Generated Advanced interpretation

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General Information

- Date and time of the examination
- Age and gender
- Study reference number

Introduction and Disclaimer

- Purpose of the scan
- Areas of investigation

Brain Analysis

- Brain structures
- Pituitary gland and cranial nerves
- Detected anomalies

Neck and Spine

- Cervical, thoracic, and lumbar regions
- Spinal cord and surrounding tissues
- Degenerative changes

Chest

- Heart, lungs, and thoracic aorta
- Mediastinal organs

Abdomen and Pelvis

- Liver, kidneys, pancreas, spleen
- Abdominal and pelvic organs

Conclusion

- Key findings
- Recommendations for further examination

Report Disclaimer

This report has been prepared by licensed radiologists for clinical support purposes only and is not intended to replace direct consultation with a qualified treating physician. Findings should be interpreted in conjunction with the patient's clinical history and other diagnostic information. While every effort is made to ensure accuracy, radiological interpretation has inherent limitations, and Clearview assumes no responsibility for clinical decisions made based solely on this report.

1. General Information

Date of Examination: 22.05.2025
Name:
Date of Birth: 15/11/1949
Sex: Male
Weight: Not specified
Patient ID:
Modality: MRI
Referral Type: Initial
Consent: Obtained

2. Introduction

The objective of the scan is to conduct a comprehensive full-body MRI to detect potential pathologies and abnormalities in various organs and tissues.

The study covers the following areas:

- Brain and skull
- Neck and spine
- Chest and mediastinal organs
- Abdominal and pelvic organs

Report Disclaimer

This report was generated using ClearView AI, a system trained on millions of medical imaging studies to provide advanced analysis. However, this report is not a medical diagnosis. It serves as a supplementary tool to assist healthcare professionals in clinical decision-making.

Proper Interpretation

ClearView AI is designed to support the detection of certain conditions and abnormalities but is not intended to replace established evidence-based medical practices or professional judgment.

Limitations

There are limitations to this technology:

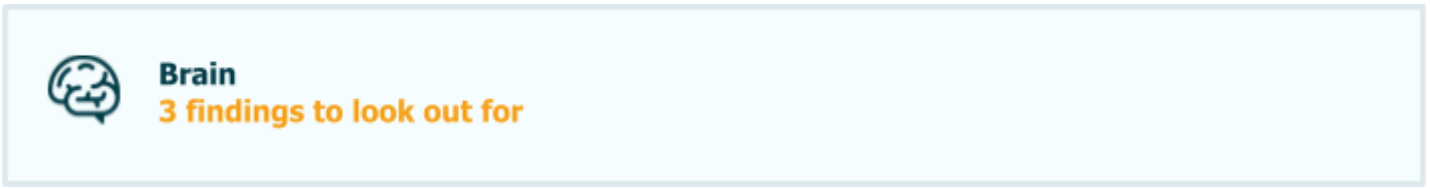
It does not evaluate the heart, heart vessels, lung microarchitecture, or pulmonary micronodules.
ClearView AI and its developers assume no liability for medical decisions made based solely on this report. This study is intended to complement, not replace, a thorough clinical evaluation.

If you have any questions regarding this report, please consult your physician. ClearView LLC also offers access to top medical spec.

