

Patient Name: TEMPLETON, KAYE-ANNE
Patient Address: PO BOX 2121, TRARALGON VIC 3844
D.O.B: 9/05/1966
Medicare No.: 3211349943
Lab. Reference: Addressee: DR PAUL COUGHLAN
Date Requested: 8/12/2021
Date Collected: 10/12/2021
Specimen:
Subject(Test Name): MRI Lumbar Spine (No Rebate)
Clinical Information:
Gender: F
IHI No.:
Provider: Baw Baw Radiology
Referred by: Dr Paul Coughlan
Date Performed: 10/12/2021
Complete:

Patient ID: 64.425011
Dr Paul Coughlan
Folio:
UR Number:

Order: 64.966219_1

Patient Details: TEMPLETON, Ms Kaye-Anne ID: 64.425011
DOB: 09/05/1966 Gender: F Acc No: 64.966219
PO BOX 2121 TRARALGON VIC 3844

Report To: DR P COUGHLAN COPIES TO:
11 Kay Street
TRARALGON VIC 3844
Exam Date: Friday, 10 December 2021
Site: Baw Baw Radiology

MRI LUMBAR SPINE

Clinical Notes:
Evolving L5/S1 paraesthesia despite conservative measures and oral steroids.
Left AJ absent. No motor loss. No saddle sensory loss.

Findings:
Five lumbar type vertebrae.
Normal lumbar alignment.
The conus ends at the L1/2 level and is unremarkable.
No suspicious or aggressive marrow signal.
Normal bulk and symmetry of the posterior paravertebral musculature.

L1/2:
Unremarkable.

L2/3:
Unremarkable.

L3/4:
Unremarkable.

L4/5:
Mild intervertebral disc desiccation with a shallow broad based disc bulge. No spinal canal narrowing. Mild right foraminal and subarticular recess narrowing. Mild to moderate right and mild left facet joint degeneration.

L5/S1:
There is a focal left paracentral and foraminal disc protrusion. This results in high grade left subarticular recess narrowing with distortion and displacement of the traversing left S1 nerve root. There is mild-moderate left foraminal narrowing with contact of the exiting left L5 nerve root. No spinal canal narrowing. No right foraminal or subarticular recess narrowing. This occurs on the background of early intervertebral disc degeneration with loss of disc height and mild adjacent sclerosis and oedema. Mild facet joint degeneration.

Opinion:

At L5/S1, there is a left paracentral and foraminal disc protrusion which impinges the traversing left S1 nerve root. There is also mild to moderate left foraminal narrowing, with contact but not impingement of the exiting left L5 nerve root.

If appropriate, a CT guided left S1 nerve root injection could be considered for pain relief (but this would likely have no impact on the paraesthesia).

Electronically signed by: Dr Jonathan Dillon at 12:20 PM Fri, 10 Dec 2021

The average T Score is: -1.9
The average Z Score is: -0.8
Osteopenia is present in the lumbar spine. Increased risk of fracture.
When compared to the previous scan from 03/08/2023, the change in average BMD in the lumbar spine is -2.7%.

LEFT FEMORAL NECK / HIP:

The BMD in the femoral neck is 0.637 g/cm²
The lowest T Score in the femoral neck / hip is -2.4
The lowest Z Score in the femoral neck / hip is -1.5
Osteopenia is present in the femoral neck. Increased risk of fracture.
When compared to the previous scan from 03/08/2023, the change in BMD in the femoral neck is -0.9%.

Note:

T Score between 0 and -1.0 is considered normal.
T Score between -1 and -2.5 indicates osteopenia is present.
T Score of less than -2.5 indicates osteoporosis.
(WHO Classification)

Radiologist: Dr H. W. Aw Yeang
N/A

Start Patient : TEMPLETON, KAYE-ANNE
2 ROEBUCK BAY, TRARALGON, VIC 3844
Birthdate: 09/05/1966 Age: Y58 Sex: F
Telephone: 0408149922

Your Reference : 902255099804
Lab Reference : 24-33669577
Medicare Number: 3211349944
Phone Enquiries:

Referred By... : DR. PAUL COUGHLAN
Copy To.. : PRIVACY OFFICER
Addressee : DR. PAUL COUGHLAN 0145312A
Lab. Reference: 24-33669577-VID-0

SERUM 25 - HYDROXY VITAMIN D

Date	Lab. No.	25 - Hydroxy Vitamin D (nmol/L)	Ref. Range (> 50)
15/12/23	45772892	83	
04/01/24	30817395	67	
23/04/24	31488329	72	
17/09/24	33669577	68	

Optimal vitamin D concentrations are greater than 50 nmol/L at the end of winter and greater than 60-70 nmol/L at the end of summer.

Method: DiaSorin Liaison XL immunoassay. Note that this test cannot be used to monitor patients taking exclusively 1,25 dihydroxy Vitamin D (Calcitriol).

Requested Tests : GS, TFT, VID, FES, MBI, LIP, FBE

Consent has been obtained from the patient to release relevant medical details.

Name: TEMPLETON, KAYE-ANNE KAYE-ANNE
Address: PO BOX 2121
TRARALGON VIC. 3844
D.O.B.: 09/05/1966 Sex at Birth: F
Medicare No: 32113499441
IHI No:
Lab. Reference: 16914467
Date Requested: 29/08/2024

Addressee: DR PAUL COUGHLAN
Referred by: DR PAUL COUGHLAN
Collected: 10/09/2024 14:13
Specimen:
Test Name: BMD - No rebate
Clinical information:

This report is for: Dr P. Coughlan
Referred By:
Dr P. Coughlan

Copies:
Dr S. Jayathilake

BMD 10/09/2024 Reference: 16914467

BONE MINERAL DENSITOMETRY

FINDINGS:

LUMBAR SPINE L1-L4:

The average BMD is 0.84 g/cm²

The average T Score is: -1.9

The average Z Score is: -0.8

Osteopenia is present in the lumbar spine. Increased risk of fracture.

When compared to the previous scan from 03/08/2023, the change in average BMD in the lumbar spine is -2.7%.

LEFT FEMORAL NECK / HIP:

The BMD in the femoral neck is 0.637 g/cm²

The lowest T Score in the femoral neck / hip is -2.4

The lowest Z Score in the femoral neck / hip is -1.5

Osteopenia is present in the femoral neck. Increased risk of fracture.

When compared to the previous scan from 03/08/2023, the change in BMD in the femoral neck is -0.9%.

Note:

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(WHO Classification)

Radiologist: Dr H. W. Aw Yeang
N/A

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0145312A

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