



Procedure:

CT Lumbar Spine

Clinical History:

Chronic right sided loin pain.

Technique:

Non-contrast study through lumbosacral spine.

Findings:

The lumbar lordosis is preserved.

L1/2: Normal appearances.

L2/3: Circumferential disc bulge with mild facet joint arthropathy. No neural compression.

L3/4: Mild circumferential symmetrical disc bulge. Mild facet arthropathy. There is lateral foraminal narrowing bilaterally although no neural compression is demonstrated.

L4/5: Circumferential symmetrical disc bulge.

Moderate hypertrophy of the ligamentum flavum along with facet hypertrophy. Together, these cause mild central canal stenosis. There is mild bilateral foraminal compression at this level, worse on the left side.

L5/S1: Central and paracentral disc bulge along with mild facet arthropathy. Disc osteophyte complex encroaching upon the exit foramina bilaterally with resultant moderate compression of bilateral L5 nerve root, worse on the right.

No pre-or paraspinal soft tissue abnormality has been demonstrated. The sacroiliac joints demonstrate partial ankylosis.

Conclusion:

- 1. Mild L4/L5 central canal stenosis.**
- 2. Mild bilateral L4/L5 foraminal stenosis, worse on the left.**
- 3. Moderate bilateral L5 nerve root compression, worse on the right.**

Reported By: ---

Thank you for referring this patient.

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