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Birthdate: 03/12/1966 Sex: F Medicare Number: 43134529151

Your Reference: 2024WR0008407 Lab Reference: 2024WR0008407-1

Laboratory: Whitsunday Radiology

Addressee: Dr ANDREW SIEGMUND Referred by: Dr ANDREW SIEGMUND

Name of test: Cervical Spine CT

Requested 22/11/2024 Collected: 22/11/2024 Reported: 25/11/2024 10:34:00

Ms Lisa McCubbin

20 Border Drive CANNONVALE QLD 4802

DOB: 3-Dec-1966

Ref: 2024WR0008407-1

Sex: Female

Addressee: Dr ANDREW SIEGMUND

Whitsunday Radiology

Requested: 22/11/2024 12:07 PM

Referrer: Dr ANDREW SIEGMUND

Reported: 25/11/2024 10:34 AM

Collected: 22/11/2024 12:22 PM

Cervical Spine CT

Clinical Data: Left sided radicular pain to shoulder - upper arm, C4-C5 dermatomes.

CT SCAN CERVICAL SPINE

There has been loss of cervical lordotic curvature with smooth kyphosis centred around C5 level. This indicates chronic neck muscle spasm. Cervical vertebrae appear intact. No aggressive bone destruction or abnormal paraspinal soft tissue mass lesion throughout the scanned cervical area. The atlantoaxial articulation is degenerative but demonstrates satisfactory alignment and no neural compromise at this level.

At C2/3 and C3/4 levels, there is no concerning disc lesion or neural compromise.

At C4/5 level, a broad based disc/osteophyte complex bulge is seen in contact with the anterior theca. There is also uncovertebral degenerative change more prominent on the left. This has resulted in left foraminal stenosis compromising the corresponding exiting left C5 nerve root. The right C5 nerve root remains exiting normally at this stage.

At C5/6 level, uncovertebral degenerative change is seen more hypertrophic on the right. This has resulted in mild bilateral foraminal stenosis but no concerning neural compromise.

At C6/7 level, concerning left foraminal stenosis is seen due to hypertrophic facet joint arthropathy. There is also a focal left lateral disc protrusion. This has resulted in concerning compromising of the corresponding exiting left C7 nerve root explaining the current clinical concern of left upper limb radiculopathy. The right C7 nerve root remains

exiting normally. No canal stenosis at this level.

At C7/T1 level, no concerning disc lesion or neural compromise.

A trial of CT guided left C7 nerve root block may be offered initially for diagnostic and therapeutic purposes if clinically warranted.

Dr Hatem Adham

If you are a referrer and wish to discuss this result with the Radiologist please phone 07 3351 0108.

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Additional Links

Radiology Images

Report Author: Hatem Adham Service Provider: Whitsunday Radiology

WRAD