

HUSSANI, MELAD
Phone: 0411681527
Birthdate: 05/04/2006 Sex: M Medicare Number: 35483449222
Your Reference: 4620832 Lab Reference: 4620832
Laboratory: Victoria Diagnostic Imaging
Addressee: DR MOSARAF KHAN Referred by: DR MOSARAF KHAN

Name of Test: CT LUMBO-SACRAL SPINE - NO CONTRAST
Requested: 31/07/2025 Collected: 04/08/2025 Reported: 05/08/2025
09:29

This report is for: Dr M. Khan
Referred By:
Dr M. Khan

CT SCAN LUMBAR SPINE 04/08/2025 Reference: 4620832

CT LUMBAR SPINE

History:
Low back pain, ? lumbar radiculopathy.

Technique:
Non-contrast CT lumbar spine.

Findings:
Mild lateral curvature of the lumbar spine with left convexity.
Vertebral heights are well maintained.
No acute crush fracture.

L1/L2: Minor disc bulge. No significant central stenosis or nerve root compromise. Unremarkable facet joints.

L2/L3: Circumferential disc bulge with slight flattening of the ventral thecal sac. No significant central canal stenosis or nerve root compromise.
Unremarkable facet joints.

L3/L4: Circumferential disc bulge with slight flattening of the ventral thecal sac. No significant central canal stenosis. No overt nerve root compromise. Unremarkable facet joints.

L4/L5: Circumferential disc bulge with mild central canal stenosis. Midline spinal canal AP diameter is 9.5 mm. Mild bilateral exit foraminal narrowing without exiting nerve root compromise. There is abutment of bilateral L5 traversing nerve roots without significant compression. Minimal bilateral facet joint arthropathy.

L5/S1: Circumferential disc bulge abuts/irritates bilateral S1 traversing nerve root without significant compression. The exit foramina patent without exiting nerve root compromise. Minimal facet joint degeneration. Midline spinal canal AP diameter is 9.5 mm.

Comment:

Multilevel disc bulges more marked at L4/L5 and L5/S1 with abutment/irritates bilateral L5 and S1 traversing nerve roots without significant compression.

Trial of CT guided steroid injection may be considered for symptomatic relief.

HUSSANI, MELAD

33 GANDIN CRT 3976

Phone: 0411681527

Birthdate: 05/04/2006

Sex:

M

Medicare

Number:

35483449222

Your Reference: 4620854

Lab

Reference: 4620854

Laboratory: Victoria Diagnostic Imaging

DR MOSARAF

Addressee: KHAN

Referred by: DR MOSARAF KHAN

Name of test: ULTRASOUND NECK / THYROID

Requested 31/07/2025

Collected:

04/08/2025

Reported:

06/08/2025

14:17:00



HUSSANI, MELAD

Address: 33 GANDIN CRT
HAMPTON PARK, VIC 3976

Accession #: 4620854

DOB: 05/04/2006

Patient Id: BAF758Y

Exam Date: 04-08-2025 15:16:00

Gender: M

Referred By: KHAN, MOSARAF

[Click here to view images](#)

This report is for: Dr M. Khan

Referred By:

Dr M. Khan

US RT NECK 04/08/2025 Reference: 4620854

ULTRASOUND RIGHT NECK

Clinical Information:

Pain in between right shoulder and neck.

Findings:

At parotid gland, there is a morphologically normal lymph node noted with normal vascularity measuring 6 x 4mm.

At right upper anterior neck, there is a morphologically normal lymph node noted with normal vascularity measuring 14 x 4mm.

Submandibular gland is normal.

No other lesion/fluid collection noted in the right neck.

Conclusion:

No significant abnormality right side nec'. No lymphadenopathy.

Dr Umesh Chandra Pandey

Sonographer: Nitika Thakur

[Click here to view images](#)

HUSSAINI, MELAD
33 GANDIN COURT, HAMPTON PARK. 3976
Phone: 0411024352
Birthdate: 05/04/2006 Sex: M Medicare Number: 35483449221
Your Reference: Lab Reference: 25-16281431-ESR-0
Laboratory: 4Cyte Pathology
Addressee: Dr MOSARAF KHAN Referred by: Dr MOSARAF KHAN

Name of Test: ESR
Requested: 31/07/2025 Collected: 02/08/2025 Reported: 04/08/2025
14:38

Clinical Notes:

Erythrocyte Sedimentation Rate (Whole Blood)

Coll Date: 02/08/25
Coll Time: 10:28
Lab Number: 16281431

ESR 1 (< 16) mm/Hr

Tests to follow: FE

Imaging request Capital

REFERRAL AND/OR REQUEST(S) FOR DIAGNOSTIC IMAGING
Call for appointment: set over for nearest location.

Patient details **RADIOLOGY**
Melad Hussaini
Name:
33 Gandin Crt
Address: Hampton Park 3976
Requested tests
CT Scan - Lumbar spine
Time of appointment:
Sex: M Date of Birth: 05/04/2006
Home phone: Date of work phone: Mobile phone:
Telephone: 0433 681 527
Med. No.:

REQUEST FOR:

CLINICAL NOTES:

Clinical details

REFERRING DOCTOR'S DETAILS:

he has ongoing low back pain
CT reported-Multilevel disc bulges more marked at L4/L5 and L5/S1
with abutment/
irritates bilateral L5 and S1 traversing nerve roots without
significant compression.

