



MRI LUMBAR SPINE + SACROILIAC JOINTS

PATIENT ID: [REDACTED]

DATE OF BIRTH: [REDACTED]

EXAM DATE: 19/07/2024

TECHNIQUE:

The examination was performed in a SIEMENS 1.5T Avanto 18ch MRI and includes axial and sagittal T1, T2 and STIR sequences of the lumbar spine, as well as axial and coronal T1 and STIR sequences of the SIJs.

FINDINGS:

There is a mild scoliotic curve of the lumbar spine convex to the right side, with slight hyperlordosis. No spondylolisthesis.

Multilevel degenerative disc disease is seen, with slight dehydration but overall preservation of disc height.

There is early degenerative change at the facet joints of the lower lumbar spine.

Normal appearance of the conus and cauda equina nerve roots. The conus ends at T12/L1 level.

Normal bone marrow signal.

T11/T12: There is a minor diffuse disc bulge, resulting in mild narrowing of the right neural foramen. No nerve root compromise. Normal central canal.

T12/L1 and L1/L2: No significant disc herniation.

L2/L3 and L3/L4: There is a minor diffuse disc bulge at these levels, causing mild narrowing of the neural foramina bilaterally. No nerve root compromise. Normal central canal.



L4/L5: There is a diffuse disc bulge and slight thickening of the ligamentum flavum, causing mild to moderate narrowing of both neural foramina. No nerve root compromise. There is mild central canal stenosis.

L5/S1: There is a minor diffuse disc bulge and slight hypertrophy of the facet joints, causing mild narrowing of both neural foramina. No nerve root compromise. Normal central canal.

There is evidence of abnormal high T1 signal intensity at the sacral and iliac aspect of both sacroiliac joints, in keeping with changes of fat metaplasia. This is suggestive of chronic bone marrow changes secondary to previous inflammatory sacroiliitis and is associated with slight stenosis at both SIJs. No evidence of ankylosis.

No suggestion of bone marrow oedema around the SIJs and no evidence of acute inflammatory sacroiliitis.

No significant bone erosions, as far as can be assessed on MRI.

The pelvic organs are grossly normal. No significant free fluid.


There is a tiny high T2 signal lesion at the right kidney, most likely a simple cyst, which can be further assessed with US scan, if required.

CONCLUSION:

There is early multilevel degenerative disc disease in the lumbar spine, with no significant neural foraminal narrowing and no suggestion of nerve root compromise. Normal appearance of the conus and cauda equina nerve roots.

Note is made of structural changes at the SIJs bilaterally, with prominent fat metaplasia and stenosis at the joints, suggestive of previous inflammatory sacroiliitis. There is, however, no acute inflammatory pathology on today's scan.

Clinical and biochemical correlation is also required.


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