



F&M RADIOLOGY MEDICAL CENTER INC.
San Bernardino



PATIENT NAME: HERNANDEZ, ALBERTO
D.O.B: Oct 10, 1964

PATIENT ID: SB4783
REFERRING PHYSICIAN: EDWIN HARONIAN, MD

STUDY DATE: Oct 31, 2023
REPORT DATE: Nov 01, 2023 08:31

APPROVED BY: NICHOLAS N DZEBOLO MD
APPROVAL DATE: Nov 01, 2023 08:31

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE WITHOUT CONTRAST

Clinical history: Lower back pain.

Comparison: None available.

Technique: Using GE Signa 1.5T MR scanner, multiplanar and multiphase imaging of the lumbar spine was done in a neutral position without intravenous contrast administration. Images were referred for diagnostic interpretation.

Findings:

Marked straightening of the lumbar lordotic curvature denoting spastic paraspinal muscles. Grade II retrolisthesis of S1 in relation with L5 vertebra noted, it is bilateral associated with old healed pars interarticularis defect. Loss of disc hydration at L2-3, L3-L4, L4-L5 and L5-S1 levels with preserved disc heights. Modic type II changes at the enfacing endplates of the L5-S1 level. Vertebral body height is well-maintained. The posterior vertebral elements appear normal. The bone marrow signal appears within normal limits. No dislocation. 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.

Axial levels demonstrate:

T12-L1 level: No disc protrusion 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 is noted. There is no compromise over the neural foramina,



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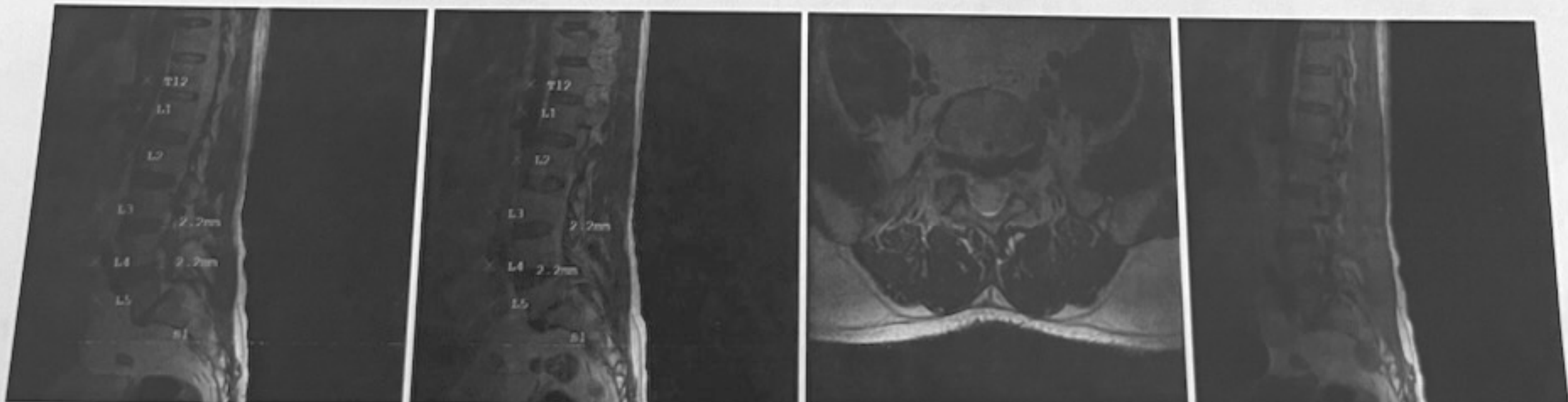
ventral thecal sleeve. There is mild bilateral neural foraminal stenosis causing effacement of the exiting nerve roots bilaterally. The lateral recesses and traversing nerve roots appear unremarkable.

6. L4-L5 level: A 2.2 mm diffuse disc protrusion with mild facet joint arthropathy effacing the ventral thecal sleeve. There is mild bilateral neural foraminal stenosis causing effacement of the exiting nerve roots bilaterally. The lateral recesses and traversing nerve roots appear unremarkable.

7. L5-S1 level: A 2.2 mm diffuse disc protrusion with mild facet joint arthropathy effacing the ventral thecal sleeve. There is mild bilateral neural foraminal stenosis causing effacement of the exiting nerve roots bilaterally. The lateral recesses and traversing nerve roots appear unremarkable.

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

NICHOLAS N DZEBOLO MD
Nov 01, 2023 08:31





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subarticular recess and thecal sac or spinal cord. The exiting and traversing nerve roots appear unremarkable.

L2-L3 level: No disc protrusion 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.

L3-L4 level: A 2.2 mm diffuse disc protrusion with mild facet joint arthropathy effacing the ventral thecal sleeve. There is mild bilateral neural foraminal stenosis causing effacement of the exiting nerve roots bilaterally. The lateral recesses and traversing nerve roots appear unremarkable.

L4-L5 level: A 2.2 mm diffuse disc protrusion with mild facet joint arthropathy effacing the ventral thecal sleeve. There is mild bilateral neural foraminal stenosis causing effacement of the exiting nerve roots bilaterally. The lateral recesses and traversing nerve roots appear unremarkable.

L5-S1 level: A 2.2 mm diffuse disc protrusion with mild facet joint arthropathy effacing the ventral thecal sleeve. There is mild bilateral neural foraminal stenosis causing effacement of the exiting nerve roots bilaterally. The lateral recesses and traversing nerve roots appear unremarkable.

Impression:

1. Marked straightening of the lumbar lordotic curvature denoting spastic paraspinal muscles.
2. Grade II retrolisthesis of S1 in relation with L5 vertebra noted, it is bilateral associated with old healed pars interarticularis defect.
3. Loss of disc hydration at L2-3, L3-L4, L4-L5 and L5-S1 levels with preserved disc heights.
4. Modic type II changes at the enfacing endplates of the L5-S1 level.
5. L3-L4 level: A 2.2 mm diffuse disc protrusion with mild facet joint arthropathy effacing the