

**UW Health**  
**Guidelines for Neurorad, MSK, Community and Peds**

**Spine Level Labeling**

1. At least one sagittal sequence should be numbered on Cervical and Lumbar MR & CT studies. MSK will number at least one level on all Lumbar spine x-rays.
2. Review how levels were numbered on prior imaging, including on imaging done for a different segment of the spine. e.g. if you are reading a T-spine with no priors, pull up the prior L-spine study; the patient may have only 23 presacral vertebrae
3. Try to keep prior L spine numbering if it looks reasonable, especially if the spine surgeon is working off that numbering. Dictate something like "I am using the prior numbering system as on the prior [MR L-spine]." If you identify an anomaly (e.g. 11 or 13 ribs, 4 or 6 lumbar vertebrae, transitional vertebrae, 23 or 25 presacral vertebrae) on your new imaging, add that to your report.
4. If the prior numbering will be too confusing moving forward for spine surgeons or radiologists, you can change the numbering system. **You should state that clearly in the Body and Impression of your report.**
5. If an anomaly will be confusing if you label it on the imaging, describe it clearly in the report but feel free to leave off a label on that specific vertebra in PACS or label it with a term like "transitional." Another example: if 25 presacral vertebrae with an L6, you may want to leave off the label on the top sacral level, or call the disc L6-sacrum.