



পপুলার ডায়াগনস্টিক সেন্টার লিঃ POPULAR DIAGNOSTIC CENTRE LTD.

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RADIOLOGY SERVICES

MRD No. :	90325654	RIS No. :	9453694
Patient Name :	Mst. Rasheda Talukder	Age/Gender :	71 Y/F
Referred By :	Prof. Dr. Md. Zillur Rahman, MBBS, FCPS(Surgery). MS(Neurosergery).	Bed No/Ward :	OPD
Bill Date :	19/08/2023 1:39PM	Scan Date :	19/08/2023
Report Date :	26/08/2023 6:07PM	Report Status :	Final

MRI of Lumbar Spine With Screening Whole Spine

Clinical Information:

Low back pain.

Technique:

A total of 4 sequence were performed consisting of T1 SE Sagittal, T2 FSE Sagittal, T1 Axial & T2 FSE Axial.

Findings:

- Lumbar lordotic curvature is maintained with normal bony alignment.
- Disc **desiccation** is noted **at all disc levels**.
- **At L1/2 & L2/3 levels:** Central and both paracentral disc protrusion, posterolateral osteophytosis and flaval hypertrophy are causing thecal sac indentation, mild spinal canal stenosis, bilateral neural foraminal narrowing and corresponding exiting nerve root impingement.
- **At L3/4, L4/5 & L5/S1 levels:** Central and both paracentral disc protrusion, posterolateral osteophytosis and flaval hypertrophy are causing thecal sac indentation, moderate spinal canal stenosis, bilateral neural foraminal narrowing and corresponding exiting nerve root compression.
- No abnormal paravertebral soft tissue is noted.
- Both psoas muscles are show normal signal intensity.
- Spinal cord shows normal in outline & homogeneous signal intensity.
- **Screening of whole spine shows disc herniation with posterolateral osteophytosis at C5/6 & C6/7 levels causing thecal sac indentation & moderate spinal canal stenosis.**

IMPRESSION:

- Central and both paracentral disc protrusion, posterolateral osteophytosis and flaval hypertrophy at L1/2 & L2/3 levels causing thecal sac indentation, mild spinal canal stenosis, bilateral neural foraminal narrowing and corresponding exiting nerve root impingement.
- Central and both paracentral disc protrusion, posterolateral osteophytosis and flaval hypertrophy at L3/4, L4/5 & L5/S1 levels causing thecal sac indentation, moderate spinal canal stenosis, bilateral neural foraminal narrowing and corresponding exiting nerve root compression.

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