

Dr Sara Golvandani
19-31 Dickson Road
Morayfield 4506
Tel: 0753224900
17th March 2023

Patient ID: 77.133640
Accession Number: 77.42744140

Reported: 17 March 2023

Dear Dr Golvandani

Re: **Ms Kaiya Chen - DOB: 04/08/1993**
2 Spring Lane CABOOLTURE 4510

MRI LUMBAR SPINE AND RIGHT HIP

History:

Pain in the lumbar spine for 2 years. Radiation to the right hip.

Technique:

MRI lumbar spine and right hip.

Comparison:

No prior imaging available.

Findings:

MRI LUMBAR SPINE

Normal alignment. Normal vertebral body height. Minor Modic type I endplate change in the L5 inferior endplate.

L1-2: Normal disc height and signal. No protrusion/extrusion. No significant facet joint arthropathy. No canal narrowing.

L2-3: Normal disc height and signal. No protrusion/extrusion. No significant facet joint arthropathy. No canal narrowing.

L3-4: Normal disc height and signal. No protrusion/extrusion. No significant facet joint arthropathy. No canal narrowing.

L4-5: Normal disc height and signal. No protrusion/extrusion. No significant facet joint arthropathy. No canal narrowing.

L5-S1: Decreased disc signal. Disc height is maintained. Right paracentral disc protrusion. No significant facet

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joint arthropathy. Mild right neural foraminal narrowing. No central canal narrowing.

The conus terminates at L1. Normal appearance of the cauda equina nerve roots.

The paraspinal structures are unremarkable.

MRI RIGHT HIP

No joint effusion or synovitis. Normal capsule and ligaments. No dysplasia.

Normal marrow signal. No features of avascular necrosis or stress injury.

Normal labrum.

No cartilage injury. Preserved chondral thickness at the weight-bearing surface.

No features predisposing to cam-type or pincer-type femoroacetabular impingement. No superior acetabular rim retroversion, over-coverage or os acetabuli. Normal head/neck angle. Small focus of fibrocystic change in the anterosuperior femoral neck.

Intact gluteus medius and gluteus minimus tendons. No distension of the trochanteric bursa.

Intact hamstring origin. Intact iliopsoas tendon. No distension of the iliopsoas bursa. No features of ischiofemoral impingement.

No visceral abnormality in the visualised pelvis.

Impression:

L5-S1 right paracentral disc protrusion with mild neural foraminal narrowing and potential compromise of the exiting right L5 nerve root.

No alternative cause for right hip pain identified.

Dr Ryan ODempsey

Electronically signed at 11:11 am Fri, 17th Mar 2023

cc: Dr Jordan

cc: Doctor Shahar

Dr Paul Jordan
M.B.B.S. BHealthscience
Prov No. 5644665B Pres No. 3073243
Glasshouse Mountains Medical Centre
9 Bruce Parade, Glasshouse Mountains 4518
Ph No. 5343 9700 Fax No. 5343 9788

