

Montefiore | New Rochelle

Montefiore New Rochelle
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Name: Ovalles De Barrio, Maria
DOB: 1/21/1983 AGE: 38 Years F
Study: MR - Lumbar Spine without Contrast
Requesting Physician: Brotea, Cristian
MRN: SS-925328
Visit/Account: 3747150

Exam Date: 10/7/2021
Exam Time: 11:59 AM
Patient Location: RADIO---SSMC
Accession: 2367754

FINAL Radiology Report

MR lumbar without gadolinium

CLINICAL INFORMATION: Female, 38 years old. Low back pain.

TECHNIQUE: Sagittal and axial T1-weighted and T2-weighted images of the lumbar spine, as well sagittal STIR weighted images through the lumbar spine were obtained.

FINDINGS: No prior similar studies were submitted for direct comparison.

There is mild straightening of the normal lumbar lordosis is noted, which may be secondary to muscle spasm. The lumbar vertebral body heights and alignment are maintained. The visualized marrow signal appears appropriate for patient's stated age.

There is mild degenerative disc disease noted at the L5/S1 level. The remaining lumbar intervertebral disc spaces are preserved.

At the L5/S1 level, there is a right paracentral/foraminal disc protrusion noted, with bilateral facet arthropathy, right greater than left, narrowing the right lateral recess and contacting the incoming right S1 nerve root, resulting in moderate to severe right foraminal narrowing and contact on the exiting right L5 nerve root. There is no significant central canal stenosis or left foraminal narrowing noted.

At the L4/5 level, there is a minimal diffuse annular disc bulge noted, partially effacing the anterior thecal sac and mildly

encroaching the lateral neural foramen, without significant central canal stenosis or foraminal narrowing.

The remaining lumbar levels demonstrate no evidence of disc herniation, significant central canal stenosis or foraminal narrowing seen.

There is no evidence of intraspinal mass or focal fluid collection. The conus medullaris is normal in signal and morphology, with the distal tip ending at the L1 level.

There is no definite paraspinal soft tissue abnormality seen.

IMPRESSION:

No evidence of acute bony fracture or subluxation.

Degenerative spondylosis of the lower lumbar spine as described above, without significant central canal stenosis. Right paracentral/foraminal disc protrusion at the L5/S1 level narrows the right lateral recess and contacts the incoming right S1 nerve root, with moderate to severe right foraminal narrowing at the L5/S1 level and contact on the exiting right L5 nerve root at this level. Mild degenerative disc disease at L5/S1 level.

Mild straightening of the normal lumbar lordosis, which should be secondary to muscle spasm.

Electronically Signed:

Albert Chang, MD

2021/10/07 at 22:59 EDT

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216-255-5701

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Albert Chang 10/7/2021 at Eastern Time