

# **ADVANTAGE RADIOLOGY SERVICE**

## **CHIROPRACTIC RADIOLOGISTS**

**723 PHILLIPS AVE-SUITE 275 TOLEDO, OHIO 43612-4548 (844) 283-4163**

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PATIENT: CASE No.:  
DOB: DATE OF EXAM: 1/4/19  
SEX: DATE OF REPORT: 1/12/19  
REFERRAL:  
REGION X-RAYED: Full spine

### VIEWS:

AP full spine, AP open mouth, lateral cervical, lateral thoracic, and lateral lumbar view.

### FINDINGS, FULL SPINE:

Flat contour from C2 through C4 and below the C5 level with anterior carriage of the head and neck is seen. There is a right lumbar convexity apexing at L3/L4 with left convexity apexing at T4 and right at C4/C5 present. Anterolisthesis of L5 on S1 of 10-20% is seen.

Large air fluid mass density is noted behind the cardiac silhouette and the megenblasse is not seen in its normal location. The gas in the left upper quadrant is gas in the splenic flexure and not in the fundus of the stomach.

There is severe loss of the C3 and C6 intervertebral disc with minimal anterolateral spur formation at C6/C7 and involving the mid to lower thoracic segments with slight narrowing of the lower thoracic disc spaces. There is atherosclerotic calcific plaquing seen in the lower abdominal aorta. Subchondral sclerotic change is seen involving the lower cervical and upper thoracic and lower lumbar facet joints. Loss of bone density is seen throughout remaining osseous structures visualized. There is joint narrowing involving the C3 through C5 and C6/C7 uncovertebral joints. Mild narrowing of the C4 disc is seen. Remaining osseous and articular relationships appear maintained. Osseous integrity appears intact.

### IMPRESSIONS, FULL SPINE:

1. LARGE HIATAL HERNIA. FOLLOW-UP EVALUATION WITH REFERRAL TO A GASTROENTEROLOGIST FOR CONSULTATION AND PROBABLE UPPER GI EXAM IS RECOMMENDED.
2. SEVERE DEGENERATIVE DISC DISEASE AT C3/C4 AND C6/C7 WITH MILD DEGENERATIVE DISC DISEASE AT C4/C5 AND THROUGHOUT THE MID TO LOWER THORACIC SPINE.
3. FACET ARTHROSIS: LOWER CERVICAL AND UPPER THORACIC SPINE AND MID TO LOWER LUMBAR SPINE.
4. UNCOVERTEBRAL ARTHROSIS: C3 THROUGH C5 AND C6/C7.
5. DEGENERATIVE ANTEROLISTHESIS OF L5 ON S1 OF APPROXIMATELY 10-20%. REMAINING POSTURAL AND BIOMECHANICAL ALTERATIONS AS NOTED AND DESCRIBED ABOVE.

CONTINUED

**Craig P. Church, D.C., D.A.C.B.R.**

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PATIENT:

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6.     ATHEROSCLEROTIC CALCIFIC PLAQUING:     ABDOMINAL AORTA EXTENDING INTO THE  
          ILIAC ARTERIES.
7.     GENERALIZED OSTEOPOROSIS.
8.     NO OTHER GROSS EVIDENCE OF BONE OR     JOINT PATHOLOGY.

RECOMMENDATIONS:

1.     FOLLOW-UP EVALUATION WITH REFERRAL TO AN GASTROENTEROLOGIST FOR  
          CONSULTATION AND PROBABLE UPPER GI EXAM IS RECOMMENDED.

Thank you for this referral.

Craig P. Church, DC, DACBR  
Radiologist

CPC/mc  
D.B.N.R.

**Craig P. Church, D.C., D.A.C.B.R.**