



WASHINGTON  
RADIOLOGY  
ASSOCIATES, P.C.

www.washingtonradiology.com

BOARD CERTIFIED PHYSICIANS  
SUBSPECIALIZING IN:

- Magnetic Resonance Imaging
- Computed Tomography
- Digital Mammography
- Breast Tomosynthesis
- Needle Biopsies
- CT/MR Angiography
- Ultrasound
- Neuroradiology
- Fluoroscopy
- Nuclear Medicine
- DXA - VFA
- Diagnostic X-Ray

LOCATIONS:

2141 K Street, NW  
Suites 100, 111, 200 & 900  
Washington, DC 20037  
202-223-9722  
202-659-2819 Fax

4445 Willard Avenue  
Suite 200  
Chevy Chase, Maryland 20815  
301-654-4242  
301-907-7414 Fax

10215 Fernwood Road  
Suite 103  
Bethesda, Maryland 20817  
301-564-1053  
301-493-8522 Fax

12505 Park Potomac Avenue  
Suite 120  
Potomac, Maryland 20854  
240-223-4700  
240-223-4701 Fax

3022 Williams Drive  
Suites 104, 200 & 204  
Fairfax, Virginia 22031  
703-698-8800  
703-573-2318 Fax

21351 Ridgetop Circle  
Suites 100 & 150  
Sterling, Virginia 20166  
571-434-0140  
571-434-0144 Fax

Business Office  
3015 Williams Drive  
Suite 200  
Fairfax, Virginia 22031  
703-641-9133  
703-280-5098 Fax

PATIENT NAME:  
MEDICAL RECORD:  
DATE OF SERVICE: 08/29/2012  
EXAM: XRAY SPINE CERVICAL  
4PLUS VIEWS, XRAY SPINE  
LUMBAR COMPLETE, XRAY  
SPINE THORACIC 2 VIEWS

DATE OF BIRTH: 1970  
AGE: 42  
OUTSIDE MRN:  
DICTATED:

SERVICES  
PERFORMED AT:

PROCEDURES: SPINE THORACIC 2 VIEWS, SPINE LS COMPLETE MIN 4 VWS, SPINE CERVICAL 4 OR MORE VWS

Cervical spine radiograph:

Multiple views of the cervical spine were performed to evaluate for back and neck pain.

The alignment is within normal range. The intervertebral discs are preserved in height. There is partial ossification of the anterior longitudinal ligament at the inferior anterior corner of C6 that is presumably degenerative. Otherwise the prevertebral soft tissues are unremarkable. There are degenerative changes of the neurocentral joints of Luschka. No lytic or sclerotic lesions are appreciated. There is narrowing of the bony lateral foramen at the lower cervical segments.

Impression: Mild degenerative changes of the cervical spine as above.

Thoracic spine x-ray:

Thoracic spine x-ray demonstrates that there is a mild to moderate kyphosis of the thoracic spine. There are minimal multilevel anterior endplate spurs. No lytic or sclerotic lesions are appreciated. The visualized paraspinal soft tissues are unremarkable.

Impression: Mild degenerative changes of the thoracic spine. Mild to moderate thoracic kyphosis.

Lumbar spine x-ray:

There are degenerative changes of the endplates with osteophyte formation at the thoracolumbar junction. There is intervertebral disc narrowing at T12-L1 and at L1-L2. There are sclerotic changes of the endplates at the thoracolumbar junction. There are mild degenerative changes of the lower lumbar facet joints. No lytic or sclerotic defects are appreciated. The visualized paraspinal soft tissues are unremarkable. The sacroiliac joints as visualized are within normal range. There is no evidence of a spondylolysis or of a spondylolisthesis.

Impression: Degenerative changes of the thoracolumbar junction as above.

Comment: If the patient's neck, thoracic or lumbar symptoms persist unexplained an MR examination may yield more information.