

Clinical Results
Health Record

Ms Jasmine M Wilson

147 York Road

Penrith NSW 2750

DOB: 26/12/1951 - Age: 72 years - Female

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Tests Requested: Lumbosacral Spine -IVC CT

Performed By: High Street Medical Imaging 362-368 High Street Penrith Ph:47890009

Requested: 29/05/2024 Yu Lun Leung

Collected: 29/05/2024

Reported: 29/05/2024

To view images:

<https://doctor.radiologygroup.com.au/viewer/visits?code=c05b51a6e6cc7d99210c5440c44dc9074842df5348dfc5d7b9d1e3ecace4e4bd3fd24c3be4c54f9fd586555bd389aaf2700a87672243f67fd3239fc9f75657>

CT LUMBOSACRAL SPINE

Thank you for referring this patient.

Clinical History: Ongoing pain at right ankle, ?referred pain. Previous spondylolisthesis of L4 on L5.

Technique: A highly titrated 640 slice volumetric scan performed through the lumbosacral spine.

Findings:

With the patient lying supine, mild rotational scoliosis convex to the left at mid 3rd level. Vertebral body heights are preserved, disc height reduction at L5/S1, with vacuum phenomenon. Coarse trabecular bone is highly suggestive of demineralisation. Perivertebral soft tissues normal. Mild degeneration SI joints. No sacral insufficiency fracture.

L5/S1: Minimal left paracentral disc bulge, this rubs on left L5. Facets normal. No foraminal stenosis.

L4/L5: 5mm anterolisthesis exposes the disc, with consequent disc bulge, slightly directed to the right. Impingement mainly of right transiting L5 nerve, and less so, potentially of both L4 nerves. Foraminal narrowing only mild. Overall, moderately severe central canal stenosis from facet spondylolisthesis, facet OA especially marked on the right.

L3/L4: Mild central canal stenosis, again from concentric chronic disc bulge and ligamentum flavum hypertrophy. Tiny focus of secondary posterocentral disc protrusion extends into canal posteriorly by 5mm. No foraminal stenosis.

L2/L3: Right facet OA. Eccentric disc bulge, directed slightly to the left from superiorly. Mild bilateral foraminal stenosis.

L1/L2: Eccentric disc bulge is minimal.

COMMENT:

Compared to previous CT of 27/06/2023, and allowing for subjective variability, overall burden of spondylotic changes remain stable, albeit significant.

Prior to any steroid injections, if not already performed, DEXA study was suggested to qualify and quantify bone loss.

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All practices will be closed from Saturday 8th June to Monday 10th June 2024