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11/22/2003: MR CERVICAL SPINE WITHOUT CONTRAST:

CLINICAL INDICATION: Neck pain extending to left arm with numbness and tingling. Symptoms present since 11/9/03 when patient was injured in motor vehicle accident.

TECHNIQUE: Sagittal spin echo T1, sagittal fast spin echo T2 and axial 3D gradient T2 images of the cervical spine were obtained.

FINDINGS:

Moderate disc desiccation with intervertebral disc space narrowing at C3-C4 and C6-C7 and moderate disc desiccation without intervertebral disc space narrowing at C5-C6.

Mild central scarring posteriorly at C3-C4 which impresses upon the ventral thecal sac but does not obliterate it and does not impress on the spinal cord. No neural foraminal stenosis at C3-C4.

At C5-C6, mild posterior osteophytes predominantly centrally impress on the ventral thecal sac to a mild to moderate degree but do not obliterate it. No impression on the spinal cord. Possible mild right neural foraminal narrowing, the left appears widely patent at C5-C6.

At C6-C7, small prominent central spur and bone formation with a mild degree of compression ventral portion of the thecal sac without obliteration. Moderately sized left paracentral spur and disc material that impinges on the left paracentral ventral thecal sac and causes a moderate to marked degree of left sided neural foraminal stenosis. No stenosis involving the right C6 neural foramen.

No central spinal stenosis. Vertebral body heights and alignment are maintained throughout the cervical spine region. The remaining levels appear unremarkable. Cervical portion of the spinal cord is unremarkable without syringomyelia or myelomalacia. Bone marrow signal is intact throughout the cervical region.

IMPRESSION:

1. Mild posterior spurring C3-C4 causes mild central compression of thecal sac without affecting the cord and no left or right sided neural foraminal stenosis. Moderate disc

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desiccation with mild intervertebral disc space narrowing at C3-C4.

2. Mild disc desiccation at C5-C6 without intervertebral disc space narrowing. There is mild to moderate posterior spurring which impresses upon the ventral thecal sac but not the underlying cord. Mild right neural foraminal stenosis, the left appears mildly patent.
3. Moderate size posterior spur impresses upon the ventral thecal sac to a moderate degree but does not obliterate it. This does not compress the underlying cord. Moderately size left para central spur or disc which causes moderate impression on the right paracentral ventral thecal sac and a moderate to marked degree of left sided neural foraminal stenosis. No neural foraminal stenosis right C6-C7. There is moderate disc desiccation with moderate intervertebral disc space narrowing at C6-C7.



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