SAMPLE REVIEW:

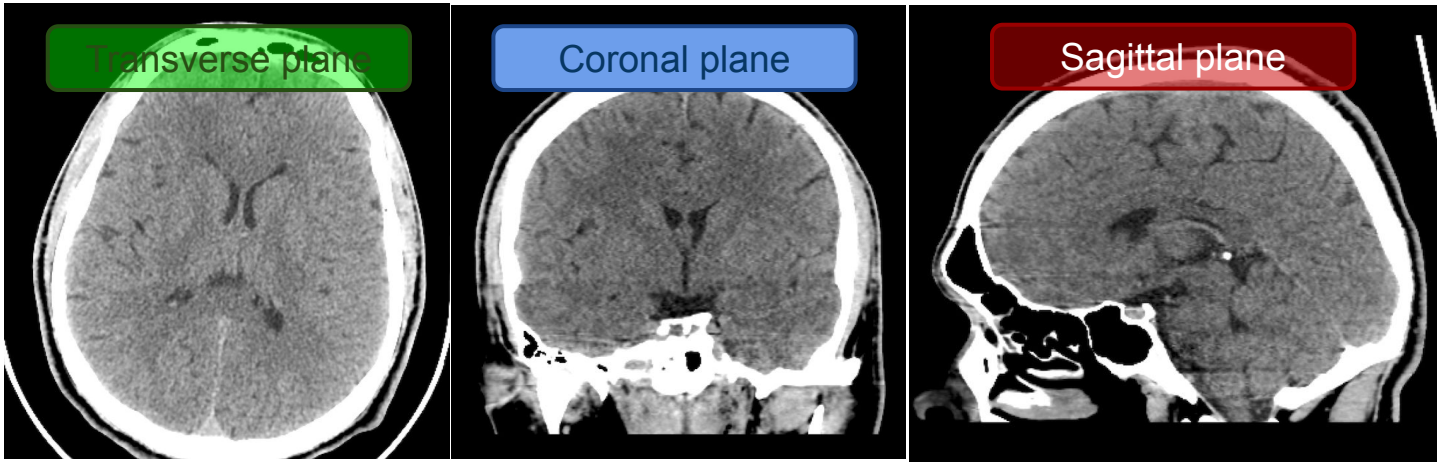
CERVICAL, LUMBAR, BRAIN, KNEE

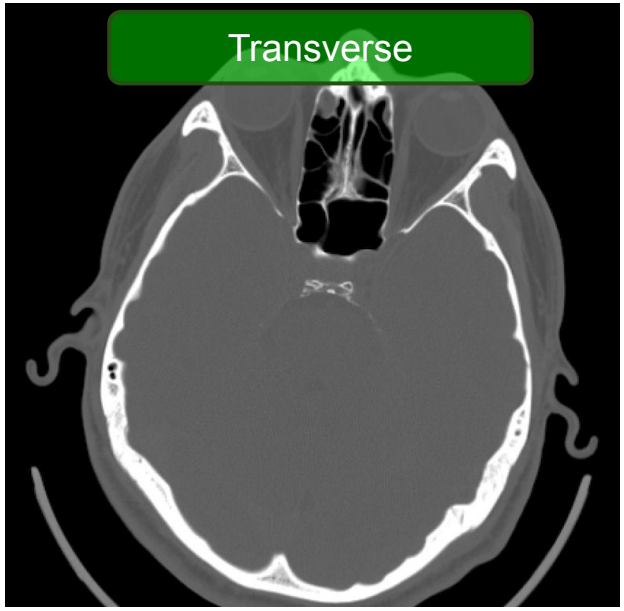
IMAGING LAW

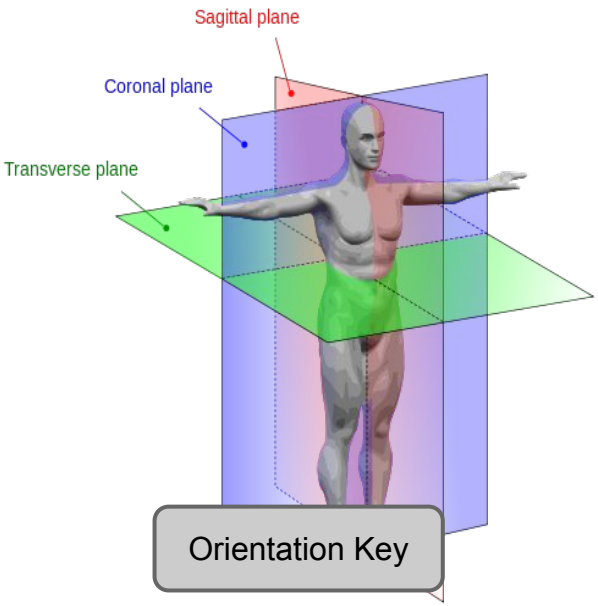
Advanced Medical Imaging Consultation

Contents are confidential. Please be respectful of privacy.

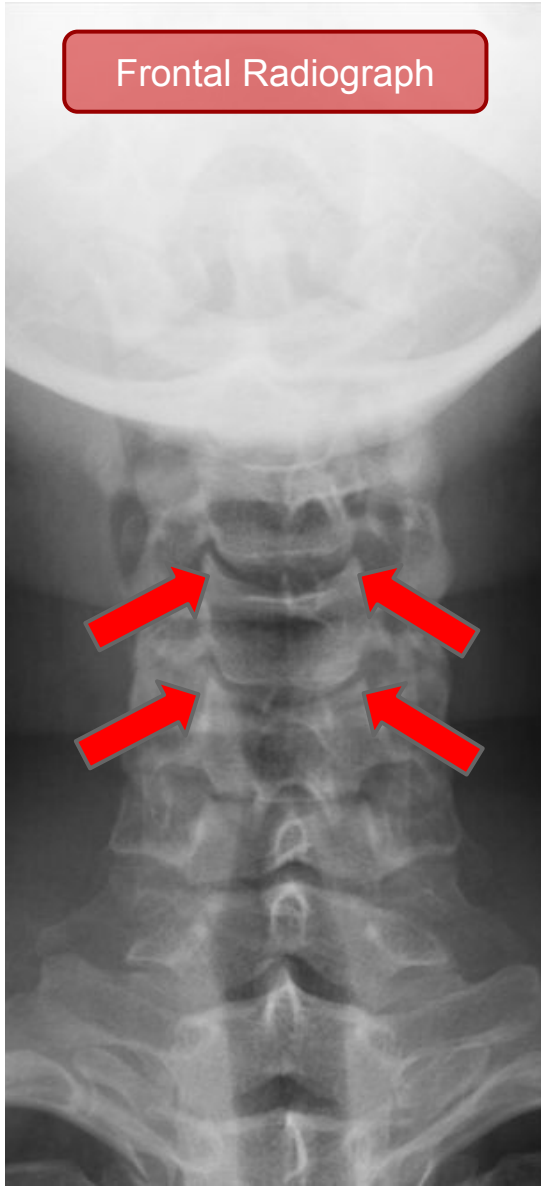
CT of the brain from 2016 in bone and soft tissue windows with no fractures, bleeding, contusion or soft tissue swelling.

