

DORAN L. NICHOLSON, D.C., D.A.C.B.R.

CONFIDENTIAL IMAGING REPORT

PATIENT NAME:

DATE OF REPORT:

REFERRED BY:

DATE OF FILMS:

EXAMINATION OF: CERVICAL & THORACIC SPINES

AGE/DOB: 12/18/69

HISTORY: Restrained driver involved in a high-speed rear impact MVA on XX/XX/XX, resulting in sudden onset of neck and upper back pain.

CERVICAL SPINE: A complete seven view cervical study has been submitted for evaluation. The atlantodental interval measures approximately 5 mm on the neutral lateral view that is above the top limits of normal, considered to be 3 mm for this age group. The atlantodental interval increases to approximately 7 mm during flexion and totally reduces during extension. The diameter of the spinal canal at the C1 level measures approximately 13 mm during flexion, which is approaching the bottom limits of normal. There are no findings of acute compression fractures or endplate disruption. There are no findings of facet gapping or abnormal localized interspinous fanning during motion. The cervical spine is severely hypolordotic, with mild to moderate restriction of flexion and extension. During flexion there is approximately 3 mm increased translation of C4 on C5 that may indicate posterior ligament injury. There is limited intersegmental mobility at most levels during extension, as well as at C6-C7 during flexion. There is between 75% and 80% loss of disc space height at C5-C6 and C6-C7, with anterior osteophyte formations from C3 through C6. Uncinate process hypertrophy is also occurring from C4 through C7. The degenerative changes produce moderate grade intervertebral foraminal stenosis at C5-C6 on the right oblique view, as well as C6-C7 on the left oblique view. The retrotracheal and retropharyngeal soft tissues are of normal diameter, with the tracheal air shadow within the midline.

THORACIC SPINE: AP and lateral thoracic views, complemented by a swim lateral view, have been submitted for evaluation. There are no findings suggestive of acute compression fractures or endplate disruption. There are no findings of localized paraspinal soft tissue swelling. A mild dextroscoliosis is present, measuring approximately 17° when utilizing T4 and T12 as reference vertebrae. The thoracic kyphosis is reduced. Calcification within the carinal and left hilar lymph nodes are apparent, resulting from a healed pulmonary infection. The swim lateral view demonstrates 3 surgical screws overlying the humeral head. These surgical screws are not well enough demonstrated to determine the exact location, but most likely are in the overlying humeral head/neck junction.

IMPRESSIONS:

1. Increased atlantodental interval during flexion that reduces during extension, indicating hypermobility and most likely instability. Immediate orthopedic consultation is recommended.
2. Increased translation of C4 on C5 during flexion of approximately 3 mm, suggesting posterior ligament injury.
3. Hypolordotic cervical spine with limitation of motion.
4. Intersegmental hypomobility at most levels during extension, as well as C6-C7 during flexion.
5. Cervical degenerative changes are described above, contributing to moderate grade intervertebral foraminal stenosis at C5-C6 on the right oblique view and C6-C7 on the left oblique view.
6. Mild thoracic dextroscoliosis with thoracic hypokyphosis.

CLINICAL COMMENT: Dr. XXXXX was contacted by telephone to discuss the severity of the radiographic findings and recommended referral.

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This report was electronically signed.
Doran L. Nicholson, D. C., D.A.C.B.R.
DLN/ajs