

**SMART HEART AND HEALTH***Preventive Imaging**Bradley A. Jabour, M.D., Chief of Radiology*

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**Exam Date:** 05/27/2025 11:09  
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## **ZERORAD SCAN™**

### **WHOLE BODY MRI SCAN**

#### **TECHNIQUE**

Using a 3 Tesla Siemens very open system, whole body MRI to include head, neck, chest, abdomen and pelvis (top of head to thigh) was performed with the following sequences:

- 1) T1 weighted high resolution scan from top of head to thigh.
- 2) T2 fat saturation coronal sequence from top of head to thigh.
- 3) FLAIR axial brain.
- 4) STIR axial soft tissue neck.
- 5) T2 axial abdomen.
- 6) T2 axial 3 mm pelvis.
- 7) MRA of the Circle of Willis.
- 8) Volumetric Brain Analysis.

Using a 3D workstation, the scans of the brain, soft tissue neck, chest, abdomen, and pelvis were intercollated and displayed as a coronal and sagittal whole body 3D study.

The diffusion weighted images were processed and fused digitally with the T1 weighted coronal whole body scan.

In addition, the axial images (T1, T2 fat sat, diffusion weighted) of the entire body from top of head to upper thighs were also evaluated.

Brain Volumetric quantitative data set was obtained and brain volumes were age matched to meet data base.

Study was performed at Medical Imaging Center of Southern California, Santa Monica.

#### **HISTORY**

This is a 63-year-old male for preventative whole body MRI (ZeroRad Scan) examination.

#### **COMPARISON**

Prenuvo Whole Body MRI dated 3/12/2025.

### **MRI OF THE BRAIN/MRA BRAIN/VOLUMETRIC ANALYSIS**

#### **FINDINGS**

##### **● Brain**



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There are isolated areas of subcortical gliosis consistent with age-related small vessel disease, best seen on Image 19 of Series 4. This is of no clinical consequence.

The sinuses and skull base structures are normal.

### ● MRA of Brain and Circle of Willis

The internal carotid arteries, middle cerebral and posterior cerebral arteries are normal.

Incidentally noted is asymmetry in the size of the A1 segment of the anterior cerebral artery which is hypoplastic on the right compared to the left. There is no evidence of intracranial aneurysm. These findings are within normal limits.

### ● Volumetric Analysis

The brain volumes are normal. The hippocampal occupancy is 1 1/2 standard deviations above the mean. This finding is a favorable biomarker making the likelihood of developing a brain degenerative disease such as Alzheimer's extremely unlikely.

### IMPRESSION

1. Nonspecific focal area of subcortical gliosis in the right frontal lobe, probably related to small vessel disease or possibly previous headaches or trauma. This is of no clinical consequence.
2. Favorable biomarker with high hippocampal occupancy consistent with a low likelihood of developing a brain degenerative disease.
3. No evidence of intracranial aneurysm.

## MRI OF THE SOFT TISSUES OF THE NECK/CERVICAL SPINE

### FINDINGS

#### ● Soft Tissue Neck

The patient has a slightly prominent soft palate narrowing the nasopharyngeal airway. This could be considered contributory to mouth breathing and/or possibly snoring or sleep apnea. Clinical correlation is suggested.

There is mild bilateral anterior ethmoidal mucoperiosteal thickening consistent with mild sinusitis.

There is a small amount of mastoid effusion bilaterally. This is most likely secondary to Eustachian tube dysfunction and probably of no clinical consequence.

The nasopharynx, oropharynx, and larynx are otherwise within normal limits.

#### ● Cervical Spine

There is mild degenerative disease with loss of disc space height and signal at C6-7 and associated mild disc bulges at C4-5 as well as at C6-7. A dedicated MR of the cervical spine could further clarify these findings, if clinically indicated.



