COLUMBIA ASIA

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PATIENT ADVICE

Patient Name	:	PRAVEEN S N
Passport No.:	:	
MRN	:	YESH-0000071643
Visit No.	:	V0000000007-YESH
Date Of Birth	:	29/05/1966
Age	:	51 Years 0 Months 22 Days
Sex	:	MALE
Blood Group	:	
Ward /Rm /Bed No.	:	

Date :20/06/2017

Doctor's Note / advice :

OP Initial Assessment
Patient Complaints and History:
remitting relapsing type of MS
relapses in 2006, 2010 and 2012
last relapse - right LL weakness and buckling in the knee
MRI spine showed cervicodorsal cord demyelinating lesion
received iv solumedrol in feb 2012
recovered well
advised interferon beta 1A (inj avonex 30mg im weekly once)

patient doing well .
occasional pulling sensation and burning paresthasae in the lower limbs (right > left)
presently complains of weakness in the right lower limb with ocassional buckling

Patient opted out of interferon therapy , tried non allopathic medication and yoga/swimming recurrence rate decreased since 2012

Family history:Nil

Physiological / Social / Economical:Nil

Physical Examination:
conscious oriented
right LL slightly weak
KJ brisk

Assessment and Plan:
MRI brain/spine with contrast

No active area of demyelination. - Small foci of T2/ FLAIR hyperintensities not showing diffusion restriction involving the callososeptal interface and isthmus of corpus callosum. - Age related mild diffuse cerebral atrophy and small vessel ischaemic changes. (Comparison to previous study dated 01/03/2017 - No significant interval change / no new lesions)
Contrast MRI whole spine study demosntrates: 1. C6 - C7 diffuse disc bulge with moderate compromise of bilateral neural foramina L> R probably impinging on corresponding exiting nerve roots. 2. Interval regression in the hyperintense plaques in cervical cord at C2 and C4 levels. 3. Resolution of Central T2W enhancing hyperintense lesion - seen on previous study

s.vit B12 - 142pg/ml
TSH - normal
s. vit D - 36.1nmol/L

inj vitcofol c 2cc im once a week for next 5 weeks, followed by once a month for next 3 months

PATIENT ADVICE	Patient Name : PRAVEEN S N Passport No.: : MRN : YESH-0000071643 Visit No. : V0000000007-YESH Date Of Birth : 29/05/1966 Age : 51 Years 0 Months 22 Days Sex : MALE Blood Group : Ward /Rm /Bed No. :

calcirol sacchet once a week for next 5 weeks, followed by once a month for next 3 months
cap gabantin 100mg 1 cap sos (10)
regular exercises/yoga
reassured

Follow up:
after 3 - 4 months

Signature :

DR GURUPRASAD H

MBBS, MD, DNB (NEUROLOGY)
NEUROLOGY

Regn No. : 43574

COLUMBIA ASIA

RADIOLOGY REPORT

Patient Name	: PRAVEEN S N	Modality	: SR,MR
Patient Id	: YESH-0000071643	Accession No.	: 3853103
Sex / Age	: Male/51Y	Scan Date	: 15.06.2017 16:38:00
Ref. Phys	: GURUPRASAD H	Report Date	: 16.06.2017 12:45:20
Ref. Phys. Dept.	:		

MRI BRAIN WITH CONTRAST

FINDINGS
MR- BRAIN WITH IV CONTRAST

FINDINGS
TECHNIQUE: Multiplanar T1, T2, FLAIR, ADC, DWI and post Gadolinium T1 scans of the brain.

MIDLINE SHIFT/ MASS EFFECT: .
CEREBRAL PARENCHYMA:
Few T2/ FLAIR hyperintensities not showing diffusion restriction noted involving the subcortical and periventricular white matter of bilateral frontoparietal regions suggestive of small vessel ischaemic changes.
Small foci of T2/ FLAIR hyperintensities not showing diffusion restriction noted involving the callososeptal interface and isthmus of corpus callosum.
No focus of abnormal enhancement noted.
BASAL GANGLIA, THALAMI: Normal.
INTERNAL CAPSULE: Normal.
MIDBRAIN, PONS, MEDULLA: Normal.
CEREBELLUM: Normal.
VENTRICLES: Normal.
SULCI and BASAL CISTERNS: Mildly prominent.
DURAL VENOUS SINUSES: Normal.
INTRACRANIAL ARTERIES: Normal.
SELLA: Normal.
ORBITS: Normal.
PARANASAL SINUSES and MASTOID AIR CELLS: Minimal mucosal thickening in the bilateral maxillary and left ethmoid sinuses.
CV JUNCTION: Normal.
BONES: Normal.