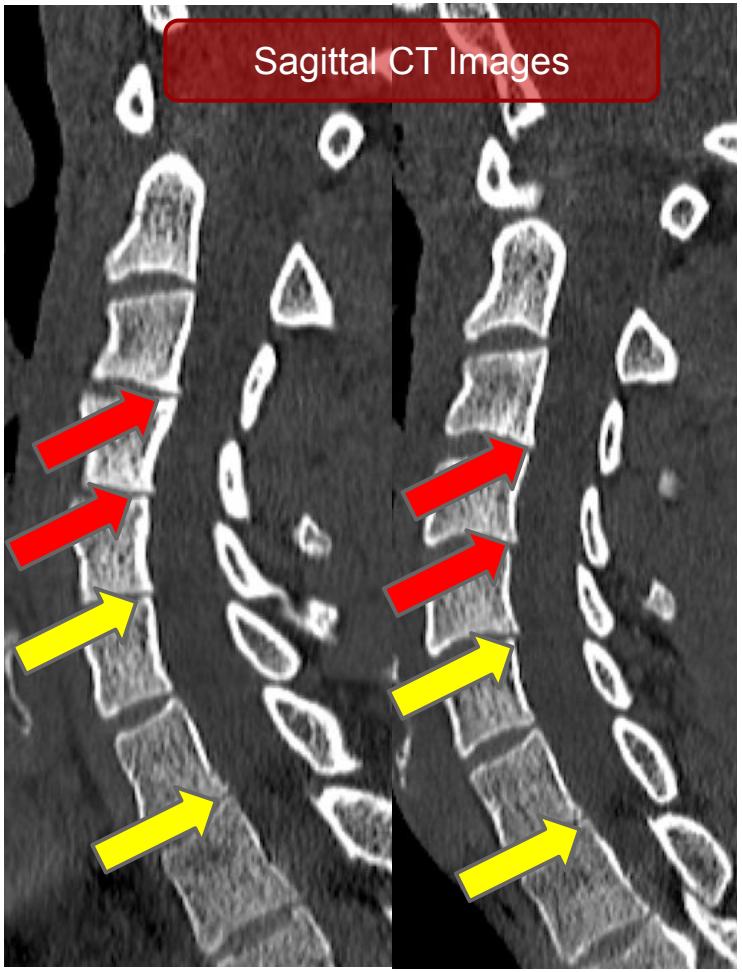


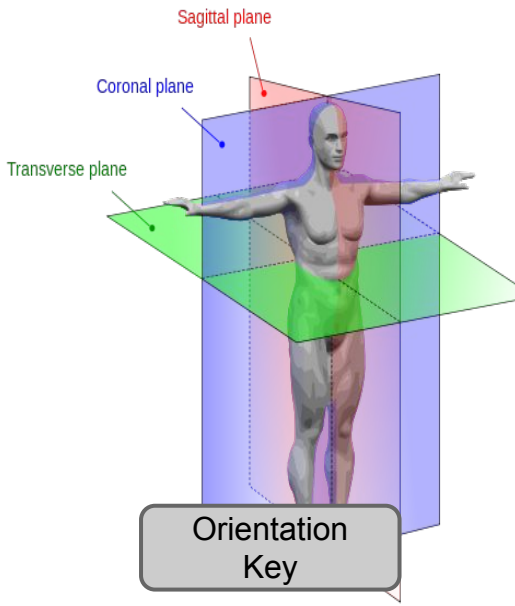




Frontal radiograph and sagittal CT reconstructed images of the cervical spine from 2016 showing bilateral uncovertebral spurring/ posterior osteophytes especially at C3-C4 and C4-C5 (red arrows) and to a lesser extent at other levels (yellow arrows) confirming chronicity of underlying spondylosis and disc disease



