

# Weill Cornell Imaging at New York-Presbyterian

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New York, NY 10021

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Patient Name: EPSTEIN, JEFFREY  
Pt. Location: WGC- 1305 York Ave  
MRN: [REDACTED]  
Visit Number: 77199155E  
Date of Birth: [REDACTED]  
Sex: M

Exam: MRASPCANAL - MRA SPINAL CANAL W+WO CONTRAST

Request MD: STRYBING, KRISTIN M, NP

Exam Date and Time: 01/30/2018 18:01

Accession: 6959326

EXAM:  
MRA SPINAL CANAL W+WO CONTRAST

CLINICAL HISTORY:  
64 year old male with focus on the lower thoracic and entire lumbar spine. Make sure he brings his imaging in to archive so we can compare. Dorsalgia, unspecified

TECHNIQUE:  
The lower cervical, thoracic, and lumbar spine was imaged with sagittal T2, axial T2, coronal T2, 3D volume T2, gadolinium-enhanced 1st pass MRA. Delayed phase images of the MRA examination were also performed. The MRA volume includes from the S2 level through mid T7. Contrast: 8 cc Gadavist

COMPARISON:  
No prior studies available for comparison at this time

**FINDINGS:**  
The alignment of the spine is within normal limits. There is trace anterolisthesis L4 on L5. The intervertebral disks are notable for multilevel disc degenerative change with multilevel loss of thoracic and lumbar intervertebral disc space height. There are multiple Schmorl's nodes and mild endplate irregularity of the small ventral and dorsal osteophytes.. The spinal cord is normal in appearance. No abnormal cord signal intensity. No cord expansion or volume loss. No evidence of syrinx. The MRA examination demonstrates normal appearance of the thumb thoracic intercostal and lumbar arteries. The aorta is normal in appearance. The proximal iliacs are likewise normal. There is no evidence of abnormal intraspinal vascularity. No enlarged arterial structures are prominent venous structures.

The appearance of the vertebral bodies is within normal limits. Mild heterogeneous marrow signal intensity is evident. No evidence of acute fracture. The prevertebral and posterior paraspinous soft tissues demonstrate no significant abnormality.

There are disc bulges at T3-4, T4-5, T5-6, T6-7, T7-8, and T8-9 levels. There is no significant central canal stenosis at these

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levels however.

In the lumbar spine there is mild developmental canal stenosis with short pedicles. There is acquired lumbar degenerative disease with a diffuse disc bulge and facet degenerative change at the L2-3 and L3-4 levels. There is mild to moderate central canal stenosis at both of these levels. There is a broad dorsal disc protrusion with marked bilateral facet degenerative change at L4-5 resulting in severe central canal stenosis and moderate to severe bilateral foraminal stenosis. There is moderate bilateral facet degenerative change, right greater than left at the L5-S1 level. No significant central canal or foraminal stenosis however.

## IMPRESSION:

No evidence of intraspinal arteriovenous malformation.  
Mild multilevel thoracic degenerative change. Marked lumbar degenerative disease with severe central canal stenosis at L4-5.

End of diagnostic report for accession: 6959326  
Prepared by:

Study interpreted and report approved by: Phillips, C.Douglas, MD

01/31/2018 8:51 AM EST