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Birthdate: 02/08/1971 **Sex:** M **Medicare Number:** 6221 20894 3-

Your Reference: 2020V0006224 **Lab Reference:** 2020V0006224-1

Laboratory: westnrad

Addressee: Dr Dennis BERMAN **Referred by:** Dr Dennis BERMAN

Name of test: Lumbar Spine L1-L5 MRI

Requested 05/05/2020 **Collected:** 11/05/2020 **Reported:** 11/05/2020 10:33:00


Western Radiology

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WR Patient ID: WR140363

MRI LUMBAR SPINE

CLINICAL HISTORY:

Persistent pain in lower lumbar region.

FINDINGS:

There is minimal retrolisthesis of L2 upon L3 and L3 upon L4 vertebrae. No vertebral body collapse is seen. There are no MR signs of pars interarticularis defect. The spinal cord ends at T12/L1 level with no abnormal signal within the lower thoracic spinal cord and conus medullaris.

T12/L1: The intervertebral disc height, signal and contours are maintained. No neural compromise is seen.

L1/2: There is minimally reduced intervertebral disc height with patchy loss of intervertebral disc signal. There is no intraspinal focal disc herniation, dural sac or nerve root compromise. No significant facet degeneration is present.

L2/3: There is reduced intervertebral disc height and signal with anterior osteophyte formation and endplate degenerative changes. There are type II Modic degenerative changes at the inferior endplate of L2 and superior endplate of L3 vertebral bodies. Minimal bone marrow oedema is also demonstrated at the endplates. Minimal generalised disc bulge is present. There is no dural sac or nerve root compromise. No significant facet degeneration is identified.

L3/4: There is reduced intervertebral disc height and signal with endplate degenerative changes. There is generalised disc bulge. There is also right facet degeneration and synovial hypertrophy at both facet joints. There is no dural sac compromise or impingement on the exiting nerve roots.

L4/5: There is reduced intervertebral disc height and signal with endplate

degenerative changes. There is generalised disc bulge with predominant mid posterior to left lateral component. There is also bilateral facet hypertrophy and facet degeneration. There is also endplate bone marrow oedema at L4/5 level with significant bone marrow and para-articular soft tissue oedema at the facet joints, right side more than the left side. The combination of above findings is seen to cause left subarticular recess narrowing with impingement on the intradural component of the left L5 nerve root. There is no dural sac compromise or impingement on the exiting L4 nerve roots. The left L4 exiting nerve root is seen to abut the foraminal complaint of the disc bulge.

L5/S1: There is reduced intervertebral disc height and signal with endplate degenerative changes and bone marrow oedema. Bilateral facet degeneration is present. There is broad based mid posterior disc protrusion indenting the thecal sac anteriorly. There is no dural sac compromise or impingement on the S1 nerve roots. The exiting L5 nerve roots are seen to abut the osteophyte disc ridge at the intervertebral neural foramina. There is endplate bone marrow oedema at L5/S1 level.

The paravertebral soft tissues are normal in appearances.

COMMENT:

Degenerative disc changes and facet arthropathy are demonstrated at multiple levels as detailed.

Endplate bone marrow oedema at L3/4-L5/S1 level is likely related to degenerative disc change. There is also significant bone marrow and para-articular soft tissue oedema at L4/5 facet joints, right side worse than the left side.

There is no spinal canal stenosis.

There is impingement on the intradural component of the left L5 nerve root at L4/5 subarticular recess.

The patient was unwilling for MRI thoracic spine.

Thank you for your referral.

Yours sincerely,

Dr Ashish Chawla
MBBS FRANZCR

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