5C Pass

EXPERT RADIOLOGICAL REVIEW & ANALYSIS

5C Pass Report

Clarity you can trust.

A second, expert read of your scans — the whole picture, brought into focus.



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Patient & Examination

PATIENT NAME	Demo Patient	STUDY TYPE	CT SPINE CERVICAL PLAIN
AGE / GENDER	057Y / M	REPORT DATE	July 29, 2026
PATIENT ID	XXXXXX	REPORT ID	SO-2025-00

PROTOCOL

Volume scan of cervical spine was obtained from the level of C1 to the level of D1. MPR & SSD / VR images were obtained.

> *"Needs an independent second opinion on the CT Cervical Spine images. 1. Is there true trabecular bone bridging between C6 and C7? 2. Is bridging present inside the cage, outside the cage, or both? 3. Is the bridging continuous or still immature/incomplete? 4. What is the degree of osteointegration? 5. Are there any CT signs of pseudarthrosis? 6. What is the significance of the cage subsidence? 7. Does the appearance suggest that fusion is still progressing? Previous report describes an "early/beginning osteointegration."*
>
> **Clinical history** Cervical CT performed 11.5 months after C6-C7 ACDF with a stand-alone interbody cage and assessment of spinal fusion.

Expert Answer

Here's what you need to know, in plain language.

1 Is there true trabecular bone bridging between C6 and C7?

Yes, there is discontinuous trabecular bony ingrowth into the cage from the superior and inferior endplates of C7 and C6, and focal areas of minimal bony bridging posterior to the cage, but no obvious continuous bridging within the cage.

2 Is bridging present inside the cage, outside the cage, or both?

Bridging is present both inside (discontinuous trabecular ingrowth) and outside (focal minimal bony bridging posterior to the cage) at the C6-C7 level.

3 Is the bridging continuous or still immature/incomplete?

The bone growth within the cage is described as 'discontinuous', indicating it is still immature or incomplete. Minimal bridging is noted posterior to the cage.

4 What is the degree of osteointegration?

There is discontinuous trabecular bony ingrowth into the cage from the superior and inferior endplates, indicating that osteointegration (bone growing into the implant) is occurring but is not yet complete or solid, and early pseudoarthrosis is suspected.

5 Are there any CT signs of pseudarthrosis?

Yes, there is a thin linear hypodensity with sclerosis in the anterior aspect, intervening between the cage device and the superior endplate of C7, which is suspicious for early pseudoarthrosis (a non-union or failed fusion).

6 What is the significance of the cage subsidence?

There is Grade I cage subsidence along the superior endplate of C7, meaning the cage has settled slightly into the bone. This is a mild degree of settling, but it is mentioned in the context of suspected early pseudoarthrosis and warrants monitoring.

7 Does the appearance suggest that fusion is still progressing?

The presence of discontinuous trabecular bony ingrowth suggests that bone healing and integration are still active processes, but the suspicion of early pseudoarthrosis indicates that complete, solid fusion has not yet been achieved.

BOTTOM LINE FOR YOU

The CT shows incomplete C6–C7 fusion. There is discontinuous trabecular bone ingrowth within the cage from both C6 and C7, with minimal bridging posterior to the cage, but no definite continuous solid bony bridge is seen. Osteointegration is therefore present but incomplete. A small hypodense gap with adjacent sclerosis at the C7 endplate, together with the incomplete bridging, is suspicious for early pseudarthrosis. There is also mild Grade I cage subsidence into the superior C7 endplate. Overall, the appearance suggests that fusion is still progressing but has not yet achieved solid union, consistent with the previous report describing early osteointegration.

Detailed Findings & Analysis

Each finding with its radiological detail and what it means for you.

01 Suspicious for Early Pseudoarthrosis — C6-C7 (Midline), Superior Endplate of C7, Suspicious

Significant Finding

RADIOLOGICAL DETAIL



There is a thin linear hypodensity intervening the cage device and the superior endplate of C7 with sclerosis in the anterior aspect, suspicious for early pseudoarthrosis.

WHAT THIS MEANS FOR YOU

This finding suggests that the bone fusion at C6-C7 might not be fully solid, meaning the bones may not have completely grown together. This can sometimes cause ongoing pain or instability and may require further evaluation.

02 Cage Subsidence — C6-C7 (Midline), Superior Endplate of C7, Grade I

Requires Follow-up

RADIOLOGICAL DETAIL



Grade I cage subsidence along the superior endplate of C7.

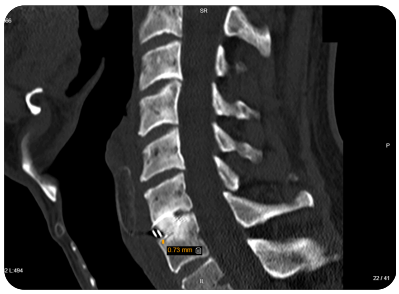
WHAT THIS MEANS FOR YOU

The cage has slightly settled into the bone of C7. Grade I is a mild degree of settling, but it's important to monitor as significant subsidence can affect the stability of the spinal fusion and may be associated with incomplete fusion.

