FINDINGS:
FETAL POSITION:
A single living fetus is identified.
Presentation:[Cephalic|Breech|Transverse|Variable]
Placenta: [Anterior|Posterior|Fundal]
Fetal [right|left] side lies near the anterior aspect of mom.

BIOMETRY:
Cerebral Biparietal Diameter: [] mm
Bone Biparietal Diameter: [] mm
Cerebellar Transverse Diameter: [] mm
Vermis Height: [] mm
Vermis Anteroposterior: [] mm
Pons Anteroposterior: [] mm

BRAIN PARENCHYMA:
Sulcation: [Normal|Delayed|Abnormal] for gestational age.
Parenchyma: [Multilayered|Homogeneous], which is [normal|abnormal] for age.
Corpus Callosum: [Normal|Hypoplastic|Absent|Not well assessed].
Ventricles: [Normal|Large], measuring [] mm on the right and [] mm on the left.
Posterior Fossa: [Normal|Abnormal].

IMPRESSION:
[Normal MRI of the fetal brain].

ON-LINE FIG 1. Contextual template for fetal brain MR imaging. Reporting of fetal imaging naturally requires unique content that is different from postnatal imaging. This contextual template concisely provides the radiologist with the major elements needed in fetal imaging. In case a major fetal anomaly is present, this discussion can be added to the appropriate section.

FINDINGS:
LESION: [<lesion, describe extension into sphenoid sinus or suprasellar cistern>].
Cavernous Sinus Invasion: [None|Abuts|Encases ICA approximately [] degrees on|circumferentially encases] the [right side|left side|both sides].

NATIVE GLAND: [Normal|Not identified|Identifiable within the [right|left|posterior|anterior] aspect of the sella].
Neurohypophysis: [Normal intrinsic T1 signal|Not present].

PITUITARY INFUNDIBULUM: [Midline|Rightward deviated|Leftward deviated]
Infundibulum Thickness: [Normal].

OPTIC CHIASM: [Normal position|Prefixed over tuberculum sellae|Postfixed over dorsum sellae].
Chiasm Signal: [Normal].

VASCULATURE: [Normal caliber|Markedly ectatic].
Aberrant Vasculature: [No aberrant vasculature|Aberrant vasculature[<describe, e.g. persistent trigeminal artery>]].
Intercarotid Distance: [] mm (normal 12-30 mm).

SPHENOID SINUS PNEUMATIZATION: [Present anterior and inferior to the sella (most common)|Decreased (solely anterior)|Absent (conchal)].
Intersphenoid Septum: [<septum>Midline|Rightward|Leftward|Absent] and [does not insert|inserts] onto the carotid canal.

OTHER: [None.]

IMPRESSION:
[Normal MRI of the sella.]

ON-LINE FIG 2. Contextual template for preoperative pituitary MR imaging. The template begins with a discussion of the pituitary lesion and its relation to key structures, which is common in radiology reporting. The second part of the template addresses important anatomic variants that could be overlooked when reporting.

FINDINGS :
BRAIN VOLUME: [No age-significant|Mild|Moderate|Severe] atrophy. [<location>Global without lobar predilection or asymmetry.|Regional atrophy, <describe>]

HIPPOCAMPAL VOLUME: [Normal.|Mildly.|Moderately reduced.|Severely reduced.]

BRAINSTEM/CEREBELLUM: [Normal volume and signal intensity. No imaging findings of progressive supranuclear palsy, multiple system atrophy, or other primary cerebellar neurodegenerative condition.]

CORTEX/BASAL GANGLIA: [No evidence of prior insult, abnormal mineralization, prion disease, or autoimmune encephalitis.]

ISCHEMIA:
Infarction: [<infarct, attention angular gyrus, thalamus, basal forebrain, PCA territory, ACA territory>None]
Chronic Small Vessel Disease: [<attention to the deep component>absent|mild|moderate|severe]

CEREBRAL MICROHEMORRHAGES: [<attention location and pattern>None]

MASS: [None]

VENTRICLES: [No hydrocephalus.|Ex-vacuo dilatation.|Hydrocephalus, <describe>]

EXTRA-AXIAL FLUID COLLECTIONS: [None]

OTHER FINDINGS: [None]

IMPRESSION:
[No MRI evidence of a neurodegenerative process.]

ON-LINE FIG 3. Contextual template for dementia.

FINDINGS:
SKULL BASE: [No evidence of mass within the skull base (glomus jugulare), temporal bone, posterior fossa, or internal auditory canal.]

MRA HEAD: [No evidence of dural arteriovenous fistula, arteriovenous malformation, or aneurysm.]

VENOUS SYSTEM: [No evidence of high-riding jugular bulb or diverticulum.] [Right|Left] jugular venous system is dominant. No transverse sinus stenoses.]

SIGNS OF INTRACRANIAL HYPERTENSION: [None. No empty/partially empty sella or dilated optic nerve sheath complexes.]

REMAINING BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [No evidence of Chiari 1 malformation.] [<white matter>Signal intensities are within normal limits for age.
|Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

EXTRACRANIAL STRUCTURES: [Sinuses and mastoids are clear.]

OTHER FINDINGS: [None.]

IMPRESSION:
[No MRI/MRA etiology for pulsatile tinnitus.]

ON-LINE FIG 4. Contextual template for pulsatile tinnitus.

