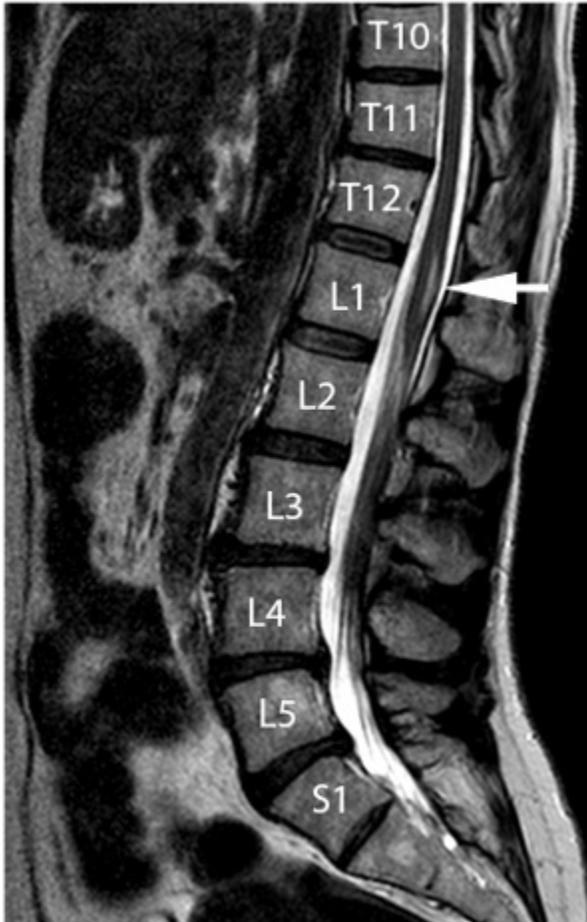


Spine – Large orthopedic spine service.



Figures 29(a) and (b). Normal variant ventricularis terminalis (fifth ventricle). Lateral (above) and axial (below) images of the lumbar spine show the normal variant dilation of the distal central canal within the spinal cord (arrows).



Figure 29(b).

Figures 30(a-f). CT chronic pars L5. Axial (a) and right and left (b and c) reconstructed CT images show chronic bilateral L5 pars interarticularis defects (arrows). Inferior superior (d) and right and left lateral (e and f) 3D reconstructions clearly show the defects.

