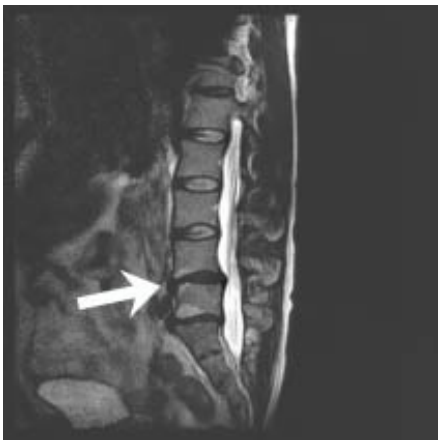
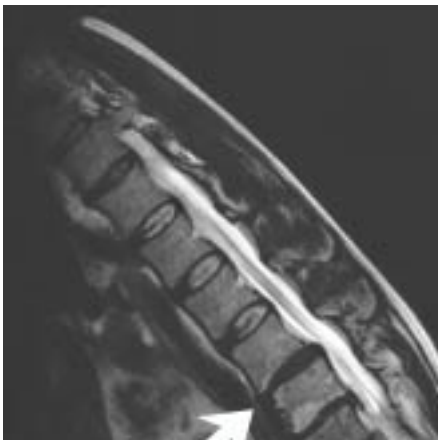
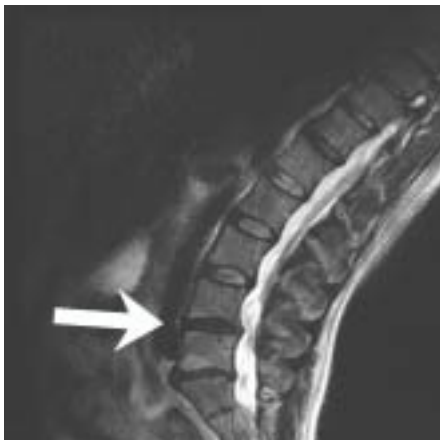
Spondylolisthesis shown to require additional fusion segment once its degree of instability,
not visible by recumbent-only MRI, was demonstrated by Fonar Upright MRI.



Upright-Neutral



Upright-Neutral



Upright-Neutral

Clinical Case Overview

The patient was a 49-year-old male who had had a 20-year history of chronic back pain and a three-year history of right lower extremity radiculopathy.

Prior to the Upright™ scan, the patient was scanned in a recumbent-only MRI (1.5T). It showed a right paracentral disk herniation at L5-S1. Based on the recumbent images, neurosurgeon Bennie W. Chiles III, M.D., said:

"I would have likely performed a diskectomy at L5-S1 to relieve pressure on the nerve root, along with an L5-S1 fusion for the back pain. Fusing L4-5 was not an initial consideration because no spinal instability was seen on the recumbent MRI.

When the dynamic flexion and extension images performed in the Upright™ MRI demonstrated an instability at L4-5 and showed the full extent of that instability once the patient's body weight was applied, I chose to also fuse L4-5 during the procedure rather than treat L5-S1 alone.

The result was a better outcome for the patient whose severe right leg pain is now gone and whose back pain is much reduced."

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