CAPITOL MEDICAL CENTER, INC
Quezon Avenue, Quezon City, Philippines 1103 * 83723825
* https://www.capitolmedical.com.ph/ *info@capitolmedical.com.ph

Patient Name:	[redacted]		
Date of Birth:	11/	Patient ID:	0222299
Procedure:	MRI OF THE CERVICAL SPINE W/O CONTRAST - OPD	Gender:	M
Referring Physician:	WALK-IN, -	Procedure Date:	1/17/2025 7:15 AM
		Patient Class / Room#:	Outpatient /

Report Text

MRI OF THE CERVICAL SPINE

TECHNIQUE: Multiplanar and multisequential images of the cervical spine were obtained without contrast administration.

CLINICAL DATA: S/P Vertebral fusion surgery (C5-C6) (~2000)

FINDINGS:

Metallic screws are seen transfixing the C5 and C6 bodies, causing magnetic susceptibility artifacts partly limiting the study.

Osteodegenerative changes are seen along the margins of the cervical spine.
Loss of the normal disc signals noted in C2-C3 down to C6-C7.
The rest of the alignment of the cervical spine is normal.
The heights of the vertebral bodies and the rest of the intervertebral discs are well maintained.
The cervico-medullary junction and the spinal cord are normal.

C2-C3: No disc bulge.

C3-C4: Mild disc bulge with bilateral uncovertebral joint hypertrophy indenting the thecal sac causing moderate bilateral neural foraminal stenosis.

C4-C5: Disc-osteophyte complex indenting the thecal sac causing moderate bilateral neural foraminal stenosis.

C5-C6: No disc bulge. No spinal canal or neural foraminal stenosis.

C6-C7: Disc-osteophyte complex causing bilateral neural foraminal stenosis, moderate in the right and mild on the left.

There is no intraspinal or paraspinal mass lesion.

Electronically Signed by: Alfredo Madamba, MD, FPCR **On Date:** 1/17/2025 11:00 AM

Christian Oliver C. Co, MD, FPNA
General Adult Neurology - Stroke and Vascular Neurology

Clinics
St. Luke's Medical Center Global City
32nd St., Rizal Drive, Bonifacio Global City
Medical Arts Building Room 516
T, TH, S 10am - 12pm

VRP Medical Center
163 Epifanio de los Santos Ave.,
Mandaluyong City
Doctor's clinic Room 320
Monday 9am - 11am
Friday 1pm - 3pm

KSC Family Clinic
Level 2 Jeepney Market, Lot 633-C
McArthur Hi-way, Brgy. Karuhatan,
Valenzuela City
Saturday 3pm-6pm by appointment

Hospital Affiliations:
St. Luke's Medical Center-Global City
VRP Medical Center-Mandaluyong City
Ortigas Hospital and Healthcare Center
Quirino Memorial Medical Center
Rizal Medical Center

May Contact for appointment:
09173268872 (Ms. Cely) SLMC-GC
09108989795 (Ms. Nancy) VRPMC
09173118326 (KSC Clinic)

Patient Name: [redacted] Age: [redacted] Gender: [redacted]

Address: _____ Date: 4/11/25

Rx

Medical Certificate

This is to certify that patient [redacted] came into my clinic due to nape pain, tinnitus, (R) ear last January 2025. Upon work up (cerebral angiogram) the findings was a Dural Arteriovenous fistula at the (R) posterior cranial fossa. Feeders arising at the (R) posterior auricular and (R) occipital artery and Branch for V3 segment and Drains into the Sigmoid sinus and to the Internal and External Jugular veins. He is diagnosed of Dural AVF. Based on pt's history, his symptoms appeared after chiropractic manipulation.

Thank you!

Christian Oliver C. Co, MD, FPNA
License number: 127109
PTR No.: _____

VRP MEDICAL CENTER
163 EDSA, Mandaluyong City
RADIOLOGY DEPARTMENT

V-RAD-004-03

IMAGING SECTION

Patient Name: [redacted]	[redacted]	Room:
Referring Physician:	Patient ID: 320419Z	Rendered Date:16-Mar-2025

temporal and maxillary branches.
- The visualized opacified branches of the internal carotid arteries are the cervical, petrous and cavernous segments.
- The region of the carotid sinus appears unremarkable.
- The visualized vertebral arteries exhibit normal caliber and show no luminal narrowing or filling defects up to the basilar artery.
- The imaged thoracic aorta exhibits normal course and caliber with no abnormal areas of dilatation, narrowing, or filling defects.
- The imaged portions of the pulmonary trunk, main pulmonary arteries, and the rest of its more proximal branches likewise have normal caliber and do not exhibit filling defects.

Plain CT images of the brain, neck, and imaged portions of the chest show the following:

CRANIAL:
- No evidence of intracranial hemorrhages and major vascular territory infarcts. No discrete mass lesions. The gray-white matter differentiation is preserved. Basal ganglia, pineal and choroid plexus calcifications are noted.
- Minimal inhomogenous densities are seen in the periventricular white matter regions of both frontal, parietal, and occipital lobes.
- The cerebral sulci, cerebellar folia, Sylvian fissures and basal cisterns are widened.
- The ventricles are prominent in size, shape and position.
- There is no evident abnormal extra-axial fluid collection or blood.
- The midline structures are undisplaced.
- The sella, juxta-sellar regions, cerebello-pontine angles, and posterior fossa structures are grossly unremarkable.
- The orbits, paranasal sinuses, petromastoids and bony calvarium are not unusual.
- The cavernous segments of the internal carotid arteries are minimally atherosclerotic.

NECK:

- The cervical soft tissues show normal configuration and the cervical spine is normally positioned. Anterior spinal decompression implants are noted at the level of C5 and C6 vertebrae.
- Spurs are noted at the vertebral endplates of the cervical and imaged thoracic spine.
- The oral floor muscles are symmetric and normally developed. The spaces of oral floor are well defined and intact.
- The parotid and submandibular glands show no abnormalities.
- The pharynx and larynx show normal wall thickness and boundaries.
- The thyroid lobes exhibit normal size and show reasonable symmetry.

Electronically Signed by: DENNIS RAYMOND L. SACDALAN MD, FPCR at (Sgd) 16-Mar-2025
Resident Physician: KEITH JERONN CO BERNABE
Performing Technologist: AWSUSER

NOTE: The above mentioned report is subjective medical opinion only based on the objective imaging findings and should be correlated with clinical, biochemical, microbiological and other parameters before it can be used as a basis of management.

[redacted]

Referring Physician: Dianne Kay D. Ferrer, M.D.

MRI and MRA of the Head, MR Venogram,
Contrast-enhanced MRA of the Neck (Stroke Screening) **03/21/2025**

Clinical information: Intermittent right-sided nape pain. Right-sided tinnitus.

Findings:

Correlation is made with the previous CT scan plates dated 03/16/2025 done in another institution.

The diffusion weighted images show no evidence of an acute infarct. A few punctate signal abnormalities with no restricted diffusion are seen in the bilateral frontal subcortical whiter matter. . There are no other parenchymal signal abnormalities in the cerebral hemispheres and posterior fossa structures. No evidence of acute hemorrhage, mass, edema or mass effects. There is no abnormal parenchymal or leptomeningeal enhancement. There is prominence of the cerebral cortical sulci and cerebellar folia with mild ex-vacuo dilatation of the ventricles, in keeping with mild parenchymal volume loss. No evidence of hydrocephalus is seen. Mild mucosal thickening is noted in the bilateral ethmoid sinuses. The orbits are normal as visualized.

3D time-of-flight MR arteriogram of the head demonstrates a hypoplastic right A1 artery. The left anterior cerebral artery and bilateral middle and posterior cerebral arteries are normal. The bilateral distal vertebral, basilar and internal carotid arteries are normal. Prominent vascular structures with flow-related enhancement are seen in the right cerebellomedullary cistern and right jugular foramen region. There is no evidence of hemodynamically significant vascular stenosis or aneurysm.

MR venogram demonstrates normal appearance of the superior and inferior sagittal sinuses, straight sinus, torcular Herophili, bilateral transverse sinuses, and bilateral sigmoid sinuses. No evidence of veno-occlusive disease is identified.

Contrast-enhanced MRA of the neck demonstrates prominent enhancing vascular structures in the right cerebellomedullary cistern and right jugular foramen region, with early enhancement of the right sigmoid sinus and proximal right internal jugular vein. There is normal appearance of the bilateral common, internal, and external carotid arteries. The vertebral arteries are intact bilaterally. The great vessels of the neck are unremarkable.

Impression:

1. Few punctate signal abnormalities in the bilateral frontal subcortical whiter matter, usually seen in association with chronic migraine headaches and chronic small vessel ischemic changes.

2. Mild cerebro-cerebellar parenchymal volume loss.

MAGNETIC RESONANCE IMAGING

[redacted]

Referring Physician: Dianne Kay D. Ferrer, M.D.

MRI and MRA of the Head, MR Venogram,
Contrast-enhanced MRA of the Neck (Stroke Screening) **03/21/2025**

Report Continuation:

3. Contrast-enhanced MRA of the neck demonstrates prominent enhancing vascular structures in the right cerebellomedullary cistern and right jugular foramen region, with apparent early enhancement of the right sigmoid sinus and right internal jugular vein. Findings are suspicious for a vascular malformation, possibly a dural AVF. The rest of the neck vessels are unremarkable.

4. MRA of the head show no evidence of hemodynamically significant vascular stenosis or aneurysm.

5. Unremarkable MR venogram of the head. No evidence of veno-occlusive disease.

P. Yao, M.D. / B.J. Antolin, M.D.

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032125bj/py

MAGNETIC RESONANCE IMAGING

CATHETERIZATION LABORATORY

[redacted]	STUDY NO: **CL2024-185**	STUDY DATE: **03/31/2025**
	[redacted]	CIVIL STATUS: **Single**
	PROCEDURE: **Cerebral Angiogram**	RVS CODE:
ATTENDING PHYSICIAN: **Dr. D. Ferrer**	INTERVENTIONIST: **Dr. D. Ferrer**	

ACCESS: **Right Femoral**	ANTICOAGULATION: **NONE**	TOTAL CONTRAST: **Omnihexol 183 mL**

Indication: Pulsatile tinnitus, Right. Noted bruit on auscultation at the Right temporo-occipital area. No other neurological deficit.

Technique: Written informed consent secured. Sterile procedure performed under IV sedation. A closed system of continuous flush with heparinized saline was used throughout the procedure. The Right Common femoral artery was punctured with 22-gauge needle via Seldinger Technique. A 6F short sheath was inserted into the right Common Femoral Artery.

A 5F Angled taper Diagnostic catheter was navigated to selectively catheterize the bilateral Internal Carotid arteries, bilateral external carotid arteries and bilateral vertebral arteries. Additional 3D angiogram was done for the Right External artery.

Right Common Carotid Artery Injection: The right common carotid and bifurcation appear normal.

Right Internal Carotid Artery Injection: The Right extra and intracranial segments of the internal carotid artery, proximal and distal branches of the middle and anterior cerebral arteries are unremarkable. The Right Posterior communicating and anterior communicating arteries are visualized on this run.

Right External Carotid Artery Injection: There is an AV fistula at the base of the right posterior cranial fossa (Sigmoid sinus) with feeders from the Right occipital artery and Right Posterior Auricular artery. It is primarily drained by the Right external jugular vein on this run. There is no noted retrograde flow into the sinus nor cortical vein reflux noted.

Right Vertebral artery Injection: There is thin branch from the V3 segment of the Right vertebral artery that feeds the AV fistula. It drains into the external and internal jugular vein. There is no noted retrograde flow into the sinus nor cortical vein drainage. The rest of the vertebrobasilar system is unremarkable.

Left Carotid Artery injection: The Left Common Carotid Artery and its bifurcation appear normal.

Left Internal Carotid Artery injection: The Left Internal Carotid Artery, proximal and distal branches of the Anterior and middle cerebral arteries are unremarkable. The left posterior communicating artery is not visualized.

Left External Carotid Artery Injection: Unremarkable

Left Vertebral artery Injection: There is no feeder from the left Vertebral artery.

The Right inferior petrosal sinus and right cavernous sinus are faintly opacified. There is noted anterograde flow into the sigmoid sinus. The rest of the superficial and deep venous system are unremarkable.

