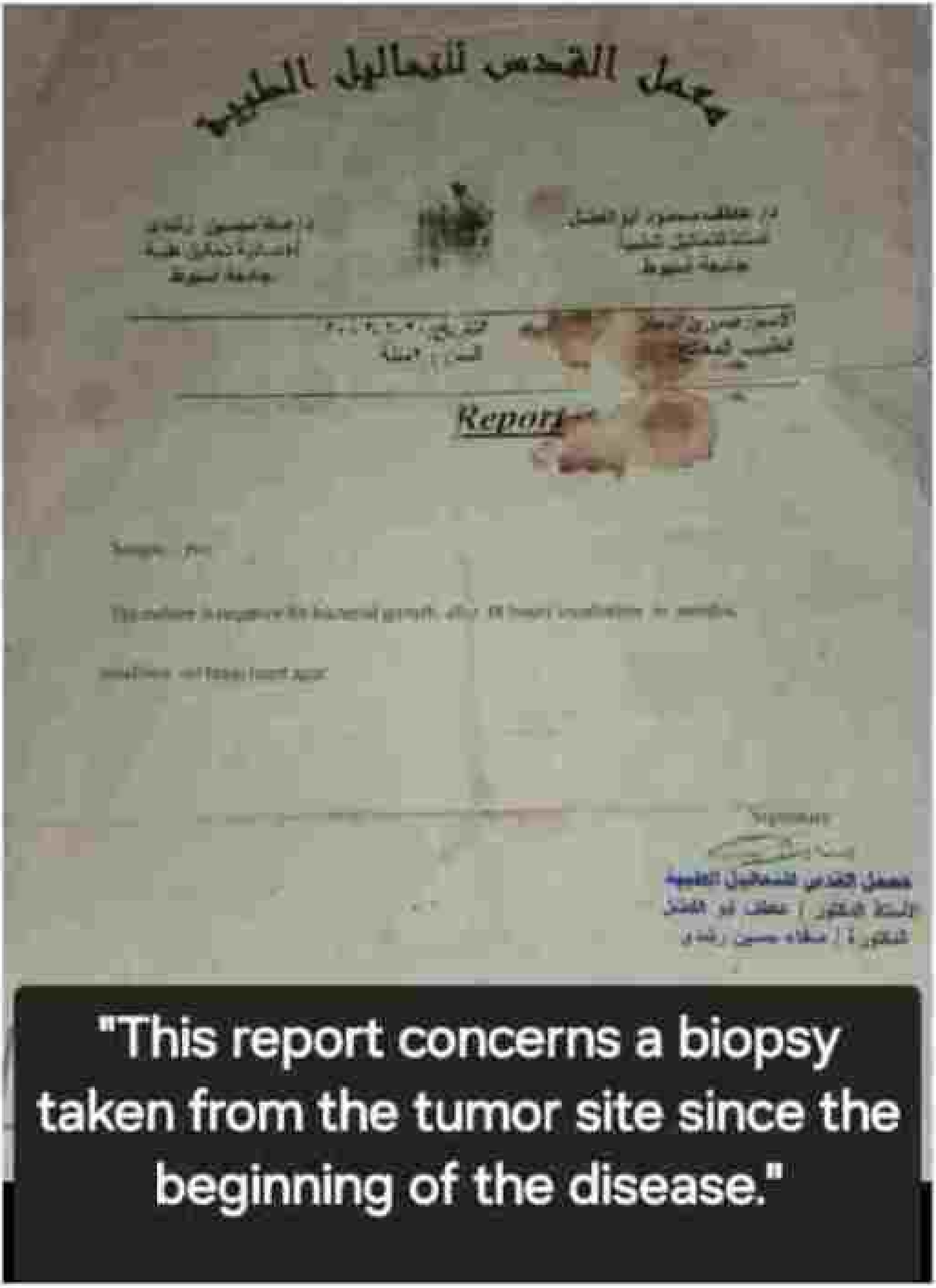

معمل القدس للتحاليل الطبية
Report
"This report concerns a biopsy taken from the tumor site since the beginning of the disease."

