

*[Handwritten scribble]*

NAME [REDACTED]

PATIENT'S HOME PHONE [REDACTED]

DOB	[REDACTED]
EXAM DATE	[REDACTED]
MRN#	[REDACTED]
ORDER #	[REDACTED]

Verified

AMERICAN RADIOLOGY SERVICES at ANNAPOLIS 410-224-4000

EXAM DATE: 03/26/2005

MAGNETIC RESONANCE IMAGING OF THE THORACIC SPINE

INDICATION: Accident.

TECHNIQUE: Sagittal T1 and T2-weighted spin-echo and axial T2-weighted spin-echo images were acquired through the thoracic spine. Sagittal T1-weighted images were also acquired through the cervical and thoracic spine for localization purposes.

COMPARISON: The previous study dated 03/12/2005 was available.

FINDINGS: The current study has improved image quality, allowing for better localization. The thoracic spine is normal in alignment, marrow signal, and vertebral body height.

Mild degenerative disc disease with endplate irregularity is most notable at T10-11. Minimal T1 and T2 hyperintensity along the anterior-superior endplate of T10-11 reflecting Modic type II endplate signal changes.

At T11-12, there is a small, broad-based left paracentral disc protrusion that indents the left ventral thecal sac. The central canal and neural foramina remain patent.

At the remaining levels, the canal and the neural foramina are widely patent. No evidence of cord compression at any level. The thoracic cord is normal in caliber, morphology, and signal.

IMPRESSION:

[REDACTED]  
[REDACTED]

*after 2 yr*

[REDACTED]

[REDACTED]

[REDACTED]

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1. Degenerative disc disease most notable at T10-11 with mild endplate signal change and endplate irregularity.
2. Mild T11-12 left paracentral disc protrusion indenting the ventral thecal sac but no evidence of cord compression.

Normal appearance of the cord.

DL/dpf

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AMERICAN RADIOLOGY SERVICES at GLEN BURNIE 410-582-9729

EXAM DATE: 08/14/04

MAGNETIC RESONANCE IMAGING CERVICAL SPINE

INDICATION: The examination is performed to evaluate patients neck pain extending into the upper extremities. This study is performed to evaluate for the patients suspected central canal obstruction.

FINDINGS: The alignment of the cervical spine is anatomic. No significant degenerative osteophytes are demonstrated. The craniocervical junction is unremarkable.

At C2-3 the central canal and lateral neural foramina are anatomic and unremarkable.

At C3-4 the central canal and lateral neural foramina are uncompromised.

At C4-5 and C5-6 the central canal and lateral neural foramina are unremarkable.

At C6-7 and C7-T1 the central canal and lateral neural foramina are anatomic and uncompromised also.

IMPRESSION: Unremarkable examination of the cervical spine.

JZ/kl

EXAM DATE: 08/14/04



MAGNETIC RESONANCE IMAGING CERVICAL SPINE

INDICATION: The examination is performed to evaluate patients neck pain extending into the upper extremities. This study is performed to evaluate for the patients suspected central canal obstruction.

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At C3-4 the central canal and lateral neural foramina are uncompromised.

At C4-5 and C5-6 the central canal and lateral neural foramina are unremarkable.

At C6-7 and C7-T1 the central canal and lateral neural foramina are anatomic and uncompromised also.

**IMPRESSION:** Unremarkable examination of the cervical spine.

JZ/kl

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