Report Submission Date:

Name:		**Date:**	
MRN:		**Modality Type:**	MR
Gender:		**Description:**	MR CERVICAL SPINE WO
DOB:		**Laterality:**	
		Referrer:	Second Opinions

MRI cervical spine without contrast.

CLINICAL HISTORY: Reason for Initial Exam Pain, heaviness in arms and hands.

TECHNIQUE: Fast spin echo T2 and spin echo T1 sequences were obtained in axial and sagittal planes.

Findings:

Previous MRIs dated 04/10/23 and 1/15/21 is available for comparison.

There is straightening of cervical lordosis.

There is mild chronic anterior wedging of C5 vertebral body.

The rest of the osseous elements are intact with no evidence of fracture or dislocation.

The cervical cord is of normal uniform signal intensity without evidence of focal expansion.

There is no evidence for tonsillar herniation. Limited views of the posterior fossa reveal no abnormalities.

Multilevel disk dehydration, reduced disc heights and marginal osteophytes are seen.

At C2-C3, there is a 10 x 1.5 mm disc herniation showing an annular tear indenting the ventral thecal sac causing minimal left neural foramina narrowing. Canal is patent.

At C3-C4, there is a 11 x 3 mm disc herniation indenting the ventral thecal sac with uncovertebral hypertrophy causing moderate left and mild-to-moderate right neural foramina narrowing. Canal is borderline stenotic.

At C4-C5, there is a 12 x 3 mm disc herniation indenting the ventral thecal sac with uncovertebral hypertrophy causing mild right and mild-to-moderate left neural foramina narrowing. Canal is mildly stenotic.

At C5-C6, there is a 11 x 2.5 mm disc herniation indenting the ventral thecal sac with uncovertebral hypertrophy causing mild right and minimal left neural foramina narrowing. Canal is borderline stenotic.

At C6-C7, there is a 12 x 3 mm disc herniation indenting the ventral thecal sac with uncovertebral hypertrophy causing mild-to-moderate right and mild left neural foramina narrowing. Canal is borderline stenotic.

Remaining levels are unremarkable.

IMPRESSION:

1. Straightening of cervical lordosis.

2. At C2-C3, there is a 10 x 1.5 mm disc herniation showing an annular tear indenting the ventral thecal sac causing minimal left neural foramina narrowing. Canal is patent.

3.At C3-C4, there is a 11 x 3 mm disc herniation indenting the ventral thecal sac with uncovertebral hypertrophy causing moderate left and mild-to-moderate right neural foramina narrowing. Canal is borderline stenotic.

4.At C4-C5, there is a 12 x 3 mm disc herniation indenting the ventral thecal sac with uncovertebral hypertrophy causing mild right and mild-to-moderate left neural foramina narrowing. Canal is mildly stenotic.

5.At C5-C6, there is a 11 x 2.5 mm disc herniation indenting the ventral thecal sac with uncovertebral hypertrophy causing mild right and minimal left neural foramina narrowing. Canal is borderline stenotic.

6.At C6-C7, there is a 12 x 3 mm disc herniation indenting the ventral thecal sac with uncovertebral hypertrophy causing mild-to-moderate right and mild left neural foramina narrowing. Canal is borderline stenotic.

7.As compared to the previous MRIs dated 04/10/23 and 1/15/21, there is evidence of small additional disc herniation at C2-C3 level with mild increase in size of the disc herniations at C3-C4 and C4-C5 levels.

Electronically signed on by:

Fellowship Trained MRI and CT Specialist

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