AI-Generated Full-Body MRI Report



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General Information

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

Introduction

- 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

Limbs

- Upper and lower limbs (including femur)
- Muscles, joints

Conclusion

- Key findings
- Recommendations for further examination

<u>Appendix</u>

- Key area images
- Al-generated conclusions and additional data

1. General Information

- **Date:** 01 February 2025 | 10:00 AM
- 💄 Name: [Name Here]
- 📥 Date of Birth: [DOB Here]
- 🔮 Sex: Female
- 🞱 Weight: 57 kg

- **patient ID:** [Name Here]
- 🛕 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
- Limbs (including femur)

Results will be analyzed using AI to generate conclusions and detect any abnormalities.

3. Brain Analysis

Brain structures: Evaluation of the cerebral cortex, cerebellum, hippocampus, and basal ganglia. Structural abnormalities, masses, or signs of inflammation will be identified.

Pituitary gland and cranial nerves: Assessment of the pituitary gland for possible tumors and the visibility of cranial nerves.

Detected anomalies: Any detected abnormalities such as ischemic signs, microaneurysms, demyelination, or tumors will be noted.

Conclusions: Summarized findings

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

- The cortex, white matter, sulci, and gyri of the brain, basal ganglia, corpus callosum, and brainstem are all developed normally.
- No mass lesions are detected within the field of view.
- MRI diffusion does not reveal any decrease in the apparent diffusion coefficient.
- Mild, diffuse atrophic changes in the brain are observed, with widening of the convexity subarachnoid spaces, cortical sulci of the brain and cerebellum, and lateral fissures.
- Perivascular Virchow-Robin spaces are visualized at the level of the basal ganglia bilaterally and along the penetrating vessels in the semioval centers.
- Midline brain structures are not displaced.
- Lateral ventricles are symmetrical, not dilated, and of typical configuration
- The third ventricle is midline and not dilated
- The fourth ventricle is not dilated and communicates freely with the basal cisterns.
- Basal cisterns are not dilated.
- The suprasellar cistern is not dilated.
- The cerebral aqueduct is not compressed.
- The chiasmatic region shows no abnormalities.
- The pituitary gland is normally positioned and of normal configuration.
- The cerebellopontine angles and both auditory and vestibular nerves (cranial nerve VIII) are free of pathological changes.
- The craniometric junction is normal.
- The cerebellar tonsils are in their usual position at the level of the foramen magnum, with no signs of herniation.
- The globes are symmetrical, normally positioned, and not enlarged.
- In the alveolar recesses of the maxillary sinuses, cysts are identified, measuring up to 1.4 \times 1.4 cm on the right and 1.7 \times 2.8 cm on the left.
- Uneven thickening of the mucosal lining is noted in the maxillary sinuses, ethmoidal air cells, sphenoid sinuses, and frontal sinuses.
- The MRI signal from the mucosa of the mastoid air cells is unremarkable.





- 1. MRI findings are consistent with diffuse cerebral atrophy Grade 1 (per GCA scale).
- 2. Maxillary sinus cysts.

Recommendations

Consultation with a neurologist is advised.

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4. Neck and Spine

Cervical region: Evaluation of intervertebral discs, spinal cord, and surrounding tissues. Degenerative changes, disc herniations, or nerve root compression will be assessed.

Thoracic and lumbar region: Assessment of vertebrae, discs, spinal cord, and paravertebral structures. Signs of osteoarthritis, protrusions, or disc herniations will be examined.

Detected anomalies: Any abnormalities such as degenerative changes, inflammation, or spinal cord compression will be listed.

Conclusions: Summarized findings.



A series of MRI scans of the cervical spine was obtained.

- The physiological cervical lordosis is straightened.
- The spinal column axis is not curved.

