

HUSSANI, MELAD
Phone: 0411681527 Sex: M Medicare Number: 35483449222
Birthdate: 05/04/2006 Lab Reference: 4620832
Your 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 LUMBER 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
Addressee: DR MOSARAF Referred by: DR MOSARAF KHAN
Name of test: ULTRASOUND NECK / THYROID
Requested 31/07/2025 Collected: 04/08/2025 Reported: 06/08/2025
Gender: M



HUSSANI, MELAD

Address: 33 GANDIN CRT
HAMPTON PARK, VIC 3976
Patient Id: BAF758Y

Accession #: 4620854
Exam Date: 04-08-2025 15:16:00
Referred By: KHAN, MOSARAF

DOB: 05/04/2006
Gender: M

[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



Patient details
Name: Melad Hussaini

Address: 33 Gandin Crt
Hampton Park 3976

Requested tests
CT Scan - Lumbar spine

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 TAC
significant compression.

T
rial of CT guided steroid injection consider for
symptomatic relief.

PATIENT CATEGORY:

PTE VET AFF
 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
<input type="checkbox"/> Y	<input type="checkbox"/> N History of Metalwork, Grinding, Welding
<input type="checkbox"/> Y	<input type="checkbox"/> N Cardiac Pacemaker
<input type="checkbox"/> Y	<input type="checkbox"/> N Cardiac Valve Replacement
<input type="checkbox"/> Y	<input type="checkbox"/> N In Vivo Electronic Device
<input type="checkbox"/> Y	<input type="checkbox"/> N Brain Aneurysm Clip
<input type="checkbox"/> Y	<input type="checkbox"/> N Ear Implant
<input type="checkbox"/> Y	<input type="checkbox"/> N Previous Metal Injury to Eye
<input type="checkbox"/> Y	<input type="checkbox"/> N Euflexxa injections x 3 separated by 2 weeks

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.

Berwick Clyde Road	3.0 T	T: 8773 5788
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
Olympic Park	3.0 T	T: 9420 1700
Dr Moazzar 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
Sydenham	3.0 T	Fax: 0397027100
Ph: 0397996299		T: 9814 6633
Vermont MRI		
Vermont Private	473637CL 3.0 T	T: 9841 2555
Werribee	1.5 T	T: 8734 3222

CAPITAL RADIOLOGY'S COMMITMENT TO DIAGNOSTIC IMAGING IN VICTORIA

Urgent
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See overleaf for operation hours and nearest location



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



Imaging request

Capital

Patient details
Name: Melad Hussaini

Name: 33 Gandin Crt
Address: Hampton Park 3976

Requested tests
Ultrasound scan - Shoulder, Right

REQUEST FOR:

CLINICAL NOTES:

Clinical details

he has ongoing rt shoulder pain

USS reported-

REFERRING DOCTOR'S DETAILS:
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:

- Electronic report Films to patient
- Telephone report

Tel/Fax No:

COPIES TO:

DATE: 22/9/25

DOCTOR'S SIGNATURE:

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- Y N History of Metalwork, Grinding, Welding
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- 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

Y N Euflexxa injections x 3 separated by 2 weeks

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____ / ____ / ____

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Suite 1, 271 Clayton Road, Clayton

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Signed

02/09/2025

Requesting practice	Olympic Park	3.0 T	T: 9420 1700
Dr Mosaraf Khan	1.5 T	T: 9334 3434	Do not send to My Health Record <input type="checkbox"/>
77-79 Hallam Road	3.0 T	T: 5929 8100	<input type="checkbox"/> T: 8788 9888
Hampton Park 3976	1.5 T	T: 8361 4488	<input type="checkbox"/> T: 0397027100
Ph: 0397996299	3.0 T	T: 9814 6633	<input type="checkbox"/> T: 9841 2555
Vermont MRI	1.5 T		
Provider ID	473637CL	3.0 T	
Werribee	1.5 T	T: 8734 3222	