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

CLINICAL HISTORY: Low back pain, no trauma.

FINDINGS:

T12-L1: There is loss of disc height and hydration. Disc bulge with left posterolateral annulus tear compressing on the thecal sac.

L1-L2: There is loss of disc height and hydration. Broad based posterior disc bulge compressing on the thecal sac causing some bilateral neuroforaminal narrowing, worse on the right. Anterior disc herniation also seen.

L2-L3: There is loss of disc height and hydration. Broad based posterior disc bulge with right foraminal propensity and annulus tear compressing on the thecal sac causing mild-moderate right and mild left neuroforaminal compromise. Bilateral facetal hypertrophy noted.

L3-L4: Disc desiccation noted. Disc bulge with superimposed left paracentral extrusion type herniation and annulus tear showing 16mm superior migration compressing on the anterolateral thecal sac causing severe left lateral recess and neuroforaminal compromise resulting in compression of the left exiting L3 and descending L4 nerve roots. Moderate right neuroforaminal narrowing also seen. Mild spinal canal stenosis (anteroposterior canal dimension=11mm).

L4-L5: There is loss of disc height and hydration. Broad based posterior disc herniation with facetoligamentous hypertrophy compressing on the thecal sac causing moderate-severe bilateral neuroforaminal narrowing resulting in compression of the exiting L4 nerve roots. Mild spinal canal stenosis (anteroposterior canal dimension=12mm). Anterior disc herniation also seen.

L5-S1: There is loss of disc height and hydration. Broad based posterior and right foraminal disc herniation with facetal hypertrophy effacing the ventral epidural fat causing severe bilateral neuroforaminal compromise resulting in compression of the exiting L5 nerve roots.

Lumbar lordosis is maintained with some listing of lumbar spine to the right.

1mm retrolisthesis at T12-L1, L1-2, L2-3, L3-4 and L4-5 levels.

Anterior marginal spurs with Modic type endplate change seen at multiple levels; marrow edema/Modic type I endplate change at the L1-2, L4-5 levels. Schmorl's nodes seen at the L1-2 endplates. Vertebral heights are preserved.

Multilevel disc desiccation seen with loss of the bright nuclear signal on T2-weighted images.

Conus and descending nerve roots of cauda equina appear normal.

Paravertebral soft tissues: Left lower pole renal cortical cyst measuring 1.0-cm noted.

IMPRESSION:

1. 1mm retrolisthesis at T12-L1, L1-2, L2-3, L3-4 and L4-5 levels.
2. Multilevel marginal spurs, Schmorl's nodes and Modic type endplate changes.
3. T12-L1: Disc bulge with left posterolateral annulus tear compressing on the thecal sac.
4. L1-L2: Broad based posterior disc bulge compressing on the thecal sac causing some bilateral neuroforaminal narrowing, worse on the right.
5. L2-L3: Broad based posterior disc bulge with right foraminal propensity and annulus tear compressing on the thecal sac causing mild-moderate right and mild left neuroforaminal compromise.
6. L3-L4: Disc bulge with superimposed left paracentral extrusion type herniation and annulus tear showing 16mm superior migration compressing on the anterolateral thecal sac causing severe left lateral recess and neuroforaminal compromise resulting in compression of the left exiting L3 and descending L4 nerve roots. Moderate right neuroforaminal narrowing. Mild spinal canal stenosis (anteroposterior canal dimension=11mm).
7. L4-L5: Broad based posterior disc herniation compressing on the thecal sac causing moderate-severe bilateral neuroforaminal narrowing resulting in compression of the exiting L4 nerve roots. Mild spinal canal stenosis (anteroposterior canal dimension=12mm).
8. L5-S1: Broad based posterior and right foraminal disc herniation effacing the ventral epidural fat causing severe bilateral neuroforaminal compromise resulting in compression of the exiting L5 nerve roots.