

Bussell, Susan  
70 Hilton Road, FERNY CREEK. 3786  
Phone: 0439046550  
Birthdate: 11/04/1956 Sex: F Medicare Number: 3319 35123 7-1  
Your Reference: 2024VE0000401 Lab Reference: 2024VE0000401  
Laboratory: Capital Radiology  
Addressee: Dr Mark Utten Referred by: Dr Mark Utten

Name of Test: HIP / GROIN BILATERAL US, SPINE LUMBO SACRAL CT  
Requested: 30/12/2023 Collected: 08/01/2024 Reported: 09/01/2024 08:59

Patient Name: Susan Bussell, DOB: 11/04/1956, Date: 08/01/2024 11:45, Patient Identifier: 259467

#### ULTRASOUND BILATERAL HIPS

**Clinical Notes:**  
Persisting pain and dysfunction.

#### Findings:

##### Ultrasound Right Hip:

Joint capsule appears thickened. No hip joint effusion.

Gluteus minimus tendon 4 x 7mm partial tear. Hypoechoic gluteus minimus tendon is compatible with background tendinopathy. Gluteus medius tendon is unremarkable. Thickened trochanteric bursa, with focal tenderness.

##### Ultrasound Left Hip:

Joint capsule appears thickened. No hip joint effusion.

Gluteus medius and minimus tendons are unremarkable. Thickened trochanteric bursa, without focal tenderness.

#### Conclusion:

Likely thickened bilateral hip joint capsules.  
Right gluteus minimus partial tear and tendinopathy.  
Right trochanteric bursitis.

#### CT LUMBAR SPINE

##### Clinical Notes:

Persisting pain and dysfunction. Sciatica.

##### Technique:

Noncontrast images through the lumbar spine have been obtained.

##### Findings:

Five lumbar-type vertebral bodies. Vertebral body heights are preserved. L3-4 fusion, without evidence of hardware complication. Mild lumbar curvature, convex to the right. Multilevel intervertebral disc height loss. L4 inferior endplate Schmorl's node formation. Left L5 chronic pars interarticularis defect. No significant paravertebral soft tissue abnormality.

##### T12/L1:

No disc herniation. Spinal canal and neural foramina are patent.

##### L1/2:

Small disc bulge, with minimal spinal canal stenosis. Neural foramina are patent.

##### L2/3:

Small right foraminal disc protrusion causes mild right neural foraminal stenosis. Spinal canal and left neural foramen are patent.



**L3/4:**

Mild bilateral facet joint arthropathy. No definite disc herniation. Spinal canal and neural foramina are patent.

**L4/5:**

Large disc bulge, with superimposed right paracentral to foraminal disc extrusion causes mild spinal canal, moderate right and mild left neural foraminal stenosis. Likely impingement of the right descending L5 nerve root at its subarticular recess.

**L5/S1:**

No disc herniation. Spinal canal and neural foramina are patent.

**Conclusion:**

L4/5 large disc bulge, with superimposed right paracentral to foraminal disc extrusion causes likely impingement of the right descending L5 nerve root and moderate right L4 foraminal stenosis. Correlation with the dermatomal distribution of symptoms is recommended. Appearances are progressed when compared to the CT lumbar spine dated 28/07/2021.

**Dr David Wang**  
**MBBS FRANZCR**

Sonographer: J Zhang

**CAPITAL RADIOLOGY VERMONT**

We're open and welcoming patients between Monday - Friday 9:00 am -5:00 pm. We accept e-referrals & digital referrals across all of our practices. Providing patients and referrers with access to General X-ray & OPG, Ultrasound, CT & CTCA, and Interventional Procedures.

There has been a recent upgrade to Best Practice software. If you are using Best Practice software in your clinic please email us at: [bpereferral@capitolhealth.com.au](mailto:bpereferral@capitolhealth.com.au) to ensure e-referrals continue to work for you and your patients.

Copy and paste this link to view images -

<https://connect.capitalradiology.com.au/Portal/app#patients/259467>

