VIJAYA DIAGNOSTIC CENTRE®

343/1210/320/294, 15th A cross, Yelahanka, New Town
A Sector, Yelahanka Extention, Bangalore - 560064

Name	:	**Mr. TAVAREPPA K LAMANI**	Registration Date Time	:	09-Sep-2025 17:25
Age/Gender	:	**064Y / Male**	Study Date Time	:	09-Sep-2025 18:09
Registration ID	:	**251720004611**	Report Date Time	:	09-Sep-2025 20:50
Ref. By	:	Dr. ASHWIN GIRIDHAR	Modality	:	MR
Patient Id	:	6613235	Accn No.	:	39829262

Done. Contrast entry.

Dr. Vikram Reddy G
MBBS, MD, DNB
Registration No: 25923

09th Sep 2025 20:50

Study Sharing Link: *https://tinyurl.com/2s4em9vt*

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

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Name	:	**Mr. TAVAREPPA K LAMANI**	Registration Date Time	:	09-Sep-2025 16:50
Age/Gender	:	**064Y / Male**	Study Date Time	:	09-Sep-2025 17:00
Registration ID	:	**251720004611**	Report Date Time	:	09-Sep-2025 20:16
Ref. By	:	Dr. ASHWIN GIRIDHAR	Modality	:	MR
Patient Id	:	6613235	Accn No.	:	39828466

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES
CEMRI OF LUMBAR SPINE (PLAIN AND CONTRAST)

History: Low back pain. Treated case of CLL. Vertebral surgery done, details not available. Previous imaging not available for correlation

Technique: Multiplanar, multiecho sequences of lumbar spine were performed without and with contrast.

Findings:

Bilateral transpedicular screws with interconnecting rods noted in D11, D12, L2, L3 vertebrae resulting in extensive susceptibility artifacts. Poor assessment of spinal canal, posterior elements, lower dorsal cord, conus medullaris and cauda equina at these levels due to artifacts from metallic hardware.

L1 vertebral body shows diffuse marrow replacement in the form of T2 hyperintense, T1 hypointense lesion involving and entire vertebral body. The lesion is breaching the bilateral lateral and anterior cortex with extension into bilateral paravertebral and left prevertebral space. The soft tissue extensions in bilateral paravertebral space are partly involving both psoas muscle with patchy muscle edema (Right > Left). The prevertebral component is causing anterior displacement of aorta and adjacent left renal artery with loss of fat planes. The lesion is also involving inferior margin of vertebral attachment of right crus of diaphragm. The entire soft tissue lesion measures 79 x 166 x 111 mm(APxTRAxCC). It shows heterogeneous T2 hyperintense, T1 hypointense signal with multiple septations, cystic changes and foci of T1 hyperintensity/hemorrhage. On post-contrast study it shows heterogeneous enhancement. Involvement of posterior elements of L1 vertebra cannot be evaluated due to artifact. The lesion shows intense diffusion restriction. Multiple foci of blooming, secondary to calcification/hemorrhage.

L5-S1: Disc desiccation, diffuse disc bulge causing effacement of ventral thecal sac and both lateral recess(Left > Right) and causing compression of left traversing S1 nerve root. Moderate left, mild right neural foraminal narrowing. No significant central canal stenosis. Posterior annular fissure. Dural sac diameter: 11.5 mm.

L4-L5: Diffuse disc bulge causing partial effacement of ventral thecal sac and both lateral recess. Mild bilateral inferior neural foraminal narrowing. No significant central canal stenosis. Posterior annular fissure. Dural Sac Diameter: 11.3 mm.

Rest of the vertebral bodies are normal in height and signal intensity pattern.

Alignment of spine is normal.

Rest of the pedicles, laminae and spinous processes are normal.

Facet joints are normal.

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Rest of the intervertebral discs are normal.

Rest of the visualized cord in dorsal spine appears normal

Both sacroiliac joints are normal.

T2 sagittal screening of cervical spine: Disc bulges at C5-C6, C6-C7 causing thecal sac effacement, cervical cord indentation and moderate central canal stenosis. Mild posterior disc bulge at C3-C4, C4-C5 levels causing minimal central canal stenosis.

T2 sagittal screening of rest of the thoracic spine: No significant disc bulge/canal stenosis

Impression: Status post lumbar spine surgery,

- **Bilateral transpedicular screws with interconnecting rods in D11, D12, L2, L3 vertebrae resulting in extensive susceptibility artifacts. Poor assessment of spinal canal, posterior elements, lower dorsal cord, conus medullaris and cauda equina at these levels due to artifacts from metallic hardware.**

- **L1 vertebral body shows diffuse marrow replacement in the form of heterogeneously enhancing lesion involving and entire vertebral body. The lesion is breaching the bilateral lateral and anterior cortex with extension into bilateral paravertebral and left prevertebral space. The soft tissue extensions in bilateral paravertebral space are partly involving both psoas muscle with patchy muscle edema (Right > Left). The prevertebral component is causing anterior displacement of aorta and adjacent left renal artery with loss of fat planes. The lesion is also involving inferior margin of vertebral attachment of right crus of diaphragm. It shows multiple septations, cystic changes, foci of T1 hyperintensity/hemorrhage and intense diffusion restriction. Multiple dental and foci of blooming, secondary to calcification/hemorrhage - Concern for neoplastic etiology. Correlate with prior surgical histopathology findings and tissue characterization if deemed necessary.**

- **L5-S1: Disc desiccation, diffuse disc bulge causing effacement of ventral thecal sac and both lateral recess(Left > Right) and causing compression of left traversing S1 nerve root. Moderate left, mild right neural foraminal narrowing. No significant central canal stenosis. Posterior annular fissure. Dural sac diameter: 11.5 mm.**

- **L4-L5: Diffuse disc bulge causing partial effacement of ventral thecal sac and both lateral recess. Mild bilateral inferior neural foraminal narrowing. No significant central canal stenosis. Posterior annular fissure.**

--Suggest: Clinical correlation/ further evaluation if indicated .

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Vikram

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