



BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF IMAGING,

SECTION OF MRI

12, New Marine Lines, Mumbai - 400 020.

Tel. : 2205 60 75 / 2206 76 76 • Extn. 495

Patient Name	: Mr M.M KHAN	Age	: 76	IP/OP No	: 9336217
Referred By	: Dr. KHADILKAR SATISH VASAN	Sex	: M	Bed No	:
Date	: 27/04/2016	Ref No	: 55532474		
Ward	:				
User ID	: NLF 28/04/2016 11:34:20 AM				

MRI OF THE CERVICAL SPINE

MRI of the cervical spine was performed.

Clinical details: Weakness in all four limbs.

Imaging findings: The curvature of cervical spine and alignment of the vertebrae appear normal.

The cervical vertebrae appear normal in height and marrow signal with small peridiscal osteophytes seen from C3 to C7 levels.

Dessication of all cervical discs are noted.

Mild diffuse bulge and focal left posterolateral herniation of C3/4 disc is seen indenting the thecal sac and narrowing the left lateral recess.

Mild disc bulges are seen from C4/5 to C6/7 levels which indents the thecal sac without causing significant canal or foraminal narrowing. Asymmetric ligamentum flavum thickening is also noted from C3/4 to C6/7 levels.

The cervical spinal cord appears normal in course, calibre and signal intensity.

The pre/paravertebral soft tissues appear normal.

CONCLUSION: Diffuse disc bulges and ligamentum flavum thickening seen from C3/4 to C6/7 levels with a left posterolateral herniation of C3/4 disc noted narrowing the left lateral recess.

Dr. SONALI SHAH

D.N.B. , D.M.R.D.

Consultant Radiologist



Bombay Hospital & Medical Research Centre
DEPARTMENT OF CLINICAL NEUROPHYSIOLOGY
EMG & EVOKED POTENTIALS



12, New Marine Lines, Mumbai 400 020. • Tel: 2206 76 76 Ext: 374 • Fax: 2208 08 71

Date: 20/04/2016

Name: **M. M. Khan**

Sex: Male

Age: 76yrs.

Ref. By: Dr. S. V. Khadilkar

Referred for: ? ALS

Presenting Complaint:

- November 2015 – Change in gait
 - Since 2-3 months- hands weak / tremble, distally
- O/E: Fasciculations all over
Muscle stretch reflexes brisk
Wasting ++

Comments:

Sensory

Right Radial	→	Normal
Left Median D2	→	Normal
Left Ulnar	→	Normal
Right & Left Sural	→	Normal
Right Superficial Peroneal	→	Normal

Motor

Right Median APB	→	CMAP: Mildly attenuated; No evidence of Partial Conduction Block on neck stimulation
Left Median APB	→	CMAP: Moderately attenuated
Right Ulnar ADM	→	CMAP: Normal
Left Ulnar ADM	→	CMAP: Mildly attenuated; No evidence of Partial Conduction Block on neck stimulation.
Right Fibular EDB	→	Severely attenuated
Right Tibial-AH	→	CMAP: Moderately attenuated
Left Tibial-AH	→	CMAP: Severely attenuated

EMG findings as listed:

Impression:

- There is evidence of Asymmetric, widespread, active, chronic and ongoing * motor axon degeneration affecting lumbar, cervical and thoracic segments.
- Site of involvement is likely to be at Anterior Horn Cell level.

(*Multiple unstable polyphasic noted in many muscles)

Please correlate all findings with your clinical impression.
ABBR: CMAP: Compound muscle action potential

Typed by: Akshaya Kavasia

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JR. CONSULTANT

Dr. Aarthika Sreenivasan
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MEDICAL OFFICER

Mansukhani
Dr. K.A. Mansukhani
DEPARTMENT HEAD

M.D., D.M., D.N.B.E., F.I.A.N., F.I.C.P

BOMBAY HOSPITAL : Hon Neurologist,
Bombay Hospital Institute of Medical
Sciences, Room No. 110, 1st floor, New
Wing, 12 New Marine Lines, Mumbai -20.
Tel.: 2207 2489 (Direct Line), 2206 7676
Ext. : 434 Time : 2 p.m. Onwards.
Professor & Head of Dept. of Neurology,
Grant Medical College & Sir J.J. Group of
Hospitals, Mumbai.

 $26.4 \cdot 16$

mm khan

761m

DADAR CLINIC : Talwalkar Poly Clinic,
1st Floor, 153-B, Hindu Colony,
Opp. Ruia College, Dadar (E).
Mumbai-400 014.
Tue., Thurs. & Sat. - 6 p.m. to 8 p.m.
Tel.: 2414 2855, 2418 3886.

SHUSHRUSHA HOSPITAL :
VISITING GONSULTANT

Date :

Nov 15: Gait difficulty

Wtme since Feb 16

U affects $1\frac{1}{2}$ ntro

no faces noted

time control ✓

Construam:

Dm⁰ HT² CABG.

recently lost
walk were

smoke (+)
alcohol⁰

DI Exam

$$U_{\text{net}} + L_{\text{net}}$$

Wp > Als

more LS. ✓

29.4.16.

MR - discs + lig. flavum.
no compression.

ETMS MC AHC.

P190

r.s. pth

- s. immunofixation electrophoresis

↳ per ct whole body

1. TB ~~to~~ Syneptor 50

2 Cp Antoxid 1 day

3. B Ritu to 50

4. Phosphorus.

CBC/CTR
1 day

10W-