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519 & 523 East 72nd Street, New York, NY 10021 ▪ 430 East 59th Street, Sutton Place, New York, NY 10022
424 East 89th Street, New York, NY 10128 ▪ 1133 Westchester Avenue, Suite S-135, White Plains, NY 10604
Tel: 212-288-1575 ▪ Fax: 212-288-7616 ▪ www.eastriverimaging.com

MICHAEL SMITH, M.D.
645 MADISON AVENUE 3RD AND 4TH FLOOR
NEW YORK, NY 10022

Patient: ARIAS, MAXWELL **DOB:** 3/15/1998
Exam Date: 7/12/2024 **Acc No:** R265920 **MRN:** 8023251

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Dear Dr. SMITH

MRI SCAN OF THE THORACIC SPINE

Clinical History:

26 y/o male with back and neck pain, neck stiffness, right shoulder pain.

Technique:

Magnetic resonance imaging of the thoracic spine was performed in the sagittal plane using T1 weighted STIR and T2 weighted images. Axial T2 weighted and gradient echo techniques were obtained as

well as coronal T2 weighted images.

Comparison:

None

Findings:

The alignment of the thoracic spine is anatomic.

The thoracic cord demonstrates normal size and signal characteristics without edema or gliosis.

The bone marrow signal is normal. There is no compression deformity, fracture or aggressive osseous lesion.

There is mild disc desiccation and loss of height, notably in the midthoracic spine reflecting discogenic degeneration. Tiny Schmorl's nodes and minimal osteophytic lipping is seen reflecting

minimal endplate degeneration. Mild multilevel hypertrophic facet degeneration is seen.

Minimal cervical spondylosis is seen with small disc herniations. Please refer separately reported cervical spine MRI for additional detailed findings.

At T1-2, a small left foraminal disc extrusion travels slightly superiorly with a small left endplate foraminal osteophyte and facet arthropathy. There is no spinal stenosis. Moderate left

foraminal narrowing is seen with mild impingement of the left T1 intraforaminal nerve root.

At T5-6, a small central disc protrusion is superimposed upon a shallow osteophytic ridge slightly flattening the ventral cord. Minimal facet arthropathy is seen without foraminal narrowing.

At T6-7, a disc bulge is seen with a small left central disc protrusion and annular fissure along with osteophytic ridging flattens the ventral cord. Mild facet arthropathy is seen. Minimal

bilateral foraminal narrowing is seen.

The paraspinal soft tissues are normal.

Trace fluid is seen within the bilateral pleural space, which may be physiologic in nature.

IMPRESSION

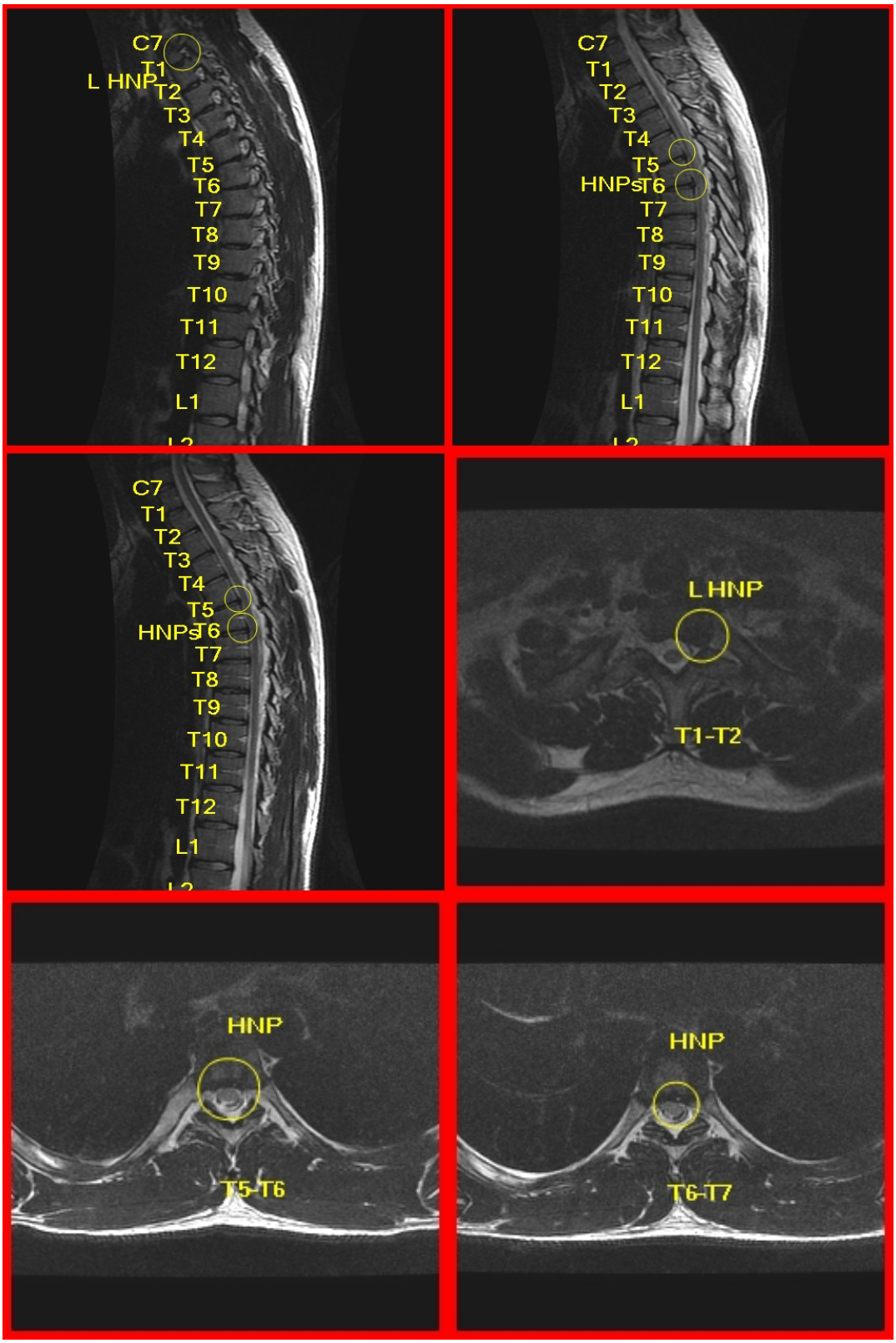
T6-7 small left central disc herniation and annular fissure impinges the ventral cord.

T5-6 small central disc herniation minimally impinges the ventral cord.

T1-2 small left foraminal disc herniation, osteophyte and facet arthropathy mildly impinges the left T1 intraforaminal nerve root.

Electronically Signed by Adam Wilner M.D.

Date/Time Transcribed: 07-13-2024 6:15 AM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