Patient Name: [illegible]

Date: 01 January, 2002

Procedure:

MRI of the lumbar spine in the following sequence:

- ***Sagittal T1W & T2W & post Gd***
- ***Axial T1W & T2W & post Gd***
- ***Coronal post Gd T1W***

Morphology:

- There's well-defined intra-medullary mainly cystic lesion seen expanding the cord from T11 to T4. The lesion shows hypointense signal at T1W & hyperintense signal at T2W with enhancing after gadolinium injection. the lesion also shows enhancing components at the upper & lower poles.
- Normal signal intensity of the vertebral bone marrow and no abnormal focal deposits
- Normal signal intensity of the intervertebral disc, with normal hydration. No bulge or herniation. Normal MRI appearance of the neural foramina
- Intact apophyseal joints
- No abnormal paraspinal soft tissue masses

Impression:

- **Intra-medullary lesion of the cord with features highly suggestive of cystic astrocytoma**

Sincerely

Ass. Prof. Ahmed Moustafa

Dr. Hazem AbeZead

Dr. Hosam Moustafa

Dr. Mohamed Gabet

Patient Name: محمد السعيد

Date: 02 February ,2004

Procedure:

MRI of the lumbar spine including the following sequences

T1 & T2 sagittal

T1 & T2 axial *** Post Gd axial & sagittal T1

Morphology:

- There is well defined complex intensity lesion of two components, the large one exhibits CSF intensity in T1 & T2 and peripheral wall post Gd enhanced small component affecting the lower spinal cord extended from the level of D11-12 downward to level of L3-4 level.
- No paraspinal lesions
- Normal apophyseal joint.

Conclusion

Tethered cord with large intra medullary space occupying lesion mostly astrocytoma.

Sincerely

Dr. Hasan Ibrahim

Dr. Shreen Ezat

بسم الله الرحمن الرحيم

[illegible]

Date:

Name:

Sample: Pus

Referred by:

CULTURE & SENSITIVITY REPORT

Organism: Staph. aureus

Sensitivity test:

1. Penicillin	-	24. Erythromycin	+
2. Amoxycillin	-	25. Rifocin	+++
3. Ampicillin	-	26. Kemicetin	+++
4. Ampiclox	-	27. Bactrim	+
5. Flumox	X	28. Garamycin	++
6. Penstaph	X	29. Amikin	++
7. Streptomycin	-	30. Velosef	+
8. Chloramphenicol	++	31. Duricef	+
9. Thiophenicol	++	32. Keflex	-
10. Tetracyclin	+	33. Dalacin-C	X
11. Vibramycin	++	34. Lincomycin	X
12. Negram:*	X	35. Netromycin	+
13. Cofurfuran:*	X	36. Mifloxin	+++
14. Uristrate:*	X	37. Orelox	+
15. Kanamycin	+	38. Totacef	+
16. Cephotrexyl	+	39. Unacyn	+
17. Claforan	+	40. Spectrama	+++
18. Cefobid	+	41. Augmentin	++
19. Tarivid	+++	42. Zinnat	+
20. Noroxin:*	+++	43. Sulperazon	+
21. Pipril	-	44. Xithrone	+
22. Selexid	-	45. Tavanic	+++
23. Nebcin	+		

Notes:-

1- (X) = Not tested

2- (*) = Only for U.T.I.

17-9-20[illegible]

ASSIUT UNIVERSITY HOSPITALS
MRI UNIT
RADIOLOGY DEPARTEMENT

Patient Name: [illegible]
Date: 31 August, 2022

Procedure:
MRI of the dorsolumbar spine in the following sequences.
Axial T1W, T2W
Sagittal T1W, T2, STIR & T1 fs post Gd axial, sagittal & coronal T1

Morphology

- There is a long segment of the tethered cord cystic lesion showing wall enhancement extending from L3 to L5 level.
- Normal MRI appearance of the cervicodorsal spine cord.
- Normal MRI of the examined vertebral bodies & disc material.

Conclusion
Tethered cord with a large cystic lesion mostly astro cytoma.

Sincerely
Dr. Hesham Moustafa
Dr. Hasan Ibrahim

ASSIUT UNIVERSITY HOSPITALS
MRI UNIT
RADIOLOGY DEPARTEMENT

Patient Name: [illegible]

Date: 16 January, 2009

Procedure:

MRI of the dorsolumbar

- ***Sagittal T1, T2 & FLAIR, T1 post Gd***
- ***Axial T1, T2 , post Gd*** ** ***Coronal T1 post Gd***

Morphology:

- A fluid density lesion expressing a hypersignal on both T2WI & Flair sequences, hyposignal on T1 WI, involving the conus medullaris region which is seen compressed. The lesion extending from D12 down to L1 vertebae E, showing marginal enhancement.
- An area of [illegible] showing hyposignal in T1 WI & hypersignal on T2W I with no contrast enhancement.
- No paraspinal lesion
- No marrow abnormal signal

Impression:

Findings are suggestive of intra medullary abscess involving the conus medullaris with lower cord oedema

Sincerely

Dr. Samy Abd El Aziz

Dr. Eman Abo El Hamed

Dr. Hazem Abo zaid

Patient Name : عمر [illegible]
Date: 02 February, 2003

Procedure:
MRI of the lumbar spine including the following sequences
T1 & T2 sagittal
T1 & T2 axial *** Post Gd axial & sagittal T1

Morphology:

- There is well defined complex intensity lesion of two component, the large one exhibits CSF intensity in T1 & T2 and peripheral wall post Gd enhanced small component affecting the lower spinal cord, extended from the level of D11-12 downward to level of L3-4 level.
- No paraspinal lesions
- Normal apophyseal joint.