03 Incomplete Fusion — C6-C7 (Midline), Within and Posterior to Cage, Discontinuous/Minimal

Requires Follow-up

RADIOLOGICAL DETAIL



Discontinuous trabecular bony ingrowth into the cage from superior and inferior endplates of C7 and C6 with no obvious bridging within the cage. Focal areas of minimal bony bridging posterior to the cage.

WHAT THIS MEANS FOR YOU

New bone is growing into the cage and minimally behind it, which is a sign of fusion progressing. However, the growth inside the cage is 'discontinuous' (not fully solid or complete), and a full bridge within the cage is not yet obvious, suggesting the fusion is still ongoing or incomplete.

04 Degenerative Changes — Cervical Spine, Anterior and Posterior Marginal Osteophytes, Mild

Age related

RADIOLOGICAL DETAIL

Mild degenerative changes in cervical spine in the form of small anterior and posterior marginal osteophytes.



> **WHAT THIS MEANS FOR YOU**
>
> These are common age-related wear-and-tear changes in the spine, characterized by small bone spurs. They are typically mild in this case and may not cause significant symptoms, but can sometimes contribute to stiffness or pain.

05 Osteopenia — General, Mild

Significant Finding

RADIOLOGICAL DETAIL

Mild osteopenia is seen.



> **WHAT THIS MEANS FOR YOU**
>
> This means your bones are somewhat less dense than normal, which can increase the risk of fractures. It's a milder form of bone thinning than osteoporosis and may warrant discussion with your doctor about bone health.

Normal Findings

Everything that was checked and found normal.

- Cervical vertebrae
- Spinal canal/Neural foramina (C6-C7)
- Adjacent segments
- Craniocervical junction
- Atlanto-axial joint
- Prevertebral soft tissue
- Soft tissue of the neck

Our Recommendations

Suggested next steps, if your symptoms continue.

01 **Further Imaging**

Suggested dynamic imaging of cervical spine in flexion and extension to further assess stability and fusion.

As clinically indicated please return to your treating doctor with this report.

REVIEWED & SIGNED BY

Dr. Kiranmai S

MBBS, DNB, EDIR, FRCR, Consultant Radiologist

Report date: July 29, 2026

Scan to know your report

This summary complements the original radiology report and clinical context. It is informational only and does not replace the radiologist's report or medical care. Final decisions rest with the treating physician. Kindly call Help Desk (+91-95872 74858) for any report-related query. Powered by 5C Network. All Rights Reserved.

Original Radiology Report

The source radiologist's report, reproduced in full.

STUDY	CT SPINE CERVICAL PLAIN
EXAM DATE	Aug 17, 2026
HISTORY	Cervical CT performed 11.5 months after C6-C7 ACDF with a stand-alone interbody cage and assessment of spinal fusion.

Please find the radiologist's original report attached.

Patient Name	**Demo Patient**	*Patient ID*	**XXXXXX**
Age/D.O.B	**057Y**	*Gender*	**M**
Referring Doctor	**Withheld**	*Date*	**17 Aug 26**

CT SPINE CERVICAL PLAIN

History

Cervical CT performed 11.5 months after C6-C7 ACDF with a stand-alone interbody cage and assessment of spinal fusion.

Technique

Volume scan of cervical spine was obtained from the level of C1 to the level of D1. MPR & SSD / VR images were obtained.

Observations

Normal alignment of anterior and posterior elements of cervical vertebrae. No listhesis.

C6- C7 anterior cervical discectomy and fusion cage is seen. Fusion cage is seen occupying anterior 2/3rd of C6-C7 intervertebral disc space. no significant bony spinal canal or neural foraminal stenosis at this level.

Thin linear hypodensity intervening cage device and superior endplate of C7 with sclerosis in anterior aspect.Grade I cage subsidence along superior endplate of C7.

There are discontinuous trabecular bony ingrowth into the cage from superior and inferior endplates of C7 and C6 with no obvious bridging within the cage. Focal areas of minimal bony bridging posterior to the cage.

No adjacent segment disease.

Mild degenerative changes in cervical spine in the form of small anterior and posterior marginal osteophytes..

CV JUNCTION :Normal

ATLANTO-AXIAL JOINT:Normal

PREVERTEBRAL SOFT TISSUE :Normal

SOFT TISSUE OF THE NECK :Normal

BONE DENSITY : mild osteopenia is seen.

Impression

Normal alignment of cervical vertebrae. No listhesis.

C6- C7 anterior cervical discectomy and fusion cage. Fusion cage occupying anterior 2/3rd of C6-C7 intervertebral disc space. No significant bony spinal canal or neural foraminal stenosis at this level.

Thin linear hypodensity intervening cage device and superior endplate of C7 with sclerosis in anterior aspect, suspicious for early pseudoarthrosis.

Grade I cage subsidence along superior endplate of C7.

Discontinuous trabecular bony ingrowth into the cage from superior and inferior endplates of C7 and C6 with no obvious bridging within the cage. Focal areas of minimal bony bridging posterior to the cage.

No adjacent segment disease.

Suggested dynamic imaging of cervical spine in flexion and extension

Scan to know your report

Bionic Report eXplainer

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KMC - ANP 2010 00000326 KTK
Series/Image: 9/1570

Key Images



Image 1



Image 2

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