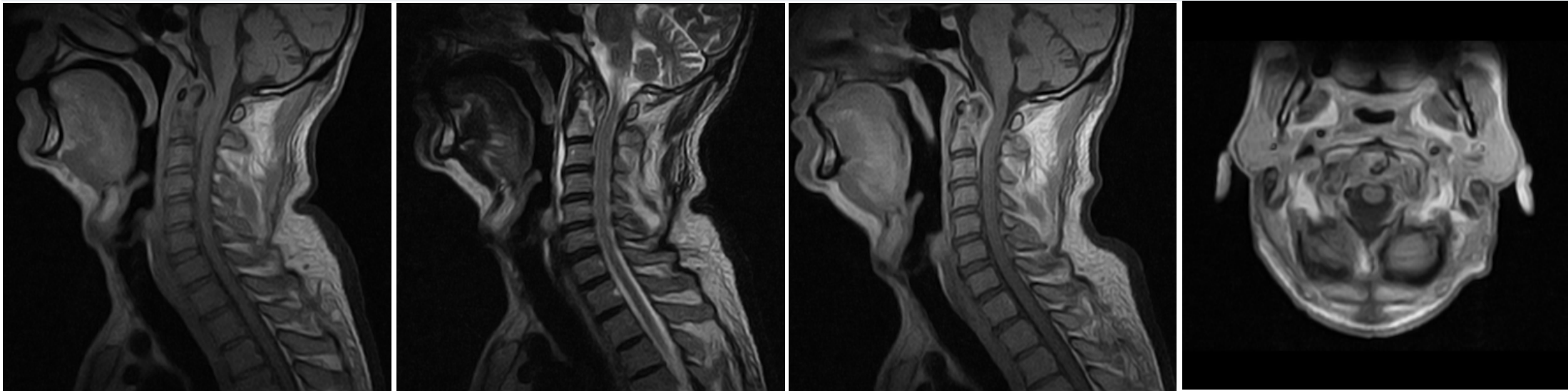


## Spine: Case 2 cont.

### Prompt

The patient is a 60-year-old man, with severe neck pain for 2 months, not responding to analgesics. Please generate a report based on these images.



### GPT-4V

#### **Cervical Spine MRI Report**

**Patient:** 60-year-old male

**Clinical Details:** Severe neck pain for 2 months, not responsive to analgesics. Previous X-ray findings suggestive of multilevel cervical spondylosis.

#### **Findings:**

Sagittal and Axial Views:

Multilevel degenerative disc changes are observed with evidence of disc dehydration and loss of disc height, especially noticeable at C5-C6 and C6-C7 levels.

There's a disc bulge/protrusion at the C5-C6 and C6-C7 levels. This appears to cause indentation on the anterior aspect of the thecal sac, and potential neural foraminal narrowing.

The cervical cord appears of normal signal intensity, without evidence of intrinsic cord abnormality or edema.

The vertebral body marrow signal appears within normal limits for the patient's age.

The posterior ligamentous structures appear intact.

The facet joints show some degenerative changes, especially at the mid to lower cervical levels.

No significant spinal stenosis observed from the provided images. However, the aforementioned disc protrusions might cause potential nerve root compression, especially at C5-C6 and C6-C7.

#### **Impression:**

Multilevel cervical spondylosis with pronounced changes at C5-C6 and C6-C7 levels.

Disc protrusions at C5-C6 and C6-C7 levels causing indentation on the anterior aspect of the thecal sac and potential neural foraminal narrowing. Clinical correlation for radiculopathy symptoms is advised.

**Recommendation:** Clinical correlation is advised, especially if there are symptoms of nerve root compression or radiculopathy. Conservative management, physiotherapy, and possibly consultation with a spine specialist may be considered based on the severity of the symptoms.

### Reference answer

Linear high T2 fluid signal at the prevertebral space, suggestive of retropharyngeal infection.

Diffuse soft tissue thickening around C2 vertebra with avid postcontrast enhancement and cortical erosions of the odontoid process, suggestive of retropharyngeal infection with periodontal soft tissue involvement and C2 vertebral osteomyelitis with pathological fracture. The posterior epidural component mildly indenting the craniocervical junction, with no signs of compressive myelopathy or syrinx formation.

Spondylodegenerative changes are also noted.