



3760 Santa Rosalia Dr
Los Angeles, CA 90008
TEL:(888) 814-0206
FAX:(888) 814-0207

Final Report

MRI OF LUMBAR SPINE

PROFESSIONAL INTERPRETATION BY:MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY:SOCAL IMAGING

PATIENT NAME: GARNER, ANNETTE

D.O.B: Nov 15, 1959

STUDY DATE: Jul 03, 2020

REPORT DATE: Jul 04, 2020 09:31

PATIENT ID: RAM200809

REFERRING PHYSICIAN: GOFNUNG ERIC

APPROVED BY: DR AMJAD SAFVI

APPROVAL DATE: Jul 04, 2020 09:31

PROFESSIONAL INTERPRETATION REPORT

TECHNIQUE: Multiplanar, multisequence MRI of the lumbar spine without contrast was performed in neutral position.

COMPARISON: None.

CLINICAL HISTORY: None.

SURGICAL HISTORY: None.

FINDINGS:

Distal cord and conus medullaris: Spinal cord and conus medullaris are unremarkable.

Cauda equina and intrathecal contents: Extrinsically compressed at L4-5 disc levels.

Spinal Canal: Moderate stenosis at L4-L5. Measuring 6.1 mm in AP diameter.

Alignment:

Spondylolisthesis: Grade I anterior listhesis of L4 on L5 . No definite evidence of pars defect noted.

Curvature: Straightening of the lumbar lordotic curvature.

Degenerative changes:

Osteophytes: Small degenerative anterior marginal osteophytes at L3 L4 and L5.

Modic changes: Modic type II end plate degenerative changes at the apposing endplates of L5-S1.

Schmorls node: Schmorls node at inferior end plate of L4.

Integrity of the bone, bone marrow and discs:

Bone: Vertebral body heights are maintained.

Bone marrow: Hemangioma at L1 and L4. Measuring 15 and 9 mm respectively.

Discs: Moderate disc desiccation involving the entire lumbar spine. Mild loss of disc height is seen at L4-L5 and L5-S1.



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Other findings: Prominent paraspinal musculature atrophy and fatty replacement mid and lower.

Findings at specific level:

T12- L1: There is no significant disc herniation or neural foraminal narrowing visualized; central canal is unremarkable; nerve roots are normal.

L1- L2: L1-L2. Hypertrophy of the bilateral facet is seen. No significant disc herniation is identified. Spinal canal is patent. No sign of lateral recess stenosis is identified. No significant neural foraminal narrowing is identified. Transiting and exiting nerve roots are normal.

L2- L3: L2-L3. A disc bulge is identified. Hypertrophy of the bilateral facet and bilateral ligamentum flavum is seen. Disc material and facet hypertrophy cause mild bilateral neural foraminal narrowing. Spinal canal is patent. No sign of lateral recess stenosis is identified. There is abutment on bilateral exiting nerve root. Disc deformity measures 3.3 mm.

L3- L4: L3-L4. A disc bulge is identified. Hypertrophy of the bilateral facet and bilateral ligamentum flavum is seen. Disc material and facet hypertrophy cause mild bilateral neural foraminal narrowing. Spinal canal is patent. No sign of lateral recess stenosis is identified. There is abutment on bilateral exiting nerve root. Disc deformity measures 3.2 mm.

L4- L5: L4-L5. A disc protrusion is identified. Disc material abuts the thecal sac and moderate spinal canal narrowing. Hypertrophy of the bilateral facet and bilateral ligamentum flavum is seen. Disc material and facet hypertrophy cause moderate bilateral neural foraminal narrowing. Concurrent moderate bilateral lateral recess stenosis is seen. There is indentation of bilateral exiting nerve root. Associated abutment on transiting nerve root is noted. Disc deformity measures 4.4 mm.

L5- S1: L5-S1. A disc protrusion is identified. Disc material abuts the thecal sac. Hypertrophy of the bilateral facet and bilateral ligamentum flavum is seen. Disc material and facet hypertrophy cause moderate bilateral neural foraminal narrowing. Concurrent moderate bilateral lateral recess stenosis is seen. There is compression of bilateral exiting nerve root. Associated indentation of bilateral transiting nerve root is noted. Disc deformity measures 4 mm.

Impression:



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1. Moderate stenosis at L4-L5. Measuring 6.1 mm in AP diameter.
 2. Grade I anterior listhesis of L4 on L5 . No definite evidence of pars defect noted.
 3. Straightening of the lumbar lordotic curvature.
 4. Small degenerative anterior marginal osteophytes at L3 L4 and L5.
 5. Modic type II end plate degenerative changes at the apposing endplates of L5-S1.
 6. Schmorls node at inferior end plate of L4.
 7. Hemangioma at L1 and L4. Measuring 15 and 9 mm respectively.
 8. Moderate disc desiccation involving the entire lumbar spine. Mild loss of disc height is seen at L4-L5 and L5-S1.
 9. Prominent paraspinal musculature atrophy and fatty replacement mid and lower.
 10. L1-L2. Hypertrophy of the bilateral facet is seen.
 11. L2-L3. A disc bulge is identified. Hypertrophy of the bilateral facet and bilateral ligamentum flavum is seen. Disc material and facet hypertrophy cause mild bilateral neural foraminal narrowing. Spinal canal is patent. No sign of lateral recess stenosis is identified. There is abutment on bilateral exiting nerve root. Disc deformity measures 3.3 mm.
 12. L3-L4. A disc bulge is identified. Hypertrophy of the bilateral facet and bilateral ligamentum flavum is seen. Disc material and facet hypertrophy cause mild bilateral neural foraminal narrowing. Spinal canal is patent. No sign of lateral recess stenosis is identified. There is abutment on bilateral exiting nerve root. Disc deformity measures 3.2 mm.
 13. L4-L5. A disc protrusion is identified. Disc material abuts the thecal sac and moderate spinal canal narrowing. Hypertrophy of the bilateral facet and bilateral ligamentum flavum is seen. Disc material and facet hypertrophy cause moderate bilateral neural foraminal narrowing. Concurrent moderate bilateral lateral recess stenosis is seen. There is indentation of bilateral exiting nerve root. Associated abutment on transiting nerve root is noted. Disc deformity measures 4.4 mm.
 14. L5-S1. A disc protrusion is identified. Disc material abuts the thecal sac. Hypertrophy of the bilateral facet and bilateral ligamentum flavum is seen. Disc material and facet hypertrophy cause moderate bilateral neural foraminal narrowing. Concurrent moderate bilateral lateral recess stenosis is seen. There is compression of bilateral exiting nerve root. Associated indentation of bilateral transiting nerve root is noted. Disc deformity measures 4 mm.



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

A handwritten signature in black ink that reads 'Amjad Safvi MD'. The signature is written in a cursive style.

DR AMJAD SAFVI
Jul 04, 2020 09:31