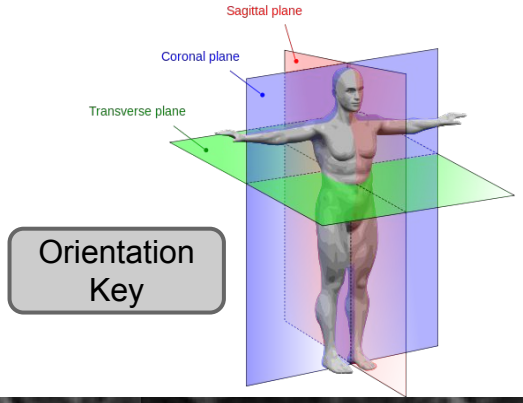


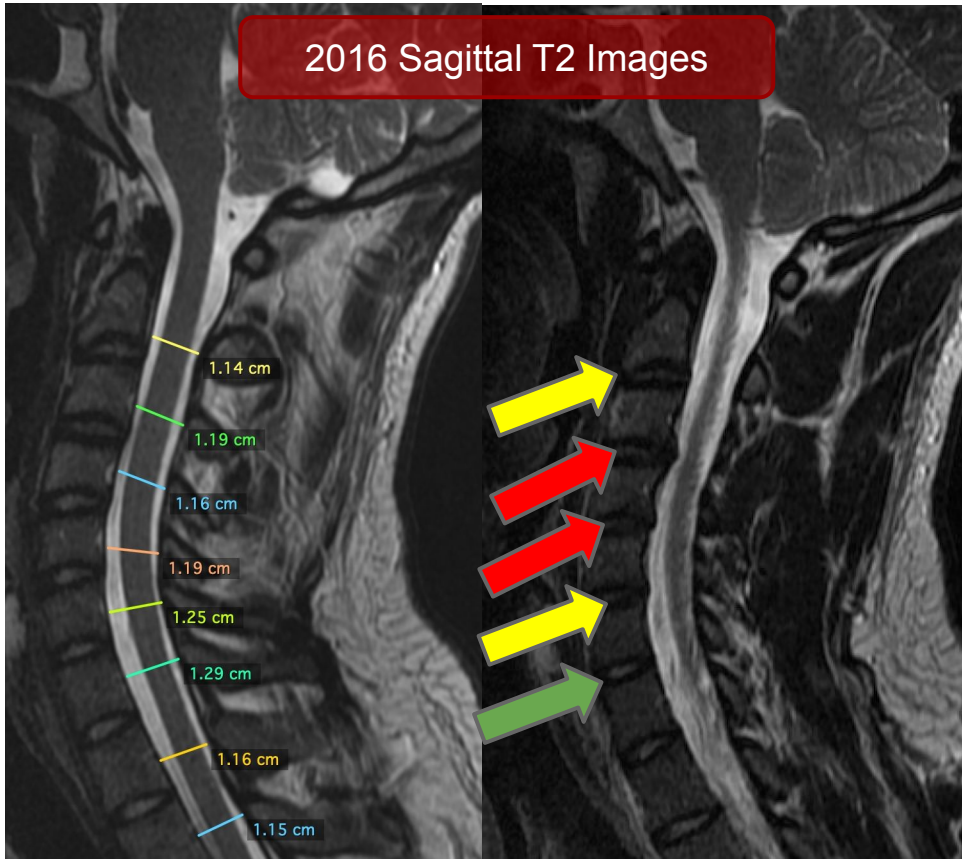


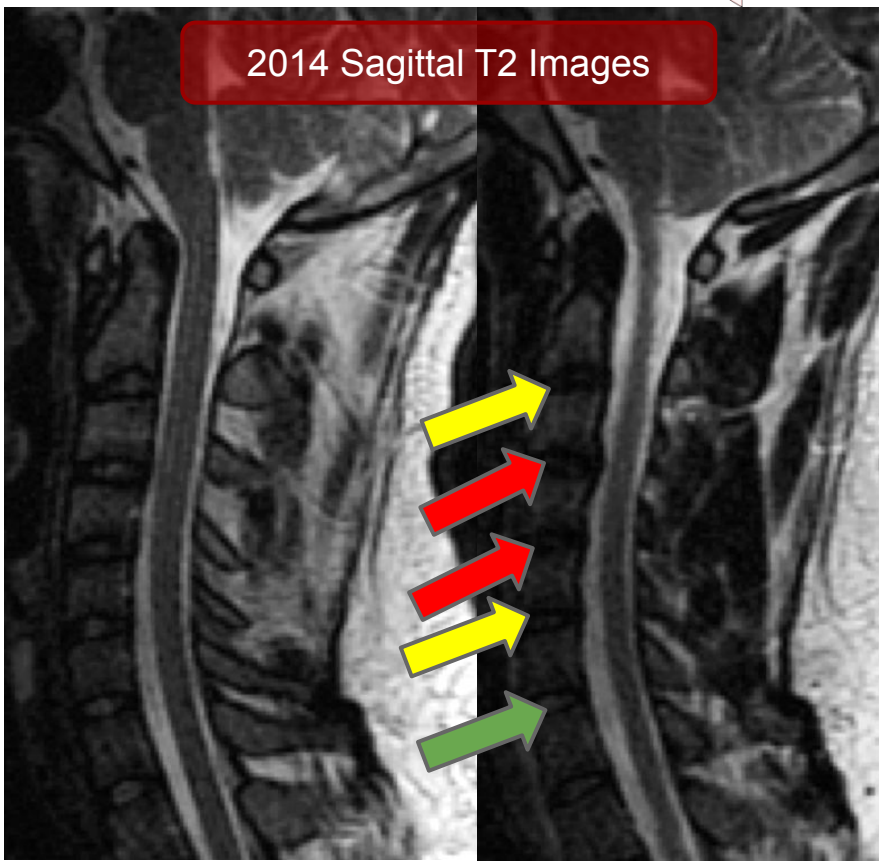
IMAGING LAW

Advanced Medical Imaging Consultation

Sagittal plane MR images of the cervical spine reveals normal lordosis with congenital canal stenosis (caliber between 1.15 and 1.25 cm). There is no bone marrow edema, fracture or epidural hematoma. Mildly reduced intervertebral disc heights and signal intensities (yellow and red arrows) from chronic degeneration and desiccation with disc osteophyte complexes especially at C3-C4 and C4-C5 (red arrows) unchanged since 2014 . For reference, the C6-C7 disc has relatively normal height and signal intensity (green arrow)

