

# Fax

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# of pages:

4

Regarding:

Messages:

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BRUCE W MOSKOWITZ, M.D.  
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 WEST PALM BEACH, FL 33401

**Patient:** EPSTEIN, JEFFREY

**Exam Date:** 11/30/16

**Acc No:** 6935440

**MRN:** 0315192

**Dear Dr. Moskowitz,**

**MRI SCAN OF THE NECK WITHOUT AND WITH GADOLINIUM**

**Clinical History:**

63 y/o male with left supraclavicular lipoma and elevated parathormone.

**Technique:**

The examination was performed with sagittal, axial and coronal T1 weighted images, axial and coronal inversion recovery images and post-gadolinium fat suppressed axial and coronal T1 weighted images of the neck.

**Comparison:**

Exam is compared to ultrasound of January 2, 2014.

**Findings:**

A marker was placed in the left supraclavicular fossa in the region of palpable abnormality. In this region there is a nonenhancing 6.0 x 3.3 x 3.2 cm mass which follows adipose tissue in signal on all pulse sequences including fat suppressed STIR and SPGR pulse sequences consistent with a lipoma. The mass lies anterior to the levator scapulae muscle, lateral to the scalene muscles, and superior to the left subclavian artery, subclavian vein, and brachial plexus which is displaced inferiorly and posteriorly.

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The visualized intracranial structures are unremarkable. There is mucosal thickening in the inferior aspect of the visualized maxillary antra bilaterally. The mastoid air cells well pneumatized.

The nasopharynx, palatine tonsils, base of tongue, floor of mouth, hypopharynx, and larynx are unremarkable.

The parotid and submandibular glands are symmetric in size and normal appearance without mass or ductal dilatation.

The thyroid gland is normal in size and signal. No discrete nodules are demonstrated. There are no STIR hyperintense nodules along the posterior margin of the gland to suggest parathyroid adenoma.

No pathologically enlarged lymph nodes are demonstrated either suprahyoid or infrahyoid neck.

The musculature of the neck is intrinsically unremarkable.

The osseous structures skull base and the foramina are intact. There are degenerative changes in the cervical spine from the C3-C4 through C6-C7 levels most pronounced centrally and on the left at the C5-C6 level with there is compression of the cord.

#### IMPRESSION

Lipoma of the left supraclavicular fossa as outlined above. There is downward and posterior displacement of the left brachial plexus.

No evidence of thyroid nodule or parathyroid adenoma.

Multilevel cervical spondylosis.

Very truly yours,

STEPHEN GREENBERG, M.D.

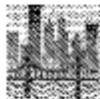
Electronically Signed By: STEPHEN GREENBERG, M.D.

Date/Time Transcribed: 11/30/16 11:10 am

Contrast: 10ml Gadavist NDC 50419 325 12.8cc

REPORT

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CC: CC PATIENT

EPSTEIN, JEFFREY ACC:6935440 Exam Date: 11/30/18 DOB: 01/20/1953



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