STAND-UP MRI OF BENSONHURST, P.C.
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MULTI-POSITION MRI

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JUDITH CORDOVA **N10080703-BE** **Report Date:** 03/09/2022
DOB: 09/22/1968
Exam Date: 03/05/2022

GREGORY ABRAMOV NP
1314 CONEY ISLAND AVENUE
BROOKLYN, NY 11230

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the neutral/sitting position.

HISTORY: The patient complains of neck pain, bilateral shoulder pain, weakness on both sides and headaches.

COMPARISON: Examination is compared to previous MRI study of the cervical spine dated 11/18/2019.

INTERPRETATION: MRI study of the thoracic spine was performed at the same setting, dictated under separate cover.

The patient was not able to remain still and there is reduction of image clarity as a result of the patient motion.

At the C2/3 disc space level, disc bulge is noted deforming the thecal sac contributing to mild central spinal stenosis in conjunction with posterior ligamentous hypertrophy. There is no evidence of neural foraminal stenosis. Loss of disc signal is noted with preservation of disc space height.

At C3/4, disc bulge is noted deforming the thecal sac. There is no evidence of neural foraminal stenosis. There is loss of disc signal with preservation of disc space height.

At C4/5, disc herniation is noted deforming the thecal sac abutting the spinal cord. There is no evidence of neural foraminal stenosis. Loss of disc signal is noted with preservation of disc space height.

At C5/6, disc herniation is noted with paracentral osseous hypertrophic changes deforming the thecal sac, abutting the spinal cord, demonstrating bilateral neural foraminal extension abutting the exiting C6 nerve roots contributing to bilateral neural foraminal narrowing in conjunction

with facet and uncinate hypertrophic changes and mild central spinal stenosis in conjunction with posterior ligamentous hypertrophy. Loss of disc space height and signal is noted with anterior hypertrophic changes and anterior disc extension.

At C6/7, disc bulge is noted deforming the thecal sac contributing to moderate central spinal stenosis in conjunction with posterior ligamentous hypertrophy. There is no evidence of neural foraminal stenosis. Partial loss of disc signal is noted with preservation of disc space height.

At C7/T1, there is no evidence of herniated disc, spinal canal compromise, neural foraminal stenosis, or loss of disc space height or signal.

There is only limited assessment provided of the T1/2-T5/6 disc space levels at the peripheral margin of the included field of view.

Cervical spine straightening is noted, a nonspecific finding which meets criteria for muscle spasm.

There is no evidence of cervical vertebral body compression fracture. There is no evidence of bone marrow infiltrative disorder. There is no evidence of spondylolisthesis. There is no evidence of mass at the craniocervical junction. There is no signal hyperintensity within the cervical spinal cord. There is no evidence of atlantoaxial subluxation. There is no evidence of prevertebral soft tissue edema. There is no evidence of syringohydromyelia. C1/2 ligamentous hypertrophy is noted deforming the thecal sac.

Examination is compared to previous MRI study of the cervical spine dated 11/18/2019. C2/3 and C3/4 disc bulges were not identified on prior study. C4/5 disc herniation is increased in size compared to prior exam. C5/6 mild central spinal stenosis represents interval development compared to prior exam. C6/7 disc bulge and moderate central spinal stenosis were not identified on prior exam.

IMPRESSION:

- C4/5 and C5/6 disc herniations deforming the thecal sac abutting the spinal cord with C5/6 paracentral osseous hypertrophic changes, bilateral neural foraminal extension abutting the exiting C6 nerve roots bilaterally contributing to bilateral neural foraminal narrowing in conjunction with facet and uncinate hypertrophic changes and mild central spinal stenosis in conjunction with posterior ligamentous hypertrophy.

- C2/3, C3/4, and C6/7 disc bulges with C2/3 and C6/7 central spinal stenosis (mild at C2/3, moderate at C6/7) in conjunction with posterior ligamentous hypertrophy.

- Cervical spine straightening.

Thank you for referring your patient to us for evaluation.

Sincerely,

Harold M. Tice, M.D.
Diplomate of the American Board of Radiology
With Added Qualifications in Neuroradiology
HT/ig