FINDINGS:
CT HEAD:
BRAIN PARENCHYMA: [No acute hemorrhage. No mass effect or herniation.] [Gray-white differentiation is maintained.] [White matter is within normal limits for age.|White matter chronic small vessel ischemic changes.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

EXTRACRANIAL STRUCTURES: [Normal bones and soft tissues. Visualized paranasal sinuses and mastoids are clear.]

CT PERFUSION:
Infarct core: [] cc in the [] territory.
Tissue at risk: [] cc.
Mismatch ratio: []

CTA HEAD: [No occlusion or hemodynamically significant stenosis.] [No aneurysm.]

CTA NECK GREAT VESSELS: [Visualized segments are patent.]

RIGHT ICA: [Normal. No stenosis or dissection.|[Less than 50%|50-69%|70-99%|Occluded] by NASCET criteria at the carotid bifurcation with [<plaque>calcified and soft|calcified|soft] plaque.|Dissection [<describe>]]

LEFT ICA: [Normal. No stenosis or dissection.|[Less than 50%|50-69%|70-99%|Occluded] by NASCET criteria at the carotid bifurcation with [<plaque>calcified and soft|calcified|soft] plaque.|Dissection [<describe>]]

VERTEBRAL ARTERIES: [Patent extracranial segments.] [No dissection.]

OTHER: [Visualized lung apices are clear. No neck mass or suspicious lymph nodes.] [Bones demonstrate no significant abnormality.]

IMPRESSION:
1. [No acute infarct or hemorrhage.]
2. [Normal CT perfusion.]
3. [Normal CTA head and neck.]

ON-LINE FIG 5. Contextual template for CT stroke code.

FINDINGS:
NUMBERING: Last fully formed disc space is designated L5-S1.

SPINAL CORD: [Normal conus.] Conus terminates at the [T12-L1] level.

DISCS: [Normal.|Multilevel disc desiccation.]

BONES: [Vertebral body height and alignment are normal.] [Marrow signal is within normal limits.]

SOFT TISSUES: [Normal.]

T12-L1: [No canal or foraminal stenosis.]

L1-L2: [No canal or foraminal stenosis.]

L2-L3: [No canal or foraminal stenosis.]

L3-L4: [No canal or foraminal stenosis.]

L4-L5: [No canal or foraminal stenosis.]

L5-S1: [No canal or foraminal stenosis.]

OTHER: [None]

IMPRESSION:
[Normal MRI of the lumbar spine.]

ON-LINE FIG 6. Contextual template for lumbar MR imaging of low back pain.

FINDINGS:
SPINAL CORD: [Normal.]

DISCS: [Normal.|Multilevel disc desiccation.]

BONES: [Vertebral body height and alignment are normal.] [Marrow signal is within normal limits.]

SOFT TISSUES: [Normal.]

C2-C3: [No canal or foraminal stenosis.]

C3-C4: [No canal or foraminal stenosis.]

C4-C5: [No canal or foraminal stenosis.]

C5-C6: [No canal or foraminal stenosis.]

C6-C7: [No canal or foraminal stenosis.]

C7-T1: [No canal or foraminal stenosis.]

OTHER: [Visualized posterior fossa within normal limits.]

IMPRESSION:
[Normal MRI of the cervical spine.]

ON-LINE FIG 7. Contextual template for cervical MR imaging radiculopathy.

ROUTINE ADULT BRAIN

MRI BRAIN WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>]

TECHNIQUE: MR images of the brain were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>|None available.]

FINDINGS:
BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age.|[<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

FLOW VOIDS: [Intact.|Not well assessed.]

EXTRACRANIAL STRUCTURES: [Visualized structures are normal.]

IMPRESSION:

[Normal noncontrast MRI brain.]

STROKE/TIA

MRI BRAIN WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>]

TECHNIQUE: MR images of the brain were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>|None available.]

FINDINGS:
BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age.|[<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

FLOW VOIDS: [Intact.|Not well assessed.]

EXTRACRANIAL STRUCTURES: [Visualized structures are normal.]

MRA HEAD: [No aneurysm.] [No occlusion or hemodynamically significant stenosis.]

MRA NECK GREAT VESSELS: [Visualized segments are patent.]

RIGHT ICA: [No stenosis| [<% stenosis>Less than 50%|50-69%|70-99%] stenosis|Occluded] by NASCET criteria at the carotid bifurcation.

LEFT ICA: [No stenosis| [<% stenosis>Less than 50%|50-69%|70-99%] stenosis|Occluded] by NASCET criteria at the carotid bifurcation.

VERTEBRAL ARTERIES: [Patent extracranial segments.]

IMPRESSION:

1. [Normal noncontrast MRI brain.]

2. [Normal MRA head.]

3. [Normal MRA neck.]

HEADACHE

MRI BRAIN WITHOUT CONTRAST

HISTORY: [<AgeGender>], [headache.]

TECHNIQUE: MR images of the brain were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>|None available.]

FINDINGS:
BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age.|Multiple nodular T2 hyperintense foci within the subcortical white matter, which can be associated with migraines.| [<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.]

[<headache>No cerebellar tonsillar ectopia. No brainstem sag or other secondary signs of intracranial hypotension. No empty sella or other secondary signs of elevated intracranial pressure.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

FLOW VOIDS: [Intact.|Not well assessed.]

SINUSES/MASTOIDS: [Clear.]

OTHER EXTRACRANIAL STRUCTURES: [Normal.]

IMPRESSION:

[Normal MRI of the brain. No findings to account for headaches.]

ADULT EPILEPSY

MRI BRAIN WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>seizure.]