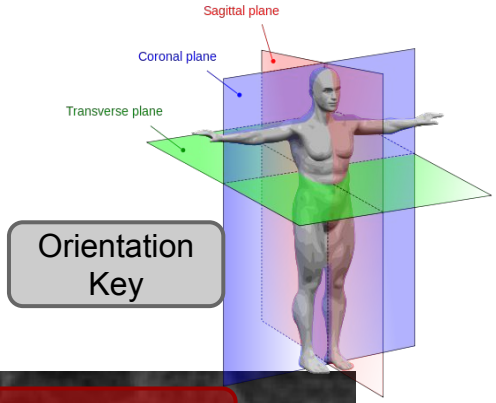


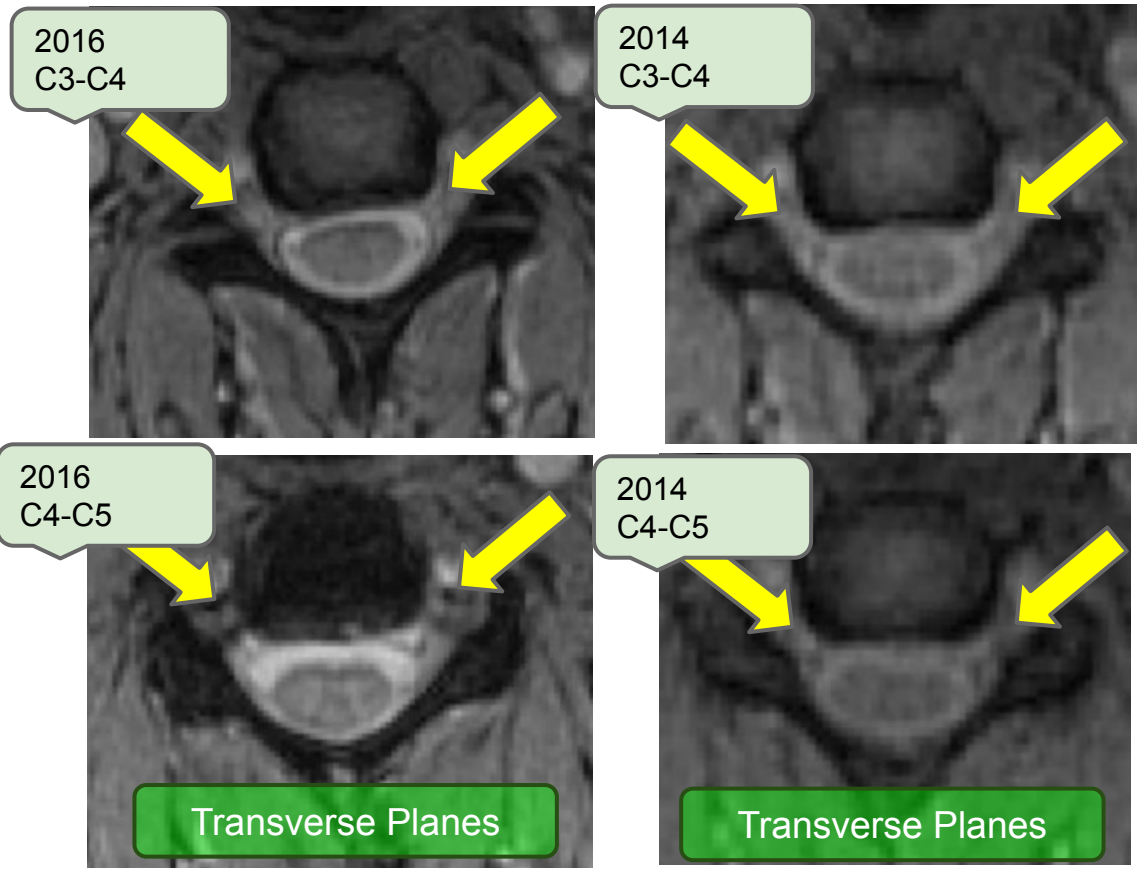


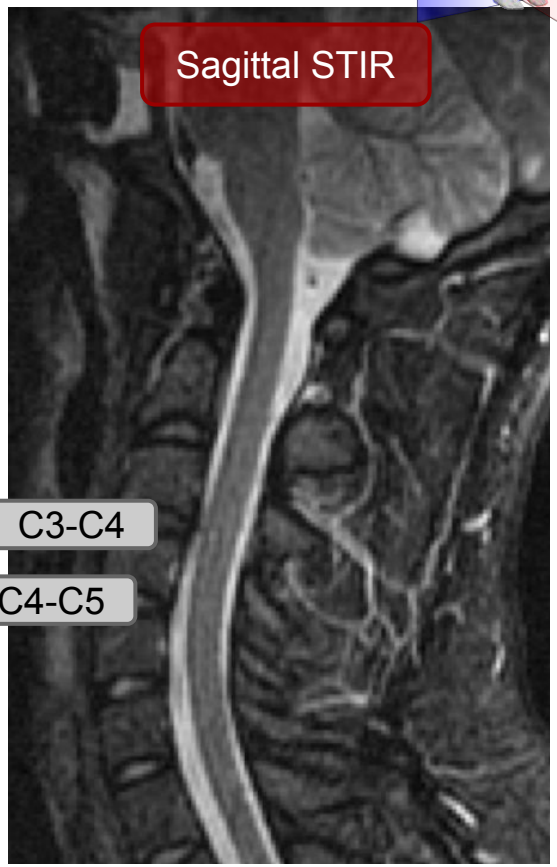


Advanced Medical Imaging Consultation

Transverse plane MR images at selected intervertebral disc levels (and corresponding sagittal image for reference) show broad disc bulges, causing mild neuroforaminal narrowing especially on the right at C3-C4 without impingement, unchanged since 2014 (yellow arrows).
Note also on the sagittal STIR image from 2016 there is no prevertebral swelling or paraspinal edema (highly sensitive sequence for acute trauma)

