

SIGMA MRI & DIAGNOSTIC CENTRE

www.sigmamricentre.com | Unit of Bareilly Diagnostics Pvt. Ltd.

Dr. P. K. Singh

M.B.B.S., M.D. Radiodiagnosis PGI
Ex-Registrar & Faculty, PGI Rohtak
S.T.A. Professor, Chhatrapati
MRI & CT Expert

Opp. M.B. Inter College, Nainital Road, Bareilly

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112, Civil Lines, Near Easy Day, Rampur Garden, Bareilly

Mob.: 9536026660, 9837015266 Tel.: 0581-2425666



ISO 9001:2008
& NABL Certified
ID CODE
PATIENT'S NAME
AGE/SEX - FILMS
REFERRED BY
DATED

:: MR-3801
:: RAZIYA SULTAN
:: 35Y/F - 03
:: DR. VARUN KUMAR AGARWAL MS
:: NOV.06.2020

MRI: LEFT KNEE

IMAGING PARAMETERS

AXIAL: T2 FS WIs.; SAGITTAL: T2 & PD WIs.; CORONAL: T1 & PD FS WIs.

Small subarticular cystic area of size 08x09mm at medial femoral condyle & few other small cystic areas in tibial spine region, mild erosion at articular surface of patella, small marginal osteophytes at superior/inferior patellar margins, medial femoral & tibial condylar margins suggesting mild osteoarthritis.

Grade II injury / degenerative changes posterior horn medial meniscus.

The visualized proximal fibula show normal morphology & signal intensity.

The joint space and compartments appear normal. No evidence of any effusion seen.

Mediolateral collateral ligaments appear normal.

The lateral meniscus show normal morphology and signal intensity.

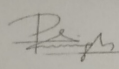
Anterior cruciate ligament and posterior cruciate ligament are normal in orientation, morphology & signal intensity.

Alignment of the femur and tibia at the joint are normal. Rest of visualized articular cartilages appear normal.

IMPRESSION

- SMALL SUBARTICULAR CYSTIC AREA OF SIZE 08X09MM AT MEDIAL FEMORAL CONDYLE & FEW OTHER SMALL CYSTIC AREAS IN TIBIAL SPINE REGION, MILD EROSION AT ARTICULAR SURFACE OF PATELLA, SMALL MARGINAL OSTEOPHYTES AT SUPERIOR/INFERIOR PATELLAR MARGINS, MEDIAL FEMORAL & TIBIAL CONDYLAR MARGINS SUGGESTING MILD OSTEOARTHRITIS.
- GRADE II INJURY / DEGENERATIVE CHANGES POSTERIOR HORN MEDIAL MENISCUS.

ADV CLINICAL CORRELATION AND FOLLOW UP STUDY.


DR. P. K. SINGH
MD RADIODIAGNOSIS (PGI)
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The science of radiology is based on the interpretation of various shadows produced by both the normal & abnormal tissues & are not always conclusive. Further relevant investigations & clinical correlation is required to enable the clinician to reach the final diagnosis. Discrepancies due to technical or typing errors should be reported for correction within 7 days, no compensation liability stands.



3 TEMA DIGITAL BMD



64 SLICE CT SCAN



ECHODUP ULTRASOUND



D.R.G. / DENTAL X RAY



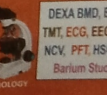
CONTRAST CT ANGIOGRAPHY



3D CT SCAN FACE



FLUORCOPY GUIDED BIOPSY



PATHOLOGY

DEXA BMD, ECHO,
T.M.T, ECG, EEG, EMG,
NCV, PFT, HSG, IVP
Barium Studies



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MRI LUMBAR SPINE WITH SCREENING OF WHOLE SPINE, B/L SI & HIP JOINTS

DEDICATED STUDY FOR LUMBAR SPINE PERFORMED USING 16CHANNEL CTL ARRAY ON 3.0 T SUPERCONDUCTIVE MRI MACHINE

IMAGING PARAMETERS
SAGITTAL T1 & TSE T2 WIs., AXIAL T2 WIs., CORONAL STIR

Mild focal right paracentral disc protrusion at L1-2 level causing indentation over ventral thecal sac without significant canal stenosis/ neural foramina narrowing/ radiculopathy.

