

MRI of Spine

Client Patient Id		Scan Number	Case 3
Scanris Patient Id	Case 3	Date	August 1, 2005
Report of	MRI of the Dorso-Lumbar Spine	Client Name	

History	Known C/O multiple myeloma. Has received 6 cycles of chemotherapy.
IV Contrast	None administered.
Comparison Studies	None provided.

Findings:

LUMBAR VERTEBRAE/BONES:	<p>There is seen a fairly large, intermediate signal intensity mass lesion on the T1 Weighted images involving the pedicles, laminae and spinous process of the D9 vertebra. This lesion appears relatively hypointense on the T2 Weighted images and extends into the posterior epidural space at the D9 and D10 levels with resultant thecal sac and cord compression. The dorsal spinal cord at these levels shows a subtle hyperintense signal on the T2 Weighted images which appears iso to hypointense to normal cord on the T1 Weighted images and may represent cord edema/ischemia. The laminae and spinous process of the D9 vertebra are not identified separately from the lesion. Minimal extension of the lesion into the neural foramina at the D9-D10 level is noted with resultant mild indentation on the exiting D9 nerve roots bilaterally.</p> <p>The visualized dorso-lumbar vertebral bodies show spotty marrow changes.</p>
INTERVERTEBRAL DISCS:	The visualized dorso-lumbar intervertebral discs show loss of water content.
ARTICULAR FACETS AND LIGAMENTUM FLAVUM:	Facetal/ligamentum flavum hypertrophy is seen at the D10-D11 level, indenting the posterior dural theca at that level.
ADJACENT SOFT TISSUES:	The visualized pre and paravertebral soft tissues are unremarkable.
CONUS MEDULLARIS AND THECAL SAC:	The conus medullaris terminates at the D12-L1 level.
OTHER	<p>The D7, D11 and D12 vertebral bodies are as marked on the films. Please correlate with plain radiographs.</p> <p>Screening, T1 Weighted sagittal images of the lumbo-sacral spine reveal a hypointense signal in the S3 vertebral body, in the ala of the sacrum on the right and right iliac bone. Spotty fatty marrow changes are noted in the visualized lumbo-sacral vertebrae. Slight central wedging of the L3 vertebral body is noted. Small posterior disc bulges are seen at the L4-L5 and L5-S1 levels.</p> <p>Screening, T1 Weighted sagittal images of the cervical spine are unremarkable. Incidentally noted is mild hepatomegaly.</p>

Impression	<p>Patient is a known C/O multiple myeloma.</p> <ol style="list-style-type: none">1. A fairly large, soft tissue intensity mass lesion involving the pedicle, laminae and spinous process of the D9 vertebra with extensions as described may represent a myelomatous deposit. There is resultant cord compression and subtle cord signal alteration suggesting cord edema/ischemia.2. Focal lesions in the S3 vertebral body, ala of the sacrum on the right and right iliac bone may represent myelomatous deposits in the given clinical setting.3. Facetal/ligamentum flavum hypertrophy at the D10-D11 level.4. Mild hepatomegaly.
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