

**PATIENT NAME:**  
**DATE OF EXAMINATION:**  
**DATE OF BIRTH:**  
**REFERRING PHYSICIAN:**  
**EXAM: MRI OF L-SPINE WITHOUT AND WITH CONTRAST**

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CLINICAL HISTORY: Low back pain; history of back surgery.

Lumbar lordosis is preserved. All the vertebral heights are preserved. Degenerative changes are seen in the form of Schmorl's nodes, marginal osteophytes and facet arthrosis at multiple levels.

Post-laminectomy and fusion of the L3, L4 and L5 vertebrae are seen with intervertebral cages and bilateral transpedicular fixation screws in situ. Post-surgical scarring and edema of the posterior myofascial planes is seen extending from the L2 to S1 levels.

A large non enhancing cystic abnormality (70 x 26 x 26 mm) showing T1/T2 prolongations is seen posteriorly at L3-L5 levels- probably represents post operative seroma versus encysted pseudomeningocele.

T12-L1: Unremarkable for spinal canal stenosis or neuroforaminal compromise.

L1-L2: Unremarkable for spinal canal stenosis or neuroforaminal compromise.

L2-L3: A disc bulge is seen with posterior annular tear and bilateral facet joint arthrosis causing mild bilateral neuroforaminal narrowing. No spinal canal stenosis is seen.

L3-L4 and L4-L5: Intervertebral spacer devices are seen at these levels with transpedicular screws. No listhesis is seen at any level. Enhancing scar tissue seen in the posterior paraspinal regions without any epidural neuro-compressive enhancing scar tissue. Diffuse disc bulges are seen at both levels with moderate facet joint arthrosis, causing moderate bilateral neuroforaminal compromise. No spinal canal stenosis is identified.

L5-S1: A diffuse disc bulge is seen with bilateral facet joint arthrosis causing moderate bilateral neuroforaminal narrowing. No spinal canal stenosis is seen.

Distal cord and conus appear unremarkable. Descending nerve roots of cauda equina appear unremarkable

**IMPRESSION:**

1. Postoperative changes at the L3, L4 and L5 vertebrae are seen with laminectomy, intervertebral cages and transpedicular screws.
2. Non-enhancing large cystic abnormality (70 x 26 x 26 mm) posteriorly at the L3-L5 levels, probably representing post operative seroma versus encysted pseudomeningocele.
3. Mild bilateral neuroforaminal compromise at L2-L3, Moderate bilateral neuroforaminal narrowing at L3-L4, L4-L5 and L5-S1 levels.
4. Enhancing scar tissue at the operative sites; no epidural neuro-compressive enhancing scar tissue at any level.

Thank you, for this referral.