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Patient: KAHRENS, Leander Johannes (MR.) (13-724-746) DOB: 26-Jan-1988

IMPRESSION:

1. Essentially normal MRI of the brain.
2. The lumbar spine MRI demonstrates degenerative facet arthropathy. The lumbar spinal canal and neural foramina are widely patent. Minimal degenerative disc disease at the T11-T12 interspace.
3. No evidence for a myelopathic process involving the spinal cord and conus medullaris.

Normal-appearing cauda equina nerve roots.

EXAM: INTERPRETATION OF OUTSIDE MR HEAD, INTERPRETATION OF OUTSIDE MR SPINE

COMPARISON: MRI/MRA brain without IV gadolinium 6/2/2022. MRI brain without IV gadolinium 7/3/2020.

FINDINGS:

MRI BRAIN without and with IV gadolinium dated 9/22/2022:

The brain appears morphologically normal. No MRI evidence for intracranial hemorrhage, mass or mass effect. No restricted diffusion. The ventricles are normal in caliber. No midline shift or herniation. No pathologic appearing gadolinium enhancement. Well-circumscribed 11 mm diameter pineal region cyst, of doubtful clinical significance. The orbits including ocular globes are unremarkable. The paranasal sinuses are well aerated. No new or developing findings compared to the prior brain MRI from 7/3/2020.

MRI LUMBAR SPINE without IV gadolinium dated 10/24/2022:

Five lumbar vertebrae are assumed for counting purposes. Normal lumbar spine alignment. Lumbar spine facet arthropathy which is mild to moderate at the L3-L4 and L4-L5 levels and mild at the remaining lumbar levels. Small focal paracentral disc bulge at L5-S1. The lumbar spinal canal and neural foramina are widely patent throughout. The visualized lower thoracic spinal cord and conus medullaris are normal in appearance. The conus terminates at the level of the L1-L2 interspace. The cauda equina nerve roots are within normal limits in appearance.

MRI CERVICAL AND THORACIC SPINE without IV gadolinium 6/24/2022: Normal-appearing cervical and thoracic spinal cord including conus medullaris. Mild degenerative appearing irregularity of the inferior T11 endplate. Mild diffuse disc bulge at the T11-T12 interspace which results in only minimal effacement of the ventral thecal sac without appreciable spinal canal stenosis. The remainder of the cervical and thoracic spinal canal and neural foramina are otherwise widely patent.

Electronically Signed by: Norbert G Campeau, M.D. on 11/21/2022 8:39 AM

Table formatting from the original result was not included.

Reason for Exam
muscle weakness

Dx: Myalgia [M79.10 (ICD-10-CM)]

Read by:
CAMPEAU, NORBERT G