



RADIOLOGY REPORT # DO-0123-5432

PATIENT NAME : Doe, Jane  
DOB / AGE : 02-29-1963  
SEX : Female

DATE of EXAM : 01-02-2000  
DATE of REPORT : 01-03-2000

REFERRING OFFICE :  
Chiropractic Physicians at the Get It Straight Chiropractic  
Main Street Office (702) 555-1234  
4321 Main Street Ave., Suite 1A Anytown, USA 98765

NEVADA OFFICE  
5135 Camino Al Norte, Suite 250  
N. Las Vegas, NV 89031

UTAH OFFICE  
560 S. Valley View, Suite 5  
St. George, UT 84770

Toll Free : 1-800-330-0772  
Facsimile : (435) 674-2588  
info@shieldradiology.com

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

SUBMISSION: Digital X-Ray images (DICOM format) are submitted for evaluation. No comparison images were submitted.

GENERALIZED FINDINGS: There is a decrease in the bony density; osteopenia that is evidenced by thinning cortical margins and a "washed out" appearance, consistent with the patient's stated age.

TECHNIQUE: (7) CERVICAL SPINE: APOM, APLC, LAT NEUTRAL, LAT FLEXION & EXTENSION, RT & LT OBLIQUE VIEWS. In the LCN projection, there is anterior translation of the C4 segment upon the C5 segment. 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 bony hypertrophy of the mid to lower cervical uncinat processes. There is a decrease in the intervertebral disc spaces of the mid to lower cervical spine. There is right and left sided stenosis of the mid to lower cervical intervertebral foramen. There is subchondral sclerosis and joint margin irregularities noted along the facet joints periodically throughout the cervical spine. There is a thin curvilinear density noted superior to the posterior arch of C1 forming an arcuate foramen, representing a posterior ponticle; vertebrobasilar insufficiency should be clinically evaluated. There is conduit wall calcifications noted in the region of the carotid bifurcation.

TECHNIQUE: (2) LUMBAR SPINE: AP & LATERAL 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 are cortical irregularities, proliferations with adjacent subchondral sclerosis noted along the iliac crest. As visualized, the regional soft tissues are radiographically unremarkable.

TECHNIQUE: (3) RIGHT SHOULDER: IR & ER VIEWS.

There is unremarkable alignment of the right shoulder. There are cortical irregularities with adjacent subchondral sclerosis noted along the acromioclavicular joint. There is subchondral sclerosis, bony proliferative changes and joint margin irregularities noted along the greater tuberosity of the right humerus. As visualized, the regional soft tissues are radiographically unremarkable.

**IMPRESSIONS / CONCLUSIONS:**

1. Mild to moderate discogenic spondylosis of the mid to lower cervical spine with bilateral stenosis of the mid to lower cervical intervertebral foramen; the static anterolisthesis of C4 upon C5, appears to be degenerative in nature.
2. Mild to moderate facet arthrosis periodically throughout the cervical spine.
3. Mild to moderate facet arthrosis periodically throughout the cervical spine and the lower lumbar spine as noted above.
4. Mild degenerative enthesopathic changes along the pelvis as noted above.
5. Atherosclerotic plaques within the carotid arteries with no evidence of gross dilatation.
6. Mild degenerative osteoarthritis with enthesopathic changes within the right shoulder complex, involving the acromioclavicular joint and along the greater tuberosity of the proximal humerus as noted above.

**POSTURAL / BIOMECHANICAL ADAPTATIONS:**

- 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. There is a right sided convexity of the cervical spine.
- D. There is pelvic unleveling, low on the left with a left sided convexity of the lumbar spine.



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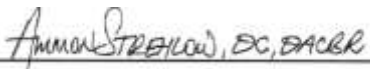
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RECOMMENDATIONS & COMMENTS:

1. A magnetic resonance imaging scan of the cervical spine is recommended for further evaluation of the regional osseous elements, specifically the middle column and the adjacent soft tissue structures.
2. Lumbar oblique projections and an AP Lumbosacral spot projection along the plane of the L5 disc are recommended for the specific evaluation of the pars interarticularis, and a more complete evaluation of the regional posterior osseous elements and soft tissue structures.
3. A Doppler ultra sound examination of the atherosclerotic arterial structures is recommended for evaluation of possible arterial stenosis and or regional venous insufficiency.
4. A DEXA scan (Dual-energy x-ray absorptiometry) is recommended for evaluation of the generalized osteopenia.
5. If current clinical signs and symptoms are present or if the patient's medical history warrants, a magnetic resonance imaging scan of the right shoulder is recommended for further evaluation of the regional alignment, the osseous & cartilaginous elements and the adjacent soft tissue structures.
6. The postural / biomechanical adaptations may be the result of a recent traumatic event; clinical correlation is recommended between these adaptations and the clinical evaluation of ligamentous stability and muscle tonicity.

  
Ammon Strehlow, DC, DACBR  
Diplomate, American Chiropractic Board of Radiology

Example Report