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EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Back pain

TECHNIQUE: Multisequence and multiplanar imaging of the lumbar spine was performed on a 1.5 Tesla MRI without contrast.

COMPARISON: None available.

FINDINGS:

For the purposes of this examination the last fully formed intervertebral disc space is L5-S1.

The vertebral body heights are preserved. Degenerative Modic type II endplate changes are seen at L5-S1. Multilevel small benign hemangiomas are also seen. There is no significant spondylolisthesis or scoliosis. Severe disc height loss at L5-S1. Mild disc height loss at T12-L1 and L3-L4.

T12/L1: Diffuse disc bulge. No facet hypertrophy. Mild spinal canal stenosis. No left foraminal narrowing. Mild to moderate right foraminal narrowing.

L1/L2: Diffuse disc bulge with thickening of ligamentum flavum. No facet hypertrophy. No spinal canal stenosis. Mild bilateral foraminal narrowing.

L2/L3: Mild diffuse disc bulge with thickening of the ligamentum flavum and minimal facet arthrosis. No spinal canal stenosis. Mild bilateral foraminal narrowing.

L3/L4: Diffuse disc bulge with thickening of the ligament flavum and mild facet arthrosis. Slightly increased bilateral facet joint fluid seen. Mild spinal canal stenosis. Moderate bilateral foraminal narrowing with abutment and slight deformity of the exiting L3 nerve roots.

L4/L5: Diffuse disc bulge with thickening of the ligamentum flavum and moderate facet arthrosis. There are bilateral facet joint effusions. There is effacement of the right greater than left lateral recesses with possible impingement of the traversing L5 nerve roots. Moderate to severe spinal canal stenosis. Moderate to severe bilateral foraminal narrowing with abutment and slight deformity of the exiting L4 nerve roots.

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L5/S1: Diffuse disc bulge with mild to moderate facet arthrosis. No spinal canal stenosis. Moderate left and mild right foraminal narrowing. There is abutment of the exiting left L5 nerve root

The posterior paraspinal soft tissues appear unremarkable. 9 mm rounded T1 and T2 hypointensity in the right ilium is nonspecific.

There is crowding of the cauda equina at L4-L5. The remaining cauda equina nerve roots appear unremarkable without thickening or clumping. The conus terminates normally at L1.

IMPRESSION:

1. Moderate to severe spinal canal stenosis at L4-L5 with possible impingement of the traversing L5 nerve roots.
2. Mild spinal canal stenosis at T12-L1 and L3-L4.
3. Multilevel foraminal narrowing which is worst and moderate to severe at L4-L5. There is deformity of multiple exiting nerve roots as detailed above.
4. A focal 9 mm T1 hypointensity in the right iliac bone is nonspecific and favors a benign etiology such as a lipid poor hemangioma, although neoplasm is not excluded.

In compliance with recent Worker's Compensation legislation (Labor Code Section 4628 (j) and 5703 (a) and Insurance Code Section 556): I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately described the information provided to me and, except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (j) of Labor Code Section 139.2 or 5307.6.

Signed by me in the County of Orange, this 26 day of 4 2023.

End of diagnostic report for accession: 37973164

Dictated: 04-26-2023 8:42:42 AM

Electronically Signed By: Patel, Sagar, MD 04-26-2023 8:42:42 AM

Copy to: ONE CALL CARE DIAGNOSTICS BROKER

Exam requested by: FRANK GUELLICH MD

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