AMI
American Medical Initiatives

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

PATIENT:	SANTANA, PEDRO	**EXAM DATE:**	05/21/2022 9:52 AM
STUDY DESCRIPTION:	MRI CERVICAL SPINE WITHOUT CONTRAST	**MRN:**	SANP64907
DOB:	07/20/1963	**REFERRING PHYSICIAN:**	Qureshi, Adnan
CLINICAL HISTORY	NECK PAIN AFTER MVA	**GENDER**	M

TECHNIQUE: Sagittal T1, Sagittal T2 and axial T2 images of the cervical spine are obtained. No I.V. contrast administered.

COMPARISON: None.

FINDINGS:

ALIGNMENT/ANATOMY: There is straightening of cervical lordosis.

BONE/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.

DISC: There is loss of disc T2 signal and heights at multiple levels compatible with disc desiccation.

SOFT TISSUES: Unremarkable.

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

C3-4: Broad-based disc herniation is present. This results in compression and impingement of the ventral CSF space (axial T2 image 5, sagittal T1 and T2 image 8). Transverse dimension of protruded portion of disc measures 11.4 mm. AP diameter of disc protrusion measures 1.7 mm. AP diameter of canal measures 16 mm. Neural foramina normal.

C4-5: Broad-based disc herniation is present. This results in compression and impingement

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of the ventral CSF space (axial T2 image 8, sagittal T1 and T2 image 8). Transverse dimension of protruded portion of disc measures 11.3 mm. AP diameter of disc protrusion measures 2.3 mm. AP diameter of canal measures 15 mm. Narrowing of neural foramina bilaterally (axial T2 image 8) with possible impingement of exiting nerve root.

C5-6: There is no evidence of disc bulge, herniation, or spinal stenosis. Neural foramina are patent. There is no nerve root compression.

C6-7: 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.

C7-T1: There is no evidence of disc bulge, herniation, or spinal stenosis. Neural foramina are patent. There is no nerve root compression.

IMPRESSION:
1. Cervical lordosis is straightened.
2. At C3-4, broad-based disc herniation is present resulting in compression and impingement of the ventral CSF space. Neural foramina normal.
3. At C4-5, broad-based disc herniation is present resulting in compression and impingement of the ventral CSF space. Narrowing of neural foramina bilaterally with possible impingement of exiting nerve root.

Digitally Signed By: Imam, Naiyer
Digitally Signed Date: 05/23/2022 12:15 AM