PATIENT CATEGORY:

- ☐ PTE ☐ VET AFF
☐ WGS ☐ TAC
☐ Pension
For female patients
is there any chance
the patient may
be pregnant?
☐ Y ☐ N

RESULTS:

- ☐ Electronic report ☐ Films to patient
☐ Telephone report
Tel/Fax No:

COPIES TO:

DOCTOR'S SIGNATURE:

DATE: 29/12/25

The consulting radiologist, in exercising due care and skill, may conduct a patient consultation as deemed necessary. The radiologist will engage with the referrer to consider any further diagnostic imaging requirements that may result from the consultation. You are free to choose your imaging provider.

MRI +/- ORBITS +/- SKULL +/- CHEST X-RAY +/- ABDOMEN X-RAY

- ☐ Y ☐ N History of Metalwork, Grinding, Welding
☐ Y ☐ N Cardiac Pacemaker
☐ Y ☐ N Cardiac Valve Replacement
☐ Y ☐ N In Vivo Electronic Device
☐ Y ☐ N Brain Aneurysm Clip
☐ Y ☐ N Ear Implant
☐ Y ☐ N Previous Metal Injury to Eye

CT Scanning

If diabetic, does treatment include
Metformin? ☐ Y ☐ N

What is current renal function? _____

Date of renal function test: _____

Nuclear Medicine Bookings

- ☐ 151-153 Furlong Road, St Albans
☐ Western Private Hospital, Corner
Marion & Eleanor Streets, Footscray
☐ 405 Burwood Highway, Vermont
☐ Monash House,
Suite 1, 271 Clayton Road, Clayton

Please refer to table on back.

- ☐ Y ☐ N Euflexxa injections x 3 separated by 2 weeks

CAPITAL RADIOLOGY'S COMMITMENT TO DIAGNOSTIC IMAGING IN VICTORIA

Urgent
**CAPITAL RADIOLOGY IS
YOUR PARTNER IN IMAGING.**
Signed
02/09/2025

Use the QR code to request an
appointment or to find your
closest Capital Radiology location.



Visit www.capitalradiology.com.au for more information

Requesting practitioner		
Dr. Mosaraf Khan	1.5 T	T: 9334 3434
77-79 Hallam Road	3.0 T	T: 5929 8100
Hampton Park 3976	1.5 T	T: 8361 4488
Ph: 0397 996 299	3.0 T	T: 9814 6633
Vermont MRI	3.0 T	T: 9841 2555
Vermont Private	3.0 T	T: 8734 3222
Werribee	1.5 T	T: 8734 3222

Please bring this form, your Medicare card, DVA card,
current concession card and previous films with you.

See overleaf for operation hours and nearest location

Imaging request Capital

REFERRAL AND/OR REQUEST(S) FOR DIAGNOSTIC IMAGING
Call for appointment: 03 9570 2700 or nearest location.

Patient details
RADIOLOGY
Melad Hussaini

Name:

33 Gandin Crt
Hampton Park 3976

Address:

Requested tests

Ultrasound scan - Shoulder, Right

Time of appointment:

Sex: M

Date of Birth: 05/04/2006

Home phone

Date of Birth: 05/04/2006

Mobile phone

Telephone:

0433 681 527

Med. No.

REQUEST FOR:

CLINICAL NOTES:

Clinical details

he has ongoing rt shoulder pain
USS reported -
Minor biceps tendon sheath effusion.
Minimal widening
of the AC joint.
Minor subacromial/subdeltoid bursitis.

Ultrasound guided SA/SD bursal CSLA
injection consider for
symptomatic relief.

PATIENT CATEGORY:

- ☐ PTE ☐ VET AFF
☐ W/C ☐ TAC
☐ Pension

For female patients
is there any chance
the patient may
be pregnant?

☐ Y ☐ N

RESULTS:

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Tel/Fax No:

COPIES TO:

DOCTOR'S SIGNATURE:

DATE: 21/7/25

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☐ Y ☐ N Ear Implant
☐ Y ☐ N Previous Metal Injury to Eye

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☐ 405 Burwood Highway, Vermont
☐ Monash House,
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Urgent

Signed

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02/09/2025

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Requesting practitioner

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Berwick Langmore Lane	1.5 T	T: 8773 5788
Camberwell	3.0 T	T: 8808 7688
Cheltenham	1.5 T	T: 9262 5488
Clayton-Monash	1.5 T	T: 8546 6288
Dandenong	1.5 T	T: 8788 9888
Direct Radiology Fairfield	3.0 T	T: 9489 8884
Epping	1.5 T	T: 8401 8401
Footscray - WPH	1.5 T	T: 9236 4088
Imaging @ Olympic Park	3.0 T	T: 9420 1700
Dr Mosaraf Khan	1.5 T	T: 9334 3434
77-79 Hallam Road	3.0 T	T: 5929 8100
Hampton Park 3976	1.5 T	T: 8361 4488
Ph: 0397996299	3.0 T	T: 9814 6633
Vermont MRI	3.0 T	T: 9814 6633
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