North Florida Medical Center

Clinician — Adam Bordes, DC
Issued — August 3, 2026

MRI REPORT — LUMBAR SPINE

Adam B's MRI Explained

This handout explains the positive imaging findings in everyday language so you can follow the conversation in your clinician's office.

Summary

Overall Summary

This MRI looked at Lumbar Spine. The findings that stand out most are disc herniation and disc bulge. Below, each finding is explained in plain language so you know what it means for you. Imaging describes structure, not how you feel, so these findings are only one part of the picture your provider puts together with your history and examination.

Disc herniation at L5-S1

Between each pair of spinal bones sits a disc: a tough outer ring with a soft, jelly-like center. It works like a shock absorber. A herniation means some of that soft center has pushed out through a weak spot in the outer ring at L5-S1 on the right side - picture jelly squeezing out of the side of a jelly donut. The material itself is not dangerous, but if it sits close to a nearby nerve it can irritate it, which is what can produce pain, tingling, or weakness that travels down an arm or leg. Many herniations shrink on their own over months as the body reabsorbs the displaced material.

Disc bulge at L3-L4 and L4-L5

This is described as mild. Each disc between your spinal bones is a cushion with a tough outer ring and a soft center, working much like a shock absorber. A bulge means the disc at L3-L4 and L4-L5 is spreading out a little past its normal edge all the way around, similar to a tire that has flattened slightly under the weight of the car. Bulges are extremely common and are usually part of normal wear rather than an injury. They matter mainly when the extra width crowds the space where a nerve travels.

Narrowing of the spinal tunnel

The spinal canal is the bony tunnel that runs down your spine and protects the main bundle of nerves. This finding means the tunnel is narrower than usual. It is usually the result of several small changes adding up over the years: a disc spreading out a bit, the small joints thickening, and the ligaments getting stiffer. When the tunnel is narrowed enough, it can crowd the nerves inside, which some people notice as heaviness, fatigue, or aching that improves when they lean forward or sit down.

Narrowing where the nerve exits at L3-L4 and L4-L5

This is described as mild. At every level of the spine there is a small doorway on each side where a nerve leaves the spinal column and travels out to the body. Here, that doorway is narrower than usual at L3-L4 on the right side and L4-L5. Imagine a hallway that has gotten a little tighter: most of the time traffic still moves through fine, but if it gets tight enough the nerve passing through can get irritated. That is why this finding is sometimes linked with symptoms that follow a specific path down an arm or a leg.

Small crack in the disc's outer ring at L4-L5 and L5-S1

The outer wall of the disc at L4-L5 and L5-S1 has a small crack in it, similar to a fine crack in the sidewall of a tire. The disc is still doing its job. These cracks are common with age and everyday use, and they often quiet down on their own. They can be a source of discomfort because the outer ring of the disc does have nerve endings in it.

Disc wear and drying at L4-L5 and L5-S1

This is described as mild. Discs are mostly water when we are young, which is what makes them springy. Over time they dry out and flatten a little - think of a fresh sponge slowly drying into a stiffer one. That is what is being described at L4-L5 and L5-S1. Despite the word "degeneration," this is one of the most common findings on spine imaging and it shows up in plenty of people who feel completely fine. It simply means that segment is not absorbing shock quite as well as it once did, so the surrounding muscles and joints do a bit more of the work.

Wear in the small spinal joints at L3-L4 and L4-L5

This is described as mild. Behind each disc, a pair of small joints links one vertebra to the next and guides how your spine bends and twists. These joints have smooth cartilage coating, and like any joint they can wear over time at L3-L4 on the right side and L4-L5. This is the same kind of arthritis that shows up in knees and hips, just on a much smaller scale. It often feels like stiffness first thing in the morning or aching after being in one position for a while, and it typically loosens up with movement.

Putting it all together

The biggest finding here is disc herniation at L5-S1. Taken together, the changes are mild overall. Some of these findings involve structures that take longer to settle, so it is worth following the plan your provider lays out rather than pushing through. The good news is that many people with findings like these do very well with consistent, targeted care, and that imaging findings often stay the same while symptoms improve a great deal. Your provider will go over what this means for your specific plan and answer any questions you have.

This handout is a plain-English translation of your imaging report to help you understand what it says. It is not a diagnosis and does not replace conversation with your doctor.