

CoreMD Insights™

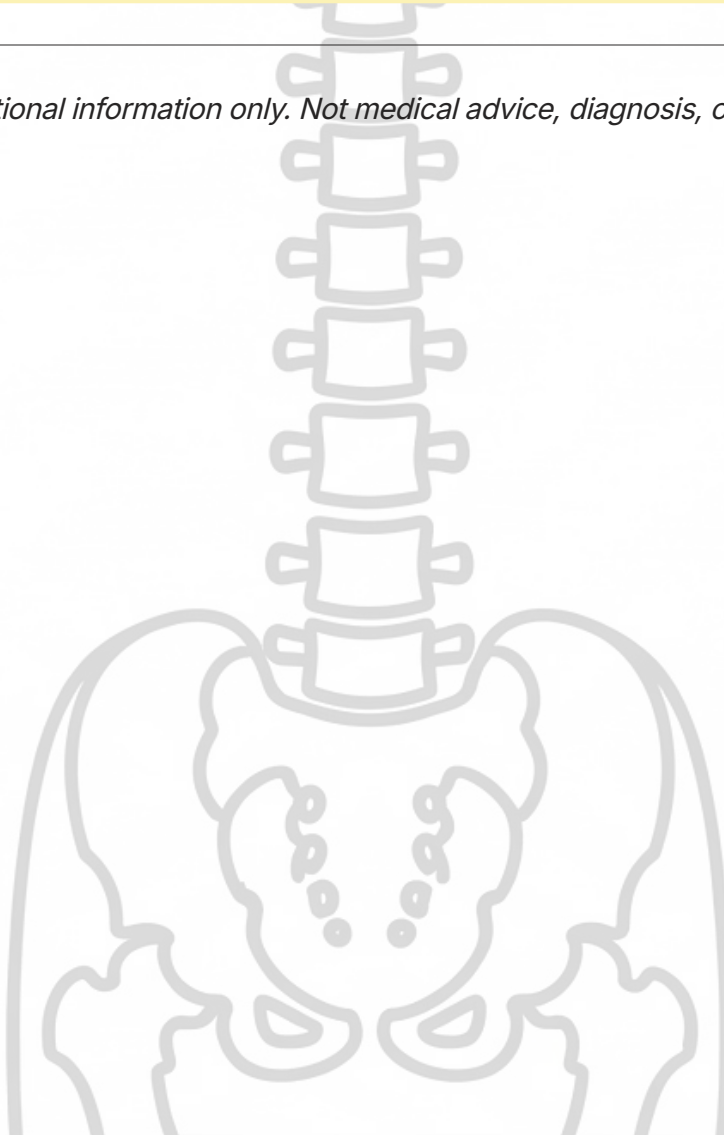
EDUCATIONAL MEDICAL EXPLANATION

Lumbar Spine Radiographs: Four-View Study

Multilevel Mild Degenerative Changes · Stable Comparison with Prior Imaging

⚠ This content is provided for educational and informational purposes only. It does not constitute medical advice, diagnosis, treatment, or a substitute for consultation with a licensed physician. This explanation is based on general medical knowledge and does not take into account a full medical history, physical examination, or complete clinical context.

Educational information only. Not medical advice, diagnosis, or treatment.



Section 1

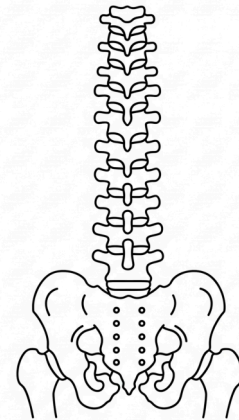
What This Test / Finding Represents

Lumbar spine radiographs are X-ray images used to evaluate the bones and alignment of the lower spine. A four-view lumbar spine X-ray commonly includes multiple angles so that vertebral body height, spinal alignment, disc space appearance, degenerative bony changes, and certain structural abnormalities can be assessed.

This type of imaging is commonly used in medical practice to evaluate chronic low back pain, suspected degenerative changes, alignment abnormalities, signs of fracture, and other visible bone-related findings. X-rays primarily show bones and overall alignment. They provide limited information about soft tissues, nerves, spinal discs, and spinal canal structures compared with other imaging methods.

The submitted report describes lumbar spine radiographs performed for **chronic low back pain with bilateral lower extremity radicular symptoms**, with comparison to prior lumbar spine radiographs from October 12, 2024. The report states that there is **no significant interval change** compared with prior imaging.

