NSI NeuroSkeletal Imaging
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DOB: [redacted]
Dr. Roberto Mixco
Exam Date: 12-05-2006

MRI OF CERVICAL SPINE WITHOUT AND WITH A PARAMAGNETIC CONTRAST AGENT

INDICATION FOR SCAN
MS

TECHNIQUE
An ultra-high resolution MRI scan of the cervical spine was performed on the new GE short bore whole body 3-Tesla Excite MRI system with axial T1-weighted spin echo pulse sequences, sagittal T2 fast recovery/ FSE, and axial T2 fast recovery /FSE sequences. After intravenous injection of Gadolinium DTPA, repeat axial T1 and sagittal FLAIR sequences with fat saturation were obtained.

FINDINGS
3 T imaging of the cervical spine was performed with and without infusion of contrast and reveals extensive and confluent lesions throughout the cervical cord extending from approximately the level of C1 down to C7 with lesions involving the lateral peripheral cord, central and posterior cord. There is a minimal enhancing lesion within the posterior aspect of the cord at approximately the level of C2. There is a vividly enhancing lesion within the posterocentral cord at C6 with the area of enhancement measuring approximately 5 mm in diameter.

At the level of C5-6, there is a small broad based right paracentral disc protrusion and annular tear but no significant spinal or foraminal stenosis.

At C6-7 there is a left paracentral small disc protrusion and annular tear but again no significant stenosis is present. Three is no spinal or foraminal stenosis at the remaining disc space levels.

As seen on previous MRI of the brain there are numerous lesions involving the brain stem consistent with MS.

IMPRESSION
1. Numerous confluent MS plaques throughout the cervical cord with a vividly enhancing plaque located within the posterocentral cord at the level of C6.
2. Small posterior disc protrusions and annular tears at C5-6 and C6-7 but no significant spinal or foraminal stenosis.

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