

Exam Date: 06/27/2006

MR CERVICAL SPINE: 06/27/06.

CLINICAL HISTORY: Cervical spondylosis.

TECHNIQUE: Sagittal T1 and T2-weighted (fat-saturated) and axial gradient and T2-weighted sequences.

FINDINGS: Seven cervical vertebrae demonstrate a 2mm of anterolisthesis at C4-C5 and 2mm of retrolisthesis at C5-C6. In addition, minimal anterolisthesis is present at C7-T1.

The marrow signal is largely unremarkable. Minimal degenerative endplate changes are present, most pronounced at C6-C7.

The visualized portions of the posterior fossa are within normal limits. The cervical cord is of normal signal, contour, and caliber demonstrating no focal lesions. A curvature is seen on the scout images, convex to the left at the cervicothoracic junction with additional mild rightward curvature in the mid cervical spine.

C2-C3: Unremarkable.

C3-C4: Marked left-sided foraminal narrowing is present secondary to advanced facet changes and prominent uncovertebral osteophyte on the left at this level. A mild posterior disk/osteophyte complex mildly narrows the spinal cord.

C4-C5: Moderate left-sided foraminal stenosis is present secondary to facet and uncovertebral joint hypertrophy. Again, a small disk/osteophyte complex mildly narrows the canal.

C5-C6: A large disk/osteophyte complex and mild facet hypertrophy combine to severely stenose the canal at this level with additional moderate-to-severe bilateral foraminal stenosis.

C6-C7: A moderate-to-large disk/osteophyte complex combines with facet hypertrophy to moderately stenose the canal at this level with additional significant bilateral foraminal stenosis.

C7-T1: Mild facet hypertrophy is present which mildly stenoses the foramen on the left.

IMPRESSION:

1. Degenerative changes with moderate-to-severe spinal stenosis at the C5-C6 and C6-C7 levels. No cord change identified at these levels.
2. Foraminal stenosis as described on the left at C3-C4, C4-C5, and bilaterally at C5-C6 and C6-C7.