❗ X-rays primarily show bones and overall alignment. They provide limited information about soft tissues, nerves, spinal discs, and spinal canal structures compared with other imaging methods such as MRI or CT.



Imaging Findings Described in This Report

Osteophytes

Small anterior and marginal osteophytes involving the lower thoracic vertebral bodies and extending into the lumbar spine, most prominent at **L3-L4 and L4-L5**.

Disc Space Narrowing

Mild intervertebral disc space narrowing at **L4-L5**.

Vertebral Body Heights

Preserved vertebral body heights except for mild anterior wedging at **T12 and L1**, described as stable and chronic in nature.

Spinal Alignment

Maintained overall spinal alignment without evidence of spondylolisthesis. Symmetric and unremarkable sacroiliac joints.

No Acute Findings

No acute fracture or dislocation identified. No focal osseous lesion seen.

❏ These are imaging descriptions. They do not, by themselves, establish a complete diagnosis, determine the cause of symptoms, or define an individualized management approach.

Section 2

How This Is Commonly Interpreted in Medical Practice

In general, the phrase "**multilevel mild degenerative changes**" refers to mild wear-and-tear type changes seen at more than one spinal level. Degenerative changes can include small bony spurs, called osteophytes, and changes in the spaces between vertebrae where intervertebral discs are located.

Osteophytes at L3-L4 & L4-L5

Small anterior and marginal osteophytes are commonly interpreted as degenerative or age-associated bony changes. These are most prominent at L3-L4 and L4-L5 in this report.

Disc Space Narrowing at L4-L5

Mild reduction in the space between L4 and L5 vertebral bodies on X-ray. This may be associated with disc degeneration or chronic disc-related change. X-rays do not directly visualize disc material in detail.

Anterior Wedging at T12 & L1

Mild wedge-like shape of the front portion of those vertebral bodies. Described as **stable and chronic** unchanged compared with prior imaging and not described as acute.

Maintained Alignment


Maintained spinal alignment without evidence of spondylolisthesis means that the report does not describe one vertebra slipping forward or backward relative to another.

No Acute Findings

No acute fracture or dislocation is identified, and no focal osseous lesion is seen. This wording indicates that the X-ray did not describe an acute bone injury, dislocation, or localized suspicious bone abnormality on the submitted study.

Section 3

Possible Associations

 **General, Not Individualized:** The associations described below are general educational information. They do not represent a diagnosis or individualized clinical interpretation for any specific person.



Multilevel Degenerative Changes

May be associated with age-related spinal changes, mechanical stress, prior physical activity patterns, occupational or repetitive loading factors, prior injury, posture-related factors, genetic predisposition, and other musculoskeletal contexts.



Small Osteophytes

May be associated with chronic mechanical adaptation or degenerative change at the edges of vertebral bodies.



Mild Disc Space Narrowing

May be associated with disc degeneration, reduced disc height, or chronic mechanical changes at a spinal level.




Chronic Anterior Wedging at T12 & L1

May be associated with longstanding vertebral shape variation, prior remote compression-type change, developmental or postural factors, or other chronic structural contexts. Described as stable and chronic rather than acute.

Radicular Symptoms and Imaging Limitations

Radicular symptoms generally refer to symptoms that may radiate into the legs and can be associated with nerve irritation in some clinical contexts. Lumbar X-rays can show bony alignment and degenerative changes, but they **do not directly show nerve roots, disc herniations, or many soft tissue causes of nerve-related symptoms.**

The relationship between imaging findings and symptoms depends on the broader clinical context. The absence of acute fracture, dislocation, spondylolisthesis, focal osseous lesion, and significant interval change is descriptive. Results that do not show a clear acute bony abnormality on X-ray are still interpreted alongside symptoms, physical examination, neurologic findings, prior imaging, and clinical history.

 X-rays do not directly visualize nerve roots, disc herniations, or soft tissue structures. Radicular symptoms require broader clinical evaluation beyond X-ray findings alone.

Section 4

How Clinicians Typically Contextualize This

Clinicians often interpret lumbar spine X-ray findings alongside multiple clinical factors. No single imaging finding is interpreted in isolation.

01

Pain Pattern Assessment

Location, duration, and pattern of pain; whether symptoms radiate; symptom timing and progression.

02

Neurologic Examination

Sensory changes, strength changes, reflex changes, gait changes, and other neurologic findings that provide clinical context.

03

Physical Examination

Hands-on assessment including range of motion, palpation, and functional testing of the lumbar spine and lower extremities.

