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Patient: ARIAS, MAXWELL DOB: 3/15/1998

Exam Date: 7/12/2024 **Acc No:** R265919 **MRN:** 8023251

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Dear Dr. SMITH

MRI SCAN OF THE CERVICAL SPINE

Clinical History:

26 y/o male with cervicalgia, chronic back pain, right shoulder pain, neck stiffness.

Technique:

Magnetic resonance imaging of the cervical spine was performed in the sagittal plane using T1 weighted STIR and T2 weighted images. Axial T2 weighted spin echo and FIESTA techniques were obtained.

Coronal T2 sequences were performed as well. Sagittal oblique T2 weighted sequences through the bilateral neural foramen were also obtained.



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Comparison:

None available

Findings:

There is straightening of the cervical lordosis.

The cord is normal.

The bone marrow signal is unremarkable. There is no fracture or aggressive osseous lesion.

There is minimal multilevel disc desiccation reflecting minimal discogenic degeneration. Shallow Schmorl's nodes and minimal osteophytic lipping is seen reflecting minimal endplate degeneration.

Uncovertebral hypertrophy and facet arthropathy is seen at a few levels.

C2-3: There is no spinal stenosis or foraminal narrowing.

C3-4: Mild uncovertebral hypertrophy is seen. There is no spinal stenosis or foraminal narrowing.

C4-5: Mild uncovertebral hypertrophy is seen, left greater than right. There is no spinal stenosis. Minimal right and mild left foraminal narrowing is seen.

C5-6: A small left subarticular disc extrusion and annular fissure travels slightly above and below the level of the native disc superimposed upon a disc osteophyte complex with mild uncovertebral

hypertrophy and minimal facet arthropathy. There is mild spinal stenosis but no cord compression. There is mild right and moderate proximal left foraminal narrowing with impingement of the left C6

nerve root.

C6-7: A small right foraminal disc protrusion and annular fissure is superimposed upon a disc osteophyte complex with mild uncovertebral hypertrophy and mild facet arthropathy. There is no spinal

stenosis. There is moderate proximal right foraminal narrowing with impingement of the right C7 nerve root.

C7-T1: Mild uncovertebral hypertrophy and facet arthropathy is seen. There is no spinal stenosis. Minimal bilateral foraminal narrowing is seen.

Review of the visualized upper thoracic spine reveals a small left foraminal disc extrusion and annular fissure at T1-2 which in conjunction with an endplate osteophyte and facet arthropathy impinges



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the left T1 intraforaminal nerve root. Minimal endplate and mild facet degeneration is seen at other levels to a lesser extent in the upper thoracic spine.

The paraspinal soft tissues are normal.

IMPRESSION

C5-6 small left subarticular disc herniation and annular fissure with a superimposed disc osteophyte complex, uncovertebral hypertrophy and facet arthropathy impinges the left C6 nerve root.

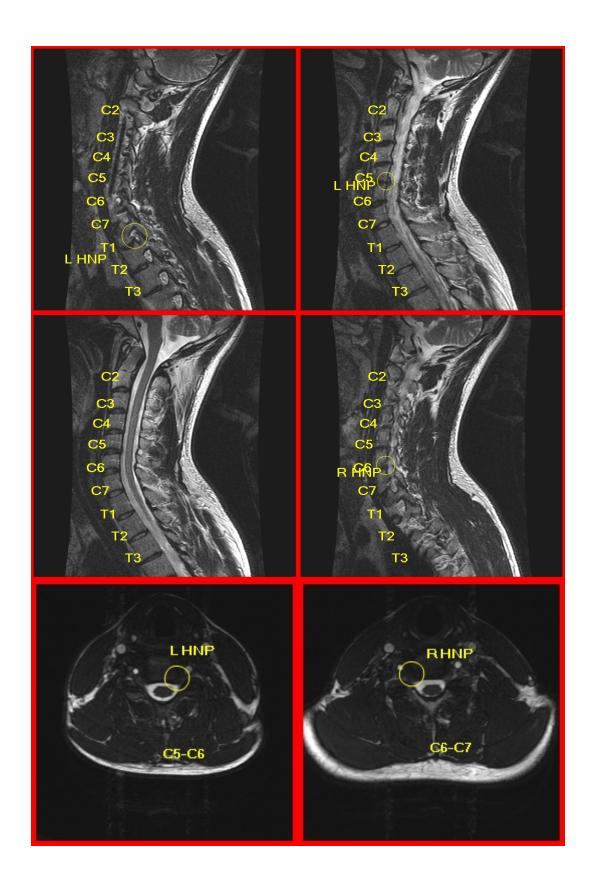
C6-7 small right foraminal disc herniation, annular fissure, uncovertebral hypertrophy and facet arthropathy impinges the right C7 nerve root.

T1-2 small left foraminal disc herniation, annular fissure, osteophyte and facet arthropathy impinges the left T1 intraforaminal nerve root.

Electronically Signed by Adam Wilner M.D.

Date/Time Transcribed: 07-13-2024 6:04 AM







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