TECHNIQUE: MR images of the brain were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
MASS: [None.]

INFARCT OR HEMORRHAGE: [None.]

REMOTE INJURY: [<describe focal gliosis and if it corresponds to patient's seizure symptoms>None.]

VASCULAR LESION: [No cavernous malformation or arteriovenous malformation.]

HIPPOCAMPI: [No evidence of mesial temporal sclerosis.]

CORTEX: [No heterotopia or focal cortical dysplasia.] [No signs of encephalitis or post-ictal change.]

OTHER: [None.]

IMPRESSION:

[Normal MRI brain.]

SELLA

MRI SELLA WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>sellar mass].

TECHNIQUE: MR images of the brain and sella were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
LESION: [<lesion, describe extension into cavernous sinus, sphenoid sinus or suprasellar cistern, use same measurement plane if prior exam available>None].

NATIVE GLAND: [Normal|Not identified|Identifiable within the [<location>right|left|posterior|anterior] aspect of the sella].
Neurohypophysis: [Normal intrinsic T1 signal|Not present].

PITUITARY INFUNDIBULUM: [Midline|Rightward deviated|Leftward deviated]
Infundibulum thickness: [Normal].

OPTIC CHIASM: [Normal position|Prefixed over tuberculum sellae|Postfixed over dorsum sellae]
Chiasm signal: [Normal].

OTHER: [<other>None.]

IMPRESSION:

[Normal MRI of the sella.]

ORBITS/BRAIN

MRI ORBITS AND BRAIN WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>evaluate orbital mass.]

TECHNIQUE: MR images of the orbits and brain were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available.]

FINDINGS:
GLOBES: [Normal.]

LACRIMAL GLANDS: [Normal.]

RETROBULBAR FAT: [No mass or inflammatory change.]

EXTRAOCULAR MUSCLES: [Normal bulk and signal intensity.]

OPTIC PATHWAY: [Optic nerves, chiasm, and tracts are normal. No abnormalities involving the optic radiations or occipital lobes.]

CAVERNOUS SINUSES: [Normal.]

CRANIAL NERVES AND BRAINSTEM: [Normal. No abnormal enhancement.]

REMAINING BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age.| [<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.] [No abnormal enhancement.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

VASCULAR FLOW VOIDS: [Intact.]

OTHER FINDINGS: [None.]

IMPRESSION:

[Normal MRI of the brain and orbits.]

CN 3,4,6 PROTOCOL & MRA

MRI CRANIAL NERVE 3, 4, 6 WITHOUT AND WITH CONTRAST, MRA HEAD

HISTORY: [<AgeGender>], [<history>]

TECHNIQUE: MR images of the orbits and brain were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast. MRA images of the head without contrast were acquired with multiplanar reformats.

COMPARISON: [<PriorExamDate>None available.]

FINDINGS:

MRI BRAIN
ORBITS: [No mass or inflammatory changes. Extraocular muscles have normal volume, morphology, and signal intensity. Retrobulbar fat is normal.]

CAVERNOUS SINUS: [Normal.]

CRANIAL NERVES: [No abnormal enhancement or mass.]

SKULL BASE: [Normal marrow signal. No mass or inflammatory changes.]

BRAINSTEM: [Normal volume, morphology, and signal intensity. No enhancing lesions or mass. No acute infarct.]

REMAINING BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age.| [<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.] [No abnormal enhancement.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

OTHER FINDINGS: [None.]

MRA HEAD: [No aneurysm.] [No hemodynamically significant stenosis or large vessel occlusion.]

IMPRESSION:

1. [Normal MRI brain (cranial nerves 3,4, 6 protocol).]
2. [Normal MRA head.]

CRANIAL NERVE 7 PROTOCOL

MRI BRAIN WITHOUT AND WITH CONTRAST, CN7 PROTOCOL

HISTORY: [<AgeGender>], [<history>]

TECHNIQUE: MR images of the brain were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
FACIAL NERVE
Perineural enhancement: [No abnormal enhancement of the seventh cranial nerves in the internal auditory canal or temporal bone.]
Posterior fossa mass: [None.]
Vascular loop: [No vascular loop compresses the seventh cranial nerves at/or near the nerve root exit zone.]
Brainstem: [Normal.]
Parotid glands: [Normal without mass.]

REMAINING BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age. | [<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.] [No abnormal enhancement.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

OTHER FINDINGS: [None.]

IMPRESSION:

[No evidence of abnormal enhancement, mass, compressing vascular loop, or other abnormality along the course of the seventh cranial nerves.]

HEARING LOSS/IAC SCREENING

MRI BRAIN WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>hearing loss.]

TECHNIQUE: MR images of the brain and internal auditory canals were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
INTERNAL AUDITORY CANALS AND CEREBELLOPONTINE ANGLES: [No mass.] [Seventh and eighth cranial nerves are normal.]

COCHLEA, VESTIBULE, SEMICIRCULAR CANALS: [Normal signal and morphology.]

BRAINSTEM AND CEREBELLUM: [Normal.]

REMAINING BRAIN PARENCHYMA: [No acute infarct. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age. | [<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

OTHER FINDINGS: [None.]

IMPRESSION:

[No vestibular schwannoma or other retrocochlear abnormality.]

IAC VESTIBULAR SCHWANNOMA FOLLOW-UP

MRI BRAIN AND INTERNAL AUDITORY CANALS WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>followup mass.]

