

Neuroradiology Primer: Basic Anatomy and Study Interpretation

Benjamin Y. Huang, MD, MPH

Department of Radiology

University of North Carolina School of
Medicine

Lecture Overview

- Types of studies
- Basics of x-sectional imaging
- Imaging anatomy
 - Brain
 - Head & Neck
 - Spine

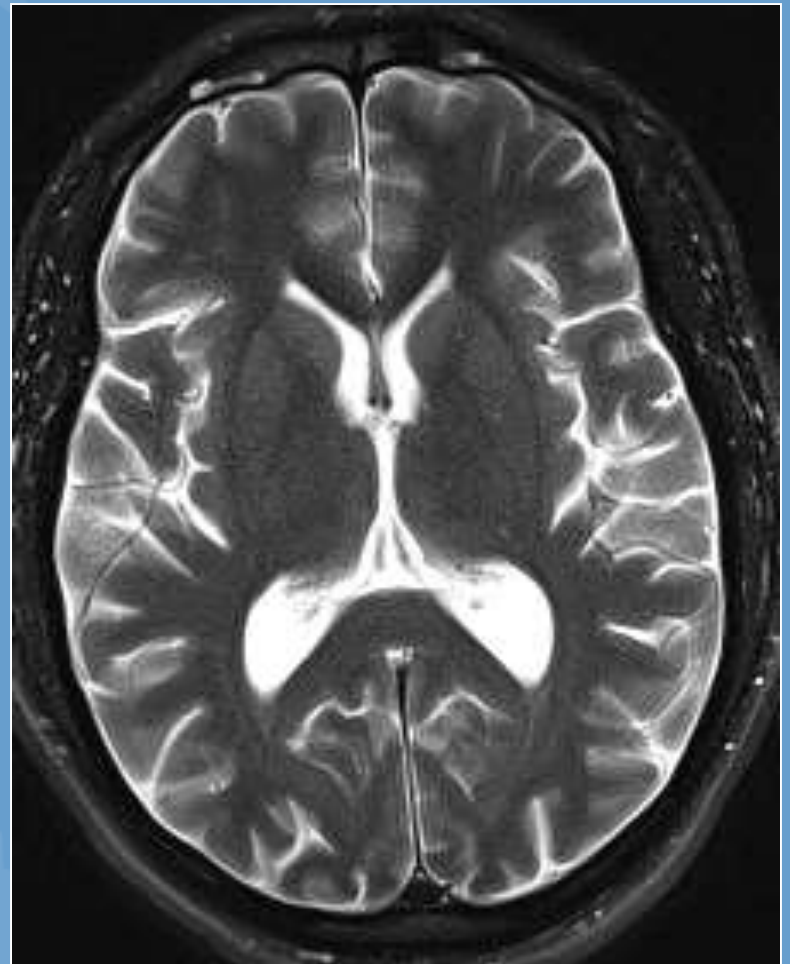
CT

- Pros
 - Fast
 - Excellent screening tool
 - Clinician comfort
- Cons
 - Poorer soft tissue contrast
 - Ionizing radiation
 - Acute contrast nephropathy



MRI

- Pros
 - Better soft tissue contrast
 - Multiplanar acquisition
 - Gives more information
 - No ionizing radiation
- Cons
 - Takes a long time
 - ↑ susceptibility to motion
 - More difficult to interpret
 - Certain implants/FB contraindicated
 - NSF



What can we see?

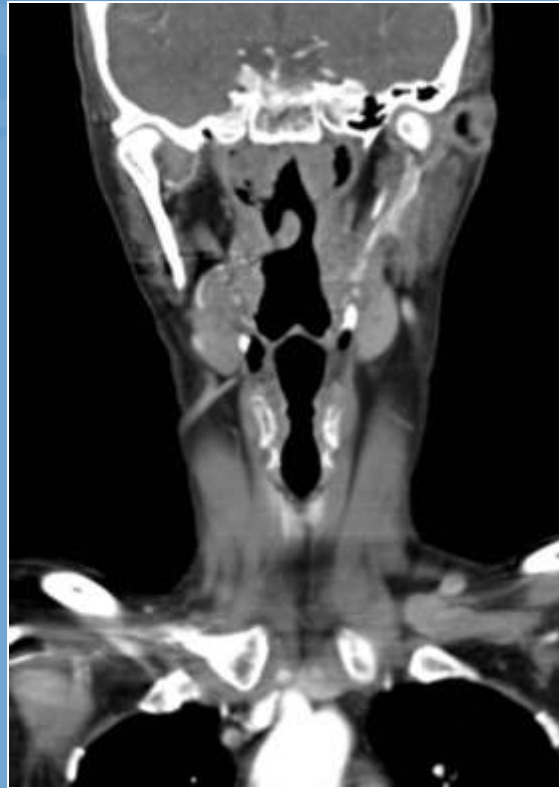
- Air
- Fat
- Soft tissue (GM, WM, muscle, glands)
- Bone
- Blood vessels (IV contrast)



