



3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
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Final Report MRI OF LUMBAR SPINE

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: PACIFIC MRI

PATIENT NAME: GAMINO, ALAN
D.O.B: Oct 04, 1987
STUDY DATE: Apr 06, 2023
REPORT DATE: ,

PATIENT ID: RAM386827
REFERRING PHYSICIAN: GOFNUNG ERIC
APPROVED BY: OMID JAFARI MD
APPROVAL DATE: ,

PROFESSIONAL INTERPRETATION REPORT

Clinical history: Work related injury, pain.

Comparison: None available.

Technique: Multiplanar multiphase imaging of the lumbar spine was done in a neutral position without intravenous contrast administration. Images were referred for diagnostic interpretation.

Findings:

Vertebral body height is well-maintained. The posterior vertebral elements appear normal. The bone marrow signal appears within normal limits. No fracture or dislocation. No spondylolysis or spondylolisthesis. The spinal cord appears normal with no signal abnormality. The thoracolumbar junction appears unremarkable. The conus ends at the T12-L1 level. Prevertebral and paravertebral spaces and soft tissues appear unremarkable. Visualized bilateral sacroiliac joints appear unremarkable.

Moderate straightening of the lumbar lordotic curvature denoting spastic paraspinal muscles.

Axial levels demonstrate:

T12-L1 level: No disc protrusion or herniation is noted. There is no compromise over the neural foramina, subarticular recess and thecal sac or spinal cord. The exiting and traversing nerve roots appear unremarkable.

L1-L2 level: No disc protrusion or herniation is noted. There is no compromise over the neural foramina, subarticular recess and thecal sac or spinal cord. The exiting and traversing nerve roots appear unremarkable.

L2-L3 level: No disc protrusion or herniation is noted. There is no compromise over the neural foramina, subarticular recess and thecal sac or spinal cord. The exiting and traversing nerve roots appear unremarkable.



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L3-L4 level: No disc protrusion or herniation is noted. There is no compromise over the neural foramina, subarticular recess and thecal sac or spinal cord. The exiting and traversing nerve roots appear unremarkable.

L4-L5 level: A 1.4 mm broad-based diffuse disc bulge is seen. It is causing mild indentation over the anterior thecal sac. There is mild bilateral neural foraminal narrowing without compromise of the exiting nerve root.

L5-S1 level: A 1.4 mm broad-based diffuse disc bulge is seen. It is causing mild indentation over the anterior thecal sac. There is mild bilateral neural foraminal narrowing without compromise of the exiting nerve root.

Impression:

1. Moderate straightening of the lumbar lordotic curvature denoting spastic paraspinal muscles.
2. L4-L5 level: A 1.4 mm broad-based diffuse disc bulge is seen. It is causing mild indentation over the anterior thecal sac. There is mild bilateral neural foraminal narrowing without compromise of the exiting nerve root.
3. L5-S1 level: A 1.4 mm broad-based diffuse disc bulge is seen. It is causing mild indentation over the anterior thecal sac. There is mild bilateral neural foraminal narrowing without compromise of the exiting nerve root.
4. No other abnormalities noted.

Thank you for referring this patient.
Approved and electronically signed by me on the approved date below.

OMID JAFARI MD



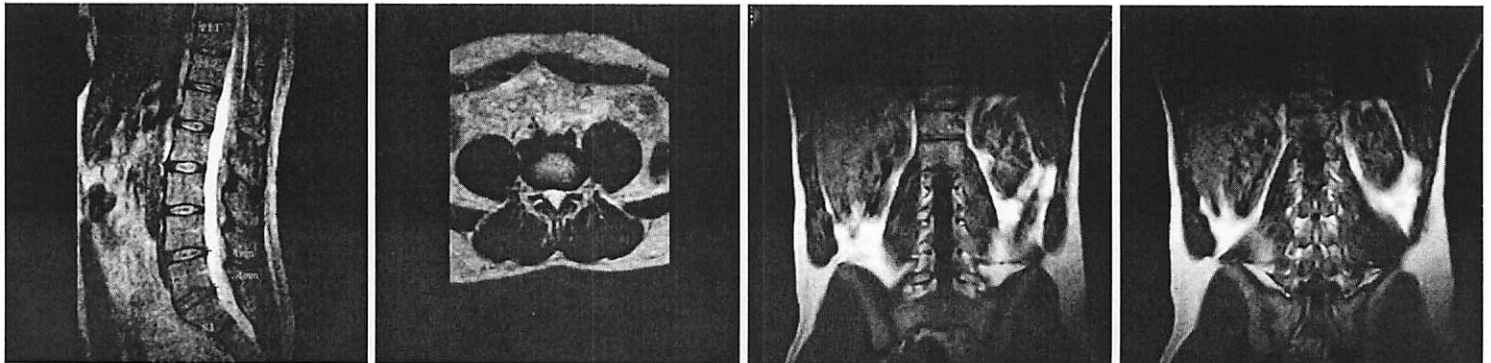
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Final Report MRI OF CERVICAL SPINE