3. Brain Analysis

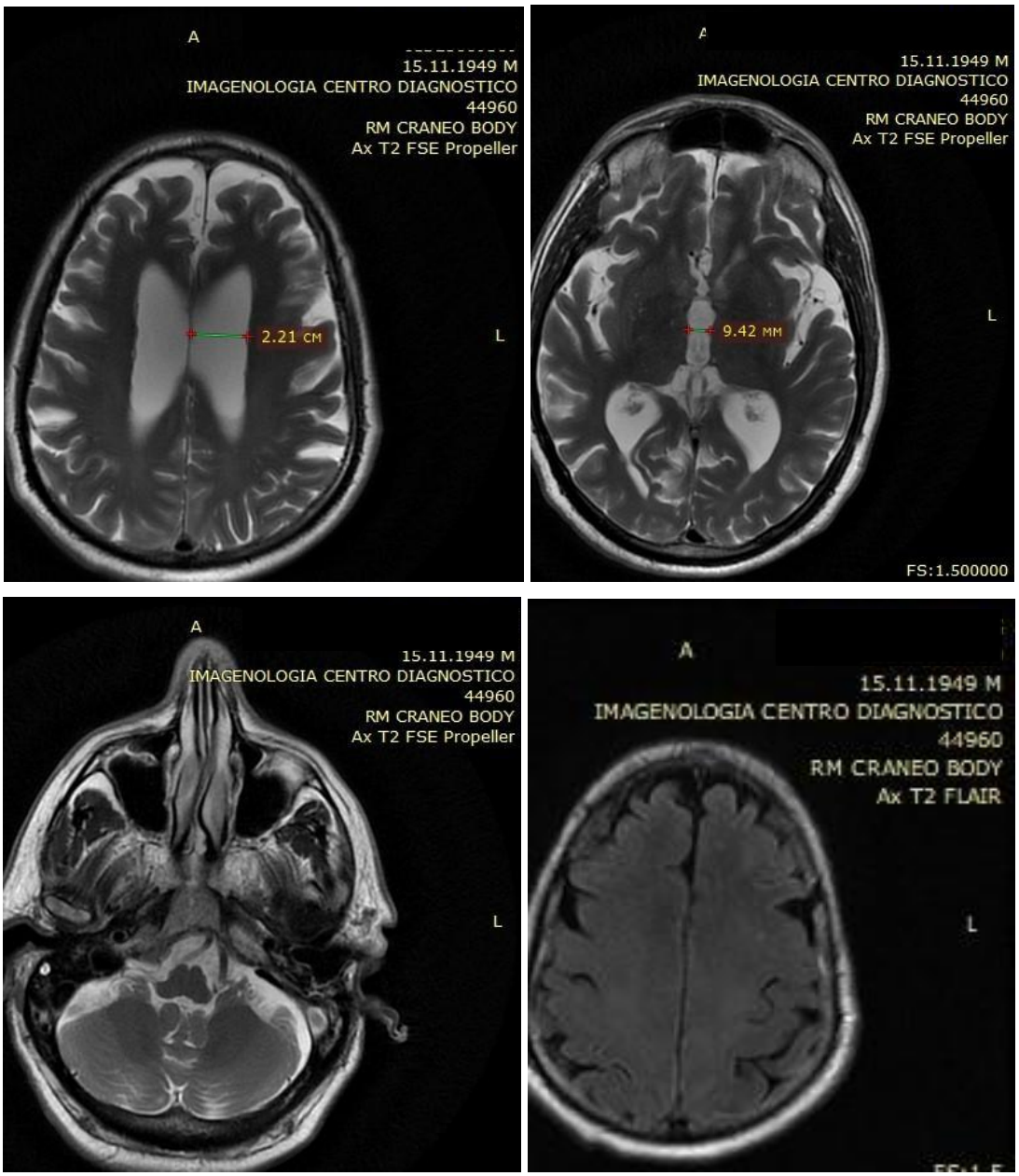
A series of MRI scans visualizes the supratentorial and infratentorial structures of the brain was obtained.

- A series of MR images (T2WI axial, DWI) visualizes the supra- and infratentorial structures of the brain.
- The cortex, white matter, sulci and gyri, basal ganglia, corpus callosum, and brainstem are normally developed. Midline structures are not displaced. A few microangiopathic foci are identified in the frontal and parietal lobes, measuring 2–3 mm in diameter (Fazekas grade I).
- The lateral ventricles are symmetrical (D=S) and enlarged. The body of the lateral ventricles measures up to 22 mm. The third ventricle measures up to 9.4 mm.
- The basal cisterns are not dilated.
- The convexital subarachnoid spaces and cortical sulci are widened, as is the interhemispheric fissure. The cerebellar sulci and lateral fissures are also widened.
- Signs of global cerebral atrophy (GCA – grade II).
- The chiasmal region is unremarkable.
- The pituitary gland is in a normal position and shows preserved parenchyma.
- The cerebellar tonsils are normally positioned.
- The craniovertebral junction is unremarkable.
- Pneumatization of the mastoid air cells is preserved.
- Pneumatization of the paranasal sinuses is preserved. The nasal septum is S-shaped deviated.