Plane of Orientation



Axial

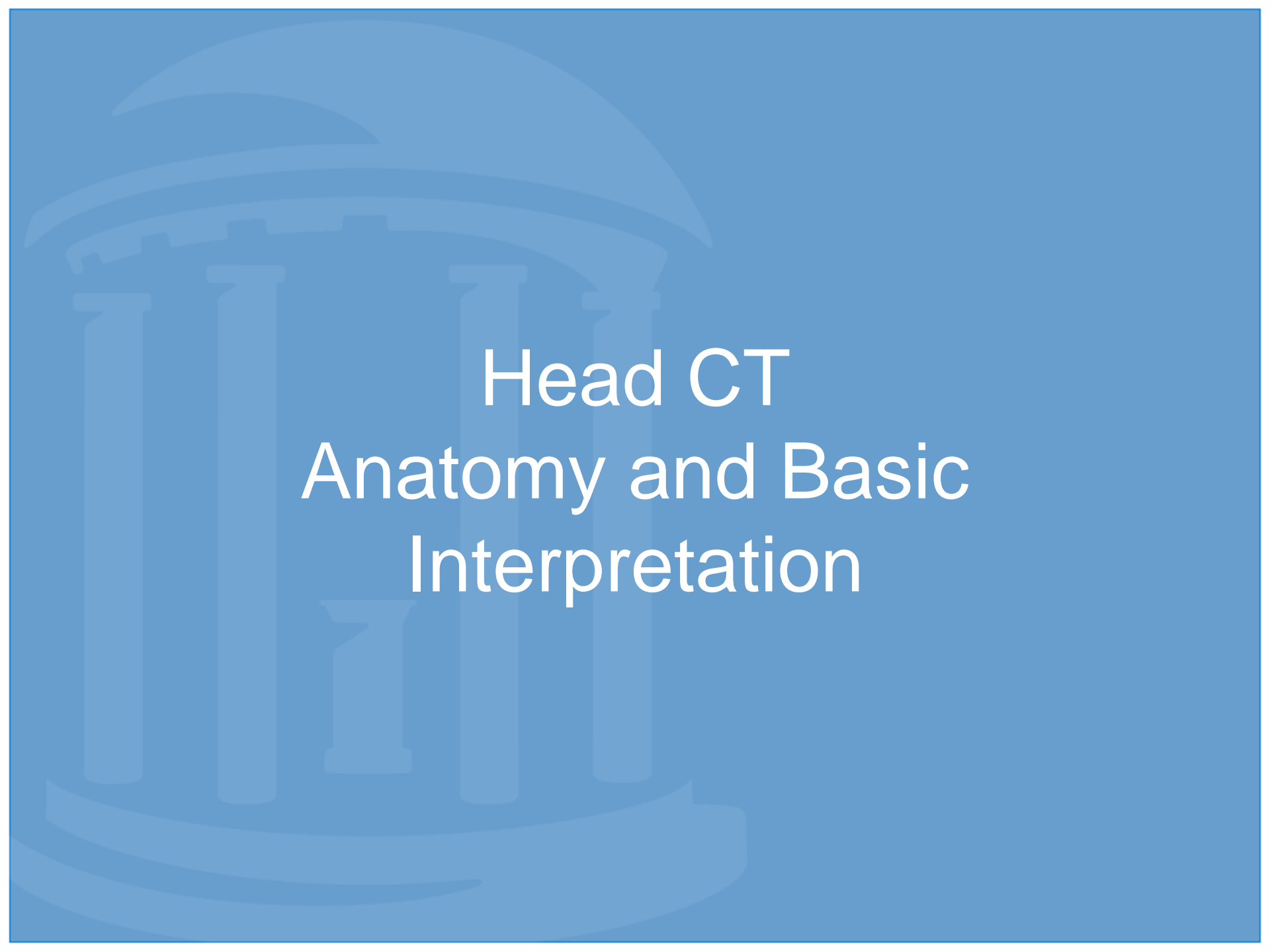


Coronal



Sagittal

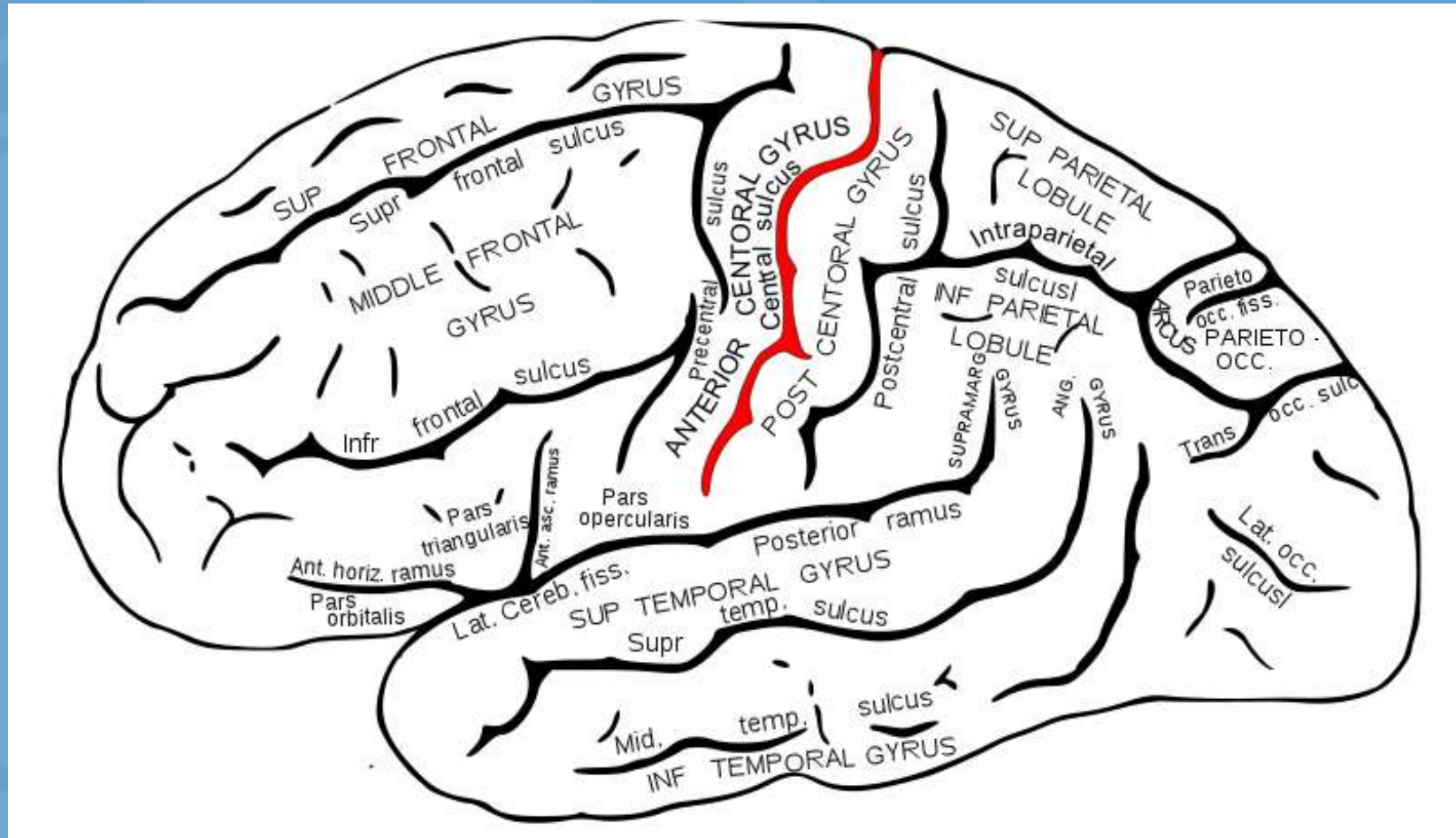
*On axial & coronal images, the RIGHT side of the patient is on the LEFT side of the image



Head CT

Anatomy and Basic Interpretation

Surface Anatomy of the Brain



Vertex Level

Superior frontal gyrus

Superior frontal sulcus

Middle frontal gyrus

Precentral sulcus

Precentral gyrus
(Frontal lobe)

