

**AMERICAN HEALTH IMAGING
OF DALLAS**712 N. Washington Street, Suite 102
Dallas, TX 75246

214-515-0016 • Fax: 214-515-0026

PATIENT NAME: PLOCK ROBERT
PATIENT DOB: 07/26/1968
EXAM DATE: 05/17/2013
EXAM TYPE: Cervical spine MR
REFERRING PHYSICIAN: Andrew Park, MD

INDICATION: Upper extremity paresthesias and low back pain.

LUMBAR SPINE MR

TECHNIQUE: Multi-planar, multi-sequence image acquisition of the lumbar spine performed per routine protocol without intravenous gadolinium administration.

COMPARISON: No prior studies are available for comparison.

FINDINGS:

There is preservation of overall vertebral body height, lumbar lordosis, with 12 mm of anterolisthesis of L5 on S1 large component of which is due to bilateral pars interarticularis defects. There is multilevel mild intervertebral disc space desiccation with loss of intervertebral disc space height only at the L5-S1 level. The vertebral body bone marrow is within the range of normal and there are discogenic marrow changes spanning the middle column of the vertebral bodies at the L5-S1 level. The conus medullaris is well visualized terminating at L1. Spondylosis is present at the following levels:

T12-L1: Minimal disc bulge with patency the spinal canal and neural foramina bilaterally.

L1-L2: Minimal disc bulge, mild bilateral facet hypertrophy, and mild narrowing of the left greater than right neural foramina with patency the spinal canal.

L2-L3: Circumference of disc bulge, mild to moderate bilateral facet hypertrophy, and minimal ligament flavum buckling with patency the AP

Andrew Park
05-20-13



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canal dimension and mild left greater than right neural foraminal stenosis.

L3-L4: Left eccentric circumferential disc bulge, moderate bilateral facet hypertrophy, mild ligament flavum buckling, and overall patency of the AP canal diameter with mild bilateral subarticular recess stenosis and only minimal narrowing of the neural foramina bilaterally.

L4-L5: Circumference of disc bulge, moderate to severe bilateral facet hypertrophy, and ligamentum flavum buckling are present with patency of the spinal canal and neural foramina bilaterally.

L5-S1: 12 mm of anterolisthesis of L5 on S1 in addition to bilateral pars interarticularis defects, wide patency of the central portion of the spinal canal, and severe bilateral neural foraminal stenosis.

Partial visualization of the adjacent prevertebral and paravertebral soft tissues of the lumbar spine demonstrates no gross MR imaging abnormality.

IMPRESSION:

Lumbar spondylosis most pronounced at L5-S1 where there is 12 mm of anterolisthesis of L5 on S1 due to bilateral pars interarticularis defects resulting in severe bilateral neural foraminal stenosis. The spinal canal at all lumbar levels is widely patent and there is only mild bilateral foraminal stenosis at L2-L3 as detailed above.

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IMPRESSION:

Lumbar spondylosis most pronounced at L5-S1 where there is 12 mm of anterolisthesis of L5 on S1 due to bilateral pars interarticularis defects resulting in severe bilateral neural foraminal stenosis. The spinal canal at all lumbar levels is widely patent and there is only mild bilateral foraminal stenosis at L2-L3 as detailed above.



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REFERRING PHYSICIAN: Andrew Park, MD

ELECTRONICALLY SIGNED BY: 129690 Jeffrey A. Halthcock, M.D.

DICTATED BY: 129690 Jeffrey A. Halthcock, M.D.

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INDICATION: Upper extremity paresthesias and low back pain.

THORACIC SPINE MR

TECHNIQUE: Multi-planar, multi-sequence image acquisition of the thoracic spine performed per routine protocol without intravenous gadolinium administration.

COMPARISON: No prior studies are available for comparison.

FINDINGS:

There is preservation of overall vertebral body height, alignment, and thoracic kyphosis. The vertebral body bone marrow appears normal at all levels and there is a normal appearance of the intervertebral disc spaces. The cervical spinal cord neuraxis is also within normal limits in MR signal through 6 on all sequences.

Spondylosis is present predominately at T1-T2 where there is a focal central and right central disc protrusion which minimally effaces the ventral subarachnoid space and minimally narrows AP canal diameter on the right 9.5 mm. There is minimal narrowing of the neural foramina bilaterally. There is additional areas of tiny posterior disc bulges minimally effacing the ventral subarachnoid space with patency of the spinal canal and neural foramina at all thoracic levels. Partial visualization of the adjacent prevertebral and paravertebral soft tissues of the thoracic spine demonstrates no gross MR imaging abnormality.

*Ann Caranik
05-20-13*



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IMPRESSION:

Minimal thoracic spondylosis predominate T1-T2 where there is a central and right central focal disc protrusion minimally effacing the ventral subarachnoid space and minimally narrowing the AP canal diameter and neural foramina bilaterally. The remainder of the thoracic spinal canal and neural foramina are patent at all levels.

ELECTRONICALLY SIGNED BY: 129690 Jeffrey A. Halthcock, M.D.

Dictated BY: 129690 Jeffrey A. Halthcock, M.D.

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Examination quality slightly degraded due to motion artifact on multiple sequences. Is preservation of overall vertebral body height, alignment, and slight reversal of cervical lordosis. The vertebral body bone marrow appears normal and there is a mild degree of intervertebral disc base desiccation at all cervical levels without loss of intervertebral disc base height. The cervical spinal cord neuraxis appears within the range of normal. The structures of the craniocervical junction partially imaged posterior fossa appear within normal limits. Spondylosis is present at the following levels:

C2-C3: Minimal disc osteophyte complex is present which abuts the ventral cord with patency the spinal canal and neural foramina.

C3-C4: Minimal broad-based central disc osteophyte complex partially effaces ventral subarachnoid space with wide patency of the spinal canal. There is mild bilateral uncovertebral joint hypertrophy with patency of the neural foramina.

*Chris Layman
05-20-13*

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C4-C5: Minimal posterior disc bulge is present with patency of the spinal canal. There is mild left greater than right uncovertebral joint hypertrophy with patency of the neural foramina bilaterally.

C5-C6: Broad-based central disc osteophyte complex is present which effaces the ventral subarachnoid space and abuts the ventral cord without cord signal abnormality. The spinal canal remains patent. There is bilateral uncovertebral joint and minimal facet hypertrophy with patency of the neural foramina bilaterally.

C6-C7: Minimal posterior disc osteophyte complex partially effaces the ventral subarachnoid space with patency of the spinal canal. Bilateral uncovertebral joint and mild bilateral facet hypertrophy is present with patency of the neural foramina bilaterally.

Partial visualization of the adjacent prevertebral and paravertebral soft tissues of the cervical spine demonstrates no gross MR imaging abnormality.

IMPRESSION:

Multilevel predominately mild cervical spondylosis with patency of the cervical spinal canal and neural foramina at all levels.

ELECTRONICALLY SIGNED BY: 129690 Jeffrey A. Haithcock, M.D.

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