



**NAME: SHIRISH SHAH**

**M/71 YRS**

**DATE: 05/09/2024**

**REF.BY: DR. MIHIR MEHTA**

**Clinical Profile: Acute onset pain at neck extending to the left shoulder.**

**For evaluation.**

**3.0 T MRI OF CERVICAL SPINE:**

MR imaging of the cervical spine was performed and high resolution T1- and T2-weighted serial sections obtained in the sagittal and axial planes using a Phased-Array surface coil on a 3.0 Tesla scanner with high strength gradients.

Loss of normal cervical lordosis is seen.

Posterior disc-osteophyte complexes are seen at C5-C6 and C6-C7 levels (propensity to left) causing compression over the ventral aspect of dural theca and left exiting nerve roots.

Posterior bulging is seen of C3-C4 and C4-C5 intervertebral discs causing indentation over the ventral aspect of dural theca.

Dehydrated changes are seen involving multiple cervical intervertebral discs as evidenced by reduction in the bright signal intensity of nucleus pulposus on T2 weighted sagittal images.

Focal ligamentum flavum thickening is seen at C4-C5, C5-C6 and C6-C7 levels.

Marginal anterior osteophytes are seen at multiple cervical vertebrae.

The cervical spinal cord appears normal. No intrinsic cord abnormality is seen.

No intraspinal mass or pre/paravertebral collection is seen.

Posterior fossa structures appear normal.



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**IMPRESSION:**

- Posterior disc-osteophyte complexes at C5-C6 and C6-C7 levels (propensity to left) causing compression.
- Posterior bulging of C3-C4 and C4-C5 intervertebral discs causing indentation.
- Focal ligamentum flavum thickening at C4-C5, C5-C6 and C6-C7 levels.
- No evident intraspinal mass or pre/paravertebral collection.

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