

DIAGNOSTIC X-RAY CONSULTATION SERVICES®

GARY A. LONGMUIR, M.App.Sc., D.C., Ph.D., D.A.C.B.R.
Radiology

*Diplomate, American Chiropractic Board of Radiology
Fellow, the American Chiropractic College of Radiology*

2525 W. Carefree Highway, Building 2A, Suite 114
Phoenix, AZ 85085-9302
Telephone: (602) 274-3331
Fax: (602) 279-4445
glongmuir@diagnosticx-ray.com

Patient's Name: Ms. XXXXX XXXXXXXXX

Referred by: Dr. X XXXXXX

Date Taken: 1/15/16

Date of Report: 1/16/16

Patient's Complaint: Headaches, neck and upper back pain.

Patient's History: Automobile accident/injury, 1/14/16.

Findings:

Radiographic examination of the spine by means of AP thoracic, lateral thoracic, APOM, AP lower cervical, neutral lateral cervical, cervical flexion and extension and left and right cervical oblique projections reveals the cervical spine to be hypolordotic with a moderate restriction of extension and a mild restriction of flexion. A right cervicothoracic convexity is noted apexing at C5-C6. Right head tilt is present.

Bony hypertrophic changes are identified at the anterior C5 and C6 vertebral margins. There is right-sided intervertebral foraminal encroachment at C5-C6 secondary to von Lushka joint and facet hypertrophy at the same level. The atlantodental interval is within normal limits. Anterior vertebral body height is well maintained. The disk spaces are well-preserved. Radiolucent clefts are present at the C5-C6 and C6-C7 disk spaces. The prevertebral soft tissue spaces are unremarkable. Midthoracic Schmorl's nodes are noted.

Impressions:

1. Cervical hypolordosis, restricted flexion and extension, convexity and head tilt compatible with antalgia.
2. Radiolucent clefts which are gaseous and may be considered post-traumatic in etiology.
3. Mild degenerative changes as described.
4. Schmorl's nodes.


G.A. Longmuir, DC, DACBR