

# MRI CERVICAL SPINE WITHOUT CONTRAST

## Final Result

**PROCEDURE:** Cervical spine MRI without contrast. **INDICATION:** Degenerative disc disease.

**TECHNIQUE:** Multiplanar multisequence MR images were acquired the cervical spine without contrast.

**COMPARISON:** No relevant prior studies.

**FINDINGS:** The craniocervical junction is normal and the cervical cord has no abnormal T2 hyperintensities. Canal diameter is developmentally narrow. There is mild loss of the usual smooth cervical lordosis with minor flexion in the lower cervical spine centered at C6. There is mild chronic anterior wedging of the C5 vertebra and mild chronic broadening of the C6 and C7 vertebra. There is moderate degenerative disc disease from C5-6 to C7-T1 with disc space narrowing, endplate irregularity and type II changes along the anterior endplates at C5-6 and C6-7 and along the endplates diffusely at C7-T1. Intrinsic bone marrow signal is normal. There is desiccation of the intervertebral discs. There are no paravertebral masses.

C2-3: There is a minor dorsal bony ridge with a tiny right paracentral disc protrusion and ligamentum flavum hypertrophy. Mild right uncovertebral hypertrophy and mild left facet arthropathy is present. There is moderate right hypertrophic facet arthropathy with a small effusion and mild edema compatible with a right facet synovitis. In this patient with a developmentally narrow canal, there is mild spinal stenosis and mild to moderate right and mild left neural foraminal stenosis.

C3-4: There is a minor dorsal disc bulge and mild bilateral facet arthropathy, greater on the right without foraminal stenosis. There is mild spinal stenosis.

C4-5: There is 1 mm retrolisthesis of C4 on C5 and a small dorsal bony ridge that contacts the ventral cord. Ligamentum flavum hypertrophy contacts the posterior cord and there is mild right greater than left hypertrophic facet arthropathy. There is mild right neural foraminal stenosis and mild spinal stenosis.

C5-6: There is a moderate disc osteophyte complex that mildly indents the cord. Bilateral uncovertebral hypertrophy is present and there is mild to moderate spinal stenosis and severe right and moderately severe left neural foraminal stenosis. AP diameter of the thecal sac is 7.2 mm.

C6-7: There is a moderate diffuse disc osteophyte complex that indents the ventral cord, ligamentum flavum hypertrophy and bilateral uncovertebral hypertrophy. There is moderate spinal stenosis and moderate left and moderately severe right neural foraminal stenosis with impingement on the exiting C7 nerve roots bilaterally. AP diameter of the thecal sac is 5 mm. There is a suggestion of faint STIR hyperintensity in the cord at this level.

C7-T1: There is a diffuse disc osteophyte complex that mildly effaces the ventral thecal sac, ligamentum flavum hypertrophy and bilateral uncovertebral hypertrophy. There is mild to moderate right and mild left foraminal stenosis and mild spinal stenosis.

### IMPRESSION:

1. Mild to moderate cervical degenerative spondylosis which causes mild C3-4, C4-5 and C7-T1: mild to moderate C5-6 and moderate C6-7 spinal stenosis with possible faint hyperintense STIR signal in the cord at C6-7.
2. Multilevel foraminal stenosis most significant at C5-6 and C6-7 where there may be encroachment on the C6 and C7 nerve roots bilaterally at these respective levels.

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