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CT Mid-Spine with Contrast

Collected on Nov 18, 2026 2:53 PM

Not yet reviewed by care team.

Results

Impression

1. Slight interval progression and height loss of the pathologic compression deformity of C4 noted possibly 40% height loss without osseous retropulsion.
2. Slightly increased sclerotic appearance of numerous multifocal osseous lesions which likely represents posterior mass effect.

This is a preliminary report dictated by Thaddeus Wright, M.D., neuroradiology fellow (PGY-6).

Unless an Attending Final Impression appears below, the report has not yet been finalized and an attending radiologist has not reviewed these images.

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

Narrative

EXAMINATION:
CT C SPINE W CONTRAST, CT T SPINE W CONTRAST

CLINICAL INDICATION:
interval scan for known cervical lesion

TECHNIQUE:
CT Cervical Spine with contrast: routine (N-54)
Contiguous axial sections were obtained through the cervical spine from [the occiput] through [T3] following intravenous contrast. Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure.
(accession 61124554), CT Thoracic Spine with contrast: Routine (N-60)
Contiguous axial sections were obtained from [C7] through [L1] following intravenous contrast Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure. exposure.
(accession 61124518)

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,40 mL Intravenous,11/16/2026 1302 (accession 61124554),
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,11/16/2026 1307 (accession 61124518)

Inferior Extent: L2

COMPARISON:
CT 7/27/2026, MRI 11/8/2026

FINDINGS:
CERVICAL SPINE:

ALIGNMENT: Straightening of the normal cervical lordosis.
VERTEBRAE: Pathologic compression deformity of C4 with approximately 40% height loss and no osseous retropulsion secondary to the lytic lesion involving nearly the entirety of the vertebral body. Similar height loss of T1 at the known additional pathologic depression fracture with

approximately 25% height loss without osseous retropulsion. Otherwise overall similar size and number and distribution of numerous additional diffuse osseous metastatic lesions.
HARDWARE: No hardware present.
CORD: Visualized cord is normal size.
SOFT TISSUES: Paravertebral, interspinous, and posterior soft tissues are normal.

LEVELS: No central or foraminal stenosis, facets are normal unless described separately below.
ABNORMAL LEVELS: None.

THORACIC SPINE:
ALIGNMENT: Focal kyphosis at T8 secondary to the pathologic compression deformity.
VERTEBRAE: Post kyphoplasty and pathologic compression fracture of T8 with approximately 50% height loss without osseous retropulsion. Slightly increased sclerosis of some of the known diffuse lytic lesions throughout the spine which may reflect treatment response. Similar additional multiple level compression deformities of T4 and T5. No new fractures.
HARDWARE: No hardware present.
SAGITTAL DISKS: Mild multilevel degenerative changes with slight height loss and endplate spurring.
CORD: Visualized throracic cord is normal size.
SOFT TISSUES: Paravertebral, interspinous, and posterior soft tissues are normal. A CT chest is reported separately.

Ordering provider: Lindsay Aronson
Reading physician: Robert Weller
Study date: Nov 16, 2026 1:07 PM
Collection date: Nov 18, 2026 2:53 PM
Result date: Nov 18, 2026 3:34 PM
Result status: Final

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