Name: Robert E Martin | DOB: 1/31/1956 | MRN: 739745 | PCP: MICHAEL G FINE

MRI LUMBAR SPINE WO CONTRAST - Details

****This is the first lumbar mri taken 10/18***

Study Result

Impression

IMPRESSION:

1. Fairly mild multilevel degenerative disc disease at L3-L4, L4-L5, and L5-S1 levels resulting in varying degrees of neuroforaminal narrowing. Please see the segmental analysis above for complete details.

Dictated and electronically signed by Claude G Raphael, MD on 10/19/2018 2:15 PM

Narrative

MRI LUMBAR SPINE WITHOUT CONTRAST

RADIOLOGIST: Claude G. Raphael, M.D.

CLINICAL HISTORY: 62-year-old with a history of back pain with left-sided radiculopathy

COMPARISON: No prior studies are available for comparison

TECHNIQUE: Sagittal T1 SE, sagittal T2 FSE, axial T1 SE, and axial T2 FSE sequences were acquired of the lumbar spine. For the purpose of this study, the lower-most disk space was assumed to be L5-S1

FINDINGS:

**** For purposes of dictation, we are assuming 5 non rib bearing lumbar type vertebral bodies with L5-S1 demarcated by the lumbosacral angle.

Sagittal images demonstrate normal vertebral body height.

Bone marrow signal is within normal limits for patient's chronologic age

There is normal vertebral body alignment without evidence of spondylolisthesis.

The conus medullaris shows a normal position at L1. There is no abnormal signal in the cord.

DISC SPACES:

T12-L1: No significant abnormality.

L1-L2: No significant abnormality.

L2-L3: Mild disc desiccation. No significant disc bulging or herniation, spinal canal narrowing, or neuroforaminal impingement.

L3-L4: Disc desiccation with circumferential disc bulging eccentric to the right. There is a small annular fissure along the right posterolateral disc annulus. Ligamentum flavum and facet hypertrophy further contribute to MILD BILATERAL NEUROFORAMINAL NARROWING (RIGHT > LEFT).

L4-L5: Disc desiccation with circumferential disc bulging eccentric to the left. Ligamentum flavum and facet hypertrophy contribute to MILD-MODERATE BILATERAL NEUROFORAMINAL NARROWING (LEFT > RIGHT).

L5-S1: Disc desiccation with mild circumferential disc bulging. Facet joint hypertrophy contribute to MILD-MODERATE BILATERAL NEUROFORAMINAL NARROWING.

There are no mass lesions identified within the spinal canal. No evidence of epidural fluid collection.

Paraspinal soft tissues are unremarkable.

Images

Scan on 10/19/2018 11:45 AM

Component Results

There is no component information for this result.

General Information

Ordered by MAYO FRIEDLIS

Collected on 10/19/2018 2:04 PM

Resulted on 10/19/2018 2:15 PM

Result Status: Final result

Name: Robert E Martin | DOB: 1/31/1956 | MRN: 739745 | PCP: MICHAEL G FINE

MRI LUMBAR SPINE WO CONTRAST - Details

*** This is the most recent mri 6/2020 ***

Study Result

Impression

IMPRESSION:

1. Degenerative changes of the lumbar spine as described in the segmental analysis above.

Dictated and electronically signed by Ivan Petrovitch, MD on 6/26/2020 1:11 PM

Narrative

EXAMINATION: MRI LUMBAR SPINE WO CONTRAST

CLINICAL HISTORY: Claudication, likely neurogenic.

TECHNIQUE: After the acquisition of a 3 plane localizer sequence, sagittal T1, T2, and STIR sequences were performed. Axial T1 and T2-weighted sequences were also performed.

COMPARISON: 10/19/2018

FINDINGS:

Sagittal images demonstrate normal vertebral body height, alignment, and marrow signal.

The visualized portions of the spinal cord are unremarkable. There is no abnormal signal present. There are no mass lesions, nor fluid collections identified within the spinal canal.

L1-L2: No significant abnormality.

L2-L3: No significant abnormality.

L3-L4: There is disc desiccation. Bilateral foraminal bulges are present. There is mild left and mild to moderate right foraminal narrowing. This is unchanged when compared with the prior examination.

L4-L5: There is disc desiccation with a broad diffuse disc bulge. There is a left lateral component. There is facet osteoarthropathy. There is moderate to marked left and mild right foraminal narrowing. This is slightly progressed on the left as compared with the prior study.

L5-S1: There is disc desiccation. There is bilateral facet osteoarthropathy. There is mild bilateral foraminal narrowing.

The paraspinal soft tissues are unremarkable.

Images

Scan on 6/25/2020 2:57 PM
Scan on 6/25/2020 3:07 PM

Component Results

There is no component information for this result.

General Information

Ordered by PHILIP J O'DONNELL, MD

Collected on 06/26/2020 12:19 PM

Resulted on 06/26/2020 1:11 PM

Result Status: Final result

This test result has been released by an automatic process.

Name: Robert E Martin | DOB: 1/31/1956 | MRN: 739745 | PCP: MICHAEL G FINE

MRI PELVIS WO CONTRAST - Details

Study Result

Impression

IMPRESSION:
1. There is bilateral sacroiliac joint degeneration. There is no abnormality involving the visualized lumbosacral nerves.

Dictated and electronically signed by Judith L Kaplan, MD on 6/26/2020 2:46 PM

Narrative

EXAMINATION: MRI PELVIS WO CONTRAST

INDICATION: Claudication, likely neurogenic..

TECHNIQUE: Multiplanar and multisequence MR acquisition of the pelvis/sacrum without gadolinium. Imaging was performed on a 3.0 Tesla system.

COMPARISON: Limited comparison is made to lumbar spine MRI from 6/25/2020.

FINDINGS:

Signal from bone is unremarkable. There is no occult fracture. There is no erosive change about the sacroiliac joints. There is bilateral sacroiliac joint degeneration.

The visualized lumbar and sacral nerve roots are unremarkable. There is no lesion along the expected course of either lumbosacral plexus. The visualized sciatic nerves are unremarkable.

Visualized intrapelvic organs are unremarkable.

Component Results

There is no component information for this result.

General Information

Ordered by PHILIP J O'DONNELL, MD

Collected on 06/26/2020 2:39 PM

Resulted on 06/26/2020 2:46 PM

Result Status: Final result

This test result has been released by an automatic process.