
MRI LINDSAY CLARK

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To: Lesley Likens <lesleylikens@gmail.com>

Fri, Jul 18, 2025 at 12:26 PM

Hi Lesley

I hope all's well!

Following is an extract of my MRI. I'm in the process of making an appointment with my Neurosurgeon to discuss.

See you next week. Cheers. Lindsay

MRI of the lumbar spine:

Clinical details:

Right L5 radicular pain for assessment..

Technique:

Sagittal T1, T2; axial T2.

Findings:

Normal appearance and position of the conus. There is an early grade 1 anterolisthesis of L3 on L4 due to severe facet joint arthropathy.

Otherwise normal alignment. No sinister bone marrow signal abnormality is seen. A small L1 vertebral body haemangioma is noted.

L1-2:

Marked desiccation of the intervertebral disc with a small circumferential disc bulge. Mild facet joint OA changes. No central canal, lateral recess, or exit foraminal stenosis.

L2-3:

Marked desiccation of the intervertebral disc with a small circumferential disc bulge. Mild facet joint OA changes. There is minimal bilateral exit foraminal stenosis. No central canal or lateral recess stenosis.

L3-4:

Severe bilateral hypertrophic facet arthropathy with resultant grade 1 anterolisthesis of L3 on L4. Evidence of previous laminectomy. There is severe desiccation of the intervertebral disc with a prominent circumferential disc bulge and small posterior endplate osteophytes. There is resultant moderate to severe bilateral exit foraminal stenosis with compression of the exiting L3 nerve roots bilaterally. There is minimal bilateral recess stenosis. No central canal stenosis.

L4-5:

Previous laminectomy is noted. There are moderate facet joint OA changes. There is marked desiccation of the intervertebral disc with a prominent circumferential disc bulge and small posterior endplate osteophytes. There is resultant moderate bilateral exit foraminal stenosis with mild compression of the exiting L4 nerve roots bilaterally. No central canal or lateral recess stenosis.

L5-S1:

Severe desiccation of the intervertebral disc with a small broad posterior disc bulge and prominent posterior endplate osteophytes. Mild-to-moderate facet joint OA changes. There is resultant moderate to severe bilateral exit foraminal stenosis with compression of the exiting L5 nerve roots, worse on the right. No central canal or lateral recess stenosis.

Conclusion:

Significant degenerative bilateral exit foraminal stenosis at L3-4, L4-5, and L5-S1 with compression of the corresponding exiting nerve roots as described above. This is most severe in the right L5-S1 exit foramen.

Signed: Dr Julius Tamangani

Practitioners can access images and reports online at [https://](https://pacs.bendigohealth.org.au/synapse)

pacs.bendigohealth.org.au/synapse

Please call PACS Admin 03 54548648 for access.

18/07/2025, 10:20 Mr Francois Clark (03/12/1951) 3089398332-1

https://gentu.io/patients/015cfbff-e31f-426e-b8c6-2d45da73331e/clinical_history 1/2

Patient Details

Patient name: Mr Francois Clark Gender: Male