ADVANCED IMAGING CENTER
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Patient Name: DUGAN, MARY DOB: 07/29/1953
Patient Number: 1051133
Date of Exam: 04/05/2025 11:00
Referring Doctor: ABDALLAH S. FARRUKH, M.D.

MRI OF THE LUMBAR SPINE

IMPRESSION:

1. At the L5-S1 level: There is a 7 to 8 mm disc protrusion and extrusion which extends below the disc space up to 7 mm. There is disc bulges worse in comparison to the prior exam dated 10/14/2015. There is mild ligamentum flavum and facet hypertrophy. There is severe lateral recess stenosis and neuroforaminal narrowing bilaterally greater on the left than the right with impingement on the L5 and S1 nerve roots greater on the left than the right. There is moderate central spinal canal stenosis.
2. The L2-3 level: There is moderate to severe to space narrowing. There is a 4 to 5 mm disc bulge. There is mild ligament flavum facet hypertrophy. There is moderate lateral recess stenosis and neuroforaminal narrowing bilaterally greater on the right than the left with impingement on the exiting and traversing nerve roots greater on the right than the left. There is moderate central spinal canal stenosis. This level is improved compared to the prior exam dated 10/14/2015.
3. At the L3-4 level: There is a 2 to 3 mm left paracentral disc bulge. There is mild to moderate ligamentum flavum and facet hypertrophy. There is mild lateral recess stenosis and neuroforaminal narrowing bilaterally greater on the left than the right. There is no significant central spinal canal stenosis.
4. At the L4-5 level: There is a 3 to 4 mm disc bulge. There is moderate to severe ligamentum flavum and facet hypertrophy. These findings cause moderate lateral recess stenosis and neuroforaminal narrowing bilaterally with impingement on the exiting and traversing nerve roots greater on the left than the right. There is moderate to severe central spinal canal stenosis.

Indications: 71 year-old female chronic, severe, back and sciatic pain that radiates down right leg causing issues when walking, no injury/trauma, no sx to ROI.

Technique: AIC-LANCASTER: Utilizing an ultra fast, ultra high-resolution High-field 1.5 Tesla Siemens Symphony short-bore MRI scanner with high-performance Quantum gradient system and Integrated Panoramic Array coil technology, the following sequences were obtained: Multiplanar, multiphase MR sequences were obtained.

Comparison: MR SPINE - LUMBAR dated 10/14/2015.

FINDINGS:

There is mild levoscoliosis with apex overlying the L2-3 level. There is moderate to space to space narrowing at the L2-3 level. There is moderate to space narrowing at the L5-S1 level. The disc space heights and vertebrae heights are otherwise within normal limits. The conus medullaris is normal in signal and caliber and ends at the L1 level.

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The L1-2 level: There is a 1 to 2 mm disc bulge. There is mild neuroforamen bilaterally. There is mild central spinal canal stenosis.

The L2-3 level: There is moderate to severe to space narrowing. There is a 4 to 5 mm disc bulge. There is mild ligament flavum facet hypertrophy. There is moderate lateral recess stenosis and neuroforaminal narrowing bilaterally greater on the right than the left with impingement on the exiting and traversing nerve roots greater on the right than the left. There is moderate central spinal canal stenosis. This level is improved compared to the prior exam dated 10/14/2015.

At the L3-4 level: There is a 2 to 3 mm left paracentral disc bulge. There is mild to moderate ligamentum flavum and facet hypertrophy. There is mild lateral recess stenosis and neuroforaminal narrowing bilaterally greater on the left than the right. There is no significant central spinal canal stenosis.

At the L4-5 level: There is a 3 to 4 mm disc bulge. There is moderate to severe ligamentum flavum and facet hypertrophy. These findings cause moderate lateral recess stenosis and neuroforaminal narrowing bilaterally with impingement on the exiting and traversing nerve roots greater on the left than the right. There is moderate to severe central spinal canal stenosis.

At the L5-S1 level: There is a 7 to 8 mm disc protrusion and extrusion which extends below the disc space up to 7 mm. There is disc bulges worse in comparison to the prior exam dated 10/14/2015. There is mild ligamentum flavum and facet hypertrophy. There is severe lateral recess stenosis and neuroforaminal narrowing bilaterally greater on the left than the right with impingement on the L5 and S1 nerve roots greater on the left than the right. There is moderate central spinal canal stenosis.
Thank you for referring this patient to ADVANCED IMAGING CENTER (AIC).

Electronically signed on 04/07/2025 11:42 by
T. Andy Herbold, M.D.
Radiologist
AH/AH Dictated: 04/07/2025 11:42 Transcribed: 04/07/2025 11:42

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Advanced Imaging Center

Patient Name:	DUGAN, MARY	Exam Name:	MR SPINE^LUMBAR
Patient ID:	1051133	Exam Date:	Sat Apr 5, 2025
Patient D.O.B.:	Jul 29, 1953 F071Y	Referring Dr:	FARRUKH A

Comments:

At the L5-S1 level: There is a 7 to 8 mm disc protrusion and extrusion which extends below the disc space up to 7 mm. There is disc bulges worse in comparison to the prior exam dated 10/14/2015. There is mild ligamentum flavum and facet hypertrophy. There is severe lateral recess stenosis and neuroforaminal narrowing bilaterally greater on the left than the right with impingement on the L5 and S1 nerve roots greater on the left than the right. There is moderate central spinal canal stenosis.

The L2-3 level: There is moderate to severe to space narrowing. There is a 4 to 5 mm disc bulge. There is mild ligament flavum facet hypertrophy. There is moderate lateral recess stenosis and neuroforaminal narrowing bilaterally greater on the right than the left with impingement on the exiting and traversing nerve roots greater on the right than the left. There is moderate central spinal canal stenosis. This level is improved compared to the prior exam dated 10/14/2015.

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At the L4-5 level: There is a 3 to 4 mm disc bulge. There is moderate to severe ligamentum flavum and facet hypertrophy. These findings cause moderate lateral recess stenosis and neuroforaminal narrowing bilaterally with impingement on the exiting and traversing nerve roots greater on the left than the right. There is moderate to severe central spinal canal stenosis.

Preliminary Only. Final to Follow. Summary prepared by T.Andy Herbold, M.D.