Conclusion
Tethered cord with large intra medullary space occupying lesion mostly astrocytoma

Sincerely
Dr. Hasan Ibrahim
Dr. Shreen Ezat

ASSIUT UNIVERSITY HOSPITALS
MRI UNIT
RADIOLOGY DEPARTEMENT

Patient Name:

Date: 16 April, 2009

Procedure:
MRI of the lumbar spine including the following sequences
Sagittal T1 & T2 **Axial T1 & T2
Post Gd sagittal, axial and coronal T1WI

Morphology:
Compared with previous MRI dated 16/1/2003:

- Postoperative status reduced size of the previously seen intramedullary cystic lesion but it is accompanied with multiple enhanced septa inside diving it into multiple loculi which is suggestive of postoperative adhesions.
- Normal signal intensity and caliber of cervico-dorsal spinal cord with no abnormality.

العلاج الطبيعي

توقيع الطبيب	التوصية الطبية	التشخيص وشكوى المريض	التاريخ	جهة العلاج
		[illegible]	١٩ / ٦ / ٢	[illegible]
	Patient MRI's [illegible] Conservatively the longitudinally ~~[illegible]~~ at the epicon[illegible] and conus and extending down to the cauda. No need for surgery. just go on physiotherapy.			
	[illegible] for physiotherapy			

ASSIUT UNIVERSITY HOSPITALS

REPORT MRI UINT

RADIOLOGY DEPARTEMENT

Patient Name: [illegible]

Date: 12/6/2007

Procedure:

MRI of the dorsolumbar spine including the following sequences

Sagittal T1 & T2

Axial T1 & T2

Impression:

- Postoperative status compared with previous MRI dated at 14/4/2005 the current MRI revviod.
- No significant changes as regard the intra medullary cystic lesion and its septum.
- No new lesion.
- No destruction

Sincerely

Dr. Hosam Abd El Hady

TECHNICAL DATA (MO STAFF)

Comments:

MO STAFF MEMBER IN CHARGE

SIGNATURE

مركز الاهرام للأشعة

AHRAM SCAN

Date: 31-5-2009
Patient: Child Sabry El Sayed Taleb, 18 Y
Referred by:

MRI Examination of the Dorsal Lumbar Spine

- Technique:
- [illegible] and T2 weighted images
- [illegible] T2 weighted images
- [illegible] contrast was given

MRI findings:

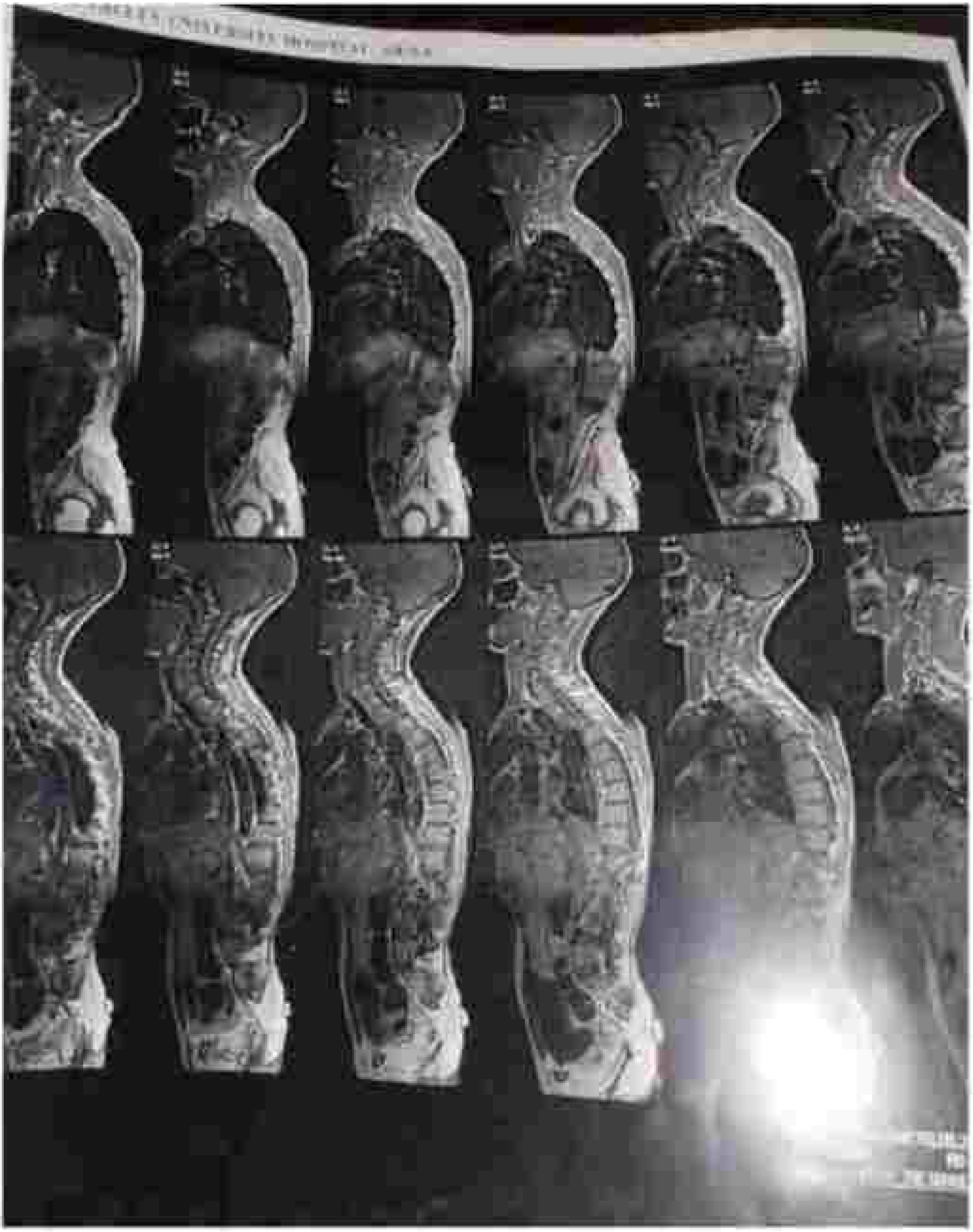
- Evidence of laminectomy at lower dorsal spine.
- Scoliotic deformity for dorsal lumbar spine.
- Spinal cord at lower dorsal and upper lumbar level show evidence of [illegible] encephalomalacia and septations, no solid masses seen.
- Normal bone marrow signal pattern.
- No posterior disc lesions.
- Normal pre vertebral structures.
- Normal dimensions of bony dorsolumbar spinal canal.

