

**STAND-UP MRI OF BENSONHURST, P.C.**

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MULTI-POSITION MRI

Accredited by the American College of Radiology

JUDITH CORDOVA**N10080703-BE Report Date: 03/09/2022****DOB: 09/22/1968****Exam Date: 03/05/2022****GREGORY ABRAMOV NP****1314 CONEY ISLAND AVENUE****BROOKLYN, NY 11230****MAGNETIC RESONANCE IMAGING OF THE THORACIC SPINE**

TECHNIQUE: Multiplanar, multisequential MRI was performed in the neutral/sitting position.

HISTORY: The patient complains of back pain, extremity pain on both sides and bilateral weakness and numbness, difficulty walking.

COMPARISON: Examination is compared to previous MRI study of the thoracic spine dated 12/16/2019. MRI study of the cervical spine was performed at the same setting dictated under separate cover. MRI study of the lumbar spine was performed on 03/04/2022.

INTERPRETATION: The patient was not able to remain still and there is reduction of image clarity as a result of the patient motion limiting the examination.

At the T1/2 disc space level, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height or signal.

At T2/3, disc bulge is noted deforming the thecal sac. There is no evidence of neural foraminal extension. Preservation of disc space height and signal is noted.

At T3/4, disc herniation is noted deforming the thecal sac. There is no evidence of neural foraminal extension. Loss of disc signal is noted with preservation of disc space height.

At T4/5, disc bulge is noted deforming the thecal sac. There is no evidence of neural foraminal extension. Loss of disc space height and signal is noted.

At T5/6, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height with partial loss of disc signal.

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At T6/7, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height or signal.

At T7/8, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height or signal.

At T8/9, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height or signal.

At T9/10, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height. Partial loss of disc signal is noted.

At T10/11, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height or signal.

At T11/12, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height or signal.

There is no signal abnormality within the conus medullaris which is located at the approximate T12/L1 disc space level.

Anterior hypertrophic changes with anterior disc extension are noted at T4/5-T9/10.

Thoracic spine curvature is noted with leftward convexity.

There is no evidence of thoracic vertebral body compression fracture. There is no evidence of bone marrow infiltrative disorder. There is no evidence of spondylolisthesis. There is no evidence of signal hyperintensity within the thoracic spinal cord. There is no evidence of syringohydromyelia.

There is only limited assessment provided of the cervical spine on scout localizer view.

Examination is compared to previous MRI study of the thoracic spine dated 12/16/2019. T3/4 disc herniation and T2/3 and T4/5 disc bulges were not identified on prior study.

IMPRESSION:

- T3/4 disc herniation deforming the thecal sac.
- T3/4 and T4/5 disc bulges.

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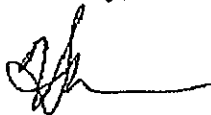
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- Thoracic spine curvature with leftward convexity.

Thank you for referring your patient to us for evaluation.

Sincerely,



Harold M. Tice, M.D.

Diplomate of the American Board of Radiology

With Added Qualifications in Neuroradiology

HT/ig