

Report

Page 1 of 1

Accession: MRN HANM1001-CL Name: HANSON, MICHELLE Account #:

Gulf Coast MRI & Diagnostic, Inc.



GCMRI Clearlake

Name:	HANSON, MICHELLE	Exam Date:	3/7/2011
DOB:	5/16/1962 (Age 49)	Accession:	
MRN:	HANM1001-CL	Exam:	MRI LUMBAR W/O
Account #:		Physician:	O'Neill, Daniel

MRI of the lumbar spine without contrast

Referring physician: Dr. Daniel O'Neill

History: Low back pain.

Multiplanar, multi-phase MRI of the lumbar spine is performed on a 1.5 Tesla magnet.

Lumbar lordosis is adequate. There is increased magnetic susceptibility artifact related to metallic hardware at L5-S1. No definite marrow signal alterations are seen. Moderate to marked L5-S1 and mild L4-5 loss of disc height noted. There is no clear dehydration at L4-5. The conus terminates appropriately at the T11-L2 disc level. No gross paraspinal abnormalities are seen.

At L5-S1, cage anterior lumbar interbody fusion identified. There is approximately 5 mm anterolisthesis of L5 relative to S1. Mild right and mild to moderate left up-down foraminal stenoses are seen. On sagittal images, there is suggestion of flattening of the posterior-superior surface of the left L5 ganglion. No central or lateral recess stenosis is seen.

At L4-5, a 3 mm broad-based posterior disc protrusion is present, with posterior annular fissuring. Trace L4-5 facet joint effusions are present bilaterally. There are mild to moderate right and mild left lateral recess stenoses at the level of the proximal L5 roots.

The L3-4 through T11-L2 disc levels are unremarkable.

Impression:

Cage anterior lumbar interbody fusion identified at L5-S1. 5 mm anterolisthesis of L5 relative to S1 noted. There are mild right and mild to moderate left up-down foraminal stenoses, with possible flattening of the left L5 ganglion. CT or CT myelography may be helpful if clinically appropriate.

At L4-5, a 3 mm broad-based posterior disc protrusion is present with posterior annular fissuring. Mild to moderate right and mild left lateral recess stenoses are present at the level of the proximal L5 roots. There are trace L4-5 facet joint effusions bilaterally.

Dictated By: Alexander M.D. Yasmin

Signed By: Alexander M.D. Yasmin

Signed On:

3/7/2011 4:56:06 PM

Report

Thank you for referring to GCMRI Clearlake.

www.gulfcoastmri.com

Location	West Houston	Southwest Houston	Clear Lake
1535 Foothill Pkwy, Suite A Pasadena, TX 77002 Ph: 281.991.1874 Fax: 281.991.2800	4001 W. Sam Houston Pkwy N., Suite 110 Houston, TX 77043 Ph: 713.996.3333 Fax: 713.996.0901	8113 Southwest Freeway, Suite 100 Houston, TX 77024 Ph: 713.843.8311 Fax: 713.843.0811	1651 Finkelsch, Suite 125 Houston, TX 77025 Ph: 281.438.7226 Fax: 281.688.2577

HANSON, MICHELLE

8/15/01

Michelle comes in today. She is 8 months status post L5-S1 anterior interbody fusion secondary to spondylolisthesis. Overall, she is doing very well. She is no longer having the severe pain. She does have some mild low back pain on occasion, especially after doing a lot of activity, but she is really not having any leg pain. She says she had little episodes of left toe numbness which has gone away, but overall, she feels like she is doing much better.

PHYSICAL EXAM: She has some pain on extension, located at the 4-5 level. No pain with flexion or lateral bending. She is neurologically intact.

RADIOGRAPHS: AP and lateral, lumbar spine- Shows the L5-S1 interbody fusion with the BAK cages. There is no evidence of loosening and it appears to be a very solid fusion as far as any changes around the implant.

IMPRESSION: Probable L4-5 facet pain.

PLAN: I would like to have her try some facet injections at L4-5 and see if this helps her pain. If this does the trick, then we will see her back in a year. If not, I will see her back after the injections.

R. Eric Santos, M.D., F.A.C.S.S.

RES/st

D: 8/15/01

T: 8/17/01

HANSON, MICHELLE

02/14/01

Michelle is now S/P on 11/17/00 the L5-S1 anterior interbody fusion secondary to her L5-S1 spondylolisthesis. She says overall she is doing very well. She had a little backache in the morning and on some days when she has been up for a long period of time, but otherwise, she is doing well. She still has the anemia and currently her PCP is working this up.

