

**MIDWEST
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CONFIDENTIAL IMAGING REPORT

PATIENT NAME:
REFERRED BY:
EXAMINATION OF: LUMBAR SPINE

DATE OF REPORT:
DATE OF FILMS:
AGE/DOB: 72

HISTORY: Chronic progressing low back pain and restriction of motion. The patient indicates he is having difficulty swinging a golf club.

FINDINGS: AP and lateral lumbar views have been submitted for evaluation. There are no findings of acute lumbar spine compression fractures. The pedicles are intact. There are no findings of abnormal anterolisthesis of the lumbar vertebrae. There are anterior osteophyte formations at all lumbar levels, with thick flowing anterior longitudinal ligament calcification/ossification from T12 through L5. Ankylosing or near ankylosing is occurring at all levels. There is mild disc thinning and degeneration at L2-L3 and L3-L4. Articular facet degeneration is present at L5-S1, being greater left-sided. The lumbar spine is considerably hypolordotic, with the sacral base angle being reduced. Weight bearing falls moderately posterior. Disc wedging is present at L3-L4, with the open side of the wedge directed toward the left side.

Mild atherosclerotic plaque is present within the abdominal aorta and iliac arteries. The diameter of the abdominal aorta at the L4 level measures approximately 5.9 cm in diameter. This measurement is well beyond the accepted top limits of normal, considered to be 3.8 cm.

IMPRESSIONS:

1. Abdominal aortic aneurysm measuring approximately 5.9 cm in diameter and located just superior to the bifurcation of the aorta.
2. Lumbar spondylosis with what appears to be superimposed DISH, including several levels of ankylosing.
3. Mild disc degeneration at L2-L3 and L3-L4, with articular facet degeneration at L5-S1 right-sided, where there may be intervertebral foraminal stenosis.
4. Hypolordotic lumbar spine with posterior weight bearing and reduction of the sacral base angle.

RECOMMENDATIONS: Referral for diagnostic ultrasound is recommended for more accurate measurement of the abdominal aorta. Vascular referral should also be of consideration to determine if the patient is a surgical candidate. This evaluation was performed after hours and a message was left for Dr. XXXXX concerning the findings and recommendations.

Thank you for choosing Midwest Radiology Consultants as your imaging specialist.

This report was electronically signed.
Doran L. Nicholson, D. C., D.A.C.B.R.
DLN/ajs