

Ordering Physician: Myung Yoo, M.D.

Exam Name: MRI Lumbar Spine | 72148

MRI Lumbar Spine

History: Chronic low back pain with bilateral leg pain. Initial presentation.

Technique: Multiplanar MR images through the lumbar spine were performed.

Comparison: None.

Findings: For the purposes of this dictation, it is assumed that there are 5 fully segmented lumbar type vertebral bodies, the lowest of which is labeled L5.

Sagittal images demonstrate normal vertebral body height and alignment. Intervertebral disc space heights are maintained. There is disc desiccation at L4-5. The distal spinal cord and cauda equina are normal in appearance. The conus terminates at the L1-2 level. The paraspinal soft tissues are unremarkable. There is a 1.3 cm lesion in the left iliac wing, adjacent to the sacroiliac joint which is heterogeneous signal on T2 and predominantly low signal on T1. This is a nonspecific appearance.

Axial images demonstrate the following:

L1-L2: Bilateral facet arthropathy. No neural impingement. 13 mm AP.

L2-L3: Small disc bulge with facet arthropathy. No neural impingement. 11 mm AP.

L3-L4: Disc bulge with facet arthropathy and ligamentum flavum redundancy. Mild central stenosis measures 9 mm AP. There is slight bilateral foraminal encroachment.

L4-L5: Disc bulge, eccentric to the left with facet arthropathy. Indentation on the descending L5 nerve root is seen in the lateral recesses, mainly on the left. There is slight left foraminal encroachment. No central stenosis. 10 mm AP.

L5-S1: No neural impingement. 13 mm AP.

Impression:

1. Lumbar spondylosis as described, mainly at L3-4 and L4-5. See detailed description above.
2. 1.3 cm lesion in the left iliac wing. The appearance is nonspecific and could be seen with a