

**Patient Name:** PARKES, MOIRA MOIRA  
**Patient Address:** 56 CHURCH STREET, 2671  
**D.O.B:** 21/03/1975  
**Medicare No.:** 24304377091  
**Lab. Reference:** 3177778  
**Addressee:** DR WILLIAM OGUNDARE  
**Sex at Birth:** F  
**IHI No.:**  
**Provider:** alpenglo  
**Referred by:** DR WILLIAM OGUNDARE  
**Date Requested:** 8/05/2025  
**Date Collected:** 15/05/2025  
**Specimen:**  
**Subject(Test Name):** CT C L SPINE  
**Clinical Information:**



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This report is for: Dr W. Ogundare  
Referred By:  
Dr W. Ogundare

CT C & L SPINE 15/05/2025 Reference: 3177778

CT SPINE

Clinical History: Severe low back pain. No radiculopathy. Chronic neck pain. Facet arthropathy?

Technique:  
Non-contrast CT is performed.

Comparison:  
No relevant prior imaging for comparison.

Findings:  
Cervical spine:  
There is straightening of the cervical lordosis. Multilevel disc and endplate degenerative change are present most marked at C5-6 and C6-7.

Facet joint degenerative changes are mild.

C2-3, C3-4, C4-5 demonstrate no central canal or foraminal narrowing.

C5-6 demonstrates disc and osteophyte causing mild central canal narrowing. There is severe bilateral foraminal narrowing.

C6-7 demonstrates disc osteophyte with no central canal or foraminal narrowing.

C7-T1 demonstrates no central canal or foraminal narrowing.

Lumbar spine:  
The lumbar spine demonstrates normal alignment. There are scattered Schmorl's nodes present. The lowest disc space is defined as a 5 S1.

L1-2, L2-3, L3-4, L4-5 demonstrate no central canal or foraminal narrowing.

L5-S1 demonstrates no central canal narrowing. Facet arthrosis and osteophyte causes severe bilateral foraminal narrowing.

Conclusion:

Severe bilateral C5-6 foraminal narrowing and L5-S1 bilateral foraminal narrowing.

( This report and images are available online at  
<https://pacs.alpenglow.com.au/InteleConnect> )

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Reported by: Dr J. Yeo

Typist: J.T

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