

Patient ID: DOM220900107055	Patient Name: ANJU TIWARI
Age: 39 Years	Sex: F
Accession Number: 12935013_T53489	Modality: MR
Referring Physician: DR. SIDDHESHWAR BAW KAR	Study: CX SPINE
Study Date: 08-Sep-2022	

MRI OF CERVICAL SPINE PLAIN

TECHNIQUE:

T1, T2 & STIR Sagittals.
T1 & GRE Axials.
STIR Coronals.

FINDINGS:

Loss of Cervical lordosis.

Multilevel marginal osteophytes with disc dessication changes.

Mild altered signal intensity noted within the cervical cord extending from C5-6 vertebral body levels - S/o Myelomalacic changes.

C3-4: Assymetric left paracentral disc bulge causing thecal sac indentation narrowing of left neural foramina and indentation over left exiting nerve root.

C4-5: Diffuse disc bulge causing thecal sac indentation without significant nerve root compression.

C5-6: Diffuse disc bulge with central disc protrusion causing thecal sac and cord indentation with extensive spinal canal narrowing, narrowing of bilateral neural foramina and indenation over bilateral exiting nerve roots.

C6-7: Diffuse disc bulge with central annular fissure causing thecal sac indentation with spinal canal narrowing causing mild narrowing of bilateral neural foramina and mild indentation over bilateral exiting nerve roots.

Cervical vertebral bodies, pedicles, laminae, spinous processes and transverse processes are normal.

Rest of the intervertebral discs are normal.

Facet joints and flaval ligaments are normal.

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Uncovertebral joints are normal.

Pre and paravertebral soft tissues are normal.

Rest of the cervical cord shows normal signal characteristics.

Craniovertebral junction is normal.

The sagittal diameters of the cervical spinal canal are as follows (in mm):

Level :	C2-C3	C3-C4	C4-C5	C5-C6	C6-C7	C7-D1
(mm):	10.8	9.8	9.6	5.5	7.2	10.1

IMPRESSION: MRI findings are S/o

Mild altered signal intensity noted within the cervical cord extending from C5-6 vertebral body levels - S/o Myelomalacic changes.

Multilevel cervical disc bulges as described significant at C3-4, C5-6 and C6-7 levels.

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) .This report is not meant for medicolegal purpose. Investigations have their limitations. Solitary Radiological/pathological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



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