04

History and Prior Imaging

Prior injuries, occupational or activity history, and comparison with prior imaging to assess stability or change over time.

05

Imaging Correlation

Whether imaging changes match the symptom pattern. Mild degenerative changes are common in many adults and may or may not explain symptoms.

Degenerative Findings in Context

For degenerative spine findings, clinicians commonly consider whether imaging changes match the symptom pattern. Mild degenerative changes are common in many adults and may or may not explain symptoms. The clinical significance depends on how the imaging findings relate to examination findings, neurologic features, symptom timing, and other available information.

Comparison with Prior Imaging

The report includes a comparison with prior lumbar spine radiographs from October 12, 2024, and states that there is **no significant interval change**. In medical practice, comparison with prior imaging may help clarify whether findings are stable, worsening, improving, or newly developed.

Section 5

Educational Perspective on Monitoring and Clinical Context

What X-Rays Show Well

- Vertebral body height and shape
- Overall spinal alignment
- Degenerative bony changes (osteophytes)
- Disc space height (indirectly)
- Acute bone abnormalities (fractures, dislocations)
- Comparison with prior imaging over time

What X-Rays Do Not Fully Assess

- Nerve roots and neural structures
- Disc material and disc herniations
- Spinal canal contents
- Muscles and ligaments
- Inflammatory soft tissue changes
- Many causes of radicular symptoms

Lumbar spine X-rays provide a **structural snapshot** of the visible bones and alignment at the time of imaging. Degenerative changes are often interpreted as part of a pattern over time. Stability compared with prior imaging may suggest that the described structural changes are longstanding rather than newly developed on the most recent study.

- ❏ Stable imaging does not necessarily explain or exclude symptoms, because pain and nerve-related symptoms may depend on factors not fully visible on X-ray including discs, nerves, muscles, ligaments, inflammation, or other structures.

A report describing **no acute osseous abnormality** generally means that no acute bone abnormality was identified on that X-ray study. This does not replace clinical assessment, because some causes of back pain or radicular symptoms may involve discs, nerves, muscles, ligaments, inflammation, or other structures that are not fully assessed by radiographs.

- ⚠ If symptoms or concerns are present, evaluation by a licensed physician is appropriate. If severe, sudden, worsening, or urgent symptoms are present, emergency medical evaluation may be appropriate.

Section 6

Questions Commonly Considered in Medical Settings

The following questions reflect the types of clinical considerations that physicians commonly explore when reviewing a lumbar spine X-ray report of this nature. They are provided for educational context only.

1

Stability of Degenerative Changes

Are the degenerative changes stable compared with prior imaging?

2

Level-Symptom Correlation

Do the described levels, such as L3-L4 and L4-L5, match the pattern of symptoms or examination findings?

3

Symptom Pattern

Are symptoms primarily mechanical, positional, radiating, neurologic, or mixed in pattern?

4

Neurologic Findings

Are there sensory changes, strength changes, reflex changes, gait changes, or other neurologic findings that provide context?

5

Anterior Wedging History

Does the chronic mild anterior wedging at T12 and L1 relate to prior imaging, prior injury history, or longstanding structural appearance?

6

Soft Tissue Contributors

Are there clinical features that suggest soft tissue, disc-related, nerve-related, inflammatory, or non-spinal contributors to symptoms?

7

Imaging Comparison

How does this X-ray report compare with other available imaging or clinical information?

8

Alignment and SI Joints

Are the sacroiliac joint and spinal alignment descriptions relevant to the broader clinical picture?

