

30-80 31st Street, Astoria, NY 11102 Tel: 718-335-7100 | Fax: 718-709-4136

04/12/2022 3:15.PM EXAM DATE: PATIENT: OVALLES-BARRIO, MARIA OVAM60840 MRI CERVICAL SPINE WITHOUT STUDY MRN: CONTRAST **DESCRIPTION:** REFERRING Qureshi, Adnan 01/21/1983 DOB: PHYSICIAN: GENDER F NECK PAIN AFTER W/C INJURY CLINICAL HISTORY

TECHNIQUE: Multiplanar and multisequential MRI examination obtained.

COMPARISON: None.

FINDINGS:

ALIGNMENT: There is straightening of cervical lordosis.

BONES/MARROW: Vertebral bodies are of normal height. The marrow signal has an overall benign appearance.

CRANIOCERVICAL JUNCTION/CORD: The cervicomedullary junction appears unremarkable. There is no Chiari malformation or abnormality within the visualized brainstem. The cervical cord is normal in caliber and signal.

DISCS: The Intervertebral discs demonstrate normal height and signal intensity. No significant osteophyte formation is noted.

SOFT TISSUES: Unremarkable.

LEVELS:

C2-3: There is no evidence of disc bulge, hemiation, or spinal stenosis. Neural foramina are patent. There is no nerve root compression.

C3-4: Broad-based central disc herniation is present. This results in compression of the ventral CSF space (axial T2 image 8 and sagittal T1 and T2 image 7). AP diameter of disc protrusion measures 2 mm. Transverse dimension of protruded portion of disc measures 12 mm. AP diameter of canal measures 8.2 mm. Narrowing of neural foramina bilaterally (axial T2 image 8). C4-5: Broad-based central disc herniation is present. This results in compression of the ventral CSF space (axial T2 image 11 and sagittal T1 and T2 image 7). AP diameter of disc protrusion measures 1.5 mm. Transverse dimension of protruded portion of disc measures 9 mm. AP diameter of canal measures 8.4 mm. Narrowing of neural foramina bilaterally (axial T2 image 11). C5-6: No focal disc bulge or herniation demonstrated. No significant central or lateral recess spinal stenosis. The neural foramina are within normal limits bilaterally with no definite compromise to the exiting nerve roots.

C6-7: No focal disc bulge or herifiation demonstrated. No significant central or lateral recess spinal stenosis. The neural foramina are within normal limits bilaterally with no definite compromise to the exiting nerve roots.

C7-T1: The disc is intact with no bulge, herniation or annular tear. No evidence of spinal stenosis



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CLINICAL HISTORY	NECK PAIN AFTER W/C INJURY	GENDER	F

noted. Neural foramina are unremarkable bilaterally with no evidence of compression of nerve roots.

## IMPRESSION:

- 1. Straighténing of cervical spine.
- 2. At C3-4, broad-based central disc herniation is present, resulting in compression of the ventral CSF space. Narrowing of neural foramina bilaterally.
- 3. At C4-5, broad-based central disc herniation is present, resulting in compression of the ventral CSF space. Narrowing of neural foramina bilaterally.

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