

IMAGING/RADIOLOGY REPORT

DATE OF STUDY _____ PATIENT _____

LOCATION STUDY PERFORMED _____ PATIENT DOB _____

IMAGING FINDINGS of VIEWS

VIEW	NORMAL FINDINGS
	<p>() No fractures, pathologies or severe dislocations are displayed</p> <p>() The bony structures of the Cervical ___ Thoracic ___ Lumbar ___ spine are essentially normal</p> <p>() The disc spaces appear well maintained (except as noted).</p> <p>() The A-P Cervical ___ Thoracic ___ Lumbar ___ spine is generally in good alignment.</p> <p>() The diaphragm is at a normal vertebral level.</p> <p>() The heart and lung fields appear within normal limits.</p> <p>() The Lateral Cervical ___ Thoracic ___ Lumbar ___ spine is generally in normal alignment with a proper lordosis _____ kyphosis _____</p>
	<p>ABNORMAL FINDINGS</p>
	<p>() Curve Reversal: A reversal of the _____ curve is noted.</p> <p>() Scoliosis: A _____ scoliosis is displayed in the _____ spine.</p> <p>() Transitional Vertebrae: Transitional lumbarization/sacralization is displayed.</p> <p>() Cervical Rib: A Cervical Rib is noted on the right/left.</p> <p>() Spinous Rotation: A left/right spinous rotation is noted at the _____ spinal level(s).</p> <p>() Diaphragm Level: The left/right diaphragm level appears to be at an abnormal level.</p> <p>() Spinabifida: A spinabifida is noted at the _____ level.</p> <p>() DJD: Mild/Moderate/Severe degenerative joint disease is displayed at the _____ vertebrae levels.</p> <p>() Disc Wedging is noticed at the _____ vertebrae levels.</p> <p>() Disc Thinning: Mild/Moderate/Severe disc thinning is noted at the _____ vertebrae level(s)</p> <p>() Osteoporosis: Mild/Moderate/Severe osteoporosis is displayed.</p> <p>() Compression Fracture: A compression fracture of _____ is displayed.</p> <p>() Foraminal Encroachment: Foraminal Encroachment is displayed at _____ level(s).</p> <p>() Fracture: A fracture of the _____ is displayed</p> <p>() Schmorl's nodes: Schmorl's nodes are seen at the _____ vertebral level(s).</p> <p>() Spondylothesis: A spondylothesis of the _____ vertebra is noted.</p> <p>() Other findings: _____</p> <p>() _____</p> <p>() _____</p> <p>() _____</p> <p>() _____</p> <p>() _____</p>

Reviewed by _____
 Date of Review _____
 NAME OF INTERPRETING PHYSICIAN
 (PRINT)

NAME OF CLINIC/PROVIDER _____

DATE OF STUDY _____ PATIENT _____

LOCATION STUDY PERFORMED _____ PATIENT DOB _____

IMAGING FINDINGS OF VIEWS _____

CLINICAL IMPRESSIONS
Reason for Any Abnormal Finding

RECOMMENDATIONS
Additional and/or Follow-up Studies

