

<b>Patient</b>	MRS. JANE DOE	<b>Pt ID</b>	0888880	<b>Acc#</b>	
<b>DoB</b>	Feb 26, 1972	<b>Sex</b>	F	<b>Age</b>	37
<b>Body</b>	TSP	<b>Body</b>	MR	<b>#Imgs</b>	141
<b>Referring</b>		<b>Study Time (local)</b>	Sep 06, 2009 18:30		
<b>Radiologist</b>		<b>Receive Time (CST)</b>	Sep 06, 2009 19:27		

## Observation

Clinical History: Myolitis

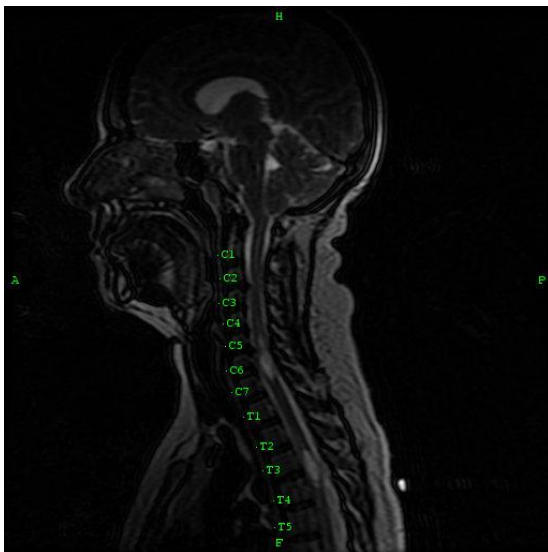
Technique: MRI of the thoracic spine with IV contrast

Comparison: No prior available

There is T1W hypointense / T2W hyperintensity in the cord from C4 to T1 level measuring 5.1 x 0.8 cm (cc x ap) which does not enhance on post-GD sequence. There is bulging of the cord at this level. Another similar structure is seen from T4-T5 levels measuring 2.5 x 0.9 cm (cc x ap) with no enhancement on post-GD sequence. The cord is also bulged at this level. Thin T2W hyperintensity is seen in the substance of the cord from the visualized cervical cord down to T9 levels suggestive of syrinx. T1W / T2W hyperintense foci are seen at T10 and T11 vertebral bodies possibly hemangiomas. There is no demonstrable acute fracture, subluxation, or dislocation. The bone marrow otherwise appears within normal limits. There is no demonstrable disc bulge or herniation at the thoracic discs. No neural foraminal narrowing at the thoracic level. The left kidney is atrophic.

## Impression

THERE IS A SEPARATE REPORT FOR THE CERVICAL MRI. ABNORMAL CORD SIGNALS AS DISCUSSED. DIFFERENTIAL AT LEAST INCLUDES SYRINGOHYDROMYELIA, OR LESS LIKELY NEOPLASM.



**PRELIMINARY REPORT:** This is a preliminary report only. It is meant to focus on emergent management and life threatening conditions and will be entirely superseded by a final report.

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