

Patient Name	ATUL KUMAR JAIN	Patient Id	000085
Age/DOB	42Y	Gender	M
Ref.Doctor	DR.V.RAJPUT (MBBS,D-Ortho)	Reported Date and Time	Dec 18, 2020 01:07 am

MRI- LUMBO-SACRAL SPINE

TECHNIQUE:

T1W, T2W Sagittal, T1W, T2W axial

T2W IRM coronal – SI joints

OBSERVATION:

The lower most lumbar vertebra is counted as L5 vertebra.

Mild loss of normal lumbar lordosis.

Broad-based disc bulge is noted at L4/L5 level causing narrowing of the right lateral recess with abutment of the exiting nerve root.

Diffuse posterior disc bulge is noted at L5/S1 level causing abutment of the bilateral S1 nerves.

Disc desiccation changes are noted at all lumbar levels.

No evidence of spondylolisthesis or lysis.

The facet joints and neural foraminae are normal.

The ligamentum flavum thickness is within normal limits.

The pedicles, laminae spinous process and transverse process of the lumbar vertebrae show normal morphology.

Lumbar canal AP diameter at L1 to L5 levels:

Level	L1-L2	L2-L3	L3-L4	L4-L5	L5-S1
AP cm	1.90	1.70	1.58	1.50	1.18

The conus medullaris and the sub arachnoid space are normal.

The nerve roots of the cauda equina appear normal.

The paraspinal soft tissues appear normal.

SACROILIAC JOINTS:

The sacroiliac joints shows appear normal. No articular surface erosions or edema noted.

IMPRESSION:

Broad-based disc bulge is noted at L4/L5 level causing narrowing of the right lateral recess with abutment of the exiting nerve root.

Diffuse posterior disc bulge is noted at L5/S1 level causing abutment of the bilateral S1 nerves.

Suggested clinical correlation.



Dr. Manohar Chavvakula
DMRD , DNB - Radiodiagnosis
Consultant Radiologist

APMC - 77210

Disclaimer: The medical diagnostic report generated is based on the image and patient information obtained from the source of origin, 5C Network assumes no responsibility for errors or omission of or in the image, in the contents of the report generated are a direct interpretation for the image sent from source. In no event shall 5C Network be liable for any special, direct, indirect, consequential, or incidental damages or any damages whatsoever, whether in an action of negligence or other tort, arising out of or in connection with the use of the Service or the contents of the Service. This report neither replaces profession medical advice nor it changes the treatment. This report cannot be used for medico-legal purposes as the radiologist has given report as per the images sent by the center with the assumption that personal information of the patient was verified by the center and not the reporting radiologist.