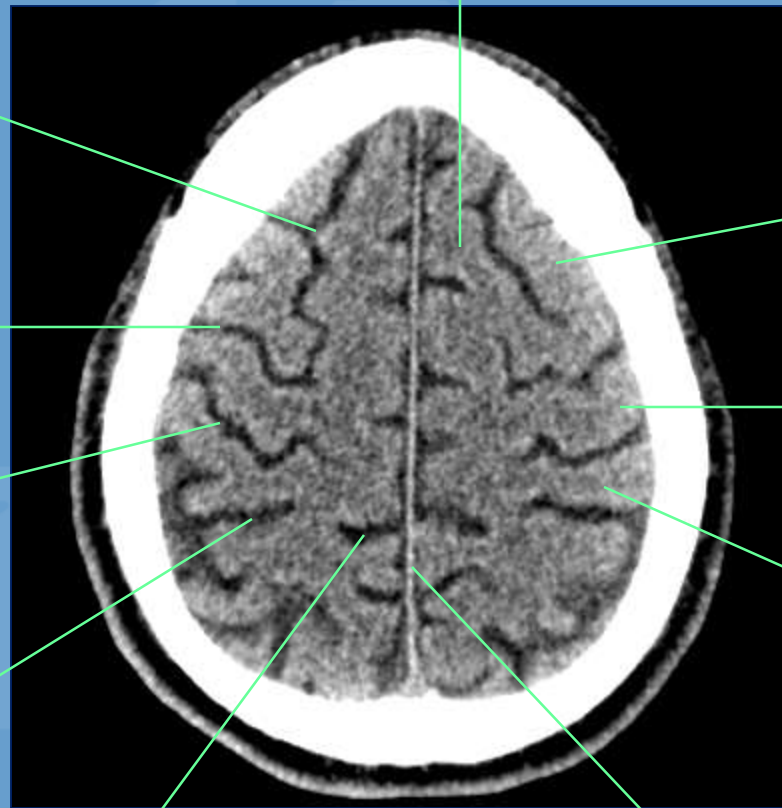
Central sulcus

Postcentral gyrus
(Parietal lobe)