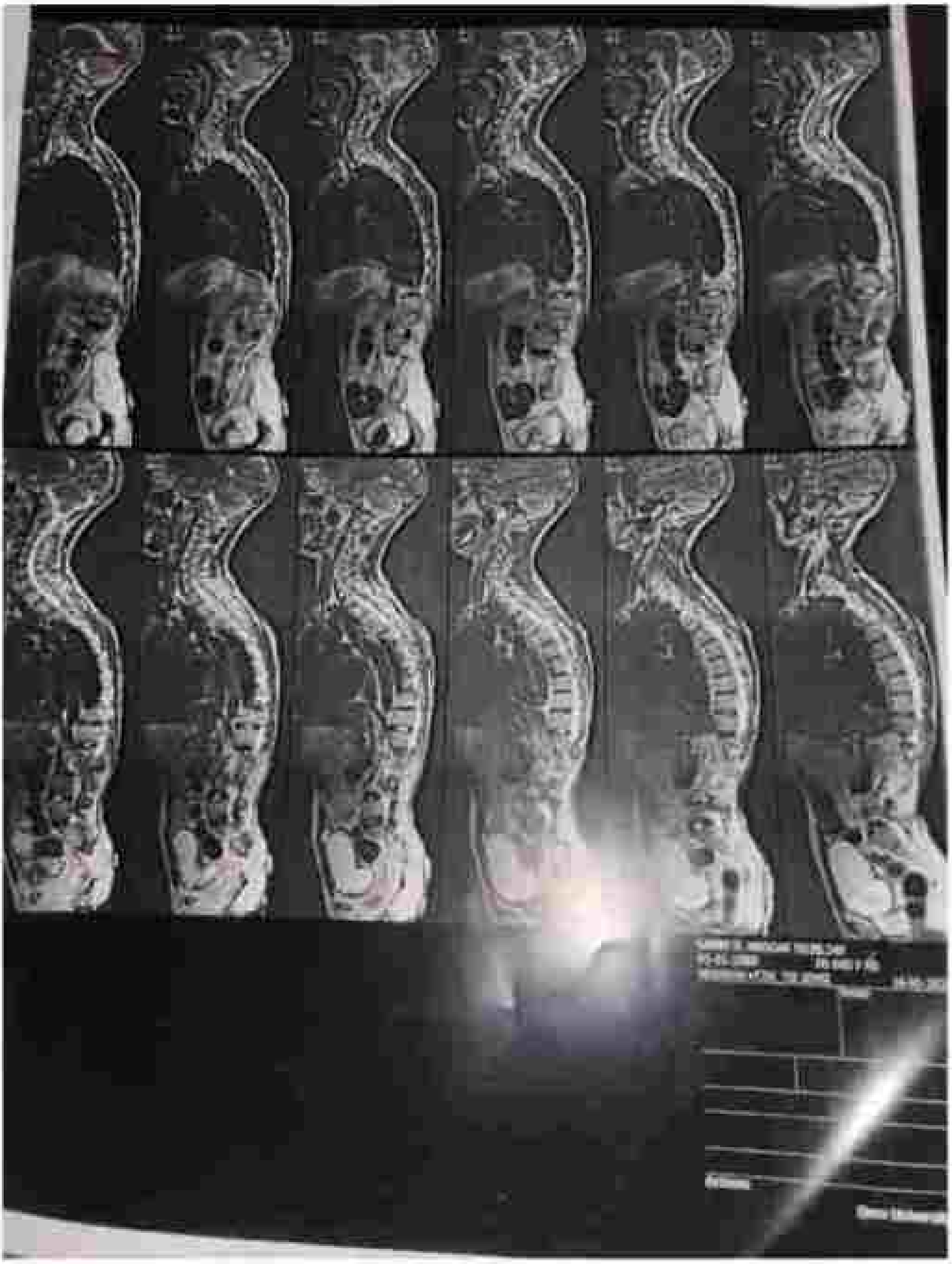
CONCLUSION:

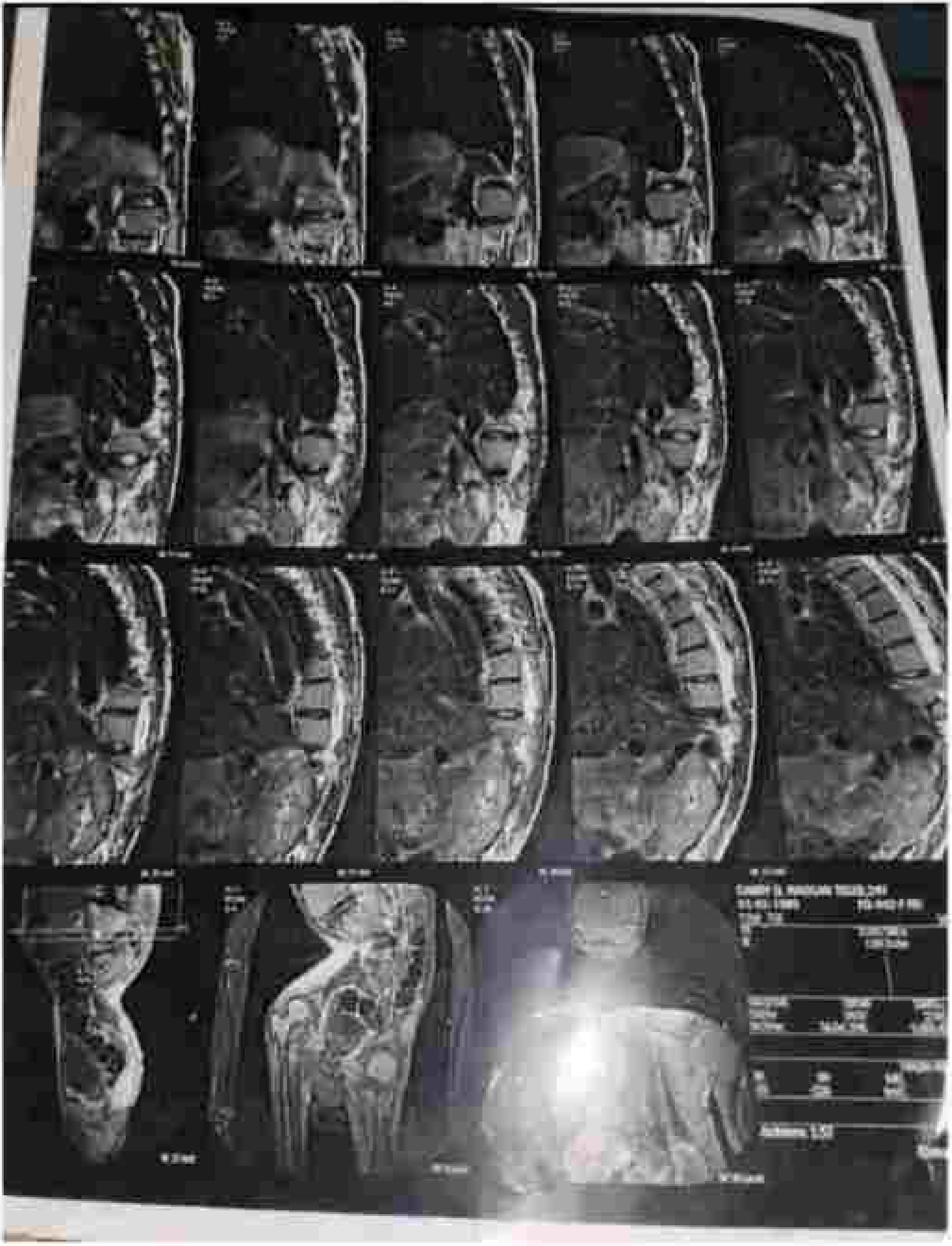
- Lower dorsal lumbar myelomalacia and multiloculated with loculation trapping.

