RAYUS Radiology Kirkland
12112 115th Ave NE, Suite B
Kirkland,WA,98034
Phone: (425-821-3472) Fax: (425-820-4115)

To: Sarah Jane Spencer, PA
Ste 500
1135 116th Ave NE
Bellevue,WA,98004
PHONE: (425-635-6560)
FAX: (425-637-3249)

Name: **Yvonne K Franklin**
Exam Date: **07/01/2026**
MRN: 109830432
DOB: 06/17/1979
Referring Phys.: Sarah Jane Spencer, PA

EXAM: MR THORACIC SPINE WITHOUT CONTRAST

HISTORY: 47-year-old female with back pain since mid February after injury in the left.

COMPARISON: None.

TECHNIQUE: Sagittal T1, T2, STIR and axial T2 sequences.

FINDINGS:
There is diffusely heterogeneous T1 hypointense and multifocal T2 hyperintense hypointense marrow signal. This includes 2.3 x 2.3 cm expansile lesion in T5 with smooth cortical remodeling and fluid-fluid levels suggestive of aneurysmal bone cystlike lesion. Similar lesions seen in T1, T8, T9, T10.
There is a 1.2 x 1.1 cm expansile T1 isointense, T2 hyperintense lesion in the posterior elements of T10 with endosteal scalloping, 7:17.
There compression deformities of T1, T4, T5, and T8 vertebral bodies.
No disc herniation or spinal canal narrowing is seen. There is mild bilateral neural foraminal narrowing at T8-9 secondary to bony expansion.
Mild facet arthropathy seen in the lower lumbar spine.

In the visualized posterior right liver there is a 1.8 cm ovoid T2 hyperintense mass, 7:33. Millimetric T2 hyperintense focus in the posterior left kidney is too small to characterize, statistically likely cyst.

Normal spinal cord morphology and signal is seen.

IMPRESSION:
Diffusely heterogeneous T1 hypointense and multifocal T2 hyperintense marrow signal including 2.3 x 2.3 cm expansile aneurysmal bone cyst like lesion in T5 vertebral body and similar lesions in T1, T8, T9, T10 and vertebral bodies, as well as 1.2 x 1.1 cm expansile T1 isointense, T2 hyperintense lesion in the posterior elements of T10. Additionally there is a 1.8 cm ovoid T2 hyperintense mass in the visualized posterior right liver lobe. While multiple aneurysmal bone cysts is a small possibility, the appearance is highly concerning for metastases from unknown primary. Recommend CT chest, abdomen and pelvis with contrast or PET/CT for further evaluation.
Compression deformities of T1, T4, T5 and T8 vertebral bodies which may be pathologic.

Mild bilateral neural foraminal narrowing at T8-9 secondary to bony expansion.

Interpreting Physician
Wonsuk Kim M.D.
Final Report Electronically Signed: 7/8/26 1:02 pm PT