Raigmore Hospital

Radiology Report

Patient Name:	REID MAUREEN	**Report Date:**	16-Apr-2010 17:04
Patient ID:	1001542304	**Accession No.:**	H203057336301
Patient Birth Date:	10-Jan-1954	**Report Status:**	F
Referring Physician:	Raigmore OP	**Reason For Study:**	

MRI Spine Cervical
MRI CERVICAL SPINE AND RIGHT SHOULDER
MEDICO-LEGAL CASE
Examination requested by Mr S Kelly.
Reason for referral: Persistent right neck and shoulder symptoms.
Orthopaedic reports by Mr Kelly from 25/09/09 and 06/08/08 are available to me at the time of interpretation.
Standard unenhanced non-arthrographic examinations of both regions were obtained in the Inverness 1.5 Tesla NHS scanner.
MRI CERVICAL SPINE: Normal alignment, cranio-cervical junction and cord. Reasonably capacious canal. No sinister marrow infiltration. No incidental para-spinal pathology demonstrated. There are some areas of disc desiccation as expected for age. However, rather more advanced degenerate features are seen of the C3/4 disc. Small eccentric haemangioma in D2 vertebral body which is incidental.
Axial sequences demonstrate no significant disc prolapse. Some minor asymmetric narrowing of the exit foramen from unco-vertebral osteophytes, particularly affecting left C4 root. However, I note the symptoms are on the right. This axial volume sequence shows no gross disruption of the para-spinal musculature or the right sided trapezius.
MRI RIGHT SHOULDER: There is some mild bone marrow oedema in the ACJ consistent with early degenerate change. Some smooth under surface osteophytic change which is indenting on the superior surface of supraspinatous but no signal change is seen within the subacromial bursa or indeed supraspinatous tendon. The rotator cuff is intact with no full thickness tear. Normal glenohumeral joint. The coracoid has a pronounced lateral hook but no sub-coracoid impingement seen on the anterior humerus. No peri-articular soft tissue masses such as ganglia. Marrow signal normal. No gross disruption of the gleno-labral apparatus on this non-arthrographic exam. LHB in groove with no subluxation, free fluid or sign of rupture. No bone bruising or osteochondral defects.
CONCLUSION: Some age-related findings in the neck and at the ACJ in the shoulder.
c.c. JHM - to raise hospital invoice.
Reporting Radiologist: Dr John Miller FRCP FRCR, Consultant Radiologist
Verified by Dr John Miller FRCP FRCR, Consultant Radiologist
