

CLINICAL INDICATIONS: Trauma

CERVICAL SPINE CT, dated Oct 30, 2011 255 PM

INDICATION: Trauma

TECHNIQUE: Axially oriented 2mm thick images were obtained through the entire cervical spine, without contrast. Sagittal and coronal reformations are also provided.

DISCUSSION:

There is a right-sided facet dislocation and left-sided fracture-dislocation at the C6-C7 facets. There is resultant grade 2 anterolisthesis of C6 on C7. There is widening of the C6-C7 posterior spinous processes with hematoma within the surrounding soft tissues.

Marked degenerative disc disease with anterior and posterior osteophyte formation at C4-C5 results in severe narrowing of the bony spinal canal. There is also moderate bilateral neuroforaminal narrowing at this level.

There is congenital fusion of the visualized upper thoracic vertebral bodies and C7, with fusion of the anterior portion of the posterior spinous processes at these levels also. There is fusion of the right T1-T3 facets and left C7-T1 facets. There is congenital fusion of the right first and second ribs near the costovertebral junction. The third rib does not articulate with the costovertebral junction.

Critical findings called to XX at 3:46 p.m. 10/30/2011

IMPRESSION:

1. Right-sided C6-C7 facet dislocation and left-sided fracture-dislocation with resultant grade 2 anterolisthesis of C6 on C7. Widening of the C6-C7 facets posteriorly. This is an unstable injury.
  2. Congenital fusion C7-T3 resulting in a rigid segment.
  3. Posterior disc osteophyte complex at C4-C5 results in marked narrowing of the bony spinal canal.
- MRI is recommended for further evaluation.

Key images:

Images 17, 29, 33, 38 Se 9

Ed8810,  
ED8810  
12/26/1942  
68 YEAR  
M

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SPINE CERVICAL WO CONTRAST CT  
Sag - C-Spine 2.0 Bone  
10/30/2011 2:58:11 PM

THK: 2  
HFS

A

P

RD: 151  
Tilt: 0  
mA: 507  
KVp: 120  
Acq no: 15

Z: 1  
C: 450  
W: 1500  
DFOV: 15.1x22.7cm

Page: 16 of 50

F

IM: 17 SE: 9

cm

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