

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 RIS 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 RIS system and this information can be retrieved from there.

Percentage of carotid artery stenosis is estimated based on NASCET method.

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. 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, & 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. 3-Dimensional reconstructions of the CT angiography were performed to visualize the cerebral vasculature in multiple projections. Percentage of carotid artery stenosis based on NASCET method.

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 RIS system. The CT of the Neck was done immediately prior to the CT of the Head and there was only one bolus of contrast injected. 3-Dimensional reconstructions were performed to visualize the neck vessels in multiple planes.

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, CT ANGIOGRAPHY OF HEAD AND CT ANGIOGRAPHY OF NECK

CT OF HEAD W/AND W/O CONTRAST, CT ANGIOGRAPHY HEAD, AND CT ANGIOGRAPHY NECK

CLINICAL INFORMATION:

PROCEDURE CT HEAD: Axial CT scans were obtained from base to vertex without intravenous contrast. Following the CT Angiography of Head and Neck axial post-contrast images were obtained of the brain.

COMPARISON:

CT HEAD W/ AND W/O CONTRAST FINDINGS:

CT HEAD 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. Percentage of carotid artery stenosis is estimated based on NASCET method.

CT HEAD ANGIOGRAPHY FINDINGS:

CT ANGIOGRAPHY OF NECK PROCEDURE: Axial thin sections CT scans were obtained through the neck during a dynamic injection of intravenous contrast. CT Angiography of the Neck was done immediately prior to the CT Angiography of the Head and only one contrast injection was performed.

CT NECK 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 RIS 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 boney 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. Percentage of carotid artery stenosis is estimated based on NASCET method.

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.

CT 9: CT ANGIOGRAPHY OF THE NECK

CT ANGIOGRAPHY OF THE NECK

CLINICAL INFORMATION:

CT ANGIOGRAPHY OF THE NECK PROCEDURE (CT9): Axial, thin sections CT scans were obtained through the neck during a dynamic injection of intravenous contrast. The exact amount of contrast material used was recorded in the RIS system and this information can be retrieved from there. Multi-planar and 3 Dimensional reconstructions were performed and displayed at multiple angles.

CTA OF NECK FINDINGS:

IMPRESSION:

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, intra-, or extra-axial abnormalities are identified. There is no hemorrhage, mass lesion, or acute infarction 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 RIS 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. There is no hemorrhage, mass lesion, or acute infarction identified. 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 are 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 acute infarcts. There is no evidence of mass lesion. 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, acute infarct, or mass lesions.

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.

CT 14: CT HEAD, ORBIT, FACE, & SPINE

ICD-9 HEAD: 959.01

ICD-9 ORBIT: 959.09

ICD-9 MAXILLOFACIAL: 959.09

ICD-9 CERVICAL SPINE: 959.09

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CT 14): Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

HEAD CT FINDINGS:

FACE AND ORBIT CT SCAN PROCEDURE (CT 14): Axial thin section overlapping CT scans were obtained through the orbits and the coronal reformatted images were reconstructed. No intravenous contrast was used. Coronal 2D reconstructions were performed.

ORBIT CT SCAN FINDINGS:

MAXILLOFACIAL CT SCAN PROCEDURE (CT 14): Axial thin section overlapping CT scans were obtained through the maxillofacial region without intravenous contrast. Coronal reformatted images were produced.

MAXILLOFACIAL CT SCAN FINDINGS:

CERVICAL SPINE CT PROCEDURE (CT 14): Contiguous axial tomographic sections were obtained through the cervical spine without intravenous contrast. Sagittal and coronal 2D reconstructions were performed.

CERVICAL SPINE CT FINDINGS:

IMPRESSION: CT scan of head, orbit, maxillofacial, & cervical spine demonstrates no acute injury.

CTN 15: CT HEAD, ORBIT, FACE, & SPINE NORMAL

ICD-9 HEAD: 959.01

ICD-9 ORBIT: 959.09

ICD-9 MAXILLOFACIAL: 959.09

ICD-9 CERVICAL SPINE: 959.09

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CTN 15): Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

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 intracranial hemorrhage, acute infarct, or mass lesion. No significant osseous abnormalities are seen. The paranasal sinuses and mastoid air cells are clear.

FACE AND ORBIT CT SCAN PROCEDURE (CTN 15): Axial thin section overlapping CT scans were obtained through the orbits and the coronal reformatted images were reconstructed. No intravenous contrast was used. Coronal 2D reconstructions were performed.

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 (CTN 15): Axial thin section overlapping CT scans were obtained through the maxillofacial region without intravenous contrast. Coronal reformatted images were produced.

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, and suprahyoid neck are normal.

CERVICAL SPINE CT PROCEDURE (CTN 15): Contiguous axial tomographic sections were obtained through the cervical spine without intravenous contrast. Sagittal and coronal 2D reconstructions were performed.

