**LUMBAR SPINE RADIOGRAPHS (72100):** AP and lateral views.

**VERTEBRAL NUMBERING:** Five typical lumbar segments identified from the lowest rib-bearing vertebra.

**ALIGNMENT:**

AP View: Femoral head height is unequal, low on the right by approximately 17 mm. Compensatory pelvic tilt on the right by 22 mm. Mild right anterior rotation of the pelvis. Translation T12/S1 level left the midline by at least 1-2 cm with mild to moderate left tilt of the lumbar spine from L1-L4 with moderate disc space wedging on the left at L4-L5. No appreciable lateral curvature. Spinous processes are midline.

Lateral View: Marked straightening of the mid-upper lumbar lordosis from L1 through the L4 levels accompanied by posterior translation of L3 upon the sacrum by 14 mm. Overall, lordotic curvature of L1-L5 reduced to approximately 24°. Sacral base angle and lumbosacral disc angle are moderately to markedly reduced. Spondylolytic spondylolisthesis L5 by 20-25%.

**FINDINGS:**

BONE DENSITY: Moderate generalized osteopenia.

OSSEOUS STRUCTURES: Mild anterior compression fracture involving the superior endplate of L1 with approximately 20% loss of the expected anterior body height. Posterior body height is maintained. No retropulsion. Findings compatible with a remote fracture accompanied by a large osseous bridging osteophyte at T12-L1. Remaining vertebral bodies are normal in height. Bilateral spondylolysis L5 with anterolisthesis by approximately 25% and pars defects are most likely remote.

DISCOVERTEBRAL JOINTS: Advanced loss of disc height L3-L4 and L4-L5 and L5-S1 levels with mild to moderate anterolateral spurring throughout the entire lumbar spine. Posterior spurring also at L3-L4 and L4-L5.

FACET JOINTS: Moderate to advanced facet arthrosis bilaterally at L3-L4 and L4-L5. Facet imbrication at both L3-L4 and L4-L5.

PELVIS: Sacroiliac joint spacing is preserved. Hip joint spacing is maintained.

SOFT TISSUES: Calcific plaquing in the abdominal aorta without evidence of an aneurysm.

**IMPRESSIONS:**

1. Remote Compression fracture L1: Mild anterior compression fracture superior endplate of L1 by 20%. Findings compatible with remote fracture.

2. Spondylolytic spondylolisthesis L5: Remote bilateral pars defects with anterolisthesis by 20-25%. If indicated clinically, comparison with any previous recumbent MRI studies and/or flexion and extension lumbar radiographs would be useful to rule out occult translational hypermobility or instability.

3. Disc degeneration/spondylosis: Advanced L3-L4 through L5-S1. Mild to moderate spondylosis L1-L2 and L2-3.

4. Facet arthrosis: Moderate to advanced L3-L4 and L4-L5 with facet imbrication at both levels.

5. Foraminal stenosis: Foraminal distortion/narrowing due to the combined factors at the L3-L4 through the L5-S1 levels.

6. Osteoporosis.

7. Atherosclerotic changes without aneurysmal dilatation of the aorta.

8. Postural abnormalities identified. Clinical correlation regarding associated muscle spasm and/or joint dysfunction is advised.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on 12/18/2017 4:21 PM

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