

# **TABLE OF CONTENTS**

## **STANDARD DICTATIONS**

### **CT**

<b>CT 1</b>	Head CT w/o Contrast
<b>CT 2</b>	Head CT w & w/o Contrast
<b>CT 3</b>	Head CT w/ CT Angiography of the Head
<b>CT 4</b>	CT Head, CT Angiography of Head, CT Neck, & CT Angiography of Neck
<b>CT 5</b>	CT Head w/o Contrast
<b>CT 6</b>	CT Head & Neck w/CT Angiography Head & Neck
<b>CT 7</b>	CT Head w/CT Guidance for Stereotactic Localization
<b>CT 8NL</b>	CT Head w/CT Angiography
<b>CTN 10</b>	Normal Head CT w/o Contrast
<b>CTN 11</b>	Normal Head CT w/ & w/o Contrast
<b>CTN 12</b>	Atrophy/Small Vessel Disease
<b>CTN 13</b>	Atrophic Brain
<b>FACE 10</b>	Maxillofacial & Orbit CT
<b>FACE 10NL</b>	Maxillofacial & Orbit CT Scan
<b>FACE 10R</b>	Face/Orbit w/Reconstruction
<b>FACE 11</b>	Maxillofacial CT Scan
<b>NECK 21</b>	CT Scan of Face & Neck
<b>NECK 22</b>	Neck CT Scan
<b>CT 29</b>	Thyroid Nodule
<b>SINUS 53</b>	CT Scan of Paranasal Sinuses
<b>SPINE 74</b>	LS Spine CT w/o Contrast
<b>SPINE 75</b>	Thoracic Spine CT w/o Contrast
<b>SPINE 78</b>	C-Spine w/o Contrast
<b>SPINE 79</b>	Normal Cervical Spine w/o Contrast, w/Formatted Images
<b>CT 91</b>	Temporal Bone CT

**CT 1: HEAD CT w/o CONTRAST**

HEAD CT

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CT1): Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

COMPARISON:

HEAD CT FINDINGS:

IMPRESSION:

**CT 2: HEAD CT w/& w/o CONTRAST**

HEAD CT

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CT2): Contiguous axial tomographic sections were obtained from the base to the vertex before and after intravenous contrast. A standard dose of contrast material was injected intravenously. The amount of contrast material used was recorded in the IDX system and this information can be retrieved from there.

COMPARISON:

HEAD CT FINDINGS:

IMPRESSION:

**CT 3: HEAD CT WITH CT ANGIOGRAPHY OF THE HEAD**

HEAD CT WITH CT ANGIOGRAPHY OF THE HEAD

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CT3): Contiguous axial tomographic sections were obtained from base to the vertex before and after administration of a standard dose of intravenous nonionic contrast material. The amount of contrast material used was recorded in the IDX system and this information can be retrieved from there.

COMPARISON:

HEAD CT FINDINGS:

HEAD CT ANGIOGRAPHY PROCEDURE (CT3): Dynamic axial tomographic sections were obtained through the skull base and circle of Willis during intravenous administration of nonionic, iodinated contrast. Angiographic reconstructions were obtained with MPVR and MIP post-processing techniques.

3D RECONSTRUCTIONS: 3-Dimensional reconstructions were additionally performed to visualize the cerebral vasculature in multiple planes.

COMPARISON:

HEAD CTA FINDINGS:

IMPRESSION:

**CT 4: CT HEAD, CT ANGIOGRAPHY OF HEAD, CT NECK, and CT ANGIOGRAPHY OF NECK**

CT HEAD, CT ANGIOGRAPHY OF HEAD, CT NECK, &amp; CT ANGIOGRAPHY OF NECK

CLINICAL INFORMATION:

CT HEAD W/O CONTRAST PROCEDURE: Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

COMPARISON:

CT HEAD W/O CONTRAST FINDINGS:

CT ANGIOGRAPHY OF HEAD PROCEDURE: Dynamic axial tomographic sections were obtained through the skull base and circle of Willis during intravenous administration of nonionic, iodinated contrast. Angiographic reconstructions were obtained with MPVR and MIP post-processing techniques.

2D-3D RECONSTRUCTION PROCEDURE: 3-Dimensional reconstructions of the CT angiography was medically necessary and performed to visualize the cerebral vasculature in multiple projections.

CT ANGIOGRAPHY OF HEAD FINDINGS:

CT OF THE NECK PROCEDURE: Axial thin sections CT scans were obtained through the neck during contrast injection.

