VAMC HOUSTON, TEXAS
RADIOLOGY DIAGNOSTIC REPORT

Name:MCGINNIS,HARRY LEE
SSN:114-20-7840
DOB:08-28-1927
Ward/Clinic:NEUROSURGERY PA 1691
Phy:EDWARDS,JERRY VERNON PA

Case:3456
Date:JUL 15,2011 06:15
Reported:JUL 15,2011
Date Transcribed:JUL 15,2011 18:06

Procedure:MRI CERVICAL SPINE WITHOUT
(Case 3456 COMPLETE) MRI CERVICAL SPINE WITHOUT (MRI Detailed) CPT:72141
Reason for Study: Increasing gait problems with neck pain

Clinical History:
Discussed with Attending: Tatsui

Patient Weight: 205.5 lb [93.4 kg] (12/16/2010 10:23)

Nephrogenic systemic fibrosis is a rare, debilitating, potentially fatal syndrome in patients with renal disease associated with gadolinium administration. The predisposing factors are as follows:

1. ESRD
2. Patient on hemodialysis or peritoneal dialysis
3. Acute kidney injury (AKI) or significant liver disease
4. Liver or renal transplant

By selecting "No known risk factor" below, I certify that the patient has none of the above listed risk factors for gadolinium administration during MR Imaging. ****No Known Risk Factor****

MRI SAFETY CHECKLIST:

1. Aneurysm clip(s)
2. Cardiac pacemaker or implanted cardioverter defibrillator (ICD)
3. Electronic implant or device or Neurostimulation system
4. Spinal cord stimulator or Bone growth/bone fusion stimulator
5. Internal electrodes or wires
6. Cochlear, otologic, or other ear implant
7. Insulin or other infusion pump

Resident:

Rad/NM Staff:BONMATI,CARMEN M Signature:CARMEN M BONMATI

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8. Implanted drug infusion device

9. Any type of prosthesis (eye, penile, etc.)

10. Heart valve prosthesis

11. Metallic stent, filter, or coil

12. Vascular access port and/or catheter

13. Radiation seeds or implants

14. Swan-Ganz or thermodilution catheter 15. Medication patch (Nicotine, Nitroglycerine)

16. Any metallic fragment or foreign body or History of mechanist or metal welding

17. Tissue expander (e.g., breast implants)

18. Surgical staples, clips, or metallic sutures

19. Joint replacement prosthesis (hip, knee, etc.)

20. Bone/joint pin, screw, nail, wire, plate, etc.

21. IUD, diaphragm, or pessary

22. Dentures or partial dental plates

23. Body piercing jewelry

24. Hearing aid (Remove before entering MR system room)

25. Claustrophobia

26. Other implant

BY SELECTING "NO KNOWN CONTRA-INDICATION" BELOW I CERTIFY THAT THE PATIENT HAS NO KNOWN SAFETY CONTRA-INDICATION TO MR IMAGING. If your Resident:

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patient does not have any of the above screening items please certify this screening list for MRI Safety.

****NO KNOWN CONTRA-INDICATION****

Report: Status: VERIFIED

MRI of the cervical spine without contrast.

Standard exam is obtained with sagittal T1, T2 and inversion recovery. Axial T1, T2 and gradient echo.

There are no comparison films of the cervical spine.

Clinical history: Increasing gait problems and neck pain.

Findings:

There is straightening of the cervical spine curvature.

Vertebral bodies are maintained. Narrowing of the disk spaces at C4-5, C5-6 and C6-7 levels with loss of signal throughout all levels indicating disk degeneration. Anterior osteophytes from C3 through C7.
Posterior osteophytes from C4 through C7.

Prevertebral soft tissues unremarkable.

Craniocervical junction is normal.

C1-C2 level is unremarkable.

C2-C3 level shows no evidence of a disk herniation. Spinal canal is patent as well as neural foramina.

C3-C4 level shows small central disk protrusion with indentation of the thecal sac. Moderate hypertrophic changes of the uncovertebral joints with moderate narrowing of the neural foramina. Bilateral facet hypertrophy left more than right.

C4-5 level shows posterior disk osteophyte complex as well as hypertrophy changes in the posterior spinal canal with obliteration

Resident:

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of the CSF space and findings of severe canal stenosis. Bilateral facet hypertrophy. There is severe narrowing of the left neural foramina and moderate to severe on the right.

C5-C6 level shows minimal anterolisthesis. Central spinal canal is patent. Neural foramina are patent as well.

C6 C7 level shows mild to moderate posterior disk osteophyte complex with indentation of the anterior thecal sac and mild indentation of the cervical cord. There is moderate to severe narrowing of the right neural foramina. Left neural foramina is intact. Moderate bilateral facet hypertrophy. Mild central spinal canal stenosis.

C7-T1 is grossly unremarkable. Central spinal canal is patent. Facet hypertrophy right more than left. Mild narrowing of the neural foramina.

Cervical cord shows normal signal intensity. Proximal thoracic spine is unremarkable. Bone marrow is normal in signal intensity.

Parotid glands are symmetrical. Thyroid gland appears homogeneous.

Impression:

Cervical spondylosis. Diffuse disk degeneration, most prominent from C4 to C7.

Severe spinal canal stenosis at C4-5 level.

Mild spinal canal stenosis at the C6-7 level with mild indentation of the anterior cervical cord..

Cervical cord has normal signal intensity.

Primary Interpreting Staff:
CARMEN M BONMATI, Staff Physician
(Verifier, no e-sig)

/CB

Resident:

Rad/NM Staff:BONMATI,CARMEN M Signature:CARMEN M BONMATI