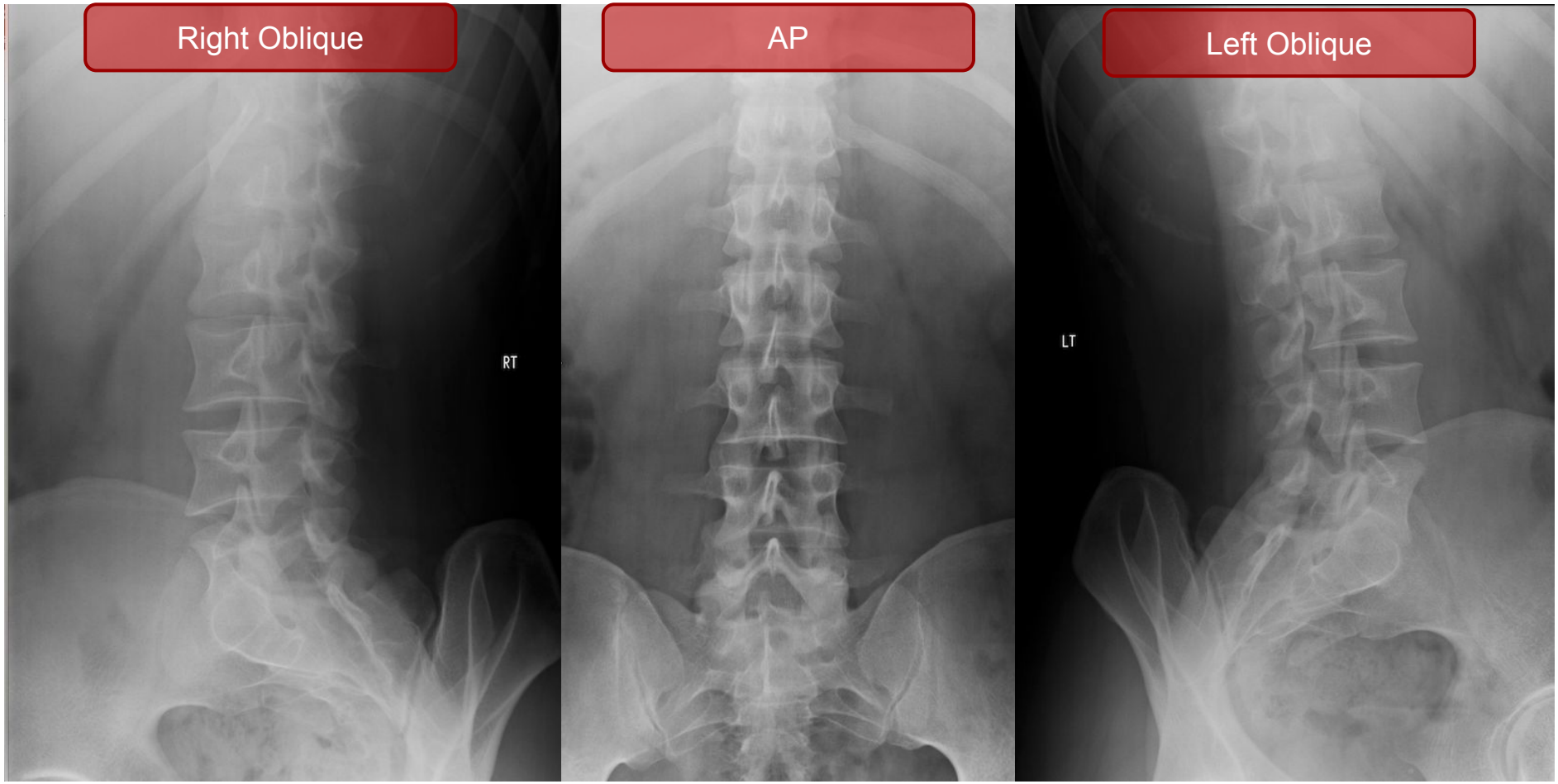






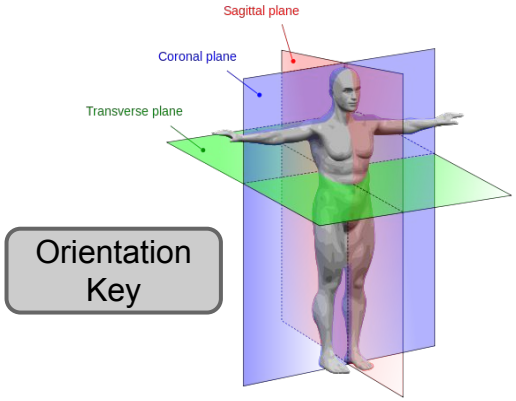
Lateral radiographs of the cervical spine from 2016 show no fracture or prevertebral swelling. Normal cervical lordosis without listhesis on neutral view. No excessive dynamic changes to suggest instability.

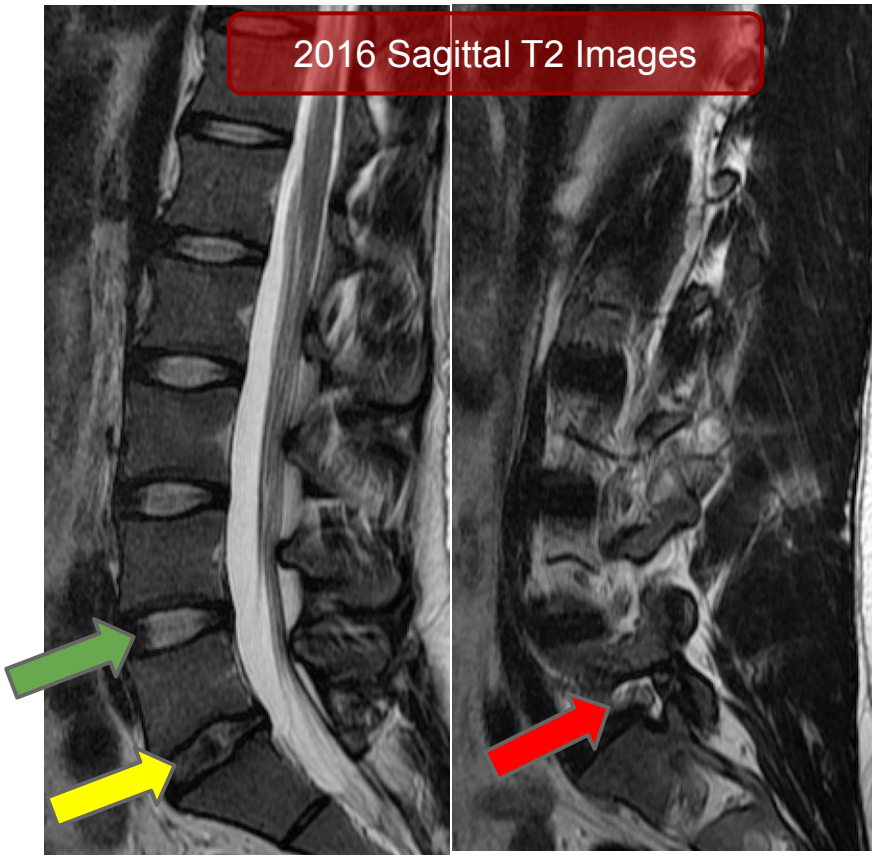
Lumbar spine radiographs from 2016 show no fracture and no malalignment.