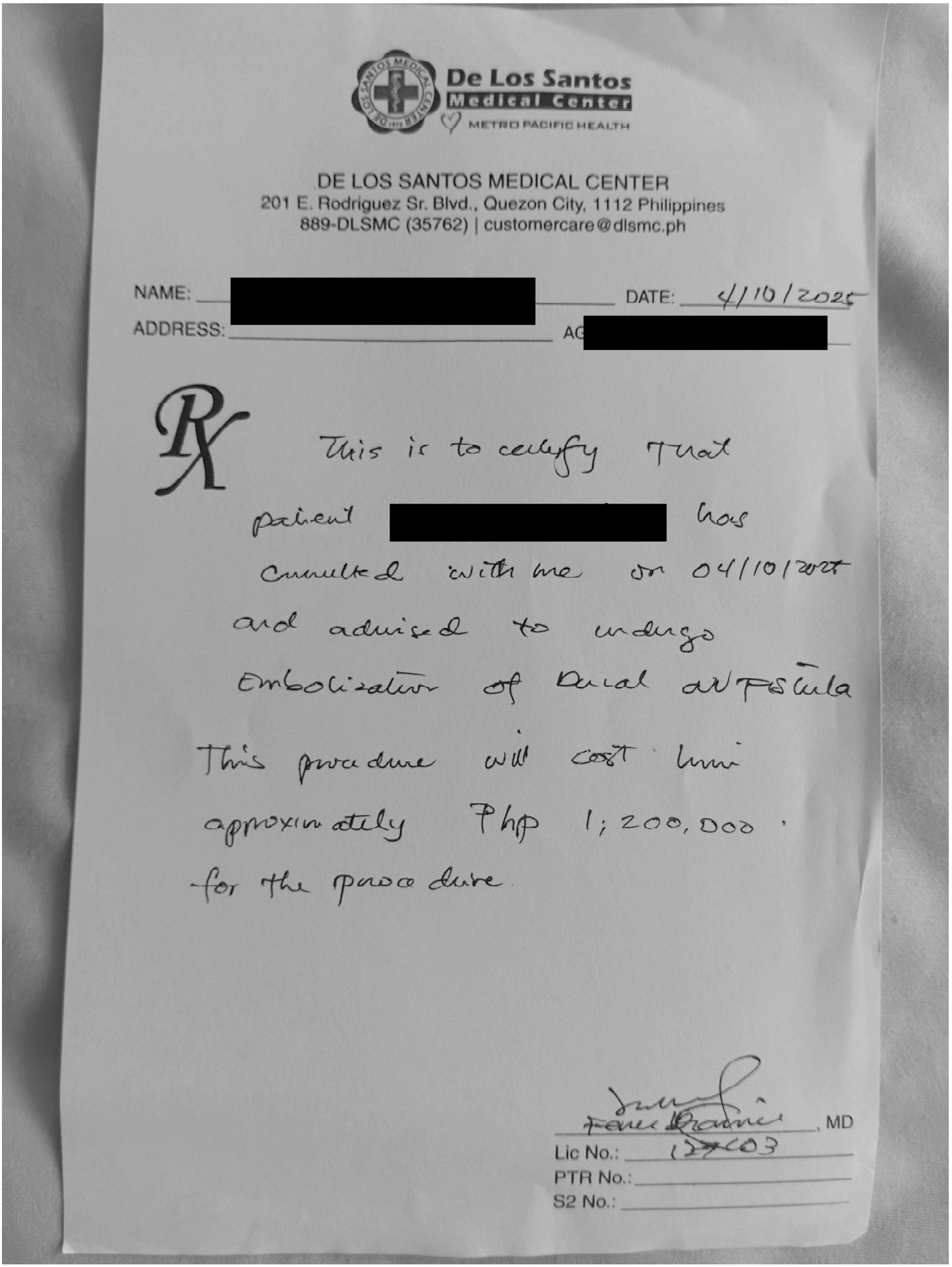
Impression:

This current catheter cerebral angiogram demonstrates a dural AV fistula at the base of the right posterior cranial fossa. Its feeders arise from the branches of the External carotid artery (Right posterior auricular and occipital artery) and a branch from the extracranial vertebral artery (v3 segment) and drains into the Sigmoid sinus and into the Internal and External jugular veins. There is no noted retrograde flow nor cortical vein reflux. (Cognard Type A).

Recommendation:

Suggest to do transcatheter embolization of the dural AV fistula.

Dianne Kay D. Ferrer, MD, FPNA, FINR
Interventional Neurologist
License No. 127603



De Los Santos Medical Center
METRO PACIFIC HEALTH

DE LOS SANTOS MEDICAL CENTER
201 E. Rodriguez Sr. Blvd., Quezon City, 1112 Philippines
889-DLSMC (35762) | customercare@dlsmc.ph

NAME: [redacted] DATE: 4/10/2025

ADDRESS: _____ AG[redacted]

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This is to certify that patient [redacted] has consulted with me on 04/10/2025 and advised to undergo Embolization of Dural AVF Sinus. This procedure will cost him approximately Php 1,200,000. for the procedure.

[redacted], MD
Lic No.: 127403
PTR No.: _____
S2 No.: _____