

VAMC HOUSTON, TEXAS
RADIOLOGY DIAGNOSTIC REPORT

Name: MCGINNIS, HARRY LEE

Case: 1259

DOB: 08-28-1927

Date: APR 27, 2010 07:51

Ward/Clinic: PC MAHANKALI 5078S

Reported: APR 28, 2010

Phy: MAHANKALI, ARCHANA M

Date Transcribed: APR 28, 2010 15:50

Procedure: MRI LUMBAR SPINE

26. Other implant

BY SELECTING "NO KNOWN CONTRA-INDICATION" BELOW I CERTIFY THAT THE PATIENT HAS NO KNOWN SAFETY CONTRA-INDICATION TO MR IMAGING. If your patient does not have any of the above screening items please certify this screening list for MRI Safety.

NO KNOWN CONTRA-INDICATION

Report:

Status: VERIFIED

MRI lumbar spine without contrast dated 4/28/2010

Technique: Multiplanar, multi-sequence MR survey of the lumbar spine was performed without contrast.

Correlation: Lumbar spine radiographs 3/4/10

Findings:

Exam is limited by motion artifact.

The lumbar spine alignment is normal. The bone marrow signal is unremarkable and there are no bony lesions. The visualized paravertebral soft tissues are within normal limits. The conus is unremarkable and terminates at L1.

There are multilevel advanced degenerative changes in the lumbar spinal vertebrae and discs consisting of posterior disc bulges, anterior osteophyte formation, facet joint hypertrophy, and ligamentous hypertrophy. These changes are causing varying degrees of lumbar spinal canal and foraminal encroachment as described below.

T10-11, T11-12: Diffuse disc bulges are present. Moderate canal stenosis is seen at the T10-11 level and mild canal stenosis is seen at the T11-12 level.

L1/L2 level: No central canal stenosis. No significant foraminal narrowing.

L2/L3 level: Diffuse annular disc bulge results in mild to moderate canal stenosis and crowding of the cauda equina. There is suggestion

Resident: WEIHE, ELIZABETH

Rad/NM Staff: CHINTAPALLI, HARISH C Signature: HARISH C CHINTAPALLI

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of nerve root redundancy. Moderate to severe bilateral foraminal narrowing.

L3/L4 level: Diffuse annular disc bulge results in mild to moderate canal stenosis with crowding of the cauda equina. There is suggestion of nerve root redundancy. Moderate to severe bilateral foraminal narrowing.

L4/L5 level: Diffuse annular disc bulge. No frank canal stenosis. Severe bilateral, right greater left, foraminal narrowing.

L5/S1 level: Diffuse annular disc bulge. No frank canal stenosis. Moderate bilateral foraminal narrowing.

Small left renal parapelvic cysts suggested.

Impression:

Multilevel spondylosis and disc disease with resultant central and neuroforaminal stenosis as detailed above.

Primary Interpreting Staff:

HARISH C CHINTAPALLI, RADIOLOGIST
(Verifier, no e-sig)

Primary Interpreting Resident:

ELIZABETH WEIHE, RESIDENT

/EKW

Resident: WEIHE, ELIZABETH

Rad/NM Staff: CHINTAPALLI, HARISH C Signature: HARISH C CHINTAPALLI