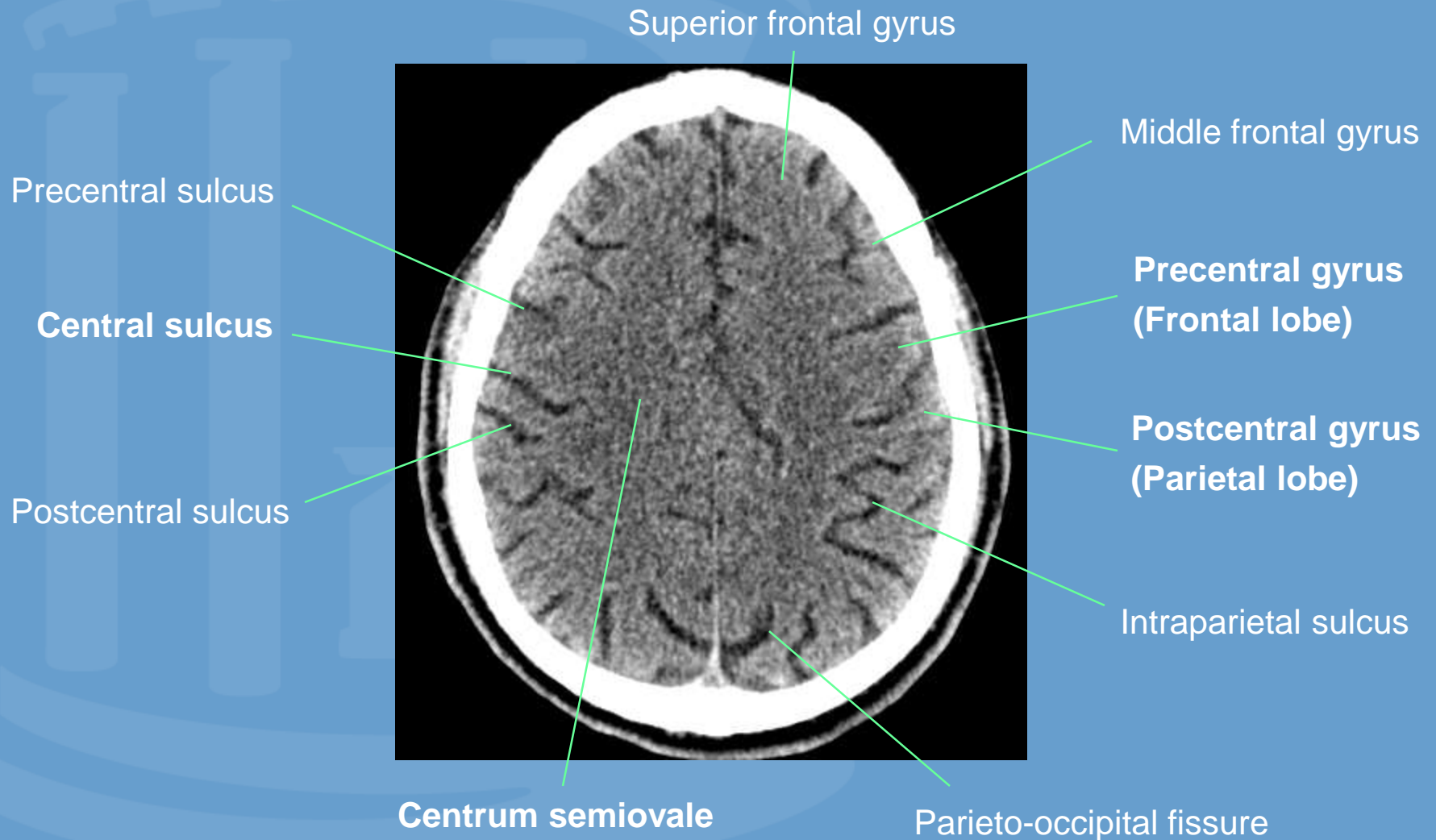
Postcentral sulcus

Pars marginalis

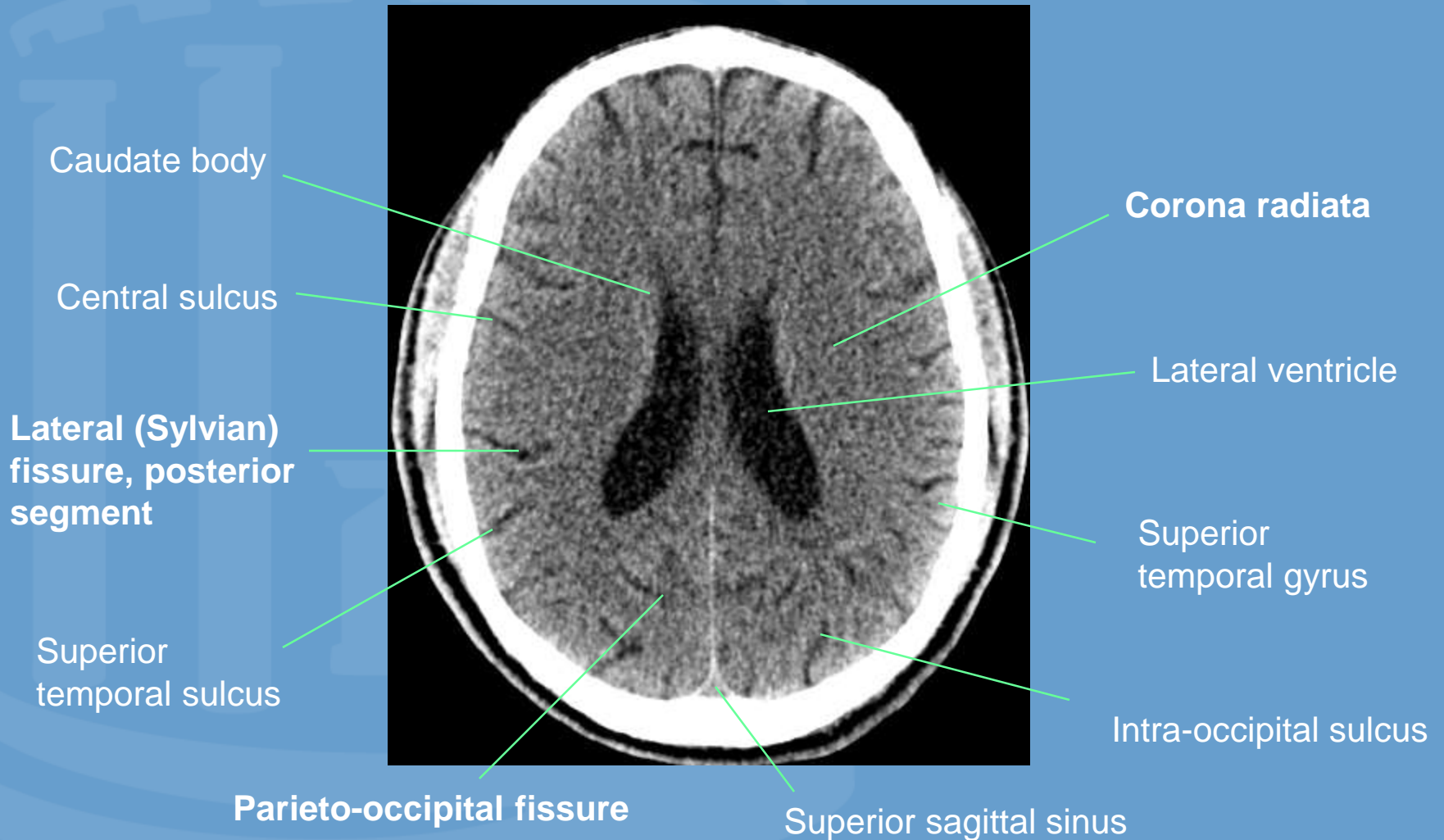
Falx cerebri



Centrum Semiovale Level



Lateral Ventricle Level



3rd Ventricle Level



Lateral ventricle,
frontal horn

Internal capsule,
anterior limb

Lateral (Sylvian)
fissure

Internal capsule,
posterior limb

Thalamus

Lateral ventricle, occipital horn

Caudate, head

Basal ganglia,
lentiform nuclei
(GP & putamen)

Insula

3rd ventricle

Superior
temporal sulcus

Parieto-occipital
fissure

Calcarine sulcus

Midbrain Level

Superior
temporal gyrus

Cerebral
aqueduct
(of Sylvius)