Conclusions:

- No MR evidence of ischemic brain changes or craniovertebral junction anomalies.
- Signs of focal brain changes of dyscirculatory origin (Fazekas grade II).
- Enlargement of external and internal CSF spaces due to cerebral atrophy (GCA – grade II).
- S-shaped deviation of the nasal septum.



4. Neck and Spine

A series of MRI scans of the neck and spine was obtained.

Soft Tissues of the Neck

- Imaging sequences used: DWI axial, STIR axial.
- No visible signs of infiltration in the soft tissues of the neck.
- Suprahyoid Region:
  - The floor-of-mouth muscles are symmetrical and normally developed on both sides.
  - The oropharyngeal cavity appears normal.
  - The lingual tonsils are not enlarged
  - The palatine tonsils are not enlarged.
- Infrahyoid Region:
  - The larynx and epiglottis show no obvious abnormalities.
  - The aryepiglottic folds are not thickened.
- Salivary Glands:
  - The parotid glands have normal structure.
  - The submandibular glands are unremarkable.
- Nasopharynx:

    - No pathology detected.
- Cervical Lymph Nodes:
    - Deep cervical lymph nodes measure up to 5 mm.
    - Submandibular lymph nodes measure up to 5 mm.

Cervical Spine

- On the series of T2-weighted MR images (single projection), cervical lordosis is increased.
- The intervertebral disc height from C2 to C7 is reduced. The cervical discs show signs of dehydration.
- There are dorsal disc protrusions:
    - C2–C3: up to 3.1 mm (circumferential),
    - C3–C4: up to 3.0 mm (circumferential),
    - C4–C5: up to 2.4 mm (circumferential),
    - C5–C6: up to 2.6 mm (circumferential),
    - C6–C7: up to 3.1 mm (circumferential), causing deformation of the anterior dural space.
- The vertebral body height is uniformly reduced.
- There is irregularity of the vertebral endplates with signs of subchondral sclerosis.
- Marginal bony growths are noted along the anterior surfaces of the C3–C7 vertebral bodies, forming large osteophytic bridges.
- The spinal canal diameter measures:
    - At C5 vertebral level — 11.2 mm,
    - At C6 — 12.0 mm.
- The spinal cord structure appears normal.
- Facet joint arthrosis is present.
- No additional pathological masses are detected in the spinal canal.

Thoracic Spine

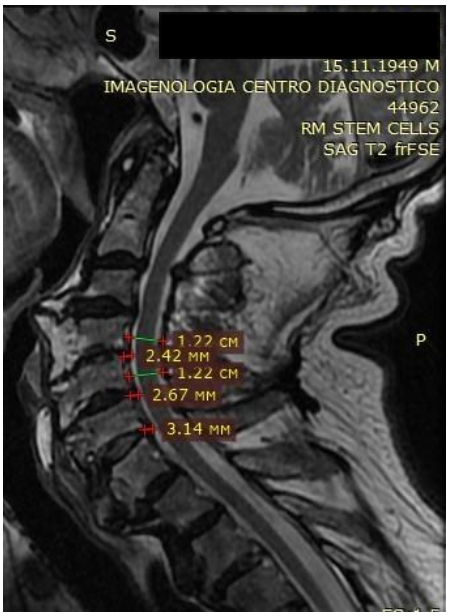
- On the series of T2-weighted MR images (single projection), the thoracic kyphosis is flattened.
- The vertebral body height is preserved.
- No dorsal protrusions of the intervertebral discs are identified.
- There is focal fatty degeneration of the vertebral bodies.
- The intervertebral discs are reduced in height and dehydrated throughout the thoracic spine.
- Degenerative changes are present in the vertebral bodies with signs of fatty degeneration.
- Irregularities of the vertebral endplates are noted, along with signs of subchondral sclerosis.
- Marginal bony outgrowths are present along the anterior surfaces of the vertebral bodies.
- The sagittal diameter of the spinal canal at the T8 level is up to 15 mm (within normal range).
- The visible portion of the spinal cord has smooth, well-defined contours and homogeneous parenchyma.
- Facet joint arthrosis is present.
- The conus medullaris is in a normal position.