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**SMART HEART AND HEALTH***Preventive Imaging**Bradley A. Jabour, M.D., Chief of Radiology***IMPRESSION**

1. Mild bilateral mastoid effusions consistent with Eustachian tube dysfunction. An ENT consult may be helpful.
2. Bilateral mild ethmoid sinusitis.
3. Prominent soft palate with some narrowing of the nasopharyngeal airway that might be consistent with sleep apnea or snoring. Clinical correlation suggested.
4. Mild degenerative change in the cervical spine at C4-5, C5-6, and C6-7, but without significant cord compression.

**MRI OF THE CHEST/MEDIASTINUM/THORACIC SPINE****FINDINGS****● Chest/Mediastinum**

It should be noted that MRI of the chest does not evaluate the pulmonary parenchyma and a low-dose chest CT should be performed if disease of the lung parenchyma is considered.

The thyroid, aorta, cardiomeastinal silhouette, and chest wall are all normal.

**● Thoracic Spine**

There are mild degenerative changes with loss of disc height at T4-5 and T5-6, but without central canal or neural foraminal stenosis.

**IMPRESSION**

1. Normal MRI of the chest.
2. Mild degenerative changes in the mid thoracic spine at T4-5 and T5-6. Cord caliber and signal are normal.

**MRI OF THE ABDOMEN/LUMBAR SPINE****FINDINGS****● Abdomen**

There is a small 2 to 3 mm IPMN in the head of the pancreas. This is best seen on the MRCP study, Image 12 of Series 101. When compared with the Prenuvo study, this finding was not detected on the previous study at the outside institution. A follow up MR in one year with an MRCP is suggested. Attached is a peer review article from the American Academy of Gastroenterology.

The remainder of the abdominal structures are normal with no evidence of fatty liver or significant visceral fat in the abdomen.

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There is a 10 mm cyst in the right kidney. This is probably of no clinical consequence but could be followed at the same time as the follow up MRI of the pancreas, with the IPMN described earlier.

### ● Lumbar Spine

There was some motion artifact through the lower lumbar spine. Nevertheless, the study is diagnostic.

There is degenerative change in the lumbar spine with sacralization of the L5 vertebral body.

There is Grade I anterior spondylolisthesis of L4 on L5 with a slightly redundant disc extending laterally into the L4 neural foramina bilaterally, resulting in moderate central canal and moderate L4 neural foraminal narrowing.

### **IMPRESSION**

1. Small IPMN measuring 2 mm in the head of the pancreas that should be followed with a yearly MRI.
2. There is a 1 cm cyst in the right kidney, probably benign and could be followed at the same time as the IPMN in the pancreas is examined one year from now.
3. There is a Grade I anterior spondylolisthesis of L4 on L5 with redundant discs extending into the L4 neural foramina bilaterally resulting in mild to moderate L4 neural foraminal narrowing.

Reference:

"Revisions of international consensus Fukuoka guidelines for the management of IPMN of the pancreas."

Reference: Pancreatology Volume 17, Issue 5, September–October 2017, Pages 738-753

## MRI OF THE PELVIS

### FINDINGS

#### ● Pelvis

There are calcific changes within the prostate, which will be further evaluated on a CT scan of the pelvis. These benign dystrophic calcifications in the prostate are best seen on Images 17 of Series 32. The prostate volume measures 37 cm<sup>3</sup>. This is benign prostatic hypertrophy.

There is secondary enlargement of the bladder with diverticular formation. Bladder outlet obstruction is most likely due to the evident distended bladder. A urological consult is recommended. Correlation of this MRI with a CT scan confirms the multifocal dense dystrophic calcifications within the median lobe of the prostate.

### **IMPRESSION**

1. Benign prostatic hypertrophy measuring 37 cm<sup>3</sup>.



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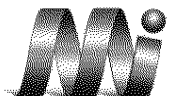
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2. Bladder outlet obstruction with secondary bladder enlargement and diverticular formation.
3. Multiple irregular hypointense areas seen in the prostate consistent with dystrophic calcifications within the prostate. A urological consult may be helpful to further clarify.

summary pages

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Signed Date: 06/04/2025 12:57 PM

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