



PATIENT:

Margaret Scott
DOB: 24/12/1960
28 Kathryn Close
INVERLOCH VIC 3996

EXAMINATION:

Performed: 07/02/2024
Referred by: Dr J Ooi
Referrer's Fax No.: 53322003
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Patient ID: 1632885

MRI CERVICAL SPINE, X-RAY RIGHT HAND

History:

Parkinson's disease, right more than left. Alternating neck pain radiating to the shoulder and hand.
Right thumb pain. ?Osteoarthritis

Technique:

MRI of the cervical spine without contrast - routine protocol.
X-ray right hand - AP, oblique and lateral projections.

Comparison:

No prior imaging available for comparison.

MRI Cervical Spine:

Findings:

Gentle reversal of the normal cervical lordosis centred at C4.
Linear hyperintense signal within the central pons and likely represents chronic small vessel ischaemic change.
No further abnormality of the imaged intracranial posterior fossa.
Cord signal and volume are preserved throughout the cervical and imaged upper thoracic spine.

C2/C3:

No vertebral canal or neural foraminal stenosis.

C3/C4:

Disc desiccation and shallow broad-based posterior annular bulging.
No significant vertebral canal or neural foraminal stenosis.

C4/C5:

Disc desiccation with associated degenerative endplate changes.
Shallow broad-based posterior disc bulge contacts and minimally indents the ventral cord, however no abnormal cord signal is seen at this location.
Uncovertebral joint hypertrophy results in moderate left foraminal stenosis.
No right sided foraminal stenosis.
Mild right and moderate left facet arthropathy.



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DIAGNOSTIC IMAGING REPORT CONTINUED:

C5/C6:

Disc desiccation, loss of intervertebral disc height and minor degenerative endplate changes. Shallow broad-based posterior disc bulge and superimposed shallow posterior central disc protrusion results in contact and minimally indentation of the ventral cord, however no abnormal cord signal is seen at this location. Bilateral uncovertebral joint hypertrophy with mild right and moderate - severe left foraminal stenosis.

C6/C7:

Disc desiccation with degenerative endplate changes.
No vertebral canal stenosis.
Uncovertebral joint hypertrophy results in mild left foraminal stenosis.
No right sided foraminal stenosis.
Bilateral mild facet arthropathy.

C7/T1:

2 mm anterolisthesis of C7 91.
No vertebral canal or neural foraminal stenosis.
Mild left and moderate right facet arthropathy.

No abnormality imaged prevertebral soft tissues or the posterior paraspinal musculature.

Conclusion:

1. Multilevel degenerative disc disease, most pronounced at C4/C5 - C6/C7.
2. Multilevel foraminal stenoses with moderate - severe foraminal narrowing at C5/C6 on the left.
3. Multilevel facet arthropathy, most pronounced at C4/C5 and C7/T1 on the left.

X-Ray Right Hand:

Findings:

Advanced osteoarthritic change of the first carpometacarpal joint space with subcortical sclerosis and osteophytosis at the joint margins. There is also mild osteoarthritic change of the proximal interphalangeal joints, most pronounced in the middle finger. Mild degenerative change also involves the STT joint. The joint spaces are otherwise preserved. No focal osseous abnormality.

Conclusion:

Advanced osteoarthritic change of the first carpometacarpal joint space.



Imaging
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DIAGNOSTIC IMAGING REPORT CONTINUED:

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