

# Fort Wayne Open MRI

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**Date of Report:** 1/20/2020  
**Patient Name:** XXXXX  
**Referring Dr. / Clinic:** XXXXXX XXXXX, DC  
**Date of Study:** 1/19/2020

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## Radiology Report

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

**CLINICAL HISTORY:** 59-year-old female. Neck pain with right arm pain and weakness. Occasional bilateral arm pain and weakness. No history of cervical spine surgery.

**COMPARISON STUDIES:** No available studies.

**ALIGNMENT:** Degenerative anterolisthesis C3 by 1-2 mm and C4 by 1-2 mm. Retrolisthesis C5 by 1-2 mm. Comparison with weightbearing neutral lateral x-ray and flexion-extension x-rays would be useful to rule out instability in comparison to the recumbent MRI.

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

**CERVICO-MEDULLARY JUNCTION/SPINAL CORD:** Cerebellar tonsils are located at or 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.

### FINDINGS BY LEVEL

**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 with preservation of CSF signal anterior and posterior to the cord. Foramen are patent. No appreciable facet arthrosis.

**C3-C4 level:** Mild loss of disc height with anterior spurring. Diffuse posterior spurring by 2 mm compressing the thecal sac and ventral aspect of the C4 nerve root sleeves. No contact with the cord. Residual mid sagittal diameter of the canal reduced to approximately 9–10 mm compatible with mild stenosis. There is preservation of the CSF signal posterior to the cord. Mild bilateral uncovertebral arthrosis with mild bilateral foraminal stenosis. Moderate left and mild right-sided hypertrophic facet arthrosis.

**C4-C5 level:** Moderate loss of disc height with diffuse posterior spurring, mildly asymmetric to the right side, measuring 3-4 mm greatest AP. Posterior spurring compresses the thecal sac and both C5 nerve root sleeves, greater on the right. Mild cord compression centrally and to the right. Mid sagittal diameter of the canal reduced to approximately 7-8 mm compatible with moderate stenosis. Loss of the CSF signal anterior and posterior to the cord (loss of functional reserve). Moderate bilateral foraminal stenosis due to uncovertebral arthrosis. Moderate left and mild right-sided hypertrophic facet arthrosis. At the left facet joint, there is mild to moderate joint effusion with stress related subchondral marrow edema and mild periarticular soft tissue edema compatible with an active arthropathy (sterile facet joint synovitis).

**C5-C6 level:** Advanced loss of disc height with diffuse posterior spondylosis measuring 3-4 mm AP. Spurring compresses both the emerging C6 nerve root sleeves with mild anterior cord compression. Mid sagittal diameter canal reduced to approximately 6–7 mm compatible with moderate to severe stenosis. Loss of the CSF signal anterior and posterior to the cord (loss of functional reserve). Both foramen are severely distorted and stenotic due to uncovertebral arthrosis. Mild facet arthrosis.

**C6-C7 level:** Moderate loss of disc height with diffuse posterior spurring by 2-3 mm compressing the thecal sac and ventral aspect of the emerging C7 nerve root sleeves. Mid sagittal diameter of the canal reduced to approximately 8-9 mm compatible with mild to moderate stenosis. Loss of the CSF signal anterior and posterior to the cord (loss of functional reserve). Mild to moderate bilateral foraminal stenosis due to uncovertebral arthrosis. Mild bilateral facet arthrosis.

**C7-T1 level:** Normal disc height with posterior bulging by 1-2 mm compressing the thecal sac without contacting the cord. Foramen are well maintained. Dimensions of the central canal within normal range with normal functional reserve.

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**IMPRESSIONS:**

1. Central Spinal Canal Stenosis: Multilevel acquired stenosis which is mild at C3/C4, moderate at C4/C5, moderate to severe at C5/C6 and mild to moderate at C6/C7. Loss of functional reserve at C4/C5 and C5/C6 and C6/C7 levels. Mid sagittal measurements below 10 mm considered absolute stenosis.
2. Foraminal Stenosis: Multilevel foraminal stenosis bilaterally at C3/C4, C4/C5, C5/C6 and C6/C7 levels, most severe at C5/C6.
3. Discogenic Spondylosis with Cord/Nerve Root Sleeve Compression C4/C5: Moderate degenerative changes with posterior spondylosis mildly compressing the cord greater centrally and to the right. Compression of both C5 nerve root sleeves greater on the right.
4. Discogenic Spondylosis with Cord/Nerve Root Sleeve Compression C5/C6: Advance degenerative changes with posterior spondylosis with mild cord compression. Compression of both C6 nerve root sleeves.
5. Discogenic Spondylosis with Nerve Root Sleeve Compression at C3/C4 and C6/C7: Mild degenerative changes C3/C4 with moderate degenerative changes C6/C7. Posterior spondylosis at both levels compressing the C4 and C7 nerve root sleeves respectively.
6. Facet arthrosis: Multilevel arthrosis to varying degrees C3/C4, C4/C5, C5/C6 and C6/C7 levels. Findings compatible with sterile facet synovitis (active arthropathy) C4/C5 level on the left. Clinical correlation regarding associated facet syndrome advised.
7. Abnormal alignment: Degenerative spondylolisthesis C3 and C4 by 1-2 mm each with retrolisthesis C5 by 1-2 mm. Comparison with weightbearing x-rays and stress x-rays would be useful to rule out instability.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on 1/20/2020 7:37 AM

Radiologist Edward J. Dailey, D.C., Diplomate, American Chiropractic Board of Radiology