TECHNIQUE: MR images of the brain and internal auditory canals were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
POSTERIOR FOSSA:
Lesion: [<tumor size, location, extension, mass effect>]

Cochlea, Vestibule, Semicircular Canals: [Normal signal and morphology.]

REMAINING BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age.| [<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

OTHER FINDINGS: [None.]

IMPRESSION:

[Normal MRI of the internal auditory canals.]

MRI CHOLESTEATOMA

MRI INTERNAL AUDITORY CANALS WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>with cholesteatoma.]

TECHNIQUE: MR images of the brain and internal auditory canals were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast.

FINDINGS:
TEMPORAL BONE
Middle Ear and Mastoid: [No mass, fluid, or inflammatory changes.] [No reduced diffusion to suggest cholesteatoma.] [Postsurgical Change: [<changes>]None]

Cochlea, Vestibule, Semicircular Canals: [Normal signal and morphology.]

BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age.| [Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

OTHER: [<other>None.]

IMPRESSION:

[Normal MRI of the internal auditory canals.]

MRI SKULL BASE

MRI SKULL BASE WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>skullbase pain.|evaluate mass.|followup mass.]

TECHNIQUE: MR images of the brain and skullbase were acquired without and with [<contrast dose>] Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
CAVERNOUS SINUSES: [Normal.]

BRAINSTEM AND CEREBELLUM: [Normal.]

HYPOGLOSSAL CANAL: [<cranial nerve 12>No mass or abnormal enhancement.]

JUGULAR FORAMEN: [<cranial nerves 9-11>No mass or abnormal enhancement.]

BONES: [<skull base>Normal marrow and without mass.]

REMAINING BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<white matter>Signal intensities are within normal limits for age. | [<white matter severity>Mild|Moderate|Severe] white matter chronic small vessel ischemic changes.] [No abnormal enhancement.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

VASCULAR FLOW VOIDS: [Intact.]

OTHER: [None.]

IMPRESSION:

[Normal MRI of the skull base.]

PARANASAL SINUSES

MRI PARANASAL SINUSES WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>with sinus pain.*|evaluate sinus mass.]

TECHNIQUE: MR images of the paranasal sinuses were acquired without and with [<constrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
PARANASAL SINUSES/NASAL CAVITY: [Clear.]

PERINEURAL ENHANCEMENT: [None.]

CAVERNOUS SINUSES: [Normal.]

SKULL BASE: [Normal marrow signal.]

SOFT TISSUES/INFRATEMPORAL FOSSA: [Normal.]

OTHER: [Limited images of the visualized brain and orbits are normal. No abnormal enhancement.]

IMPRESSION:

[Normal MRI of the paranasal sinuses.]

TMJ

MRI TEMPOROMANDIBULAR JOINTS WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>jaw pain.]

TECHNIQUE: MR images of the temporomandibular joints were acquired without intravenous contrast. Open and closed mouth views were obtained.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:

RIGHT TMJ
MANDIBULAR CONDYLE: [Normal morphology and signal. Condyle is well seated within the mandibular fossa on the closed-mouth view and appropriately translates to the level of the articular eminence on the open-mouth view.]

ARTICULAR DISC: [Normal position in closed and open mouth positions with normal capturing. Normal signal and bowtie morphology.]

LEFT TMJ
MANDIBULAR CONDYLE: [Normal morphology and signal. Condyle is well seated within the mandibular fossa on the closed-mouth view and appropriately translates to the level of the articular eminence on the open-mouth view.]

ARTICULAR DISC: [Normal position in closed and open mouth positions with normal capturing. Normal signal and bowtie morphology.]

OTHER: [None.]

IMPRESSION:

[Normal temporomandibular joints.]

ROUTINE PEDIATRIC BRAIN

MRI BRAIN WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>]

TECHNIQUE: MR images of the brain were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>|None available.]

FINDINGS:
BRAIN PARENCHYMA: [No acute infarct or hemorrhage. No mass effect or herniation.] [<lesion?>No cortical, deep gray matter, or white matter lesions.] [Myelination is normal for age.] [Normal cortical development.] [Midline structures are normally formed.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

FLOW VOIDS: [Intact.|Not well assessed.]

EXTRACRANIAL STRUCTURES: [Visualized structures are normal.]

IMPRESSION:

[Normal noncontrast MRI brain.]

FAST PEDIATRIC BRAIN

MRI BRAIN FAST PROTOCOL

HISTORY: [<AgeGender>], [<history>]

TECHNIQUE: Fast protocol MR imaging of the brain was performed.

COMPARISON: [<PriorExamDate>|None available]

FINDINGS:
VENTRICLES: [Normal|Hydrocephalus]

INFARCT: [None]

OTHER FINDINGS: [None]

IMPRESSION:

[No hydrocephalus.]

Note: This is a fast protocol targeted to evaluate the ventricles. Evaluation of the brain parenchyma is limited.

PEDIATRIC EPILEPSY

MRI BRAIN WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>seizure.]

TECHNIQUE: MR images of the brain were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
MALFORMATIONS OF CORTICAL DEVELOPMENT: [No heterotopia, focal cortical dysplasia, polymicrogyria, pachygyria, schizencephaly, or hemimegalencephaly.]

MASS: [None.]

REMOTE INJURY: [<describe focal gliosis and if it correspond to patient's seizure symptoms, look for Rasmussen encephalitis>None.]

VASCULAR LESION: [No cavernous malformation, arteriovenous malformation, or pial angiomatosis (Sturge-Weber).]

