

PATIENT NAME:
DATE OF EXAMINATION:
DATE OF BIRTH:
REFERRING PHYSICIAN:
EXAM: MRI OF CERVICAL SPINE WITHOUT CONTRAST

CLINICAL HISTORY: Motor vehicle accident 03/18/15, neck pain with bilateral upper extremity radiculopathy.

FINDINGS:

Cervical lordosis is preserved.

1mm anterolisthesis at C3-4 level; 3mm retrolisthesis at C4-5 level.

Anterior marginal spurs with Modic type endplate changes seen at C4-C7 vertebrae. Vertebral heights are preserved.

Multilevel disc desiccation seen with reduced height of the C4-5, C5-6 and C6-7 intervertebral discs.

C1-C2: Atlantodental interval is preserved. Odontoid process and atlantoaxial joint appear normal. No spinal stenosis.

C2-C3: No spinal stenosis. No neuroforaminal narrowing.

C3-C4: Posterocentral protrusion type herniation with annulus tear and right-sided uncofacetal hypertrophy compressing on the thecal sac causing mild-moderate right neuroforaminal compromise. No spinal stenosis. No neuroforaminal narrowing.

C4-C5: There is loss of disc height and hydration. Broad-based posterior and left paracentral /foraminal disc herniation with uncovertebral hypertrophy compressing on the ventral cord causing severe left lateral recess and bilateral neural foraminal compromise resulting in compression of the left descending C6 and bilateral exiting C5 nerve roots, worse on the left. Mild-moderate spinal canal stenosis (anteroposterior canal dimension 8mm).

C5-C6: There is loss of disc height and hydration. Disc bulge with uncofacetal hypertrophy compressing on the thecal sac causing moderate-severe bilateral neuroforaminal narrowing resulting in compression of the exiting C6 nerve roots. Mild spinal canal stenosis (anteroposterior canal dimension =9.5mm).

C6-C7: There is loss of disc height and hydration. Broad-based posterior protrusion-type herniation with annulus tear and uncofacetal hypertrophy compressing on the ventral cord causing moderate-severe bilateral neuroforaminal narrowing resulting in compression of the exiting C7 nerve roots. Mild spinal canal stenosis (anteroposterior canal dimension =9.5mm).

C7-T1: No spinal stenosis. No neuroforaminal narrowing.

Visualized portion of the brain stem, posterior fossa and spinal cord appear unremarkable.

IMPRESSION:

1. 1mm anterolisthesis at C3-4 level; 3mm retrolisthesis at C4-5 level.
2. C3-C4: Posterocentral protrusion type herniation with annulus tear compressing on the thecal sac causing mild-moderate right neuroforaminal compromise.
3. C4-C5: Broad-based posterior and left paracentral /foraminal disc herniation compressing on the ventral cord causing severe left lateral recess and bilateral neural foraminal compromise resulting in compression of the left descending C6 and bilateral exiting C5 nerve roots, worse on the left. Mild-moderate spinal canal stenosis (anteroposterior canal dimension 8mm).
4. C5-C6: Disc bulge compressing on the thecal sac causing moderate-severe bilateral neuroforaminal narrowing resulting in compression of the exiting C6 nerve roots. Mild spinal canal stenosis (anteroposterior canal dimension =9.5mm).
5. C6-C7: Broad-based posterior protrusion-type herniation with annulus tear compressing on the ventral cord causing moderate-severe bilateral neuroforaminal narrowing resulting in compression of the exiting C7 nerve roots. Mild spinal canal stenosis (anteroposterior canal dimension =9.5mm).