

**Study:** Magnetic resonance imaging of the spine (one section)/cervical spine.

**MRI machine:** Philips Intera 1.5T.

**Age:** 48.

**Sex:** Male.

**Race:** Caucasian.

**Brief anamnesis of the disease (complaints):** pain in the spine (cervical spine), radiating pain (numbness, both arms).

## REPORT

On a series of T1, T2 weighted MR tomograms in 2 planes with fat suppression: physiologic lordosis is preserved.

The cerebellar tonsils are located at the level of the greater occipital foramen. Atlanto-dental distance 0.2 cm (norm 0.1-0.3 cm).

Craniovertebral junction - without peculiarities.

The height of intervertebral discs C2-C5, C6-C7 is reduced, T2 signals from these discs are reduced (degeneration of intervertebral discs according to Pfirrmann 2,3 grades).

The height and shape of vertebral bodies are unchanged. Anterolateral osteophytes of the C3-C5 vertebrae, anterolateral osteophytes in the form of forming staples at the level of the C6-C7 segment, posterior osteophytes of the C6 and C7 vertebral bodies, and microtubular defects in the C6 and C7 vertebral bodies were detected.

Minimal diffuse dystrophic changes in the vertebral bodies.

Minimal edema of the adjacent sections of the closure sites of C6-C7 vertebrae - type 1 according to Modic.

A horizontal oriented hypointense line (variant of incomplete fusion of the dentate process) was detected in the body of the C2 vertebra.

The bony spinal canal is not narrowed.

**Dorsal disc extrusion:** median-paramedian right subligamentary extrusion of C6-C7 measuring up to 0.3 cm, not extending into the intervertebral foramen; the spinal canal at the level of disc prolapse is not narrowed; the lumen of radicular canals is asymmetric, not sharply narrowed on the left side.

Dorsal bulging of discs C2-C5 up to 0.1-0.12 cm is visualized; the lumen of radicular canals is symmetrical, not narrowed.

The spinal cord, including the cerebrospinal junction, has the usual configuration, width and homogeneous structure.

Nerve roots exit through the intervertebral foramen, not changed.

Pre- and paravertebral soft tissues are unchanged.

Vertebral joints are congruent.

Signs of arthrosis of the arch joints at the level of C3-C7 segments are visualized.

The diameter of V2 segments of vertebral arteries at the level of visualization is asymmetric, D>S, not narrowed.

### **CONCLUSION**

Dystrophic changes in the cervical spine; dorsal extrusion of the C6-C7 disc; spondylosis at the level of the C6-C7 segment, spondyloarthrosis at the level of the C3-C7 segments. Asymmetry of V2 segments of vertebral arteries, D>S.

### **RECOMMENDATIONS.**

Neurologist consultation

Year of study and report: 2023