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Patient's Name:

Talon, Jeff

SS #:

299-54-7468

Date of Examination:

3/24/2011

Magnetic Resonance Imaging-Cervical Spine

CLINICAL HISTORY: 55-year-old with history of multiple injuries.

TECHNIQUE: Multiplanar, multisequence images utilizing standard imaging protocol.

ALIGNMENT: Marked reduction of mid to upper cervical lordosis. Retrolisthesis of C4 upon C5 by 1 mm and C5 upon C6 by 1 mm. Correlation with weight bearing plain films is advised.

OSSEOUS STRUCTURES: Vertebral body height is maintained with no evidence of marrow infiltration or bone destruction.

BRAIN STEM/SPINAL CORD: No tonsillar ectopia or Chiari malformation. Cervicomedullary junction is normal. Cervical spinal cord is normal in course, caliber and signal intensity.

PARASPINAL SOFT TISSUES: Paraspinal muscle mass is maintained and the musculature has a symmetric appearance. Visualized soft tissues of the neck are unremarkable.

C2-3: Disc height is maintained without annular bulging, posterior spurring or herniation. Neural canals are patent and the dimensions of the central canal are within the normal range. Functional reserve is maintained. No facet arthrosis or ligamentous thickening.

C3-4: Normal disc height. Posterior annular bulging by 1 mm indenting the thecal sac. Neural canals are patent. Dimensions of the central canal are within the normal range. Symmetric facet orientation without appreciable arthrosis. No ligamentous thickening.

C4-5: Normal disc height. Posterior annular bulging by 1 mm indenting the thecal sac. Neural canals are patent. Dimensions of the central canal are within the normal range. Mild facet arthrosis greater on the right.

C5-6: Normal disc height. Diffuse posterior annular bulging by 1mm indenting the thecal sac. Neural canals are patent. Dimensions of the central canal are within the normal range. Symmetric facet orientation without appreciable arthrosis. No ligamentous thickening.

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MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

C6-7: Early anterior spurring. Normal disc height. Diffuse posterior disc osteophyte complex by 1-2 mm slightly more pronounced to the right of midline compressing the thecal sac and the emerging C7 nerve root sleeves slightly greater on the right. Neural canals and central canal are patent. Facets are unremarkable.

C7-T1: Disc height is maintained without annular bulging, posterior spurring or herniation. Neural canals are patent and the dimensions of the central canal are within the normal range. Functional reserve is maintained. No facet arthrosis or ligamentous thickening.

T1-2: Diffuse posterior annular bulging slightly greater on the right and left paracentral regions measuring 1-2 mm in thickness compressing the thecal sac.

T2-3: No annular bulging or herniation, but there is a concentric annular tear posteriorly and centrally affecting the outermost fibers.

T3-4: Posterior right central protrusion type disc herniation by 2 mm seen on T2 sagittal 10-11.

T4-5: Posterior right central protrusion type disc herniation measuring 3 mm in AP diameter with probable compression and deformity of the spinal cord, but this is only visualized on the sagittal images. Dedicated MRI of the thoracic spine would be more informative.

IMPRESSION:

1. Posterior right central protrusion type disc herniation suggested at T4-5 by 3 mm compressing the thecal sac with probable cord compression. Dedicated MRI of the thoracic spine would be more informative.
2. Posterior right central protrusion type disc herniation at T3-4 by 2 mm compressing the thecal sac.
3. Multilevel posterior annular bulging at C3-4, C4-5 and C5-6 levels ranging from 1-2 mm each with indentation of the thecal sac.
4. Mild spondylosis of C6-7 with posterior disc osteophyte complex by 1-2 mm compressing the thecal sac and the C7 nerve root sleeve, slightly worse on the right.
5. Posterior annular bulging T1-2 greater in the right and left paracentral regions compressing the thecal sac.
6. Concentric annular tear affecting the outer fibers of the T2-3 disc posteriorly and centrally.
7. Retrolisthesis of C4 and C5 by 1 mm each. Correlation with plain film is advised.
8. Marked reduction of the mid to upper cervical lordosis. Finding(s) may be associated with muscle spasm and/or joint dysfunction but should be correlated clinically and with weight bearing radiographs.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on 3-27-2011 @ 21:33:03

Radiologist

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Magnetic Resonance Imaging-Thoracic Spine

CLINICAL HISTORY: 55-year-old with history of trauma. Pain to the right side.

TECHNIQUE: Multiplanar, multisequence images utilizing standard imaging protocol.

VERTEBRAL NUMBERING: Twelve thoracic segments are assumed and should be correlated with plain films.

OSSEOUS STRUCTURES: Vertebral body height is maintained with no evidence of marrow infiltration or bone destruction. Posterior arches are intact. No marrow infiltration or bone destruction.

NEURAL STRUCTURES: Thoracic spinal cord is normal in course, caliber and signal intensity. The conus is normal in size, contour and signal intensity and terminates at the L1 level.

PARASPINAL SOFT TISSUES: Paraspinal muscle mass is normal. Remaining visualized soft tissues are unremarkable.

T2-3: Concentric annular tear affecting the outer fibers posteriorly and centrally.

T3-4: Posterior right central protrusion type disc herniation measuring 1-2 mm in AP diameter compressing the thecal sac without appreciable cord compression visualized on gradient axial 5/40. Neural canals are patent. Dimensions of the central canal are within the normal range.

T4-5: Posterior left central protrusion type disc herniation measuring 1-2 mm in AP diameter accompanied by slight flattening of the left anterior margin of the cord visualized on gradient axial 9/40. Neural canals and central canal are patent.