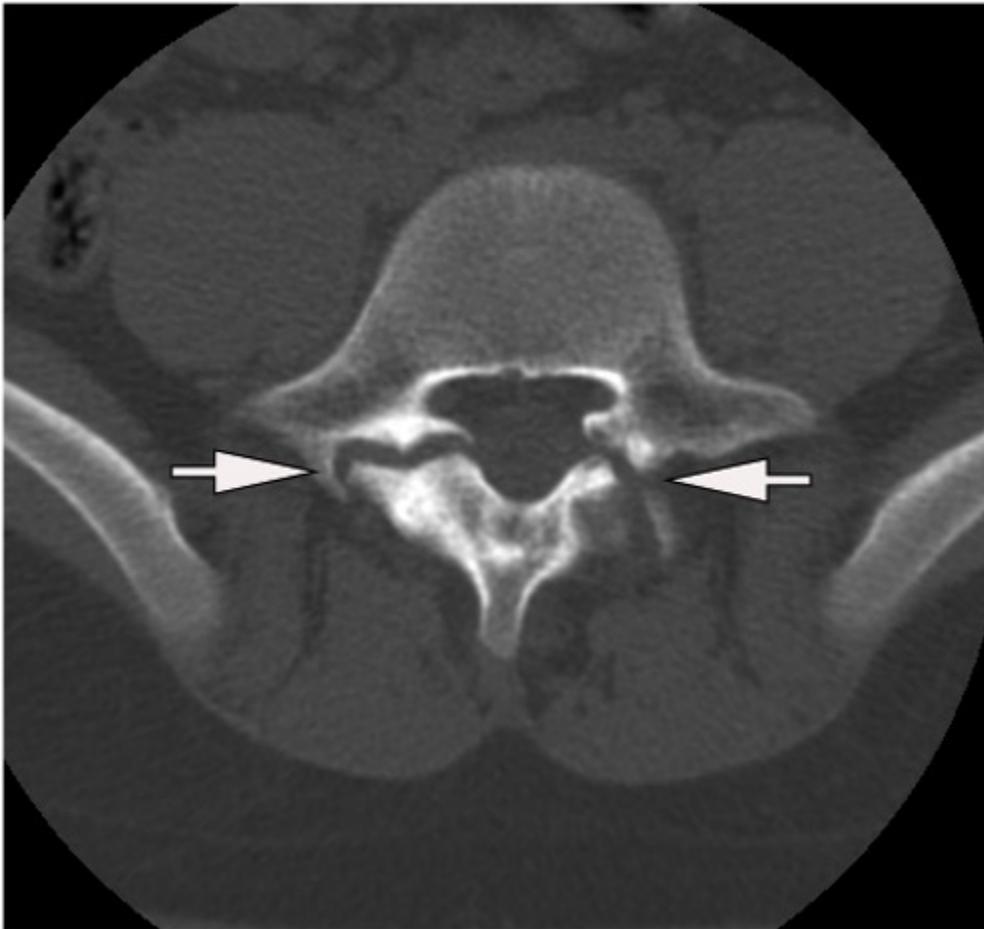


Figure 30(a).

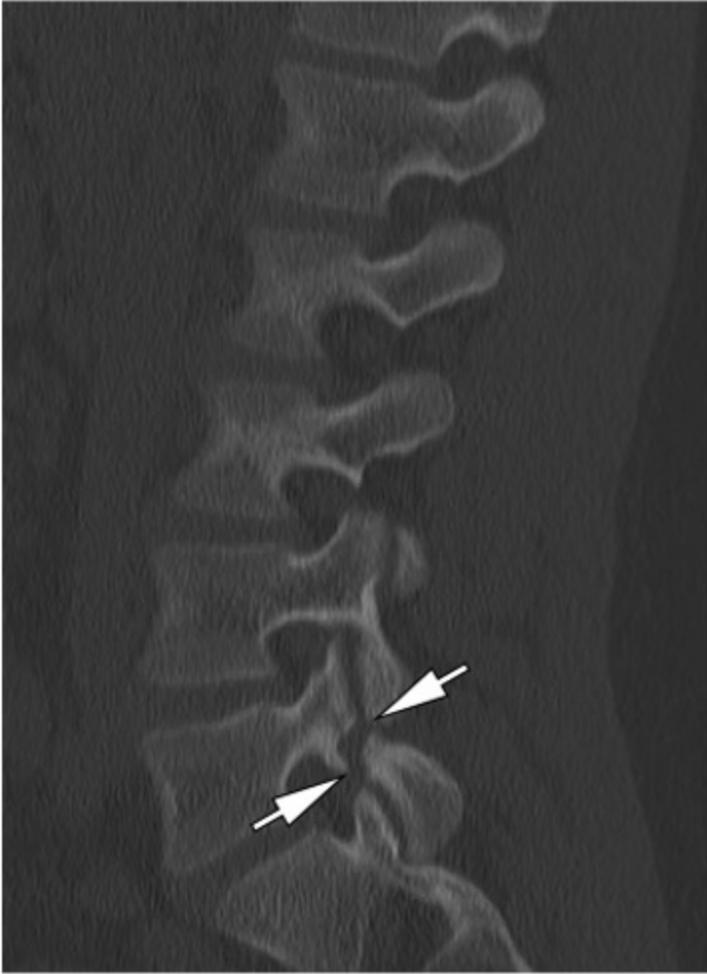


Figure 30(b).

