



**Premium Care
Clinic**

Radiology Report

10/02/2026

Medi Six Clinic Ltd

Beaux Songes Road

Phoenix

Tel: 4908128

BRN: C22188669

E-Mail: info@premiumcare.clinic

Patient Name: LEON MARIE CLAUDIA VANESSA

Age: 45

Radiology Id: MRI-PAT-2026-02496-109272

Exam: MRI ADDITIONAL SCAN/SCREENING

Patient ID: PAT-2026-02496

Inpatient Record: HLC-INP-2026-00510

Clinical history: LBP radiating to left lower limb

Technique: Philips 5300 1.5T unit- Multiplanar multisequence images have been obtained, with use of intravenous enhancement.

Comparison: Nil

Findings

Extensive abnormal signal intensities are noted throughout the cervical, thoracic, lumbar spine, as well as the at least the upper 3 sacral levels.

Abnormal signal intensities are also noted in the multiple spinal processes, at least involving the L1 and L3 levels.

Abnormal signal intensities are also noted in the posterior neural arches of at least the T10, T11 and T12 levels.

In the cervical spine, mild anterior compression of the C4 and C5 vertebral bodies, and moderate to marked anterior compression of C6 vertebral bodies are noted. Small posterior osteochondral bars and bulges are noted at the C4-5 and C5-6 level, mildly indenting the cervical cord. The cervical cord has a normal signal intensity and appears unremarkable.

In the thoracic spine, the T6 vertebral body is mildly expanded posteriorly towards the left, with resultant mild indentation against the thoracic cord. The thoracic cord retains a normal signal.

There is marked compression of the T10 vertebral body, and there is retropulsion of the compressed vertebral body with moderate compression of the thoracic cord. However, no cord oedema is seen. No paraspinal soft tissue component is seen in this compressed T10 vertebral body.

The tip of the conus is at the level of the upper L2 vertebral body, which is normal.

The lumbar vertebral heights and intervertebral disc spaces are well preserved.

No lumbar disc herniation or foraminal stenosis is seen.

Following the use of intravenous gadolinium, no abnormal enhancement of the spinal cord or intradural contents is seen. However abnormal patchy enhancement of the cervical, thoracic, lumbar and sacral spine is noted at all levels.

Impression

Extensive abnormal signal intensities are noted throughout the cervical, thoracic, lumbar and spine, as well as the at least the upper 3 sacral levels, as well as multiple spinal processes.

Mild anterior compression of the C4 and C5 vertebral bodies, and moderate to marked anterior compression of C6 vertebral bodies are noted.

In the thoracic spine, the T6 vertebral body is mildly expanded posteriorly towards the left, with resultant mild indentation

against the thoracic cord.

There is marked compression of the T10 vertebral body, and there is retropulsion of the compressed vertebral body with moderate compression of the thoracic cord. However, no cord oedema is seen.

Abnormal patchy enhancement of the cervical, thoracic, lumbar and sacral spine is noted at all levels.

The overall appearance raises the possibility of diffuse marrow abnormality, such as lymphoma, multiple myeloma and metastases. Clinical correlation is needed.

Reported By: Dr LIU PETER CHIAN FOONG

Signature:
