Veralux Test

MRN: 1234-5678-910

VERALUX

Facility: Veralux

Study Date: 2021-11-11
Time: 11:11 am
Procedure: Full Body MRI

Sex: F

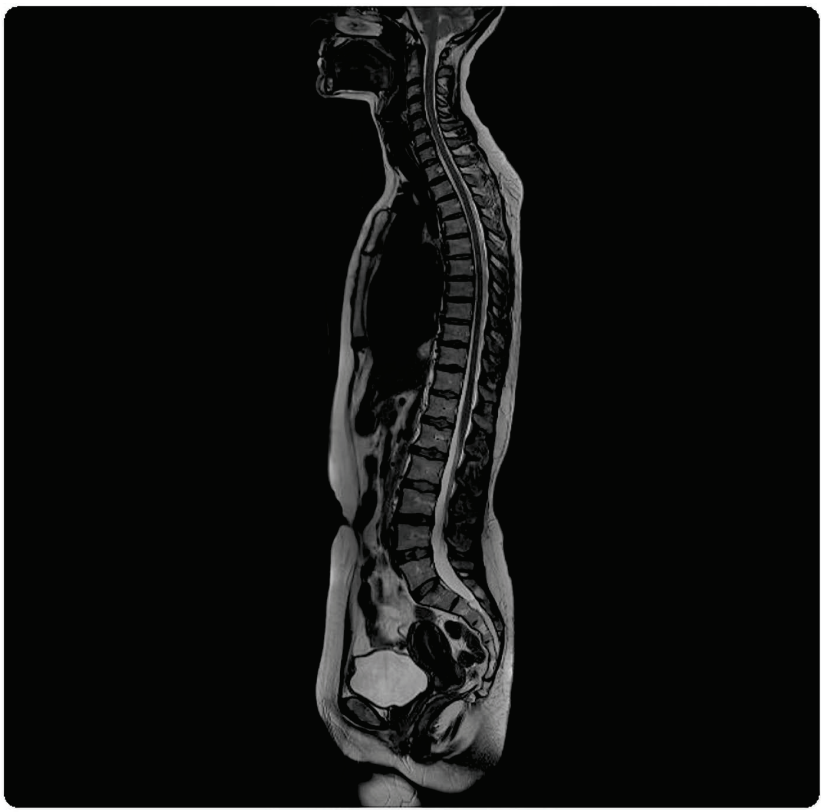
Age: 49 years

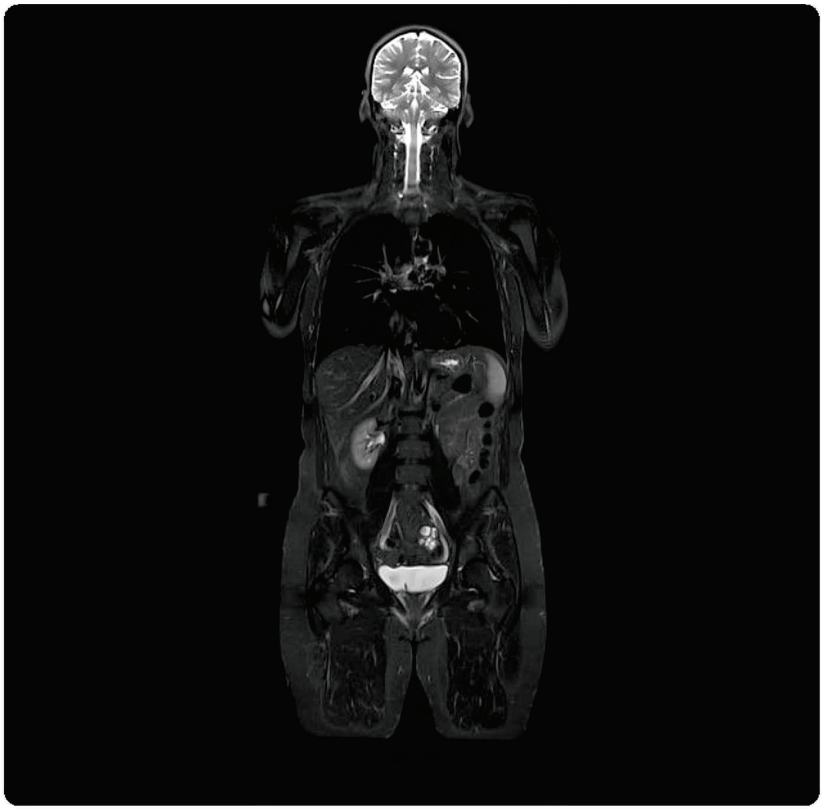
Height: 5'7

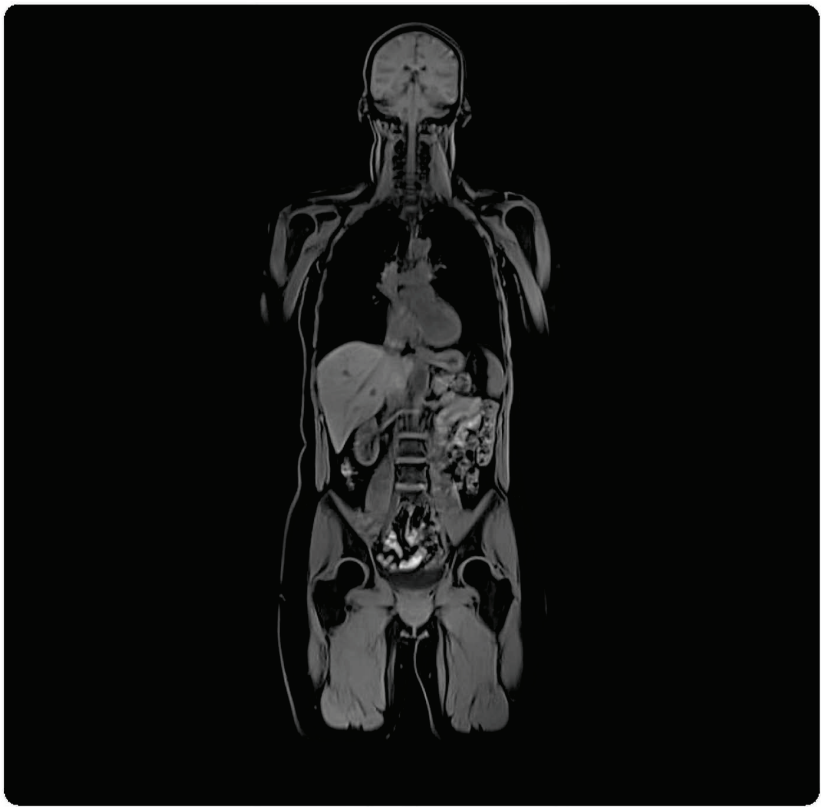
Weight: 145 lbs

DOB: 1977-01-01

Whole Body Survey





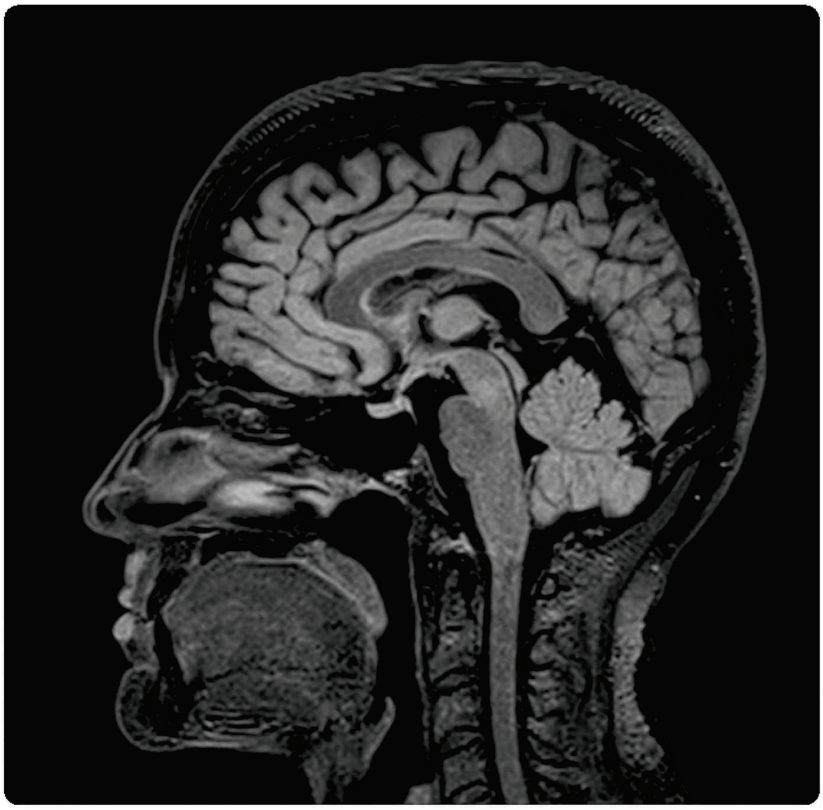


Head

Brain

No Adverse Findings

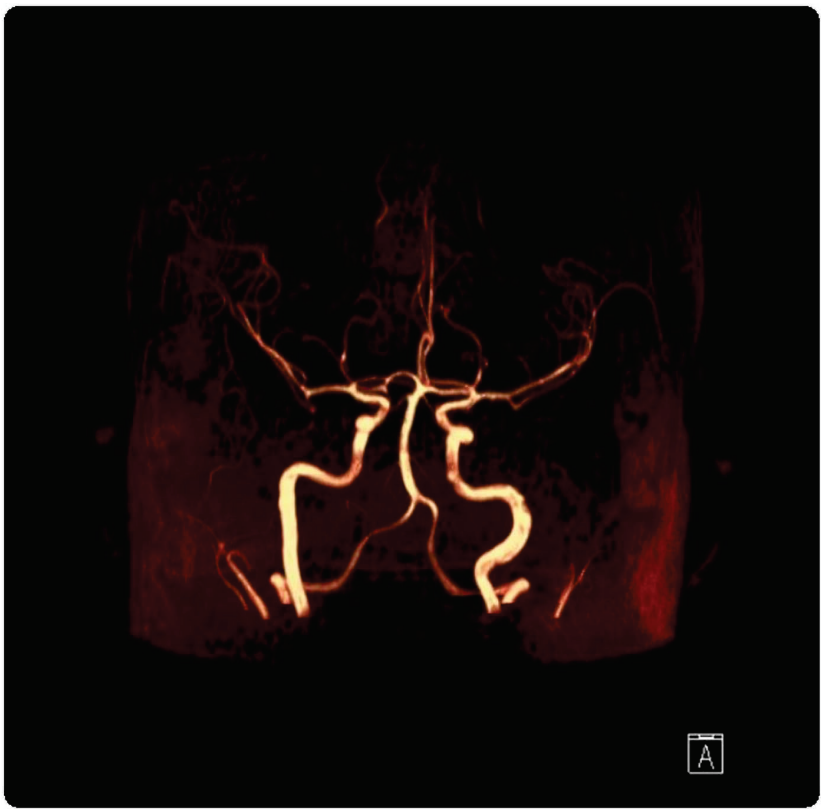
Ventricles are normal in size and configuration. No space occupying lesion appreciated. There is no evidence of acute infarct or hemorrhage. No mass effect or midline shift seen.



Intracranial Arteries

No Adverse Findings

MRA images reveal normal course and caliber of the intracranial arteries.
No aneurysm or vascular stenosis appreciated.



Eyes

No Adverse Findings

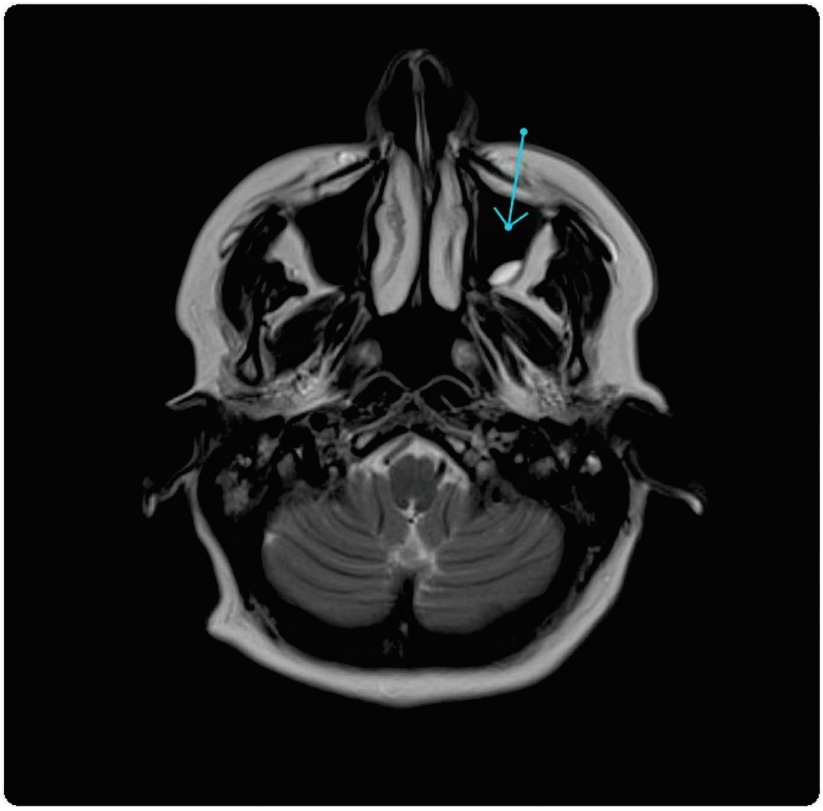
The orbital contents are normal and symmetric.

The globes appear normal with normal appearing lacrimal glands, extraocular muscles, and optic nerve sheath complexes.

Sinuses and Mastoids

Mild Findings

Mild left maxillary sinus mucosal thickening.



Neck

Salivary Glands

No Adverse Findings

The salivary glands are normal and symmetric without mass lesion or indication of active inflammation.

Nasopharynx, Oropharynx, and Hypopharynx

No Adverse Findings

There is no indication of oropharyngeal, nasopharyngeal, or hypopharyngeal mass lesion.

The larynx is unremarkable as seen.

Thyroid

No Adverse Findings

Thyroid tissue is homogenous without space occupying mass or signal abnormality.

Cervical Lymph Nodes

No Adverse Findings

Cervical lymph nodes are normal in size, appearance, and distribution.

There is no indication of cervical lymphadenopathy.

Chest

Esophagus

No Adverse Findings

Normal course and caliber of the esophagus seen. No space occupying lesion or signal abnormality.

Thoracic Lymph Nodes

No Adverse Findings

Thoracic lymph nodes are normal in size, appearance, and distribution.

Chest Wall, Lungs, and Mediastinum

No Adverse Findings

There are no pulmonary masses, nodules, or infiltrates.

There are no pleural effusions.

The central airways are clear.

Heart and Great Vessels

No Adverse Findings

The heart is normal in overall size. There is no pericardial effusion.

The thoracic aorta is not aneurysmal and is without suggestion of dissection.

The great vessel origins at the aortic arch appear normal.

The central pulmonary arteries are unremarkable.

Breasts

No Adverse Findings

No gross mass or asymmetry of the breasts appreciated.

General Disclaimer: Unexplained breast pain or nodularity should be further evaluated with dedicated ultrasound, mammography, or dedicated breast MRI.

Abdomen

Stomach

No Adverse Findings

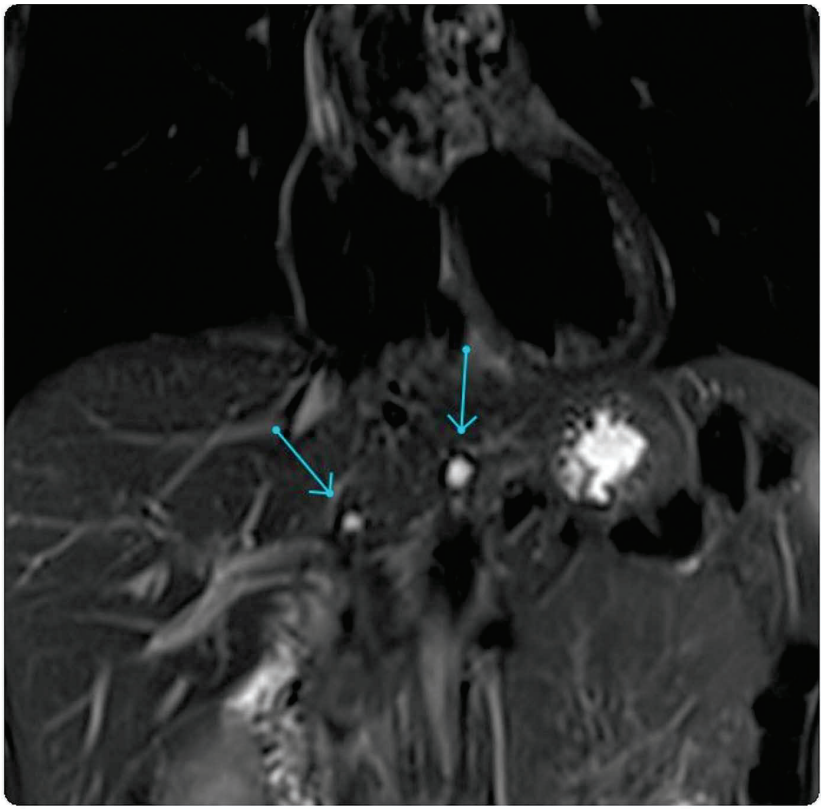
There is normal gastric morphology.

There is no gastric distension or gastric wall lesion.

Liver

Mild Findings

Subcentimeter cysts within the liver.



Gallbladder and Biliary System

No Adverse Findings

No filling defect or wall thickening of the gallbladder. No biliary ductal dilation.

Pancreas

No Adverse Findings

There is no pancreatic mass or cyst.

The pancreatic duct is normal.

Spleen

No Adverse Findings

The spleen is within normal limits with regards to shape and size.

Abdominal Aorta

No Adverse Findings

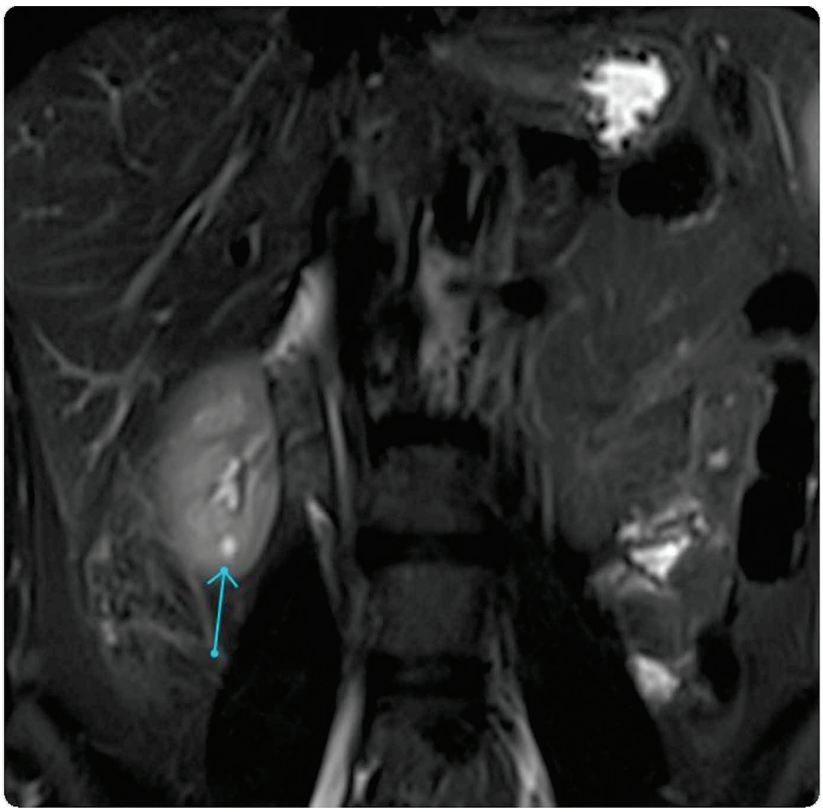
The abdominal aorta is not aneurysmal.