PHYSICAL EXAM: On examination, her surgical incisions are well healed. She is neurologically intact.

RADIOGRAPHS: AP and lateral taken of the lumbar spine show the cages to be in excellent position.

PLAN: What I would like her to do is start weaning herself out of the brace and get started in physical therapy. We will see her back in a month.

R. Eric Santos, M.D.

RES/cab

D: 02/14/2001

T: 02/16/2001

**CHRISTUS ST. JOHN
Hospital
Nassau Bay, Texas**

0029900225
HANSON, MICHELE
Admitted: 11/17/00
Dismissed: 11/20/00

DISCHARGE SUMMARY

HOSPITAL COURSE: Ms. Hanson is a 16-year-old female who has been suffering from low back pain for an extended period of time. The patient had an L5-S1 spondylolisthesis. She was admitted to the hospital where she was taken to the operating room, where she underwent an anterior interbody fusion using two BAK cages. She also had a iliac bone harvested from the left anterior iliac crest. The patient had no complications with the procedure and postoperatively she did well. She has been up ambulating. She was only complaining of some abdominal and left hip pain. No leg pain and very minimal back pain. The patient has been voiding. She has got good bowel sounds and has been passing gas. She is eating solid foods and her vitals remained stable.

She was discharged from the hospital on 11/20/00.

DISCHARGE MEDICATIONS: Ambien and Darvocet.

FOLLOW UP: She is going to return to the clinic on Wednesday to see us.

WOUND CARE: She is to keep the wound clean and dry until that time. Also, inspection of the wound shows no evidence of infection.

R. ERIC SANTOS, M.D.

RHS/PQJ/64209
D: 11/20/00
T: 11/23/00

**CHRISTUS ST. JOHN
Hospital
Nassau Bay, Texas**

0019900225
HANSON, MICHELLE
Admitted: 11/17/00
Room: ~~608~~

OPERATIVE REPORT

DATE OF OPERATION: 11/17/00

COSURGEON: LAWRENS R. BECKARD, M.D.
COSURGEON: R. ERIC SANTOS, M.D.

PREOPERATIVE DIAGNOSIS: LUMBOSACRAL DISK DEGENERATION.

POSTOPERATIVE DIAGNOSIS: LUMBOSACRAL DISK DEGENERATION.

PROCEDURE PERFORMED: LEFT PARAMEDIAN INCISION AND
RETROPERITONEAL DISSECTION TO
EXPOSE THE L5-S1 INTERSPACE.

ANESTHESIA: GENERAL.

FINDINGS: The patient had degenerative disk disease at the L5-S1 disk and the pathology will be described by Dr. Santos in his operative report. No abnormalities were noted during the creation of the incision and exposure through the retroperitoneal space to this area (other than the disk which will be described by Dr. Santos).

DESCRIPTION OF PROCEDURE: With the patient in the supine position, on the operating table, the abdomen was prepped and draped in a sterile manner.

A vertical left paramedian incision was made below the level of the umbilicus for a length of approximately 6 to 7 cm. Dissection proceeded down to the anterior rectus sheath which was incised vertically. Then using blunt and electrocautery dissection, the muscle was retracted laterally, cauterizing the blood vessels and dissection was carried out in the retroperitoneal space and the abdominal viscera was dissected medially off the body wall and superiorly and the dissection then proceeded medially and superiorly on the iliac vein up to the lumbosacral disk. The ureter was retracted medially and to the right side with the abdominal viscera.

At this point, when the disk was exposed, the diskectomy, implant and associated procedures was carried out by Dr. Santos and will be described in detail in his operative report. Following completion of this, complete hemostasis was established and the sponge count was reported as being correct.

Then all of the retractors were removed and the anterior rectus sheath was closed with a running #0 Prolene and the skin was closed with subdermal and subcuticular sutures. A sterile dressing was applied.

The patient tolerated the procedure well.

LAURENS R. PICKARD, M.D.

LRP/PQ3/63742

D: 11/17/00

T: 11/22/00

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HANSON, MICHELLE

**CHRISTUS ST. JOHN
Hospital
Nassau Bay, Texas**

102590115
NANSON, MICHELLE
Admitted: 11/17/00
Room:

OPERATIVE REPORT

DATE OF OPERATION: 11/17/00

CO-SURGEON: M. ERIC SANTOS, M.D.
CO-SURGEON: LAURENS R. PICKARD, M.D.