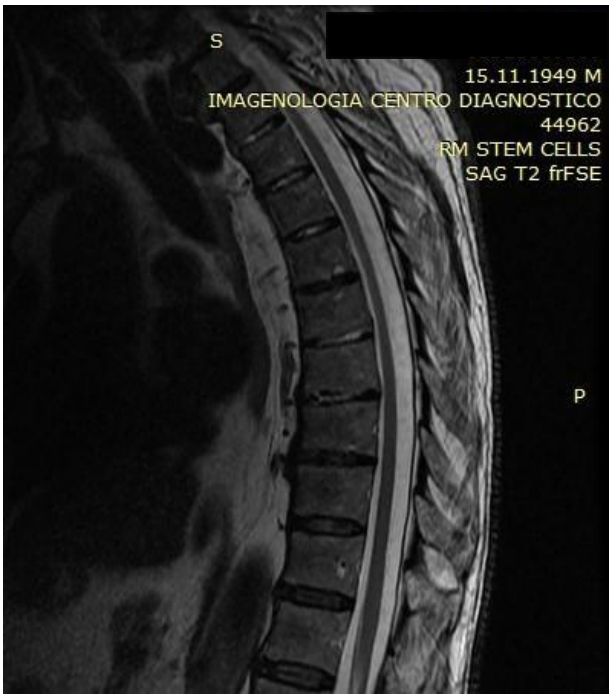
Lumbar Spine

- On the series of T2-weighted MR images (single projection), lumbar lordosis is flattened.
- The intervertebral disc height from L1 to S1 is reduced, and the discs are dehydrated throughout the lumbar region.
- No posterior disc protrusions are visualized.
- The vertebral body height and structure are preserved, with signs of fatty degeneration.
- Irregularities of the endplates of the L1–S1 vertebral bodies are noted, with signs of

subchondral sclerosis.
- Marginal bony outgrowths are present along the anterior surfaces of the L1–S1 vertebral bodies.
- Facet joint arthrosis is present.
- The spinal canal diameter measures:
  - At the L4 vertebral level — up to 15.5 mm
  - At L5 — up to 16.2 mm
- The spinal cord signal (on T1 and T2) is normal.
- No pathological findings in the soft tissues at the level examined.
- A perineural arachnoid cyst is present at the S3 level, measuring 13 mm in diameter.

Conclusions:
- Soft Tissues of the Neck
  - No MRI evidence of organic pathology.
- Cervical Spine
  - Postural abnormalities.
  - Degenerative changes in the cervical spine.
  - Spondyloarthrosis.
  - Deforming spondylosis with signs of Forestier's disease (diffuse idiopathic skeletal hyperostosis).
  - Disc protrusions at C2–C3, C3–C4, C4–C5, C5–C6, and C6–C7.
- Thoracic Spine
  - Degenerative changes in the thoracic spine.
  - Spondyloarthrosis.
  - Spondylosis.
- Lumbar Spine
  - Postural abnormality.
  - Degenerative changes in the lumbar spine.
  - Spondyloarthrosis.
  - Spondylosis.





5. Chest

A series of MRI scans of the chest was obtained.

