

STREHLOW RADIOLOGY CONSULTING

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Example Radiology Report

NAME: Doe, John
SEX: M
DOB / AGE: 06-22-1957

Report #: 7402
Date of Exam: 12-07-2001
Date of Report: 12-16-2001

Referring Physician: Dr. C. Spine @ Get it Straight Chiropractic Clinic
1234 N. Main Street Anytown, USA 54321

PROJECTIONS SUBMITTED FOR REVIEW: An AP open mouth, AP lower cervical, lateral cervical, right & left cervical obliques, and flexion & extension projections.

FINDINGS:

There are alterations in the normally anticipated alignment of the cervical spine. The cervical vertebral body heights are maintained. The dens and atlantoaxial joint spaces are intact. There are bony proliferative changes noted along the anterior vertebral body margins of the lower cervical spine, resulting in mild bilateral stenosis of the lower cervical intervertebral foramen. There is bony hypertrophy of the lower cervical uncinat processes. There is a mild decrease in the intervertebral disc spaces of the lower cervical spine. There is subchondral sclerosis and joint margin irregularities noted along the facets of the lower cervical spine. There is a thin curvilinear density noted superior to the posterior arch of C1 forming an arcuate foramen.

IMPRESSIONS:

1. Mild to moderate discogenic spondylosis of the lower cervical spine, with resultant bilateral stenosis of the lower cervical intervertebral foramen.
2. Mild to moderate facet arthrosis of the lower cervical spine.
3. Posterior ponticle at C1.

POSTURAL / BIOMECHANICAL ADAPTATIONS:

1. The angle of Cervical Curve indicates a decrease in the normally anticipated cervical lordosis with reversal at C4.
2. The Cervical Gravity Line indicates anterior weight bearing of the head and cervical spine.
3. The "Penning Method" demonstrates hypomobility of the C5/C6 & C6/C7 intersegmental motor units.
4. The Ruth Jackson's Lines indicates an irregular focus of stress during cervical intersegmental motion.
5. There is a left sided convexity of the cervical spine, apexing at C5/C6.

RECOMMENDATIONS & COMMENTS:

1. The impressions in this report are based upon the radiographic findings; conservative care should be correlated with the patient's current clinical status, with follow-up radiographs as warranted.
2. The postural / biomechanical adaptations as noted above are most likely the result of muscle spasm following a recent traumatic event, clinical correlation is required.
3. A magnetic resonance imaging scan of the lower cervical spine is recommended for evaluation of the regional soft tissue structures, if significant clinical signs and symptoms warrant.

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