

Patient Name : **Ms. SHIVANI SHARMA**
DOB/Age/Sex : 26 years/Female
Mobile : 8963991498
Referred By : Dr. Vaid K.K. (MS,Ortho)
Organization : NA

Sample ID : 2022402647
Registered : 05 Feb, 2024, 06:06 p.m.
Collected On : 05 Feb, 2024, 08:31 p.m.
Approved On : 06 Feb, 2024, 04:04 p.m.

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MRI WHOLE SPINE

Technique:

MR of the Whole Spine has been performed using Sagittal T1, T2 & Axial T1 & T2 sequences. Additional CT Sections were also has been taken.

Imaging Findings:

CERVICAL SPINE:

Mild scoliotic deformity is seen in the cervical spine with convexity towards right side.

Diffusely decreased mineralization is noted in spine and pelvic bones.

The intervertebral disc does not reveal any significant abnormality.

Vertebrae show normal marrow signal. Vertebral bodies, pedicles, laminae, spinous & transverse processes are normal. Intervertebral foramina are normal.

Cord is normal. CVJ is normal. Perivertebral soft tissues are normal.

DORSO-LUMBAR SPINE:

Normal alignment and curvature are seen.

Abnormal marrow signals with endplate erosions are noted in D11-D12 and L2-L3 vertebra with involvement of L2-L3 intervertebral disc. No evidence of any significant associated granulation tissue or pre/paravertebral collection. **Features suggesting spondylodiscitis**

Diffuse hard disc bulge is seen at D11-D12 level indenting thecal sac and ventral aspect of spinal cord without any significant nerve root compression. No signal changes noted within the cord.

Note is made of partial bony vertebral fusion at multiple lumbar levels.

Associated tethered cord is noted. Small perineural cyst measuring about 1.3 x 1 cm is noted at the level of S3 vertebra.

Significant atrophy of paraspinal and gluteal muscles is noted.

Printed On: 06 Feb, 2024, 04:10 p.m.

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Address: Morya Centre, Near Janjeerwala Square, Opp. B.B.C, Race Course Road, Indore, MP, India

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Overall features are suggesting of an infective etiology - to rule out Koch's

Rest of the intervertebral discs does not reveal any significant abnormality.

Otherwise vertebrae show normal marrow signal. Vertebral bodies are normal. Posterior elements are normal.

Conus is normal.

Bony canal AP diameter at mid vertebral levels are:

L1 – 1.5 cms	L2 – 1.5 cms	L3 – 1.3 cms	L4 – 1.3 cms	L5 – 1.3 cms
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Screening of the pelvis reveals near complete sclerosis of bilateral SI joints suggesting chronic sacroiliitis. Juxta-articular edema is seen along bilateral sacroiliac joints involving both iliac and sacral margins appearing hyperintense on STIR images suggesting acute on chronic changes.

No significant abnormality is seen in the both hip joints except mild right hip joint effusion.

*****Note is made of abnormal marrow signals with deformed contour of head of right humerus.***

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Dr. Varsha Sodani
MD Radiologist (Reg. No.14019)

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****END OF REPORT****