Assunta
Heart & Art of Care

Radiology

Patient:	**FOONG MING NIANG**		
HN:	**00816759**	**Age:**	23 yrs
Visit:	OPXR521348	**Sex:**	Female
DOB:	05 Jun 1986	**Order:**	74265
		Reported:	16 Jun 2009 19:01
Status:	Final Report		

6604318

Accession:	MR-09-1356	**Study:**	MRI Whole Spine (MRI)	**Exam Ordered:**	16 Jun 2009 15:38
Order:	MRI/74265	**Physician:**	Dr. ZUZAILA BINTI IBRAHIM	**Exam Completed:**	16 Jun 2009 17:08

MRI OF THE BRACHIAL PLEXUS AND THE WHOLE SPINE

Neuroectodermal defect with cystic collection seen in the right posterior fossa.
Multiple small and large neurofibromas are present along the brachial plexuses bilaterally.
The larger nodules are in the right brachial plexus at the root of the neck extending to the right axilla.
These measure between 1.1 cm to 8.6 cm in size
The largest lesion is part of the a complex multilobulated elongated mass 8.6 cm x 3.7 cm in dimension, and showing mixed signal intensity.
The large lesion in the left axilla measures 4.1 cm x 1.7 cm in size.

There are multiple neurofibromata within the spinal canal as well as in the intervertebral foramina in the cervical , thoracic and lumbosacral spine.
Multiple intraforaminal neurofibromas at multiple levels in the thoracic and lumbar region.
A 1.3 cm x 2.1 cm dumb-bell fibroma is seen on the right side at T1 and T2 levels.
(Metallic clips from previous surgery at T1/T2 is also noted casting scan artifacts)
The cervical and thoracic spinal cord is deformed by presence of multiple small and large intramedullary, extramedullary and extradural neurofibromatosis.
There are multiple small and large neurofibromas along the intrathecal nerve roots in the lumbosacral region.
The largest of the nodules measures 1.7 cm in diameter, behind L5.
1.5 cm fibroma is noted within the right psoas muscle at the lumbosacral junction.

SUMMARY

Multiple spinal neurofibromatosis.
Multiple large neurofibromas in the brachial plexus worse on the right side.

DR AIDA ROHANA
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