- The chest has a normal shape with no signs of deformity. Soft tissues are symmetrical. The retrosternal fat tissue is unremarkable.
- The lungs are fully expanded. No visible infiltrative changes are observed in the lungs.
- The trachea has smooth, well-defined walls, is air-filled, and its lumen is patent.
- No enlarged lymph nodes are visualized.
- The mediastinum has normal structure and is not displaced.
- The thoracic aorta has a normal course and uniform lumen.
- The heart is in its normal position, with unaltered configuration.
- No free fluid is detected in the pleural cavities.
- The diaphragm is normally positioned, with smooth and clear contours.
- No areas of diffusion restriction are identified. Axillary lymph nodes are not enlarged.

Chest
No significant findings.

Conclusions:

- No MRI evidence of infiltrative changes in the lungs.

6. Abdomen and Pelvis

A series of MRI scans of Abdomen and Pelvis was obtained.

Abdominal Organs and Retroperitoneal Space:

- On the series of T2-weighted MR images of the abdomen and kidneys (coronal and axial DWI):
- The liver is enlarged, with the craniocaudal size of the right lobe measuring 163 mm. It is in a typical location with smooth and well-defined contours. The hepatic parenchyma is heterogeneous. A cyst measuring 11 mm in diameter is seen in the right lobe.
- The portal vein measures 12 mm. Intrahepatic bile ducts are not dilated and show no filling defects. No enlarged lymph nodes are visualized in the hepatic hilum.
- The gallbladder is not enlarged, shows a bend at the body, and contains homogeneous contents. The common bile duct is not dilated and has no filling defects.
- The pancreas is in a typical location. Its contours are irregular but well-defined. The parenchyma has a diffuse structure. The pancreatic duct is not visualized. No signs of edema in the peripancreatic fat.
- The spleen measures 125×58×140 mm, with preserved structure. Accessory splenic lobules measuring 12 mm and 14 mm are present.
- The right kidney measures 111×52 mm, with parenchymal thickness up to 18 mm. Contours are smooth, and corticomedullary differentiation is preserved. The pelvicalyceal system (PCS) of the right kidney is not dilated or deformed.
- The left kidney measures 106×51 mm, with parenchymal thickness up to 18 mm. Contours are smooth, and corticomedullary differentiation is preserved. The PCS of the left kidney is not dilated or deformed.
- The adrenal glands have a normal appearance.
- The abdominal aorta and inferior vena cava have a normal course and are not dilated.
- No enlarged retroperitoneal lymph nodes are observed.
- No free fluid is detected in the abdominal cavity.
- Small diverticula are seen in the structure of the descending and sigmoid colon.

Pelvic Organs:

- On the series of MR images of the pelvic organs (Axial T2 and DWI sequences):
- The prostate gland is spherical in shape, symmetrical, with smooth and well-defined contours. It protrudes into the urinary bladder by up to 9 mm and measures 4.0 × 5.0 × 4.9 cm (volume: 49 cm^3).

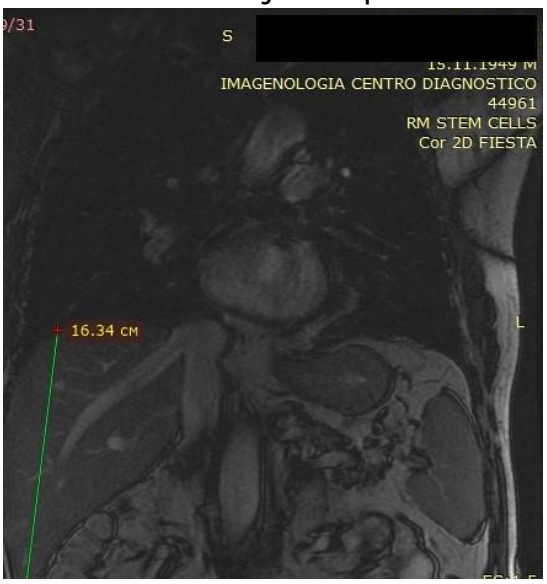
- The prostatic capsule is clearly visualized and not thinned. The peripheral zones are thinned with hypointense areas but show no signs of diffusion restriction.
- The transitional zone has a heterogeneous structure with areas of glandular and stromal hyperplasia.
- The seminal vesicles have well-defined contours, are not enlarged, and contain homogeneous material.
- The urinary bladder is moderately filled, with homogeneous contents. No mural masses are identified. The distal third of the ureters is not dilated.
- No bone-destructive pathology is noted.
- No free fluid is detected.