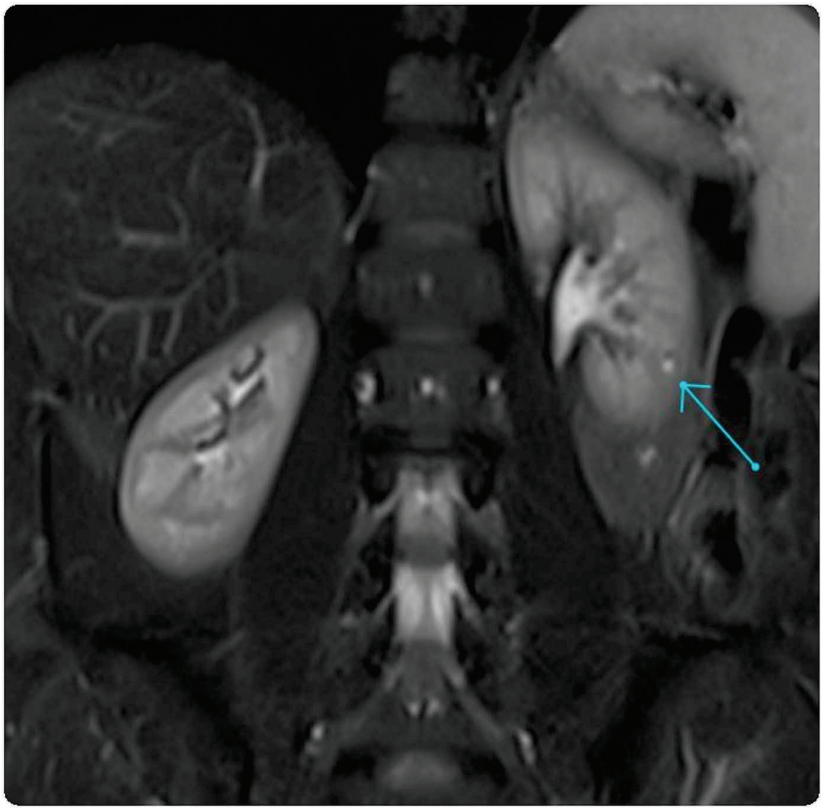
There is no indication of aortic dissection.

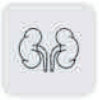
Kidneys

Mild Findings

Punctate cysts within the kidneys.







Adrenals

No Adverse Findings

The adrenal glands appear normal without adrenal mass or hyperplasia.

Bowels

No Adverse Findings

Normal course and caliber of the bowel. No space occupying lesion or wall thickening.

Abdominal Lymph Nodes

No Adverse Findings

Abdominal lymph nodes are normal in size, appearance, and distribution.

Abdomen (General)

No Adverse Findings

No free fluid or signs of inflammation affecting the abdomen.
No hernia seen.

Pelvis

Bladder

No Adverse Findings

No bladder wall lesions are identified.

The bladder is unremarkable.

Uterus/Cervix/Vagina

No Adverse Findings

No mass or enlargement of the uterus.

Ovaries/Adnexa

No Adverse Findings

There are no cystic or solid adnexal lesions.

Pelvic Lymph Nodes

No Adverse Findings

Pelvic lymph nodes are normal in size, appearance, and distribution.

Pelvis (General)

No Adverse Findings

No free fluid or signs of inflammation affecting the pelvis.
No hernia seen.

