

STAND-UP MRI OF EAST ELMHURST, P.C.

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Accredited by the American College of Radiology

MULTI-POSITION" MRI

ARTUR A JACHEC

N10112616-EE

Report Date: 07/18/2022

DOB: Exam Date: 03/21/1997 07/18/2022

TED S RUSEK DC 61 27 WOODSIDE AVE WOODSIDE, NY 11377

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the neutral sitting position.

HISTORY: The patient complains of lower back pain radiating down to the bilateral legs with difficulty walking status post MVA 06/23/2022.

INTERPRETATION: Straightening of the lumbar lordosis is noted.

L5-S1: Broad posterior central disc hemiation deforms the thecal sac abuts the S1 nerve roots.

L4-5: Posterior disc bulge. Canal and neural foramina are patent.

T12-L1 through L3-4: No evidence of disc herniation, central canal or foraminal narrowing, or facet hypertrophy.

There is no evidence for fracture, anterolisthesis, disc space narrowing, infiltrative marrow process, focal intraosseous lesion, or central stenosis.

Examination otherwise demonstrates the remaining lumbar vertebral bodies and intervertebral discs to be unremarkable in height and signal. The conus medullaris is unremarkable in signal, morphology and position. No focal prevertebral or posterior paraspinal abnormal masses or altered signals are otherwise noted.

IMPRESSION:

- L5-S1 broad posterior disc herniation with thecal sac deformity abuts the S1 nerve roots.
- L4-5 posterior disc bulge.
- Straightening of the lumbar lordosis.

Thank you for referring your patient to us for evaluation.

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Sincerely,

Samuel Mayerfield, MD

Diplomate of the American Board of Radiology with Added Qualifications in Neuroradiology SM/mf