

## BROOKS, MICHAEL T

DOB: 07/27/1947Age: 70Org: OIC\_UDMRN: 14668Facility MRN:Gender: MOrdering Provider: KATHERINE BECKSTRAND MDClass: OutpatientDate of Service: 12/15/201712:20 PMAccession #: 4114122Outside Order Number: 103710148

MR Lumbar Spine wo Contrast

IMPRESSION:

1. Disc bulge L5-S1 in close proximity to the exiting left L5 nerve root clinical correlation for any radiculopathy symptoms suggested.

2. Anterior extension of disc material at the L2-L3 level as described

INDICATION:

GENDER/AGE: Male, 70 years

ORDER INDICATION: M54.9:Dorsalgia, unspecified-G89.29:Other chronic pain-R20.0:Anesthesia of skin-R20. 2:Paresthesia of skin

HISTORY PER PATIENT: LBP and LEFT sided numbress x2 mos. No injury. No surgery. No Hx of CA.

TECHNIQUE: A magnetic resonance imager was used to acquire multiplanar T1 and T2 weighted images in the sagittal and axial planes. It is technically adequate.

COMPARISON: None

FINDINGS: Vertebral body height and signal intensity are satisfactory.

Disc space height is overall within normal range. Of note is that there is extension of disc material seen anteriorly at the level of L2-L3 and posteriorly at L5-S1. The conus region is unremarkable.

Axial regions are seen extending from T12 through L1

T12-L1: Unremarkable

L1-L2: Unremarkable.

L2-L3: Anterior extension of disc material is seen which extends into the retroperitoneum at the level of the aorta and cava as seen on image #19. Spinal canal and neural foraminal regions are unremarkable

L3-L4: Normal

L4-L5: Broad-based disc bulge is identifiable. Satisfactory nerve root egress is present bilaterally

L5-S1: Broad-based disc bulge is present. There is mild to moderate left neural foraminal stenosis with lateral disc component in close approximation to the exiting left L5 nerve root.

DICTATED BY: Charles McGlade, M.D., on 12/15/2017 6:19 PM PST DICTATION LOCATION: 445 Harlow Rd. - Springfield, OR 97477

NAME: MICHAEL BROOKS DOB: 07/27/1947 Exam Date:12/15/17 MRNO:146668