

MASAND NURSING HOME

Plot No. 2 Rajnagar, Takli Feeder Road, Near Mental Hospital Square, Katol Road, Nagpur. Ph. : 7218565508

DR. ANIL MASAND

M.B.B.S., M.S. (ORTHO)
ORTHOPAEDIC SURGEON
Reg. : 59066

MEDICAL CERTIFICATE

No.

Patient: Mrs. Priyanka Manevratkar

Age 35 Yrs. Diagnosis Sacromilitis

is under.

My Treatment as an out - Patient at this Hospital.

Was treated as an O.P.D. Patient from / / 20
to / / 20

He/She has been advised 13 Wks. days rest from 24/2/2025

However, He/She is further advised to continue rest from
/ / 20 for another _____ days.

He/She is fit to resume normal duties from

Patients Signature /

Thumb impression

Date _____


DR. ANIL MASAND
MBBS, MS. (ORTHO)
REG. NO. 59066
Dr. Signature

Date _____
24/2/25



PATIENT'S NAME : PRIYANKA M. MANWATKAR
AGE & SEX : 35 Years / F
REFERRED BY : DR. ANIL MASAND, MS., ORTHO.

DATE : 22-Feb-2025
UHID : 22022515
TIME : 8:02:50 PM

MRI OF PELVIS WITH BOTH HIP JOINTS

OBSERVATIONS: -

MRI was performed on a 1.5 TESLA whole body MRI Scanner. Axial and coronal T1 & FS PD weighted scans of the hip regions were obtained and these were correlated with sagittal T1 & FS PD images.

OBSERVATION: :

Mild subtle STIR hyperintensities are noted in the bilateral sacral ala and ileum along posteroinferior aspect of sacroiliac joints. Subcortical T1, T2 & STIR hypointensities s/o sclerosis noted in the bilateral iliac bones along sacroiliac joints.

The femoral heads show normal anatomical configuration and signal without evidence of subchondral collapse. The head-neck junction of the bilateral femora show preserved morphology. No fibro-osseous lesions are seen in the anterior aspect of the femoral necks. The articular surfaces of the proximal femora and acetabular cavity are smooth and congruous with preserved hip joint spaces. The visualized acetabular labrum shows preserved morphology and signal intensity. There is no hip joint effusion and the recesses around the hip joint do not show excess fluid.

The gluteus maximus, medius and minimus tendons show preserved signal intensity and morphology, with preserved surrounding fat without any surrounding bursitis. The hamstring muscle insertions, the iliacus and psoas tendons and muscle bellies appear normal.

The articular margins of the sacroiliac joints are smooth, without articular erosions, subarticular marrow edema, preserved sacroiliac joint spaces, without periarticular soft tissue. The symphysis pubis appears normal, with smooth contour of the articular margins, without any marrow edema or erosions.

The ilium, ischium and pubic bones show preserved marrow signal. The visualized sacrum also shows preserved marrow signal.

The pelvic viscera seen in the study do not show any abnormality.

IMPRESSION: MRI features suggestive of

- Mild subtle STIR hyperintensity in the bilateral sacral ala and ileum along posteroinferior aspect of sacroiliac joints. Subcortical T1, T2 & STIR hypointensity s/o sclerosis in the bilateral iliac bones along sacroiliac joints.

--- Likely suggestive of acute or chronic sacroilitis.

Any Medication Given	NIL
Adverse Reaction / Event	NO
Suggestion	NO

DR. ATUL MESHRAM
MD. Radiodiagnosis
Consultant radiologist
Reg No. 2011/05/1608
MCB: 7020368695

❖ If you have any query about this report, please call the reporting number to reach the Radiologist.



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Conditions of Reporting : Patient's Identity based on his declaration. Report not valid for Medico-legal purpose. Different diseases may produce similar appearance hence report to be correlated clinically. Radiological measurements may show variations due to technical reasons. Should the results indicate an unexpected abnormality the same should be reconfirmed. Neither diagnosis employees / representative assume any liability, responsibility for any loss or damage that may be incurred by person as a result of presuming the meaning or contents of the report. All fetal congenital anomalies may not be visualised on ultrasound.