Inland Imaging

801 S. Stevens Ave
Spokane, WA 99204
509.747.4455 Fax: 509.232.6130
www.inlandimaging.com

Patient Report

EXAM DATE: May-16-2012

Inland Imaging South Cowley - Magnetic Resonance Imaging

MRI LUMBAR SPINE WITHOUT CONTRAST

CLINICAL INFORMATION:
History of low back pain with bilateral lower extremity numbness and weakness. Prior spinal surgery is reported.

COMPARISON:
MRI lumbar 03/09/2007.

PROCEDURE:
Sagittal T2, axial T2, sagittal T1, axial T1, sagittal STIR.

FINDINGS:
When compared to the prior study, alignment of the lumbar spine is stable in appearance without significant listhesis. There is moderate to severe decrease in disc height at L5-S1. Vertebral body height appears maintained. There is mild desiccation of the intervertebral discs. There are moderate to severe chronic degenerative endplate changes at L5-S1 without significant edema. The conus terminates at the L1 level and has normal appearing configuration. There are minimal disc bulges in the lower thoracic spine to the L2-L3 level without canal or foraminal stenosis. There is mild facet spondylosis at L2-L3.

L3-L4: There is a mild to moderate posterior disc bulge with small annular fissure suggested centrally. There is mild facet spondylosis and ligamentous hypertrophy. There is mild central canal stenosis with mild bilateral foraminal stenosis.

L4-L5: There is mild to moderate posterior disc bulge with small left-sided asymmetric annular fissure suggested. There is mild to moderate facet spondylosis with moderate ligamentous hypertrophy. There is mild canal stenosis with left greater than right subarticular recess stenosis without discrete compression of the nerve roots. There is mild bilateral foraminal stenosis.

L5-S1: Left-sided laminectomy postsurgical changes are demonstrated with mild posterior osteophyte complex and minimal disc bulge. There is mild to moderate facet spondylosis with mild ligamentous hypertrophy. There is no central canal stenosis. There is mild to moderate left-sided and mild right-sided foraminal stenosis.