T5-6: Posterior left central protrusion type disc herniation measuring approximately 1-2 mm in AP diameter with compression of the thecal sac. The cord is not directly compressed, but this is a recumbent study.

T6-7: Posterior left central protrusion type disc herniation measuring 1 mm in AP diameter compressing the thecal sac without compression or deformity of the cord.

T7-8: Posterior central/left central protrusion type disc herniation measuring 2 mm in AP diameter with compression of the thecal sac contacting the cord visualized on gradient axial 21/40.

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MRI OF THE THORACIC SPINE WITHOUT CONTRAST

T8-9: Posterior left central protrusion type disc herniation by 1-2 mm compressing the thecal sac visualized on gradient axial 25/40.

T9-10: No annular bulging or herniation. Neural canals are patent. Dimensions of the central canal are within the normal range.

T10-11: No annular bulging or herniation. Neural canals are patent. Dimensions of the central canal are within the normal range.

T11-12: No annular bulging or herniation. Neural canals are patent. Dimensions of the central canal are within the normal range.

T12-L1: Disc height is maintained with normal intrinsic signal intensity. No annular bulging, posterior spurring or herniation. Symmetric facet orientation without arthrosis. No ligamentum flavum hypertrophy. Neural canals are patent and the dimensions of the central canal are within the normal range.

IMPRESSION:

1. Posterior right central protrusion type disc herniation at T3-4 measuring 1-2 mm in AP diameter compressing the thecal sac without direct cord compression.
2. Posterior left central protrusion type disc herniation at T4-5 measuring 1-2 mm in AP diameter with compression of the thecal sac and slight flattening of the left anterior margin of the cord.
3. Posterior left central protrusion type disc herniation at T5-6 measuring 1-2 mm in AP diameter with compression of the thecal sac.
4. Posterior left central protrusion type disc herniation at T6-7 measuring approximately 1 mm in AP diameter with compression of the thecal sac. Subtle flattening of the left anterior margin of the cord.
5. Posterior left central protrusion type disc herniation at T7-8 by 2 mm compressing the thecal sac and contacting the cord.
6. Posterior left central protrusion type disc herniation at T8-9 by 1-2 mm compressing the thecal sac.
7. Multilevel discogenic spondylosis throughout the thoracic spine from T3 through T12.
8. No acute fracture or aggressive marrow pathology.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on 3-27-2011 @ 21:33:03

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Magnetic Resonance Imaging-Lumbar Spine

CLINICAL HISTORY: 55-year-old with weakness in the legs.

TECHNIQUE: Multiplanar, multisequence images utilizing standard imaging protocol.

VERTEBRAL NUMBERING: Five lumbar segments are noted. Correlation with plain films advised to confirm the numbering of the vertebra.

ALIGNMENT: Lordotic curvature is still preserved despite the recumbent position. Shallow left lateral lumbar convexity.

OSSEOUS STRUCTURES: Vertebral body height is preserved. Normal marrow signal intensity. No marrow infiltration or bone destruction. Posterior arches are intact.

NEURAL STRUCTURES: The conus is normal in size, contour and signal intensity and terminates at the L1-2 disc level. Cauda equina has a normal appearance and distribution within the thecal sac.

PARASPINAL SOFT TISSUES: Paraspinal muscle mass is preserved and the musculature has a symmetric appearance. Visualized abdominal and retroperitoneal soft tissues are unremarkable.

L1-2: Disc height is maintained with normal intrinsic signal intensity. No annular bulging, posterior spurring or herniation. Symmetric facet orientation without arthrosis. No ligamentum flavum hypertrophy. Neural canals are patent and the dimensions of the central canal are within the normal range.

L2-3: Disc height is maintained with normal intrinsic signal intensity. No annular bulging, posterior spurring or herniation. Symmetric facet orientation without arthrosis. No ligamentum flavum hypertrophy. Neural canals are patent and the dimensions of the central canal are within the normal range.

L3-4: Mild to moderate loss of the disc height with desiccation. There is diffuse posterior annular bulging by 3-4 mm compressing the thecal sac and contacting the emerging L4 nerve root sleeves. Annular bulging is slightly asymmetric to the right side. Prominent concentric annular tear extending along the posterior central aspect of the outer fibers. This is the innervated area of the annulus. Left neural canal is patent. Early to mild narrowing of the right neural canal.

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MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

L4-5: Mild loss of disc height with desiccation. Diffuse posterior annular bulging by 3-4 mm compressing the thecal sac. Mild bilateral facet arthrosis slightly worse on the right. Mild left sided foraminal stenosis. The right foramen is patent.

L5-S1: Moderately severe loss of the disc height. Diffuse posterior disc osteophyte complex by 2 mm which is slightly asymmetric towards the right side. Mild bilateral facet arthrosis. Right neural canal is slightly narrowed.

IMPRESSION:

1. Diffuse posterior annular bulging at L3-4 by 3-4 mm associated with a concentric annular tear posteriorly and centrally. The annular bulging compresses the thecal sac and contacts the emerging L4 nerve root sleeves.
2. Diffuse posterior annular bulging at L4-5 by 3 mm compressing the thecal sac and contacting the thecal sac.
3. Moderate disc degeneration at L3-4 with mild to moderate degeneration at L4-5.
4. Moderately advanced discogenic spondylosis at L5-S1 with diffuse posterior disc osteophyte complex slightly greater to the right side.
5. Early foraminal stenosis at L5 on the right and at L4 on the left. Early foraminal stenosis at L3-4 on the right.
6. Mild facet arthrosis at L4-5 and L5-S1 levels.

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