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**Patient:** EPSTEIN, JEFFREY  
**Exam Date:** 10/14/15

**Acc No:** [REDACTED]

**MRN:** [REDACTED]

Dear Dr. Moskowitz,

**MRI SCAN OF THE LUMBAR SPINE**

**Clinical History:**

62-year-old male with bilateral leg numbness for 2 years.

**Technique:**

The examination was performed with sagittal T1 weighted images, STIR and T2 weighted images, and axial T2 weighted images of the lumbar spine. Coronal T2 weighted images were obtained as well.

**Comparison:**

No prior studies are available for comparison.

**Findings:**

Straightening of lumbar lordosis is noted with minimal retrolisthesis of L2 on L3 and minimal grade 1 anterolisthesis of L4 on L5. Vertebral heights are unremarkable. Small high signal intensity hemangiomas are present multiple levels. Multilevel decreased disc space signal is present. Disc space heights are unremarkable.

EPSTEIN, JEFFREY ACC: [REDACTED] Exam Date: 10/14/15 DOB: 01/20/1953

***ACCESS YOUR PATIENTS IMAGES AND REPORTS @ [REDACTED]***

***PET/CT • HIGH FIELD MRI • OPEN MRI • MULTIDETECTOR VOLUME CT (VCT) • BONE DENSITY • NUCLEAR MEDICINE  
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At the L1-L2 level, there is no evidence of canal stenosis or foraminal narrowing.

At the L2-L3 level, above described subluxation with disc bulge asymmetric to the right is noted causing mild right foraminal narrowing and mild bilateral lateral recess stenosis without significant central canal stenosis or foraminal narrowing. Mild facet changes are present.

At the L3-L4 level, disc bulge with facet changes are present causing mild bilateral foraminal narrowing and mild canal stenosis.

At the L4-L5 level, above described subluxation with disc bulge and osteophyte asymmetric to the left is noted with facet changes causing severe left and moderate right foraminal narrowing. Disc bulge with ligamentous thickening is present causing severe central canal stenosis.

At the L5-S1 level, osteophyte asymmetric to the right with facet changes are present causing moderate right foraminal narrowing as well as moderate left and severe right lateral recess stenosis. No significant left foraminal narrowing is present.

The conus is normal shape and position.

There is no evidence of prevertebral or paraspinal soft tissue abnormality.

#### **IMPRESSION**

Osteophyte with facet changes causing moderate right foraminal narrowing at L5-S1 with moderate left and severe right lateral recess stenosis.

Grade 1 anterolisthesis of L4 on L5 with severe central canal stenosis and severe left and moderate right foraminal narrowing.

Mild bilateral foraminal narrowing at L3-L4.

Mild right foraminal narrowing at L2-L3.

Very truly yours,

PAUL CHOI, M.D.

Electronically Signed By PAUL CHOI, M.D.  
Date/Time Transcribed: 10/14/15 8:39 am

#### **REPORT**

EPSTEIN, JEFFREY ACC: [REDACTED] Exam Date: 10/14/15 DOB: 01/20/1953



**EAST RIVER MEDICAL IMAGING, PC** [REDACTED]

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EFTA00590717

CC: CC PATIENT

EPSTEIN, JEFFREY ACC: [REDACTED] Exam Date: 10/14/15 DOB: 01/20/1953



**EAST RIVER MEDICAL IMAGING, PC** [REDACTED]

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