

Colorado Chiropractic Radiological Center

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Dr: Jeff Hebert
Age: 6-10-61
Date of Exam: 12-26-02

Patient Name: #####
Sex: Female
Date of Report: 1-2-02

CLINICAL HISTORY: Spinal pain.

THORACIC SPINE: AP, Lateral.
LUMBAR SPINE: AP, Lateral.

FINDINGS:

Lumbar bone density is normal. The disc spaces are generally well maintained with mild narrowing evident at L2/3 and to lesser extent L3/4 with associated anterior osteophytic changes. A moderate anterior wedge compression fracture is seen involving the superior endplate of the T12 vertebral body involving approximately 20% of the vertebral height. No evidence of retropulsion or interpediculate widening is evident. A minor suggestion of an acute condensation line paralleling the superior endplate is evident, however, this may represent chronic sclerotic changes. No destructive changes are identified.

The sacroiliac and iliofemoral articulations are unremarkable. A moderate right lumbar curve is seen apexing at L3. The lumbar spine exhibits posterior weight-bearing.

The thoracic bone density is normal. Degenerative anterior osteophytic changes are seen throughout the mid to lower thoracic spine. The retrosternal and retrocardiac clear spaces are free of mass or infiltrate. Diffuse granulomatous changes are seen involving the hilum bilaterally with minor accentuation of the right hilum. The bony thorax is unremarkable.

IMPRESSIONS:

1. Moderate anterior compression fracture T12 of indeterminate age with associated degenerative disc disease. Without prior radiographs and absent radiographic indicators of an acute compression fracture, definitive dating may be only obtained with magnetic resonance imaging or bone scintigraphy. Considering patients negative malignancy history and recent trauma, pathological fracture is extremely unlikely. Clinical correlation is needed.
2. Moderate degenerative disc disease L2/3, L3/4.
3. Degenerative spondylosis mid to lower thoracic spine.
4. Biomechanical changes as described above.
5. Granulomatous calcification/accentuation of the right hilum.

RECOMMENDATIONS:

Definitive dating of the T12 compression fracture may be obtained with magnetic resonance imaging or bone scintigraphy if necessary.

Jeremy Rodgers, D.C.
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Computer-assisted voice dictation.