Section 7

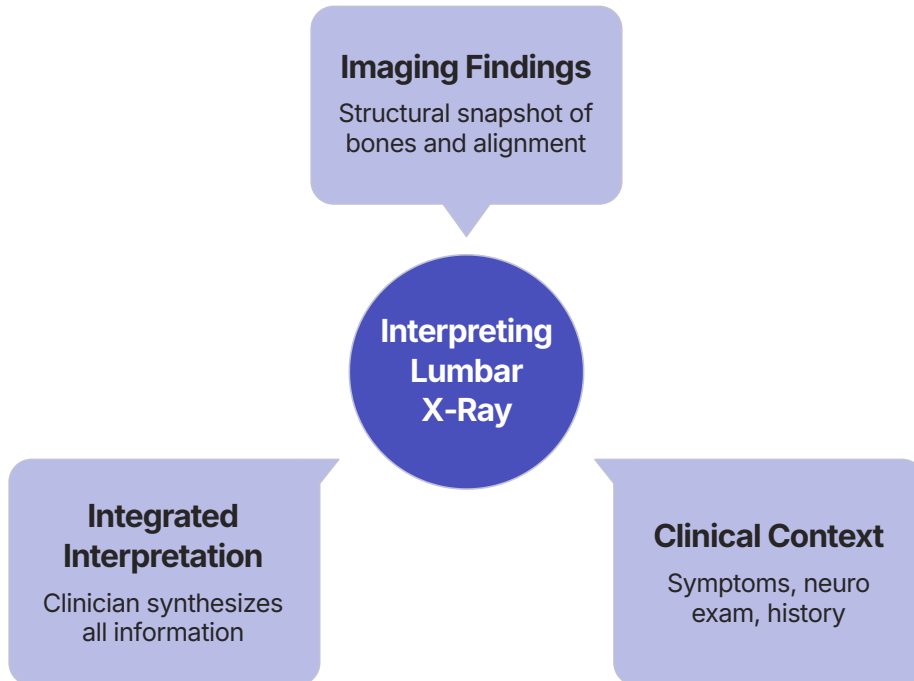
Key Educational Takeaway

The key educational point is that this lumbar spine X-ray report describes **no significant interval change** compared with prior imaging and **mild multilevel degenerative changes**, including small osteophytes and mild L4-L5 disc space narrowing.

No Significant Interval Change Findings are stable compared with prior lumbar spine radiographs from October 12, 2024.	Mild Multilevel Degenerative Changes Small osteophytes most prominent at L3-L4 and L4-L5, with mild disc space narrowing at L4-L5.
Stable Chronic Wedging Mild anterior wedging at T12 and L1, described as stable and chronic in nature.	No Acute Findings Maintained alignment without spondylolisthesis, symmetric sacroiliac joints, no acute fracture, dislocation, or focal osseous lesion identified.

Imaging Findings Do Not Stand Alone

In general, this type of imaging report is best understood in context. Lumbar spine X-ray findings do not stand alone; clinicians usually interpret them alongside symptoms, neurologic examination, physical examination, medical history, prior imaging, and the overall clinical pattern.



Imaging findings, clinical context, and integrated interpretation work together. No single element — including the X-ray report — provides a complete picture on its own.

⚠ Important Reminder: If symptoms or concerns are present, evaluation by a licensed physician is appropriate. If severe, sudden, worsening, or urgent symptoms are present, emergency medical evaluation may be appropriate.

Summary of Key Imaging Findings

The table below summarizes the imaging findings described in this report for educational reference.

Finding	Location / Detail	Description in Report
Osteophytes	Lower thoracic and lumbar spine; most prominent L3-L4 and L4-L5	Small anterior and marginal osteophytes; degenerative/age-associated bony changes
Disc Space Narrowing	L4-L5	Mild intervertebral disc space narrowing; may be associated with disc degeneration
Anterior Wedging	T12 and L1	Mild anterior wedging; described as stable and chronic in nature
Spinal Alignment	Overall lumbar spine	Maintained; no evidence of spondylolisthesis
Sacroiliac Joints	Bilateral	Symmetric and unremarkable
Fracture / Dislocation	Entire study	No acute fracture or dislocation identified
Focal Osseous Lesion	Entire study	No focal osseous lesion seen
Interval Change	Compared with October 12, 2024	No significant interval change

📄 This table is a summary for educational reference only. It does not constitute a clinical report, diagnosis, or individualized interpretation.

About CoreMD Insights™

EDUCATIONAL RESOURCE

CoreMD Insights™ provides educational medical explanations designed to help individuals better understand medical imaging reports and findings in a general, informational context.

Educational Purpose

All content is provided for educational and informational purposes only. It is based on general medical knowledge and publicly available clinical information.

Not a Substitute for Care

This content does not constitute medical advice, diagnosis, treatment, or a substitute for consultation with a licensed physician or qualified healthcare provider.

Clinical Context Required

Medical imaging findings are always best interpreted by a licensed clinician who has access to the full clinical history, physical examination, and complete medical record.

⊗ **Urgent Symptoms:** If you are experiencing severe, sudden, worsening, or urgent symptoms — including loss of bladder or bowel control, severe weakness, or rapidly worsening pain — seek emergency medical evaluation immediately. Do not rely on this educational document in an urgent or emergency situation.

Educational information only. Not medical advice, diagnosis, or treatment.

CoreMD Insights™ — Educational Medical Explanation