Report Submission Date:

Name:		**Date:**	
MRN:		**Modality Type:**	CT\OT
Gender:		**Description:**	CT LUMBAR SPINE W/O CONT
DOB:		**Laterality:**	
		Referrer:	Second Opinions

CLINICAL HISTORY: Reason for Initial Exam: This scan was conducted post-surgery to assess the outcome of fusion surgery on August 3, 2021. Post-Surgical Complications: Reportedly, the surgery resulted in loose pedicle screws and the beginning of loss of lumbar lordosis, leading to flat back syndrome today. (the surgery also fused the wrong levels L1-L3 instead of the plan for L2-L4)

TECHNIQUE: Multiple axial images were obtained through the L1-L2, L2-L3 and L3-L4 interspaces.

COMMENTS:

Limited study due to lack of sagittal and coronal reconstruction.

Correlation is done with prior CT study dated 10/30/2021.

Again seen postsurgical changes with spinolaminectomies at L2 through S1. Evidence of spinal fusion from L1 through L3 , by bilateral transpedicular screws and rods. Significant lucencies are noted around bilateral L1 & L3 rods denoting underlying looseness, with progression since the prior study, which described left L1 & right L3 hardware lucencies.

Again seen extensive granulation tissue and scarring at the operative levels, extending from the subcutaneous tissue deep to the level of posterior epidural space, warranting further contrast enhanced MRI evaluation to rule out acute inflammatory changes. Fatty atrophy of lower paraspinal muscles is noted.

Extensive degenerative changes and sclerosis are noted at L3, L4 & L5 vertebrae, with vacuum lucencies seen at the intervening disc substances, denoting advanced disc degeneration. (scout images).

There is no fracture visualized. The paraspinal soft tissues are unremarkable. There are no lytic or blastic lesions.

Straightening of lumbar lordosis is seen, suggesting muscular spasm. There is evidence of multilevel disk disease, demonstrated by osteophytes and endplate sclerosis, with loss of disc heights (scout images).

Right scoliotic deformity is noted, apex at L2/L3 (scout images)

Scanned abdominal cuts show right renal partially exophytic cyst, measuring 4.5 cm in diameter, and abdominal aorta atheorsclerotic calcifications.

IMPRESSION:

1.Limited study due to lack of sagittal and coronal reconstruction.

2. Again seen postsurgical changes with spinolaminectomies at L2 through S1. Evidence of spinal fusion from L1 through L3 ,

by bilateral transpedicular screws and rods. Significant lucencies are noted around bilateral L1 & L3 rods denoting underlying looseness, with progression since the prior study, which described left L1 & right L3 hardware lucencies.

3. Again seen extensive granulation tissue and scarring at the operative levels, extending from the subcutaneous tissue deep to the level of posterior epidural space, warranting further contrast enhanced MRI evaluation to rule out acute inflammatory changes. Fatty atrophy of lower paraspinal muscles is noted.

4.Straightening of lumbar lordosis is seen, suggesting muscular spasm.

5. Right scoliotic deformity is noted, apex at L2/L3 (scout images).

6.Scanned abdominal cuts show right renal partially exophytic cyst, measuring 4.5 cm in diameter, and abdominal aorta atheorsclerotic calcifications.

Thank you for your kind referral of this patient. We appreciate the opportunity to participate in this patient's care.

Electronically signed on PM EST by:

Fellowship Trained MRI and CT Specialist

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