Alpha 3T MRI & Diagnostic Imaging
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Patient: Pailler, Sabrina
MRN: 89663
DOB: November 21, 1995
Exam: MRI of the Lumbar Spine
Date of Exam: February 4, 2022

ADDENDUM: The patient returned for additional imaging of the region of the conus in the lower thoracic spine to confirm lack of signal abnormality within the conus.

INDICATION: Low back pain. Status post MVA: Gated injury 12/22/2021.

TECHNIQUE: Sagittal T1 and T2 and inversion recovery and axial T1 and T2-weighted images were performed through the lower thoracic canal.

FINDINGS: No signal abnormality is identified within the visualized portion of the lower thoracic spinal cord.

On the current examination with larger field of view there is noted to be a focal right paracentral disc protrusion at the T11–12 level which indents the thecal sac (axial series 6, image 35). In addition at L1-L2 there is a broad right paracentral disc protrusion which slightly indents the anterior dural sac (axial series 6, image 55 and sagittal series 2, image 7).

IMPRESSION:

1. No signal abnormality is identified within the lower thoracic spinal cord.
2. At T11-12 there is a focal right paracentral disc protrusion which indents the dural sac.
3. At L1-L2 there is a broad right paracentral disc protrusion which indents the right anterior dural sac.
4. At L4-5 and L5-S1 there is diffuse disc bulging.

Previous report from 2/4/2022:

TECHNIQUE: MRI examination of the lumbar spine was performed on a High Resolution Siemens Trio 3.0 Tesla scanner utilizing sagittal T1, T2 and inversion recovery, and 3 mm axial T2 and T1 without intravenous contrast administration.

FINDINGS: Alignment is within normal limits.

The conus terminates at the T12 level. There is some increased signal in the conus on inversion recovery imaging which likely is artifactual signal however the patient will return for further imaging of this region to confirm that this reflects artifact.

At L4-L5 and L5-S1, there is mild diffuse disc bulging and no compromise of the spinal canal or the neural foramina.

No paraspinal masses are identified. No abnormality is identified at the visualized portion of the sacrum.

IMPRESSION:

1. No significant compromise the spinal canal or neural foramina is identified.
2. There is probable artifact in the conus as seen on inversion recovery imaging as described. The patient will return for additional sequencing on 3/1/2022 through the distal thoracic cord and an addendum to this report will be issued.

Thank you very much for referring this patient to us.
Electronically signed on Mar 9, 2022 10:41:50 PM EST by:

Darren Spitz MD