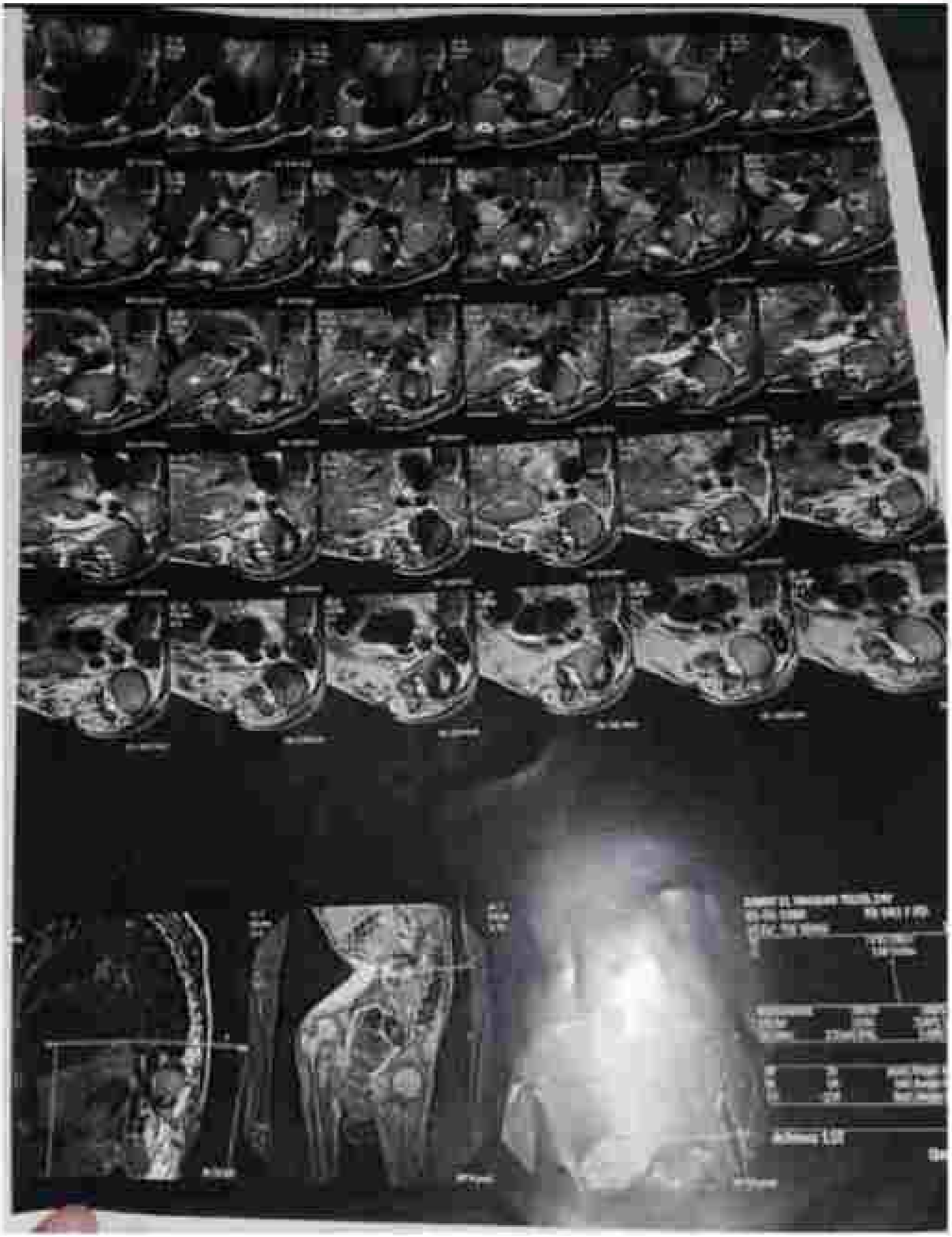
Yours truly
Best regards
Prof Dr. Reda Suad

