

**DR NEIL FILGATE**

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Tel:

**PATIENT:** Antonino Casamento  
**DOB:** 16/10/1952 **Age:** 70  
**ID:** 15429641  
**EXAM DATE:** 02/03/2023  
**Reported:** 06/03/2023

Dear, DR FILGATE

Re: **Mr Antonino Casamento - DOB: 16/10/1952**

### **CLINICAL NOTES:**

70 year old, recent onset right thigh pain with mobilising. Clinically has positive femoral nerve stretch. Absent right knee jerk. ? Femoral nerve pathology.

### **MRI LUMBOSACRAL SPINE**

#### **Technique:**

**3T MRI.** Fat and water weighted sagittal and parasagittal imaging was acquired from T10/11 down to S2 /3. Axial and water weighted imaging was acquired from T12/L1 down to L5/S1. T1 weighted axial imaging was acquired from L3/4 down to L5/S1.

**Comparison:** Nil available on PACS.

#### **Findings:**

Loss of the normal lumbar lordosis with straightening of the lumbar spine. The lower thoracic spinal cord imaged, conus and cauda equina appear normal. No canal stenosis with the patient supine. Minor degree of retrospondylolisthesis at L5/S1 with approximately 6mm of anterior slip of S1 below L5. Small posterior annular disc bulges throughout the lumbar spine.

No significant canal stenosis or foraminal narrowing down to and including L3/4.

At the level of L4/5, there is a right posterolateral disc extrusion. The disc extrusion measures approximately 12 x 5mm in short axis and 9.5 x 5.5mm in the right parasagittal plane. This disc extrusion causes compression of the exiting nerve root. Right L4 nerve root sheath compression. The left intervertebral foramen is normal. *Please see key images.*

At the level of L5/S1, there is a small broad-based posterior annular disc bulge. No likely significant foraminal narrowing. No canal stenosis. Normal S1 nerve root sheaths.

Mild facet joint OA at L4/5 and L5/S1. Heterogeneous bone marrow, probably due to red marrow reconversion. No destructive or aggressive bone lesion. Normal prevertebral soft tissues.

### **CONCLUSION:**

**Diffuse spondylotic change as described. Dominant right posterolateral disc extrusion at L4/5 causing right L4 nerve root compression. This probably explains the patient's current symptoms.**

**Truncal obesity.**

**Hepatomegaly noted.**

**No splenomegaly.**

**Grossly normal adrenal glands and kidneys.**

**Heterogeneous bone marrow which is probably due to red marrow reconversion, however, recommend a myeloma screen in a patient of this age group.**

**DR RICHARD ARCHER**

**Electronically signed at 4:34 pm Mon 6 March 2023**

**cc: ,**