

PATIENT'S NAME (Last, First, Middle Name)				DATE/TIME OF EXAM
Sioson, Pauline Malong				01/23/2024 11:31 AM
PIN	BIRTHDATE	AGE/GENDER	ROOM/BED	REQUESTING PHYSICIAN
1810134979	05/06/1994	29Y 8M / F	OPD	LIPANA, RENATO JR. DIZON M.D.

HISTORY: Back pain one week; to consider spondylolisthesis

TECHNIQUE: AP and lateral views

FINDINGS:

Mild posterior wedge deformity of L5 is observed. The rest of the vertebral heights, disc spaces and lumbar lordosis are maintained.

Suspicious lucency and irregularity is appreciated in the posterior element of L5. The rest of the posterior elements are intact.

Slight anterior displacement of L5 in relation to S1 is seen.

Sacrococcygeal bones are in alignment with line of weightbearing falling anterior to the sacral promontory.

No paraspinal mass noted.

IMPRESSION:

Mild L5 posterior wedge deformity

Grade 1 anterolisthesis L5 over S1 with probable spondylolysis

Predisposed to lumbosacral instability

This radiologic interpretation is only a part of the overall assessment of a patient's condition. It must be correlated with the clinical, laboratory and other ancillary parameters for a comprehensive analysis. Therefore, radiology reports are best explained by the attending physician to the patient. Images are available in the PACS for your inspection.



Bryan Patrick T. Reyes M.D.
RADIOLOGIST



Patient ID: PAT24006735 Procedure Date: 3/2/2024 Report Date: 3/2/2024
Patient Name: SIOSON, PAULINE MALONG Birthday: 05/06/1994 Sex: F Age: 29
Referring M.D.: DR. RENATO JR. LIPANA Hospital: ST. LUKES MEDICAL CENTER - QC
Modality: MRI (1.5T) Procedure: MRI LUMBOSACRAL SPINE

Technique: Plain MR study of the lumbosacral spine

FINDINGS:

There are endplate concavities with accompanying Modic Type 2 marrow signal changes seen involving L5 and S1 vertebral bodies. Vertebral heights are preserved. No bridging osteophytes seen.

There is straightening of the lumbar spine alignment. The line of weight bearing is seen to fall anterior to the There is grade I anterior displacement of L5 in relation to S1 with probable break of the pars interarticularis. No associated marrow edema observed and is likely non-acute. No paravertebral mass or abnormal collection noted.

Disc desiccation is seen at the levels of L4-L5 and L5-S1. The disc space heights are preserved.

Conus medullaris ends at L1. Cauda equina is not thickened.

Increase signal in the dorsal subcutaneous fat, spanning the levels of L1-L2 to L4 is noted.

Images through the discs show the following findings:

T12-L1 to L3-L4: No disc herniations. Canals are adequate.

L4-L5: Asymmetric disc bulge with central posterior protruding disc component that indents the thecal sac. Bilateral facet hypertrophy is also observed. Neural canals remain adequate.

L5-S1: Level of spondylolisthesis. Diffuse disc bulge with minimal contact to the bilateral traversing nerves. Bilateral facet hypertrophy. Mild bilateral neural canal narrowing observed.

Incidentally, there appears to be combined presence of abnormal marrow signal, articular surface irregularities and fluid collection involving the right sacroiliac joint and could be in part also causing the mobility related concerns for which clinical correlation is recommended.

IMPRESSION:

>Degenerative changes of the lumbar spine with spondylosis, more significant at L5-S1 as spondylolisthesis and spondylolysis of L5 are also present.

>Predisposition for lumbosacral instability

>Incidental note of right-sided sacroiliitis with probable effusion

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DERRICK T. CHANSIONGPEN, MD, FPCR, FCTMRISP
RADIOLOGIST

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86B Malakas St., Quezon City (Tel# 927-2659/928-6197)
MRI 1.5T / 128 Slice CT Scan / Nuclear Medicine /
General Ultrasound / Digital Mammography /
2D Echocardiography / Digital X-Ray

MANILA CITY BRANCH
2119 Dimasalang Road, Manila City (Tel# 241-8888)
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VALENZUELA CITY BRANCH
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Multi-slice CT Scan / General Ultrasound /
2D Echocardiography

J. Rylan G. Flores, MD, FICS

Orthopaedic Surgeon
Nutrigenomics Practitioner

Fellow: International College of Surgeon, Philippine Academy of Medical Specialist
Diplomate, Philippine Academy of Anti-Aging Medicine
Member: Philippine Spine Society, Philippine Society of Oncology
Philippine Society of Geriatric Medicine, Osteoporosis Society of the Philippines

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M-W-F: 3 - 6pm / T-TH: 1 - 3PM

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Email: rylan_flores@yahoo.com / rylan@floresmd.net

Patient: Paulina Gomez Age: 6
Address: _____ Sex: ♀
Date: 24

Rx Nidofenac 600mg #10

S. i tab 3 x a d

Opisone 50mg (Mylax) #15

S. i tab 3 x a d

Paracetamol 75mg (Gemeran) #20

S. i tab 2 x a d

Calc Bonylon #20

S. i tab 2 x a d

Redoxon 500mg (Forte) #1

S. Apply to affected area

_____, M.D.
Lic. No. 93043
PTR No. 4904387