CT OF THE NECK FINDINGS:

CT ANGIOGRAPHY OF NECK PROCEDURE: Axial thin sections CT scans were obtained during a dynamic injection of intravenous contrast. The exact amount of contrast can be found in the IDX system.

2D-3D RECONSTRUCTION PROCEDURE: 3-Dimensional reconstructions were medically necessary in order to visualize the vessels of the cervical region in their entire length. This is not possible with direct CT image and post processing with 3D technique was medically necessary in this patient.

CT ANGIOGRAPHY OF NECK FINDINGS:

IMPRESSION:

**CT 5: CT HEAD w/o CONTRAST**

HEAD CT SCAN

CLINICAL INFORMATION:

CT HEAD W/O CONTRAST PROCEDURE: Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast. Since this patient had a hard collar on and was suspected having an injury to the neck, this scan was obtained without using the head holder. The scan is therefore sub-optimal to a regular head CT scan and if clinically indicated this CT scan should be repeated once the patient is able to fit into the standard head holder.

COMPARISON:

CT HEAD W/O CONTRAST FINDINGS:

IMPRESSION:

**CT 6: CT HEAD AND NECK w/ CT ANGIOGRAPHY HEAD AND NECK**

HEAD AND NECK W/CT ANGIOGRAPHY HEAD AND NECK

CLINICAL INFORMATION:

PROCEDURE CT HEAD: Axial CT scans were obtained from base to vertex without intravenous contrast.

COMPARISON:

HEAD CT W/O CONTRAST FINDINGS:

HEAD CT ANGIOGRAPHY PROCEDURE: Axial thin sections CT scans were obtained through the head during a dynamic injection of intravenous contrast. 3-Dimensional reconstructions were performed and displayed at multiple angles.

HEAD AFTER CONTRAST CT PROCEDURE: Axial sections of the head were obtained after injection of intravenous contrast to create a regular CT scan with contrast.

HEAD SCAN WITH CONTRAST CT FINDINGS:

NECK CT ANGIOGRAPHY PROCEDURE: Axial thin sections CT scans were obtained through the neck during a dynamic injection of intravenous contrast.

NECK CT ANGIOGRAPHY FINDINGS:

IMPRESSION:

**CT 7: CT HEAD w/CT GUIDANCE FOR STEREOTACTIC LOCALIZATION**

CLINICAL INFORMATION: We were requested to do a (1) CT scan of the head and (2) CT guidance for Stereotactic localization.

PROCEDURE CT HEAD: Contiguous axial tomographic sections were obtained from the base to the vertex after intravenous contrast. A standard dose of contrast material was injected intravenously. The amount of contrast material used is recorded in the IDX system and this information can be retrieved from there.

PROCEDURE CT GUIDANCE FOR STEREOTACTIC LOCALIZATION: Axial thin sections CT scans were obtained from the base of the skull to the vertex after the administration of contrast material. The stereotactic head frame was in place. This data was submitted to the referring doctor as CT guidance for stereotactic localization.

CT HEAD FINDINGS:

STEREOTACTIC LOCALIZATION: Computerized imaging data for the CT guided stereotactic localization was submitted to the referring physician so that this can be used for the localization.

IMPRESSION:

**CT 8 NL: CT HEAD w/CT ANGIOGRAPHY**

CLINICAL INFORMATION:

PROCEDURE CT HEADCT (8NL): Axial CT scans were obtained from the base to the vertex without intravenous contrast.

COMPARISON:

HEAD CT w/o CONTRAST FINDINGS: The cortical sulci ventricles and cisterns are normal. The mid-line structures are not displaced and there is no abnormal intra or extra-axial fluid collections. The brain parenchyma shows no area of abnormal density. The visualized portions of the paranasal sinuses, orbits, and mastoids are normal. The calvarium and other bony structures are normal.

HEAD CT ANGIOGRAPHY PROCEDURE: Axial thin sections CT scans were obtained through the head during a dynamic injection of intravenous contrast. 3-Dimensional reconstructions were performed and displayed at multiple angles.

HEAD AFTER CONTRAST CT PROCEDURE: Axial sections of the head were obtained after injection of intravenous contrast to create a regular CT scan with contrast.

HEAD W/CONTRAST CT FINDINGS: There no abnormal enhancement within the brain parenchyma or surrounding structures.

HEAD CT ANGIOGRAPHY FINDINGS: The middle cerebral, anterior cerebral, and posterior cerebral arteries are normal in size and location. There is no evidence of stenosis, occlusion, or deviation of the major vessels.

IMPRESSION: Normal head CT and normal head CT angiogram.