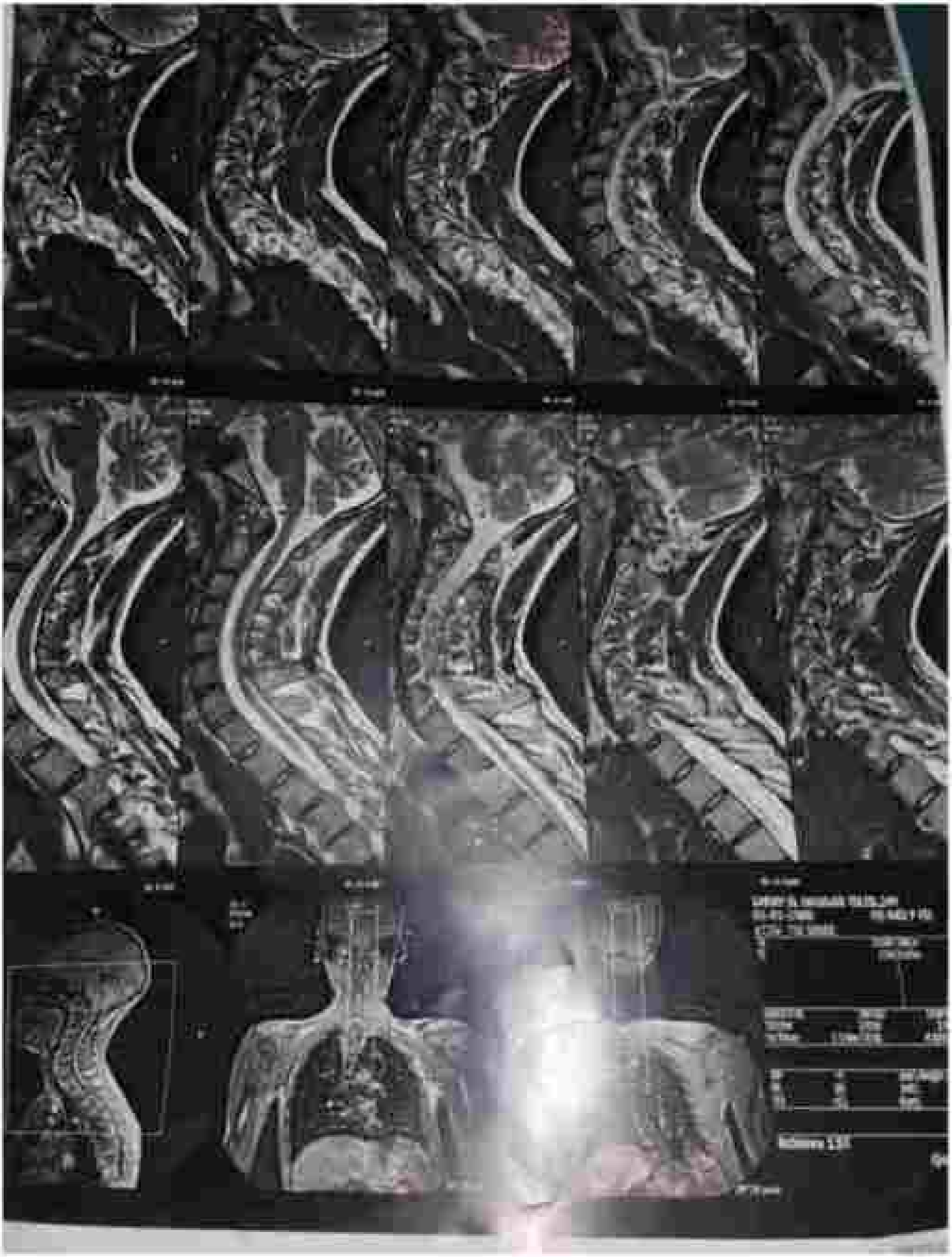
Reported By: M.S.O
Revised by: A.A.RIZEK

