

Patient Name: CHIVERS, ROBYN
Patient Address: 20 PARRY STREET, SEYMOUR 3660
D.O.B: 6/08/1957 Gender: F
Medicare No.: 3155991909 IHI No.:
Lab. Reference: 65708 Provider: kilmorei
Addressee: DR RESHAN Referred by: DR RESHAN
GODWIN GODWIN

Date Requested: 15/04/2024 Date Performed: 20/05/2024
Date Collected: 20/05/2024 Complete: Final
Specimen:

Subject(Test Name): CT LUMBAR SPINE, CT PELVIS ONL

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Referring Practitioner:
Dr Reshan GODWIN
Goulburn River Group Practice
58-60 Station Street
SEYMOUR VIC 3660

Patient Name:
Robyn CHIVERS
20 Parry Street,
SEYMOUR VIC 3660

D.o.B.: 06-08-1957, PID: 7526

Procedure Date:
20 May 2024

Report Date:

CT LUMBAR SPINE, CT PELVIS ONLY, CT RIGHT HIP

Clinical details: Lower back pain and right hip joint pain.

Technique: Standard non-contrast CT lumbar spine, CT pelvis and right hip with multiplanar reformation.

Findings: CT lumbar spine:

Normal lumbar spine alignment maintained down to the inferior endplate of the L3. 2 mm Minor anterolisthesis is noted at L4 3–L4. No spondylolysis. No acute or significant past wedge compression fractures.

L1-L2: No disc herniation and no disc bulge.

L2-L3: Mild symmetrical disc bulge and mild to moderate facet arthropathy is present.

L3-L4: Circumferential disc bulge and advanced facet arthropathy result in moderate central canal stenosis. Exiting neural foramina is narrowed and L3 nerve abuts the degenerated disc right more than left.

L4-L5: Circumferential disc bulge and advanced facet arthropathy result in mild central canal stenosis. Both exiting neural foramina is narrowed and bilateral exiting L4 nerve roots abuts the degenerated disc.

L5-S1: No disc bulge or disc herniation. Central canal diameter is satisfactory. Advanced bilateral facet arthropathy is noted. Exiting neural foramina is narrowed and there is abutment of right L5 nerve root in proximal neural foramina.

Conclusion:

1. Advanced bilateral facet arthropathy between L2-3 and L5.
2. Moderate central canal stenosis at L3-L4.
3. L3-L4 and L4-L5 demonstrate abutment of nerve roots in the neural foramina this may be a potential cause for nerve irritation specially in the L4-L5 right side.

CT pelvis: Both hips and located. Both hips demonstrate mild to moderate osteoarthritis in the weight-bearing superior joint surface. Left changes is more pronounced than right.

Right acetabular roof demonstrate subchondral plate sclerosis and cystic degeneration. A right femoral head-neck junction configuration is normal and no Cam morphology.

Right greater trochanter demonstrate bony enthesopathy at gluteal insertion. No femoral neck fractures detected.

No pelvic girdle fractures detected. No sacral alar stress fractures detected. Moderate sacroiliac joint degeneration is present. Sigmoid colon is diverticular disease is present. No pelvic free fluid. Previous hysterectomy is noted.

No focal soft tissue abnormality in the groin.

Conclusion:

1. Moderate degeneration is noted in both sacroiliac joints.
2. Both hip shows moderate osteoarthritis, left changes are slightly more pronounced than right. Bony enthesopathy in the right greater trochanter.

Thank you for referring Robyn Chivers.

Dr Inoka Karunarathna

Radiologist (MBBS, MD, FRCR, FRANZCR)

Typed by: inoka

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