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Patient Name:	RHODE, RYAN	Study Date:	06/08/2010
Patient DOB:	08/06/1989	Accession Number:	002452
Patient Id:	43492	Referring Physician:	M. ROGERS

Index Number
149333

Exam Type
MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

Clinical Indication
PERSISTENT NECK PAIN. EVALUATE FOR DISC HERNIATION

Technique
Sagittal T1 TSE, T2 TSE and axial T2* GRE pulse sequences were acquired. Digital images interpreted via teleradiography.

Findings
The vertebral bodies are normal in height and morphology throughout the cervical spine. No fracture, marrow infiltration, or other abnormal marrow findings are identified at any level. The spinal cord appears normal in size and signal intensity. The craniocervical junction appears satisfactory. The posterior arch structures appear intact.

At C2-3, the disc appears normal in height. There is no disc herniation or stenosis of the central spinal canal or neural foramina at this level.

At C3-4, there is reduced T2 signal within the disc. There is also annular disc bulging at this level slightly more eccentric to the right posteriorly. There is mild mass effect upon the ventral thecal sac to the right of midline.

At C4-5, the disc is normal in height and signal intensity. There is no disc herniation or stenosis of the central canal or neural foramina at this level.

At C5-6, there is annular disc bulging indenting the ventral thecal sac. This does mildly narrow the anterior CSF space. There is no cord compression or stenosis at this level.

At C6-7, there is a left central disc herniation (protrusion) with a small annular fissure/tear. This indents the ventral thecal sac to the left of midline seen best on transaxial image #24.

At C7-T1, there is also a slightly right central disc herniation indenting the ventral thecal sac to the right of midline seen best on transaxial image labeled #29. This can also be appreciated on sagittal image #8.



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Exam Type
MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

Clinical Indication
PERSISTENT LOW BACK PAIN. EVALUATE FOR DISC HERNIATION

Technique
Sagittal and axial T1 and T2 W pulse sequences were acquired. Digital images interpreted via teleradiography.

Findings
The vertebral bodies are normal in height and morphology throughout the lumbar spine. No compression fracture, marrow infiltration, or other abnormal marrow findings are identified at any level. There are Schmorl's nodes seen within the opposing endplates at the T12-L1, L1-2, L2-3, and L3-4 disc levels. The conus medullaris is positioned at T12-L1 and the signal within the distal cord and conus appears normal.

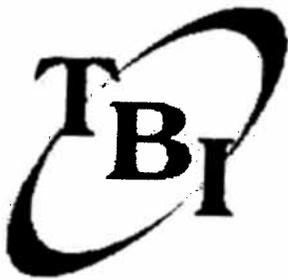
At L1-2 and L2-3, the discs appear essentially normal in height. There is a slight reduction of signal within the L2-3 disc. This is likely related to the Schmorl's nodes present at this level. There is no disc herniation or stenosis of the central spinal canal or neural foramina at these levels.

At L3-4, there is annular disc bulging to a mild degree. This does slightly narrow the inferomedial aspects of the neural foramina at this level.

At L4-5, the disc is normal in height and signal intensity. There is diffuse annular disc bulging at this level. There is also mild facet arthropathy and secondary narrowing of the neural foramina bilaterally. Minor increased fluid signal is seen within the facet joints at this level. There is mild narrowing of the neural foramina bilaterally.

At L5-S1, there is a central disc herniation (extrusion) measuring 5 mm in its AP diameter. This does efface the ventral epidural fat and ventral surface of the thecal sac. There is also an annular fissure/tear within the herniated portion of this disc. There is slight downward displacement of disc material below the level of the S1 superior endplate and there is encroachment upon the left S1 nerve root. Additionally noted is mild narrowing of the left subarticular recess zone and medial aspect of the left IVF.

