Professional Imaging Consultants, Inc.

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Date of Report: August 07, 2013
Patient Name: **SAMPLE MRI CERVICAL 1**
Referring Dr. / Clinic: James, Jones, DC
Date of Study: August 7, 2013

Radiology Report

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST:
Multiplanar multisequence images were obtained without contrast.

CLINICAL HISTORY: 48 year-old with neck pain and intermittent left-sided arm pain following a fall at home approximately 3 months ago. Left arm has been progressively getting weaker over the last 3-4 weeks.

COMPARISON STUDIES: No available studies.

ALIGNMENT: Mildly angular reversal the lordotic curvature with apex at C5-C6. Findings may be associated with muscle spasm and/or joint dysfunction but should be correlated clinically and with weight bearing x-rays. Anterolisthesis of C4 upon C5 by approximately 1-2 mm. Comparison with weight bearing x-rays and/or stress x-rays would be useful to rule out translational hypermobility or instability.

OSSEOUS STRUCTURES: Craniovertebral junction is normal.Vertebral body height is maintained and the posterior arches are intact.No marrow infiltration or bone destruction.

BRAINSTEM/SPINAL CORD: Brainstem is unremarkable. Cerebellar tonsils are located above the level of the foramen magnum and demonstrate normal globular shape.Spinal cord is normal in course, caliber and signal intensity.

PARASPINAL SOFT TISSUES:Paraspinal muscle mass is preserved and the muscles have a symmetric appearance. Remaining soft tissues of the neck are unremarkable.

C2-3 level: Disc height is maintained. No annular bulging, focal disc herniation or posterior disc-osteophyte complex. Dimensions of the central spinal canal are within the normal range. Normal functional reserve. Foramen are patent. Mild bilateral facet arthrosis..

C3-C4 level: Disc height is maintained. No annular bulging, focal disc herniation or posterior disc-osteophyte complex. Dimensions of the central spinal canal are within the normal range. Normal functional reserve. Foramen are patent. Mild/moderate right-sided and moderate left-sided facet arthrosis.

C4-C5 level: Anterior subluxation by 1-2 mm is again noted. Early anterior spurring with mild loss of disc height with diffuse annular bulging by 1-2 mm compressing the thecal sac. Moderate bilateral facet arthrosis. Mild bilateral uncovertebral arthrosis. Combined factors have resulted in mild to moderate bilateral foraminal stenosis compressing the C5 nerve root sleeves. Mid sagittal diameter of the canal reduced to approximately 10-11 mm.

C5-C6 level: Mild loss of disc height. Posterior left-sided extrusion type disc herniation extending from the central zone into the medial aspect of the left foramen measuring 4-5 mm AP diameter and 12 mm in width at the base. Caudal left central migration of extruded disc material by 4 mm. Herniation mildly compresses and flattens the left anterior aspect of the cord and has resulted in moderate left-sided foraminal stenosis with moderate compression of the left C6 nerve root. Findings demonstrated on gradient axial 34-48 and T2 sagittal 8/12 and 9/12. Right foramen is patent. Mid sagittal diameter of the canal is reduced to approximately 9 mm compatible with stenosis. Mild bilateral facet arthrosis.

C6-C7 level: Early anterior spurring. Normal disc height with posterior annular bulging by 1-2 mm compressing the thecal sac. Foramen are patent. No appreciable facet arthrosis. Dimensions of the central canal are within the normal range.

C7-T1 level: Disc height is maintained. No annular bulging, focal disc herniation or posterior disc-osteophyte complex. Dimensions of the central spinal canal are within the normal range. Normal functional reserve. Foramen are patent. No facet arthrosis.

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IMPRESSIONS:
1. Disc Herniation (Extrusion) C5-C6 Level: Broad-based posterior left-sided extrusion type disc herniation extending from the posterior central zone to the medial aspect of the left foramen measuring 4-5 mm AP by 12 mm in width with left central caudal migration disc material by several millimeters. Herniation mildly compresses the left anterior aspect of the cord and has resulted in moderate left-sided foraminal stenosis with compression of the left C6 nerve root. Clinical correlation regarding left C6 radiculopathy is advised.

2. Central Canal Stenosis C5-C6 Level: Mild acquired central stenosis at C5-C6 due to disc pathology with the mid sagittal diameter canal reduced to 9 mm. Borderline central stenosis at C4-C5 (10-11 mm). Threshold for absolute stenosis in the mid sagittal plane is 10 mm.

3. Foraminal Stenosis C4-C5 Level: Mild/moderate bilateral stenosis and clinical correlation regarding C5 radiculopathy advised.

4. Annular Bulging: Posterior annular bulging C4-C5 and C6 7 by 1-2 mm compressing the thecal sac at each level.

5. Discogenic spondylosis: Mild at C4-C5 and C5-C6 and early at C6-C7.

6. Abnormal Alignment: Marked reduction of the normal lordotic curvature which may be due to muscle spasm and/or joint dysfunction. Anterolisthesis C4 by 1-2 mm. If warranted clinically, comparison with weight bearing x-rays/stress x-rays would be useful to rule out translational hypermobility or instability.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on August 07, 2013 at 12:25:17.6250000
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