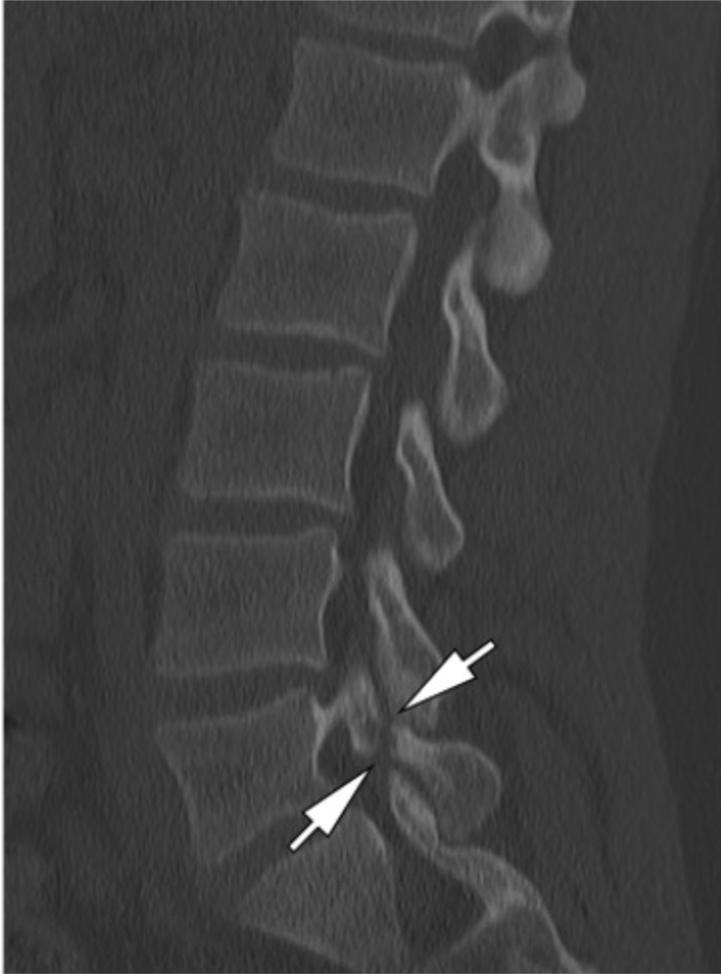


Figure 30(c).



Figure 30(d).