**CTN 10: NORMAL HEAD CT w/o CONTRAST**

HEAD CT WITHOUT CONTRAST

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CTN10): Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

COMPARISON:

HEAD CT FINDINGS: The ventricles and subarachnoid spaces are normal in size and appearance. No parenchymal or extra-axial abnormalities are identified. No significant osseous abnormalities are seen. The paranasal sinuses and mastoid air cells are clear.

IMPRESSION: No significant intracranial abnormality.

**CTN 11: NORMAL HEAD CT w/ & w/o CONTRAST**

HEAD CT WITHOUT AND WITH CONTRAST

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CTN11): Contiguous axial tomographic sections were obtained from the base to the vertex before and after administration of intravenous nonionic, iodinated contrast. The amount of contrast material used was recorded in the IDX system and this information can be retrieved from there.

COMPARISON:

HEAD CT FINDINGS: The ventricles and subarachnoid spaces are normal in size and appearance. No parenchymal or extra-axial abnormalities are identified. There is no abnormal enhancement. No significant osseous abnormalities are seen. The paranasal sinuses and mastoid air cells are clear.

IMPRESSION: No significant intracranial abnormality.

**CTN 12: ATROPHY/SMALL VESSEL DISEASE**

CT OF THE HEAD

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CTN12): Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

COMPARISON:

HEAD CT FINDINGS: The sulci, ventricles, and cisterns are globally and proportionally prominent. There is decreased attenuation in the periventricular and deep white matter bilaterally. There is no abnormal intra- or extra-axial fluid collection, no midline shift and no other areas of abnormal density within the brain parenchyma. There is no evidence of intracranial hemorrhage or focal infarcts.

There are no significant osseous abnormalities. The visualized portions of the paranasal sinuses and mastoids are normal

IMPRESSION:

1. Generalized atrophy.
2. Nonspecific white matter changes likely secondary to small vessel disease in a patient this age.
3. No acute intracranial abnormalities.

**CTN 13: ATROPHIC BRAIN**

CT OF THE HEAD

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CTN13): Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

COMPARISON:

HEAD CT FINDINGS: The sulci, ventricles, and cisterns are globally and proportionally prominent. There is no abnormal intra- or extra-axial fluid collection, no midline shift and no areas of abnormal density within the brain parenchyma. There is no evidence of intracranial hemorrhage or focal infarcts.

There are no significant osseous abnormalities. The visualized portions of the paranasal sinuses and mastoids are unremarkable.

IMPRESSION:

1. Generalized atrophy.
2. No acute intracranial abnormalities.

**FACE 10: MAXILLOFACIAL & ORBIT CT**

MAXILLOFACIAL &amp; ORBIT CT SCAN

CLINICAL INFORMATION:

ORBIT CT SCAN PROCEDURE: Axial and coronal contiguous tomographic sections were obtained through the orbits. No intravenous contrast was used.

COMPARISON:

ORBIT CT SCAN FINDINGS:

MAXILLOFACIAL CT SCAN PROCEDURE: Axial and coronal contiguous tomographic sections through the face without intravenous contrast.

MAXILLOFACIAL CT SAN FINDINGS:

IMPRESSION:

**FACE 10NL: MAXILLOFACIAL & ORBIT CT SCAN**

MAXILLOFACIAL &amp; ORBIT CT SCAN

CLINICAL INFORMATION:

ORBIT CT SCAN PROCEDURE (FACE 10 NL): Axial and coronal contiguous tomographic sections were obtained through the orbits. No intravenous contrast was used.

2D RECONSTRUCTION: In this specific patient direct coronal CT imaging could not be performed because of the patient's medical condition and/or spinal condition did not allow the appropriate positioning for direct coronal CT imaging. Direct coronal images would need the patient to be positioned with maximal cervical extension and this could not be done in this patient. Therefore two-dimensional reconstructed images were instead obtained in order to visualize the coronal and sagittal relationship between anatomic structures and pathologic findings. In this specific patient 2D reconstructed images were medically necessary to evaluate the patient's condition.

COMPARISON: No prior cross-sectional imaging studies are available for comparison

ORBIT CT SCAN FINDINGS: There are no fractures of the orbits. The globes, extra-ocular eye muscles, the intra-conal structures, and the adjacent soft-tissues are normal.

MAXILLOFACIAL CT SCAN PROCEDURE: Axial and coronal contiguous tomographic sections through the face without intravenous contrast.

MAXILLOFACIAL CT SCAN FINDINGS: There are no fractures of the maxillofacial skeleton. The paranasal sinuses are clear. The visualized portions of the dental structures, oral cavity, suprahyoid neck are normal.

IMPRESSION: CT scan of orbits demonstrates no acute injury.

