

DAVIES , DONNA
7 LIGHTBODY COURT 4208
Phone: 0413 399 167

Birthdate: 15/04/1967

Sex: F

Medicare
Number: 42689459161

Your
Reference:

Lab
Reference: 4014531

Laboratory: Radiant Radiology
Addressee: Dr. ANNALIESA
COLCOMB-WHITE

Referred
by: Dr. ANNALIESA COLCOMB-WHITE

Name of
test: CT LUMBO-SACRAL SPINE - NO CONTRAST

Requested 16/05/2024

Collected: 20/05/2024
Reported: 21/05/2024
11:33:00



Patient Name: DAVIES,
DONNA
DOB: 15/04/1967
Gender: F

Address: 7 LIGHTBODY
COURT ORMEAU QLD 4208
Phone: 0413 399 167
Medicare Number:

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This report is for: Dr A. Colcomb-White
Referred By:
Dr A. Colcomb-White

CT LUMBAR SPINE 20/05/2024 Reference: 4014531

CT LUMBAR SPINE

Clinical History: Low back pain with radiculopathy on the left. Not responding.

Technique:
Volume scans of the lumbar spine have been performed followed by multiplanar reconstructions.

Findings:
Vertebrae:
The lumbar lordosis is maintained.
Vertebral height, morphology and alignment appears normal.
There is no obvious spondylolysis or listhesis.

Discs:
L2/3: Moderate right facet arthropathy is seen.
Minor disc bulge is noted which slightly indents the anterior epidural fat without significant neural foraminal compromise.
L3/4: Bilateral moderate facet arthropathy is noted. There is a minor central disc bulge which indents the thecal sac without neural foraminal compromise.
L4/5: Minor central disc bulge which indents the anterior epidural

fat without neural foraminal compromise. Minor facet arthropathy is seen.

L5/S1: Broad-based disc bulge which produces anterior epidural fat compression without neural foraminal compromise. Bilateral minor facet arthropathy is seen.

Bony spinal canal appears capacious.

Prevertebral and paraspinal regions appear normal.

Comment:

Moderate right L2/3 and bilateral L3/4 facet arthropathy.

Small L3/4 disc bulge as mentioned.

Minor disc bulges at the L4/5 and L5/S1 levels.

No large disc protrusion or herniation is seen at any level.

Please correlate with the dermatomal distribution of pain.

If there is predominant symptoms of radiculopathy, an epidural steroid injection at the L4/5 or L3/4 level may be considered.

If there is localised pain from facet arthropathy, facet joint steroid injections at the L3/4 level bilaterally and right L2/3 facet joint may be considered.

Thank you for referring this patient.

Typist: Is

Radiologist: Dr R. Eswaren

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DAVIES , DONNA
7 LIGHTBODY COURT ORMEAU QLD
Phone: 0413 399 167

Birthdate: 15/04/1967 Sex: F Medicare Number: 42689459151

Your Reference: Lab Reference: 3543670

Laboratory: Radiant Radiology

Addressee: Dr. ANNALIESA COLCOMB-WHITE Referred by: Dr. ANNALIESA COLCOMB-WHITE

Name of test: ULTRASOUND - HIP OR GROIN - Unilateral; LEFT HIP JOINT (OF068); PELVIS

Requested 17/04/2023 Collected: 19/04/2023 Reported: 21/04/2023 05:03:00



Patient: DAVIES, DONNA, 1967-04-15
Date of Service: 19/04/2023 4:22:00 PM
Addressee: COLCOMB-WHITE, Dr Annaliesa

This report is for: COLCOMB-WHITE, ANNALIESA (Extra Copy)
Referred By:
Dr A. Colcomb-White

Copies:
COLCOMB-WHITE, ANNALIESA (Extra Copy)
COLCOMB-WHITE, ANNALIESA (Extra Copy)

ULTRASOUND LEFT HIP + XRAY PELVIS 19/04/2023 Reference: 3543670

ULTRASOUND & X-RAY LEFT HIP

History: Progressive left hip pain ?OA ?severity.