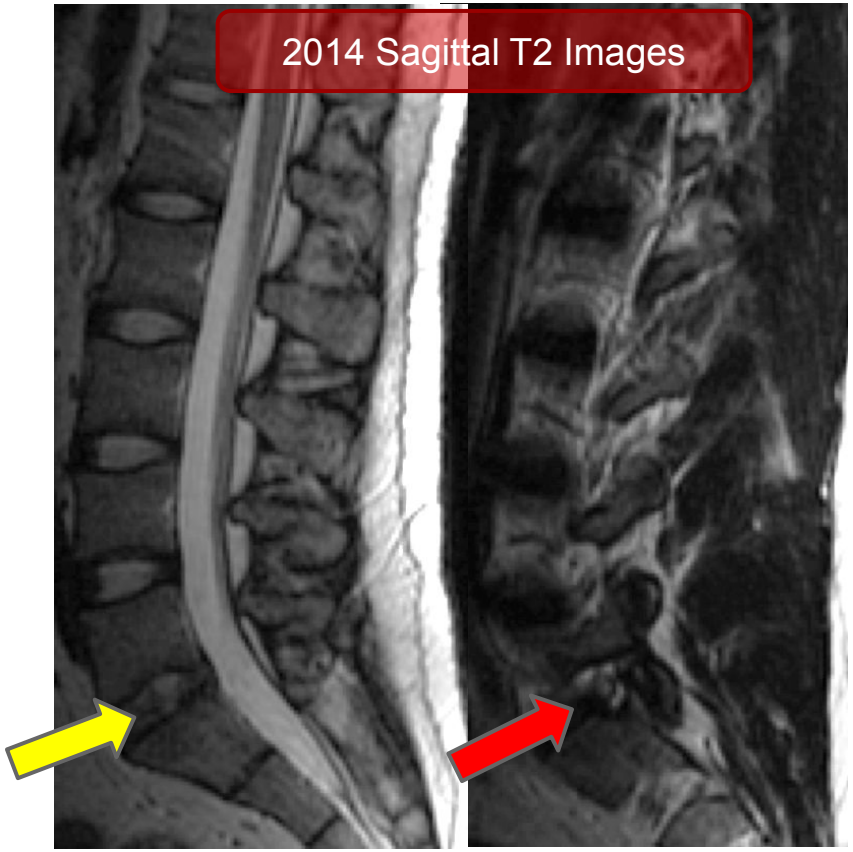


Advanced Medical Imaging Consultation

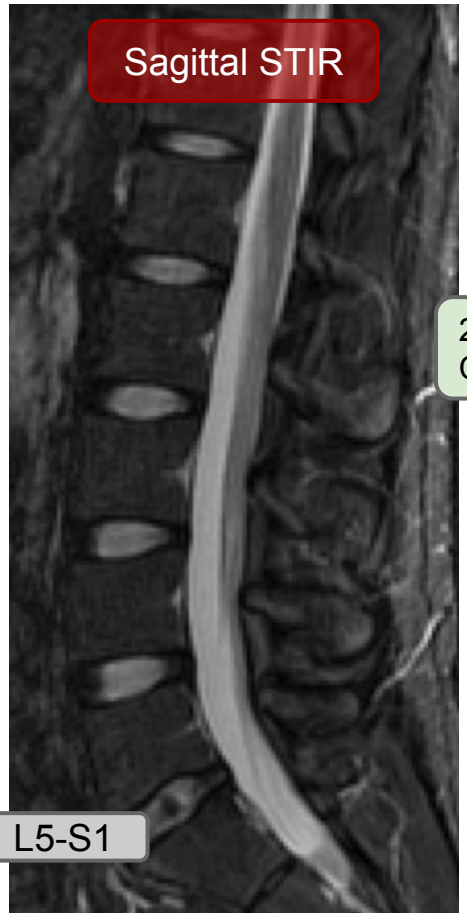
Sagittal plane MR images of the lumbar spine from 2016 reveals normal lordosis. There is no bone marrow edema, fracture or epidural hematoma. Mildly reduced L5-S1 intervertebral disc height and signal intensity (yellow arrow) from chronic degeneration and desiccation with a broad bulge causing moderate bilateral neuroforaminal narrowing (red arrow) unchanged since 2014. For reference, the L4-L5 disc has relatively normal height and signal intensity (green arrow).

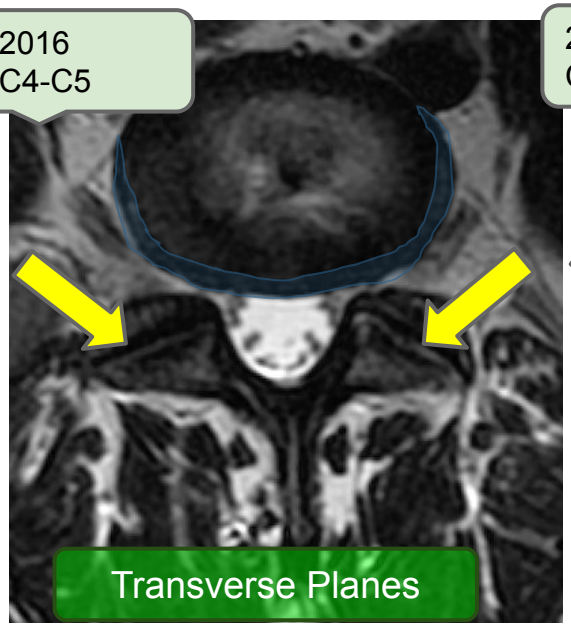


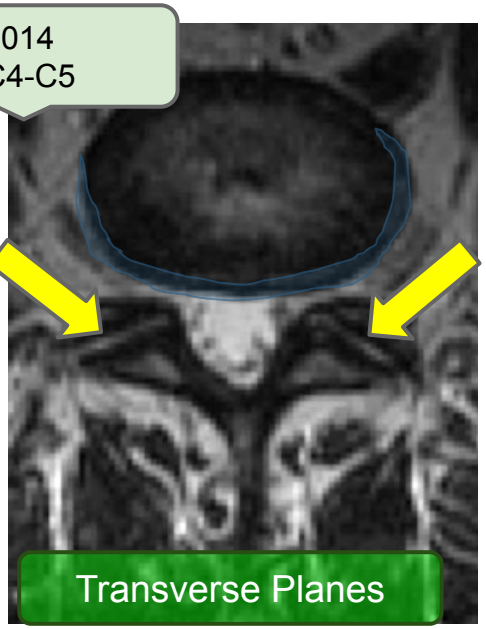


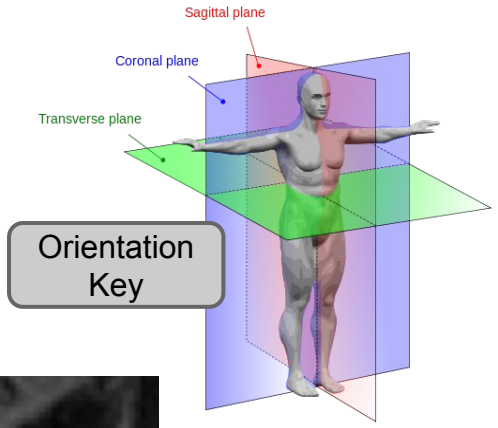


Transverse plane MR images at L5-S1 (and corresponding sagittal image for reference) show chronic degenerative broad disc bulge (blue shaded area) and facet osteophytes (yellow arrows), causing moderate neuroforaminal narrowing and minimal effacement of the thecal sac without impingement unchanged since 2014. Note also on the sagittal STIR image from 2016 there is no prevertebral swelling or paraspinal edema (highly sensitive sequence for acute trauma)







