

**M R D NO: 251198****DATE: 06.06.2015****NAME: DEVENDRA CHORDIYA****AGE / SEX: 58 YRS / M****MRI CERVICAL, DORSAL & LUMBAR SPINE WITH CONTRAST**

T1, T2 and STIR sections of the cervical, dorsal and lumbar spine were obtained in the sagittal, axial and coronal planes using a phased-Array surface coil on a 1.5 Tesla scanner. Additional, post contrast FS T1 weighted axial, coronal and sagittal sequences were also obtained.

Patient is a case of multiple myeloma diagnosed in Dec. 2013 – treated with chemotherapy, prior radiotherapy to dorsal spine and auto SCT on 21.02.2015 with recurrence diagnosed on PET CT of May 2015. Received repeat palliative intraspinal radiotherapy to C7-D1 and D5 through D10 from 15.05 to 26.05.2015.

Compared to previous MRI dated 11.05.2015 the following observations are made:

There is remarkable improvement in disease process with near total resolution of intraspinal extra-medullary enhancing soft tissue lesions opposite C7-D1 and from D6 through D10 levels with minimal residual enhancement seen at C3-4. There are patchy areas of subtle altered underlying cord parenchymal signal and enhancement within the dorsal cord which may represent myelomalacic changes.

Small intraspinal enhancing area is also noted encasing the cauda equina nerve roots opposite L5-S1 level.

Diffuse marrow heterogeneity involving the whole spine is as before with increase in reparative fatty marrow changes. Compression collapse of D5 and a circumscribed lesion along left half of D7 vertebrae are also as noted before.

No other new site of vertebral collapse is noted. There is no central canal stenosis at any level.

There is straightening of cervical and lumbar lordosis. Degenerative spondylotic changes are noted in the whole spine with marginal endplate osteophytes and degenerated discs displaying hypointense signal on T2 weighted images.

Small disc bulges at C4-5, C5-6 and at L3-4, L4-5 and L5-S1 cause extradural wavy indentation of the thecal sac and in the lower lumbar spine encroach upon the neural foramina indenting bilateral exiting nerve roots at L5-S1. There is lower lumbar facet arthropathy.

Pre & paravertebral soft tissues are unremarkable.

STIR coronal sections of the sacroiliac joints are unremarkable.


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IMPRESSION:

- There is remarkable improvement in the disease process subsequent to palliative radiotherapy with near total resolution of extramedullary intraspinal enhancing soft tissue opposite C3-4, C7-D1 and D6 through D10 with minimal plaque like dural enhancement noted at C3-4 level.
- Patchy enhancement and altered signal in the mid dorsal cord could represent post radiotherapeutic myelomalacic changes.
- Intraspinal enhancing lesion at L5-S1 persists, although marginally less than before.
- Diffuse marrow heterogeneity with compression collapse of D5 and circumscribed lesion at D7 are unchanged. No other new site of involvement is noted. *Clinical correlation is suggested.*

Dr. Shikha Panwar, DMRD, DNB
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