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CT Full Spine with Contrast

Collected on Jul 27, 2026 3:46 PM

Results

Impression

* Extensive lytic osseous metastases involving multilevel vertebral bodies and posterior elements. Redemonstrated age-indeterminant mild pathologic fractures (<25% height loss) in the C4, C6, T1, T4, T5, T8, and L5 levels. Findings are grossly similar to the prior PET/MR.
* No definite new evidence of significant vertebral fracture or subluxation.
* Of note, there are some extra-osseous extension involving left C4/5, left C6/7, and right T8/9 foraminal canals, and S1, S2/3 anterior epidural extension, resulting in spinal canal narrowing as described. Findings are similar to the 07/13/2026 abdominal CT. Consider MRI for evaluation of epidural/foraminal canal involvement if clinically warranted.
* Of note, the left C4 and C6 lateral process involvement may involve the left V2 vertebral artery. Consider neck CTA to evaluate luminal patency if clinically warranted.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT FULL SPINE W CONTRAST

CLINICAL INDICATION:
ACE patient - newly dx metastatic breast cancer. Acute on chronic bilateral cervical pain and left sided thoracic/lumbar pain.

COMPARISON: PET/MR on 07/21/2026; Spinal MRI on 07/01/2026

TECHNIQUE:
Contiguous axial sections were obtained through the cervical, thoracic, and lumbar spine from the occiput through sacrum with contrast.? Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure.?

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,07/27/2026 1500

FINDINGS:

CERVICAL SPINE:
ALIGNMENT: Straightening alignment. No subluxations.
VERTEBRAE: Multifocal lytic lesions involving in vertebral bodies and posterior elements, for example the C4 lesion involving the left pedicle. Mild height loss of C4 and C6 vertebrae.
CORD: Limited evaluation, grossly unremarkable.
SOFT TISSUES: No appreciable epidural soft tissue mass in this CT exam. Some extra-osseous soft tissue extension of the left C4 and C6 lateral transverse process lytic lesions, resulting in left foraminal canal narrowing.

THORACIC AND LUMBAR SPINE:
ALIGNMENT: Straightening alignment. No subluxations.
VERTEBRAE: Multifocal lytic lesions involving in vertebral bodies and posterior elements, for example the T8 lesion involving the right pedicle. Mild compression fractures (<25%), for

example T1, T4, T5, and T8 levels, grossly similar to 07/01/2026 thoracic spine MRI.
CORD: Limited evaluation, grossly unremarkable.
SOFT TISSUES:
* Some extra-osseous soft tissue extension of the right T8 transverse process lytic lesions, resulting in right T8/9 foraminal canal narrowing.
* One dominant S1 lytic lesion with posterior cortical destruction and extra-osseous anterior epidural soft tissue mass, measuring 29 x 34 mm in axial dimensions (304/686). The lesion compresses anterior thecal sac. Another lytic lesion at the S2/3 level also compresses thecal sac and narrows the adjacent right foraminal canal.

EXTRA-SPINAL FINDINGS:
Multifocal lytic lesions involving sternum, ribs, scapulae, and pelvic girdles. Otherwise, no acute findings identified. Please refer to the recent PET/MRI for extraspinal disease.

Ordering provider: Lily Kiely
Reading physician: Michael Harold Doherty
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Collection date: Jul 27, 2026 3:46 PM
Result date: Jul 27, 2026 5:18 PM
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