

Patient Name : Mr. VIKRAM PRASAD  
Age/Gender : 65 Y/M  
**Lab No : 10143972**  
Referred By : Dr. JAI PRAKASH  
Refer Lab/Hosp : CHARAK NA

Visit No : CHA250046677  
Registration ON : 17/Mar/2025 09:32AM  
Sample Collected ON : 17/Mar/2025 09:32AM  
Sample Received ON :  
Report Generated ON : 17/Mar/2025 03:44PM



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## MRI: CERVICAL SPINE

### IMAGING SEQUENCES (NCMR)

**AXIAL:** T1 & T2 Wis. **SAGITTAL:** T1 & TSE T2 Wis. **CORONAL:** T2 Wis

There is evidence of bony cranio-vertebral junction anomaly in form of occipitalization of atlas, atlanto-axial dislocation (AAD approx. 4.5mm) and basilar invagination. Odontoid process is displaced superiorly and posteriorly. It is indenting cervico-medullary junction with resultant curvature deformity of lower medulla-upper cervical spinal cord. Available canal diameter at foramen magnum is also reduced with compression over cervico-medullary junction and upper cervical spinal cord. Small T2 hyperintense is seen in spinal cord at C2-C3 vertebral levels — suggestive of myelopathic changes.

Congenital fusion of C2 and C3 vertebra is seen.

Cervical spine is straightened with loss of usual spinal curvature. There is evidence of degenerative changes affecting cervical spine. All the visualized intervertebral discs are desiccated. Vertebrae are also showing degenerative changes in form of anterior osteophytosis at multiple levels.

Disc osteophyte complex is seen at C3-4 level producing mild to moderate compromise of bilateral lateral recesses with moderate extradural compression over thecal sac.

Disc osteophyte complexes are seen at C4-5 and C5-6 levels producing mild compromise of bilateral lateral recesses with mild extradural compression over thecal sac.

Rest of the thecal sac with rest of the spinal cord is normal in signal intensity and configuration.

Pre and para-vertebral soft tissues are normal.

Screening of rest of the spine was done which reveals disc bulges at L4-5 and L5-S1 levels.

### **IMPRESSION:**

- **Degenerative changes affecting cervical spine with disc osteophyte complexes at C4-5 and C5-6 levels**
- **C.V. junction anomaly in the form of occipitalization of atlas, A.A.D. and basilar invagination as described.**

Please correlate clinically.

**DR. RAVENDRA SINGH**  
**MD**

Transcribed by R R...

\*\*\* End Of Report \*\*\*



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