



RADIOLOGY REPORT # GO-0123-5432

PATIENT NAME : Goodman, Paul
DOB / AGE : 02-27-1959
SEX : Male

DATE of EXAM : 01-02-2019
DATE of REPORT : 01-03-2019

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INDICATIONS : A patient history of "Motor Vehicle Accident" was submitted.

SUBMISSION : Digital images (DICOM) are submitted for evaluation.

GENERALIZED FINDINGS : Skeletal mineralization appears consistent with the patient's stated age.

TECHNIQUE: (7) CERVICAL SPINE: APOM, APLC, LAT NEUTRAL, LAT FLEXION & EXTENSION, RT & LT OBLIQUE VIEWS. During flexion: there is anterior translation of the C4 segment upon the C5 segment and the C5 segment upon the C6 segment that reduces in the neutral lateral projection. During extension: there is posterior translation of the C3 segment upon the C4 segment and the C4 segment upon the C5 segment that reduces in the neutral lateral projection. The cervical vertebral body heights are maintained. The dens & atlantoaxial joint spaces are intact. There are intercalary bones and bony proliferative changes noted circumferentially along the vertebral body margins of the mid and lower cervical spine. There is a decrease in the intervertebral disc spaces of the mid to lower cervical spine. There is subchondral sclerosis and joint margin irregularities noted along the facet joints periodically throughout the cervical spine. There are small accessory ribs noted bilaterally at C7. There is a thin curvilinear density noted superior to the posterior arch of C1 forming an arcuate foramen, representing a posterior ponticle.

TECHNIQUE: (3) LUMBAR SPINE: AP, LATERAL & LAT LUMBOSACRAL SPOT VIEWS.

The lumbar vertebral body heights are maintained. There are bony proliferative changes noted along the vertebral body margins periodically throughout the lumbar spine. There is subchondral sclerosis and joint margin irregularities noted along the facet joints of the lower lumbar spine. There is a nonunion of the posterior osseous elements at S1, with elongation of the L5 spinous process, representing a knife clasp deformity. As visualized, the regional soft tissues are radiographically unremarkable.

IMPRESSIONS :

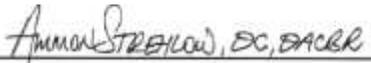
1. Moderate discogenic spondylosis of the mid and lower cervical spine, more advanced at C5/C6.
2. Mild to moderate spondylosis deformans periodically throughout the lumbar spine.
3. Mild to moderate facet arthrosis periodically throughout the cervical spine and the lower lumbar spine.

POSTURAL / BIOMECHANICAL ADAPTATION :

- A. The Angle of the Cervical Curve indicates a decrease in the normally anticipated cervical lordosis.
- B. The Cervical Gravity Line indicates anterior weight bearing of the head and cervical spine.
- C. The cervical anterolisthesis of C4 upon C5 and C5 upon C6 during flexion, with retrolisthesis of C3 upon C4 and C4 upon C5 during extension demonstrates regional ligamentous laxity, suggestive of regional ligamentous sprain or may be the result of ligamentous laxity associated with regional degenerative changes or hypermobility syndrome; clinical correlation with evaluation of ligamentous stability and muscle tonicity is required.
- D. There is a left lateral listing of the cervical spine and a right sided convexity of the upper thoracic spine.
- E. There is pelvic unleveling, low on the left with a left sided convexity of the lumbar spine.

RECOMMENDATION :

1. If current clinical signs and symptoms are present, a magnetic resonance imaging scan of the cervical spine is recommended for further evaluation of the regional osseous elements and adjacent soft tissue structures.
2. The postural / biomechanical adaptations as noted above may be the result of a recent traumatic event; correlation is recommended between these adaptations and the clinical evaluation of ligamentous stability and muscle tonicity.


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