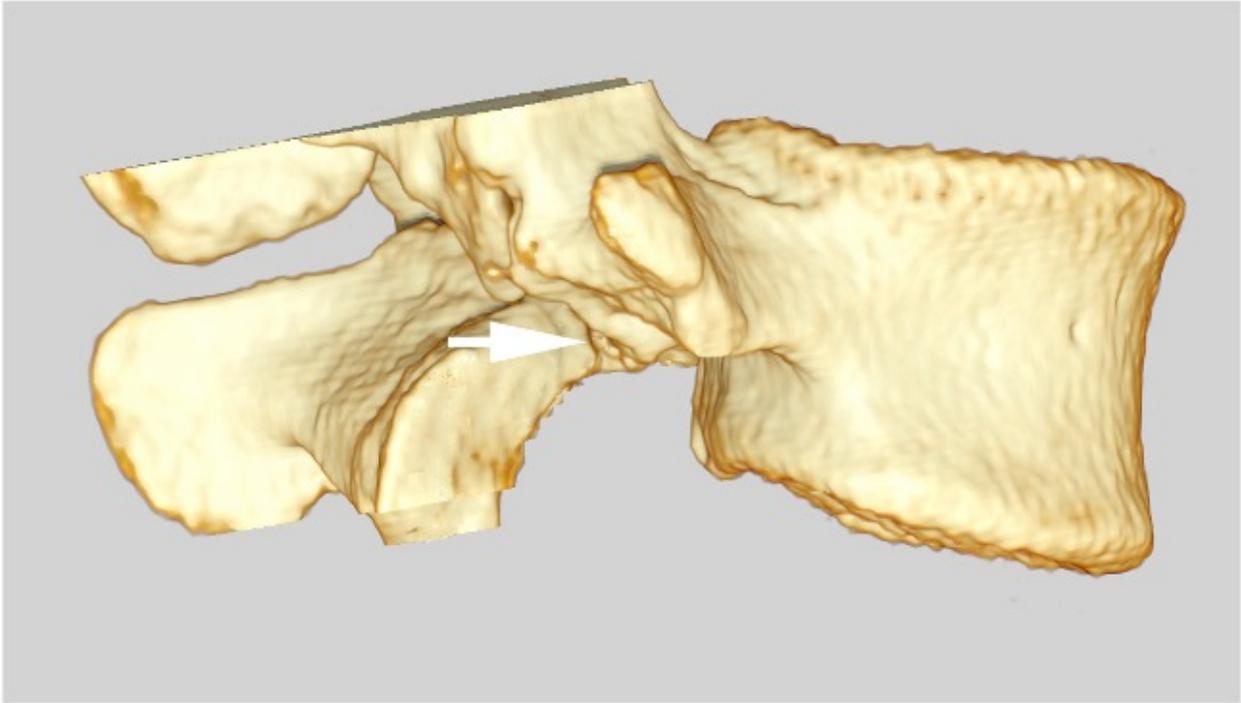


Figure 30(e).