ASSISTANT: OVAL HERBSTER, R.N.F.A.

PREOPERATIVE DIAGNOSIS: L5-S1 ISTHMIC SPONDYLOLISTHESIS,
GRADE II.

POSTOPERATIVE DIAGNOSIS: L5-S1 ISTHMIC SPONDYLOLISTHESIS,
GRADE II.
UNRELIABLE LOW BACK PAIN.

PROCEDURE PERFORMED:

1. ANTERIOR RETROPERITONEAL APPROACH.
2. ANTERIOR RADICAL DISCECTOMY L5-S1.
3. ANTERIOR LUMBAR INTERBODY FUSION USING TWO BAK RINGS L5 & S1 ON TIMES TWO.
4. REDUCTION OF THE LEFT ANTERIOR SUPERIOR ILLIAC CREST THROUGH A SEPARATE INCISION.
5. INTRAOPERATIVE SOMATOSENSORY EVOKED POTENTIALS.
6. REDUCTION OF SPONDYLOLISTHESIS.
7. INTRAOPERATIVE FLUOROSCOPY.

ESTIMATED BLOOD LOSS: 10 CC'S.

ANESTHETIC: GENERAL ENDOTRACHEAL.

DESCRIPTION OF PROCEDURE: Patient was brought to the Holding Area. She had a known latex allergy so everything was latex-free. Because of this we could not put on the TED hose but she did have the sequential compression devices placed on her thighs. She had one gram of Aneset. The patient was then brought to the operating suite where she underwent general endotracheal intubation. She then had a Foley catheter placed. Her abdomen was draped and draped in the usual sterile orthopedic fashion. Then a 3 cm incision was made for dissection behind the left anterior superior iliac crest and incision was made. This was taken down to the anterior layer which was incised, exposing the iliac vein. Then doing a double incision superior to a small hole

intensifier, checking every step of the way.

The patient was awakened, taken to the Recovery Room in good condition.

R. ERIC SANTOS, M.D.

RES/PQ3/63748

D: 11/17/00

I: 11/20/00

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HANSON, MICHELLE



**CHRISTUS
ST. JOHN
Hospital**

2050 Space Park Drive • Nassau Bay, Texas 77058 • (281) 333-6500

PATIENT NAME SANTOS, MICHAEL		RELATION DIS - IPN		MEDICAL RECORD NO. 0000287358	
CHECK NO. 1602412	ACCT NO. N00099500225	DOB ED: 08/16/62	AGE 38Y	SEX F	ETHNICITY IPN
OPERATING UNIT SANTOS, R. ERIC		INDUSTRY PHYS. ADDRESS 18100 St. John Drive Nassau Bay, TX 77058		PHONE (281)333-5114	

PROCEDURE SEARCH

Chk-List # Order Exam

1602412 0055 01240 DX 5PTNE LUMBAR 2 VIEW
Ord Diag: LUMBAR FUSION

EXAM DATE/TIME: 11/19/00 1355

TWO VIEW LUMBAR SPINE - 11/19/00:

COMMENT: AP and lateral examination of the lumbar spine along with spot lateral views of the lumbar spine demonstrated two intervertebral discs at the L5-S1 level. There is minimal grade 1 spondylolisthesis at L5 on S1. NO compression abnormality was seen. The remaining lumbar intervertebral disc space heights were well maintained.

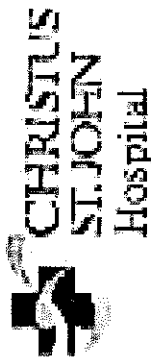
IMPRESSION: Postoperative changes at L5-S1 with grade 1 spondylolisthesis in the range of 5 to 10%.

Read By: MICHAEL SHER MD

VAS

11/20/00 2017

ONLY PERTINENT FINDINGS AND MEASUREMENTS ARE MENTIONED. ALL FINDINGS NOT MENTIONED ARE CONSIDERED NORMAL FOR AGE OR INSIGNIFICANT.