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.

IMPRESSION: CT scan of head, orbit, maxillofacial, & cervical spine demonstrates no acute injury.

CT 16: CT HEAD AND CERVICAL SPINE

CT HEAD & CERVICAL SPINE

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CT 16): Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

HEAD CT FINDINGS:

CERVICAL SPINE CT PROCEDURE (CT 16): Contiguous axial tomographic sections were obtained through the cervical spine without intravenous contrast. Sagittal and coronal 2D reconstructions were performed.

CERVICAL SPINE CT FINDINGS:

IMPRESSION: CT scan of head & cervical spine demonstrates no acute injury.

CTN 17: CT HEAD AND CERVICAL SPINE NORMAL

ICD-9 HEAD: 959.01

ICD-9 CERVICAL SPINE: 959.09

CT HEAD & CERVICAL SPINE NORMAL

CLINICAL INFORMATION: Patient presents after trauma with injury to the head and cervical spine.

HEAD CT PROCEDURE (CTN 17): Contiguous axial tomographic sections were obtained from the base to the vertex without intravenous contrast.

HEAD CT FINDINGS: The ventricles and subarachnoid spaces are normal in size and appearance. No parenchymal or extra-axial abnormalities are identified. There are no intracranial hemorrhages, acute infarcts, or mass lesion. No significant osseous abnormalities are seen. The paranasal sinuses and mastoid air cells are clear.

CERVICAL SPINE CT PROCEDURE (CTN 17): Contiguous axial tomographic sections were obtained through the cervical spine without intravenous contrast. Sagittal and coronal 2D reconstructions were performed.

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.

IMPRESSION: CT scan of head & cervical spine demonstrates no acute injury.

CT 18: CT SCAN OF HEAD WITHOUT CONTRAST AND WITH 3-D RECONSTRUCTIONS

CLINICAL INFORMATION: Skull deformity

PROCEDURE (CT18): Axial thin sections CT scans were obtained of the head.

3D PROCEDURE: Based on the thin axial sections CT scan 3D reconstructions were performed of the skull using an independent workstation.

FINDINGS HEAD CT:

FINDINGS 3D RECONSTRUCTIONS HEAD CT:

IMPRESSION:

CT 19: CT SCAN OF HEAD WITHOUT AND WITH CONTRAST, CT PERFUSION, CT ANGIOGRAPHY OF HEAD & NECK

CLINICAL INFORMATION:

CT HEAD PROCEDURE (CT19): Continuous axial tomographic sections were obtained from base of skull to vertex without intravenous contrast.

CT HEAD FINDINGS:

CT PERFUSION PROCEDURE (CT19): CT images were obtained through the central portion of the brain here with injection of 40cc of intravenous contrast. These images were post-processed on an independent workstation to evaluate for cerebral blood volume, mean transit time, and cerebral blood flow.

CT PERFUSION FINDINGS:

CT HEAD WITH CONTRAST PROCEDURE (CT19): Axial tomographic images were obtained through the brain from base of skull to vertex after injection of the intravenous contrast.

CT HEAD WITH CONTRAST FINDINGS:

CT ANGIOGRAPHY OF NECK PROCEDURE (CT19): Axial thin section CT scans were obtained through the neck during dynamic injection of intravenous contrast. The exact amount of contrast used was recorded in the RIS system and this information can be retrieved from there. Multi-planar and 3 D reconstructions were performed and displayed at multiple angles. Percentage of carotid artery stenosis is estimated based on NASCET method.

CT ANGIOGRAPHY OF NECK FINDINGS:

CT ANGIOGRAPHY OF HEAD PROCEDURE (CT19): Dynamic axial tomographic images were obtained through the brain during intravenous administration of nonionic, iodinated contrast material. Angiographic reconstructions were obtained with MPVR and MIP post-processing techniques. 3D reconstructions of the CT angiography were performed to visualize the cerebral vasculature multiple projections.

CT ANGIOGRAPHY OF HEAD FINDINGS:

IMPRESSION:

FACE 10: MAXILLOFACIAL & ORBIT CT

MAXILLOFACIAL & ORBIT CT SCAN

CLINICAL INFORMATION:

ORBIT CT SCAN PROCEDURE: Axial thin section overlapping CT scans were obtained through the orbits and coronal reformats were reconstructed. No intravenous contrast was used. Coronal reformats were performed.

COMPARISON:

ORBIT CT SCAN FINDINGS:

MAXILLOFACIAL CT SCAN PROCEDURE: Axial thin section overlapping CT scans were obtained through the maxillofacial region without intravenous contrast. Coronal reformatted images were performed.

