

Patient Name: MEANS, ROBERT  
Patient DOB: 01/06/1971  
Referring: RANDALL F SCLAR, PA  
Physician:  
Location: Golden Lakewood  
MRN: 929299

MRI OF THE LUMBAR SPINE WITHOUT INTRAVENOUS CONTRAST

EXAM DATE AND TIME: 2/1/2019 1:00 PM

INDICATION: Low back pain, left leg spasms, weakness. History of previous surgeries.

TECHNIQUE: Multiplanar, multisequence MRI of the lumbar spine was performed.

COMPARISON: None.

FINDINGS:

There are five lumbar type vertebrae.

There is a slight levoconvex lumbar curvature. No subluxation is identified. A mild old compression fracture is present at L1. The bone marrow signal is notable for degenerative endplate signal change at L4-5. The L4-5 disc is moderately narrowed. Disc desiccation is present from L2 to S1. The tip of the conus medullaris lies at T12-L1.

No paraspinous soft tissue abnormality is identified.

L5-S1: A mild disc bulge is most pronounced in the right paracentral region. Mild facet arthropathy is present bilaterally. The right ventral aspect of the thecal sac is slightly flattened in the region of the exiting right S1 nerve root and mild impingement on the nerve root is a consideration. The spinal canal is only minimally narrowed. The right neural foramen is moderately narrowed and there may be impingement on the right L5 nerve root. The left neural foramen is only mildly narrowed.

L4-5: There are surgical changes of a left laminectomy and facetectomy. The very mild disc bulge is present and there are mild facet degenerative changes on the right. The spinal canal and lateral recesses are not significantly narrowed. The right neural foramen is mild to moderately narrowed. The left neural foramen is mildly narrowed.

L3-4: There are surgical changes of a left laminectomy and partial left facetectomy. An asymmetric disc bulge is most pronounced the left of midline and there is a small disc herniation extending superiorly at the exit of the left neural foramen. Mild facet degenerative change is present on the right. The spinal canal is mildly narrowed. The left ventral aspect of the thecal sac is mildly indented and there is slight posterior displacement of the left L4 nerve root within the sac. The left neural foramen is moderately narrowed and there is flattening of the left L3 nerve root suggesting impingement. The right neural foramen is mild to moderately narrowed.

L2-3: A very mild disc bulge is present with a posterior annular

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fissure. Minimal facet arthropathy is present bilaterally. The spinal canal, lateral recesses and neural foramen are not significantly narrowed.

L1-2: No significant disc bulge or herniation is seen. Mild facet arthropathy is present. The spinal canal, lateral recesses and neural foramen are not significantly narrowed.

IMPRESSION:

1. Mild old compression fracture at L1.

2. Previous left laminectomy and partial facetectomy at L3-4. The asymmetric disc bulge is greater to the left and there is a small disc herniation extending superiorly at the exit of the left neural foramen. There could be mild mild impingement on the left L4 nerve root prior to its exit from the thecal sac and left L3 nerve root in the neural foramen.

3. Previous left laminectomy and facetectomy at L4-5. There is mild-to-moderate right and mild left neural foramen stenosis due to a mild disc bulge and facet arthropathy.

4. Mild disc bulge at L5-S1 with mild flattening of the right ventral aspect of the thecal sac adjacent to the exiting right S1 nerve root. Mild impingement on the right is a possibility. Moderate right neural foramen stenosis is present and there may be impingement on the right L5 nerve root.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED:

PHILLIP B. GUNTHER, MD

2/1/2019 3:23 PM

Contributed By:

cc: