APOLLO IMAGING
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Patient: MUNSHI, AMINUR (M)		**Exam Date:**	**03/28/2014**
MRN : 137019/1		**DOB:**	**07/05/1975**
Referring Physician: AHMED, MOHAMED 1		**FAX:**	**(718) 803-6440**

MR OF THE LUMBAR SPINE WITHOUT CONTRAST

Clinical history: Low back pain, status post trauma.

T1 and T2-weighted sagittal images of the lumbosacral spine are obtained. T1 weighted axial images of the lumbosacral spine from T12-L1 through L5-S1 are next obtained.

Examination of the sagittal images demonstrates slight loss of normal disc signal intensity and height from the L5-S1 and to lesser extent the L4-5 inter vertebral disc space levels. The remainder visualized intervertebral discs and the vertebral bodies demonstrates normal signal intensity and height. The bony alignment is intact. Anterior extradural defects are identified at the L4-5 and L5-S1 disc interspace levels. No other significant anterior extra extradural defect is demonstrated. The remainder of the visualized thecal sac and cauda equina is unremarkable. The bony spinal canal is of normal size and configuration. The paravertebral soft tissues are intact.

Examination of the axial images demonstrates no significant anterior defects at the T12-L1, L1-2, L2-3 and L3-4 interspace levels. The visualized thecal sac, conus and nerve roots are unremarkable. The bony spinal canal is of normal size and configuration. The neural foramen are intact.

The L4-5 disc space level demonstrates a diffuse posterior bulging disc deforming the thecal sac and bilateral L5 nerve roots. The exiting nerve roots are unremarkable. The neural foramina are intact. The bony spinal canal is of normal size and configuration.

The L5-S1 space level demonstrates a posterior Bolding disc abutting the thecal sac and bilateral S1 nerve roots. The exiting nerve roots are unremarkable. The neural foramina are intact. The bony spinal canal is of normal size and configuration.

The visualized paravertebral soft tissues are intact.

Impression:
1. Diffuse posterior bulging disc L4-5 deforming the thecal sac and bilateral L5 nerve roots.
2. Posterior bulging disc L5-S1 abutting the thecal sac and bilateral S1 nerve roots.
3. Slight loss of normal disc signal intensity and height L5-S1 and to lesser extent the L4-5 intervertebral space levels.