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Your Reference: 2024BG0002034 Lab Reference: 2024BG0002034-1
Laboratory: boorarad
Addressee: Dr Ray Mullen Referred by: Dr Ray Mullen

Name of Test: MRI Lumbar Spine
Requested: 18/03/2024 Collected: 18/03/2024 Reported: 19/03/2024 11:03

MRI - LUMBOSACRAL SPINE

CLINICAL HISTORY:

L5/S1 disc prolapse - not settling.

TECHNIQUE:

Non-gadolinium imaging has been done.

COMPARISON:

No prior relevant imaging is available for correlation at the time of reporting.

FINDINGS:

Alignment: Reduced lordosis throughout.

Bone: Preserved vertebral body heights.

Discs: Minor disc dissection throughout lumbar with some sparing of the L5/S1. The worst affected disc level is at the L4/5. Disc heights are still well maintained. No annular fissure.

Canal:

* Normal distal spinal cord / conus medullaris ends around the level of L1.

* Canal is capacious from distal thoracic down to and inclusive of L2/3 level.

* L3/4: Mild circumferential disc bulge with mild canal compromise.

* L4/5: Mild to moderate circumferential disc bulge with slightly more left foramina component extending into the subarticular recess where the left-sided traversing L5 nerve root compromise is raised.

* L5/S1: Capacious.

Foramina: No concerning foraminal narrowing with neural impingement.

Joints: Minor early bilateral sacroiliac joints osteoarthropathy is raised.

COMMENT:

Various findings as detailed above highlighted by more pronounced degenerative disc disease and disc bulge towards the left subarticular recess / left foramina at L4/5, where there is abutment / mild impingement of left-sided traversing L5 nerve root. This is the most likely cause to account for patient current presentation. As a palliative treatment option, consideration could be given to CT guided left L5 nerve root injection via the L4/5 epidural technique, which may also have additional diagnostic value.

Thank you for your referral.

Electronically authorised.

Yours Sincerely,

Dr Victor Wang
MBBS, FRANZCR