

**MIDWEST
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CONFIDENTIAL IMAGING REPORT

PATIENT NAME:

DATE OF REPORT:

REFERRED BY:

DATE OF FILMS:

EXAMINATION OF: THORACIC & LUMBAR SPINES

AGE/DOB: 6/9/67

HISTORY: Vague progressing mid and lower back pain of several weeks duration, without a known injury. The patient's occupation is auto mechanic.

COMPARISON: No prior studies of the thoracic or lumbar spines are available for comparison purposes.

THORACIC SPINE: Evaluation by means of AP and lateral views reveals a radiolucent appearance of the T6 vertebral body when compared to the adjacent segments. The right T6 pedicle is difficult to visualize on the AP view. The cortical borders of the T6 vertebral body are indistinct and there is slight bony expansion along the right inferior aspect of the vertebral body. The T6 vertebral body does not appear to be compressed. The paraspinal stripe is locally widened at the T6 level, which suggests localized soft tissue swelling or edema. The adjacent vertebral bodies and rib cage are intact and are of normal density. There is acute left deviation of the thoracic spine above the T6 level, possibly related to paravertebral muscle spasms or other soft tissue involvement. The lung fields cannot be adequately evaluated since this is a collimated thoracic spine study taken for osseous density.

LUMBAR SPINE: AP and lateral views have been submitted for evaluation. The vertebral body heights are maintained, with good bone density. The pedicles are intact. There are no findings of disc degeneration. Early developing osteophyte formations are present at L3 and L4. The lumbar spine is hypolordotic, which may indicate altered stress in the articular facets. There are no findings of abnormal soft tissue calcifications within the abdomen.

IMPRESSIONS:

1. Destructive process of the T6 vertebral body and posterior arch. When considering the patient's age group and expansile appearance, plasma cell cytoma should be of primary consideration. Differential diagnosis should include metastatic carcinoma and multiple myeloma.
2. Mild lumbar spondylosis without disc degeneration.
3. Biomechanical changes as described above.

CLINICAL COMMENT: Dr. XXXXX was contacted by telephone to discuss the radiographic findings and recommended referral to an oncologist to include advanced imaging for more specific diagnosis.

Thank you for choosing Midwest Radiology Consultants as your imaging specialist.

This report was electronically signed.
Doran L. Nicholson, D. C., D.A.C.B.R.
DLN/ajs