Diameter	1.22	1.08	0.89	0.85	0.77

The spinal cord, conus medullaris and the sub arachnoid space are normal.

The nerve roots of the cauda equina appear normal.

The paraspinal soft tissues appear normal.

Both sacroiliac joints appear normal.

### **IMPRESSION:**

**Clinical indication: Neck pain with right upper limb radiating pain since 4 months. Right lower limb radiating pain and numbness.**

**Previous reports available: No**

- Haemangioma noted involving C4 vertebral body.
- Loss of cervical lordosis.
- C4-C5 : Mild disc bulge indenting anterior thecal sac , right mild neural foraminal narrowing causing indentation of exiting nerve root.
- C5-C6 : Mild disc bulge indenting anterior thecal sac .
- L3-L4 : Mild disc bulge indenting anterior bilateral mild neural foraminal narrowing.
- L4-L5 : Diffuse disc bulge indenting anterior thecal sac, traversing nerve root, bilateral mild neural foraminal narrowing causing indentation of right exiting nerve

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root.

- L5-S1 : Diffuse disc bulge indenting anterior thecal sac, traversing nerve roots, bilateral mild neural foraminal narrowing causing indentation of right exiting nerve root.

For any report clarifications, doctors can contact 7824-860997 from 9am – 8pm.



**Dr LAKSHMI RENUKA.,MDRD.,**  
**Radiologist**