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**XPLORE RADIOLOGY GRIFFITH**

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Dr Jeyadinesh Velautham  
72 UNGARIE RD

WEST WYALONG

Visit #: 1831756

Referred by : Dr Jeyadinesh Velautham

Patient :  
NICOLE LEWIS  
2 ETHEL STREET

UNGARIE

Date of Birth: 04/07/1977  
Patient Id: FEH035Z  
Visit Date : 22 Aug 2025

Thank you for referring Nicole Lewis for a 3T MRI of the cervical spine.

**3T MRI CERVICAL SPINE:****Clinical Indications:**

Neck pain radiating to the right upper lobe.

**Technique:**

Non-contrast MRI cervical spine.

**Findings:**

There are marginal osteophytes at multiple levels in the cervical spine with type 2 endplate degenerative change at C5/C6. The cord signal intensity is normal. There is reduction in disc space at C5/C6.

C2/C3: There is no evidence of impingement on the nerve roots or spinal canal.

C3/C4: No evidence of impingement on the nerve roots or spinal canal.

C4/C5: Diffuse annular disc bulge with right posterior subarticular disc protrusion causing mild right foraminal narrowing abutting the right C5 nerve root

C5/C6: Diffuse annular disc bulge with left subarticular/foraminal disc protrusion causing moderate left foraminal narrowing impinging on the left C6 nerve root and mild right foraminal narrowing.

C6/C7: Mild annular disc bulge with mild facet arthrosis and mild bilateral foraminal narrowing. No significant nerve root impingement.

C7/T1: No significant impingement on nerve roots.

**COMMENT:**

Cervical spondylosis, degenerative disc disease and impingement on the left C6 nerve root. The disc is abutting the right C5 nerve root at C4/C5; however, no significant impingement.

Yours sincerely,

Dr Rashmi Gupta  
MD, FRCR, FRANZCR

*We now have available a high field 3T Siemens MRI. Shortest bore (tunnel) increases patient comfort and reduces claustrophobia.*

NICOLE LEWIS MRI CERVICAL SPINE 22 Aug 2025

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