

Name: SMITH, Anon **Date of Study:** 10/07/2010 **Date of Report:** 10/07/2010
D.O.B. 22/05/1954 **Referred By:** Dr T. Jones **Clinic:** CBD Chiropractic

Clinical Details: Chronic history of neck and back pain

X-Ray Report

Cervical Spine

AP and lateral cervical spine views provided. Complete loss of the normal cervical lordosis with mild reversal centred at C5/6 measuring -4.1° with 25mm anterior head carriage. A 5° left lateral list extends from the lower cervical spine with left inferior occiput. The C3/4 – C6/7 intervertebral disc spaces demonstrate moderately severe reduction in height with associated endplate sclerosis and anterior vertebral body osteophyte formation. C5 also demonstrates a 2mm posterior displacement on C6 and a large posterior osteophyte which projects into the vertebral canal, possibly causing stenosis – clinical correlation is recommended.

The mid-lower facet joints are hypertrophied and sclerosed bilaterally. Uncinate hypertrophy is present bilaterally from C5 – C7 with blunting at C6 on the left causing encroachment into the left C5/6 intervertebral foramen – clinical correlation is recommended for nerve root impingement and dedicated oblique projections may be performed if indicated. Normal appearing atlanto-axial joints. Physiologic calcification of the thyroid and arytenoid cartilages. The remainder of the pre- and post cervical soft tissues are normal. The pineal gland is calcified of no clinical significance. Bone density is adequate. No other abnormality detected.

Clinical impression:

1. Mild reversal of the cervical lordosis with anterior head carriage;
2. Moderate degenerative disc disease C3/4 – C6/7;
3. Moderate spondylosis C3 – C7;
4. Grade 1 retrolisthesis of C5 on C6 with posterior osteophyte;
5. Moderate facet arthrosis mid-lower cervical spine;
6. Moderate uncovertebral arthrosis C4/5 – C6/7 with left C5/6 IVF encroachment – oblique views will better establish the degree of stenosis, if indicated.

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Thoracic spine

AP and lateral thoracic spine views are submitted for interpretation. An 11° levo-convex curvature originates at T10 and terminates at T5 with apex at T8/9, showing minimal rotation. Mildly exaggerated thoracic kyphosis without evidence anterior wedge deformity.

Mild loss of intervertebral disc space with end plate irregularity (Schmorl's nodes) from T5 – T10. Generalised degenerative enthesopathy anteriorly throughout. Early facet sclerosis is seen from T8 – T12. The costotransverse joints are sclerosed from T9 –T11. The visualised lung fields are normal and the trachea is midline. No evidence of para-vertebral soft tissue mass or fluid collection. No other abnormality.

Clinical impression:

1. 11° levo-scoliosis apex T8/9;
2. Postural changes as described;
3. Post-Scheuermann's disease with secondary DDD T5-T10;
4. Mild diffuse spondylosis;
5. Mild lower thoracic facet arthrosis;
6. Mild costotransverse arthrosis T9-T11.

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Lumbar spine

AP lumbo-pelvic and lateral lumbar spine views are provided. 6mm anatomical left short leg with corresponding left inferior sacral base in the frontal plane and associated 8° dextro-convexity originating at L5 and terminating at T12 with apex L2/3. The sacral base angle measures 51.9° and the lumbar gravity line falls through the posterior sacral base suggesting posterior weight-bearing. Moderate spinous approximation with mild squaring and cortical sclerosis.

Very mild loss of intervertebral disc height at L3/4 with posterior wedging and early osteophyte formation. The lumbo-sacral facet joints are mildly sclerosed, as are the inferior poles of the sacro-iliac joints bilaterally. Normal appearing coxo-femoral joints with small femoral sub-chondral geodes bilaterally. Normal appearing symphysis pubis. Bone density is adequate.

Multiple phleboliths are seen within the lower left pelvic basin. Para-glenoid sulci are appreciated. Abdominal soft tissues are unremarkable.

Clinical impression:

1. 6mm left short leg of doubtful clinical significance;
2. 8° dextro-convex scoliosis, apex L2/3;
3. Postural changes as described;
4. Early Baastrup's disease;
5. very early DDD and spondylosis L3/4;
6. mild lumbo-sacral facet arthrosis;
7. very early sacro-iliac osteoarthritis.

Reported by: Dr Christopher T Watkins DC, DACBR
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