

SUMMARY of DR B report:

I reviewed the report and images of his cervical spine MRI from March 8, 2021. There were multi-level degenerative changes, but to my review the disk bulges were most prominent at C4/C5, C5/C6, and C6/C7. There appears to be some cord indentation at all three of these levels and significant foraminal stenosis bilaterally at C5/C6 and C6/C7, but most severe at C6/C7 on the left.

HEENT exam was normocephalic and atraumatic. The oropharynx was clear. There were no occipital trigger points. His neck was supple and with full range of motion, although he endorses discomfort with forward flexion and lateral rotation of the neck to the right. Lungs were clear to auscultation bilaterally. Cardiac exam revealed a normal S1 and S2. Abdomen was soft and non-distended with normal bowel sounds.

On neurological examination, he was awake, alert and fully oriented. Cranial nerve exam revealed visual fields were full. Pupils were equal and round. Extraocular movements were full and conjugate. There was no nystagmus. Face and smile were symmetric. Tongue and palate were midline. Motor examination revealed normal tone. Mild atrophy of first dorsal interosseous muscles was noted bilaterally and he had high arches. Strength was 5/5 throughout. Deep tendon reflexes were brisk at the knees, but 1+ in the upper extremities and absent in the ankles bilaterally. Coordination exam demonstrated intact finger-to-nose and rapid alternating movements. Gait was normal. Sensation was intact to pinprick and proprioception.

Presents with right neck pain. Unfortunately the presence or absence of cervical radiculopathy could not be reliably determined by electrophysiological testing today due to the presence of underlying polyneuropathy. While this is likely due to his diabetes, but to complete his evaluation for identifiable causes of polyneuropathy, I have ordered SPEP and a B12 level. His cervical spine MRI revealed marked central canal and neural foraminal stenosis at C5/C6 and C6/C7. While this could cause neck pain, radicular symptoms radiating into the arms would be expected from these disks, not pain radiating to the occiput in the C2 dermatomal distribution. Therefore, it is not clear to me that his disk disease is the cause of his neck pain. We did discuss that it may be worthwhile to see a spine specialist for an opinion regarding decompression of his cervical stenosis