HIPPOCAMPI: [No evidence of mesial temporal sclerosis.]

MYELINATION: [Normal|Delayed] for age.

INFARCT OR HEMORRHAGE: [None.]

EXTRA-AXIAL SPACES: [<subdural collection/encephalocele?>Normal.]

OTHER: [None.]

IMPRESSION:

[Normal MRI brain.]

PHACE SYNDROME

MRI BRAIN, MRA HEAD/NECK

HISTORY: [<AgeGender>], [facial hemangioma, evaluate for PHACE syndrome.]

TECHNIQUE: MR imaging of the brain without and with intravenous contrast using [] cc of gadavist. Time-of-flight MRA head and contrast-enhanced MRA/MRV neck were performed.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
HEMANGIOMA: [<describe location>] [<IAC/airway?>No hemangioma is observed within the internal auditory canals or visualized airway.]

BRAIN PARENCHYMA: [No evidence of posterior fossa dysgenesis. The midline structures are well-developed, and the myelination pattern is within normal limits for age. No acute infarct is identified.]

MRA HEAD/NECK: [No evidence of dysgenesis, narrowing, nonvisualization, persistent embryonic carotid-vertebrobasilar arterial connection, or abnormality in course. There is a three-vessel left-sided aortic arch without evidence of coarctation in the visualized portion.]

OTHER: [Normal orbits. Intact sternal manubrium.]

IMPRESSION:

[No MRI/MRA evidence of PHACE syndrome.]

MRI NECK PAIN/SWELLING

MRI NECK SOFT TISSUE WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>neck pain.]

TECHNIQUE: MR images of the neck were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available.]

FINDINGS:
PHARYNGEAL MUCOSA: [Normal nasopharynx, oropharynx and hypopharynx.]

ORAL CAVITY: [Normal including tongue and floor of mouth.]

LARYNX: [Normal supraglottic, glottic and subglottic larynx.]

LYMPH NODES: [No lymphadenopathy.]

SALIVARY GLANDS: [Normal parotid, submandibular and sublingual glands.]

THYROID: [Normal.]

FLOW VOIDS AND CAROTID SPACE: [Normal.]

BONES: [No significant abnormality.]

OTHER FINDINGS: [None.]

IMPRESSION:
[Normal soft tissue neck MRI.]

NECK CANCER FOLLOW-UP

MRI NECK WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>|followup neck mass.]

TECHNIQUE: MR images of the neck were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
TREATMENT/SURGICAL CHANGES: [<describe treatment changes>]

TUMOR SITE: [No locoregional tumor recurrence or recurrent mass in the [<site>].]

LYMPH NODES: [No pathologic cervical lymph nodes by size or morphologic criteria.]

OTHER FINDINGS: [None.]

IMPRESSION:

[No recurrent mass in the [<site>].]

HORNER'S SYNDROME

MRI NECK WITHOUT AND WITH CONTRAST, MRA NECK WITH CONTRAST

HISTORY: [<AgeGender>], [<history>with Horner's syndrome.]

TECHNIQUE: MR images of the neck were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast. Postcontrast MRA images of the neck were also acquired.

COMPARISON: [<PriorExamDate>None available.]

FINDINGS:
OCULOSYMPATHETIC PATHWAY
Hypothalamus: [No mass.]
Brainstem: [No mass or infarct.]
Cervicothoracic cord: [<C8-T2>Normal signal.]
Brachial plexus: [No mass or abnormal signal.]
Lung apices: [No mass (Pancoast tumor).]
Carotid space: [No glomus (carotid body or vagale) paraganglioma.]
Skull base: [No mass, including glomus jugulare paraganglioma.]
Cavernous sinus: [No thrombosis or mass.]
Orbits: [No mass or inflammatory process.]

MRA NECK: [No dissection, pseudoaneurysm, or fibromuscular dysplasia.]

REMAINING NECK SOFT TISSUES: [Normal.]

OTHER: [None.]

IMPRESSION:

[Normal neck MRI/MRA without etiology for Horner's syndrome.]

MS SPINE SCREEN W/O CONTRAST

MRI CERVICAL AND THORACIC SPINE WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>evaluate for demyelinating disease.|pain.|radiculopathy.]

TECHNIQUE: MR images of the cervical and thoracic spine were acquired without contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
POSTERIOR FOSSA: [Visualized brainstem and cerebellum are normal.]

SPINAL CORD
Lesions: [<lesion location>None.]
Volume: [|Normal.|Atrophic.]

SPINE
Bones: [Vertebral body heights and alignment are normal.] [Marrow signal is normal.]
Spinal Canal: [No spinal canal or foraminal stenosis.]

SOFT TISSUES: [Normal.]

OTHER: [None.]

IMPRESSION:

[Normal MRI of the cervical and thoracic spine.]

MS SPINE FOLLOW-UP

MRI CERVICAL AND THORACIC SPINE WITH CONTRAST

HISTORY: [<AgeGender>], [<history>|followup demyelinating disease.]

TECHNIQUE: MR images of the thoracic spine were acquired with [<contrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
SPINAL CORD
New T2 Hyperintense Lesions: [<new lesion number and location>None.]
Enhancing Lesions: [<# of enhancing lesions and location>None.]
Pre-existing Lesions: [None.]
Volume: [Normal.|Atrophic.]

SPINE
Bones: [Vertebral body height and alignment are normal.] [Marrow signal is normal.]
Spinal Canal: [No spinal canal or foraminal stenosis.]

SOFT TISSUES: [Normal.]

OTHER: [None.]

IMPRESSION:

[Demyelinating disease in the [<location>], [without|with] active disease and [no change|change] compared to [<PriorExamDate>].]

BRACHIAL PLEXUS

MRI [LEFT|RIGHT] BRACHIAL PLEXUS WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>pain.|radiculopathy.]

TECHNIQUE: MR images of the [left|right] brachial plexus were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>None available.]

FINDINGS:
BRACHIAL PLEXUS: [Cervical nerve roots are intact.] [Visualized brachial plexus has normal course and signal intensity without mass or mass effect.]

SOFT TISSUES: [Muscle bulk is symmetric without denervation atrophy.]

CERVICAL SPINE: [Visualized vertebral body height and alignment are normal.] [Bone marrow signal is normal.] [No cervical rib or enlarged C7 transverse process.]

SPINAL CORD: [Normal.]

SPINAL CANAL: [No spinal canal stenosis.]

OTHER: [None.]

IMPRESSION:

[Normal MRI of the [left|right] brachial plexus.]

LUMBOSACRAL PLEXUS

MRI LUMBOSACRAL PLEXUS WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>pain.|radiculopathy.]

TECHNIQUE: MR images of the lumbosacral plexus were acquired without intravenous contrast.

COMPARISON: [<PriorExamDate>None available.]

FINDINGS:
LUMBOSACRAL PLEXUS: [Visualized lumbosacral plexus has normal course and signal intensity without mass or mass effect on the bilateral sciatic nerves.]

SOFT TISSUES: [Muscle bulk is symmetric without denervation atrophy.]

LUMBAR SPINE: [Visualized vertebral body height and alignment are normal.] [Bone marrow signal is normal.]

OTHER: [None.]

IMPRESSION:

[Normal MRI of the lumbosacral plexus.]

PEDIATRIC TETHERED CORD

MRI TOTAL SPINE WITHOUT CONTRAST

HISTORY: [<AgeGender>], [sacral dimple|Y-shaped gluteal crease|asymmetric gluteal crease]. Evaluate for tethered cord.

TECHNIQUE: MR images of the cervical, thoracic and lumbar spine were acquired without contrast.

FINDINGS:
ANATOMY: [7 cervical, 12 thoracic, and 5 lumbar type vertebral bodies (counting from above).]

POSTERIOR FOSSA: [No cerebellar tonsillar ectopia or foramen magnum abnormality.]

SPINAL CORD: [Normal signal and morphology. No syrinx. No diastematomyelia.] Conus terminates [normally|abnormally low] at the [<conus position>top of L2] level.

FILUM TERMINALE: [Normal thickness and signal.|Fibrofatty thickening/lipoma present.]

BONES: [Vertebral body height and alignment are normal.] [No segmentation anomalies. Intact posterior elements.] [Marrow signal is within normal limits.]

SOFT TISSUES: [Normal.|Y-shaped gluteal crease [without|with] dermal sinus tract.]

IMPRESSION:

[No evidence of tethered cord or other developmental spinal anomaly.]

DROP METASTASES

MRI TOTAL SPINE WITHOUT AND WITH CONTRAST

HISTORY: [<AgeGender>], [<history>malignancy, evaluate for drop metastases.]

TECHNIQUE: MR images of the cervical, thoracic and lumbar spine were acquired without and with [<contrast dose>] mL Gadavist intravenous contrast.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
SPINAL CANAL: [No masses or abnormal intrathecal enhancement. Normal spinal cord.]

DISCS: [Normal.|Multilevel disc desiccation.]

BONES: [Vertebral body height and alignment are normal.] [Marrow signal is within normal limits.]

OTHER: [None.]

IMPRESSION:

[No spinal drop metastases or leptomeningeal disease.]

THORACIC SPINE PAIN

MRI THORACIC SPINE WITHOUT CONTRAST

HISTORY:[<AgeGender>], [<history>pain.|radiculopathy.]

TECHNIQUE: MR images of the thoracic spine were acquired without intravenous gadolinium.

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
SPINAL CORD: [Normal.]

DISCS: [Normal.|Multilevel disc desiccation.]

BONES: [Normal alignment.] [Vertebral body heights are normal.] [Marrow signal is within normal limits.]

SOFT TISSUES: [Normal.]

SPINAL CANAL: [No canal or foraminal stenosis.]

OTHER: [None.]

IMPRESSION:
[Normal MRI thoracic spine.]

SAGITTAL SCREEN MRI

MRI SAGITTAL SCREEN TOTAL SPINE WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>cord compression.|pain.|radiculopathy.]

TECHNIQUE: Limited sagittal MR images of the cervical, thoracic and lumbar spine were acquired without contrast. [<axials?>Axial imaging was performed at selected levels in the [<which part?>cervical|thoracic|lumbar| [<combination, describe>]] spine.]

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
SPINAL CORD: [Normal signal and morphology. No cord compression.]

DISCS: [Normal.|Multilevel disc desiccation.]

BONES: [Vertebral body height and alignment are normal.] [Marrow signal is within normal limits.]

OTHER: [None.]

IMPRESSION:

[Normal MRI of the total spine on sagittal screening.]

CT HEAD ACUTE INJURY/ISCHEMIA

CT HEAD WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>headache.|stroke symptoms.|trauma.|altered consciousness.|followup bleed.]

TECHNIQUE: CT images of the head were acquired without intravenous contrast.

