Ezra Report

ezra

Dear Anna Watanabe,

Thank you for choosing Ezra to get a look inside your body and for taking a proactive step towards better health.

Name
Anna Watanabe

DOB
12/08/1950

Visit Type
Full Body MRI without contrast, Low-dose CT Chest

Scan Date
10/12/2022

Scan Location
Midtown East
523 Park Ave New York

Please contact your Ezra Care Advisor or email us (hello@ezra.com) if you need any assistance. Thank you for letting us be part of your health journey!

In health,
Your Ezra Care Team

Po Lang, FNP-C
Ezra Medical Provider

Va'Ronda Varnado, FNP-C
Ezra Medical Provider

Marissa Salava
Ezra Care Advisor

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Overall Impression

In your Ezra Scan, which gives a view inside your body and looks for early disease and cancer, there were non-urgent findings that require follow-up. Please review the entire report and “Next Steps” for more details about all your findings. Connect with Ezra in 1 year to monitor your health.

Head And Neck

MRI Findings:

- No recent infarct, hydrocephalus, or intracranial mass. Minimal chronic microvascular ischemic changes.
- Unremarkable MRI of the soft tissues of the neck.
- Scattered ethmoid air cell mucosal thickening is observed.
- Note is made of absence of the bilateral ocular lenses, compatible with prior cataract surgery.

What This Means and Recommendations:

No recent infarct, hydrocephalus, or intracranial mass
There are no signs of a recent stroke, no abnormal increase of fluid (cerebrospinal fluid [CSF]) in the brain and no brain mass based on your MRI images.

Chronic microvascular ischemic changes
Microvascular ischemic disease is a term that is used to describe changes to the small blood vessels in the brain. The cause of microvascular ischemic disease is not completely understood. It can be the result of plaque buildup and hardening (atherosclerosis) of the small blood vessels nourishing the brain. This is the same process that can narrow and damage heart blood vessels.

Discuss these findings with your primary care provider for a detailed risk assessment for cardiovascular disease prevention and evaluation for any other possible underlying causes, especially if you are of younger age. Initial treatment usually involves managing the risk factors that contribute to small blood vessel damage in the brain, which can include your blood pressure, cholesterol and blood sugars as well as maintaining an optimized lifestyle with 7-8 hours/night of sleep, a plant-forward diet with minimal processed foods, regular exercise, and quitting smoking if you smoke. Consider obtaining repeat MRI imaging in 1 year to monitor this finding.

Unremarkable MRI examination of the soft tissues of the neck
Your aerodigestive tract (the combined organs and tissues of the upper respiratory tract and the upper part of the digestive tract),

salivary glands, tonsillar prominence, lymph nodes and thyroid have a normal appearance based on these MRI images.

Ethmoid air cell mucosal thickening
Paranasal sinuses are a group of air-filled spaces that surround the nasal cavity: the ethmoid sinuses (air cells) are located between the eyes. The sinuses lighten the weight of the skull, but their main function is to produce mucus that moisturizes the air that you breathe and protects the nose from pollutants and micro-organisms.

Any inflammatory reaction (e.g. allergies, exposure to chemicals, infections) can cause a thickening (opacification) of the mucous lining. Discuss this finding with your primary care provider if you are having sinus and/or respiratory symptoms such as persistent allergies or recurrent sinus infections (e.g. nasal congestion, runny nose, sinus pressure/pain, headache, and/or post-nasal drip). Depending on the cause of your sinus symptoms, you could benefit from lifestyle modifications, medications and/or further evaluation. If there is no improvement in your symptoms after treatment with your primary care provider, seek further evaluation with an ENT (ear, nose and throat) and/or allergy specialist.

Note is made of absence of the bilateral ocular lenses, compatible with prior cataract surgery
The lens of the eye is a clear, flexible structure that allows the eye to focus. The absence of the lens of the eye (a condition called aphakia) is most common in adults who have had surgical removal of the lens due to cataracts (cataract surgery) or injury to the eye from a perforating wound or ulcer.

People with aphakia have relatively small pupils that tend to dilate to a lesser degree. Symptoms include blurry vision, farsightedness (the ability to see distant objects more clearly than close objects), and the loss of accommodation (trouble focusing on objects). This can be corrected by wearing glasses, contact lenses, or by surgical implant of an artificial lens. Complications of aphakia include detachment of the vitreous or retina, and glaucoma. Discuss this finding with your primary care provider or eye specialist if you are experiencing visual disturbances or have not undergone cataract surgery.