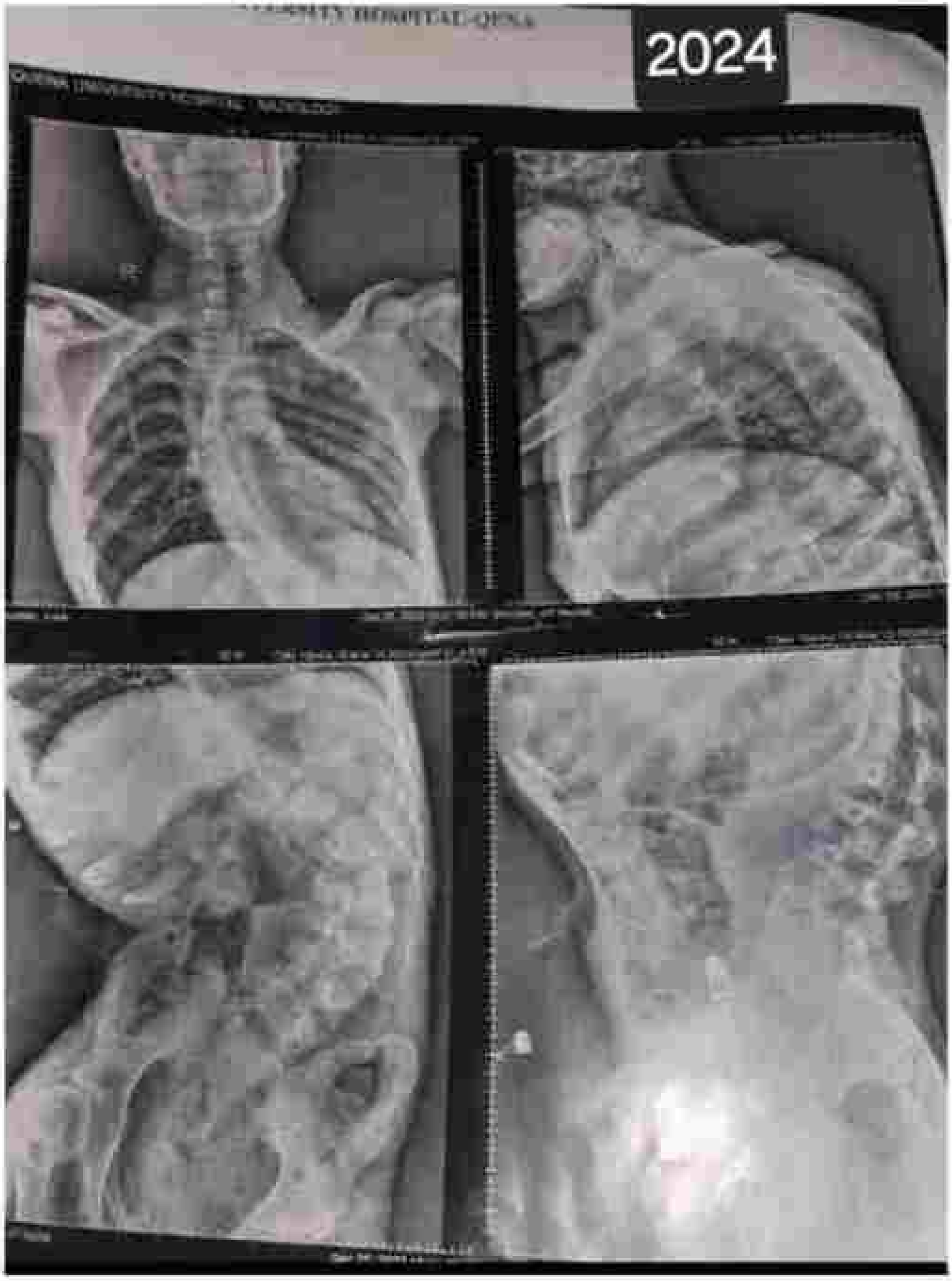











2024

2025

محمد مسلم الحقني

2025

- The patient is 25 year old
having severe headache, vomiting
Photophobia, blurred vision,
Some neck worse,
- The symptoms started since yesterday
when he was walking, suddenly the severe
headache occurred & he vomited
- According to his report
Convulsion → Unconscious → Recovery after
→ Post laminectomy CSF leak → replacement tube
removed. (AVS) Severe degen of L4 nerves