



IMPRESSION:- MRI study reveals lumbar spondylosis with degenerative changes as follows:

- A large heterogeneously enhancing, T2 heterogeneously isointense and T1 hypointense and STIR hyperintense lesion at left origin of psoas muscle with surrounding T2 / STIR hyperintense edema and paravertebral and vertebral extension into L2 vertebral body and posterior elements of L2 & L3 vertebral bodies with spinal canal extension at the level of L2 vertebra causing severe compression of anterior thecal sac and non visualization of cauda equina with erosion of left pedicle transverse process lamina and spinous process of L3 vertebra, extension into left paraspinal muscle and effacement of left lateral recess causing severe compression of left L3 traversing nerve root. Severe lumbar canal stenosis at L2-3 level.
- Eccentric ill defined heterogeneously enhancing, T2 / T1 heterogenous and STIR hyperintense signal intensity lesion within L4 vertebral body along with diffuse disc bulge at L4-5 level causing compression of anterior thecal sac with partial effacement of bilateral lateral recess and moderate narrowing of right neural foramina causing compression of right L4 exiting nerve root.
- Heterogeneous signal intensity lesions at S1 vertebral body extending to left sacroiliac joint region causing loss of fat plane with left hamstrings muscles and exiting nerve roots.

Above imaging features are in favor of multilevel vertebral metastasis.

Suggested– PET CT / MRI correlation.

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ब्रीच कैन्डी हॉस्पिटल, मुम्बई

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506hncen

दिनांक 19/8/25

Soft tissue removed from
side of spinal cord Level
L2-L3

Adv
- Histopathological examination

DR

नोट: कानूनी कार्बवाही के लिये मान्य नहीं होगा।



ID #	3051	DATE: 03/07/2025
NAME :-	MR. SHOBHNATH	AGE: 72 Y/M
REF BY :-	SIDDHI HOSPITAL	

CEMRI OF LUMBO-SACRAL SPINE

STUDY REVEALS

- Straightening of lumbar lordosis is noted.
- Moderate degenerative changes are noted in the form of marginal osteophytes and disc desiccation at multiple levels.
- A large heterogeneously enhancing, T2 heterogeneously isointense and T1 hypointense and STIR hyperintense lesion measuring $\sim 7.5 \times 5.0 \times 5.7$ cm (CC x TR x AP) is seen at left origin of psoas muscle with surrounding T2 / STIR hyperintense edema and paravertebral and vertebral extension into L2 vertebral body and posterior elements of L2 & L3 vertebral bodies with spinal canal extension at the level of L2 vertebra causing severe compression of anterior thecal sac and non visualization of cauda equina with erosion of left pedicle transverse process lamina and spinous process of L3 vertebra, extension into left paraspinal muscle and effacement of left lateral recess causing severe compression of left L3 traversing nerve root.
- Eccentric ill defined heterogeneously enhancing, T2 / T1 heterogenous and STIR hyperintense signal intensity lesion is seen within L4 vertebral body along with diffuse disc bulge at L4-5 level causing compression of anterior thecal sac with partial effacement of bilateral lateral recess and moderate narrowing of right neural foramina causing compression of right L4 exiting nerve root.
- Rest of the vertebrae are normal in morphology and signal intensity.
- Rest of the intervertebral disc shows normal in height and signal intensity.
- Ligamentum flavum and facet joints appear normal.
- Visualized spinal cord shows normal signal intensity.
- Heterogeneous signal intensity lesions are also seen at S1 vertebral body extending to left sacroiliac joint region causing loss of fat plane with left hamstrings muscles and exiting nerve roots.
- Right SI joint appears unremarkable.
- Spinal canal diameter as described.

Level	Spinal canal diameter
L1/2	14.3 mm
L2/3	10 mm
L3/4	17.4 mm
L4/5	12.9 mm
L5/S1	12.9 mm