CT scan of the maxillofacial region demonstrates no acute abnormalities.

**FACE 10R: FACE/ORB w/ RECONSTRUCTION**

MAXILLOFACIAL AND ORBIT CT SCAN

CLINICAL INFORMATION:

ORBIT CT SCAN PROCEDURE: Axial contiguous tomographic sections were obtained through the orbits without intravenous contrast.

2D RECONSTRUCTION: In this specific patient direct coronal CT imaging could not be performed because of the patient's medical condition and/or spinal condition did not allow the appropriate positioning for direct coronal CT imaging. Direct coronal images would need the patient to be positioned with maximal cervical extension and this could not be done in this patient. Therefore two-dimensional reconstructed images were instead obtained in order to visualize the coronal and sagittal relationship between anatomic structures and pathologic findings. In this specific patient 2D reconstructed images were medically necessary to evaluate the patient's condition.

COMPARISON:

ORBIT CT SCAN FINDINGS:

MAXILLOFACIAL CT SCAN PROCEDURE: Axial contiguous tomographic sections were obtained through the maxillofacial structures without intravenous contrast. 2D coronal reconstructions were performed because of the patient's inability to tolerate direct coronal positioning.

MAXILLOFACIAL CT SCAN FINDINGS:

IMPRESSION:

**FACE 11: MAXILLOFACIAL CT SCAN**

MAXILLOFACIAL CT SCAN

CLINICAL INFORMATION:

MAXILLOFACIAL CT SCAN PROCEDURE (FACE 11): Axial and coronal contiguous tomographic sections were obtained through the maxillofacial structures without intravenous contrast.

COMPARISON:

MAXILLOFACIAL CT SCAN FINDINGS:

IMPRESSION:

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**NECK 21: CT SCAN OF FACE AND NECK w/CONTRAST**

MAXILLOFACIAL AND NECK CT SCAN

CLINICAL INFORMATION:

MAXILLOFACIAL CT PROCEDURE (21): Contiguous axial tomographic sections were obtained through the face after intravenous administration of a standard dose of non-ionic contrast. The amount of contrast material used was recorded in the IDX system and this information can be retrieved from there.

COMPARISON:

MAXILLOFACIAL CT FINDINGS:

NECK CT SCAN PROCEDURE (21): Contiguous axial tomographic sections were obtained through the neck after intravenous administration of a standard dose of non-ionic contrast. The amount of contrast material used was recorded in the IDX system and this information can be retrieved from there.

NECK CT FINDINGS:

IMPRESSION:

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**NECK 22: NECK CT SCAN**

NECK CT SCAN

CLINICAL INFORMATION:

NECK CT SCAN PROCEDURE (22): Contiguous axial tomographic sections were obtained through the neck after administration of non-ionic intravenous contrast. The amount of contrast material used was recorded in the IDX system and this information can be retrieved from there.

COMPARISON:

NECK CT SCAN FINDINGS:

IMPRESSION:

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**CT 29: THYROID NODULE**

THYROID NODULE comment: Multiple and/or solitary thyroid nodules are seen on routine CT and MRI examinations done for purposes other than evaluating the thyroid gland in about 15 to 60% of this otherwise unselected population. This incidence tends to increase with age. In general such incidental thyroid nodules should be evaluated and followed. The risk of malignancy is not, according to recent reports, affected in a predictable way by size of individual nodules or the number of nodules. The risk of malignancy in an individual nodule tends to be higher the younger the patient. For that reason baseline ultrasound is suggested to evaluate these incidental nodules. The need for evaluation beyond ultrasound for additional follow-up should be carried out based on the ultrasound characteristics of the nodule(s), the clinical situation and desires of the patient. (Mancuso Anthony, AJNR 2005; 26: 2445)

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**SINUS 53: CT SCAN OF PARANASAL SINUSES**

CT SCAN OF PARANASAL SINUSES

CLINICAL HISTORY:

PARANASAL SINUSES PROCEDURE (53): Contiguous coronal tomographic sections were obtained through the paranasal sinuses.

COMPARISON:

PARANASAL SINUSES FINDINGS:

FRONTAL SINUS:

ETHMOID SINUSES:

MAXILLAR SINUSES:

SPHENOID SINUS:

NASAL CAVITY:

DENTAL STRUCTURES:

ORBITS:

IMPRESSION:

**SPINE 74: SPINE NORMAL**

LUMBAR SPINE CT SCAN WITHOUT CONTRAST

CLINICAL INFORMATION:

LUMBAR SPINE CT PROCEDURE (SPINE 74 NL): Contiguous axial tomographic sections were obtained through the lumbar spine without intravenous contrast.

