DUGGAN , JAMES
5 SOLANDRI TURN HALLS HEAD WA
Phone:

Birthdate:	16/09/1946	**Sex:**	M	**Medicare Number:**	60554678914
Your Reference:	9890324	**Lab Reference:**	9890324		
Laboratory:	Apex Radiology				
Addressee:	DR DAVID ZELEI	**Referred by:**	DR DAVID ZELEI		
Name of test:	LUMBOSACRAL SPINE W/OUT CONTRAST				
Requested	24/08/2023	**Collected:**	24/08/2023	**Reported:**	31/08/2023 10:39:00

apex

Patient Name:DUGGAN, JAMES
DOB:16/09/1946
Gender:M

Address:5 SOLANDRI TURN HALLS HEAD WA 6210
Phone:
Medicare Number:

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This report is for: Dr D. Zelei
Referred By:
Dr D. Zelei

CT LUMBAR SPINE 24/08/2023 Reference: 9890324

Examination:
CT LUMBAR SPINE

Clinical History:
Chronic lower back pain with intermittent bilateral sciatica.

Technique:
CT lumbar spine non-contrast.

Findings:

Alignment is normal. There is no spondylolisthesis.

The vertebral body heights are maintained. No evidence of a compression fracture.

There are mild multilevel spondylotic changes in the lumbar spine as follows:

L1-2: Mild posterior disc bulge. No significant canal or foraminal stenosis.

L2-3: Posterior disc bulge resulting in mild canal stenosis. No

significant foraminal stenosis.

L3-4 : Mild posterior disc bulge. No significant canal or foraminal stenosis. Mild right facet joint arthrosis.

L4-5: Posterior disc bulge and moderate bilateral facet joint arthrosis. Mild canal stenosis and mild right foraminal stenosis with potential irritation of the traversing right L4 nerve root.

L5-S1: Left paracentral disc protrusion with potential irritation of the traversing left S1 nerve root in the subarticular recess. No significant canal or foraminal stenosis. Mild bilateral facet joint arthrosis.

The paraspinal soft tissues are unremarkable.

Bridging osteophytes across the right sacroiliac joint anteriorly.

Uncomplicated colonic diverticulosis is noted.

Impression:
Multilevel spondylotic changes in the lumbar spine as described including mild right foraminal stenosis at L4-5 with potential irritation of the traversing right L4 nerve root, and left subarticular recess stenosis at L5-S1 with potential irritation of the traversing left S1 nerve root. No high-grade canal stenosis.

Electronically Validated By
DR NELSON TRIEU
Dictated by
Dr Nelson Trieu
: 31 August 2023 10:35

Electronically signed by Dr Nelson Trieu on

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Peel Specialist Centre
SUITE 5A MINILYA PARKWAY
PO BOX 235
MANDURAH, WA, 6210
Ph: 08-95318331 Fax: 08-95318338

Tel: 1300 668 957

Patient Name:	DUGGAN, JAMES HENRY	**Accession Number:**	GD-9698113-CR
Patient ID:	GD-HHJ990Y	**Exam Date:**	February 20, 2023 13:23
Gender:	Male	**Report Status:**	Final
Date of Birth:	September 16, 1946	**Procedure Description:**	XRAY CERVICAL , LUMBAR SPINE, PELVIS
Home Phone:	95868267		
Referring Physician:	WATSON, BRETT	**Location:**	OUT
		UR#:	

Findings

Examination:

XRAY CERVICAL , LUMBAR SPINE, PELVIS

Clinical History:

Chronic low back and neck pain, acute radicular referred neck pain.

Findings:

Thoracal: There is multilevel cervical spondylosis. There is reduced intervertebral disc height at C6-7 level. There is multilevel vertebral spurring, uncovertebral and facet OA noted. There is multilevel cervical foraminal stenosis.

Lumbar: There is minimal anterolisthesis at L4-5 level. The intervertebral disc heights are reasonably maintained. Multilevel mild vertebral spurring noted. There is facet OA at L3-4, L4-5 and L5-S1 levels.

Pelvis: There is left upper pelvic tilt. The SI joints are intact. There is early OA of the hip joints. There is no fracture or suspicious bone lesion.

Electronically Validated By

DR RAMESH RAMACHANDRAN

Dictated by
Dr Ramesh Ramachandran

Electronically signed by Dr Ramesh Ramachandran on 27 February 2023

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