CLINICAL HISTORY: 39-year-old male with cervical pain and radiculopathy radiating down the left arm without a stated history of trauma. Rule out a disc herniation.

TECHNIQUE: Sagittal T1, T2, STIR, axial T1, T1-gradient echo images of the cervical spine were performed without availability of prior comparison studies.

FINDINGS: Consistent with the clinical history is reversal of the normal cervical lordosis and focal kyphosis at C6-C7 at which there is a left posterolateral, preforaminal and far lateral moderate disc herniation producing left ventral C6-C7 cord impingement and left neural foraminal encroachment that likely produces exiting C7 impingement as will be addressed below.

No acute vertebral body fracture, infiltrative process, paravertebral mass, or marked spondylolisthesis. No marrow infiltrative process. No bone marrow edema is observe on the edema sensitive STIR images within the vertebral bodies or within the posterior elements. No cerebellar tonsillar ectopia. Normal tip of clivus, foramen magnum, atlanto-axial, and atlanto-occipital relationships. For the purposes of numbering of the vertebral bodies, there is a rudimentary cartilage remnant at the base of the odontoid process at C2.

Intervertebral disc levels:

C2-C3, C3-C4: Normal disc height, morphology and signal intensity without disc herniation, central canal or foraminal stenosis.

C4-C5: Mild disc desiccation and slight bulging of the annular contours without disc extrusion, central canal, or foraminal stenosis. There is very slight left posterolateral uncinate process spurring.

C5-C6: Normal disc height and hydration without a disc extrusion, central canal or foraminal stenosis.

C6-C7: A left posterolateral, preforaminal, and proximal neural foraminal broad disc extrusion measures 11 mm cephalocaudal x 13 mm transverse, and 5-6 mm AP. There is leftward cord impingement without myelopathy and narrowing of the left aspect of the cervical spinal cord. Preforaminal narrowing in the left likely affects the exiting left C7 nerve root. The right neural foramen is widely patent. There is mild elevation of the posterior longitudinal ligament.

C7-T1: Relatively normal disc height and hydration. A shallow subligamentous disc bulge produces no cord impingement, central canal or limiting foraminal stenosis.

IMPRESSION(MRI OF THE CERVICAL SPINE):

1. **At C6-C7, which there is mild focal kyphosis in the position of the examination is a left posterolateral, pre-foraminal and proximal foraminal disc extrusion producing exiting left C7 radicular impingement and leftward cord impingement without limiting central canal stenosis or right foraminal stenosis**.
2. No myelopathy.
3. At C7-T1 is a shallow non-compressive disc bulge.
4. Low-grade cervical discopathy at C4-C5.
5. No acute vertebral body fracture, infiltrative process, paravertebral mass, or spondylolisthesis.