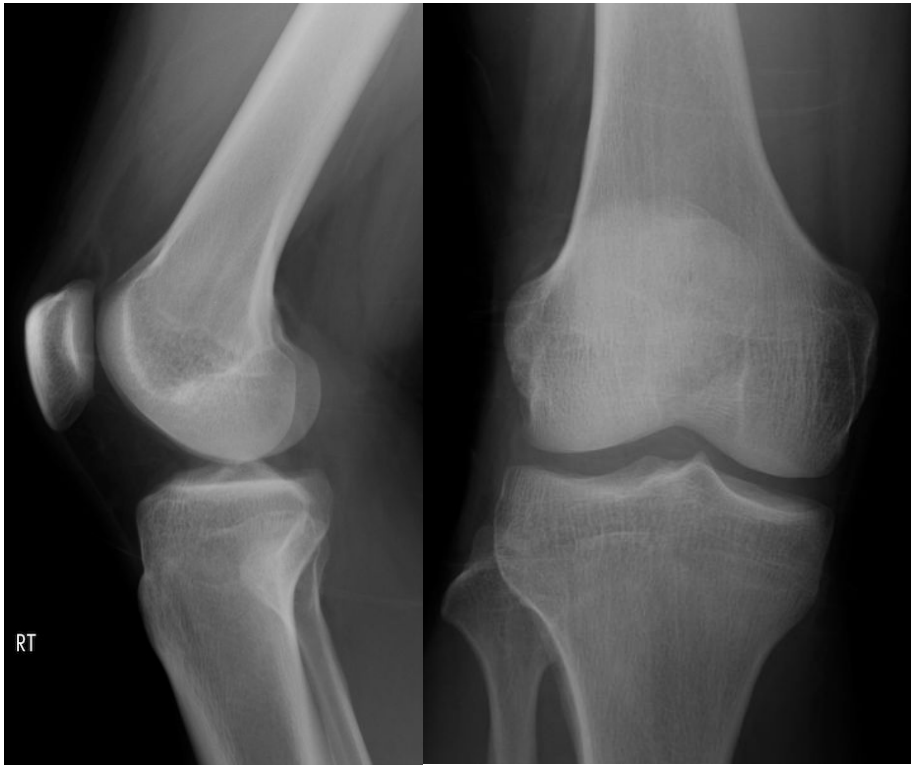


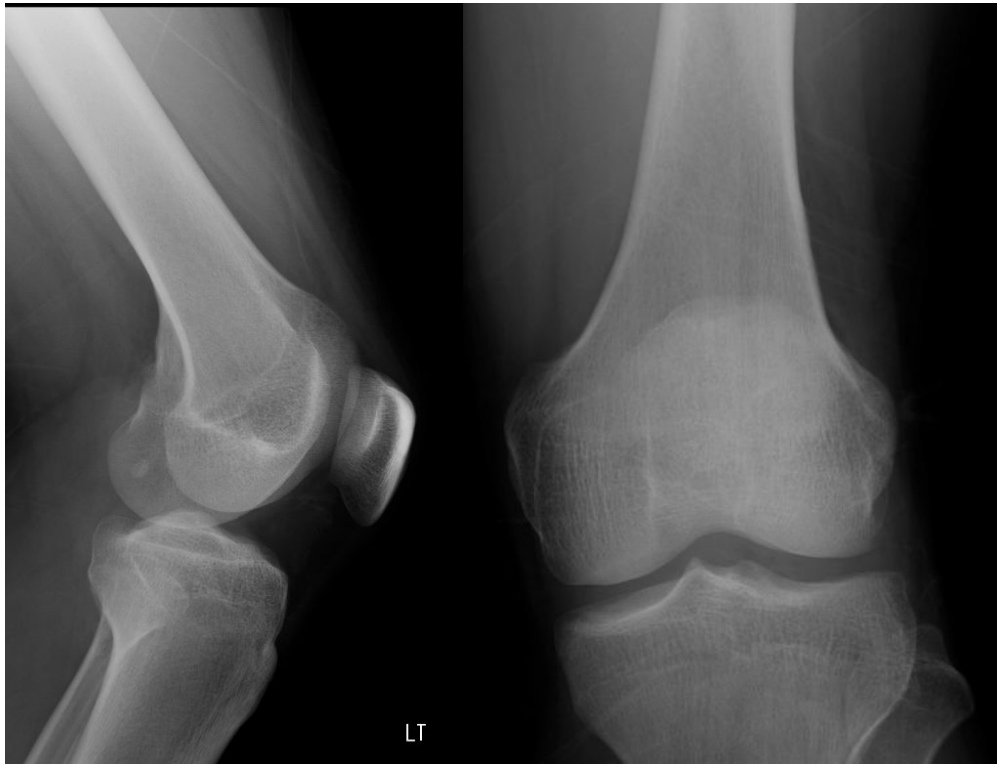
Advanced Medical Imaging Consultation

Bilateral knee radiographs from 2016 show no fracture, no malalignment, no effusions, no soft tissue swelling and normal joint spaces.

