


SUMMERS , MELINDA  
17 COSTELLO GARDENS BUTLER 6036  
Phone: 0428735517

Birthdate:	12/07/1974	Sex:	F	Medicare Number:	4233 83263 8-
Your Reference:	2022R0120152	Lab Reference:	2022R0120152-1		
Laboratory:	Butler Medical Imaging				
Addressee:	DR PETER HUBKA	Referred by:	DR PETER HUBKA		
Name of test:	CT Lumbar Spine				
Requested	08/06/2022	Collected:	01/07/2022	Reported:	01/07/2022 13:28:00



**Patient Name:**SUMMERS, MELINDA  
**DOB:**12/07/1974  
**Gender:**F

**Address:**17 COSTELLO GARDENS BUTLER WA 6036  
**Phone:**  
**Medicare Number:**

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**CT LUMBAR SPINE**

**Clinical History:** Left lower back pain. Lumbar radiculopathy.

**Technique:** An unenhanced CT of the lumbar spine was performed.

**Comparison:** None.

**Report:** Normal lumbar lordosis. Minor right convexity scoliosis at the upper lumbar level. No significant reduction of vertebral body height. No spondylolisthesis or pars defects. No suspicious osseous lesions. No paravertebral or paravertebral soft tissue lesions seen.

L1-2: Mild facet hypertrophy. No significant disc bulge, canal or neural foraminal stenosis.

L2-3: Small disc osteophyte complex. Mild facet hypertrophy. No significant canal or neural foraminal stenosis.

L3-4: No significant disc bulge, canal or neural foraminal stenosis.

L4-5: No significant disc bulge, canal or neural foraminal stenosis. Minor facet hypertrophy.

L5-S1: Mild facet hypertrophy. No significant disc bulge, canal or neural foraminal stenosis.

No retroperitoneal adenopathy. No renal calculi or lesions seen. No pelvic masses



**IMPRESSION:** Mild multifocal spondylosis.

Thank you for referring this patient.

Kind Regards,

Electronically Signed by:  
Dr M ALAMGIR  
BSc. MBBS. FRANZCR.

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