

Patient Name:	GIBSON, Steven	Accession Number:	2025R0341085
Patient ID:	K862080	Requested Dates:	June 12, 2025 15:53
Gender:	Male	Report Status:	Final
Date of Birth:	September 14, 1959	Requested Procedure:	2025R0341085-1
Home Phone:	CP 0408057166	Procedure Description:	MRI Cervical Spine (Radiculopathy) GP rebateable (over 16yrs)
Referring Physicians:	Nieuwoudt, Francois Nieuwoudt, Francois	Modality:	MR
Organisation:	SEB		

Findings

Reporting MD: Pianta, Marcus
Dictation Time:
Transcriptionist: Not available
Transcription Date:

MRI CERVICAL SPINE

Clinical History:
Multilevel degeneration. Canal stenosis. Compression of cervical cord ?

Technique:
Unenhanced multisequence MRI performed through the cervical spine.

Report:
Normal visualised posterior cranial fossa structures. Normal craniovertebral junction. Normal cord signal throughout. Normal background marrow signal. Vertebral body heights are preserved. Facet joints are enlocated. No prevertebral soft tissue swelling. No soft tissue mass or lymphadenopathy throughout the neck.

C2/C3: Mild disc protrusion and facet arthropathy, more marked on the left. Severe left neural exit foraminal narrowing and patent right.

C3/C4: Moderate disc protrusion and uncovertebral osteophytosis with marked cord compression, but normal cord signal. Mild facet arthropathy. Severe bilateral neural exit foraminal narrowing, more marked on the right.

C4/C5: Mild disc protrusion and uncovertebral osteophytosis with mild cord compression. Mild facet arthropathy. Moderate to severe left and moderate right neural exit foraminal narrowing.

C5/C6: Mild disc protrusion and uncovertebral osteophytosis with anterior cord contact. Mild facet arthropathy. Mild right neural exit foraminal narrowing and patent left.

C6/C7: Mild disc protrusion and uncovertebral osteophytosis, more marked on the left. Mild facet arthropathy. Mild to moderate right and minor left neural exit foraminal narrowing.

C7/T1: Minimal disc protrusion. Minor facet arthropathy. Patent neural exit foramina.

No neural compression throughout the visualised proximal thoracic spine.

COMMENT:
Moderate cervical spondylosis with mild cord compression from C3-C5, but normal cord signal.
There is at least moderate to severe neural exit foraminal narrowing that may impinge the right C4, C5 and C6 nerves and the left C3, C4 and C5 nerves.

Thank you for referring this patient.

Kind Regards,

Electronically Signed by:
Dr Marcus Pianta
MBBS MMed FRANZCR
Consultant Radiologist

Patient ID Number: K862080

Relevant Clinical Information

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