158589

الرقسم:

التاريخ:

Medical Report

مستشفى الملك خالد بالخرج King Khaled Hospital in Al-Kharj Empowered by Riyadh First Health Cluster



Patient Information

MRN

563275

Name

ZAMLAH NASSER MOHAMMED AI ntafait

ID Type

National ID

ID Number

1051719001

Gender

FEMALE

Nationality

Saudi Arabia

Birth date

6/28/1976 12:00:00AM

Age

48

Year(s)

Report and Recommendation

Diagnosis

Pain in a joint, ankle and foot M25.57

History

known hypothyroid for >15 yrs on thyroxin 125 mcg od,post sleeve surgery 6 yrs back no HTN or DM

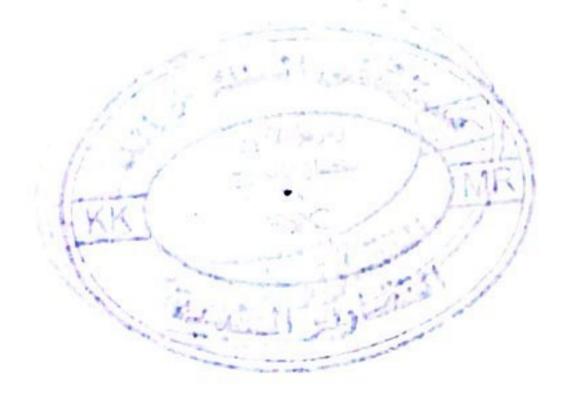
has 7 yrs Hx of myalgia, mechanical knees pain with crepitus occassional hands and shoulders pain, no joints swellings,no EMS no hair loss, no mouth ulcers pt recentaly complain from bil heel pain no FH of CTD

Physical Examination

pt conscious

msk exam : no trure synovitis, muscle power g4b

Investigation



This document doesn't need for a manual signature, and the hospital official stamp is enough.

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Print Date: 3/13/2024

ANTICCP, ANA AND RF NEGATIVE, NORMAL COMPLEMENT C3 AND C4

WBC 10.3, HB9.8(MICROCYTIC HYPOCHROMIC), PLT387

ESR49, CRP 9.4, CREATININE 55,

TSH3.54, T3 4.8, T4 10.2, VIT D 32, HBA1C 6.1, FERRITIN 9.2

RADIOLOGY

RT KNEE MRI

Bulky appearance of ACL with diffuse abnormal high signal intensity? Degeneration over a tear. Normal appearance of PCL. Abnormal high signal of the posterior horn of medial meniscus and the anterior horn of lateral meniscus? tear. Mild joint effusion noted.

Normal collateral ligaments, patellar retinaculum, patellar tendon and quadriceps tendon.

Normal femorotibial alignment

MRI LUMBOSACRAL:

-Normal lumbar lordosis .-L4-5 diffuse disc bulge , indenting thecal sac , with mild exit neural foraminal compromise.-L5-S1 posterior disc bulge.-?L5V hemangioma.

-No ligamentum flavum hypertrophy .-No significant spinal canal stenosis .-Normal MRI appearance and signal intensity of the conus medullaris .-Normal MRI appearance of the para spinal soft tissue.-NB : Left adnexal cyst = 4 x 4 cm .

MRI OF THE CERVICAL SPINE:

- -Loss of cervical lordosis, keeping with spasm.
- -Mild spondylotic changes with early osteophytosis is noted.
- -C3-4, C4-5 and C6-7 asymmetric discs bulge, effacing anterior subarachnoid space, with mild neural exit pathway compromise.
- -C5 vertebral hemangioma is suggestive.
- Bilateral multiple perineural cysts (Tarlov cysts); the largest one at C5/6 measuring about 5.3x5 mm.
- -Intact vertebral bodies and neural arches that appear of normal signal intensity.
- -Normal MRI structural appearance of the cranio-cervical junction and the cervical spinal cord with no evidence of cord pathology. -No primary bony spinal canal stenosis.
- -No spinal or peri-spinal soft tissue masses

Hospital Course

EDUCATION (WT REDUCTION, EX, NUTRITION)
REHAB FOR PLANNTER FASCITIS
MEDICATION

RECOMMENDATION

STRENGTHING AND STRECHING EX CONSERVATIVE THERAPY IF NOT RESPONSE LOCAL INJ FOR PF VS SHOCK WAVE

> Doctor's Electronic Signature Arwa Saeed Mubarak Aljohi

Official stamp



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Kingdom of Saudi Arabia Ministry of health King Khalid Hospital & Prince Sultan Center for medical service in Kharj