IMPRESSION

51 year old male known case of Multiple sclerosis.

MR- BRAIN WITH IV CONTRAST SHOWS:
- No active area of demyelination.
- Small foci of T2/ FLAIR hyperintensities not showing diffusion restriction involving the callososeptal interface and isthmus of corpus callosum.
- Age related mild diffuse cerebral atrophy and small vessel ischaemic changes.

(Comparison to previous study dated 01/03/2017 - No significant interval change / no new lesions)

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Clinical correlation is recommended.

Dr. Sunita Gopalan DMRD, FRCR.,
Consultant Radiologist, Reg no.70305

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RADIOLOGY REPORT

Patient Name	: PRAVEEN S N	Modality	: SR,MR
Patient Id	: YESH-0000071643	Accession No.	: 3853114
Sex / Age	: Male/51Y	Scan Date	: 15.06.2017 17:05:19
Ref. Phys	: GURUPRASAD H	Report Date	: 16.06.2017 12:58:52
Ref. Phys. Dept.	:		

MRI ANY REGION PLAIN - FOCUSED STUDY

FINDINGS
MRI WHOLE SPINE
FINDINGS
Contrast MRI of the Whole Spine:
MRI of the Cervical Spine:
CV junction:
The CV junction is normal.
There is no significant spinal canal stenosis.
C2 - C3:
The vertebral body and posterior elements are normal.
The disc height and hydration are well maintained.
The disc contour is normal.
There is no significant spinal canal or neural foraminal stenosis.
The uncovertebral joints are unremarkable.
C3 - C4:
The vertebral body and posterior elements are normal.
The disc height and hydration are well maintained.
The disc contour is normal.
There is no significant spinal canal or neural foraminal stenosis.
The uncovertebral joints are unremarkable.
C4 - C5:
The vertebral body and posterior elements are normal.
The disc height and hydration are well maintained.
The disc contour is normal.
There is no significant spinal canal or neural foraminal stenosis.
The uncovertebral joints are unremarkable.
C5 - C6:
The vertebral body and posterior elements are normal.
The disc height and hydration are well maintained.
The disc contour is normal.
There is no significant spinal canal or neural foraminal stenosis.
The uncovertebral joints are unremarkable.
C6 - C7:
The vertebral body and posterior elements are normal.
The disc height and hydration are well maintained.
There is diffuse disc bulge with moderate compromise of bilateral neural foramina L> R probably impinging on corresponding exiting nerve roots.
There is no significant spinal canal stenosis.
The uncovertebral joints are prominent.
T1 - T12:
- The vertebral body and posterior elements are normal.

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- The disc heights and hydration are well maintained.
- The disc contours are normal.
- There is no significant spinal canal or neural foraminal stenosis.
- The facet joints are unremarkable.
- The thecal sac and spinal cord are normal.

L1-L5 and sacrum:

- The disc height and hydration are well maintained.
- The disc contour is normal.
- There is no significant spinal canal / neural foraminal stenosis.
- The facet joints are unremarkable.

The visualized brainstem and cerebellum are normal.
Two Focal plaque like hyperintensities seen in the cervical cord at level of bodies of C2 and C4 spinal cord in the previous imaging dated 18-09-2010, show mild reduction in the size with no significant enhancment.
There is a central T2W hyperintese lesion along the length of the cord showing significant enhancment at T7-T8 level.
There is a The conus medullaris is at T12- L1 level.

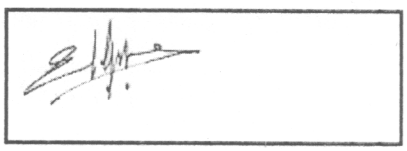
IMPRESSION

51Year old male known case of Multiple sclerosis on treatment , complains of right lower limb weakness and buckling ,
Comparison done with prior MRI dated 01/03 /2017

IMPRESSION:

Contrast MRI whole spine study demosntrates:

1. C6 - C7 diffuse disc bulge with moderate compromise of bilateral neural foramina L> R probably impinging on corresponding exiting nerve roots.
2. Interval regression in the hyperintense plaques in cervical cord at C2 and C4 levels.
3. Resolution of Central T2W enhancing hyperintense lesion - seen on previous study.



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