APOLLO MEDICAL
DIAGNOSTIC SERVICES

170-10 Cedarcroft Road, Jamaica, NY 11432
Tel: 718-206-1000 | Fax: 718-532-0633

PATIENT:	KAUSHAL, YOGESHWAR	**EXAM DATE:**	09/16/2022 4:04 PM
STUDY DESCRIPTION:	MRI LUMBAR SPINE WITHOUT CONTRAST	**MRN:**	KAUY77778
DOB:	02/19/1974	**REFERRING PHYSICIAN:**	Qadri, Syed
CLINICAL HISTORY	PAIN	**GENDER**	M

image 5). AP diameter of disc protrusion measures 2.7 mm. Transverse dimension of protruded portion of disc measures 14 mm. AP diameter of canal measures 11.1 mm. Mild narrowing of neural foramina bilaterally, left greater than right (sagittal T2 images 2 and 8).

L4-5: Small broad-based central/left paracentral disc herniation (protrusion) is present. This results in mild compression of the ventral CSF space (axial T2 image 10 and sagittal T1 and T2 image 6). AP diameter of disc protrusion measures 1.2 mm. Transverse dimension of protruded portion of disc measures 14.3 mm. AP diameter of canal measures 9.5 mm. Mild narrowing of right neural foramen with probable impingement od exiting nerve rrot (sagittal T2 image 2) and mild narrowing of left neural foramen with probable impingement of exiting nerve root (sagittal T2 image 8).

L5-S1: There is no evidence of disc bulge, herniation, or spinal stenosis. Neural foramina are patent. There is no nerve root compression.

IMPRESSION:
1. Mild straightening of lumbar.
2. At L2-3 level, small broad-based left far lateral central disc herniation (protrusion) is present resulting in mild compression of the ventral CSF space. Moderate narrowing of left neural foramen.
3. At L3-4 level, small broad-based central disc herniation (protrusion) is present resulting in mild compression of the ventral CSF space. Mild narrowing of neural foramina bilaterally, left greater than right.
4. At L4-5 level, small broad-based central/left paracentral disc herniation (protrusion) is present resulting in mild compression of the ventral CSF space. Mild narrowing of right neural foramen with probable impingement od exiting nerve rrot and mild narrowing of left neural foramen with probable impingement of exiting nerve root.

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Digitally Signed By: Imam, Naiyer
Digitally Signed Date: 09/19/2022 8:00 PM

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TECHNIQUE: Sagittal T1, and fast T2, axial T2 images of the lumbar spine are obtained. No I.V. contrast administered.

COMPARISON: None.

FINDINGS:

ALIGNMENT/SURGERY: There is mild straightening of lumbar spine.

BONE/MARROW: There is partial block vertebra noted involving C4-5.

CONUS/FILUM: The conus medullaris and filum terminale are within normal limits.

DISCS: There is mild loss of disc T2 signal at all levels compatible with disc desiccation.

SOFT TISSUES: Unremarkable.

LEVELS:
L1-2: There is no evidence of disc bulge, herniation, or spinal stenosis. Neural foramina are patent. There is no nerve root compression.

L2-3: Small broad-based left far lateral central disc herniation (protrusion) is present. This results in mild compression of the ventral CSF space (axial T2 image 3 and sagittal T1 and T2 image 5). AP diameter of disc protrusion measures 2.5 mm. Transverse dimension of protruded portion of disc measures 11 mm. AP diameter of canal measures 14.2 mm. Moderate narrowing of left neural foramen (sagittal T2 image 7).
L3-4: Small broad-based central disc herniation (protrusion) is present. This results in mild compression of the ventral CSF space (axial T2 image 4 and sagittal T1 and T2