Spine

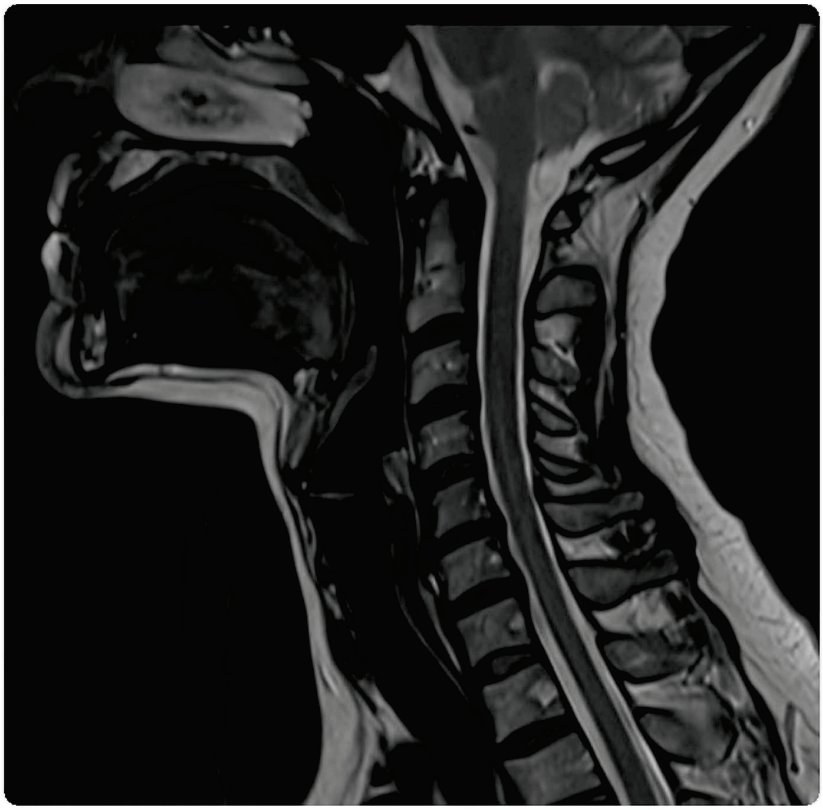
Cervical Spine

Moderate Findings

Mild cervical degenerative change with small disc protrusions at the C5-6 and C6-7 levels resulting in mild canal narrowing at these levels, worse at the C5-6 level.

Moderate to severe left-sided foraminal narrowing at the C5-6 level due to uncovertebral and facet arthropathy and disc protrusion.

Moderate right-sided foraminal narrowing at the C5-6 level due to uncovertebral and facet arthropathy and disc protrusion.



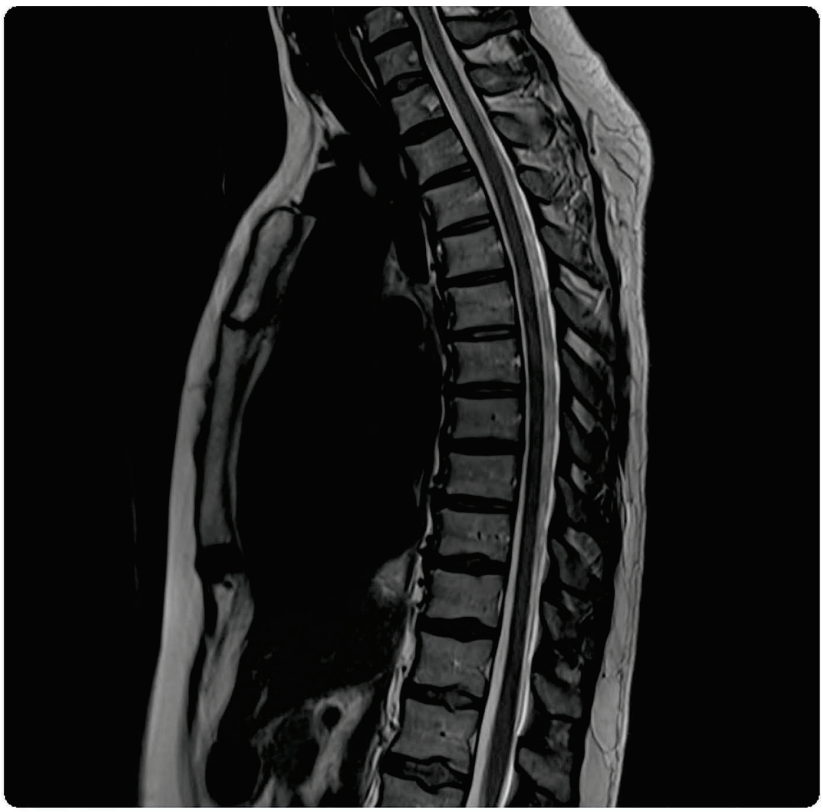
Thoracic Spine

Mild Findings

Hemangioma within the T1 vertebral body.

Schmorl's nodes at multiple levels within the lower thoracic spine.

