

The Chester County Hospital

Department of Radiology
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PATIENT NAME:	GOLDFIND, RICK	DOB:	01/17/1966	AGE:	37Y
ADDRESS:		SEX:	M		
	WEST CHESTER, PA 19380	LOCATION:	{pt_rm_bed}		
PHONE:		ORDER NO:	90001		
M. R. NO:	65-58-57	PT. CLASS:	O		
HOSP SVC:	RAD	ATTENDING DR:			
ORDERING DR:		PRIMARY CARE DR:			
CLIN HISTORY:	BACK DISORDER NEC	PT ADM NO:	0071953327		

FINAL REPORT

(CMR 0004) CERVICAL SPINE W/O CONTR 10/23/2003

CLINICAL INDICATION: Severe neck pain radiating into the left arm with left and right numbness.

COMMENTS: The cervicomedullary junction and cerebellar tonsils are normal in size and location. The cervical spinal cord is normal in size, position, and signal intensity.

Axial images were obtained from C2-3 through C7-T1.

C2-3: Normal.

C3-4: Normal.

C4-5: Tiny central posterior disc osteophyte without significant central canal stenosis, cord compression or foraminal narrowing.

C5-6: Posterior disc osteophyte eccentric to the left and bilateral uncinat and facet hypertrophy, greater on the left resulting in mild central canal stenosis without cord compression and bilateral foraminal narrowing, mild on the right and moderate on the left.

C6-7: Large left paracentral disc extrusion impinges upon the anterolateral aspect of the spinal cord and deforms it and also extends into the left C6-7 foraminal entry zone where it impinges upon the exiting C7 nerve root. No evidence of cord compression or significant canal stenosis is seen otherwise.

C7-T1: Normal.

IMPRESSION:

1. Large left paracentral disc extrusion impinges upon the exiting left C7 nerve root and deforms the left anterolateral aspect of the spinal cord at this level. No apparent central canal stenosis or cord compression is seen, however.

2. Degenerative spondylosis at C5-6 level resulting in mild central canal stenosis and bilateral foraminal narrowing, moderate on the left and mild on the right.