

Jan. 12, 2012



OREGON HEALTH & SCIENCE UNIVERSITY

Hospital & Clinics

Diagnostic Imaging Services

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JOSEPH KRAJBICH, MD 3101 S W SAM JACKSON PARK RD Portland, OR 97239

Final

Med Rec No: 06475767 Name: FAUVER, KRYSTIN Birthdate: 02/02/2002

Sex: F

Alias:

Patient Location: OTHER Status: Outpatient Active

Ordering Physician: KRAJBICH, JOSEPH, MD

Ordering Physician 2:

MSPCTL- MR SPINE TOTAL WO CONTRAST completed on 05/16/2012 16:15 Accession # 16602844

TECHNIQUE: MR cervical thoracic and lumbar spine without contrast.

COMPARISON STUDIES: No relevant priors.

HISTORY: Early-onset severe scoliosis. Evaluate for intraspinal pathology.

CERVICAL SPINE FINDINGS:

Vertebral body heights, signal intensity, and alignment are normal. There is no Chiari one malformation.

There is a slight prominence of the central canal the spinal cord, versus a small syrinx in the cervical spine, beginning at about the C4 level, and extending into the thoracic spine where there is a larger syrinx. In the cervical pertions, the maximum diameter is about 1.5 mm at the C6 level. No vertebral segmentation anomalies or hemivertebrae are seen in the cervical spine.

THORACIC SPINE FINDINGS:

There is a severe levoscoliosis of the thoracic spine. There are about 90 degrees of curvature between the superior end plate of T6 and the superior endplate of T12. There is compensatory dextrocurvature above and below. There is also a rotatory component.

The spinal cord demonstrates a syrinx, only a few millimeters in the upper thoracic spine down to about the T6-7 level, and then tapering gradually up to maximum diameter

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of about 4 x 5 mm between about T9 and T12. Other than fluid signal centrally in the cord, there is no abnormal signal visualized in the surrounding cord parenchyma.

Both kidneys are present and symmetrical in size.

Lumbar spine demonstrates a mild compensatory dextrocurvature. Five non-rib bearing lumbar type vertebral bodies. T12 appears to likely have hypoplastic or rudimentary ribs. The conus terminates at the junction of middle and lower thirds of L1. There is no filar lipoma and no mass in the spinal canal. No canal or foraminal stenoses. Posterior elements appear fully formed. The urinary bladder is moderately distended.

Severe thoracic levoscoliosis with a rotatory component.

Cervical and thoracic spinal cord syrinx, small in the cervical cord up to about 1.5 mm, and smoothly tapering to a somewhat somewhat larger syrinx in the mid to lower thoracic spine up to maximum diameter of 4 x 5 mm. other than the syrinx, there is no surrounding parenchymal signal abnormality of the spinal cord. There is no Chiari one malformation. The conus is normally positioned and there is no filar lipoma or mass.

Attending Radiologists: Louis Riccelli, M.D. Author: Louis Riccelli, M.D.

I have personally viewed this procedure/exam, reviewed this report, and made changes to it where appropriate.

Final/Electronically signed / Louis Riccelli 05/17/2012 9:06 AM



PRE-PROCEDURE APPOINTMENT

PATIENT: Kryptin Fauver
PRE-PROCEDURE CLINIC APPOINTMENT DATE AND TIME: 4/13/13 12:30 PM
PROCEDURE DATE: 6/14/13 ESTIMATED LENGTH OF STAY: 8-10 DAYS WEEKS
PHYSICIAN/SURGEON: La Krantrch
OTHER: Please have attached order for me on mRSA
OTHER: Please have attached order for pre op MRSA Culture completed by 5/17/13

- PLEASE NOTE: CHILD'S LEGAL GUARDIAN MUST BE PRESENT FOR ADMISSION.
- Please check in 15 minutes early to allow time for registration.
- Check in on the first floor at the Registration Desk.
- Bring the name, address & telephone number of child's Primary Care Physician
- Bring your insurance card & photo ID of the legal guardian
- The pre-procedure appointment will take approximately 2-3 hours in length. You are welcome
 to bring snacks and activities to your pre-procedure appointment.
- FORMULA: If your child uses tube feed formulas, please bring enough for 2 days.
- MEDICATION: If your child takes any medications, please bring them in their original containers to the hospital for both the Pre-Admission appointment and at time of admission for surgery, as these are not provided by Shriners Hospital.
- You are responsible for the cost of medicines prescribed upon discharge and medical equipment for home, such as wheelchairs.
- All female patients who are 10 years and older or who have started their menses must have a urine pregnancy test prior to the surgical procedure.
- Please remember all pierced body jewelry and nail polish must be removed prior to surgery.
- You may be contacted by Oregon Health Sciences University Hospital (OHSU), a provider of additional clinical services for Shriners Hospital, asking for registration information prior to your child's admission to Shriners Hospital. Please provide OHSU directly with any requested information.
- We are no longer admitting patients to the Inpatient Unit the night before surgery. You
 will leave after your pre-surgery appointment and return at a specified time and date for
 upcoming surgery. The patient and one adult may stay in the hospital at night during
 your child's stay. If you have transportation, meal, or lodging concerns, please call
 Care Coordination at 503-221-3783 or 1-888-548-1813.
- If the patient is having OUTPATIENT SURGERY (going home on the same day as the surgical procedure), the guardian must remain in the building. <u>The procedure will not be</u> done if the parent/guardian does not remain in the building.
- Family members under the age of 16 years may not accompany the patient to the PRE/POST SURGICAL AREA. They must remain in designated waiting areas and be accompanied /supervised by a responsible individual who is 16 years of age or older.
- Due to space limitations, two (2) family members (16 years of age or older) may be with the patient in the PRE/POST SURGICAL AREA at one time.

If you have questions, please contact the Surgical Admissions Department:



(503) 221-3474 Surgical Admissions (888) 548-1814 Surgical Admissions – Toll free