



**BABCOCK UNIVERSITY TEACHING HOSPITAL,
ILISAN-REMO
RADIODIAGNOSIS DEPARTMENT**

Patient's Name: AKANBI SARAH

Scan No: BU/MRI/26/2986

Age: 52yrs

Sex: Female

Clinician:

LUMBOSACRAL SPINE MRI

CLINICAL HISTORY: Low back pain with radiculopathy.

TECHNIQUE: Multiplanar and multisequential images of the lumbosacral spine were acquired using 1.5 Tesla MRI machine in T1 and T2FsE (Sag & Ax), Sag STIR, and 3D MYELO (Sag and Cor).

FINDINGS:

There is mild reduction of the normal lumbar lordosis likely due to reflex muscular spasm.

There is scoliosis with convexity to the left.

The vertebral body heights and bone marrow signals are within normal limits.

The alignment is preserved.

Anterior and lateral marginal osteophytosis of T12 to L5 vertebrae is noted.

There are varying degrees (Grade II-III) of desiccations of the intervertebral discs evidenced by loss of the normal T2 hyperintensities and reduction in intervertebral disc heights of L4/L5.

Varying levels of intervertebral disc bulges are also seen.

The spinal cord terminates at the pedicular level of L1 vertebra, It however shows normal signal intensity.

No soft tissue prevertebral collection/abnormality is seen.

INTERVERTEBRAL DISK ANALYSIS

T12/L1

No disc bulge is seen. No effacement of anterior CSF space is noted. There are no neural foramina narrowing bilaterally. No nerve root compression is seen. The spinal canal diameter (AP) measures 18.6mm. The ligamentum flava are within normal limits. The facet joints appear within the normal limits.

L1/L2

No disc bulge is seen. No effacement of anterior CSF space is noted. There are no neural foramina narrowing bilaterally. No nerve root compression is seen. The spinal canal diameter (AP) measures 19.7mm. The ligamentum flava are within normal limits. The facet joint on the left show mildly increased signal intensity, the right appears normal.

L2/L3

There is mild symmetric posterior disc bulge with mild effacement of the anterior CSF space. There is mild narrowing of the neural foramina bilaterally with nerve roots compression seen bilaterally. The ligamenta flava are within normal limits bilaterally (Rt 3.7mm, Lt 3.8mm). The spinal canal diameter (AP) measures 19.7mm. Both facet joints show increased signal intensities (L>R).

L3/L4

There is symmetric posterior disc bulge. There is moderate effacement of the anterior CSF space. There is moderate narrowing of the neural foramina bilaterally with nerve roots compression seen bilaterally. The ligamenta flava are hypertrophied bilaterally (Rt 4.1mm, Lt 4.1mm) The spinal canal diameter (AP) measures 18.2mm. Both facet joints show increased signal intensities worse on the left.

L4/L5

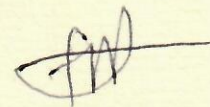
There is circumferential disc bulge with abnormal T2 hyperintense signals through the posterior annulus fibrosus with protrusion of the disc material. There is marked effacement of the anterior CSF space. There is crowding of the cauda equina. There is marked narrowing of the neural foramina bilaterally with nerve roots compression seen bilaterally. The ligamenta flava are hypertrophied bilaterally (Rt 5.6mm, Lt 6.6mm). The spinal canal diameter (AP) measures 11.7mm. Both facet joints show increased signal intensities worse on the left.

L5/S1

There is circumferential disc bulge with abnormal T2 hyperintense signals through the posterior annulus fibrosus. There is marked effacement of the anterior CSF space. There is marked narrowing of the neural foramina bilaterally with nerve roots compression seen bilaterally. The ligamenta flava are significantly hypertrophied bilaterally (Rt 8.1mm, Lt 7.2mm). The spinal canal diameter (AP) measures 12.8mm. Both facet joints show mildly increased signal intensities.

CONCLUSION: Features seen suggest Lumbar Spondylosis (Grade II) with;

- 1) *Multi-level Disc Degenerative Disease, Mild to Marked Intervertebral Foraminal Stenosis and Nerve Root Compressions at L2/L3 to L5/S1.*
- 2) *Annular Tear at L4/L5 – L5/S1 Levels with Disc Protrusion at L4/L5 Level.*
- 3) *Relative Spinal Canal Stenosis at L4/L5 – L5/S1 Levels.*
- 4) *Multi-level Facetal Arthropathy and Ligamenta Flava Hypertrophy of the Lumbosacral Spine.*



Reporting Radiologist(s):

DRs. OGUNSANWO/THOMPSON

Date: 27/04/2026