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Precision Diagnostic Imaging



NAME: TALON, JEFFREY

PT. NUMBER: 299-54-7468

DOB: 10/30/1955

REF. PHYSICIAN: Jennifer Ramsay, D.C.

DATE: 03/10/06

EXAM: MRI of the Cervical Spine

INDICATIONS: This 50 year old patient has neck pain and there is the possibility of disc herniation. The patient has had prior MRIs which reports accompany the patient.

PROCEDURE: Sagittal and axial T1, T2, and/or gradient echo sequences were performed.

FINDINGS: The current study shows a normal appearance to the cord. Advanced cervical spondylosis is not seen.

The C2-3 and C3-4 levels are unremarkable.

At C4-5, there is some minimal central protrusion of the disc thinning the subarachnoid space without causing major compression of the cord or neural foramina.

No pathology is seen at C5-6, C6-7 or C7-T1.

IMPRESSION: There is some slight central protrusion of the C4-5 disc without compression of the cord or neural foramina. Allowing for a prior report, there does not appear to have been major interval change.

David H. Berns, M.D.

DHB:ljb, 03/12/06

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DOB: 10/30/1955

REF. PHYSICIAN: Jennifer Ramsey, D.C.

DATE: 03/10/06

EXAM: MRI of the Thoracic Spine

INDICATIONS: This 50 year old patient has dorsal pain and there is the possibility of disc herniation causing myelopathy.

PROCEDURE: Sagittal and axial T1 and/or T2 weighted sequences of the thoracic spine were performed.

FINDINGS: This study is compared to several prior MRIs. There is some slight protrusion of the T2-3 and T3-4 discs which are not causing cord compression or neural foraminal compromise. There is some slight left paramedian protrusion of the T5-6 disc to the left of midline, again not causing cord compression or neural foraminal narrowing.

At T6-7, there is slight left paramedian protrusion of the disc without cord compression. At T7-8, there is left paramedian protrusion of the disc without cord compression. At T8-9, there is slight left paramedian protrusion of the disc without cord compression.

I do not see other levels of disc herniation. The spinal cord is normal in its size and signal characteristics. No parasagittal images show neural foraminal compromise.

IMPRESSION: There are several minor levels of disc protrusion which are detailed above. The most significant is at the T6-7 level where there is at most some minimal flattening of the left side of the cord. No bony or paraspinal pathology is seen.

D. H. Berns, M.D.

David H. Berns, M.D.

DHB:ljb, 03/12/06

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NAME: Talon, Jeffrey

PATIENT NUMBER: 299-54-7468

DOB: 10/30/1955

REF. PHYSICIAN: DR. JENNIFER RAMSEY, D.C. **DATE:** 03/10/06

EXAM: MRI OF THE LUMBOSACRAL SPINE – WITHOUT CONTRAST

INDICATIONS: This 50-year-old patient has low back pain and there is the possibility of disc herniation causing radiculopathy.

PROCEDURE: Sagittal and axial T1,T2 and/or inversion recovery sequences were performed.

Prior reports accompany the patient.

FINDINGS: The L1-L2 and L2-L3 discs are normal. The L3-L4 disc shows a posteromedial radial annular tear without evidence for disc herniation, central spinal, or neural foraminal narrowing.

At L4-L5, the disc is degenerated, but shows no further disease.

At L5-S1, the disc is degenerated, but there is no central or neural foraminal stenosis.

IMPRESSION:

1. Disc degeneration from L3-L4 through L5-S1.
2. Radial annular tear on the posterior annulus fibrosis of L3-L4.
3. No disc herniation, central spinal or neural foraminal compromise is seen.

David H. Berns, M.D.

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DHB/wt:mam