Mild disc herniation at L4-5 level causing mild indentation over ventral thecal sac, B/L neural foramina & B/L exiting nerve roots.

Mild disc bulge at L5-S1 level without significant canal stenosis/ neural foramina narrowing/ radiculopathy.

Rest of vertebrae & IV discs are unremarkable.

Spinal canal diameters (in mm) at disc levels are-

L1-2	L2-3	L3-4	L4-5	L5-S1
11	15	15	12	10

Posterior bony elements, facet joints and rest of B/L neural foramina are normal.

Rest of thecal sac is adequate to accommodate the intraneural component. Spinal cord & conus medullaris are normal. Para spinal soft tissues are normal. B/L sacroiliac & hip joints are normal. No infective/ mitotic lesion.

Screening cervical spine reveals mild disc bulge at C5-6 level. Screening dorsal spine reveals no significant abnormality.

IMPRESSION

- MILD FOCAL RIGHT PARACENTRAL DISC PROTRUSION AT L1-2 LEVEL CAUSING INDENTION OVER VENTRAL THECAL SAC WITHOUT SIGNIFICANT CANAL STENOSIS/ NEURAL FORAMINA NARROWING/ RADICULOPATHY.
- MILD DISC HERNIATION AT L4-5 LEVEL CAUSING MILD INDENTATION OVER VENTRAL THECAL SAC, B/L NEURAL FORAMINA & B/L EXITING NERVE ROOTS.
- MILD DISC BULGE AT L5-S1 LEVEL WITHOUT SIGNIFICANT CANAL STENOSIS/ NEURAL FORAMINA NARROWING/ RADICULOPATHY.

ADV - CLINICAL CORRELATION AND FOLLOW UP STUDY.

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DEXA BMD, ECHO,
TMT, ECG, EEG, EMG,
NCV, PFT, HSG, IVP
Barium Studies



ROHILKHAND MEDICAL COLLEGE & HOSPITAL

रोहिलखंड मेडिकल कॉलेज एंड हॉस्पिटल
Pilibhit Bye Pass Road, Bareilly Ph.: 0581-2526011, 2526012
पीलीभीत बाईपास रोड, बरेली

DR R.K. NARULA
DR. VARUN K AGARWAL
DR. RAJAT AGARWAL
DR. BALVINDER SINGH

No.

26858

Cr No. : 3839666

ORTHO UNIT III
Wednesday, Saturday,

Date 04/11/2020

Patient Name : RAZIYA SULTAN
W/o MOHD AHMED KHAN
ADJ COMPOUND
BAREILLY

Sex : Female Age : 35 Years

Mob : 8433251742

Rct No : OP / 4112020284

1084

यूनिट - III बुधवार, शनिवार

At-Temp - 98.4°F
Ht. not brought.

Pain in knees &
Knee

? Plantar fasciitis.

Adv

CBC

ESR

CRP

RA factor

RBS

Serum Acid.

X-ray knee

X-ray spine &

X-ray whole spine

1. T. ultrast semi 1BD

2. Pain relief - AP 1 BD

2. Proton - 1 (10)

2. Ato 2 (10)

2. Calsona - 1 (10)

- Egg lec 3 times a week x 3.

- M.S. weekly for 10

हमारे अस्पताल में राष्ट्रीय स्वास्थ्य बीमा योजना के बीपीएल स्मार्ट कार्ड धारक भर्ती मरीजों का मुफ्त इलाज किया जाता है।

वाइय रोग विभाग का समय : सुबह 9.00 बजे से दोपहर 3.00 बजे तक

रविवार - अवकाश, 24 घण्टे इमरजेन्सी की सुविधा, जितनी बार आयें पर्चा साथ अवश्य लायें

User Name : OPD2

/ OPD2

RMCH-21/03/2020/150

Time : 12.20.26 pm