Spine

MRI Findings:

- Multilevel cervical spine, thoracic spine, and lumbar spine degenerative changes, as detailed above.
- Disc space narrowing at L5-S1 is observed with associated discogenic degenerative endplate changes.
- Discogenic degenerative endplate changes centered at L2-L3 and T9-T10 are also observed.
- C4-C5: A disc bulge is present...Facet arthropathy contributes to mild right foraminal narrowing.
- Stable 15 mm hemangioma within T12.

What This Means and Recommendations:

Multilevel cervical spine, thoracic spine, and lumbar spine degenerative changes

Your cervical (neck), thoracic (upper back) and lumbar (lower back) spine have aging-related wear-and-tear (degenerative) changes. This is a common finding and is usually asymptomatic (does not cause symptoms). If you are having symptoms such as pain, numbness, tingling, or weakness and/or radiation of these symptoms into the extremities (arms or legs), discuss this finding with your primary care provider for further evaluation and management, which can start with conservative management using anti-inflammatory medications (e.g. NSAIDs), abdominal and back muscle strengthening, weight loss and/or physical therapy.

Disc space narrowing

Neural foraminal stenosis is when the spaces between the bones of the spine become narrow. Sometimes when this happens, nerves that exit through these openings can get compressed (pinched) causing pain, numbness, tingling or weakness. If you are having symptoms, discuss this finding with your primary care provider for further evaluation and management. Initial treatment is usually conservative and can include weight loss, pain medication (e.g. NSAIDs) and physical therapy.

...discogenic degenerative endplate changes

Vertebral endplates are located between the vertebrae (bones of the spine) and cartilage discs (gel-filled structures that protect

and cushion the vertebrae). The vertebral endplates serve as a layer of protection between the hard, bony vertebrae and the softer, more delicate discs.

The spine can develop degenerative changes such as discogenic endplate changes with aging. Degenerative spine changes can cause symptoms such as chronic pain, numbness, tingling and weakness. If you have symptoms, discuss this finding with your primary care provider for further evaluation and management, which can start with conservative management using anti-inflammatory medication (e.g. NSAIDs), weight loss and/or physical therapy.

Facet arthropathy

The spine is made up of alternating spine bones (vertebrae) and cartilage discs. Facet arthropathy is a degenerative change, usually from wear-and-tear, to the joints between the spine bones. As a result, the bones at the joints may rub together or not move as they should. Symptoms can include localized pain, swelling and stiffness. The pain is typically worse in the morning or with twisting or bending backward. If you are having symptoms, discuss this finding with your primary care provider for further evaluation and management, which can start with conservative management using anti-inflammatory medications (e.g. NSAIDs), weight loss and/or physical therapy.

Stable 15 mm hemangioma within T12

Hemangiomas are benign (non-cancerous) growths that develop from collections of blood capillaries. Spinal hemangiomas are the most common benign spinal growths and are found in about 10% of people. The majority of these remain asymptomatic (do not cause symptoms). If a hemangioma does grow beyond its bony boundaries, it can cause symptoms such as back pain, limb weakness or numbness and/or compromised bowel or bladder control.

Based on your MRI images, this finding is stable (unchanged). In general, only vertebral hemangiomas that cause substantial pain or neurological symptoms will require treatment. If you are experiencing symptoms, discuss this finding with your primary care provider for further evaluation and management, which could include dedicated imaging with IV contrast of the affected region.

Abdomen

MRI Findings:

- No evidence of abdominopelvic malignancy.
- Mild hepatic steatosis, fat fraction 10%.

What This Means and Recommendations:

No evidence of abdominopelvic malignancy
Based on your MRI images, there is no evidence of cancer in the abdomen and pelvis. Your liver, gallbladder, pancreas, adrenal glands, kidneys, spleen, and abdominal aorta have a normal appearance. Consider getting a repeat Ezra scan in 1 year to monitor for any changes.

Mild hepatic steatosis, fat fraction 10%
Hepatic steatosis, commonly referred to as “fatty liver,” occurs when too much fat accumulates in the liver. The most common causes of excess liver fat are alcohol intake and a poor diet (highly processed foods such as sugars, refined grains, fried foods, desserts and snack foods contribute the most to this). Fatty liver commonly occurs with other markers of metabolic syndrome and insulin resistance, such as elevated blood pressure, high triglycerides (“bad” cholesterol) and low HDL (“good”) cholesterol, elevated fasting blood glucose, and increased abdominal circumference. Untreated fatty liver can lead to cirrhosis (scarring of the liver), which is an irreversible condition.