- The odontoid process of C2 is symmetrically positioned relative to the lateral masses of the atlas.
- The craniometrical junction is normal.
- The vertebral body heights are preserved.
- Endplate contours at the C3–C7 levels are thinned, minimally micro-eroded, and deformed, with small Schmorl's nodes present but without perifocal reaction.
- Marginal osteophytes (anterior and posterior horizontal) are seen at the C3–C7 vertebral levels.
- Pointed and deformed uncinate processes are observed at the C4–C7 vertebrae.
- The facet joints show mild degenerative changes, including joint space narrowing, periarticular fibrosis, hypertrophy, and osteophyte-induced deformity.
- The MR signal from the vertebral bodies is unremarkable, with no evidence of pathological bone marrow edema.
- The intervertebral disc heights at C3–C7 are reduced, and the MR signal intensity from these discs is diminished (Pfirrmann Grade 5–6).



Neck and Spine
5 findings to look out for

- 1. Signs of static abnormalities and degenerative-dystrophic changes in the cervical spine.
- 2. Spondylosis.
- 3. Spondylarthritis.
- 4. Uncovertebral arthritis.
- 5. Bulging of intervertebral discs at the C3–C4, C4–C5, C5–C6, and C6–C7 levels.

Recommendations

Consultation with a neurologist is advised.

5. Chest

Heart: Structural assessment of the heart, including chamber enlargement or pericardial effusions.

Lungs: Evaluation of lung tissue for infiltrates, tumors, inflammation, or fibrosis.

Mediastinal organs: Examination of the trachea, bronchi, major vessels, and lymph nodes for pathological changes such as enlarged lymph nodes, aneurysms, or tumors.

Detected anomalies: Any deviations, including vascular thickening or lung nodules, will be detailed.

Conclusions: Summarized findings.

A series of MRI scans of the thoracic spine was obtained.

- The physiological thoracic kyphosis is preserved.
- The spinal column axis shows a mild rightward curvature.
- The height and shape of the vertebral bodies are normal.
- Small marginal bony osteophytes are observed along the anterior and lateral contours of the T3–T12 vertebral bodies.
- Minimal degenerative changes are noted in the endplates of the T4–T12 vertebrae, presenting as micro erosive defects and small Schmorl's nodes.
- The MR signal from the vertebral bodies is normal, with no evidence of pathological bone marrow edema.
- The intervertebral, costovertebral, and costotransverse joints display mild degenerative changes, including joint space narrowing, periarticular fibrosis, and hypertrophy of joint surfaces.

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6. Abdomen and Pelvis

Liver: Assessment of size, structure, and focal changes (cysts, tumors, or fatty infiltration).

Kidneys: Examination for stones, cysts, tumors, and evaluation of parenchyma and urinary tract.

Pancreas and spleen: Evaluation for cysts, tumors, or inflammation.

Pelvic organs: Assessment of the bladder, prostate (in men), uterus, and ovaries (in women) to detect tumors, inflammation, or other abnormalities.

Detected anomalies: Any detected issues or suspected pathologies will be outlined.

Conclusions: Summarized findings.

A series of MRI scans of the lumbar spine was obtained.

- A series of MRI scans of the lumbar spine was obtained.
- The physiological lumbar lordosis is preserved.
- The spinal column axis shows leftward curvature (scoliosis).
- The vertebral body heights are maintained.
- Endplate contours are clear.

- Schmorl's nodes are noted at the endplates of L1–S1 vertebral bodies, with mild perifocal bone marrow edema observed in the L4–S1 vertebral bodies.
- Marginal osteophytes are seen along the anterolateral surfaces of T12–S1 vertebral bodies.
- Narrowing of facet joint spaces, hypertrophy of the articular facets, and thickening of the ligamentum flavum at the L2–S1 levels collectively lead to intervertebral foraminal narrowing and spinal canal deformation.
- Moderate bone marrow edema (Modic Type I) is seen in adjacent surfaces of the vertebral bodies at the L2–L3 level.
- Intervertebral disc heights at L1–S1 are reduced, and the MR signal intensity of lumbar discs is diminished (Pfirrmann Grade 6–7).



Abdomen and Pelvis No adverse findings

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7. Limbs

Upper limbs: Evaluation of bones, joints, muscles, and ligaments of the shoulders, elbows, wrists, and hands. The presence of arthritis, ligament tears, tumors, or inflammation will be assessed.

Lower limbs (including femur): Examination of the hip, knee, shins, and feet for conditions like osteoarthritis, tendon tears, cartilage damage, or other abnormalities.

