



3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
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Final Report MRI OF RIGHT KNEE WITHOUT CONTRAST

PROFESSIONAL INTERPRETATION BY:MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY:PACIFIC MRI

PATIENT NAME: CHANEY ANISA
D.O.B: Sep 06, 1973
STUDY DATE: Jun 11, 2021
REPORT DATE: ,

PATIENT ID: RAM262446
REFERRING PHYSICIAN: GOFNUNG ERIC
APPROVED BY: DR AMJAD SAFVI
APPROVAL DATE: ;

PROFESSIONAL INTERPRETATION REPORT

MRI OF RIGHT KNEE WITHOUT CONTRAST

PROFESSIONAL INTERPRETATION REPORT

CLINICAL INFORMATION: Workers compensation, pain.

COMPARISON: None.

TECHNIQUE: Multi-planar, multi-echo spin echoT1-weighted coronal, proton density sagittal, gradient echo T2-weighted sagittal and axial and inversion recovery sagittal sequences were acquired through the right knee joint.

FINDINGS

Fluid:
Moderate joint effusion noted.

Medial compartment:
Medial meniscus: There is intrameniscal hyperintensity within the posterior horn of medial meniscus, not extending to superior and inferior articular margins suggestive of Grade II meniscal signal changes.

Medial collateral ligament: Intact
Medial femoral condyle and medial tibial plateau cartilages appear unremarkable.

Lateral compartment:
Lateral meniscus: Intact
Lateral collateral ligament complex: There is mild laxity of lateral collateral ligament with



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intrasubstance hyperintensity suggestive of partial tear/contusion.
Lateral femoral condyle and lateral tibial condyle cartilages appear unremarkable.

Posterolateral corner:
Popliteus tendon, Popliteofibular ligament, Proximal tibiofibular joint appear unremarkable.

Anterior compartment:
Alignment: appear unremarkable.
Patellar tendon, patellar cartilage and retinacula appear unremarkable.
Trochlea: appear unremarkable.

Intercondylar compartment:
Anterior cruciate ligament: There is intrasubstance hyperintensity in anterior cruciate ligament suggestive of myxoid degeneration.
Posterior cruciate ligament: There is buckling of posterior cruciate ligament, however normal in signal intensity.

Bones

Degenerative narrowing with thinning of articular cartilages is seen at patello-femoral and tibio-femoral joints.

All the bones in view appear unremarkable.

Muscles, vessels and nerves: appear unremarkable.

IMPRESSION:

1. Moderate joint effusion.



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2. Intra-meniscal hyperintensity within the posterior horn of medial meniscus, not extending to superior and inferior articular margins suggestive of Grade II meniscal signal changes.

3. Mild laxity of lateral collateral ligament with intrasubstance hyperintensity suggestive of partial tear/contusion.

4. Intrasubstance hyperintensity in anterior cruciate ligament suggestive of myxoid degeneration.

5. Degenerative narrowing with thinning of articular cartilages at patello-femoral and tibio-femoral joints.

Thank you for this referral.

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DR AMJAD SAFVI





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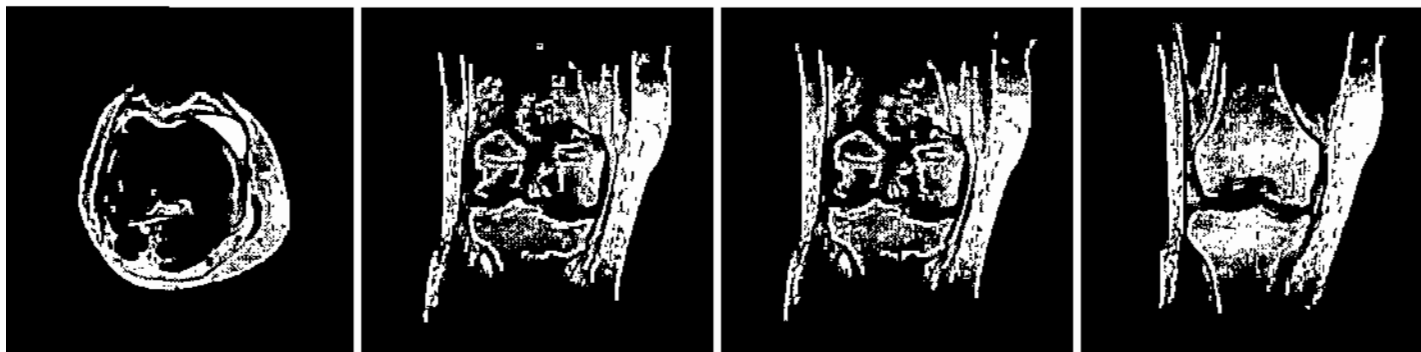
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Final Report MRI OF LUMBAR SPINE

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: PACIFIC MRI

PATIENT NAME: CHANEY ANISA
D.O.B: Sep 06, 1973
STUDY DATE: Jun 11, 2021
REPORT DATE: ,

PATIENT ID: RAM262446
REFERRING PHYSICIAN: GOFNUNG ERIC
APPROVED BY: NICHOLAS N DZEBOLO MD
APPROVAL DATE: ,

PROFESSIONAL INTERPRETATION REPORT

TECHNIQUE: Multiplanar, multisequence MRI of the lumbar spine without contrast was performed in neutral position.

COMPARISON: None.

CLINICAL HISTORY: WORKERS COMPENSATION, LOW BACK PAIN.

SURGICAL HISTORY: None.

FINDINGS: Images are evaluated in the neutral position.

Distal cord and conus medullaris: Spinal cord and conus medullaris are unremarkable.

Cauda equina and intrathecal contents: Cauda equina appears normal.

Spinal Canal: Spinal canal is unremarkable.

Anatomy: Unremarkable.

Alignment: Normal vertebral alignment is seen; no listhesis is identified.

Degenerative changes: No significant degenerative changes are identified.

Integrity of the bone, bone marrow and discs:

Bone: Vertebral body heights are maintained.

Bone marrow: No abnormal marrow signal is identified.

Discs: Mild disc desiccation at L4-L5.

Findings at specific level:

T12- L1: Nerve roots are normal.

L1- L2: Nerve roots are normal.

L2- L3: Nerve roots are normal.

L3- L4: Nerve roots are normal.

L4- L5: A disc bulge is identified. Disc material abuts the thecal sac. Transiting and exiting nerve roots are normal. Disc deformity measures 1.6 mm.



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Final Report MRI OF LUMBAR SPINE

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TECHNICAL SERVICES PROVIDED BY: SOCIAL IMAGING

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L5- S1: A disc bulge is identified. Disc material abuts the thecal sac. Transiting and exiting nerve roots are normal. Disc deformity measures 1.8 mm.

Impression:

1. Mild disc desiccation at L4-L5.
2. Discal deformity L4-L5. A disc bulge is identified. Transiting and exiting nerve roots are normal. Disc deformity measures 1.6 mm.
3. Discal deformity L5-S1. A disc bulge is identified. Transiting and exiting nerve roots are normal. Disc deformity measures 1.8 mm.

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NICHOLAS N DZEBOLO MD





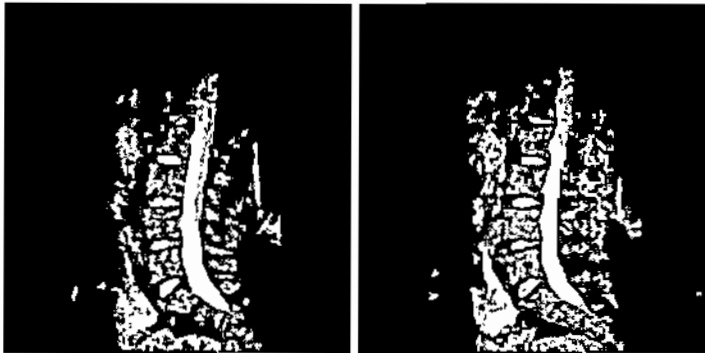
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Final Report MRI OF LUMBAR SPINE

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Final Report MRI OF CERVICAL SPINE

PROFESSIONAL INTERPRETATION BY:MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY:PACIFIC MRI

PATIENT NAME: CHANEY ANISA

PATIENT ID: RAM262446

D.O.B: Sep 06, 1973

REFERRING PHYSICIAN: GOFNUNG ERIC

STUDY DATE: Jun 11, 2021

APPROVED BY: NICHOLAS N DZEBOLO MD

REPORT DATE: Jun 12, 2021 15:15

APPROVAL DATE: Jun 12, 2021 15:15

PROFESSIONAL INTERPRETATION REPORT

TECHNIQUE: Multiplanar, multisequence MRI of the cervical spine without contrast was performed in neutral position.

COMPARISON: None.

CLINICAL HISTORY: WORKERS COMPENSATION, NECK PAIN.

SURGICAL HISTORY: None.

FINDINGS: Images are evaluated in the neutral position.

Spinal cord: Cervical spinal cord appears normal.

Bone alignment: Normal vertebral alignment is seen; No listhesis identified.

Bone and marrow degenerative changes:

Osteophytes: Small degenerative anterior osteophytes at C3 through T1.

Modic changes: None.

Schmorls node: None.

Integrity of the bone, bone marrow and discs:

Bone: Vertebral body heights are maintained.

Bone marrow: No abnormal marrow signal is identified.

Discs: Disc desiccation involving the entire cervical spine.

Posterior fossa structures: Unremarkable.

Findings at specific level:

Cranio-cervical junction and C1- 2: Atlanto-occipital joint appears normal.

C2- C3: There is no significant disc herniation; spinal canal and neural foraminae are patent and the exiting nerve roots are normal.

C3- C4: There is no significant disc herniation; spinal canal and neural foraminae are patent and the exiting nerve roots are normal.



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C4- C5: A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.0 mm.

C5- C6: A disc bulge is identified. A disc osteophyte complex is identified. Disc material abuts the thecal sac. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 1.9 mm.

C6- C7: A disc bulge is identified. A disc osteophyte complex is identified. Disc material abuts the thecal sac. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.5 mm.

C7- T1: There is no significant disc herniation; spinal canal and neural foraminae are patent and the exiting nerve roots are normal.

Impression:

1. Small degenerative anterior osteophytes at C3 through T1.
2. Disc desiccation involving the entire cervical spine.
3. C4-C5. A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.0 mm.
4. C5-C6. A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 1.9 mm.
5. C6-C7. A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.5 mm.



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