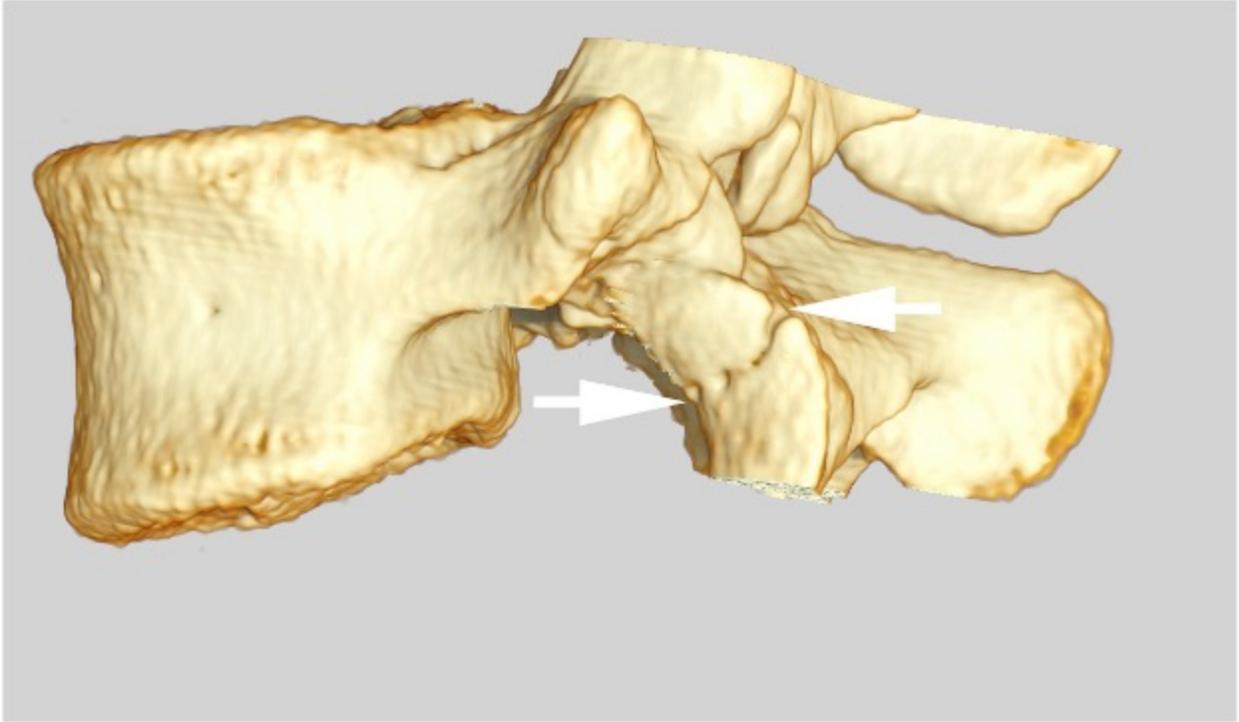
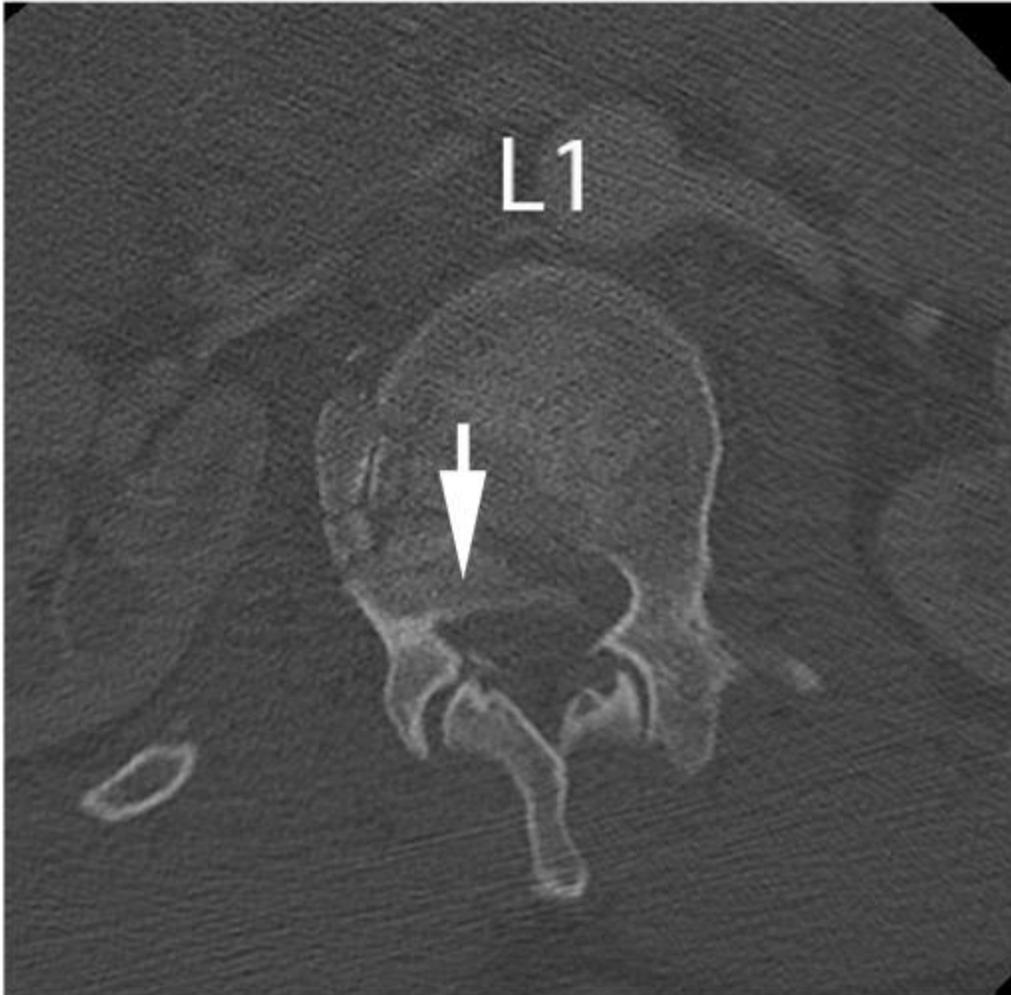


Figure 30(f).



Figures 31(a) and (b). Chance fracture. Axial (above) and reconstructed sagittal CT images (below) of the lumbar spine show a comminuted fracture through the body of L1 with involvement of the neural arch. Note the retropulsed fragment within the spinal canal (arrows). Also note the slight wedging of the L3 vertebra secondary to mild compression fracture on the sagittal reconstruction (curved arrow).



Figure 31(b).



Figure 31(c). The sagittal T2 MR image shows the fracture with loss of height and diffuse edema in the L1 vertebral body. Again, note the retropulsed fragment (arrow). Note also the slight wedging and edema within the L3 vertebra secondary to mild compression fracture (curved arrow).

