



2601 E. Oakland Park Blvd, Suite 102 Ft. Lauderdale, FL 33306 Phone: 888.886.5238 Fax: 888.886.5221

Patient: DOE, JOHN

Exam Date: 06/07/2010

MRN : JD4USARAD

DOB: 01/01/1961

Referring Physician: DR. DAVID LIVESEY

FAX: (305) 418-8166

MRI OF THE LUMBAR SPINE / FLEXIONS AND EXTENTIONS WITHOUT

HISTORY: Low back pain.

SEQUENCES: Sagittal T1 and T2 weighted images are supplemented by axial T2 weighted images and by sagittal T2 weighted images obtained in flexion and extension.

COMMENTS:

Vertebral body signal and vertebral body height are preserved. There is a somewhat steep lumbar lordosis. The overall canal size is unremarkable. There is mild-to-moderate multilevel lower thoracic disk degeneration at the periphery of the field of view of questionable significance.

At L1-L2, there is some desiccation with mild bi-foraminal disk bulging, right greater than left, but without distinct focal disk herniation.

There is desiccation L2-L3 without evidence of disk herniation.

At L3-L4, there is moderate disk degeneration with some loss of disk signal and disk height. There is mild bi-foraminal disk bulging, right greater than left without focal disk herniation.

At L4-L5, there is desiccation and some facet joint DJD, but there is no evidence of disk herniation and neuroforamina compromise.

At L5-S1, there is disk degeneration with loss of disk signal and disk height. There is a mild spondylolisthesis of L5 upon S1. This appears to be due to facet joint DJD/laxity. There is mild-to-moderate broad-based disk protrusion with shallow midline/left paramedian disk herniation. Left neural foramina is somewhat narrowed when compared to the right.

Sagittal images obtained in flexion reveal limited range of motion. There was no evidence of instability, pathologic offset or alteration in posterior disk margin.

Sagittal images obtained in extension, also reveal limited range of motion without evidence of instability, pathologic offset or alteration in posterior disk margin.

IMPRESSION:



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1. Disk degeneration L5-S1 with broad shallow disk herniation, reducing canal diameter extending more to left of midline with facet joint DJD and moderate degenerative offset. Clinical correlation is advised at this level regarding the status of both L5 nerve roots, especially in the left.
2. There is some mild desiccation and disk bulging at a few other lumbar levels.
3. Moderate disk degeneration with bi-foraminal disk bulging, right greater than left L1-L2.
4. No evidence of fracture/dislocation, marrow replacing process or intraspinal/paraspinal mass.

-Electronically Signed by: RADIOLOGIST, ADMIN on

06/07/2010 5:52:55 PM
