

**MR EXAMINATION OF THE CERVICAL SPINE** – performed at the Zdravlje Plus Clinic, Novi Sad, Serbia on 28 July 2020.

The radiology report made by the clinic is translated as follows:

*T1W / T2W sagittal, T1W coronal and T2W axial tomograms of the cervical spine were made.*

There are no signs of fracture or infiltration on examination of the bone structures involved. Cervical lordosis was corrected with moderate sinistroconvex scoliosis of the cervicothoracic segment. The spinal cord segment shown is of normal morphology and signal intensity. Foramen magnum free.

There are anterolistheses of the C2 vertebrae, as well as the retrolistheses of the C3 and C5 vertebrae up to 3mm gr. I.

At the level C3/C4 IV space is maintained in height with marginal osteophytosis; a wide dorsal protrusion of the IV disc is seen with consequent impression of the anterior dural sac, without significant spinal canal stenosis (AR diameter of the dural sac is about 12 mm); degenerative changes of uncovertebral malformations are present; IV foramen are moderately stenosed, more pronounced on the left side.

At the level of C4/C5 IV space is maintained height with smaller marginal osteophytes; annular swelling of the IV disc is seen, without significant stenosis of the spinal canal (AR diameter of the dural sac is about 13mm); degenerative changes of uncovertebral joints are present; IV foramen are slightly narrowed.

At the level of C5/C6 IV space is moderately reduced in height with labial osteophytosis; a wide dorsal protrusion of the IV disc is seen with consequent impression of the anterior dural sac and mild stenosis of the spinal canal (AR diameter of the dural sac is about 11 mm); degenerative changes of uncovertebral and facet joints are present; IV foramen are moderately stenosed.

At the level of C6/C7 IV space is reduced in height with marginal osteophytosis; a wide dorsal protrusion of the IV disc is seen, more pronounced foraminally, with consequent impression of the anterior surface of the dural sac and mild stenosis of the spinal canal (AR diameter of the dural sac is about 11 mm); degenerative changes of uncovertebral joints are present; the IV foramen on the left side is moderately stenosed; the IV foramen on the right side is significantly stenosed.

At the levels of Th5/Th6, Th6/Th7 and Th7/Th8, annular swelling of the IV disc is seen, without significant spinal canal stenosis; IV foramen maintained width.

Conclusion:

1. Wide dorsal protrusion of the IV disc at C5/C6 and C6/C7 levels and degenerative changes of uncovertebral joints with consequent moderate stenosis of neural foramen at C5/C6 level bilaterally and at C6/C7 level on the left side and significant stenosis of

neural foramen at C6/C7 level on the right side; spinal canal at these levels slightly narrowed.

2. Corrected cervical lordosis with moderate sinistroconvex scoliosis cervicothoracic transition.