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<b>Patient: DOE, JOHN</b>	<b>Exam Date:</b>	<b>06/05/2022</b>
<b>MRN : JD4USARAD</b>	<b>DOB:</b>	<b>01/01/1961</b>
<b>Referring Physician: DR. DAVID LIVESEY</b>	<b>FAX:</b>	<b>(305) 418-8166</b>

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## **MRI OF THE NECK WITHOUT CONTRAST**

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Clinical Indication: Left-sided neck pain and palpable mass on the left side of the neck for approximately 6 months.

Technique: Coronal T1 and T2-weighted sequences, sagittal T1 and T2-weighted sequences and axial T2 sequence were performed without intravenous contrast administration. There are no prior studies are available for comparison.

### Findings:

Skin marker is noted on the left side of the neck at the level of the C4/5 intervertebral disc space.

Cervical spine alignment is normal. Vertebral bodies are preserved in signal and height. Intervertebral disc spaces are normal in height with mild loss of intervertebral disc space signal at C2/3 through C5/6, consistent with desiccation. There are shallow disc-osteophyte complex is at C4/5 and C5/6. The facet joints are normal. There is no evidence of spinal canal or foraminal stenosis. The visualized spinal cord and posterior fossa are normal in signal and contour. There is no evidence of intra or extradural mass lesion.

There is a T2 and T1 hyperintense encapsulated mass in the left posterior cervical space, between the sternocleidomastoid muscle and left paraspinal muscles. The mass is posterior to the carotid space without appreciable mass effect in the carotid space. The mass measures approximately 4 x 1.3 x 6 cm in AP, lateral and craniocaudad dimensions respectively. The mass follows normal fat in signal intensity. This most likely represents an incidental lipoma. Consider further evaluation with contrast enhanced CT or MRI to exclude an enhancing component which may indicate neoplasia. Remaining cervical soft tissues are normal.

### Impression:

4 x 1.3 x 6 cm fatty mass in the left posterior cervical space, probably an incidental lipoma. In light of patient's left-sided neck pain, consider further evaluation with contrast enhanced CT or MRI to exclude an enhancing component which may indicate neoplasia.