TEL/FAX 22

GHANA HEALTH SER

E-MAIL: ridge.regionalhospital@yaho

CORE VALUES Professionalism Team Work Innovation/Excellence. Discipline



RADIOLOGY DEPARTMENT

NAME: AMOAKO DA-COSTA

AGE: 45 YEARS DATE: 22.03.18

INDICATION: BUTTOCK CLAUDICATION

RADIOLOGIST: DR AMOA-MENSAH

MRI SCAN- LUMBAR SPINE REPORT

TECHNIQUE: Serial sagittal T2W TSE, T1W TSE STIR TSE, axial T2 FFE and MPR images of the lumbar spine.

The lumbar lordosis is preserved.

The spinal cord ends at upper border of L1vertebra with normal signal characteristics.

Osteophytes are seen on L2 –14 vertebrae. No marrow infiltration seen.

The vertebral body heights and the intervertebral discs heights are normal. There is disc desiccation on L5/S1The paravertebral soft tissues are normal.

L1/L2: There is no diffuse disc bulge. The spinal canal, neural foramina, ligamenta flava and the facet joints are normal.

L2/L3

There is a mild diffuse disc bulge causing .The spinal canal, neural foramina, ligamenta flava and the facet joints are normal.

L3/L4:

There is diffuse disc bulge with theca indentation causing bilateral mild neural foramina narrowing with nerve root compression. There is mild spinal canal stenosis.

The ligamenta flava and the facet joints are normal.

L4/L5: There is diffuse disc bulge with theca indentation causing bilateral moderate neural foramina narrowing with nerve root compression. There is moderate spinal canal stenosis. The ligamenta flava and the facet joints are normal.

L5/S1: There is diffuse disc bulge with anterior theca indentation. The spinal canal, neural foramina, ligamenta flava and the facet joints are normal.

IMPRESSION

Lumbar spondylosis with degenerative disc disease, moderate bilateral neural foraminal narrowing ,nerve root compression and mild to moderate spinal canal stenosis at L3/L4 and L4/L5.