

<b>Patient Name</b>	Letizia, Ross	<b>Accession</b>	QSR-2023R0028131-MR
<b>Patient D.O.B.</b>	20/07/1958	<b>Description</b>	MRI BRAIN
<b>Patient ID</b>	QSR-1999516	<b>Study Date/Time</b>	27/09/2023 16:14
<b>Referring Physician</b>	SIRAPARAPU, BHASKAR	<b>Modality</b>	MR,PR

MRI CERVICAL SPINE, MRI BRAIN

**HISTORY:**

Vertigo not improving with conservative management. Intracranial pathology?  
 Neck pain - turning to the right - vomiting, diarrhoea, presyncopal episodes, pain and vertigo.

**TECHNIQUE:**

Sagittal T1, T2, T2FS and selected axial T2 sequences of the cervical spine.  
 Multi sequence non-contrast MRI brain.  
 No previous imaging available.

**Brain:**

No intrinsic T1 signal abnormality detected. Midline and posterior fossa structures are within normal limits. Mild enlargement ventricles and surface CSF spaces in the supratentorial brain compatible with mild generalised cerebral atrophy. Mild periventricular FLAIR hyperintensity. No other significant burden of white matter signal abnormality. No evidence of acute/recent ischaemia on diffusion weighted imaging or previous haemorrhage/abnormal intracranial calcification or haemosiderin deposition on the susceptibility weighted imaging.

Orbits unremarkable.

Small volume left knee Lawrie sinus.

Mastoid cells and petrous apices are clear.

**CONCLUSION:**

Mild cerebral atrophy .

No definitive cause of symptoms identified on MRI brain.

**Cervical spine:**

Craniocervical junction is open. Cord signal and morphology appear normal allowing for some artefact in the sagittal T2 series. Central canal is capacious at all levels with no cord impingement.

Mild to moderate multilevel discovertebral degenerative change, disc height loss most pronounced at C4-5 and there is a hint of anterolisthesis at this level, in the setting of multilevel facet arthropathy, most pronounced on the left at the C3-4 and C4-5 levels, also significant at the lower left facet joints. Generally mild facet arthropathy on the right side.

Alignment, discovertebral complexes/uncovertebral spurring and facet hypertrophy combine to affect the central canal and foramina as below:

**C2/C3:**

No canal foraminal stenosis

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**C3/C4:**

No canal or right foraminal stenosis. Mild to moderate left foraminal stenosis (left C4 nerve). Primarily due to facet hypertrophy with contribution from left uncovertebral spurring.

**C4/C5:**

Moderate bilateral foraminal stenosis (C5 nerves), slightly more prominent on the left, noting marked left facet arthropathy

**C5/C6:**

Mild to moderate bilateral foraminal stenosis, noting moderate left facet arthropathy.

**C6/C7:**

No canal or foraminal stenosis of significance. Left more than right facet arthropathy.

**C7/T1:**

No canal or foraminal stenosis.

No paravertebral lesion detected.

**CONCLUSION:**

Quite marked multilevel left-sided facet arthropathy and mild to moderate multilevel discovertebral degenerative change.

No canal stenosis/cord impingement.

Moderate bilateral foraminal stenosis at C4-5, milder at a couple of other levels as described.

Dr. Brian Carey

Thank you for referring Ross Letizia