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Radiology Interpretation

PATIENT NAME:
DATE OF BIRTH:
ID/MRN:
CLINICIAN: SUBER DO, STEPHANIE
FACILITY: Advanced Medical Imaging
DATE OF EXAM:
HISTORY: Z00.00-Routine general medical examination at a health care facility.
DOSE: na

WHOLE BODY MRI:

EXAM: MRI whole body screening.

HISTORY: Z00.00. No stated risk conditions.

TECHNIQUE: MRI of the head, neck, chest, abdomen and pelvis was performed without intravenous contrast using a screening protocol. This examination was tailored for detection of incidental malignancy and other disease states, not for evaluation of known symptoms or other disease processes.

COMPARISON: None.

FINDINGS:

Head: There is no diffusion restriction. There are no T1 or T2 signal abnormalities. The ventricles are normal in size and position.

The paranasal sinuses, orbits, calvarium and temporal bones are unremarkable.

There is a persistent primitive trigeminal artery on the left. It supplies the midportion of the basilar artery. The basilar artery is relatively small but patent. The left vertebral artery is visualized. The right vertebral is not visualized and may be diminutive or absent. Both posterior communicating arteries are visualized. The left is prominent and is the main supply of the left posterior cerebral artery, with a relatively small P1 segment. Both posterior cerebral arteries are patent.

There is motion or pulsation artifact within the supraclinoid internal carotid arteries, but no true internal carotid artery stenosis is identified. Both middle cerebral arteries are patent. There is an early ramification of the left M1 segment. The left A1 and proximal A2 segments are small but patent. The right A1 and proximal A2 segments are prominent and patent. The right A2 segment is the primary supply to the left pericallosal artery. A diminutive anterior communicating artery is likely present.

No intracranial aneurysm or vascular malformation is identified.

NECK: There are no pathologically enlarged cervical lymph nodes. The parotid glands, submandibular glands and thyroid gland are unremarkable. There are no clear laryngeal or pharyngeal lesions.

CHEST: There are no pathologically enlarged mediastinal or axillary lymph nodes. A thymic remnant is noted, a variant of normal in this demographic. There is no pleural or pericardial effusion. The heart is not enlarged.

There are no detectable pulmonary lesions by MRI.

ABDOMEN/PELVIS: The liver, pancreas, gallbladder, adrenal glands, kidneys and spleen are unremarkable. There are no pathologically enlarged lymph nodes.

There is no small bowel obstruction. Stool throughout the colon suggests mild constipation.

There is a moderate superior central extrusion at L5-S1. Disc material extends superiorly in the anterior epidural space by 7 mm. This does not result in significant stenosis.

IMPRESSION:

- 1. Left persistent primitive trigeminal artery, a developmental variant. Additional normal variant intracranial vascular anatomy as above. No detectable intracranial vascular malformation or aneurysm.**
- 2. A moderate central superior disc extrusion at L5-S1 does not result in significant stenosis.**
- 3. Correlate for mild constipation.**

Electronically signed by: _____

Tech:

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