



SUNRISE DIAGNOSTIC CENTRE

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Dr. Anurag Tandon

M.B.B.S., D.M.R.D., D.N.B.
CONSULTANT SONOLOGIST & RADIOLOGIST
Registrar : RUBY HALL CLINIC, PUNE

Lab No. :	022007250032	Reg. Date :	25 Jul 2020 04:09:01 PM
Patient Name :	Mrs. PREM LATA	Referred By :	Dr. VINAY AGARWAL M.D.D.M
Age/Sex :	65 YRS/FEMALE		CONSULTANT NEUROPHYSICIAN

MRI STUDY OF BRAIN FOR CRANIAL NERVE

The Brain was examined in the coronal, and axial planes. T1, T2 weighted and FLAIR images were obtained. DW MR Images were also obtained.

Few T2/ FLAIR hyperintense foci noted at bilateral corona radiata, likely UBO versus early few ischemic foci.

Rest of cerebral hemispheres show normal grey white matter differentiation.

Cortical cerebral sulci and basal cisterns are unremarkable. Both the lateral, third and fourth ventricles are normal in size, shape and position.

The brain stem & cerebellum appear normal.

Diffusion images donot show any acute parenchymal pathology.

Bilateral 7th and 8th nerves complexes appear normal.

Basal cerebral vessels are showing normal flow voids.

There is no shift of the midline structures.

High resolution T2 W 3D Drive images obtained for cranial nerve evaluation at posterior fossa shows their normal course & caliber at the root entry zone & cisternal segment. A vascular loop from AICA is seen traversing through the cisternal segment of left facial nerve -? NVCS & could explain cause of left HFS.

IMPRESSION: --

- ***Few hyperintense foci at bilateral corona radiata, likely UBO versus early few ischemic foci.***
- ***A vascular loop from AICA seen traversing through the cisternal segment of left facial nerve -? NVCS & could explain cause of left HFS.***

Kindly correlate clinically.

DR. PRATISH KUMAR SINGH

(M.B.B.S., M.D.)
(Consultant Radiologist)



Dr. ANURAG TANDON
(Consultant Radiologist)

Detailed fetal anomalies may not always be seen due to technical inadequacy, due to fetal position, movement, amniotic fluid volume & abdominal wall thickness. Hence all anomalies may not be detected in single sonoimaging study, so there absence may not rule out fetal anomaly. Investigations have their limitations they only help in diagnosing disease in correlation to clinical symptoms.

Not valid for medico legal purposes



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Lab No	:022002010052	Reg Date	:01-02-2020
Patient Name	:Mrs.PREM LATA	Refer by	:. JEEVAN JYOTI HOSPITAL
Age/Sex	:66 YRS/FEMALE		

MRI STUDY OF WHOLE SPINE

Whole Spine was examined in the sagittal, coronal and axial planes. Both T1 and T2 weighted images were obtained. Additionally Fat Sat sagittal T2 images were also obtained.

CERVICO-DORSAL SPINE

Cervical spine shows loss of lordosis but normal contour & alignment of vertebral bodies. Marginal few osteophytes from C4 downwards. No abnormal hypo/hyperintense lesion is seen from the neural arches.

Dessicated all cervical discs. Reduced C4-5 and C5-6 disc space height.

C4-5 Concentric disc mild bulge (disc osteophyte complex) causing thecal sac indentation and bilateral mild neural foraminal narrowing.

C5-6 Concentric disc mild bulge (disc osteophytes complex) causing thecal sac indentation and bilateral mild neural foraminal narrowing.

Mild diffuse thickening of anterior longitudinal ligament.

Dessicated all dorsal discs and mild reduced disc space height.

Intervertebral disc show normal posterior concavity at rest of the cervical spinal levels. Prethecal epidural fat is well maintained.

Thecal sac shows normal appearance at rest of the levels. Cervicomedullary junction, cervical cord and dorsal cord appears normal. There is no focal area of cord expansion or cord edema identified. No intraspinal mass is seen. Atlantoaxial joint appears normal.

Neural foramina & exiting nerve roots appear normal at rest of the levels

Articular facet and facet joints are normal. No Ligamentum flavum hypertrophy.

Pre and paraspinal soft tissues are normal.

LUMBO-SACRAL SPINE

The spine shows loss of lumbar lordosis but normal contour & alignment of vertebral bodies. No abnormal hypo/hyperintense lesion is seen from within the vertebral bodies & their neural arches.

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Dessicated all lumbar discs and maintained disc space height.

L4-5 Concentric disc mild bulge causing subtle thecal sac indentation and bilateral mild neural foraminal narrowing.

Moderate ligamentum flavum hypertrophy.

Intervertebral disc show normal signal intensity pattern on both T1 & T2 W images at rest of the visualized spinal levels .They show normal posterior concavity. Prethecal epidural fat is well maintained

Thecal sac shows normal appearance at rest of the levels. The conus medullaris & caudaequina appear normal. There is no focal area of cord expansion or cord edema identified. No intraspinal mass is seen

Neural foramina & exiting nerve roots appear normal at rest of the levels
Articular facet and facet joints are normal.
Pre and paraspinal soft tissues are normal.

IMPRESSION:--

- *Changes of cervical spondylosis with degenerative disc disease. Reduced C4-5 and C5-6 disc space height.*
- *C4-5 Concentric disc mild bulge causing thecal sac indentation and bilateral mild neural foraminal narrowing.*
- *C5-6 Concentric disc mild bulge causing thecal sac indentation and bilateral mild neural foraminal narrowing.*
- *Mild diffuse thickening of anterior longitudinal ligament.*

- *Dessicated all lumbar discs and maintained disc space height.*
- *L4-5 Concentric disc mild bulge causing subtle thecal sac indentation and bilateral mild neural foraminal narrowing.*
- *Moderate ligamentum flavum hypertrophy.*

Kindly correlate clinically.

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