Lateral (Sylvian)
fissure

Midbrain

Quadrigeminal
cistern

Suprasellar Cistern Level



Olfactory sulcus

Suprasellar cistern

Interpeduncular
cistern

Ambient cistern

Gyrus rectus

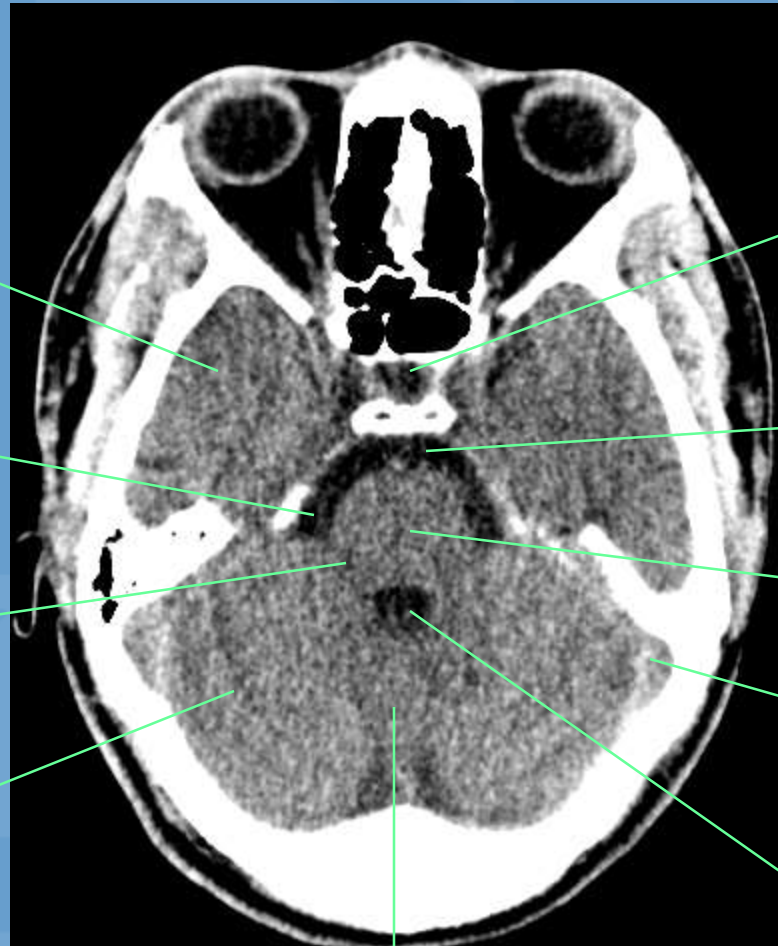
Amygdala

Cerebral peduncle

Hippocampus

Cerebellum

Brachium Pontis Level



Temporal lobe

Cerebellopontine
angle cistern

Middle cerebellar
peduncle (Brachium
pontis)

Cerebellar
hemisphere

Sella turcica

Prepontine cistern

Pons

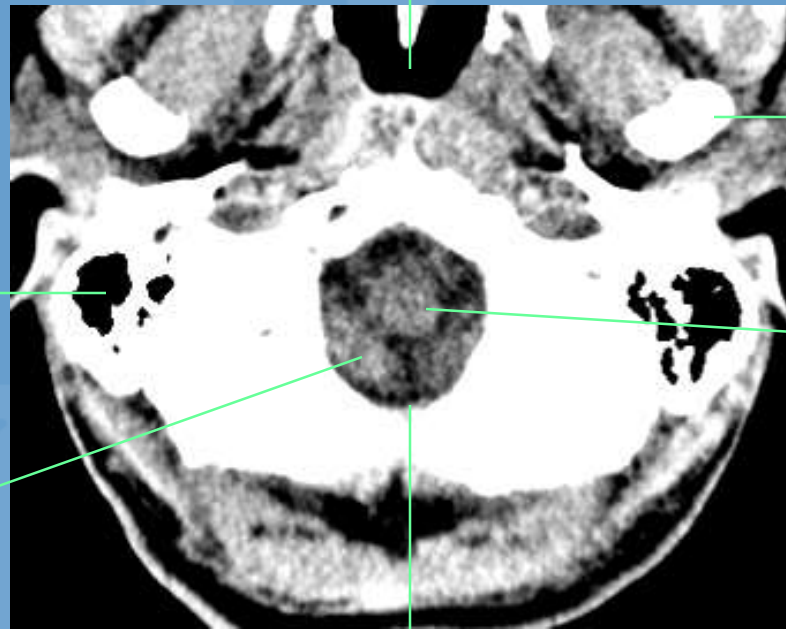
Sigmoid sinus

4th ventricle

Vermis

Foramen Magnum Level

Nasopharynx



Mandibular
condyle

Mastoids

Medulla

Cerebellar tonsil

Foramen magnum

What to look at on a head CT

- Blood (Intra- vs. extraaxial)
- Gray/white differentiation
- Edema
- Masses/Mass effect
 - Midline shift
 - Cisterns (effacement → herniation)
- Ventricles (hydro)
- Bones (fxs, lysis, sclerosis)
- Paranasal sinuses/mastoids
- Extracranial soft tissue