Fat fraction indicates the percent of cells within the liver that are fat cells. Fat fraction does not indicate whether someone has cirrhosis (scarring of the liver).
Mild fatty liver = fat fraction of 5 - 15%
Moderate fatty liver = fat fraction of 15 - 30%
Severe fatty liver = fat fraction greater than 30%

Discuss this fatty liver finding with your primary care provider to start managing and reversing this condition with the appropriate testing and treatment plan. Additional tests your primary care provider could order include liver enzyme levels (AST/ALT), fasting insulin level, and hemoglobin A1c (essentially a 3-month average blood sugar). Immediate reduction in alcohol intake is advised. Continue working with your primary care provider on

controlling your blood pressure, cholesterol and blood sugars, and maintaining an optimized lifestyle with 7-8 hours/night of sleep, healthy nutrition, regular exercise, good posture and quitting smoking if you do smoke.

Pelvis

MRI Findings:

- No evidence of abdominopelvic malignancy.
- Moderate distal colonic diverticulosis.
- The ovaries are not visualized, likely due to postmenopausal atrophy.

What This Means and Recommendations:

No evidence of abdominopelvic malignancy
Based on your MRI images, there is no evidence of cancer in the abdomen and pelvis. Your bladder, pelvic lymph nodes and blood vessels have a normal appearance. There are no suspicious bone findings. Consider getting a repeat Ezra Scan in 1 year to monitor for any changes.

Diverticulosis
Diverticulosis occurs when small, bulging pouches (diverticula) develop in the colon (large intestines). Most people who have diverticulosis do not have any symptoms. When one or more of these pouches become inflamed or infected, the condition is called diverticulitis. Diverticulitis causes lower abdominal pain (typically in the left lower portion of the abdomen), fever and a change in bowel movements (both diarrhea and constipation). Diverticulosis can cause bleeding in the rectum as diverticulum tends to occur in areas of weakness in the bowel wall where blood vessels penetrate. Diverticular bleeding is usually painless bleeding from the rectum.

If you are having abdominal symptoms or problems with bowel movements, discuss this finding with your primary care provider for further management, which could include colonoscopy to directly examine the colon and screen for abnormal lesions. In the absence of diverticulitis, however, diverticulosis usually does not cause symptoms and does not require follow-up or treatment. A plant-forward diet high in fruits and vegetables is recommended to maintain the health of the colon. Dietary fiber is associated with a decreased risk of symptomatic diverticular disease, while a diet high in fat and red meat is associated with an increased risk of symptomatic diverticular disease.

ovaries are not visualized, likely due to postmenopausal atrophy

The ovaries are a pair of organs in the female reproductive system. They are located in the pelvis, one on each side of the uterus (the hollow, pear-shaped organ where a fetus grows). The ovaries produce eggs and female hormones.

Ovarian atrophy (a decrease in ovarian size and weight) is a normal change to an ovary as a woman ages and goes through menopause.

Sometimes because of anatomy (e.g. atrophy) or technical limitations, an ovary is not seen on radiologic imaging. Not seeing an ovary is not associated with having cancer or having a serious condition. You do not need a follow-up scan or any further management for nonvisualization of an ovary.

Low-dose CT Chest

CT Findings:

- No evidence of intrathoracic malignancy.
- Patchy areas of mild linear scarring seen throughout the lower lung fields.

What This Means and Recommendations:

No evidence of intrathoracic malignancy
There are no signs of lung cancer based on the CT images of your chest. Smoking is the number one risk factor for developing lung cancer. If you are smoking, it is important to stop.

mild linear scarring seen throughout the lower lung fields
Any past damage or inflammation to the lung tissue can cause scarring. Scarring is not a precancerous condition; however, sometimes scarring can be associated with restrictive lung disease (where the lung is unable to expand as much in terms of volume). No follow-up is needed if you are not having any respiratory symptoms. If you are having shortness of breath or difficulty breathing, discuss this finding with your primary care provider and consider evaluation with a pulmonologist (lung specialist) for pulmonary function testing to see if you have restrictive lung disease. Radiology and pulmonary function testing do not necessarily correlate with physiologic function - many people have abnormal radiology or pulmonary function testing results but have a completely normal life with no breathing limitations.

Next Steps

Finding	Recommended Follow-Up
• Ethmoid air cell mucosal thickening (Page 6) • Note is made of absence of the bilateral ocular lenses, compatible with prior cataract surgery (Page 6) • Multilevel cervical spine, thoracic spine, and lumbar spine degenerative changes (Page 7) • Disc space narrowing (Page 7) • Facet arthropathy (Page 8) • Stable 15 mm hemangioma within T12 (Page 8) • Diverticulosis (Page 11) • mild linear scarring seen throughout the lower lung fields (Page 13)	If you are having symptoms, then discuss this finding with your primary care provider for further evaluation and management.
• Chronic microvascular ischemic changes (Page 5) • Mild hepatic steatosis, fat fraction 10% (Page 9 to 10)	Discuss this finding with your primary care provider for further evaluation and management.

