



1346 Campbell Rd  
Houston, TX 77055

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**Patient ID:** MMD1862504000  
**Patient Name:** Kaminczak, Steve  
**DOB:** 28-May-1974  
**Modality:** MR

**Exam Date:** 11-Feb-2026 12:45 PM  
**Accession #:** 6550895  
**Referred By:** Julio C Rodriguez  
**Location:** HF\_1346

## **MRI Lumbar Spine wo Contrast**

Clinical information: Low back pain.

Technique: Multiplanar T1 and fluid sensitive sequences of the lumbar spine are obtained.

Comparison: None

Comments: Lumbar lordosis is maintained. 60% old anterior vertebral wedging at L5 is seen. Prominent Schmorl node along the anterior aspect of the inferior endplate of L5 causes further height loss. Modic type 3 endplate signal changes at L5-S1 are seen. Mild L3-4 and L5-S1 degenerative retrolisthesis and grade 1-2 L4-5 anterolisthesis are seen. Distal cord and conus are normal. Conus medullaris at L1-2 is noted.

L1-2: No canal or foraminal stenosis. Mild right and minimal left facet arthrosis noted.

L2-3: Foramina are slightly encroached by disc bulging. No significant canal stenosis is shown. Mild right and minimal left facet arthrosis are noted.

L3-4: Right central disc protrusion superimposed on disc bulging, marginal osteophytes and retrolisthesis as well as moderate right and mild-to-moderate left facet arthrosis are seen. Moderate right and mild left lateral recess narrowing are seen. AP dimension of the thecal sac is 11 mm at the midline. Foraminal disc osteophyte complexes and posterior disc height loss cause moderate foraminal stenoses, right more than left. Exiting L3 nerve roots are contacted, right worse than left.

L4-5: Anterolisthesis noted. A broad-based right central/subarticular/foraminal disc protrusion superimposed on disc bulging measures 7-8 mm in AP dimension, as measured from the posterior cortex of L4. Right L4 pars defect is noted. Moderate right and mild-to-moderate left facet arthrosis are also seen. Right lateral recess shows mild-to-moderate narrowing. Central canal is decompressed by prior laminectomy. AP dimension of the thecal sac is 11-12 mm at the midline. Right foramen is severely stenotic due to the anterolisthesis, disc bulging and disc height loss with impingement on the exiting right L4 nerve root. Left foramen shows moderate stenosis. Exiting left L4 nerve root is contacted by left foraminal disc material.

**Thank you for the opportunity to assist in your patient's care.**



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### **MRI Lumbar Spine wo Contrast**

L5-S1: 7-8 mm broad-based central disc osteophyte complex indents the ventral thecal sac. AP dimension of the thecal sac measures 7-8 mm at the midline. Decompressive laminectomy change is seen at this level. The left lateral recess is encroached by the disc osteophyte complex. Disc height loss and foraminal disc osteophyte complexes cause severe bilateral foraminal stenoses with compression of the exiting L5 nerve roots, right worse than left.

#### **Impression:**

1. Significant multilevel foraminal stenoses, worst at L4-5 on the right and L5-S1 bilaterally. See level by level description above.
2. Moderate L3-4, L4-5 and L5-S1 canal stenoses. See level by level description above.
3. 60% old anterior vertebral wedging at L5 is seen. Prominent Schmorl node along the anterior aspect of the inferior endplate of L5 causes further height loss. No acute fracture is identified.
4. Mild L3-4 and L5-S1 degenerative retrolisthesis and grade 1-2 mixed spondylolytic and degenerative L4-5 anterolisthesis are seen.

Electronically Signed by: Henry Lee, MD, Board Certified Radiologist, on 12-Feb-2026 12:29 PM

**Thank you for the opportunity to assist in your patient's care.**