

D E P A R T M E N T O F I M A G I N G

NAME : . JAYANTI	AGE : 44Y	SEX : F
HH No : 1731263	ADM NO :	ACC NO : 1349229
REF BY : DEOGAONKAR KEDAR	ORD NO : 34941115	LOCATION : OPD
ATTEND DATE : 11/09/2019 04:24PM	Report Print : 12/09/201910:42AM	

**** EXAMINATION****

MRI LUMBAR SPINE PLAIN

**** REPORT DETAILS ****

MRI lumbar spine:

Multiplanar Multi echo MRI of the lumbar spine has been performed. Screening T2-weighted sagittal sequence was obtained through the whole spine.

Disk desiccation is seen at L4-5 levels, with minimal vertebral malalignment.

A diffuse annular disk bulge, along with a posterior herniation is seen at L4-5 level, compressing the thecal sac, as well as both traversing L5 nerve roots and encroaching both neural foramina. Degenerative facet changes, along with ligamentous thickening, causing focal canal narrowing, as well as bilateral lateral recess stenosis is seen at L4-5 level.

Minimal posterior disk bulge is seen at L3-4 level, which encroaches both neural foramina, without significant neural compression.

Subtle posterior bulge is seen at L5-S1, not receive any significant neural compression.

Facet degeneration is also seen at L3-4 and L5-S1 levels.

Distal cord and conus appear unremarkable. No abnormal pre or paraspinal soft tissue is noted. Lobulated tubular T2 hyperintense areas in the retroperitoneal /prevertebral lumbar region may be bowel loops.

Few tiny anterior vertebral osteophytes are seen. Visualised vertebrae show inhomogeneous hypointense marrow signal on T1, which needs correlation with haematological workup and bone mineral densitometry.

Screening T2-weighted sagittal sequence through the rest of cervical dorsal spine reveals minimal posterior disk bulges at C5-6 and C6-7 levels, not producing any significant neural or cord compression. Incidentally noted is a tiny T2 hyperintense area in the posterior aspect of pons which may be nonspecific, however can be further evaluated.

Conclusion:

A diffuse annular disk bulge, along with a posterior herniation is seen at L4-5 level, compressing the

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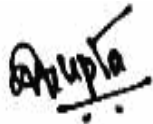
thecal sac, as well as both traversing L5 nerve roots and encroaching both neural foramina.
Degenerative facet changes, along with ligamentous thickening, causing focal canal narrowing, as well as bilateral lateral recess stenosis is seen at L4-5 level.

Facet degeneration is also seen at L3-4 and L5-S1 levels.

Visualised vertebrae show inhomogeneous hypointense marrow signal on T1, which needs correlation with haematological workup and bone mineral densitometry.

Lobulated tubular T2 hyperintense areas in the retroperitoneal /prevertebral lumbar region may be bowel loops, however show atypical appearance and can be further evaluated, if indicated.

Report status: Validated / Dr. GUPTA, SANTOSH



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**** End Of Report ****