



# PH DIAGNOSTICS

Making life healthier

|                                                |                                         |                                                                                     |
|------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------|
| <b>Patient ID</b> : 401301848                  | <b>Reg. Date</b> : 06-Jan-2024 12:39 pm | <b>Age/Sex</b> : 38 Years FEMALE                                                    |
| <b>Patient</b> : MS. Nicole Irene Bertha Lewis | <b>Printed</b> : 6-Jan-2024 1:13:37PM   | <b>Authenticated</b> : 06-Jan-2024 12:43 pm                                         |
| <b>Ref. Doctor</b> : Dr. SAJID SANAULLAH KHAN  | <b>Client</b> : NAS                     |  |

## MRI OF CERVICAL SPINE (PLAIN)

**Clinical History:** Neck pain and right upper limb numbness.

### Sequences:

Axial - T1 FSE, T2 FSE  
Sagittal - T1 FSE, T2 FSE, STIR  
Coronal - STIR

### Findings:

Loss of normal cervical lordosis could be related to paraspinal muscle spasm.  
Vertebral alignment and body heights are maintained.  
There are anterior and bilateral posterolateral osteophytes at C6-C7 level.  
Bone marrow signal is normal.

All cervical and visualized upper dorsal intervertebral discs show changes of desiccation. They are hypointense on T2W images. The disc height is reduced at C6-C7 level.

There is broad-based posterocentral and right paracentral disc protrusion with focal annular fissure at C5-C6 level, causing partial effacement of anterior subarachnoid space. No cord compression is seen.

There is diffuse disc bulge at C6-C7 level, causing partial effacement of anterior subarachnoid space. No cord compression is seen.

No obvious thickening of anterior and posterior longitudinal ligaments.  
No thickening of ligamentum flavum.  
Cervical spinal cord shows normal signal.  
Visualized brainstem and cerebellar hemisphere are normal.  
Craniovertebral junction appears normal.  
Prevertebral and paravertebral soft tissue is normal.

Note: \* Test Processed in Referral Lab. \*\* Test Not in Scope of ISO

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## Conclusion:

Cervical spondylosis.

Broad-based posterocentral and right paracentral disc protrusion with focal annular fissure at C5-C6 level, causing partial effacement of anterior subarachnoid space. No cord compression.

Diffuse disc bulge at C6-C7 level, causing partial effacement of anterior subarachnoid space. No cord compression.

*Opinion given is subject to review in the light of any new clinical information.*

*Kindly correlate with clinical findings and other relevant pathological investigations with this imaging study.*

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DMRD, DNB, MNAMS  
Sp. Radiologist

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