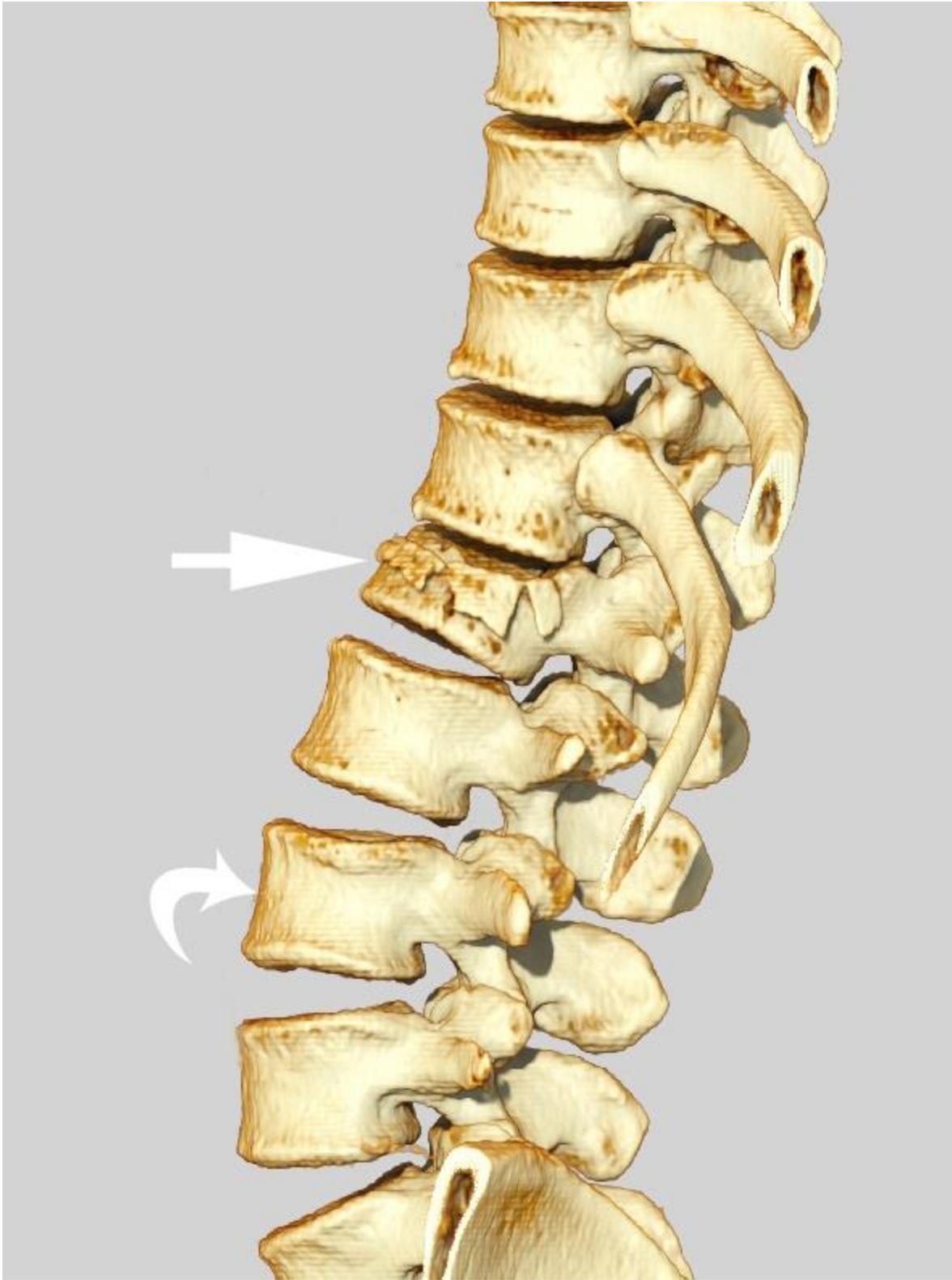


Figure 31(d). The 3D reconstruction of the lumbar spine shows the fracture of L1 (straight arrow). Note also the slight wedging of the L3 vertebra (curved arrow) secondary to the mild compression fracture.