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Location: Somerset

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EXAM: MR LUMBAR SPINE WITHOUT CONTRAST

CLINICAL INDICATION: Low back pain. Evaluate for nerve root impingement.

TECHNIQUE: MRI of the lumbar spine was performed without intravenous contrast.

COMPARISON: No pertinent prior studies have been submitted for comparison.

FINDINGS:

Numbering: Apparent transitional lumbosacral vertebra, which is considered to be a partially sacralized L5 segment. Last fully formed disc space is designated L5-S1.

Bones: Normal vertebral body heights. Grade 1 degenerative anterolisthesis at L3-L4 and grade 1-2 anterolisthesis at L4-L5. Marrow signal is within normal limits.

Discs: Multilevel disk desiccation.

Spinal Cord: Conus is normal in signal and terminates at the T12 level.

T10-T11: Disk bulge with paracentral and right foraminal protrusions as well as facet arthrosis with ligamentum flavum hypertrophy, resulting in mild-to-moderate central spinal canal stenosis and moderate to severe right and mild left foraminal narrowing. There is potential for mild impingement of the exiting right T10 nerve root along the right neuroforamen.

T11-T12: Small right greater than left paracentral protrusions and mild facet arthrosis, resulting in no significant central spinal canal stenosis or foraminal narrowing.

T12-L1: Mild disk bulge and left paracentral disk herniation with mild superior extrusion as well as facet arthrosis with ligamentum flavum hypertrophy, resulting in minor ventral central spinal canal stenosis and no foraminal narrowing.

L1-L2: Diffuse disk bulge and mild central to left paracentral inferior extrusion as well as facet arthrosis with ligamentum flavum hypertrophy, resulting in mild central spinal canal stenosis and mild-to-moderate foraminal narrowing. Mild prominence of the dorsal epidural fat also present, contributing to mild to moderate effacement of the thecal sac.

L2-L3: Disk osteophyte with diffuse disk bulge eccentric to the left and facet arthrosis with ligamentum flavum hypertrophy, resulting in at least moderate central spinal canal stenosis with lateral recess stenosis and moderate foraminal narrowing. Mild prominence of the dorsal epidural fat contributes to moderate to severe effacement of the thecal sac. There is probable impingement of the traversing left L3 nerve root along the left lateral recess as well as potential for mild impingement of the traversing right L3 nerve root along the right lateral recess.

L3-L4: Grade 1 approximately 5 mm degenerative anterolisthesis of L3 with uncovering of the posterior disk. Diffuse disk bulge and facet arthrosis with ligamentum flavum hypertrophy, resulting in moderate to severe central spinal canal stenosis with lateral recess stenosis and at least moderate right and mild-to-moderate left foraminal narrowing. There is probable impingement of the traversing L4 nerve roots along the lateral recesses as well as potential for mild impingement of the



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exiting right L3 nerve root along the right neuroforamen.

L4-L5: Grade 1-2 approximately 8 mm degenerative anterolisthesis of L4 with uncovering of the posterior disk. Diffuse disk bulge with central superior extrusion and facet arthrosis with ligamentum flavum hypertrophy, resulting in moderate to severe central spinal canal stenosis with lateral recess stenosis and at least moderate right greater than left foraminal narrowing. There is impingement of the traversing L5 nerve roots along the lateral recesses as well as potential for milder impingement of the exiting L4 nerve roots along the right greater than left neural foramina.

L5-S1: Disk osteophyte with disk bulge eccentric to the left and left paracentral annular fissure as well as mild facet arthrosis and mild to moderate foraminal narrowing.

IMPRESSION:

Multilevel lumbar degenerative changes, particularly prominent at L2-L3 through L4-L5 with several sites of associated nerve root impingement, as described above.

Lower thoracic degenerative changes also partially seen, including moderate to severe right foraminal narrowing at T10-T11.

Thank you for the courtesy of this referral.

Electronic access to images available to referring providers online.

APPROVED BY: Devang Vasani MD 5/18/2023 12:34 PM

Medical professionals may call 732-234-7777 to speak with a radiologist.