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Stand-up mri of Bensonhurst, p.c.

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MULTI-POSITION" MRI

Accredited by the American College of Radiology

JUDITH CORDOVA

N10080703-BE Report Date: 03/07/2022

DOB: Exam Date: 09/22/1968 03/04/2022

IDS FaxServer

GREGORY ABRAMOV NP 1314 CONEY ISLAND AVENUE BROOKLYN, NY 11230

Amended 03/09/2022 (Referring Physician)

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE

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

HISTORY: The patient complains of back pain, bilateral leg pain, weakness on both sides and difficulty walking.

INTERPRETATION: Examination is compared to previous MRI study of the lumbar spine dated 11/18/19. MRI study of the thoracic spine was performed on 3/5/22 dictated under separate cover.

At the L5/S1 disc space level, disc herniation is noted with Grade I retrolisthesis deforming the thecal sac abutting the proximal left S1 nerve root with bilateral neural foraminal extension, left greater than right abutting the exiting left L5 nerve root. Loss of disc signal is noted with preservation of disc space height. Bilateral facet hypertrophy is noted.

At L4/5, disc herniation is noted deforming the thecal sac abutting the proximal left L5 nerve root, approaching the proximal right L5 nerve root with bilateral neural foraminal extension abutting the exiting L4 nerve roots. Signal elevation is noted within the posterior margin of the annulus fibrosis associated with annular fissure. Loss of disc signal is noted with preservation of disc space height. Bilateral facet and ligamentous hypertrophy is noted.

At L3/4, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, lateral recess encroachment or loss of disc space height or signal.

At L2/3, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, lateral recess encroachment or loss of disc space height or signal.

At L1/2, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, lateral recess encroachment or loss of disc space height or signal.

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At T12/L1 there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, lateral recess encroachment or loss of disc space height or signal.

Assessment of the T11/12 disc space is provided on 3/5/22 MRI study of the thoracic spine.

Lumbar spine straightening is noted, nonspecific finding which meets criteria for muscle spasm.

There is no evidence of lumbar vertebral body compression fracture. There is no evidence of bone marrow infiltrative disorder. There is no evidence of spondylolisthesis. There is no evidence of signal abnormality within the conus medullaris which is located at the approximate L1 vertebral body level. Nonspecific dependent soft tissue edema is noted within the posterior subcutaneous tissues.

Lumbar spine curvature is noted with leftward convexity.

Examination is compared to previous MRI study of the lumbar spine dated 11/18/19. There is increased size centrally at both L4/5 and L5/S1 disc herniations noted when compared to prior study. Previously identified L34 disc bulge is not currently appreciated.

IMPRESSION:

- L5/S1 disc herniation with Grade I retrolisthesis deforming the thecal sac abutting the proximal left S1 nerve root with bilateral neural foraminal extension, left greater than right abutting the exiting left L5 nerve root.
- L4/5 disc herniation deforming the thecal sac abutting the proximal left L5 nerve root with bilateral neural foraminal extension abutting the exiting L4 nerve roots.
- Lumbar spine curvature is noted with leftward convexity.
- Lumbar spine straightening.

Thank you for referring your patient to us for evaluation.

Sincerely,

Harold M. Tice, M.D.

Diplomate of the American Board of Radiology

With Added Qualifications in Neuroradiology

HT/lf

amended by lb 03/09/2022

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