

FOLLOW-UP EXAMINATION

April 1, 1992:

_____ and his wife came in so that I could explain the MRI which he had. I showed him the pictures and told him about the right paracentral disc abnormality at L3-4 and the arthritis. I told him that no spinal stenosis was noted, as I had expected to find. The previous fusion was seen and looked fine.

I believe that _____ might be helped with an epidural steroid injection, and therefore I suggested that we do it. This will be arranged.

M.D.

Neurosurgical Associates, P.A.

/ Albuquerque, New Mexico 87102 /

March 26, 1992

This is a 63-year-old, Caucasian male. He has a long history of back problems, underwent laminectomy and fusion L5-S1 in 1959, and then in 1982 had a laminectomy of L4-5 for an extruded disc. He did well until around 1988, when he started to have more problems, first with right leg pain, and at that time was diagnosed as having a recurrent herniated disc. Since then, his symptoms have gotten slowly worse, and now he hurts in both legs and his low back. He is not sure, but he feels that it might be aggravated by standing or walking, but that hasn't been clearly determined as yet.

In addition to that, he has had quite a lot of problem with inguinal hernias, has had a total of four operations, and now has a recurrent hernia in the left inguinal area. He also has chronic obstructive pulmonary problems by x-ray. He is somewhat short of breath and is still smoking, even though he realizes that is the reason for his present lung difficulty. He has no other medical problems.

NEUROLOGICAL EXAMINATION:

Cerebration: intact.

Cranial nerves: normal.

Reflexes: tendon reflexes are hypoactive but symmetrical. There are no pathological reflexes.

Motor: intact.

Sensory: intact.

Coordination: intact.

Musculoskeletal: straight leg raising is normal. Forward flexion of the back is done well.

CLINICAL IMPRESSION:

Rule out lumbar spinal stenosis.

RECOMMENDATIONS:

I believe that _____ needs an MRI, which we will arrange for, and go from there. He may need a decompressive laminectomy.

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ALBUQUERQUE, NEW MEXICO 87102

RADIO
OF AI

X-RAY ASSOCIATES OF NEW MEXICO
P.C.

RADIOLOGY REPORT

Patient's Name _____ BD _____

File Number 16943 _____ : (s) _____

MRI OF THE LUMBAR SPINE WITH GADOLINIUM:

CLINICAL HISTORY: Possible spinal stenosis. The patient has a history of previous back surgery in 1959 and 1981 and now complains of low back pain and left leg pain.

The MRI examination shows a lumbar fusion which I believe is from L4 to the sacrum. The conus and cauda equina are normal, and the patient's AP canal diameter is normal.

At L3-L4, there is a right paracentral disk abnormality which is deforming the thecal sac and partially extends into the right L3-L4 intervertebral foramen. If the patient has not been operated at this level, this presumably represents right paracentral disk protrusion, although it does not correspond to his left sided symptoms.

At L4-L5, the patient has diffuse central protrusion of the disk which is producing mild deformity of the thecal sac. This does not appear to extend into either intervertebral foramen, and administration of contrast material does not produce enhancement of any significant epidural fibrosis in this area. This presumably represents diffuse protrusion of the L4-L5 disk, without any significant element of epidural fibrosis.

At L5-S1, there is no evidence of disk herniation or stenosis.

OPINION: THE PERTINENT FINDINGS ARE A RIGHT PARACENTRAL DISK ABNORMALITY AT L3-L4 WITH THECAL SAC DEFORMITY AND PARTIAL ENCROACHMENT ON THE FORAMEN. THE PATIENT HAS DIFFUSE CENTRAL BULGING OF THE L4-L5 DISK WITH MILD THECAL SAC DEFORMITY, AND NO SIGNIFICANT CHANGE WITH THE ADMINISTRATION OF GADOLINIUM. THERE IS EVIDENCE OF A PREVIOUS FUSION. IF THIS PATIENT HAS HAD SURGERY AT L3-L4, IF CLINICALLY APPROPRIATE, ADDITIONAL STUDIES WILL BE PERFORMED AT THIS LEVEL WITH GADOLINIUM AT NO ADDITIONAL CHARGE.

Thecal sac = membrane of dura mater surrounding spinal cord

as though doing CT or lesion study

724.4 *Back Pain w/ radiation up leg*