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W=30 L=30

“Stroke” window

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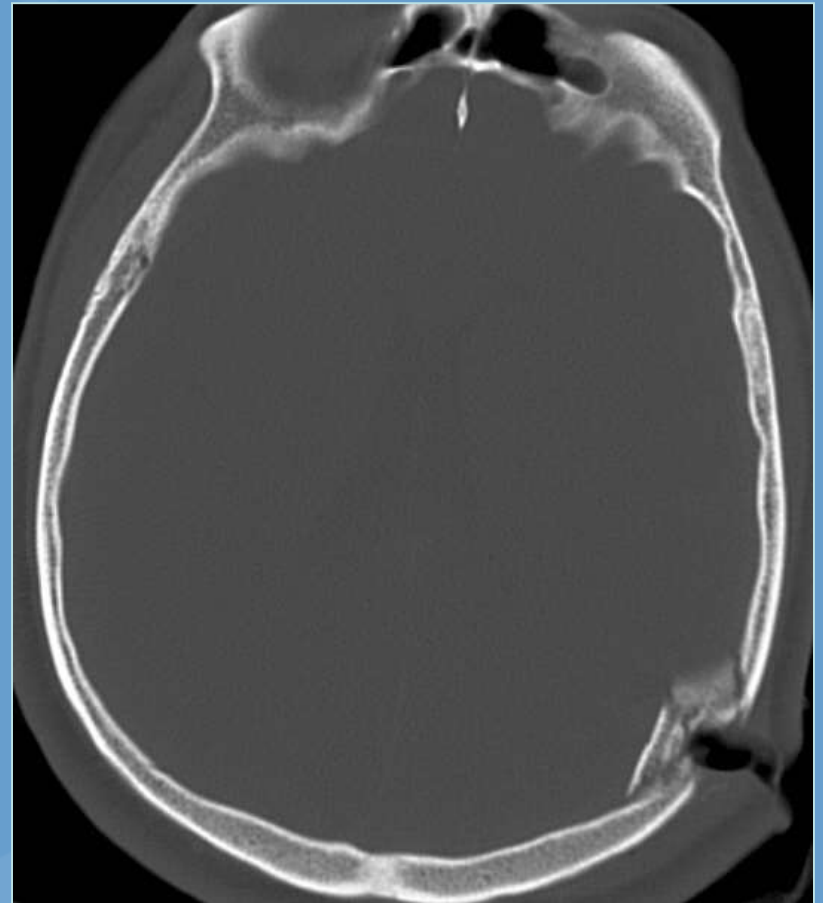
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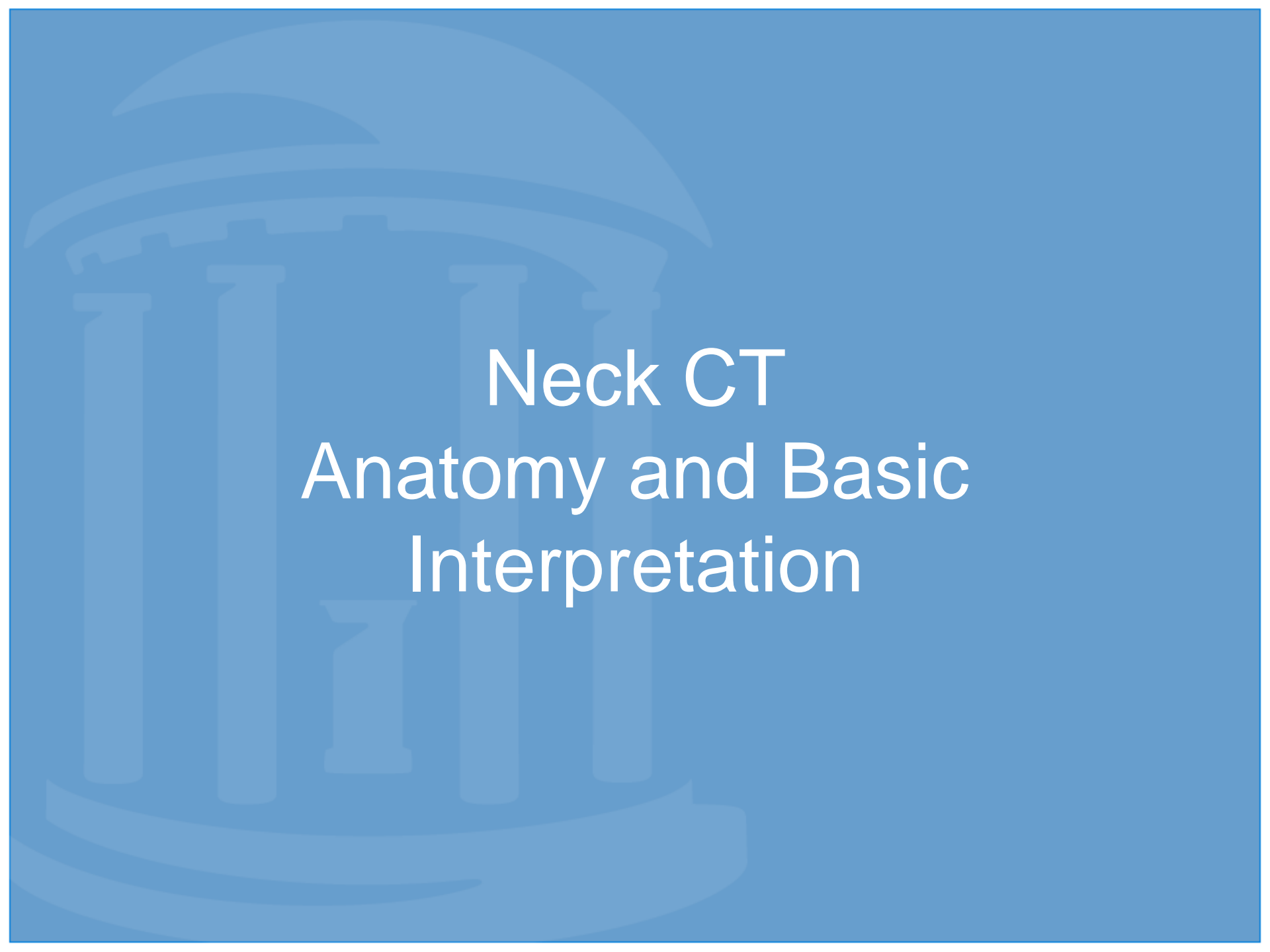


