



6388 Silver Star Road, Suite A-1  
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Open MRI & X-Ray

Tampa • Brandon • Lakeland • Kissimmee • Orlando • Jacksonville • Orange Park • Palm Beach Gardens • Jupiter

PATIENT NAME:

PATIENT ID:

DOB:

DOS:

07/28/2021

REFERRING PHYSICIAN: CARLOS OSPINA, DC@MC

REFERRING PHONE:

REFERRING FAX:

EXAMINATION: MRI CERVICAL SPINE WITHOUT CONTRAST

### **MRI OF THE CERVICAL SPINE**

**HISTORY:** Post MVA, 04/22/2021. Severe neck and low back pain. Headaches.

**TECHNIQUE:** Sagittal T1, T2, STIR, and axial gradient-echo images were obtained.

**FINDINGS:** There is straightening and mild reversal of the normal cervical lordosis. Cervical vertebral bodies are of normal height. No acute compression fractures. Mild loss of disc signal at C2-3, C3-4, C4-5, and C5-6. Posterior annular fissure/tear at C3-4.

C2-3: Disc is maintained with mild loss of signal. Posterior bulge impinging upon the thecal sac. Neural foramina are patent.

C3-4: Disc is maintained with mild loss of signal. Posterior midline disc protrusion/herniation and annular fissure/tear approximating the ventral cervical spinal cord. Neural foramina are patent, axial image #6.

C4-5: Disc reveals mild loss of height and signal. Posterior bulge impinging upon the thecal sac. Neural foramina are patent.

C5-6: Disc reveals mild loss of signal. Posterior bulge impinging upon the thecal sac. Left foraminal disc bulge and narrowing.

C6-7: Disc reveals loss of signal. Shallow left paramedian disc protrusion/herniation impinging upon the thecal sac. Neural foramina are patent.

C7-T1: Disc is maintained and hydrated. No herniated nucleus pulposus or spinal stenosis. Neural foramina are patent.



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### IMPRESSION:

1. Straightening and reversal of the normal cervical lordosis, perhaps as it relates to spasm. Clinical correlation.
2. C2-3, posterior bulge impinging upon the thecal sac.
3. C3-4, posterior midline disc protrusion-type herniation and annular fissure/tear approximating the ventral cervical spinal cord.
4. C4-5, posterior bulge impinging upon the thecal sac.
5. C5-6, broad-based posterior disc bulge partially effacing the thecal sac.
6. C6-7, shallow left paramedian disc herniation impinging upon the thecal sac.

As a board-certified physician licensed to practice medicine in the State of Florida and after having reviewed the clinical information provided on the patient's clinical intake form as well as the MRI imaging performed, it is my opinion that the findings are positive for an emergency medical condition as defined by the Florida's Motor Vehicle No-Fault statute. The basis of the finding of an EMC is that the patient has sustained acute symptoms of sufficient severity, which may include severe pain such as the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to this patient's health and/or serious impairment to bodily functions and/or serious dysfunction of any bodily organ or part.

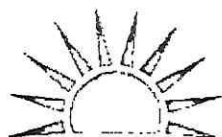
Thank you for referring your patient,

Richard A. Sarner, MD

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Electronically signed on:

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EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST

### MRI OF THE LUMBAR SPINE

**HISTORY:** Post MVA, 04/22/2021. Severe neck and low back pain. Headaches.

**TECHNIQUE:** Sagittal T1, T2, STIR, and axial T2-weighted images were obtained.

**FINDINGS:** Straightening of the normal lumbar lordosis. Lumbar vertebral bodies are of normal height. No acute compression fractures. Loss of disc space height and signal at L3-4 with mild grade 1 retrospondylolisthesis. Conus medullaris terminates at approximately L1.

L1-2: Disc is maintained and hydrated. No herniated nucleus pulposus or spinal stenosis. Neural foramina are patent.

L2-3: Disc is maintained and hydrated. No herniated nucleus pulposus or spinal stenosis. Neural foramina are patent.

L3-4: Disc reveals loss of height and signal. Grade 1 retrospondylolisthesis. Posterolateral disc bulge. Biforaminal disc bulge and narrowing, right greater than left. Facet joint fluid.

L4-5: Disc is maintained and hydrated. Posterior bulge impinging upon the thecal sac. Biforaminal disc bulge.

L5-S1: Disc is maintained and hydrated. Posterior bulge impinging upon the thecal sac. Biforaminal disc bulge.

### **IMPRESSION:**

1. Straightening of the normal lumbar lordosis, perhaps as it relates to spasm. Clinical correlation.





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EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST

2. L3-4, disc desiccation with grade 1 retrospondylolisthesis. Posterolateral disc bulge. Biforaminal disc bulge and narrowing.
3. L4-5, posterior bulge impinging upon the thecal sac. Biforaminal disc bulge.
4. L5-S1, posterior bulge impinging upon the thecal sac and S1 nerve roots.

As a board-certified physician licensed to practice medicine in the State of Florida and after having reviewed the clinical information provided on the patient's clinical intake form as well as the MRI imaging performed, it is my opinion that the findings are positive for an emergency medical condition as defined by the Florida's Motor Vehicle No-Fault statute. The basis of the finding of an EMC is that the patient has sustained acute symptoms of sufficient severity, which may include severe pain such as the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to this patient's health and/or serious impairment to bodily functions and/or serious dysfunction of any bodily organ or part.

Thank you for referring your patient,

Richard A. Sarnier, MD

RAS/iwo/dc P115100 /D: 07/28/2021 02:39 PM / T: 07/28/2021 03:02 PM

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