

Patient Name: LANGE, EILEEN
Patient Address: LANCEWOOD, 2671
D.O.B: 19/04/1959
Medicare No.: 22712459632
Lab. Reference: 2553889
Addressee: DR WILLIAM OGUNDARE

Gender: F
IHI No.:
Provider: alpenglo
Referred by: DR WILLIAM OGUNDARE

Date Requested: 25/05/2023

Date Performed: 29/05/2023

Date Collected: 29/05/2023

Complete:

Specimen:

Subject(Test Name): CT L SPINE

Clinical Information:



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

CT L SPINE 29/05/2023 Reference: 2553889

CT LUMBAR SPINE

Clinical History: Lumbar radicular pain, left.

Findings:

Lateral curvature convex to left maximal at L1/L2. There appears to be minor L1/L2 and L2/L3 retrolisthesis as well as minor L4/L5 anterolisthesis. Vertebral body heights are preserved. Facet joint degenerative changes seen especially throughout left side T12/L1, right side L3/L4 as well as bilateral L4/L5-L5/S1.

L1/L2: Disc osteophyte complex is causing mild canal narrowing. Minor right foraminal narrowing. No significant left foraminal narrowing.

L2/L3: Disc osteophyte complex and ligamentum flavum hypertrophy has mild associated canal narrowing. No significant foraminal narrowing.

L3/L4: There is also mild canal narrowing due to disc osteophyte complex and ligamentum flavum hypertrophy. Mild left foraminal narrowing also demonstrated especially due to osteophyte. No significant right foraminal narrowing.

L4/L5: Disc osteophyte complex and ligamentum flavum hypertrophy is causing mild canal and bilateral foraminal narrowing.

L5/S1: Marked left-sided foraminal narrowing due to disc osteophyte complex. Minimal central canal narrowing. No significant right foraminal narrowing.

Conclusion:

Prominent left L5/S1 foraminal narrowing due to disc osteophyte complex with probable impingement of exiting left L5 nerve root.

Elsewhere, lesser degree foraminal as well as canal narrowing due to degenerative changes.

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