CTDI: [] mGy
DLP: [] mGy-cm

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
BRAIN PARENCHYMA: [No acute hemorrhage. No mass effect or herniation.] [Gray-white differentiation is maintained.] [<white matter>White matter is within normal limits for age.|White matter chronic small vessel ischemic changes.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

EXTRACRANIAL STRUCTURES: [Normal bones and soft tissues. Visualized paranasal sinuses and mastoids are clear.]

IMPRESSION:
[<impression>Normal noncontrast CT head.]

SINUS CT

CT SINUS WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>congestion.|facial pain.]

TECHNIQUE: CT images of the sinuses were acquired without IV contrast.

CTDI: [] mGy
DLP: [] mGy-cm

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
SPHENOID AND POSTERIOR ETHMOID SINUSES: [Clear bilaterally.]
SPHENOETHMOIDAL RECESS: [Clear bilaterally.]

FRONTAL, ANTERIOR ETHMOID, AND MAXILLARY SINUSES: [Clear bilaterally.]
MAXILLARY OSTIUM: [Clear bilaterally.]

NASAL CAVITY: [Clear.] [No nasal spur or deviation.|Nasal septal spur/deviation to the [left|right].]

OTHER: [None.]

IMPRESSION:

[Normal CT sinus.]

CT TEMPORAL BONE

CT TEMPORAL BONES WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>hearing loss.]

TECHNIQUE: CT images through the temporal bones were acquired without intravenous contrast.

CTDI: [] mGy
DLP: [] mGy-cm

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
RIGHT:
External Auditory Canal: [Patent.|Opacified.]
Tympanic Membrane: [Intact.|Retracted.|Perforated.|Myringotomy tube in place.] [Normal thickness.|Thickened.]
Mastoid Air Cells: [Well-formed|Under developed] and are [clear.|opacified.]
Middle Ear Cavity: [No|Incomplete|Complete] opacification within the [epitympanum, mesotympanum, or hypotympanum]. [The scutum and tegmen tympani are preserved.]
Ossicles: [Normal alignment. No erosions.]
Labyrinthine Structures: [Cochlea, vestibule, and semicircular canals have normal morphology. The oval window and round window are patent. The cochlear aperture is patent. No semicircular canal dehiscence.]
Otic Capsule: [Normal mineralization.|Otosclerosis.]
Vestibular Aqueduct: [Normal size.|Enlarged.]
Facial Nerve: [The fallopian canal has normal course and appearance.]
Internal Auditory Canal: [Normal size.|Enlarged.]
Vascular: [The sigmoid plate is intact. The petrous carotid canal has a normal course.]

LEFT:
External Auditory Canal: [Patent.|Opacified.]
Tympanic Membrane: [Intact.|Retracted.|Perforated.|Myringotomy tube in place.] [Normal thickness.|Thickened.]
Mastoid Air Cells: [Well-formed|Under developed] and are [clear.|opacified.]
Middle Ear Cavity: [No|Incomplete|Complete] opacification within the [epitympanum, mesotympanum, or hypotympanum]. [The scutum and tegmen tympani are preserved.]
Ossicles: [Normal alignment. No erosions.]
Labyrinthine Structures: [Cochlea, vestibule, and semicircular canals have normal morphology. The oval window and round window are patent. The cochlear aperture is patent. No semicircular canal dehiscence.]

Otic Capsule: [Normal mineralization.|Otosclerosis.]
Vestibular Aqueduct: [Normal size.|Enlarged.]
Facial Nerve: [The fallopian canal has normal course and appearance.]
Internal Auditory Canal: [Normal size.|Enlarged.]
Vascular: [The sigmoid plate is intact. The petrous carotid canal has a normal course.]

OTHER: [None.]

IMPRESSION:

[Normal CT temporal bone.]

PRE-OP COCHLEAR IMPLANTATION

CT TEMPORAL BONES WITHOUT CONTRAST

HISTORY: [<AgeGender>], [<history>evaluate anatomy for cochlear implantation.]

TECHNIQUE: CT images through the temporal bones were acquired without intravenous contrast.

CTDI: [] mGy
DLP: [] mGy-cm

COMPARISON: [<PriorExamDate>None available]

FINDINGS:

RIGHT:
INNER EAR:
Cochlea: [Normal. No aplasia. Normal cochlear aperture and internal auditory canal.|Dysplastic (describe).]
Facial Nerve: [The fallopian canal has normal course and appearance without dehiscence.]
Round window: [Patent|Ossified].
Otic Capsule: [Normal mineralization|Otosclerosis|Labyrinthinitis ossificans].
Vestibular Aqueduct: [Normal size.|Enlarged.]

MIDDLE/OUTER EAR/VASCULAR:
Middle Ear Cavity: [No|Incomplete|Complete] opacification within the [epitympanum, mesotympanum, or hypotympanum]. [The scutum and tegmen tympani are preserved.]
Ossicles: [Normal alignment. No erosions.]
Mastoid Air Cells: [Well-formed|Under developed] and are [clear.|opacified.]
Vascular: [No high-riding jugular bulb or dehiscence. Sigmoid sinus is not anterior or laterally positioned. The petrous carotid canal has a normal course. No persistent stapedial artery.]

LEFT:
INNER EAR:
Cochlea: [Normal. No aplasia. Normal cochlear aperture and internal auditory canal.|Dysplastic (describe).]
Facial Nerve: [The fallopian canal has normal course and appearance without dehiscence.]
Round window: [Patent|Ossified].
Otic Capsule: [Normal mineralization|Otosclerosis|Labyrinthinitis ossificans].
Vestibular Aqueduct: [Normal size.|Enlarged.]

