



SPORTS SURGERY CLINIC

*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*

Diagnostic Imaging Dept
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Mr Michael Kelleher
Sports Surgery Clinic
Suite 10
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Patient Name: **Mcgurk, Thomas**

Patient DOB: **20-DEC-1946**

Sex: **M**

SSC ID: **SSC00087001**

External ID:

Report Print Date: 24-JUN-2020

MRI Lumbar Spine 23-JUN-2020:

Clinical indication:

Severe back pain, radiating to both legs.

Findings:

Comparison previous MRI 7 August 2018.

Bony alignment is maintained.

Vertebral body heights are normal.

There is no acute fracture.

There is no focal destructive osseous process.

The spinal cord terminates at L1 level.

Spinal cord signal is normal.

There is no intramedullary or extramedullary spinal lesion.

At the L3-L4 level there is mild intervertebral disk space narrowing. There is disk desiccation.

There is moderate bilateral facet joint biomechanical change. There is no significant spinal or exit foraminal stenosis.

At the L4-L5 level there is minor intervertebral disk space narrowing disk desiccation. There is a small moderate broad-based disk bulge. There is quite severe bilateral facet joint degenerative change and ligamentum flavum hypertrophy, encroaching upon the lateral recesses bilaterally.

Likely impinging bilateral traversing L5 nerve roots. There is consequent mild spinal stenosis at this level. Grossly unchanged from previous.

At the L5-S1 level there is a moderate intervertebral disk space narrowing disk desiccation.

There is a small broad-based disk bulge. There is moderate bilateral facet joint degenerative change. There is ligamentum flavum hypertrophy. This is encroaching the lateral recesses

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Examination: **MR Lumbar Spine**

Exam Date: **23-JUN-2020**



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bilaterally.

Paravertebral soft tissues unremarkable.

Visualised posterior retroperitoneum unremarkable.

Impression:

Unchanged moderate multilevel lumbar spine degenerative changes as described.

Most severe at L4-L5 where ligamentum flavum hypertrophy and a small to moderate broad-based disk bulge is encroaching on the lateral recesses bilaterally, likely impinging bilateral traversing L5 nerve roots

Reported by: - **Dr Joe Coyle -Consultant Radiologist - 23914
JUN-2020**

Approved by (if different to above):

Approval date: **24-JUN-2020 03:39 PM**

Report date: **23-**

26/06/2020 LHL

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