Additional Information:
Comparison: X-ray left hip, Radiant Radiology, dated 19/04/2023.

Findings:
Ultrasound Left Hip
Anterior Hip:
Tensor fascia lata origin: Mild tendinopathy and mild tenderness. No tear seen.
Rectus femoris Origin: Mild insertional cortical irregularity and focal enthesopathy noted. No tendinopathy or tenderness or tear seen.
Anterior hip joint: Mild tenderness. Anterior labrum noted. 4 x 2 x 3mm (0.01ml) para labral cyst seen.
Iliopsoas bursa: Normal appearance.

Iliopsoas muscle: Normal appearance.

Lateral Hip:

Mild greater trochanter cortical irregularity noted.

Gluteus minimus tendon: Normal appearance.

Gluteus medius tendon: Normal appearance.

Greater trochanter bursa: Mild tenderness and mild bursitis noted.

Iliotibial band: Normal appearance.

X-Ray Pelvis & Left Hip

Bony alignment is normal.

No acute fracture or dislocation.

Bilateral hip joint spaces are maintained and the articular surfaces are regular.

No periarticular calcification is seen.

Minor irregularity at the greater trochanter.

Post tubectomy clips in the pelvis.

Impression:

No specific bony or articular abnormality on plain x-ray.

Left tensor fascia lata shows mild tendinopathy and there is mild greater trochanteric bursitis.

Anterior hip joint also shows a small paralabral cyst of 4 x 2mm.

Thank you for referring this patient.

Typist: nk/ls

Images can be accessed using the below intelepacs or Medinexus.

Kindly contact us if any issues.

<https://pacs.scanaptics.com.au>

Radiologist: Dr U. Shetty

DAVIES, DONNA
7 LIGHTBODY COURT ORMEAU QLD
Phone: 0413 399 167

Birthdate: 15/04/1967 Sex: F Medicare Number: 42689459151

Your Reference: Lab Reference: 3577246

Laboratory: Radiant Radiology

Addressee: Dr. ANNALIESA COLCOMB-WHITE Referred by: Dr. ANNALIESA COLCOMB-WHITE

Name of test: U/S - MID OR FORE FOOT - Unilateral; ULTRASOUND PELVIS

Requested 11/05/2023 Collected: 19/05/2023 Reported: 21/05/2023 22:25:00



Patient: DAVIES, DONNA, 1967-04-15
Date of Service: 19/05/2023 3:48:00 PM
Addressee: COLCOMB-WHITE, Dr Annaliesa

This report is for: Dr A. Colcomb-White
Referred By:
Dr A. Colcomb-White

ULTRASOUND PELVIS & RIGHT ELBOW 19/05/2023 Reference: 3577246

ULTRASOUND RIGHT ELBOW

History: Numbness and pain into hand at dorsal and ulnar aspects;
previous history of tennis elbow many years ago; medial elbow pain.

Findings:

Lateral elbow:

Common extensor origin: Mild tendinopathy noted. No tenderness or
tear is seen.

Radial collateral ligament: Normal appearance.

Lateral epicondyle spur: Small size lateral epicondyle spur with no
tenderness elicited.

Anterior elbow:

Biceps tendon: Normal appearance.

Median nerve: Normal appearance.

Radial nerve: Normal appearance.

Elbow joint: Effusion - trace effusion. No tenderness.

Medial elbow:

Common flexor origin: Moderate tendinopathy and mild tenderness. No

Others:

No free fluid in the pelvis.

Impression:

Uterus is normal in size and the endometrium is thin measuring 3.8mm.

Ovaries unfortunately were not seen in the present study.

No obvious pelvic mass is noted.

Thank you for referring this patient.

Typist: dev

Images can be accessed using the below intelepacs or Medinexus.

Kindly contact us if any issues.

<https://pacs.scanaptics.com.au>

Radiologist: Dr U. Shetty