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ROSEMARY DESLOGE, M.D.

Patient: EPSTEIN, JEFFREY

Exam Date: 1/5/16

Acc No: 6816198

MRN: 0315192

Dear Dr. Desloge,

CT SCAN OF THE PARANASAL SINUSES

Clinical History:

62-year-old male with nasal polyps and sinusitis

Technique:

Multidetector helical CT scan of the paranasal sinuses was performed utilizing 1.25 mm contiguous axial cuts. The images were reformatted in the coronal plane and 2.5 mm axial images were reconstructed with a soft tissue algorithm. No intravenous contrast was administered. Images were reconstructed at 1.25mm slice thicknesses at 1.25mm slice intervals with coronal reformats.

J
1/6/16

Comparison:

None

Findings:

The bones adjacent to the sinuses are intact including the lamina papyracea, cribriform plates and fovea ethmoidalis. Anteriorly, the right fovea ethmoidalis is lower than the left side.

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Both maxillary antra are well developed. Mild bilateral circumferential polypoid mucosal thickening is seen within the maxillary antra, left-greater-than-right, notably within the alveolar recesses and at the ostia which are occluded. Mild mucosal thickening is seen at the left hiatus semilunaris.

Both sphenoid sinuses are hypoplastic, particularly on the right where there is associated arrested pneumatization within the basisphenoid. Mild circumferential mucosal thickening is seen which appears polypoid at the ostia and along the sphenoid ethmoidal recesses which are occluded proximally. Both carotid canals are well covered by bone.

Mild-moderate scattered ethmoid labyrinth mucosal thickening is seen, worst involving the left anterior ethmoid air cells which appears mildly polypoid. There is a borderline right-sided Onodi cell which borders the medial optic canal wall.

The right frontal sinus is mildly hypoplastic. Mild mucosal thickening is seen at the base of the right frontal sinus extending into the ostium and along the drainage pathway which is narrowed but not occluded. Moderate polypoid mucosal thickening involves the left frontal sinus, notably at the base with occlusion of the ostium and drainage pathway. Mild mucosal thickening involves bilateral agger nasi cells as well as a tier of 2 small type 2 frontal cells on the right.

The cartilaginous nasal septum deviates to the left anteriorly narrowing the left nasal vestibule. The osseous nasal septum is wavy configuration with deviation to the left posteriorly, narrowing the left nasal cavity. Mild polypoid mucosal thickening is seen within the nasal cavity.

The right 1st and left 2nd maxillary molar teeth have been endodontically treated as has the left 1st mandibular molar tooth. A left 2nd mandibular molar dental implant is partially imaged. Small bilateral mandibular tori are identified along the lingual cortices. The visualized brain parenchyma and orbital contents are normal.

IMPRESSION

Mild-moderate scattered polypoid paranasal sinus mucosal thickening worst along the left frontal drainage pathway.

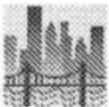
Occluded drainage pathways as outlined.

Mild polypoid mucosal thickening within the nasal cavity.

Nasal septal deviation.

Sinonasal anatomic variants as above.

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Very truly yours,

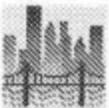
ADAM WILNER, M.D.

Electronically Signed By: ADAM WILNER, M.D.
Date/Time Transcribed: 1/5/16 8:48 pm

PACS

CC: CC PATIENT

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