Hip Joints:

- The right and left hip joints are visualized.
- Joint spaces are unevenly narrowed, with preserved congruency of the articular surfaces.
- The articular surfaces are irregular with signs of subchondral sclerosis.
- Physiological (normal) amount of fluid is present in the joint cavities and bursae.

Conclusions:

- MRI signs of gallbladder deformity, hepatosplenomegaly, liver cyst, and colonic diverticula.
- MRI findings consistent with prostatic hyperplasia (PI-RADS II).
- Signs of chronic prostatitis.
- Signs of osteoarthritis: joint space narrowing and subchondral sclerosis.



7. Conclusion

Key Findings:

- Brain:
  - Signs of chronic vascular changes (discirculatory encephalopathy, Fazekas grade II).
- Moderate cerebral atrophy (age-related brain changes).
  - Deviated nasal septum.
- Spine:
  - Cervical spine: Advanced osteochondrosis, multiple disc protrusions, signs of Forestier's disease (ossification of the anterior longitudinal ligament).
  - Thoracic spine: Degenerative changes, facet joint arthrosis, spondylosis.
  - Lumbar spine: Degenerative changes, spondylosis, arachnoid cyst at the S3 level (13 mm).
- Chest:
  - No pathological findings. Lungs, heart, and great vessels are unremarkable.
- Abdomen and Pelvis:
  - Hepatosplenomegaly (enlarged liver and spleen).
  - Liver cyst (11 mm).
  - Gallbladder deformity without evidence of stones or inflammation.
  - Diverticula in the sigmoid and descending colon (outpouchings of the intestinal wall).
  - Prostate enlarged (volume 49 cm^3), signs of benign prostatic hyperplasia (BPH), chronic prostatitis.
  - **PSA test and urologist consultation recommended.**
- Hip joints:
  - Signs of osteoarthritis: joint space narrowing and subchondral sclerosis.

Key Recommendations:

- Neurologist consultation regarding brain and cervical spine changes.
- Gastroenterologist consultation for evaluation of the liver, gallbladder, and gastrointestinal tract.
- Urologist consultation for the prostate gland.
- Blood test for PSA to rule out a possible prostate malignancy.

Key Terms and Their Explanations:

1. **Fazekas II** – Moderate vascular changes in the brain substance (a sign of chronic ischemia).
2. **Cerebral atrophy (GCA)** – Reduction in brain volume, often age-related.
3. **Disc protrusion** – Bulging of the intervertebral disc without rupture of the fibrous ring.
4. **Spondylosis** – Bone outgrowths (osteophytes) along the edges of vertebrae, "spinal aging."
5. **Spondyloarthrosis** – Arthrosis of the intervertebral joints, causing stiffness and back pain.
6. **Forestier's disease (DISH)** – Calcium salt deposits in spinal ligaments, limiting mobility.
7. **Disc degeneration** – Wear and dehydration of intervertebral discs, leading to loss of height.
8. **Arachnoid cyst** – Benign fluid-filled formation between the membranes of the spinal cord.
9. **Hepatosplenomegaly** – Enlargement of the liver and spleen, often due to infections or congestion.
10. **Liver cyst** – Benign fluid-filled lesion, generally harmless.
11. **Intestinal diverticula** – Small outpouchings of the colon wall, with a possible risk of inflammation.
12. **Benign prostatic hyperplasia (BPH)** – Benign enlargement of the prostate gland, a common cause of urinary problems.
13. **PSA (Prostate-specific antigen)** – Blood test used to assess prostate cancer risk and monitor hyperplasia.