To: "ROCKAWAY REHABILITATION" From: CDI Pages: 2



92-20 165TH Street, Jamaica, NY 11433 Tel: (347) 380-5525 Fax: (347) 338-1380 www.citimedny.com

PATIENT NAME:

ASMAD, TANIA

DATE OF BIRTH:

01/09/1974

MRN#:

JM22634

DATE OF SERVICE: REFERRING PHYSICIAN:

06/18/2022 JOHN J. MCGEE, DO

EXAM: MRI OF THE LUMBAR SPINE

INDICATION: 48-year-old female with a history of trauma with back pain.

TECHNIQUE: MRI of the lumbar spine was performed using multiplanar and multisequence imaging.

COMPARISON: None.

FINDINGS: The lumbar spine maintains its normal height and curvature. The vertebral bodies outline normally. The marrow signal does not demonstrate any evidence of infiltrative or destructive marrow process. The conus medullaris outlines normally. The visualized paravertebral soft tissues are grossly unremarkable. There is a partially visualized leiomyomatous appearing uterus. There are cystic appearing structures noted in the right lower pelvis which could represent multiple ovarian cysts or possibly one larger cyst with a septation, Together these measure approximately 4.0 cm.

- L1-L2: There is a left paracentral disc herniation exerting pressure on the thecal sac and migrating slightly superiorly.
- L2-L3: There is no evidence of disc herniation. The neural foramina are patent. The facet joints are within normal limits.
- L3-L4: There is a small left foraminal disc herniation with an annular tear. The facet joints are within normal limits.
- L4-L5: There is bilateral posterolateral disc bulging with an annular tear contacting the exiting right L4 nerve root. The facet joints are within normal limits.
- L5-S1: There is concentric disc bulging contacting the thecal sac and exiting right L5 nerve root. There is facet hypertrophy, more prominent on the left.

IMPRESSION:

- 1. Concentric disc bulging contacting the exiting right L5 nerve root, L5-S1. We are designating the L5-S1 level as series 6 images #24-#29 (T2 axial sequence).
- 2. Left paracentral disc herniation exerting pressure on the thecal sac and migrating slightly superiorly, L1-L2.
- 3. Small left foraminal disc herniation with an annular tear, L3-L4.
- 4. Bilateral posterolateral disc bulging with an annular tear contacting the exiting right L4 nerve root, L4-L5.

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5. Partially visualized leiomyomatous appearing uterus. There are cystic appearing structures noted in the right lower pelvis as described above. These findings are only partially visualized and incompletely evaluated on this study. Pelvic ultrasound is recommended for a more complete evaluation.

Thank you for the opportunity to participate in the care of this patient.

STEVEN MEYERSON, M.D.

Board Certified Diagnostic Radiologist

Signed by STEVEN MEYERSON, MD at 06/22/2022 11:16:08 AM