



**Patient Name:** YUN, THOMAS  
**Date of Birth:** 01-May-1973  
**Patient Number:** 24533  
**Referring Physician:** D'AURIA, RALPH MD

**Date of Service:** 03-Feb-2023 03:18:00 PM  
**Accession Number:** RAM184790  
**Gender:** M

## **MRI CERVICAL SPINE W/O CONTRAST**

\* \* \*Final Report\* \* \*

DEM 0297 - MRI CERVICAL SPINE WO IVCON / ACCESSION # 140703078

PROCEDURE REASON: Cervicalgia

\* \* \* \* Physician Interpretation \* \* \* \*

RESULT: HISTORY:

49-year-old with neck pain.

TECHNIQUE:

Routine MR imaging through the cervical spine is performed without IV contrast administration. There are no prior studies for comparison.

RESULT:

Counting reference: Craniocervical junction. Anatomic Variants: None.

Coronal localizer images reveal a levoscoliosis centered at the C5/C6 level.

Sagittal images reveal normal height, alignment, and bone marrow signal intensity of the cervical vertebral bodies. There is mild narrowing of the disc spaces at C5/C6 and C6/C7. The diameter of the thecal sac and the cervical region measures 9 mm consistent with congenital spinal stenosis. There is increased T2-weighted signal intensity within the substance of the spinal cord at C5/C6. This is seen bilaterally within



<b>Patient Name:</b>	<b>YUN, THOMAS</b>	<b>Date of Service:</b>	<b>03-Feb-2023 03:18:00 PM</b>
<b>Date of Birth:</b>	<b>01-May-1973</b>	<b>Accession Number:</b>	<b>RAM184790</b>
<b>Patient Number:</b>	<b>24533</b>	<b>Gender:</b>	<b>M</b>
<b>Referring Physician:</b>	<b>D'AURIA, RALPH MD</b>		

the cord. There are no prevertebral masses.

Axial images at C2/C3 reveal a left paracentral disc protrusion indenting the thecal sac and causing mild flattening of the ventral spinal cord. The neural foramina are patent.

At C3/C4, there is mild to moderate central stenosis and cord compression due to a central disc herniation. The neural foramina are patent.

At C4/C5, there is moderate to severe central stenosis and cord compression due to a disc osteophyte complex. There is moderate left and severe right foraminal narrowing due to facet and uncovertebral joint hypertrophy.

At C5/C6, there is severe central stenosis and cord compression due to a disc osteophyte complex, eccentric towards the left. There is severe right and mild to moderate left foraminal narrowing due to facet and uncovertebral joint hypertrophy.

At C6/C7, there is a large left paracentral and foraminal disc osteophyte complex causing moderate to severe central stenosis, cord compression and severe left foraminal narrowing. There is moderate to severe right foraminal narrowing due to facet and uncovertebral joint hypertrophy and extension of a disc osteophyte complex into the right neural foramen.

At C7/T1, there is a bulging disc. There is no spinal stenosis nor cord compression. The neural foramina are patent.

#### IMPRESSION:

1. Congenital spinal stenosis with superimposed degenerative changes at multiple levels contributing to the stenosis as noted above.



<b>Patient Name:</b>	<b>YUN, THOMAS</b>	<b>Date of Service:</b>	<b>03-Feb-2023 03:18:00 PM</b>
<b>Date of Birth:</b>	<b>01-May-1973</b>	<b>Accession Number:</b>	<b>RAM184790</b>
<b>Patient Number:</b>	<b>24533</b>	<b>Gender:</b>	<b>M</b>
<b>Referring Physician:</b>	<b>D'AURIA, RALPH MD</b>		

2. Abnormal spinal cord signal intensity at C5/C6, likely reflecting cord edema/myelomalacia secondary to chronic cord compression.

3. Multilevel neural foraminal narrowing due to facet and uncovertebral joint hypertrophy and extension of disc osteophyte complexes into the neural foramina.

4. Levoscoliosis.

Transcribe Date/Time: Feb 6 2023 7:46A

Dictated by: JEFFREY SPREITZER, MD

This examination was interpreted and the report reviewed and electronically signed by:

JEFFREY SPREITZER, MD on Feb 6 2023 7:53AM EST

Thank you for allowing us to participate in the care of your patient. Should there be any questions regarding this interpretation, please call 888-504-1422.  
140703078^RI^DC

Electronically Signed by SPREITZER, JEFFREY J at 03-Feb-2023 04:46:00 PM