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 M
 Medicare Number:
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 Your Reference:
 2021QU0009021
 Lab Reference:
 2021QU0009021-1

Laboratory: Capital Radiology WA

Addressee: Dr Juan Rodriguez-Talavera Referred by: Dr Juan

Rodriguez-Talavera

Name of Test: CT LUMBOSACRAL SPINE

Requested: 11/10/2021 Collected: 11/10/2021 Reported: 12/10/2021

15:46

CT - LUMBOSACRAL SPINE

CLINICAL HISTORY:

? Nerve root impingement left L5.

TECHNIQUE:

Multiplanar non-contrast CT lumbar spine performed.

FINDINGS .

Mild anterior wedging of L1 (25% loss of vertebral body height). Schmorl's nodes at multiple levels. No spondylolisthesis or pars defect.

L1/2:

No disc herniation, spinal stenosis or nerve root impingement. Mild right facet arthrosis. Left facet joint unremarkable.

L2/3:

No disc herniation, spinal stenosis or nerve root impingement. Facet joints are unremarkable.

L3/4

Shallow annular disc bulge with mild spinal stenosis. No nerve root impingement. Facet joints are unremarkable.

L4/5

Shallow annular disc bulge with ligamentum flavum hypertrophy and mild to moderate spinal stenosis. Bilateral neural foraminal narrowing with disc osteophyte complex impinging on the exiting left L4 nerve. This is also in close proximity to the exiting right L4 nerve and may potentially irritate the nerve. Clinical correlation suggested. Bilateral lateral recess stenosis, but no visualised impingement of the descending L5 nerves. Moderate left and mild right facet arthrosis.

L5/S1

No disc herniation, spinal stenosis or nerve root impingement. Moderate right facet arthrosis. Left facet joint unremarkable.

Mild degenerative changes at the sacroiliac joints bilaterally. Hypodensity mid pole left kidney most likely a cyst. Visualised soft tissues are otherwise unremarkable.

CONCLUSION:

L3/4, shallow annular disc bulge with mild spinal stenosis. L4/5, shallow annular disc bulge with ligamentum flavum hypertrophy and mild

to moderate spinal stenosis. Bilateral neural foraminal narrowing with disc osteophyte complex impinging on the exiting left L4 nerve. Potential impingement of the right L4 nerve and clinical correlation suggested. Moderate left and mild right facet arthrosis at L4/5.

Thank you for the referral.

Kind regards,

Dr Jonathan Waner MBBCh, FRANZCR