





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 Ranchi
S.T.A. POINER, Chandigarh
MRI & CT Expert



Opp. M.B. Inter College, Nainital Road, Bareilly
Mob.: 9837028166, 9837016346, 8191002062

112, Civil Lines, Near Easy Day, Rampur Garden, Bareilly
Mob : 9536026660, 9837015266 Tel.: 0581-2425666

ID CODE	:: MR-3801
PATIENT'S NAME	:: RAZIYA SULTAN
AGE/SEX - FILMS	:: 35Y/F - 03
REFERRED BY	:: DR. VARUN KUMAR AGARWAL MS
DATED	:: 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 superoinferior 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 SUPEROINFERIOR 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)
FORMERLY CONSULTANT PGI RTK.
Mob.- 9012066660

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 TESLA DIGITAL MRI



64 SLICE CT SCAN



COLOUR ULTRASOUND



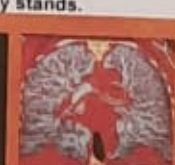
O.P.G. / DENTAL X-RAY



CONTRAST CT ANGIOGRAPHY



3D CT SCAN FACE



CT PULMONARY ANGIOGRAPHY



PATHOLOGY

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



SIGMA MRI & DIAGNOSTIC CENTRE

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

Opp. M.B. Inter College, Nainital Road, Bareilly
Mob.: 9837028166, 9837016346, 8191002062

112, Civil Lines, Near Easy Day, Rampur Garden, Bareilly
Mob.: 9536026660, 9837015266 Tel.: 0581-2425666

Dr. P. K. Singh
M.B.B.S., M.D. Radiodiagnosis PGI
Ex-Registrar & Faculty, PGI Rohtak
S.T.A PGIMER, Chandigarh
MRI & CT Expert

ID CODE :: MR-3801
PATIENT'S NAME :: RAZIYA SULTAN
AGE/SEX - FILMS :: 35Y/F - 03
REFERRED BY :: DR. VARUN KUMAR AGARWAL MS
DATED :: NOV.06.2020

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.

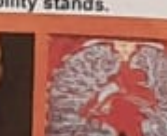
IMPRESSION

- MILD FOCAL RIGHT PARACENTRAL DISC PROTRUSION AT L1-2 LEVEL CAUSING 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.

ADV - CLINICAL CORRELATION AND FOLLOW UP STUDY.

DR. P. K. SINGH
MD RADIODIAGNOSIS (PGI)
FORMERLY CONSULTANT PGI RTK.
Mob.- 9012066660

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.



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