MIDDLE/OUTER EAR/VASCULAR:
Middle Ear Cavity: [No|Incomplete|Complete] opacification within the [epitympanum, mesotympanum, or hypotympanum]. [The scutum and tegmen tympani are preserved.]
Ossicles: [Normal alignment. No erosions.]
Mastoid Air Cells: [Well-formed|Under developed] and are [clear.|opacified.]
Vascular: [No high-riding jugular bulb or dehiscence. Sigmoid sinus is not anterior or laterally positioned. The petrous carotid canal has a normal course. No persistent stapedial artery.]

IMPRESSION:

[No CT imaging contraindication for cochlear implantation.]

CTA HEAD/NECK

CT ANGIOGRAM HEAD AND NECK

HISTORY: [<AgeGender>], [<history>stroke.]

TECHNIQUE: CT angiogram images of the head and neck were acquired with [<contrast dose>] mL Omnipaque 350 intravenous contrast. Multiplanar reformations were obtained.

CTDI: [] mGy
DLP: [] mGy-cm

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
CTA HEAD: [No occlusion or hemodynamically significant stenosis.] [No aneurysm.]

CTA NECK
GREAT VESSELS: [Visualized segments are patent.]

RIGHT ICA: [Normal. No stenosis or dissection.| [<right stenosis>Less than 50%|Approximately [<50-99% stenosis- give % stenosis as measured on series [], image []|Occluded] by NASCET criteria at the carotid bifurcation with [calcified and soft|calcified|soft] plaque.|Dissection [<describe>]]

LEFT ICA: [Normal. No stenosis or dissection.| [<left stenosis>Less than 50%|Approximately [<50-99% stenosis- give % stenosis as measured on series [], image []|Occluded] by NASCET criteria at the carotid bifurcation with [calcified and soft|calcified|soft] plaque.|Dissection [<describe>]]

VERTEBRAL ARTERIES: [Patent extracranial segments.] [No dissection.]

OTHER: [Visualized lung apices are clear. No neck mass or suspicious lymph nodes.] [Bones demonstrate no significant abnormality.]

IMPRESSION:

1. [Normal CTA head.]

2. [Normal CTA neck.]

CT VENOGRAM

CT VENOGRAM HEAD WITH CONTRAST

HISTORY: [<AgeGender>], [<history>headache, evaluate for venous thrombus.]

TECHNIQUE: CT images of the head were acquired with [<contrast dose>] mL Omnipaque 350 intravenous contrast.

CTDI: [] mGy
DLP: [] mGy-cm

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
VENOUS SYSTEM: [Patent dural venous sinuses.]

BRAIN PARENCHYMA: [No acute hemorrhage. No mass effect or herniation.] [Gray-white differentiation is maintained.] [White matter is within normal limits for age.|White matter chronic small vessel ischemic changes.] [No abnormal enhancement.]

VENTRICLES/EXTRA-AXIAL SPACES: [No hydrocephalus or extra-axial fluid collections.]

EXTRACRANIAL STRUCTURES: [Normal bones and soft tissues. Visualized paranasal sinuses and mastoids are clear.]

IMPRESSION:

[Normal CT venogram head.]

4D CT PARATHYROID

CT NECK WITHOUT AND WITH CONTRAST (4D PARATHYROID)

HISTORY: [<AgeGender>], [hyperparathyroidism, assess for parathyroid lesion.]

TECHNIQUE: CT images of the neck were acquired without and with [<contrast dose>] mL [<contrast>Omnipaque 350|Omnipaque 300] intravenous contrast. Multiplanar reformats were performed.

COMPARISON: [<PriorExamDate>None available]

CTDI: [] mGy
DLP: [] mGy-cm

FINDINGS:
CANDIDATE PARATHYROID LESION: [Present(describe)|None.]

THYROID: [Normal.]

OTHER FINDINGS
Suprahyoid space: [Normal.]
Infrahyoid space: [Normal.]
Lymph nodes: [No suspicious lymph nodes.]
Aerodigestive tract: [Normal.]

Vascular structures: [Patent.]
Bones: [No significant abnormality.]
Soft tissues: [No significant abnormality.]
Lung apices: [Clear.]

Other: [None.]

IMPRESSION:

[Candidate parathyroid lesion identified at [].]

CT NECK PAIN/SWELLING

CT NECK WITH CONTRAST

HISTORY: [<AgeGender>], [<history>neck pain.]

TECHNIQUE: CT images of the neck were acquired with [<contrast dose>] mL [<contrast>Omnipaque 350|Omnipaque 300] intravenous contrast.

CTDI: [] mGy
DLP: [] mGy-cm

COMPARISON: [<PriorExamDate>None available]

FINDINGS:
PHARYNGEAL MUCOSA: [Normal nasopharynx, oropharynx and hypopharynx.]

ORAL CAVITY: [Normal including tongue and floor of mouth.]

LARYNX: [Normal supraglottic, glottic and subglottic larynx.]

LYMPH NODES: [No lymphadenopathy.]

SALIVARY GLANDS: [Normal parotid, submandibular and sublingual glands.]

THYROID: [Normal.]

FLOW VOIDS AND CAROTID SPACE: [Normal.]

BONES: [No significant abnormality.]

OTHER FINDINGS: [None.]

IMPRESSION:
[Normal CT neck.]