2D RECONSTRUCTION: Sagittal and coronal 2D reconstructions were performed to evaluate vertebral body height and alignment in the coronal and sagittal plane and to determine the dimension of the neural foramina and evaluate the height of the disk spaces. The axial images demonstrate the axial anatomy but have no information about the sagittal and coronal relationships. Direct sagittal or coronal CT imaging of the lumbar spine is technically not possible. Therefore, sagittal and coronal 2D reconstructions were medically necessary in this patient.

COMPARISON:

LUMBAR SPINE CT FINDINGS: There is no CT evidence of fractures of the lumbar spine. There is no dislocation or subluxation. The vertebral body height, disc space height, and the alignments are normal. The soft-tissue surrounding the lumbar spine are unremarkable.

IMPRESSION: CT scan of the lumbar spine demonstrates no fracture, dislocation, or subluxation.

**SPINE 75: THORACIC SPINE CT w/o CONTRAST - NORMAL**

THORACIC SPINE CT SCAN WITHOUT CONTRAST

CLINICAL INFORMATION:

THORACIC SPINE CT PROCEDURE (SPINE 75): Contiguous axial tomographic sections were obtained through the thoracic spine without intravenous contrast.

2D RECONSTRUCTION: Sagittal and coronal 2D reconstructions were performed to evaluate vertebral body height and alignment in the coronal and sagittal plane and to determine the dimension of the neural foramina and evaluate the height of the disk spaces. The axial images demonstrate the axial anatomy but have no information about the sagittal and coronal relationships. Direct sagittal or coronal CT imaging of the thoracic spine is technically not possible. Therefore, sagittal and coronal 2D reconstructions were medically necessary in this patient.

COMPARISON:

THORACIC SPINE CT FINDINGS: The vertebral body height, disc space height, and the alignment are normal. There is no CT evidence of fracture of the thoracic spine. The visualized portions of the lung parenchyma and the surrounding soft-tissues are normal.

IMPRESSION: CT scan of the thoracic spine demonstrates no fracture, dislocation, or subluxation.

**SPINE 78: C-SPINE CT w/o CONTRAST**

CERVICAL SPINE CT SCAN

CLINICAL INFORMATION:

CERVICAL SPINE CT PROCEDURE (SPINE 78): Contiguous axial tomographic sections were obtained through the cervical spine without intravenous contrast.

2D RECONSTRUCTION: Sagittal and coronal 2D reconstructions were performed to evaluate vertebral body height and alignment in the coronal and sagittal plane and to determine the dimension of the neural foramina and evaluate the height of the disk spaces. The axial images demonstrate the axial anatomy but have no information about the sagittal and coronal relationships. Direct sagittal or coronal CT imaging of the cervical spine is technically not possible. Therefore, sagittal and coronal 2D reconstructions were medically necessary in this patient.

COMPARISON:

CERVICAL SPINE CT FINDINGS:

**SPINE 79: NORMAL CERVICAL SPINE**

CERVICAL SPINE CT SCAN WITH FORMATTED IMAGES

CLINICAL INFORMATION:

CERVICAL SPINE CT PROCEDURE (SPINE 79): Contiguous axial tomographic sections were obtained through the cervical spine without intravenous contrast.

2D RECONSTRUCTION: Sagittal and coronal 2D reconstructions were performed to evaluate vertebral body height and alignment in the coronal and sagittal plane and to determine the dimension of the neural foramina and evaluate the height of the disk spaces. The axial images demonstrate the axial anatomy, but have no information about the sagittal and coronal relationships. Direct sagittal or coronal CT imaging of the cervical spine is technically not possible. Therefore, sagittal and coronal 2D reconstructions were medically necessary in this patient.

CERVICAL SPINE CT FINDINGS: There is no CT evidence of a fracture, dislocation, or subluxation. The vertebral body height, the disc space height, and the alignments are normal. There is no pre-vertebral soft tissue swelling.

COMPARISON:

IMPRESSION: CT scan of the cervical spine demonstrates no fracture, dislocation or subluxation.

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**CT 91: TEMPORAL BONE CT**

TEMPORAL BONE CT SCAN

CLINICAL INFORMATION:

TEMPORAL BONE CT PROCEDURE (CT 91): Axial and coronal thin sections CT scans were obtained through the temporal bones without intravenous contrast. Magnified views of the temporal bone structures were performed and were used for interpretation.

COMPARISON:

TEMPORAL BONE FINDINGS:

TEMPORAL BONE CT FINDINGS:

IMPRESSION: