

BERNARD A. RAWLINS, MD  
HOSPITAL FOR SPECIAL SURGERY  
ADULT AND PEDIATRIC SPINE SURGERY

FACSIMILE TRANSMITTAL SHEET

TO: LESLEY GROFF

FROM: BRIANNA

COMPANY:

DATE: NOVEMBER 5, 2015

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NOTES/COMMENTS:

Requested MRI results for Mr. Epstein.

Thank you,

Brianna

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**HOSPITAL FOR  
SPECIAL SURGERY**

535 East 70th Street  
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**DEPARTMENT  
OF  
RADIOLOGY  
AND  
IMAGING**

Patient Name  
**EPSTEIN, JEFFERY**  
Ordering Physician  
**RAWLINS, BERNARD A**  
Adm/Reg Physician

Location  
**DIS**

Consulting Physician  
**RAWLINS, BERNARD A**  
Medical Record # **840411** Date of Birth **01/20/53** Age **62Y**

Check-in Date: 11/03/15 1514

Chk-in #    Order    Exam    MRI LUMBAR SPINE  
4121712    0001    0533    Ord Diag: M48.06-SPINAL STENOSIS, LUMBAR

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MRI lumbar spine: Spin-echo sagittal, axial and coronal sequences were obtained and a STIR sagittal sequence.

Patient history: Leg weakness and numb sensation in the legs.

The lower thoracic spinal cord and conus medullaris are normal.

T12-L1: There is no stenosis.

L1-2: Disc degeneration is identified. There is moderate right and mild left facet arthrosis and no stenosis.

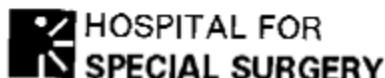
L2-3: Disc degeneration is present and a minimal retrolisthesis. There is mild/moderate right and mild left facet arthrosis along with mild thickening of the ligamenta flava. Mild/moderate central canal stenosis is identified and the stenosis is partially on a developmental basis. There is mild left and mild/moderate right neural foraminal stenosis. A small/moderate sized disc protrusion projects into and slightly lateral to the right neural foramen and causes minimal impingement of the right L2 nerve root immediately lateral to the neural foramen.

L3-4: Disc degeneration is present. Moderate/severe right and moderate left facet arthrosis is associated with thickening of the ligamenta flava. Moderate central canal stenosis is identified and the stenosis is partially on a development basis. There is mild/moderate left neural foraminal stenosis and a small/moderate sized disc protrusion projects into and slightly lateral to the neural foramen and causes mild

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impingement of the left L3 nerve root at the exit zone and slightly lateral to the neural foramen. There is mild/moderate right neural foraminal stenosis and a small/moderate sized disc protrusion projects into and slightly lateral to the right neural foramen and causes minimal impingement of the right L3 nerve root at the exit zone of the neural foramen.

L4-5: Disc degeneration is present and mild posterior bulge of the disc. There is a prominent fissure in the outer annulus adjacent to the left neural foramen. Severe facet arthrosis is associated with an approximate 2 mm anterolisthesis. There is thickening of the ligamenta flava and severe stenosis of the central canal and the subarticular recesses. The stenosis is partially on a developmental basis. There is a small collection of fluid located subjacent to the left ligamentum flavum, medial to the left facet joint, and possibly a very small collection of fluid in the right ligamentum flavum. The L5 nerve roots exit the thecal sac approximately 7 mm caudad to the disc space. Severe left neural foraminal stenosis causes impingement of the left L4 nerve root. There is moderate right neural foraminal stenosis and a small/moderate sized disc protrusion projects into the neural foramen and impinges the right L4 nerve root.

L5-S1: Disc degeneration is present. Severe right and mild left facet arthrosis is detected and mild/moderate central canal stenosis, that is partially on a developmental basis. There is compression of the S1 nerve roots, more prominent on the right, between the facets and the disc, depicted in axial images 13-14 in series 6. Mild left and moderate right neural foraminal stenosis is detected.

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There is partial ankylosis of the anterosuperior compartment of the SI joints.

Impression:

1. L1-2: Disc degeneration. Facet arthrosis.
2. L2-3: Disc degeneration. Mild/moderate central canal stenosis. Small/moderate sized disc protrusion projects into and slightly lateral to the right neural foramen and causes minimal impingement of the right L2 nerve root immediately lateral to the neural foramen.
3. L3-4: Disc degeneration. Facet arthrosis. Moderate central canal stenosis. Small/moderate sized disc protrusion projects into and slightly lateral to the left neural foramen and causes mild impingement of the left L3 nerve root at the exit zone and slightly lateral to the neural foramen. Small/moderate sized disc protrusion projects into and slightly lateral to the right neural foramen and causes minimal impingement of the right L3 nerve root at the exit zone of the neural foramen.
4. L4-5: Disc degeneration. Grade 1 degenerative anterolisthesis. Severe stenosis of the central canal and the subarticular recesses. Severe left neural foraminal stenosis causes impingement of the left L4 nerve root. Moderate right neural foraminal stenosis and a small/moderate sized disc protrusion projects into the neural foramen and impinges the right L4 nerve root.
5. L5-S1: Disc degeneration. Facet arthrosis, more prominent on the

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right. Compression of the S1 nerve roots, more prominent on the right, between the facets and the disc. Mild/moderate central canal stenosis.

6. The results of the MRI exam were reported to Dr. Rawlins on 11/4/2015.

Ordering Diagnosis ICD 10: M48.06: SPINAL STENOSIS, LUMBAR REGION

Dictated By- RICHARD HERZOG M.D.  
Personally Viewed- RICHARD HERZOG M.D.  
Agreed with- RICHARD HERZOG M.D.  
Released Date Time- 11/05/15 0748

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