MAXILLOFACIAL CT SCAN FINDINGS:

IMPRESSION:

FACE 10NL: MAXILLOFACIAL & ORBIT CT SCAN

MAXILLOFACIAL & ORBIT CT SCAN

CLINICAL INFORMATION:

ORBIT CT SCAN PROCEDURE (FACE 10 NL): Axial thin section overlapping CT scans were obtained through the orbits and the coronal reformatted images were reconstructed. No intravenous contrast was used. Coronal 2D reconstructions were performed.

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 thin section overlapping CT scans were obtained through the maxillofacial region without intravenous contrast. Coronal reformatted images were produced.

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, and suprahyoid neck are normal.

IMPRESSION: CT scan of orbits demonstrates no acute injury.

CT scan of the maxillofacial region demonstrates no acute abnormalities.

FACE 11: MAXILLOFACIAL CT SCAN

MAXILLOFACIAL CT SCAN

CLINICAL INFORMATION:

MAXILLOFACIAL CT SCAN PROCEDURE (FACE 11): Axial thin section CT scans were obtained through the maxillofacial region without intravenous contrast. Coronal reformatted images were constructed.

COMPARISON:

MAXILLOFACIAL CT SCAN FINDINGS:

IMPRESSION:

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 RIS 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 RIS system and this information can be retrieved from there.

NECK CT FINDINGS:

IMPRESSION:

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 RIS system and this information can be retrieved from there.

COMPARISON:

NECK CT SCAN FINDINGS:

IMPRESSION:

ORBIT 12: ORBITAL CT SCAN WITHOUT CONTRAST

ORBITAL CT SCAN WITHOUT CONTRAST

CLINICAL INFORMATION:

ORBITAL CT SCAN PROCEDURE (ORBIT 12): Axial thin section CT scans were obtained through the orbits without intravenous contrast. Coronal reformatted images were constructed.

COMPARISON:

ORBITAL CT SCAN FINDINGS:

IMPRESSION:

ORBIT 13: ORBITAL CT SCAN WITH CONTRAST

ORBITAL CT SCAN WITH CONTRAST

CLINICAL INFORMATION:

ORBITAL CT SCAN PROCEDURE (ORBIT 13): Axial thin section CT scans were obtained through the orbits with the use of intravenous contrast. The exact amount of contrast material used was recorded in the RIS system and this information can be retrieved from there.

COMPARISON:

ORBITAL CT SCAN FINDINGS:

IMPRESSION:

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 very low. It 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. The need for further work-up and follow-up is controversial (Raymond AJNR 2006; 27: 1163-1164) but a baseline ultrasound is often 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 the desires of the patient. (Mancuso Anthony, AJNR 2005; 26: 2445)

SINUS 53: CT SCAN OF PARANASAL SINUSES

CT SCAN OF PARANASAL SINUSES

CLINICAL HISTORY:

PARANASAL SINUSES PROCEDURE (53): Axial thin sections CT scans were obtained through the paranasal sinuses and coronal reformats were processed.

COMPARISON:

PARANASAL SINUSES FINDINGS:

FRONTAL SINUS:

ETHMOID SINUSES:

MAXILLAR SINUSES:

SPHENOID SINUS:

NASAL CAVITY:

DENTAL STRUCTURES:

ORBITS:

IMPRESSION:

CT 73: CT SCAN OF HEAD, ORBITS, AND FACE WITH 3D RECONSTRUCTIONS FOR CRANIAL SYNOSTOSIS

CLINICAL INFORMATION:

HEAD CT PROCEDURE (CT 73): Contiguous axial tomographic sections were obtained through the head, orbits, and face with 3 dimensional reconstructions.

FINDINGS HEAD CT:

ORBITAL CT PROCEDURE: Axial thin section overlapping CT scans were obtained through the orbits.

FINDINGS ORBIT CT:

MAXILLOFACIAL CT PROCEDURE: Axial thin section overlapping CT scans were obtained through the maxillofacial region.

FINDINGS MAXILLOFACIAL CT:

3D PROCEDURE: 3D reconstructions were obtained on an independent workstation including the head, orbits, and face.

FINDINGS 3D RECONSTRUCTIONS:

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. Coronal and sagittal reformats were processed.

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. Sagittal and coronal reformats were processed.

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. Sagittal and coronal reformats were produced.

COMPARISON:

CERVICAL SPINE CT FINDINGS:

IMPRESSION:

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. Sagittal and coronal reformats were produced.

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.

CT 91: TEMPORAL BONE CT

TEMPORAL BONE CT SCAN

CLINICAL INFORMATION:

TEMPORAL BONE CT PROCEDURE (CT 91): Axial thin sections CT scans were obtained through the temporal bones without intravenous contrast. Coronal reformats were produced.

COMPARISON:

TEMPORAL BONE CT FINDINGS:

IMPRESSION: