



2601 E. Oakland Park Blvd, Suite 102 Ft. Lauderdale, FL 19428 Phone: 888.886.5238 Fax: 888.886.5221

Patient: DOE, JOHN

Exam Date: 06/06/2010

MRN : JD4USARAD

DOB: 01/01/1961

Referring Physician: DR. DAVID LIVESEY

FAX: (305) 418-8166

MRI OF THE LUMBAR SPINE / FLEXIONS AND EXTENTIONS WITHOUT

HISTORY: Low back pain.

SEQUENCES: Sagittal T1 and T2 weighted images are supplemented by axial T2 weighted images and by sagittal T2 weighted images obtained in flexion and in extension.

COMMENTS:

Vertebral body signal and vertebral body height are preserved. The overall canal size is unremarkable. The conus medullaris is clear. At L1-L2, L2-L3, L3-L4 and L4-L5 there is normal disk signal and disk height. A few images suggest mild disk bulging to the left at L4-L5.

At L5-S1, there is disk degeneration with loss of disk signal and disk height. There is mild to moderate broad-based disk protrusion impinging upon the anterior aspect of the dural sac and narrowing both neuroforamina and clinical correlation is advised regarding the status of both L5 nerve roots.

Sagittal images obtained in flexion reveal normal range of motion without evidence of instability or pathologic offset. Disk protrusion is somewhat more apparent than in the neutral/sitting position.

Sagittal images obtained in extension reveal normal range of motion without evidence of instability or pathologic offset. Disk protrusion is also somewhat more apparent than in the neutral/sitting position.

IMPRESSION:

1. Moderate diffuse broad-based disk protrusion at the L5-S1 level impinging upon dural sac and narrowing neuroforamina somewhat. Findings are more apparent in flexion and in extension than in the neutral/sitting position.
2. Mild disk bulging L4-L5.

-Electronically Signed by: RADIOLOGIST, ADMIN on

06/07/2010 5:49:30 PM