Impressions

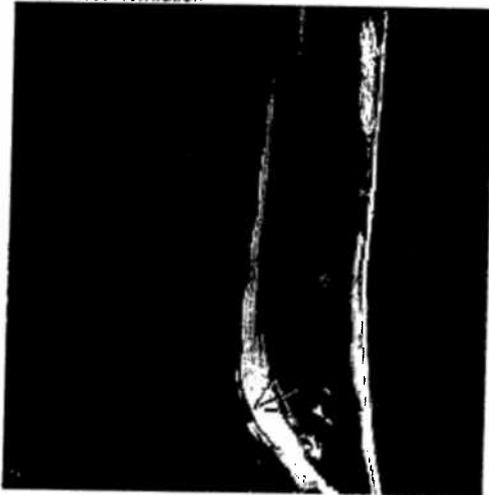


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1. 5 mm AP diameter left central disc herniation (extrusion) at L5-S1 effacing the ventral epidural fat and ventral surface of the thecal sac. This also encroaches upon the left S1 nerve root. There is also an annular fissure/tear within the herniated portion of this disc. Narrowing of the left subarticular recess and left IVF is also noted.
2. Annular disc bulging at L3-4 and L4-5. There is also mild inferomedial foraminal narrowing at these levels.
3. Multiple Schmorl's nodes throughout the lumbar spine. There is also mild disc thinning and disc desiccation at L5-S1.
4. No fracture or other significant marrow findings are identified.

L5-S1 disc herniation



L5-S1 disc herniation





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Impressions

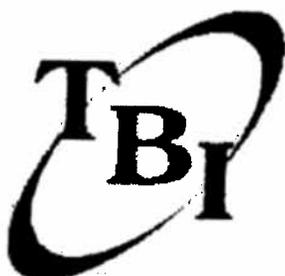
1. Left central disc herniation (protrusion) at C6-7 indenting the ventral thecal sac to the left of midline seen best on transaxial image #24. This is also well demonstrated on sagittal T2 image #6.
2. Right central disc herniation (protrusion) at C7-T1. This also indents the ventral thecal sac to the right of midline to a mild degree. There is no cord compression or stenosis at this level.
3. Annular disc bulging at C3-4, eccentric to the right. There is also annular disc bulging at C5-6.
4. Straightening of the normal cervical lordotic curvature.

C6-7 disc herniation



C7-T1 disc herniation



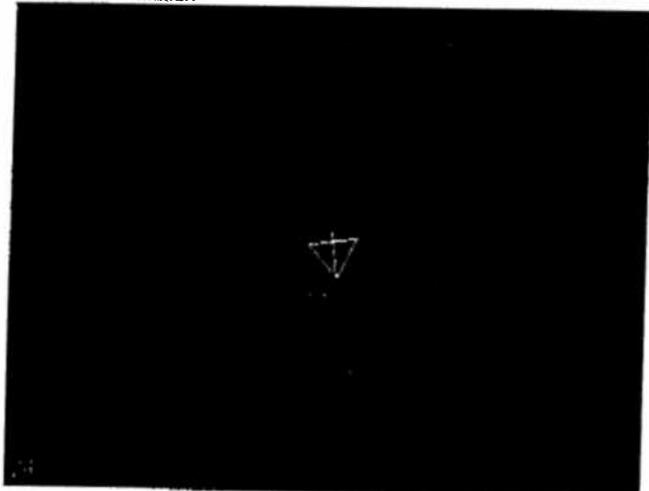


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C6-7 disc herniation



Thank you for referring your patient to our facility.

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By: Scott Thorpe DC, DACBR (Board Certified Radiologist)

On: June 09, 2010 09:38:34 AM

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By: Scott Thorpe DC, DACBR (Board Certified Radiologist)

On: June 09, 2010 10:25:05 AM

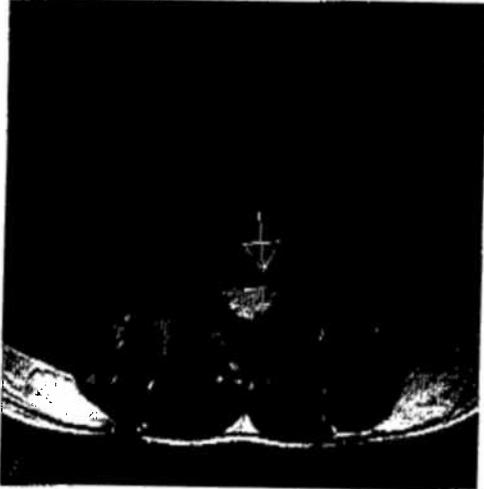


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L5-S1 disc herniation



Thank you for referring your patient to our facility.

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