

Department Of Radiology
Shaheed Mohtarma benazeer Bhutto
Trauma Center
Civil hospital karachi



Name/MR#: : salman (012023-0121-20425)

Date/Time : 26 Jan. 2023

Age/Gender : 32Y / Male

Department : Pain Management Clinic (OPD)

Request Modality:- MRI / Screening / MRI LUMBAR SPINE

Scanning Protocol:

Technique: Multiplanar, multisequential images through lumbosacral spine were acquired without intravenous contrast administration.

MRI LUMBOSACRAL SPINE (PLAIN)

Findings:

Loss of lumbar lordosis likely due to soft tissue spasm.

Multilevel facet arthropathy and ligamentum flavum hypertrophy.

At L3-L4 level, there is diffuse disc bulge with right predominance resulting in mild thecal sac indentation, mild bilateral lateral recess stenosis with right preponderance and mild right radicular nerve compression.

At L4-L5 level, there is disc desiccation, diffuse and right foraminal disc bulge with central protrusion resulting in moderate to severe thecal sac indentation and compression of cauda equine, obliteration of right lateral recess stenosis with severe right radicular nerve compression, moderate to severe left lateral recess stenosis with moderate to severe left radicular nerve compression.

At L5-S1 level, there is diffuse disc bulge resulting in mild thecal sac indentation, without lateral recess stenosis and radicular nerve compression.

On myelogram there are corresponding indentations and obliteration of thecal sac at L4-L5 level.

Vertebral bodies have normal height and alignment.

Rest of the intervertebral disc spaces are preserved.

Distal spinal cord have normal morphology and signals.

Conus medullaris terminate at L1 level.

No prevertebral or paravertebral soft tissue abnormality seen.

Impression:-

Loss of lumbar lordosis likely due to soft tissue spasm.

Multilevel facet arthropathy and ligamentum flavum hypertrophy.

At L3-L4 level, diffuse disc bulge with right predominance resulting in mild thecal sac indentation, mild bilateral lateral recess stenosis with right preponderance and mild right radicular nerve compression.

At L4-L5 level, disc desiccation, diffuse and right foraminal disc bulge with central protrusion resulting in moderate to severe thecal sac indentation and compression of cauda equine, obliteration of right lateral recess stenosis with severe right radicular nerve compression, moderate to severe left lateral recess stenosis with moderate to severe left radicular nerve compression.

Dr.Kailash

Consultant Radiologist

MBBS, FCPS Consultant Radiologist

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