

# STAR MEDICAL IMAGING PC

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<b>PATIENT NAME:</b>	<b>CASSANDRA LOGAN</b>
<b>REFERRING PHYSICIAN:</b>	<b>JOSEPH MARTONE</b>
<b>SERVICE:</b>	<b>MRI LUMBAR SPINE</b>
<b>DATE OF SERVICE:</b>	<b>10/23/2022</b>

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## MRI LUMBAR SPINE WITHOUT CONTRAST

### CLINICAL INDICATION:

MVA, low back pain with lower extremity radiculopathy.

### TECHNICAL FACTORS:

Noncontrast MRI of the lumbar spine performed utilizing multiplanar and multisequence acquisition.

### FINDINGS:

There is no fracture, vertebral body anomaly or bone lesion. The bones and muscular structures demonstrate normal signal intensity. Paraspinal soft tissues are unremarkable. The conus shows no abnormality. There is lower left convex scoliosis with straightening of the upper lumbar lordosis.

At L1-L2, no disc herniation, spinal canal or neural foraminal abnormality identified.

At L2-L3, no disc herniation, spinal canal or neural foraminal abnormality identified.

At L3-L4, no disc herniation, spinal canal or neural foraminal abnormality identified.

At L4-L5, central disc herniation impinges upon the anterior thecal sac and nerve roots within the spinal canal.

At L5-S1, broad-based central disc herniation impinges upon the anterior thecal sac and nerve roots within the spinal canal.

### IMPRESSION:

Malalignment as above.

At L4-L5, central disc herniation impinges upon the anterior thecal sac and nerve roots within the spinal canal.

At L5-S1, broad-based central disc herniation impinges upon the anterior thecal sac and nerve roots within the spinal canal.

Thank you for the courtesy of this consultation.



Ralph Dauito