

**DIAGNOSTIC X-RAY CONSULTATION SERVICES®**

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Patient's Name: XXXX XXXXXX

Referred by: XXXX XXXX, D.C.

Examination: Lumbar spine MRI with and without contrast.

Date Taken: 1/26/16

Date of Report: 1/26/16

Patient's Complaint: Low back pain, and left leg pain of 10 weeks duration.

Patient's History: Recent falling injury. Absent left L1 pedicle on plain film.

Protocol: Sagittal T1-weighted, T2-weighted, IR, axial T1-weighted and T2-weighted lumbar images were obtained in the seated posture. Supplementary T1-weighted images were obtained post IV administration of 20 cc of Gd-DTPA.

Findings:

MRI examination of the lumbar spine reveals a lobulated mass (intermediate signal T1, mixed and predominantly high signal T2, high signal IR) involving the left L1 pedicle, left lamina, transverse process and posterolateral aspect of the vertebral body with apparent cortical destruction and effacement of the left multifidus and sacrospinalis muscles. This finding measures 4.5 x 4.1 x 2.0 cm and enhances post contrast. There is no evidence of halo calcification or cartilaginous matrix. Adjacent soft tissue edema is attendant. There is intraspinal canal involvement above the level of the T12 endplate, terminating at the inferior L1 endplate with involvement of the left L1 spinal nerve and medial displacement of the cord and conus medullaris. Signal changes persist in the left sacrospinalis muscle (increased signal T2) from L2 through the inferior L3 endplate, suggesting atrophy.

The lumbar disks are of normal height and signal. Vertebral body alignment is anatomic. There is no evidence of disk displacement/derangement or bony central canal stenosis.


Impressions:

1. Bony neoplasm with cortical destruction, soft tissue mass and effacement of the distal cord and involvement of the left L1 spinal nerve. Diagnostic considerations include osteoblastoma, giant cell tumor, aneurysmal bone cyst or other atypical aggressive neoplastic process. Osteolytic metastatic disease is a possibility, however unlikely considering the patient is 21 years of age.

XXXX XXXXXX , (Cont'd)  
Dr. XXXX XXXX  
1/26/16

Recommendations:

Interprofessional referral for neurosurgical management and biopsy is strongly recommended.

  
G.A. Longmuir, DC, DACBR