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Patient :
SANDRA CORCORAN
56 PERSERVERANCE STREET
WEST WYALONG
NSW 2671

Reference: 9025704

Date of Birth: 02/04/1970

Patient Id: FII469Z

MRN:

Ext Ref:

Date of Service: 02/07/16

Referred by : Dr Thushitha Pranavendran

MRI THORACIC SPINE (NR): : 02 Jul 2016**MRI THORACIC SPINE.****Clinical Indication:** Pain in midthoracic spine. Sudden onset for a few weeks.

Within the cervical spine there is C5-6 disc degenerative change with posterior annular/osteophyte projection into the anterior canal, but without cord contact. Type I or II Modic reactive changes surrounding the disc. Mild canal stenosis and no secondary cord change. No similar abnormality is seen at any other cervical spine.

Within the thoracic spine there is still reasonably normal hydration of all thoracic discs, although there are some degenerative changes with posterior annular bulges seen at T7-8 and T9-10 in particular. That at T7-8 is bulging to the left of the midline, in contact with but not displacing the spinal cord. It is also a very shallow bulge of questionable clinical relevance. The bulge at T9-10 is in the midline, again very shallow and although in contact with the cord, is not displacing it either. No large focal disc herniation is seen at any thoracic level. No significant canal stenosis. No foraminal stenosis or lesion. No visible advanced costovertebral or costotransverse degenerative changes seen at any level.

No osseous oedema to suggest a subtle compression or other vertebral fracture. No focal cord abnormality. No focal extra medullary intradural or epidural abnormality or dilated intradural blood vessels. No paraspinal mass or haematoma. No visible abnormality relating to the posterior paraspinal muscles.

Conclusion: C5-6 disc degeneration/posterior protrusion.

Very shallow focal disc bulges at T7-8 and T9-10. No large focal thoracic disc herniation. No canal or foraminal compromise. No cord/thecal sac abnormality. No evidence of any fracture or visible traumatic soft tissue injury. Radiologically occult muscular abnormality only.

DR IAN DUNCAN
Radiologist

Verified by: DR IAN DUNCAN

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