

Patient: Doe, Jane	Exam Date: 4/1/2016 12:24:42 PM
MRN: 08261947	DOB: 10/26/1948
Ref. Clinician: Demo Physician MD	Gender: F
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PROCEDURE: LSPINE^WITHOUT
IMAGE SEQUENCES: T1 TSE SAG, T2 TSE SAG, T2 STIR SAG, T1 TSE AX, T2 TSE AX
HIGH FIELD MAGNET

HISTORY: Patient complains of low back pain down left leg. No cancer. No surgery.

No prior comparison.

Technique: Multiplanar, multisequence MR imaging of the lumbar spine without gadolinium.

Findings: There is right convexity of the lumbar spine centered at L2-3. Retrolisthesis is noted at the L2-3 and L3-4 levels. There is moderate loss of anterior vertebral body height at L2 which is chronic. Bone marrow edema at the central inferior L2 endplate appears related to an acute Schmorl's node. Bone marrow edema at the L3-4 endplates, eccentric to the left, may be degenerative or compressive induced. No destructive osseous lesions are seen. No epidural or paraspinal masses visualized. The distal spinal cord and conus medullaris are normal in signal and morphology.

At T12-L1, there is no significant disc bulge, protrusion, or extrusion identified. The central canal and neural foramina are patent.

At L1-2, there is mild central canal stenosis due to a diffuse spondylitic disc bulge. There is minimal narrowing of the right neural foramen.

At L2-3, retrolisthesis, combined with a diffuse spondylitic disc bulge to cause moderate central canal stenosis, with the cauda equina nerve roots are hugging the left inner curvature of the central canal at this level. The lateral recesses and neural foramina are narrowed bilaterally. There is moderate bilateral neural foraminal stenosis, greater on the left.

At L3-4, there is moderate to severe central canal stenosis due to a diffuse right eccentric disc bulge. A right lateral and foraminal extrusion is noted. This causes asymmetric narrowing of the right lateral recess and right neural foramen. There is moderate left and moderate to severe right neural foraminal stenosis.

At L4-5, there is moderate to severe central canal stenosis as a result of a right eccentric spondylitic disc bulge and right eccentric facet osteoarthritis. There is severe right and mild left neural foraminal stenosis.

At L5-S1, there is moderate central canal stenosis due to a diffuse spondylitic disc bulge in combination with facet osteoarthritis. There is moderate to severe bilateral neural foraminal stenosis.

Impression:

1. Diffuse lumbar spondylosis, abnormal alignment, and facet osteoarthritis contribute to central canal and neural foraminal stenosis at multiple levels, as detailed above. Central canal stenosis is worst at L3-4 and L4-5, where it is moderate to severe. Central stenosis is moderate at L2-3, and L5-S1, mild at L1-2.
2. Chronic anterior wedging deformity in L2. Small acute Schmorl's node at the inferior L2 endplate.
3. Endplate marrow edema at L3-4 may be degenerative or compressive induced.

INTERPRETING COMPANY: Emergence Teleradiology, Joint Commission Accredited

INTERPRETING DOCTOR: Demo Physician MD

ELECTRONICALLY SIGNED: Signed by Demo Physician at 4/4/2016 12:42:57 PM

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