

This report is for: Dr R. Pungutan  
Referred By:  
Dr R. Pungutan

CT THORACIC LUMBAR SPINE 07/06/2022 Reference: 6201621  
Site: Naracoorte Hospital ID: 47.05831661

## CT THORACIC AND LUMBAR SPINE

### Summary:

Multilevel degenerative disease of the thoracic and lumbar spine as described below worse at the levels of L4-5 with probable contact of L5 traversing nerve roots and left L4 exiting nerve root.

### Clinical:

A week ago, had sudden low back and mid thoracic pain after carrying heavy load. ?L3-4 radiculopathy ? stenosis.

### Technique:

Non-contrast scan CT thoracic and lumbar spine from the level of T6 to the sacrum.

### Findings:

There is normal alignment of the thoracic and lumbar spine from the level of T6 to the sacrum. Vertebral body heights are preserved. No destructive osseous lesion is identified.

There is no acute fracture or prevertebral soft tissue swelling.

At the levels of T7-8, T8-9 and T9-10, there is moderate bilateral neural exit foraminal narrowing. No focal disc protrusion or bulge is identified.

At the level of L2-3, there is moderate loss of disc space height and mild annular disc bulge with no significant central canal or neural exit foraminal narrowing.

At the level of L3-4, there is right paracentral disc protrusion minimally narrowing the central canal. The neural exit foramen are adequate.

At the level of L4-5, there is facet joint arthropathy causing moderate bilateral neural exit foramina narrowing and there is probable contact of left L4 exiting nerve root. There is also narrowing of the lateral recesses with contact of the L5 traversing nerve roots.

At the level of L5-S1, there is no significant disc protrusion. There is bilateral facet joint hypertrophy causing mild bilateral neural exit foraminal narrowing with no impingement of the nerve roots.

Radiologist: Dr A. Khoo

Yours faithfully,

Dr Remona Pungutan  
Signed Electronically

*(Please note we have moved clinic. Please update our details accordingly. Thank you)*