

SAMPLE REPORT FOR CHIROPRACTOR' S LUMBAR SPINE

CLINICAL INDICATION:

Low back pain. Comparison is performed with previous MRI of the lumbar spine on 1/26/2007.

TECHNIQUE:

MRI of the lumbosacral spine was performed with multiplanar imaging and multi-weighted sequences. The following sequences were obtained: Sagittal T2, sagittal T1, axial T1 and axial T2. Flexion and extension views of the lumbosacral spine were obtained with sagittal T2-weighted sequences.

3D imaging reformation was obtained. The 3D color imaging reformation was reviewed in a different high resolution setting.

The study is interpreted, assuming that there are five vertebral bodies with lumbar characteristics. If any intervention is planned, x-ray films of the lumbar spine need to be obtained, in order to evaluate different variations of the lumbar spine.

FINDINGS:

In the sagittal projection, there is rectification/ reversal of the normal lordotic curvature of the lumbosacral spine. There is no evidence of hyperlordosis. There is evidence of grade I-II anterolisthesis of L3 over L4 vertebral body with resultant increase in the AP dimension at this level these are new findings when comparison is performed with previous exam on 2007 , along with foraminal stenosis and obliquity in the course of exiting nerve roots which have increased since previous exam .

The height, configuration, and signal intensity of the lumbar vertebral bodies are normal.

At the level of L3-L4, L4-L5 and L5-S1 intervertebral spaces, there is evidence of moderate osteoarthritis characterized by subchondral sclerosis and hypertrophic spurring. At the same levels, there is evidence of advanced desiccation/degeneration of the intervertebral disc, characterized by flattening, with loss in height, with prominence of the central cleft and diminished signal intensity.

Evidence of L2-L3 grade I anterolisthesis 5 mm. There is evidence of almost complete loss in the intervertebral disc space of L5/S1 with grade I retrolisthesis of L5/S1, the narrowing of the spinal canal has increased.

At the level of L3-4, L4-L5 and L5-S1 there is evidence of ventral indentations of the thecal sac, with anterolisthesis at L3/L4 level.

The signal intensity of the conus terminalis and of the thecal sac is normal.

In the axial plane projection, the following findings were encountered:

At the level of L3-L4 there is evidence of a posterior central disc bulge along with L3/L4 anterolisthesis, with flattening of the ventral aspect of the thecal sac which is anew finding since previous exam. . The disc extends laterally, with some narrowing of the neural foramina, there is evidence of moderate impingement of the exiting root. There is evidence of osteo-spondyloarthrosis of the facet joint posteriorly

At the level of L4-L5 and L5-S1 there is evidence of a posterior central disc bulge, with flattening of the ventral aspect of the thecal sac. The disc extends laterally, with some narrowing of the neural foramina, there is evidence of moderate impingement of the exiting root. There is evidence of osteo-spondyloarthrosis of the facet joint posteriorly. There is retrolisthesis of around 3mm at L5/S1 level with increased narrowing of the spinal canal. .

MRI OF THE LUMBAR SPINE - BACKWARD EXTENSION POSITION:

Sagittal T2 FSE images were obtained at the end range of backward extension while seated. Arch of motion of the lumbosacral spine in extension is considered to be normal. During extension, there is evidence of some increase to the ventral indentation identified to the level of the L3-4, L4-L5 and L5-S1. There is no evidence of spondylolisthesis.

MRI OF THE LUMBAR SPINE - FORWARD FLEXION POSITION:

Sagittal T2 FSE images were obtained at the end range of flexion while seated. The previously identified indentations in the extension projection at L3-L4, L4-5 and L5-S1 show only partial relief. There is no evidence of spondylolisthesis. Arch of motion of the lumbosacral spine in flexion is considered to be normal.



