

MRI Lumbar Spine Report

The cervical and thoracic spinal canal is within normal limits with mild diffuse central disc bulges. No significant thecal sac or nerve root compression noted. Feature of muscle spasm observed mainly affecting L3-L4 levels. A moderate left subarachnoid hemorrhage (SAH) is present without evidence of aneurysm. Associated intraventricular blood collection may be seen. Left side features are more prominent than right. Multilevel lumbosacral facet joint hypertrophy is evident along with narrowed neural foramina secondary to ligamentum flavum thickening. Diffuse degenerative changes involving both sides appear largely symptomatic due to encroachment upon exit canals by bony osteophytes as well as soft tissue components such as annulus fibrosus tearing and end plate desiccation. Causalgia type pain patterns associated with long standing sciatica have been reported for years but no acute abnormality has occurred since last review date. MRI scan shows multifocal myelopathy likely related to chronically elevated intraspinal pressures leading to compressive lesions of the cauda equinae and descending dorsal roots. Descriptively, multiple focal areas demonstrate increased signal intensity on T2 weight images which correspond spatially to paracentral cystic collections meas