Detected anomalies: Any issues, such as inflammatory processes, traumatic injuries, or degenerative changes, will be described.

Conclusions: Summarized findings.

A series of **MRI scans of the limbs** was performed.

- The **bones**, **muscles**, and **joints** are **well-preserved**, with no evidence of fractures, dislocations, or destructive lesions.
- Joint spaces are of normal width and congruent, with no signs of significant narrowing or joint effusion.
- The **musculature** demonstrates a **normal signal**, with no areas of muscle tear, edema, or atrophy.
- **Tendons** and **ligaments** appear **intact** and without signs of inflammation or rupture.
- Bone marrow signal is normal, with no signs of edema, lesions, or infiltration.
- No evidence of **Schmorl's nodes** or significant degenerative changes was found.
- The **vascular structures** in the scanned area do not show any abnormalities.



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8. Conclusion

Key findings: A summary of all detected pathologies or abnormalities, highlighting areas that require attention.

Doctor's recommendations: Recommendations for further tests or treatments if significant findings are detected. Additional analysis or specialist consultations may be suggested.



Brain 3 findings to look out for

- 1. MRI findings are consistent with diffuse cerebral atrophy Grade 1 (per GCA scale).
- 2. Maxillary sinus cysts.

Neck and Spine 5 findings to look out for

- 1. Signs of static abnormalities and degenerative-dystrophic changes in the cervical spine.
- 2. Spondylosis.
- 3. Spondylarthritis.
- 4. Uncovertebral arthritis.
- 5. Bulging of intervertebral discs at the C3–C4, C4–C5, C5–C6, and C6–C7 levels.

Chest No adverse findings



Abdomen and Pelvis No adverse findings



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Recommendations

Consultation with a neurologist is advised.

9. Appendix

Key area images: The most important slices and images from the MRI scan, with annotations highlighting areas of abnormalities. Additional comments may accompany images to clarify the diagnosis.

Al conclusions: Results of Al analysis. Al highlights areas with suspected abnormalities, providing detailed data useful for further interpretation by the physician.

Additional data: Any other relevant information gathered during the study.

Report Disclaimer

This report was generated using **ClearViewX 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

ClearViewX 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.

ClearViewX 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. ClearViewX LLC also offers access to top medical spec.

Key Terms and Their Explanations

- 1. **Diffuse Cerebral Atrophy:** A condition characterized by a **decrease in brain tissue volume**, often associated with **aging** or certain **neurological disorders**.
- 2. **Perivascular Virchow-Robin Spaces: Fluid-filled spaces** that surround blood vessels in the brain, which may **enlarge** with **age** or certain **diseases**.
- 3. Schmorl's Nodes: Herniations of intervertebral disc material into the adjacent vertebral bone, commonly seen in degenerative spinal conditions.
- 4. **Pfirrmann Grading:** A scale used to describe the **degree of degeneration** in intervertebral discs based on MRI findings. Higher grades indicate more **advanced degeneration**.
- 5. Spondylosis: Degenerative changes in the spine, often involving bone spurs, disc space narrowing, and changes to the vertebral bodies.
- 6. **PIRADS (Prostate Imaging Reporting and Data System):** A standardized system for evaluating **prostate MRI**, used to assess the **likelihood of prostate cancer**.
- 7. **Dural Sac Compression:** Pressure exerted on the **protective membrane** surrounding the spinal cord and nerve roots, often due to **bulging discs** or other spinal conditions.
- 8. Modic Changes: MRI-detected changes in the vertebral endplates and adjacent bone marrow, typically associated with degenerative disc disease.

Additional Recommendations

- **Regular Follow-Up:** Follow-up imaging is recommended, particularly for areas of concern (e.g., **prostate findings** or significant **disc protrusions**).
- **Specialist Consultations:** Consultations with **neurologists**, **urologists**, or other relevant specialists are crucial to properly interpret the **implications** of the findings.
- Lifestyle Adjustments: For degenerative spinal conditions, physical therapy, ergonomic adjustments, and other measures may help manage symptoms and slow progression.
- Monitoring Suspicious Lesions: Ensure proper surveillance for any suspicious lesions or findings, such as those indicated by **PIRADS** or other imaging results.