APOLLO IMAGING
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Patient: MUNSHI, AMINUR (M)		**Exam Date:**	**03/28/2014**
MRN : 137019/1		**DOB:**	**07/05/1975**
Referring Physician: AHMED, MOHAMED 1		**FAX:**	**(718) 803-6440**

MR OF THE CERVICAL SPINE WITHOUT CONTRAST

Clinical history: Neck pain, status post trauma.

T1 and T2 weighted sagittal images of the cervical spine were obtained. T1 weighted axial images of the cervical spine from C2-3 through C7-T1 were next obtained.

Examination of the sagittal images demonstrates loss of normal signal intensity from all visualized disc interspace levels. Disc space narrowing is noted at the C4-5 and C5-6 disc interspace levels. The remainder of the visualized disc space heights preserved. The vertebral bodies demonstrates normal signal intensity and height. The bony alignment is intact. Anterior extradural defects are identified at the C3-4, C4-5 and C5-6 disc space levels. There are no other significant anterior extradural defects demonstrated. The remainder of the visualized thecal sac and spinal cord demonstrates no evidence of structural abnormality. The bony spinal canal is of normal size and configuration. The paravertebral soft tissues are intact.

The foramen region is unremarkable. There is no evidence of inferior cerebellar tonsillar ectopia.

Examination of the axial images demonstrates no significant anterior extradural defects from the C2-3, C6-7 nor C7-T1 disc interspace levels. The visualized thecal sac and spinal cord demonstrates no evidence of structural abnormality. The exiting nerve roots are unremarkable. The bony spinal canal is of normal size and configuration. The neural foramina are intact.

The C3-4, C4-5 and C5-6 disc interspace levels demonstrate diffuse posterior bulging discs deforming the thecal sac and spinal cord diffusely. The exiting nerve roots are unremarkable. The bony spinal canal is of normal size and configuration. The neural foramina are intact

The visualized paravertebral soft tissues are intact.

Impression:
1. Diffuse posterior bulging discs C3-4, C4-5 and C5-6 deforming the thecal sac and spinal cord diffusely.
2. Loss of normal signal intensity all visualized disc interspace levels.
3. Disc space narrowing C4-5 and C5-6 disc interspace levels.