

# Health Images at West Littleton

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Patient Name: Ashburn, Trenton

Date of Exam: 20230518

Study Description: MRI Lumbar Spine W / WO

Patient DOB: 04/29/1978

Referring Provider: HEPWORTH, EDWARD MD

MPI: HI3160365

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## EXAM: MRI OF THE LUMBAR SPINE WITH AND WITHOUT CONTRAST

INDICATION: Dural tear. Evaluate for tethered cord. Chronic pain and headache.

TECHNIQUE: Prone and supine imaging of the conus and cauda equina was obtained. CSF leak protocol performed. Contrast dose 14 cc of Clariscan.

FINDINGS: The inferior thoracic spinal cord and conus medullaris are normal. The conus medullaris and cauda equina are normal. The conus medullaris is normal and mobile and moves into the anterior thecal sac in the prone position. The fibers of the cauda equina are normal. The fibers of the cauda equina move normally into the anterior thecal sac. The filum terminale is normal. The visualized portion of the kidneys, aorta and vena cava is normal. There is a retroaortic left renal vein.

There is low signal intensity in the L4-5 and L5-S1 disc spaces on the T2 images. There is high signal intensity beneath the central annular margin of both L4-5 and L5-S1.

T11-12, T12-L1, L1-2, L2-3, L3-4: There is no protrusion or stenosis.

L4-5: There is a central paracentral protrusion. There is no canal narrowing. There is mild lateral recess narrowing. The foramina are patent. There is bulging of the annulus within the foramina.

L5-S1: There is a central protrusion. There is no canal or foraminal narrowing.

There is no diffuse dural enhancement. The nerve root sheaths are normal. There is no paraspinal fluid collection.

## IMPRESSION:

1. There is no spinal manifestation of CSF hypotension. There is no abnormal enhancement.
2. There are protrusions and annular fissure is at L4-5 and L5-S1. There is no canal or foraminal narrowing.
3. There is no evidence of cord tethering.

This document was electronically signed by David Solsberg, MD 05/19/23 8:11:00 AM