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|-------------------------|---|------------------------|---------------------------|
| <b>Patient:</b>         | <b>Carole Taylor</b>                                | <b>Patient ID:</b>     | <b>4444908</b>            |
| <b>DOB:</b>             | <b>15/02/1966</b>                                   | <b>Referring Dr:</b>   | <b>Dr Peter Louis</b>     |
| <b>Patient Address:</b> | <b>4 CARRINGTON DRIVE<br/>PAKENHAM<br/>VIC 3810</b> | <b>fax:</b>            |                           |
| <b>Examination:</b>     | <b>MR Spine - NR without<br/>contrast</b>           | <b>Accession No.:</b>  | <b>50008730237</b>        |
| <b>Date Performed:</b>  | <b>29/04/2023</b>                                   | <b>Site Performed:</b> | <b>Moorabbin Hospital</b> |

Dear Dr Peter Louis. Thank you for referring Mrs Carole Taylor to Monash Imaging.

MRI lumbosacral spine.

Note is made of the CT abdomen of 10/07/2019.

Spinal alignment appears satisfactory. The included distal cord and conus are within normal limits.

The levels down to and including L1-L2 appear preserved.

At L2-L3 there is a focal disc extrusion in the left foraminal region measuring 8 x 7 x 5 mm in size as seen on series 301 image 13 and series 501 image 6. It is T2 bright and relatively likely be recent in origin. It contacts the traversing left L3 nerve root without compression. It appears to contact and displace the exiting left L2 nerve root without compression. Central canal remains satisfactory.

At L3-L4 there is disc signal change with loss of height and posterior annular fissuring. Shallow broad based prominence. Central canal remains satisfactory. Borderline subarticular narrowing. Exit foramen remain satisfactory.

At L4-L5 there is chronic complete loss of disc height as seen on the earlier CT study. Moderate facet hypertrophy. Central canal reduced but adequate. Bilateral subarticular narrowing, greater on the left. Exit foramen reduced but adequate.

At L5-S1 there is chronic complete loss of disc height as seen on the earlier CT study. Central canal remains satisfactory. Exit foramen are reduced but adequate.

#### Conclusion

Probable recent disc extrusion in the left foraminal region at L2-L3 with contact of nerve roots without significant compression.

Chronic mechanical change at L3-L4, L4-L5 and L5-S1 with potentially symptomatic multilevel subarticular narrowing.

No current areas of high-grade canal stenosis.

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| Monash Children's Hospital    | 246 Clayton Road, Clayton, Vic. 3168                | 03 9594 2200 | 03 8572 3234 |
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