

**Patient Name:** PARKES, JOHN  
**Patient Address:** 54 PERSEVERANCE STREET, 2671  
**D.O.B:** 7/11/1940  
**Medicare No.:** 21715909691  
**Lab. Reference:** 1661404  
**Addressee:** DR WILLIAM OGUNDARE

**Gender:** M  
**IHI No.:**  
**Provider:** alpenglo  
**Referred by:** DR WILLIAM OGUNDARE

**Date Requested:** 9/03/2020  
**Date Collected:** 11/03/2020

**Date Performed:** 11/03/2020  
**Complete:**

**Specimen:**  
**Subject(Test Name):** CT L SPINE  
**Clinical Information:**

This report is for: Dr W. Ogundare  
**Referred By:**  
Dr W. Ogundare

CT L SPINE 11/03/2020 Reference: 1661404

CT LUMBAR SPINE

**Clinical History:** Radicular pain.

**Technique:** Multislice axial scans have been performed from L1 to mid sacrum.

**Findings:**

There is mild curve of lumbar spine convex to the right. Mild multilevel anterior endplate osteophytes are noted.

At L1/2 level, minimal posterior disc bulge is noted without focal disc protrusion or central canal stenosis. Minimal lateral disc osteophyte complexes are noted without significant foraminal stenosis.

*osteophytes = spurs.*

At L2/3 level, there is minimal retrolisthesis. Minimal posterior annular disc bulge is noted without focal disc protrusion or significant central canal stenosis. Mild lateral disc bulges and endplate osteophytes are noted without significant foraminal stenosis or nerve root compression.

At L3/4 level, there is mild broad-based posterior annular disc bulge slightly indenting ventral surface of the thecal sac. Mild facet joint arthrosis is noted. Mild central canal stenosis is noted. Mild lateral disc osteophyte complexes are noted more marked on the left resulting in mild foraminal stenosis.

At L4/5 level, there is mild disc height narrowing. There is minimal retrolisthesis. There is mild broad-based posterior disc osteophyte complex slightly indenting ventral surface of the thecal sac resulting in mild central canal stenosis. Moderate facet joint arthrosis is noted. Lateral endplate and facet joint osteophytes are noted encroaching exit foramina resulting in mild foraminal stenosis.

At L5/S1 level, there is mild broad-based posterior annular disc bulge without significant central canal stenosis. Mild to moderate facet joint arthrosis is noted more marked on the right with associated mild subarticular stenosis. Lateral disc osteophyte complexes together with facet joint osteophytes encroaching exit foramina most severe on the right resulting in mild to moderate foraminal stenosis.

No pars defect is seen. No compression fracture is seen. Partial sacralisation of L5 on the right is noted.

**Conclusion:**