

## **MRI LS SPINE**

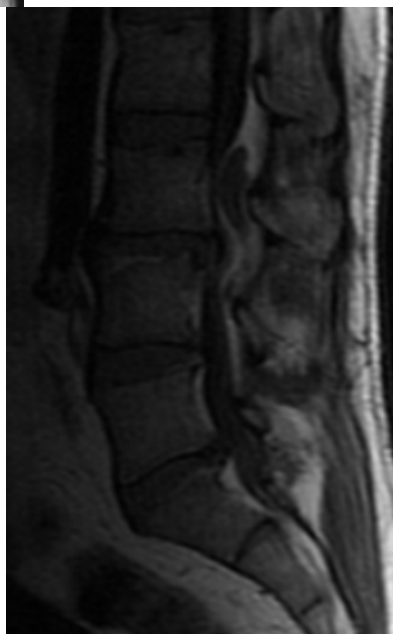
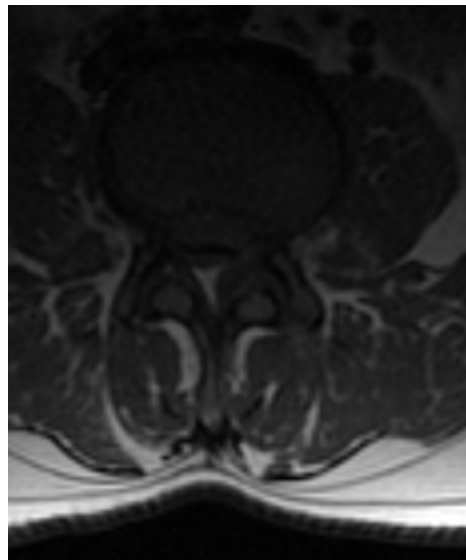
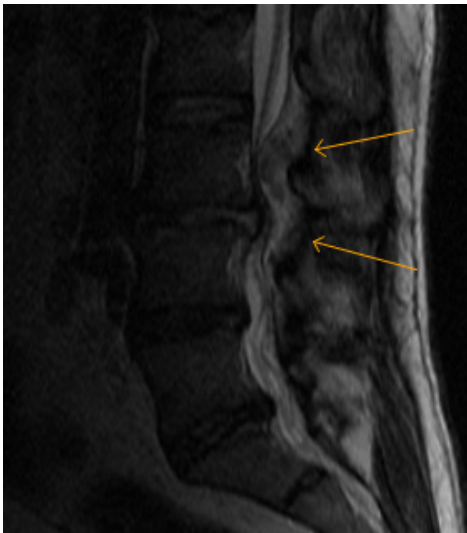
### **CLINICAL INDICATION:**

Low back pain, paraparesis

### **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. 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 of the normal lordotic curvature of the lumbosacral spine. There is no evidence of hyperlordosis. No evidence of spondylolisthesis is identified. 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 desiccation/degeneration of the intervertebral disc, characterized by flattening, with loss in height, with prominence of the central cleft and diminished signal intensity..

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 L3-4 there is evidence of a posterior central disc extrusion with concave deformity of the ventral aspect of the thecal sac. The disc extends laterally, with some narrowing of the neural foramina, there is evidence of significant impingement of the exiting root. *There is evidence of an posterior and left lateral epidural lesion in the L2-L3 showing hypointense signal on T1 weighted image and hyperintense signal on T2 weighted image along with peripheral rim enhancement on post gadolinium images. This may suggest an extruded disc with lateral and cranial migration along with posterior epidural sequestration, which is although rare but reported. Other less likely possibility is an infective posterior epidural collection.* There is evidence of osteo-spondyloarthritis of the facet joint posteriorly, along with ligamentum flavum hypertrophy

At the level of L4-5 and L5-S1 there is evidence of a posterior central disc protrusion at L4-5 and central/paracentral protrusion at L5-S1 level, 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 significant impingement of the exiting root. There is evidence of osteo-spondyloarthritis of the facet joint posteriorly, along with ligamentum flavum hypertrophy

#### **IMPRESSION:**

- **Discovertebral degenerative changes with multilevel disc herniation along with osteo-spondyloarthritis of the facet joints posteriorly and ligamentum flavum hypertrophy leading to exiting nerve root impingement as described in the text.**
- **Posterior and left lateral epidural lesion in the L2-L3 showing hypointense signal on T1 weighted image and hyperintense signal on T2 weighted image along with peripheral rim enhancement on post gadolinium images. This may suggest an extruded disc with left lateral and cranial migration along with posterior epidural sequestration, which is although rare but reported.**
- **Note is made ? small/malformed right kidney. Dedicated study is suggested**

**Please correlate clinically.**