

BMG Health Center - Queen Creek FM

21772 S Ellsworth Loop Rd
Queen Creek, AZ 85142-

Patient: **FREEMAN, BRANDON MICHAEL**
MRN: 000003967172 Admit: 1/29/2026
FIN: 0019365992 Discharge: 1/29/2026
DOB/Age/Sex: 12/17/1986 39 years Male Attending: ZIETLOW PA,MAVERICK
Visit: Clinic

MEDICAL IMAGING REPORTS

* Auth (Verified) *



Patient Name:	Freeman, Brandon	Accession Number:	44807392
Patient ID:	10680405	Location:	SimonMed AZ Mesa Desert
Gender:	Male	Exam Date:	April 18, 2025 09:30
Date of Birth:	December 17, 1986	Modality:	MR
Referring Physician:	HILGER, MICAELA	Report Status:	Final

LUMBAR SPINE WITHOUT CONTRAST

INDICATION: Lumbar radiculopathy.

COMPARISON: None.

TECHNIQUE: Sagittal and axial T1 and T2-weighted images and sagittal STIR images were obtained of the lumbar spine.

FINDINGS: There are 2 to 3 mm retrolistheses of L4 on L5 and L5 on S1. The lumbar vertebra are otherwise normal in height, AP alignment and intrinsic marrow signal intensity. Mild loss of disc height at L3-4 and L4-5 with disc desiccation. Moderate loss of disc height at L5-S1 with disc desiccation and discogenic endplate irregularity with type II endplate change. No acute lumbar vertebral body compression fracture or abnormal marrow edema. Small chronic lower thoracic Schmorl's nodes and minor ventral spondylosis. No spondylolisthesis or obvious spondylolysis. The conus medullaris is normal in location and morphology terminating at the L1-2 level.

Level by level:

L1-L2: There is a minimal disc bulge eccentric left. There is a small broad-based left paracentral disc protrusion. There is no central spinal canal stenosis or foraminal stenosis.

L2-L3: There is a diffuse disc bulge. A small central disc protrusion slightly indents the thecal sac. No significant central spinal canal stenosis. No overt foraminal stenosis.

L3-L4: There is a diffuse disc bulge eccentric left. Mild bilateral facet hypertrophy. There is a small broad-based central disc protrusion eccentric left which slightly indents the thecal sac. There is minimal central spinal canal stenosis. There is minimal left neural foraminal stenosis.

L4-L5: There is a diffuse disc bulge. There is a modest sized broad-based central and right paracentral disc protrusion which indents the thecal sac causing mild central spinal canal stenosis and asymmetric right lateral recess stenosis displacing the intrathecal right L5 nerve root posteriorly. There is mild bilateral facet hypertrophy. There is mild-to-moderate left and mild right foraminal stenosis.

L5-S1: There is a diffuse disc bulge. There is a moderate-sized right subarticular disc extrusion which migrates below the disc level into the subarticular recess indenting the right ventral lateral thecal sac and displacing the right S1 nerve root. There is marked right subarticular recess stenosis. Mild bilateral facet hypertrophy. There is severe bilateral foraminal stenosis.

IMPRESSION:

1. Moderate-sized right L5-S1 subarticular disc extrusion migrates below the disc level causing marked subarticular recess stenosis displacing the descending right S1 nerve root.
2. Mild L4-5 central spinal canal stenosis with asymmetric right lateral recess stenosis secondary to a broad-based central and right paracentral disc protrusion which displaces the intrathecal right L5 nerve root.
3. Minimal L3-4 central spinal canal stenosis secondary to a small broad-based central disc protrusion eccentric left.
4. Minimal left L3-4, mild to moderate left L4-5, mild right L4-5 and severe bilateral L5-S1 foraminal stenosis.
5. Slight retrolistheses of L4 on L5 and L5 on S1.

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Thank you for your kind referral. If you require further assistance, please contact our Radiologist Hotline at 855-RAD-TALK (855-723-8255)
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Reported by: West, Andrew
Electronically signed by: West, Andrew

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