As a reminder, continue working with your primary care provider on controlling your blood pressure, cholesterol and blood sugars, following age-appropriate cancer screening guidelines (e.g. colonoscopy) and quitting smoking if you do smoke. Continue regular dental care to protect healthy teeth and gums. Maintain an optimized lifestyle by sleeping 7-8 hours a night, eating a plant-forward diet, limiting and even consider abstaining from alcohol consumption, exercising 75-150 minutes a week (depending on intensity), using regular proper sun protection, and having good posture and healthy body composition. To further support overall wellness, practice regular meditation and/or prayer and stay connected to your family, friends and community.

U.S. Preventive Services Task Force (USPSTF) Selected Cancer Screening Guidelines

Organ	Population	Recommendation	Grade
Colon	Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.	A
	Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	B
	Adults aged 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.	C
Lung	Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B
Cervical	Women aged 21 to 65 years	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	A
Prostate	Men aged 55	For men aged 55 to 69 years, the decision to undergo periodic	C

	to 69 years	prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; overdiagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, comorbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs. Clinicians should not screen men who do not express a preference for screening.	
Breast	Women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	B
	Women aged 40 to 49 years	The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years. For women who are at average risk for breast cancer, most of the benefit of mammography results from biennial screening during ages 50 to 74 years. Of all of the age groups, women aged 60 to 69 years are most likely to avoid breast cancer death through mammography screening. While screening mammography in women aged 40 to 49 years may reduce the risk for breast cancer death, the number of deaths averted is smaller than that in older women and the number of false-positive results and unnecessary biopsies is larger. The balance of benefits and harms is likely to improve as women move from their early to late 40s. In addition to false-positive results and unnecessary biopsies, all women undergoing regular screening mammography are at risk for the diagnosis and treatment of noninvasive and invasive breast cancer that would otherwise not have become a threat to their health, or even apparent, during their lifetime (known as	C

		"overdiagnosis"). Beginning mammography screening at a younger age and screening more frequently may increase the risk for overdiagnosis and subsequent overtreatment. Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s.	

Adapted from USPTF https://www.uspreventiveservicestaskforce.org/uspstf/ by including Grade A-C cancer screening recommendations (accessed October 2021). A and B grade recommendations are services that the USPSTF most highly recommends implementing for preventive care. Cancer screening recommendations vary across organizations and institutions, and you should discuss your medical and family history with your primary care provider to develop your individual cancer screening plan.

For the purposes of this report, unless the context otherwise demonstrates, the terms female, woman, and women refer to those individuals with female reproductive anatomy. The terms male, man, and men refer to those individuals with male reproductive anatomy.

Please speak to your primary care provider before acting on any of the recommendations in this report and those discussed by an Ezra Medical Provider. It is your responsibility to follow-up with your primary care provider about the results of the Ezra Service.

Please note, the Ezra Service is for wellness purposes only. The Ezra Service is not diagnostic and does not replace currently accepted cancer screening standards (such as colonoscopy, mammography, etc.). Only organs and anatomy outlined in the report were reviewed as part of the Ezra Service.

Please remember, it is the member's responsibility to arrange and act upon any of the included recommendations in this report.

LHR LENOX HILL RADIOLOGY
Manhattan
Brooklyn
Queens
Bronx
Long Island

Exam requested by:
VaRonda Varnado FNP
419 PARK AVE S, STE 600
NEW YORK NY 10016

SITE PERFORMED: PARK AVENUE
SITE PHONE: (212) 772-3111

Patient: XXXX, XXXX
Date of Birth: XX-XX-XXXX
Phone: +X (XXX) XXX-XXXX
MRN: XXXXX **Acc:** XXXXX
Date of Exam: XX-XX-XXXX

EXAM: SCREENING NEURO MRI EXAMINATION

HISTORY: Asymptomatic patient.

TECHNIQUE: Multiecho, multisequence MR imaging of the brain, soft tissues of the orbits, and spine is provided for review. As this is a screening examination, intravenous contrast was not utilized.

Please note that these sequences are created for the asymptomatic patient. The purposes of this examination is not to elucidate known or suspected disease.

COMPARISON: None.

BRAIN FINDINGS:

There is no midline shift, hydrocephalus, abnormal extraaxial fluid collection, or evidence of recent infarct. No parenchymal signal abnormality is demonstrated.

The cerebellar tonsils are normally positioned. The visualized portions of the pituitary gland are unremarkable. There is no marrow signal abnormality. The vascular flow voids near the skull base are unremarkable. Scattered paranasal sinus opacification is observed.

