

**BROOKS, MICHAEL T**

DOB: 07/27/1947 Age: 71 Org: WVI

MRN: 146668 Facility MRN: Gender: M

Ordering Provider: ROBERT E ARNSDORF MD Class: Outpatient

Date of Service: 08/17/2018 11:00 AM Accession #: 4437554 cc: KATHERINE BECKSTRAND MD

MR Cervical Spine wo Contrast

IMPRESSION:

1. There has been prior fusion surgery at C4-5 and there is solid bony fusion between these endplates and mild central canal narrowing without cord compression. Neural foramina are adequate bilaterally at C4-5.
2. Broad-based posterior disc protrusions at C3-4 and C5-6 above and below the fused segments result in moderate to severe canal stenoses and ventral cord compression as described below. Left foraminal distortions are also identified at C3-4 and C5-6 and the spinal canal and neural foramina are adequate throughout the remainder of the cervical spine.

CLINICAL HISTORY: PT CC OF CERVICAL PAIN WITH RADICULOPATHY// PT STATES WORK INJURY-TRAUMA// C-SPINE SURGICAL HX WITH FUSION IN 1970'S // NO RECENT PRIOR RELATED IMAGING -FZ

COMPARISON: None available.

TECHNIQUE: Examination performed on a 3.0 Tesla MRI unit. Noncontrast sagittal T1-weighted, STIR and T2-weighted with axial T2-weighted and T2 SPACE images of the cervical spine were obtained.

FINDINGS: There is been previous surgical fusion at C4-5 with solid bony fusion seen uniting the endplates at this level. No fractures or sulcations are seen at remaining cervical levels and the craniocervical and atlantoaxial articulations are preserved with the odontoid process intact. No significant marrow replacing lesions detected at cervical levels.

C2-3: There is mild broad-based posterior disc bulging without protrusion at this level and the central canal and neural foramina are adequate at C2-3.

C3-4: Broad-based posterior disc protrusion effaces the ventral subarachnoid space and produces moderate to severe canal stenosis (AP canal dimension proximal to 5 mm) and indentation of the ventral cord surface. There is moderate left foraminal narrowing with the right neural foramen adequate at C3-4.

C4-5: There is solid bony fusion between the endplates at this level and there is mild canal stenosis (AP canal dimension approximately 9 mm) series without cord compression at this level. Neural foramina are adequate bilaterally at C4-5.

C5-6: Broad-based posterior disc protrusion effaces the ventral space and produces moderate to severe canal stenosis (AP canal dimension proximal to 5 mm) and indentation of the ventral cord surface. There is moderate left foraminal narrowing with the right neural foramen adequate at C5-6.

C6-7: There is minimal broad-based posterior disc bulging without protrusion and the spinal canal and neural

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foramina are adequate at this level.

C7-T1: Unremarkable.

No focal signal abnormalities are seen within the substance of the cord, either in association with the ventral cord compression present at C3-4 and C5-6 or at any other cervical level.

DICTATED BY: Jeffrey P. Wensel, M.D., Ph.D, on 8/17/2018 11:27 AM PDT
DICTATION LOCATION: 3003 N. Delta Hwy Ste. 303 - Eugene, OR 97408

End of Diagnostic report for accession: 4437554
Interpreted/Electronically Signed By: Jeffrey Wensel, MD on 08/17/2018