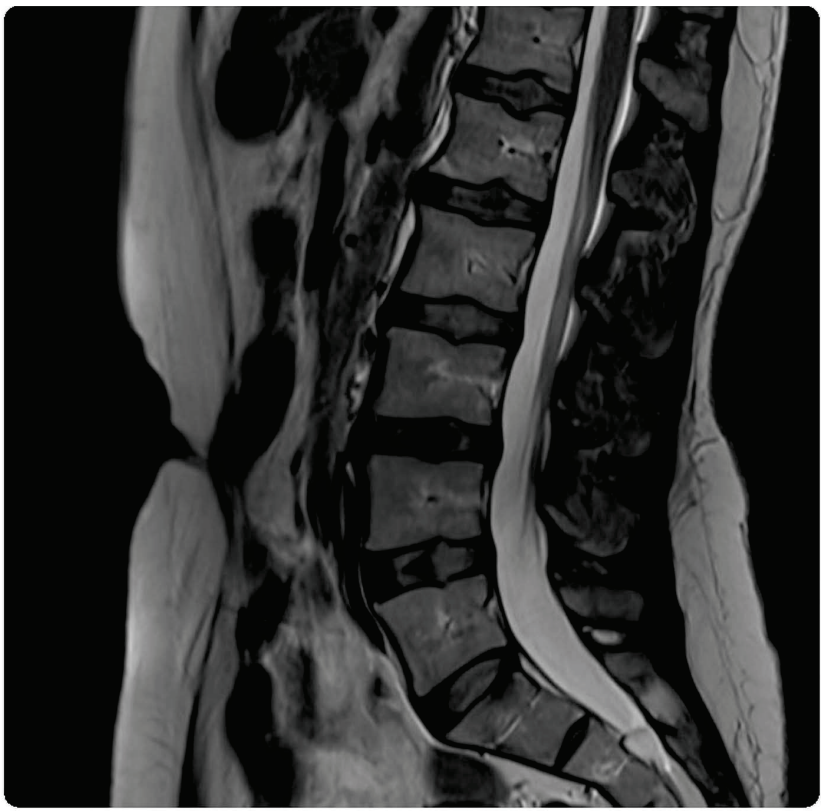
No disc herniation or narrowing upon the spinal canal or neuroforamina.



Lumbar Spine

Mild Findings

Multilevel lumbar spondylosis with Schmorl's nodes, diffuse disc bulges and facet arthropathy throughout the lumbar spine, worst at the L2-3 and L3-4 levels with mild to moderate bilateral lateral recess and foraminal narrowing. No canal stenosis.



Sacrum/Coccyx

Informational Findings

Tarlov cysts within the sacrum.

Other Findings

Other

Summary

Technique

Scan protocols:

Discussion

Scope of study:

The Veralux Full Body MRI (I) serves as an adjunct to, but does not replace, established evidence-based screening methods for early detection of certain malignancies, such as colonoscopy, dedicated breast imaging, pap smears, and low-dose chest CT for high-risk individuals; (II) is effective in visualizing solid lesions of approximately 1 cm or larger within the head, neck, chest, abdomen, and pelvis; as with any medical test, there are limitations that make it impossible to detect all disease conditions; (III) is generally sensitive and specific for detecting cerebral artery aneurysms of 3 mm or greater in size; (IV) does not provide detailed evaluation of the heart or great vessels; (V) is limited in the evaluation of lung microarchitecture and micronodules; (VI) has limited evaluation of the gastrointestinal tract and does not replace endoscopy or colonoscopy (e.g. it cannot detect bowel polyps); (VII) is limited in assessing large joints, as the test is not designed for detailed evaluation of cartilage, menisci, ligaments, or the labrum; (VIII) should not be considered a primary screening modality for the skin, which is best assessed through direct physician examination; (IX) is not intended to replace dedicated diagnostic imaging for specific clinical questions; and (X) does not replace dedicated breast screening or diagnostic imaging, such as mammography, breast ultrasound, or contrast-enhanced breast MRI.

Comparison

Previous studies used during interpretation:

None available.

Impressions

Key findings of the report:

Mild left maxillary sinus mucosal thickening.

Subcentimeter cysts within the liver.

Punctate cysts within the kidneys.

Cervical degenerative changes at C5-6 and C6-7 with small disc protrusions producing mild canal narrowing at C5-6 and C6-7 and moderate to severe foraminal narrowing bilaterally at C5-6.

T1 vertebral body hemangioma and multiple Schmorl's nodes in the lower thoracic spine, without canal or foraminal compromise.

Multilevel lumbar spondylosis with diffuse disc bulges, facet arthropathy, and mild to moderate bilateral foraminal narrowing at L2-3 and L3-4, no canal stenosis.

Next Appointments

Recommended follow-up steps:

A full body MRI follow-up is recommended in 12-18 months.

Refer for clinical correlation and possible spine specialist evaluation for cervical spine degenerative change.

Interpreting Provider:
Dr. Vanessa Hardin Branch

Date Signed:
November 11, 2021 at 11:11 AM CST

Signature:

Dr. Vanessa Hardin Branch

NPI: 1234567891 0