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3/19/2007

FB pt

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PATIENT NAME: MEANS ROBERT H

DOB: 01/06/1971 XRAY #: 015734

EXAMINATION DATE: 03/19/2007

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

COMPARISON: None available.

INDICATION: Low back pain for 6 months.

TECHNIQUE: Sagittal inversion recovery, T1 and T2 weighted images were obtained along with axial T1 and T2 weighted images.

FINDINGS: Incidental note is made of a 10 mm cyst in the left kidney.

There are five non-rib bearing lumbar type vertebra. There is a 3 mm hemangioma within the L1 vertebral body. There is a chronic appearing wedge-compression deformity of L1 with approximately 10 to 15% loss of the anterior vertebral body height. No associated edema. There is normal marrow signal. The conus ends normally at T12.

T11-T12 and T12-L1: Normal disc height and signal. No disc herniations, central spinal canal stenosis or foraminal stenosis. Mild-to-moderate bilateral facet joint arthropathy is present.

L1-L2: There is minimal disc desiccation. There is a tiny left paracentral disc protrusion measuring less than 2 mm in anterior-to-posterior dimension. This minimally flattens the anterior thecal sac. No central spinal canal or foraminal stenosis. Mild-to-moderate bilateral facet joint arthropathy is present.

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L2-L3: There is mild disc desiccation and mild loss of disc height. There is a right posterolateral disc extrusion which measures 2 to 3 mm in anterior-to-posterior dimension and 7 mm in cranial-caudal extent. This disc extrusion demonstrates minimal caudal migration. There is resultant mild indentation of the anterolateral thecal sac. This disc extrusion touches but does not displace the exiting right L2 nerve root at the foraminal entrance zone (series 106, image 17).There is also minimal broad-based annular disc bulging which minimally indents the anterior thecal sac. No central spinal canal or foraminal stenosis. Mild-to-moderate bilateral facet joint arthropathy is present.

L3-L4: There is mild disc desiccation and disc height loss. There is mild broad-based annular disc bulging, left greater than right. This results in minimal indentation of the anterior thecal sac. No central spinal canal or foraminal stenosis. Mild to moderate bilateral facet joint arthropathy is present.

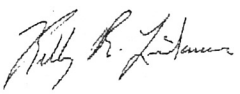
L4-L5: There is mild to moderate disc desiccation and disc height loss. There is mild-to-moderate left greater than right broad-based annular disc bulging which mildly indents the anterior thecal sac. This annular disc bulging also touches the bilateral L5 nerve roots in the lateral recesses ( series 106, image 30). There is moderate bilateral facet joint arthropathy.

L5-S1: There is mild to moderate disc desiccation and disc height loss. There is a broad-based central to right paracentral disc protrusion with associated high intensity zone annular fissuring. This protrusion measures 3 mm in anterior-to-posterior dimension and results in minimal flattening of the anterior thecal sac. This disc protrusion also touches the right S1 nerve root in the lateral recess (series 106, image 36). Mild bilateral facet joint arthropathy is present. No central spinal canal or foraminal stenosis.

**IMPRESSION:**

1. **Chronic mild wedge compression deformity of L1.**
2. **Mild multi-level degenerative disc disease and mild to moderate multi-level facet joint arthropathy involving the lumbar spine as detailed above.**

**#26**



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