

Health Images at Cherry Creek

Patient Name: Ashburn, Trenton

Patient DOB: 04/29/1978

Date of Exam: 20240829

Referring Provider: BESS,ROBERT SHAY SHAY MD

Study Description: MRI Lumbar Spine WO

MPI: HI3160365

EXAM: MRI Lumbar Spine WO

EXAM: MRI lumbar spine

DATE: August 29, 2024

HISTORY: Lumbar pain status post motor vehicle accident.

COMPARISON: May 18, 2023.

TECHNIQUE: MRI lumbar spine performed with dedicated protocol using multiplanar, multisequence imaging.

FINDINGS: Straightening to the typical lordosis lumbar spine. No contusion or fracture. No listhesis.

Moderate L4-5 and L5-S1 disc desiccation is again seen with posterior annular fissures. No significant disc height loss.

Mild osteophyte formation.

The conus terminates at the L1 vertebral body level and is unremarkable.

T11-12: Unremarkable on sagittal imaging.

T12-L1: No significant disc pathology. Unremarkable facet joints.

L1-2: No significant disc pathology. Unremarkable facet joints.

L2-3: No significant disc pathology. Unremarkable facet joints.

L3-4: No significant disc pathology. Mild bilateral facet arthropathy. No thecal sac or neuroforaminal narrowing.

L4-5: Diffuse 2 mm broad-based central disc protrusion with posterior annular fissure. Mild bilateral facet arthropathy. Indentation anterior thecal sac. Mild bilateral neuroforaminal narrowing. Overall

unchanged.

L5-S1: Diffuse 2 mm bulge and broad-based central protrusion indenting the anterior thecal sac. Mild bilateral facet arthropathy. Mild bilateral neuroforaminal narrowing appears overall unchanged.

Soft tissues are unremarkable. Paraspinal muscles and retroperitoneum overall unremarkable. Mild bilateral sacroiliac joint degeneration.

IMPRESSION:

1. Decrease typical lordosis lumbar spine can be seen with injury or spasm.
2. Disc herniations L4-5 and L5-S1 with disc protrusions and indentation anterior thecal sac, overall unchanged. Some mild bilateral L4-5 and L5-S1 neuroforaminal narrowing also appears overall unchanged.

Thank you for this referral. Study was interpreted by a Fellowship trained musculoskeletal radiologist.

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