

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



REFERRED BY: Bethany Wallace, DO
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Thornton, CO 80229

EXAM: MRI Lumbar Spine WO

EXAMINATION: MRI LUMBAR SPINE WITHOUT IV CONTRAST, 4/7/2023 6:53 AM

CLINICAL INDICATION: Motor vehicle accident, continued low back pain

TECHNIQUE: Routine protocol high-field MRI lumbar spine without contrast.

COMPARISON: None available

FINDINGS:

Numbering system: Transitional lumbosacral anatomy is noted. Current nomenclature assumes the S1 segment is transitional and appears at least partially lumbarized, difficult to fully assess on this field of view. There is a small rudimentary disc noted at the S1-S2 level. Images have been labeled on the PACS system. Lowest complete lumbar-type disc space labeled as L5-S1.

Osseous alignment: There is mild degenerative retrolisthesis of L5 on S1.

Marrow signal characteristics: No acute or suspicious regions of signal abnormality.

Conus: Normal in appearance, terminating at L1.

Miscellaneous/Soft tissues: Unremarkable.

Disc spaces by level:

T12-L1: Unremarkable.

L1-L2: Intervertebral disc and facet joints are unremarkable. There is no significant spinal or foraminal stenosis.

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L2-L3: Intervertebral disc and facet joints are unremarkable. There is no significant spinal or foraminal stenosis.

L3-L4: There is mild disc desiccation with a shallow disc bulge and a small right foraminal disc osteophyte complex. There is mild right foraminal narrowing as a result. There is no significant spinal canal or left-sided foraminal stenosis.

L4-L5: There are mild facet hypertrophic changes with small bilateral facet joint effusions. There is mild degenerative disc disease with diffuse disc bulge. Relatively mild bilateral foraminal narrowing. No significant acquired spinal stenosis.

L5-S1: There are mild facet hypertrophic changes noted bilaterally. There is degenerative disc disease with diffuse disc bulging and endplate spurring. There is a more focal right central disc extrusion with small osteophytic component. There is right subarticular recess narrowing with mild compression of the descending S1 nerve root. Mild spinal and left subarticular recess stenosis. Moderate right and mild left foraminal narrowing.

S1-S2: A small residual disc is noted. The spinal canal and neural foramina are patent.

IMPRESSION:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is right greater than left L5-S1 neural foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

Thank you for this referral. This examination was interpreted by a Colorado Imaging Associates radiologist. Providers with questions may reach a radiologist directly at 303-223-4448.

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Craig Stewart, MD

This document was electronically signed by Craig Stewart, MD on 4/7/2023