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TECHNICAL SERVICES PROVIDED BY:PACIFIC MRI

PATIENT NAME: GAMINO, ALAN

PATIENT ID: RAM386827

D.O.B: Oct 04, 1987

REFERRING PHYSICIAN: GOFNUNG ERIC

STUDY DATE: Apr 06, 2023

APPROVED BY: OMID JAFARI MD

REPORT DATE: Apr 07, 2023 11:24

APPROVAL DATE: Apr 07, 2023 11:24

PROFESSIONAL INTERPRETATION REPORT

Clinical history: Work related injury, Pain.

Comparison: None available.

Technique: Multiplanar MRI was performed through the cervical spine without intravenous contrast administration in a neutral position. Images were transferred for diagnostic interpretation.

Findings:

Moderate straightening of cervical lordotic curvature without segmental malalignment denoting spastic muscles.

The vertebral body height is maintained. The posterior vertebral elements appear normal.. The spinal cord appears normal with no signal abnormality. Craniovertebral and cervicothoracic junctions appear unremarkable.

Disc dehydration is seen at multiple cervical levels.

Level by level analysis:

C1-2 level: Atlantodental interval is preserved. Odontoid process and atlantoaxial joint appear normal. No spinal canal stenosis.

C2-3 level: No disc protrusion or herniation noted. No compromise of thecal sac, spinal cord or neural foramina. No compromise of the exiting or traversing nerve roots.

C3-4 level: No disc protrusion or herniation noted. No compromise of thecal sac, spinal cord or neural foramina. No compromise of the exiting or traversing nerve roots.

C4-5 level: No disc protrusion or herniation noted. No compromise of thecal sac, spinal cord or neural foramina. No compromise of the exiting or traversing nerve roots.

C5-6 level: A 2.0 mm broad-based diffuse disc bulge with mild facet joint arthropathy is seen. There is hypertrophy of uncovertebral joints and posterior osteophytes effacing, the ventral thecal



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sleeve. There is mild bilateral neural foraminal and lateral recess narrowing resulting in mild impingement of the exiting C6 nerve roots

C6-7 level: A 2.5mm broad-based diffuse disc bulge with moderate facet joint arthropathy is seen. There is hypertrophy of uncovertebral joints and posterior osteophytes effacing, the ventral thecal sleeve. There is moderate bilateral neural foraminal and lateral recess narrowing resulting in moderate impingement of the exiting C7 nerve roots.

C7-T1 level: A 2.6 mm broad-based diffuse disc bulge with moderate facet joint arthropathy is seen. There is hypertrophy of uncovertebral joints and posterior osteophytes effacing, the ventral thecal sleeve. There is moderate bilateral neural foraminal and lateral recess narrowing resulting in moderate impingement of the exiting T1 nerve roots.

Impression:

1. Moderate straightening of cervical lordotic curvature without segmental malalignment denoting spastic muscles.
2. Disc dehydration is seen at multiple cervical levels.
3. C5-6 level: A 2.0 mm broad-based diffuse disc bulge with mild facet joint arthropathy is seen. There is hypertrophy of uncovertebral joints and posterior osteophytes effacing, the ventral thecal sleeve. There is mild bilateral neural foraminal and lateral recess narrowing resulting in mild impingement of the exiting C6 nerve roots
4. C6-7 level: A 2.5mm broad-based diffuse disc bulge with moderate facet joint arthropathy is seen. There is hypertrophy of uncovertebral joints and posterior osteophytes effacing, the ventral thecal sleeve. There is moderate bilateral neural foraminal and lateral recess narrowing resulting in moderate impingement of the exiting C7 nerve roots.
5. C7-T1 level: A 2.6 mm broad-based diffuse disc bulge with moderate facet joint arthropathy is seen. There is hypertrophy of uncovertebral joints and posterior osteophytes effacing, the ventral thecal sleeve. There is moderate bilateral neural foraminal and lateral recess narrowing resulting in moderate impingement of the exiting T1 nerve roots.
6. No other abnormality noted.



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Approved and electronically signed by me on the approved date below.

A handwritten signature in black ink, appearing to read "Omid Jafari", written over a horizontal line.

OMID JAFARI MD
Apr 07, 2023 11:24