المملكة العربيه السعودية وزارة الصحة مستشفى الملك خالد ومركز الأمير سلطان للخدمات الصحية بمحافظة الخرج

Patient Name:	Zamlah Nasser Al Ntafait	Ref. Physician:	Ahmad Ashraf	
Patient ID:	563275	Report Date:	12/22/2022 1:57 PM	
Date Of Birth:	6/28/1976	Accession:	1005002810508	- 33
Gender:	F	Procedure:	M and C 2019^spine	
Age:	46Y 5M	Reff Dept:	Generic Orgnization	

MRI OF THE CERVICAL SPINE:

-Loss of cervical lordosis , keeping with spasm.

-Mild spondylotic changes with early osteophytosis is noted.

-C3-4, C4-5 and C6-7 asymmetric discs bulge, effacing anterior subarachnoid space, with mild neural exit pathway compromise.

-C5 vertebral hemangioma is suggestive.

- Bilateral multiple perineural cysts (Tarlov cysts); the largest one at C5/6 measuring about 5.3x5 mm.

-Intact vertebral bodies and neural arches that appear of normal signal intensity.

-Normal MRI structural appearance of the cranio-cervical junction and the cervical spinal cord with no evidence of cord pathology.

-No primary bony spinal canal stenosis.

-No spinal or peri-spinal soft tissue masses.

Report Approved By: Rad.cons.islam Shaaban at 12/22/2022 1:54:09 PM <# {Approved By Signature Picture}#

Kingdom of Saudi Arabia Ministry of health King Khalid Hospital & Prince Sultan Center for medical service in Kharj



المملكة العربيه السعودية وزارة الصحة مستشفى الملك خالد ومركز الأمير سلطان للخدمات الصحية بمحافظة الخرج

Patient Name:

Zamlah Nasser Al Ntafait

Patient ID:

563275

Date Of Birth:

6/28/1976

Gender:

F

Age:

46Y 6M

Ref. Physician:

Ismael Othman Alghatreefi

Report Date:

1/12/2023 8:44 AM

Accession:

1005002813180 MRI.MA.^SPINE

Procedure: Reff Dept:

Generic Orgnization

MRI LUMBAR SPINE:

Technique:

1. T1 and T2 WIs sagittal.

2.T1 and T2 WIs axial.

Findings and impression:

- -Normal lumbar lordosis.
- -L4-5 diffuse disc bulge, indenting thecal sac, with mild exit neural foraminal compromise.
- -L5-S1 posterior disc bulge.
- -?L5V hemangioma.
- -No ligamentum flavum hypertrophy.
- -No significant spinal canal stenosis.
- -Normal MRI appearance and signal intensity of the conus medullaris .
- -Normal MRI appearance of the para spinal soft tissue.
- -NB: Left adnexal cyst = 4 x 4 cm.

Report Approved By: Rad.sp.ahmad Osama at 1/12/2023 8:43:59 AM <# {Approved By Signature Picture}#

Kingdom of Saudi Arabia Ministry of health King Khalid Hospital & Prince Sultan Center for medical service in Kharj



المملكة العربيه السعودية وزارة الصحة مستشفى الملك خائد ومركز الأمير مسلطان للخدمات الصحية بمحافظة الخرج

Patient Name:

Zamlah Nasser Al Ntafait

Patient ID:

563275 Date Of Birth: 6/28/1976

Gender:

Age:

47Y 6M

Ref. Physician:

Arwa Aljohi

Report Date:

1/17/2024 11:41 AM

Accession:

1005002939511

Procedure:

MRI.MA.^KNEE

Reff Dept:

Generic Orgnization

PROCEDURE:

MRI OF THE KNEE.

CLINICAL INDICATION:

RT KNEE PAIN

TECHNIQUE:

Non contrast study.

COMPARISON:

No available previous studies for comparison.

FINDINGS:

Bulky appearance of ACL with diffuse abnormal high signal intensity ? Degeneration over a tear.

Normal appearance of PCL.

Abnormal high signal of the posterior horn of medial meniscus and the anterior horn of lateral meniscus

? tear.

Mild joint effusion noted.

Normal collateral ligaments, patellar retinaculum, patellar tendon and quadriceps tendon.

Normal femorotibial alignment.

Report Approved By: Rad.cons.islam Shaaban at 1/17/2024 11:36:01 AM <# {Approved By Signature Picture}#</pre>