2050 Space Park Drive • Nassau Bay, Texas 77058 • 281 353-5500

PERSON'S NAME HANSON, MICHELLE	LOCATION 4EN-440-01	MEDICAL RECORDS NO. 0000287398
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CHECK NO. 1800265	ORDER # N0029900225	DOB ED: 08/16/62	AGE 38Y	SEX F	PT TYPE TPN
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ORDERING PHYSICIAN SANCOS, R. ERDT	ORDERING PHYSICIAN ADDRESS 18100 St John Drive Nassau Bay, TX 77058	PHONE (281) 333-5114
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PROCESSOR REASON Chest X-ray	Order	Exam
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1800265 0011 01240 IX SPINE LUMBAS 2 VIEW
 Ord Flag: 15, S1

EXAM DATE/TIME: 11/17/00 1115

AP AND LATERAL VIEWS OF THE LUMBOSACRAL SPINE:

Taken with the fluoroscopic monitoring system in the operating room. There are no preoperative films available for comparison. Retractors are noted. Cage anterior fixation has been performed at the lumbosacral junction. There is a spondylolisthesis at L5 on 5/1 of Grade II.

Read By: JOHN C GILLESPIE MD

DJP
 11/17/00 1311

ONLY PROMINENT FINDINGS AND MEASUREMENTS ARE MENTIONED. ALL FINDINGS NOT MENTIONED ARE CONSIDERED NORMAL FOR AGE OR INSIGNIFICANT.

FINAL

ST. JOHN HOSPITAL

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10011111



**CHRISTUS
ST. JOHN
Hospital**

2050 Space Park Drive • Nassau Bay, Texas 77058 • (281) 333-5500

PATIENT NAME HANSON, MICHELE M		LOCATION PCN		MEDICAL RECORD NO 0000287398	
REFERRER # 1596554	ACCT # N0009900225	DATE MD: 08/16/82	AGE 38Y	SEX F	PT TYPE PCN
CORPORATE OFFICE SANTOS, R. BANC	ORDERING PHYSICIAN 18100 St. John Drive Nassau Bay, TX 77058			PHONE (281) 333-5114	

PROCEDURE REASON:
CXR-in = 00000 Exam

1596554 0003 01105 CX CHEST 2 VIEW
Ord Diag: 732.52-LUMB/LUMBOSAC DISC DISE

EXAM DATE/TIME: 10/08/82 1728

PA AND LATERAL VIEWS OF THE CHEST:

There are no prior films available for comparison. Heart size is within normal limits. The mediastinum is unremarkable. The lungs are clear.

IMPRESSION: No acute findings are visualized.

Read By: JOHN C GILLESPIE MD

KAS
11/08/82 1:00

ONLY PERTINENT FINDINGS AND MEASUREMENTS ARE MENTIONED. ALL FINDINGS NOT MENTIONED ARE CONSIDERED NORMAL FOR AGE OR INSIGNIFICANT.

FINAL

ST. JOHN HOSPITAL

Page 1

NAME: MICHELLE HANSON
ACCOUNT NO: 000403
DOB: 8/16/62 AGE: 38 SEX: F
PHYSICIAN: 00152 DANIEL O'NEILL MD
EXAM DATE: 10/13/00

MRI OF LUMBAR SPINE

CLINICAL HISTORY: Right-sided low back pain; rule out HNP; previous bilateral knee surgery and right hip surgery as well as hysterectomy.

PROCEDURE: Sagittal and axial T1 and T2 weighted images

FINDINGS:

OSSEOUS: The bone marrow pattern and vertebral body heights from T12 through S2 are normal. A bilateral congenital spondylolysis at L5-S1 is associated with a first degree anterior spondylolisthesis of L5 on S1 that measures 1 cm. There is associated mild narrowing of the L5-S1 neural foramina bilaterally.

DISCS: Chronic spondylosis is noted diffusely throughout the lumbar spine with moderate narrowing at L5-S1. There is slight subligamentous diffuse bulging of the annulus at L4-5. No focal herniations are identified.

NEURAL: The conus is in normal position at T11-T12. The cauda equina exhibits normal distribution throughout the thecal sac. No paraspinous or epidural mass lesions are identified.

IMPRESSION:

1. Chronic spondylosis is noted at L5-S1 with mild to moderate disc space narrowing. There is only slight bulging of the annulus at L4-5. No focal herniations are noted throughout.
2. There is a congenital bilateral spondylolysis at L5-S1 with a first degree degenerative anterior spondylolisthesis of L5 on S1 that measures 1 cm. There is mild narrowing of the neural foramina bilaterally but without definite impingement upon the exiting L5 nerve roots bilaterally.
3. There is mild thickening of the ligamentum flava at the L4-5 level with mild impingement upon the lateral margin of the thecal sac bilaterally (mild lateral recess stenosis).


LARRY L. PATCHELL, M.D.

LLP/edj
t: 10/13/00