Right Knee

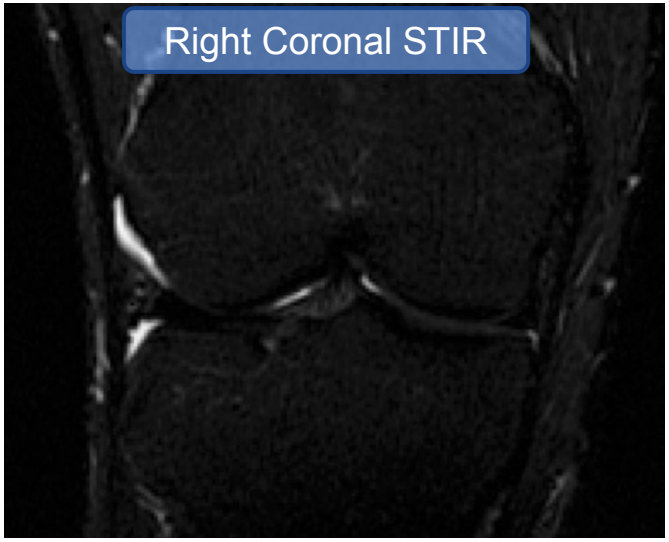
Left Knee

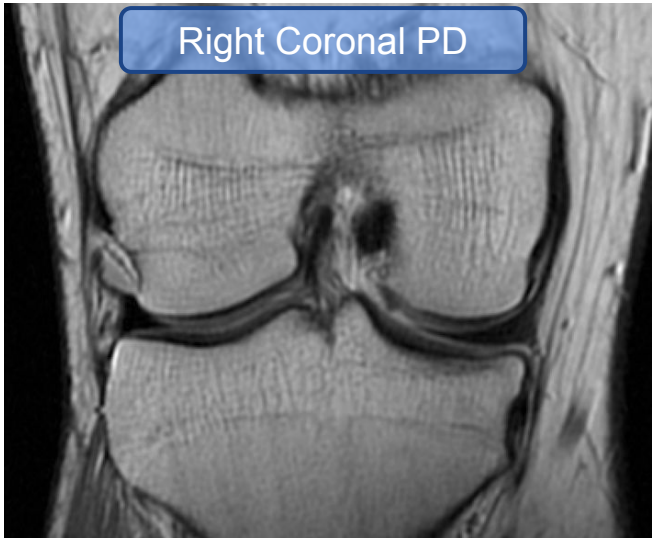


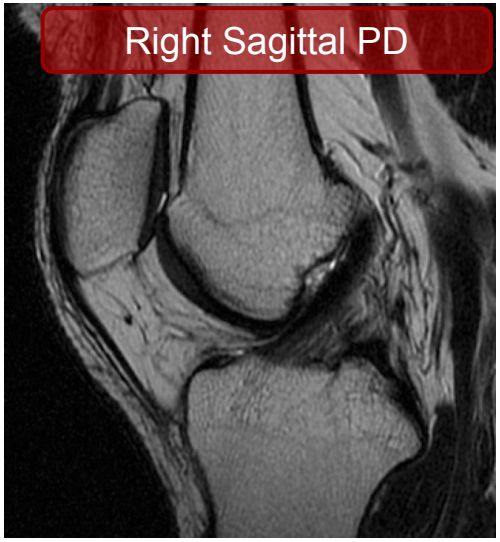


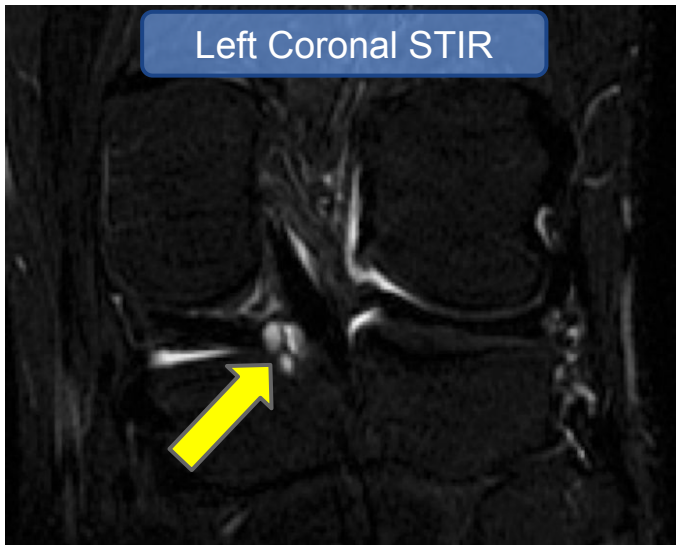
Advanced Medical Imaging Consultation

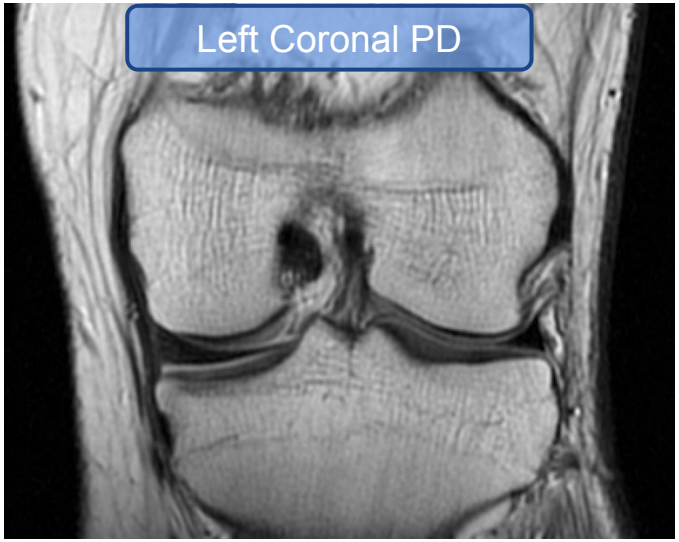
Bilateral knee MRI show no fractures, no meniscal or ligament tears, no effusion, no cartilage defect, no hematoma and no soft tissue swelling. Parameniscal cysts in the left knee near the medial meniscus posterior horn from a chronic occult meniscal tear (yellow arrow)











In summary, these imaging studies demonstrate no evidence of traumatic injury to the brain, cervical spine, lumbar spine, right knee, or left knee. Normal CT of the brain. Mild degenerative changes in the cervical spine and at the lumbosacral junction that are unchanged from 2014 resulting in longstanding mild C3-C4, mild C4-C5 and moderate L5-S1 bilateral neuroforaminal narrowing. There is no significant cervical or lumbar spinal canal stenosis and no acute abnormality. There is an occult, chronic left knee medial meniscal tear without acute bony or soft tissue injury in either knee or significant degenerative changes.

With a reasonable degree of medical certainty based on review of the above images; it is my opinion that the patient has no acute traumatic injuries to the imaged cervical spine, lumbar spine, brain/head, or knees.