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MRI LUMBAR SPINE W AND WO IV CONTRAST

Collected on Mar 03, 2025 4:49 PM

Results

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST

DATE: 3/3/2025 11:02

INDICATION: lower back pain .

COMPARISON: Correlation to abdomen pelvis CT 12/11/2020

TECHNIQUE: Multiplanar, multisequence, precontrast and postcontrast MR imaging of the lumbar spine.

IV contrast: Refer to MRI technologist documentation

FINDINGS:

Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5.

Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1.

Postoperative: L4 and L5 laminectomy.

Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion.

Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5.

Conus medullaris: Normal in size and signal. Terminates at L1-L2.

Cauda equina: Nonenlarged.

Individual levels:

L1-L2: Normal.

L2-L3: Normal.

L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis.

L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing.

L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion. No significant spinal canal stenosis.

Other: Incidental retroperitoneal structures are unremarkable

Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus

acute on chronic) (series 601/602 image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 image 14). No organized/drainable fluid

IMPRESSION:

- * Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon.
- * No evidence of fluid collections.
- * Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion.

This report was dictated by a Radiology Resident/Fellow/APP: Reema AlRasheed, RES 3/3/2025 14:41

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49

Ordering provider: Lukman Telufusi, PA
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