MIDWEST
RADIOLOGY
CONSULTANTS

P O Box 1122
Lee's Summit, MO 64063
816-525-2822 Phone
816-525-4540 Fax
midwestradiology@sbcglobal.net

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 SPINE **AGE/DOB:** 6-23-92

HISTORY: Chronic neck pain and headaches without a known injury.

FINDINGS: AP open mouth, AP lower cervical and a lateral view have been submitted for examination. T1 through T8 are also demonstrated on the AP lower cervical view. Evaluation of the lateral cervical view demonstrates the odontoid process projecting 6 mm superior to McGregor's line, with slight flattening of the base of the skull. This finding represents platybasia and, in this case, is considered to be a developmental anomaly and not the result of pathology. The posterior arch of the atlas is ununited with the atlantodontal interval being of normal diameter. The C1-C2 complex is not well visualized on the open mouth view due to the platybasia. The cervical vertebral body heights are maintained, with good bone density. The disc spaces are essentially normal. There are no findings of localized facet gapping. The cervical spine is hypolordotic, with moderate forward head posturing that may indicate altered stress in the cervicothoracic junction. The retrotracheal and retropharyngeal soft tissues are of normal diameter, with the tracheal air shadow within the midline.

There is a non-segmented hemivertebra at what will be identified as T3, with the hemisegment of the vertebra being directed left-sided. The remaining visualized upper thoracic segments appear to be of normal formation and density. The hemivertebra contributes to a localized upper thoracic levoscoliosis. The upper thoracic spine is also visualized on the lateral cervical view, with the hemivertebra also being wedge shaped anteriorly, producing a localized hyperkyphotic upper thoracic spine. The lung apices are visualized and are clear.

IMPRESSIONS:

1. Radiographic findings consistent with platybasia. There are no other findings of significant anomalies or bone softening disease. In rare cases, platybasia may be associated with syringomyelia; therefore, if neurological symptoms are present, referral for MRI would be recommended.
2. Non-segmented hemivertebra at approximately T3, producing a localized upper thoracic kypholevoscoliosis.
3. Hypolordotic cervical spine with moderate forward head posturing.

Thank you for choosing Midwest Radiology Consultants as your imaging specialist.

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