

Patient Name	: Mr. JITENDRA	Visit No	: CHA250047041
Age/Gender	: 27 Y/M	Registration ON	: 17/Mar/2025 12:35PM
Lab No	: 10144336	Sample Collected ON	: 17/Mar/2025 12:35PM
Referred By	: Dr. RBH	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 06:22PM

MRI: CERVICAL SPINE WITH SCREENING OF 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 and basilar invagination. Odontoid process is displaced superiorly & 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 & upper cervical spinal cord. No evidence of compressive myelopathic changes are seen.

Congenital fusion of C2-C3 vertebrae is also noted.

Rest of cervical spinal cord with thecal sac is normal in signal intensity & MR morphology.

Other visualised vertebrae and intervertebral discs are showing normal height, morphology, outline and signal intensity. No significant disc bulge/herniation or compression over thecal sac/spinal cord is noted at other levels.

No evidence of tonsillar ectopia or syringomyelia.

MEASUREMENTS

Distance between anterior arch of atlas and odontoid process - approx. 4.5mm.

Superior displacement of the tip of the odontoid process from Chamberlain line approx. 6mm.

Minimal diameter of the thecal sac at posterior margin of the foramen magnum approx. 10mm where AP thickness of cord is approx. 6.5mm.

Screening of rest of the **spine** was done which reveals disc bulge at L5-S1 level.

IMPRESSION

C. V. junction anomaly with occipitalization of atlas, A.A.D. and basilar invagination causing curvature deformity of the cervico-medullary junction.

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet

*** End Of Report ***



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