

**Patient Name:** MACKENZIE, JANICE JANICE  
**Patient Address:** 14 BROWN STREET, WEST WYALONG NSW 2671  
**D.O.B:** 17/09/1940 **Sex at Birth:** F  
**Medicare No.:** 22006903882 **IHI No.:**  
**Lab. Reference:** 16991586 **Provider:** Regional Imaging  
**Addressee:** DR WILLIAM OGUNDARE **Referred by:** DR VINNY MAMO  
  
**Date Requested:** 1/10/2024 **Date Performed:** 10/10/2024  
**Date Collected:** 10/10/2024 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** MRI L SPINE SCIATICA  
**Clinical Information:**

This report is for: Dr W. Ogundare  
Referred By:  
Dr V. Mamo

Copies:  
Dr W. Ogundare  
Dr L. Campbell

MRI L SPINE - PT HAS LOOP RECORDER 10/10/2024 Reference: 16991586

MRI LUMBAR SPINE

CLINICAL HISTORY: Right leg pain,? L2 or L3 nerve root lesion

TECHNIQUE: Non-contrast scan.

FINDINGS: Left adnexal cyst is unchanged since 2018, unlikely to be significant

L1-2: Anterior osteophytes. Mild broad based disc bulge, but no neural compression.

L2-3: Anterior osteophytes. Mild central canal stenosis secondary to right paracentral disc protrusion. The exit foramina are patent.

L3-4: Mild central disc protrusion, but no neural compression is visualised.

L4-5: Mild broad-based disc bulge, but no neural compression. Mild left facet OA.

L5-S1: Mild central disc protrusion, but no central canal, or lateral recess stenosis. Mild right foraminal stenosis. Severe left foraminal stenosis of the exiting left L5 nerve root. Moderate bilateral facet OA.

CONCLUSION: No right-sided neural impingement. There are imaging features of left L5 nerve root impingement, for clinical correlation.

Radiologist: Dr Y. Kwong  
N/A