

XX/XX/XXXX

Doe, Jane (DOB XX/XX/XXXX) LUMBAR SPINE 4 Views on XX/XX/XXXX



Study was performed at:

Your Clinic Name

Clinic Address

Ref Physician: Your Name, DC

Patient ID: XXXX

Name: Doe, Jane

DOB: XX/XX/XXXX

Gender: Male

Exam date: XX/XX/XXXX

Report date: XX/XX/XXXX

LUMBAR SPINE 4 Views

History: States that he had fusion at L4-L5 in 2010, has had recurring pain at 3/10 pain levels, but just 3 days ago has shot up to a 8/10 pain. Pain goes down right leg, and is causing numbness in leg, most notably the right big toe.

Procedure: AP and lateral views of the lumbar spine are supplemented with bilateral lateral flexion views.

Findings:

For the purposes of this report there are six lumbar vertebrae, with L6 being transitional with a rudimentary L6-S1 disc and a spatulated transverse process on the right creating a pseudoarticulation with the sacrum. A shallow right lumbar convexity is identified, with the pelvis low on the right. Right lateral flexion is restricted, with limited left lateral flexion in the upper and lower lumbar spine. The bone density is normal. Mild disc narrowing is identified at L5-L6. The facet and sacroiliac articulations are normal. Osseous protuberances are identified at the bilateral femoral head neck junctions, with a small ossicle adjacent to the right lateral acetabulum. The soft tissues are normal.

Impression:

1. Mild degenerative disc disease at L5-L6.
2. CAM type deformity of the bilateral hips, suggestive of femoroacetabular impingement (FAI). Clinically correlate for pain upon flexion, internal rotation, and adduction of the hip in the supine position.
3. Transitional L6 with a rudimentary L6-S1 disc and a spatulated transverse process creating a pseudoarticulation with the sacrum on the right.
4. Right os acetabuli.
5. Static and dynamic postural alterations.