

Bronx Medical Diagnostic, P.C.

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PATIENT NAME: Francisco De La Rosa Marte
DOB: 3/9/1973
DATE OF SERVICE: 12/23/2020
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 essentially unremarkable height, alignment and single 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.

Postero-central subligamentous disc herniations arise at C3-C4, C4-C5 and larger at C5-C6. These extruded discs deform ventral dural tube subarachnoid space. Spinal cord surface is also encroached, resulting in flattening at C5-C6 level.

In addition, C2-C3, C6-C7 and C7-T1 possess annular bulges. These discs efface the epidural compartment and thecal sac as well.

Central canal integrity is compromised. Intracanalicular caliber reduction is most severe at C5-C6 measuring under 1 cm. Exiting neural foramina and adjacent nerve roots are constricted at C3-C4 on the right, C5-C6 bilaterally, C6-C7 on left and C7-T1 on the right.

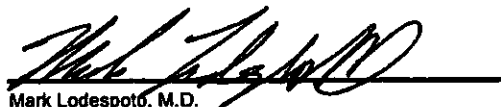
Spinal cord emanates homogeneous intramedullary matrix pattern, without syrinx or expansion.

No Chiari malformation. There is no paraspinal mass or fluid collection identified. Lymphadenopathy and thyromegaly are not identified either.

IMPRESSION:

1. Cervical multilevel discopathy.
2. C3-C4, C4-C5, and C5-C6 herniations.
3. C2-C3, C6-C7 and C7-T1 annular bulges.
4. Canal, foraminal and cord impingement produced.
5. Spinal stenosis, higher grade at C5-C6.
6. Discogenic endplate reaction.
7. Hypolordosis.
8. No gross lesion suspected.

Thank you for the courtesy of this consultation.



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