SOFT TISSUE NECK FINDINGS:

No asymmetric signal or abnormal contour is observed along the aerodigestive tract. Tonsillar prominence is within normal limits for age. No thyroid abnormality is detected. The trachea is midline. The major salivary glands are unremarkable. No pathologic lymphadenopathy identified in either side of the neck meet the criteria for significant adenopathy.

Note is made of a 3 mm incidental canal cyst at the midline anterior maxilla, compatible with normal variation.

SPINE FINDINGS:

The craniocervical and atlantoaxial articulations are unremarkable. The cerebellar tonsils are normally positioned. There is no spondylosis or loss of vertebral body heights. Note is made of a 14 mm benign osseous hemangioma involving the T9 vertebral body

C4-C5: A disc/osteophyte complex is present. There is no resultant spinal cord compression. Moderate right foraminal narrowing is demonstrated.

C5-C6: A disc/osteophyte complex is present. There is no resultant spinal cord compression. M[illegible]ere bilateral foraminal narrowing is observed.

No significant thoracic spine or lumbar spine disc herniation, central canal st[illegible]sis, or foram[illegible]al narr[illegible]ng is d[illegible]cted on sagittal imaging.

IMPRESSION:

Unremarkable MRI of the brain. No recent infarct, hydrocephalus, or intracranial mass.

Unremarkable MRI of the soft tissues of the neck.

Multilevel cervical spine degenerative changes, as detailed above.

Thank you for the opportunity to participate in the care of [illegible]tient.

EDWARD LIBFELD MD - *Electronically Signed: 01-1[illegible]2021 9:0[illegible]M*
Physician to Physician Direct Line is: (646) 902-37[illegible]1

LHR
LENOX HILL RADIOLOGY

Exam requested by:
Va'Ronda Varnado FNP
419 PARK AVE S, STE 600
NEW YORK NY 10016

SITE PERFORMED: LENOX HILL

[redacted]

EXAM: LOW DOSE CT CHEST WITHOUT CONTRAST

Note - This patient has received 0 CT studies and 0 Myocardial Perfusion studies within [redacted] network over the previous 12 month period.

HISTORY: 51-year-old male with a prior history of smoking.

TECHNIQUE: CT of the chest is performed.
Contrast Technique: Without
Range/Planes: Apex of lungs to the adrenal glands. Axial [redacted]nal, and [redacted]ital.
One or more of the following dose reduction techniques [redacted]: automa[redacted]re control, adjustment of the mA and/or kV according to patient size, use of iterative re[redacted]nstructio[redacted]hnique.

COMPARISON: Low-dose chest CT from [redacted]

FINDINGS: **CHEST**

THYROID: Stable size and appearance o[redacted]m hypodense[redacted]ule in the left lobe of the thyroid gland with several punctate macroscopic calcifications. No disc[redacted]odule seen i[redacted]e right lobe of the thyroid gland.

LUNGS: Clear lungs without [redacted]se. No sig[redacted]f emphysema or interstitial fibrosis. Stable benign calcified granulomas are seen, for e[redacted]ple in t[redacted] lower lo[redacted]easuring up to 0.2 cm (4:176). Stable benign intrapulmonary lymph nodes seen along t[redacted] minor fis[redacted]e[redacted]suring up to 0.2 cm (4:173). There is no new or suspicious pulmonary nodule.

TRAC[redacted]AIN[redacted]BRONCHI: The[redacted]s no abn[redacted]mal peribronchial wall thickening, bronchiectasis, or discrete en[redacted]onchial lesion.

H[redacted]RT AND PE[redacted]M: Norm[redacted] size with mild coronary artery calcification. There is no pericardial effusion.

V[redacted]E: Normal ca[redacted]er main pulmonary artery and thoracic aorta.

LYMPH NODES AND ME[redacted]STINUM: No lymphadenopathy

SOFT TISS[redacted]: U[redacted]rkable.

BONES: Within normal limits.

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[redacted]

FINDINGS: **VISUALIZED PORTION OF THE ABDOMEN**
GASTROESOPHAGEAL JUNCTION: Unremarkable.
OTHER ORGANS: Diffuse hepatic steatosis

IMPRESSION:
1. No evidence of intrathoracic malignancy.
2. Stable benign pulmonary calcified granulomas and intrapulmonary lymph node. There is [redacted] suspicious pulmonary nodule.
3. Stable 1.8 cm hypodense nodule in the left lobe of the thyroid gland with [redacted] macroscopic calcification.
4. Hepatic steatosis.

Thank you for the opportunity to participate in the care of this patient.

[redacted]