Weill Cornell Imaging
NewYork-Presbyterian Weill Cornell Medicine

Patient Name: BERNSTEIN, DAVI
MRN: 1006922875
Date Ordered: 02/24/2026
Ordering Provider: 1558748640 BROWN, LAUREN
Ordering Code: CT PARANASAL SINUSES WITHOUT IV CONTRAST

Patient DOB: 07/20/1980
Sex: M
Date of Exam: Feb 24, 2026 17:00

EXAM:
CT scan of the paranasal sinuses without contrast.

CLINICAL HISTORY:
Other specified disorders of nose and nasal sinuses

TECHNIQUE:
CT of the sinuses was performed without administration of intravenous contrast. Multiplanar reformats were obtained.

One more of the following dose reduction techniques were used: Automated exposure control, adjustment of the mA and/or kVp according to patient's size, and the use of iterative reconstructive technique.

COMPARISON:
MRI brain 10/19/2021

FINDINGS:
The right frontal sinus is underpneumatized but clear. Mild mucosal thickening is seen along the right frontoethmoidal recess although it remains patent.

There is mild mucosal thickening along the left frontal sinus and frontoethmoidal recess which appears

partially opacified.

There is minimal mucosal thickening within in left anterior ethmoid air cell. The ethmoid air cells appear otherwise clear.

There is mild mucosal thickening along the right sphenoid sinus with opacification of the sphenoethmoidal recess. The left sphenoid sinus is clear. There is mild mucosal thickening along the left sphenoethmoidal recess which is narrowed. The left sphenoid sinus is otherwise clear. The sphenoid septum inserts along the lateral wall of the left sphenoid body..

There is minimal mucosal thickening along the floor of the right maxillary sinus. The left maxillary sinus is clear. The ostiomeatal units are patent.

The lamina papyracea are intact bilaterally. The carotid canals are covered by a thin layer of bone bilaterally. The roof of the right ethmoid air cells is slightly higher than the left.

There is rightward deviation of the nasal septum with a large bony spur which contacts the inferior turbinate.

The mastoid air cells and middle ear cavities are well aerated and clear bilaterally.

The orbits appear unremarkable.

The facial bones are intact. The soft tissues overlying the facial bones are unremarkable.

The visualized masticator, parapharyngeal, and retropharyngeal spaces are maintained. The fat within the pterygopalatine fossa is preserved bilaterally.

The contours of the visualized aero digestive tract are symmetric.

There are mildly prominent upper cervical lymph nodes bilaterally, possibly reactive.

The intracranial compartment is suboptimally assessed due to field of view and technique. The ventricles are normal in size and configuration. There is no midline shift or herniation pattern the visualized intracranial compartment. The cerebellar tonsils terminate above the foramen magnum.

Visualized upper cervical vertebral body heights are maintained. There is loss of intervertebral disc space height at C2-C3 and C5-C6 with associated degenerate endplate changes. Scattered degenerative changes are seen throughout the cervical spine without high-grade osseous canal stenosis.

IMPRESSION:
1. Mild scattered chronic inflammatory changes throughout the paranasal sinuses, as detailed above.
2. Rightward deviation of the nasal septum with large bony spur.

Electronically Signed By: Laura Watson on February 25, 2026 02:05 PM

This document was electronically signed by LAURA WATSON, MD

http://wcinyp.org
(212) 746-6000