Queens Diagnostic Radiology, P.C. **Procedure Reading**

Bronx Diagnostic Radiology, P.C.

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PATIENT NAME: Wanda Pressley
DOB: 7/19/1962
DATE OF SERVICE: 12/14/2021
REFERRING DOCTOR: Adnan A. Qureshi, M.D.

MRI Cervical spine:

TECHNIQUE: Magnetic Resonance Imaging Is Performed In Multiple Projections Utilizing T1/T2 Pulse Sequences.

FINDINGS:

Vertebral bodies maintain unremarkable height, alignment and signal characteristics. Suspicion is not raised for compression fracture, subluxation, or marrow replacement process. Anterolisthesis and retropulsion are absent. Posterior elements remain intact. Lordotic straightening is compatible with muscular spasm. Significant degenerative spondylosis has not developed. Uniform interspace heights. Endplates exhibit discogenic irregularities.

Concentric annular bulges arise at C2-C3, C3-C4, C4-C5, C5-C6 and C6-C7. These discs efface the epidural compartment and thecal sac.

Intracanalicular caliber is reduced to about 1 cm. Adequately patent exiting neural foramina are bilaterally.

Spinal cord emanates homogeneous intramedullary matrix pattern. No discrete mass, syrinx cavitation, or fluid collection is declared. Craniocervical junction harbors no Chiari malformation or other abnormality. Paravertebral soft tissues display typical morphologic features. No cervical lymphadenopathy or thyromegaly is identified. Smooth pharyngolaryngeal landmarks. Symmetrical salivary glands.

IMPRESSION:

1. Cervical multilevel discopathy.
2. C2-C3, C3-C4, C4-C5, C5-C6 and C6-C7 annular bulges.
3. Spinal canal encroachment produced.
4. Cord preserved.
5. Discogenic endplate reaction.
6. Hypolordosis.
7. Minimal torticollis.
8. No gross lesion suspected.

Thank you for the courtesy of this consultation.

Mark Lodespoto, M.D.
Diplomat, American Board of Radiology
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