“Blood Can Be Very Bad”

- 1) “Blood” – intra- or extraaxial
- 2) “Can” = Cisterns & extra-axial CSF – effacement or asymmetry
- 3) “Be” = Brain
 - Gray/white differentiation
 - Symmetry
 - Shift
 - Hyper- or hypodensity
- 4) “Very” = Ventricles – too big or too small
- 5) “Bad” = Bones, sinuses, & extracranial tissues

What's wrong with this picture?





Neck CT

Anatomy and Basic Interpretation

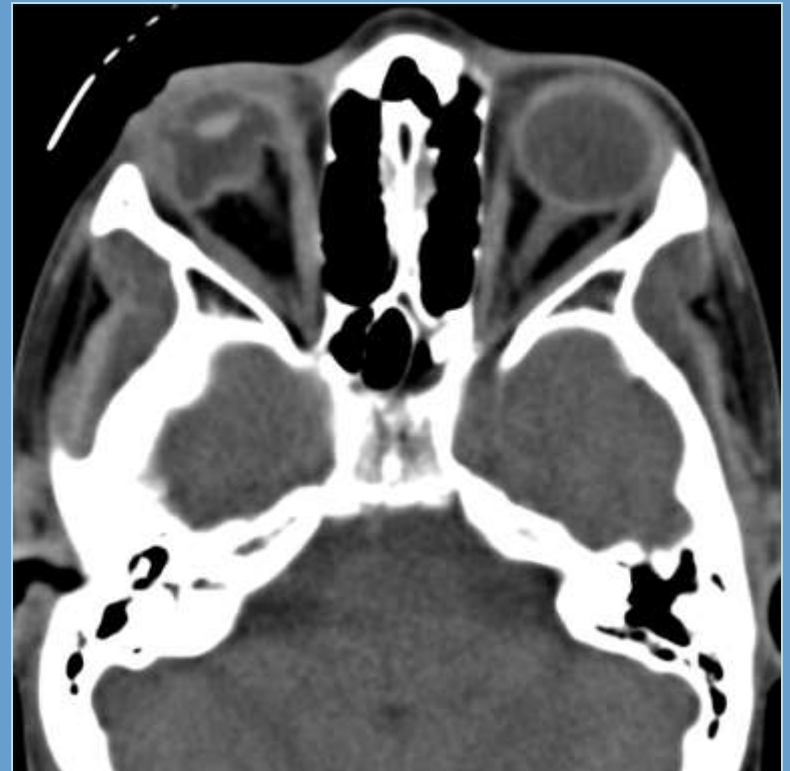
What to look at on a neck CT

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- Orbits/globes
- Aerodigestive tract
 - Nasal cavities & sinuses
 - Oral cavity, pharynx, esophagus
 - Larynx & trachea
- Lymph Nodes
- Salivary glands – parotid, SM, SL
- Thyroid
- Vessels – carotids, verts, IJs
- Lung apices/mediastinum
- Bones, muscles and mastoids

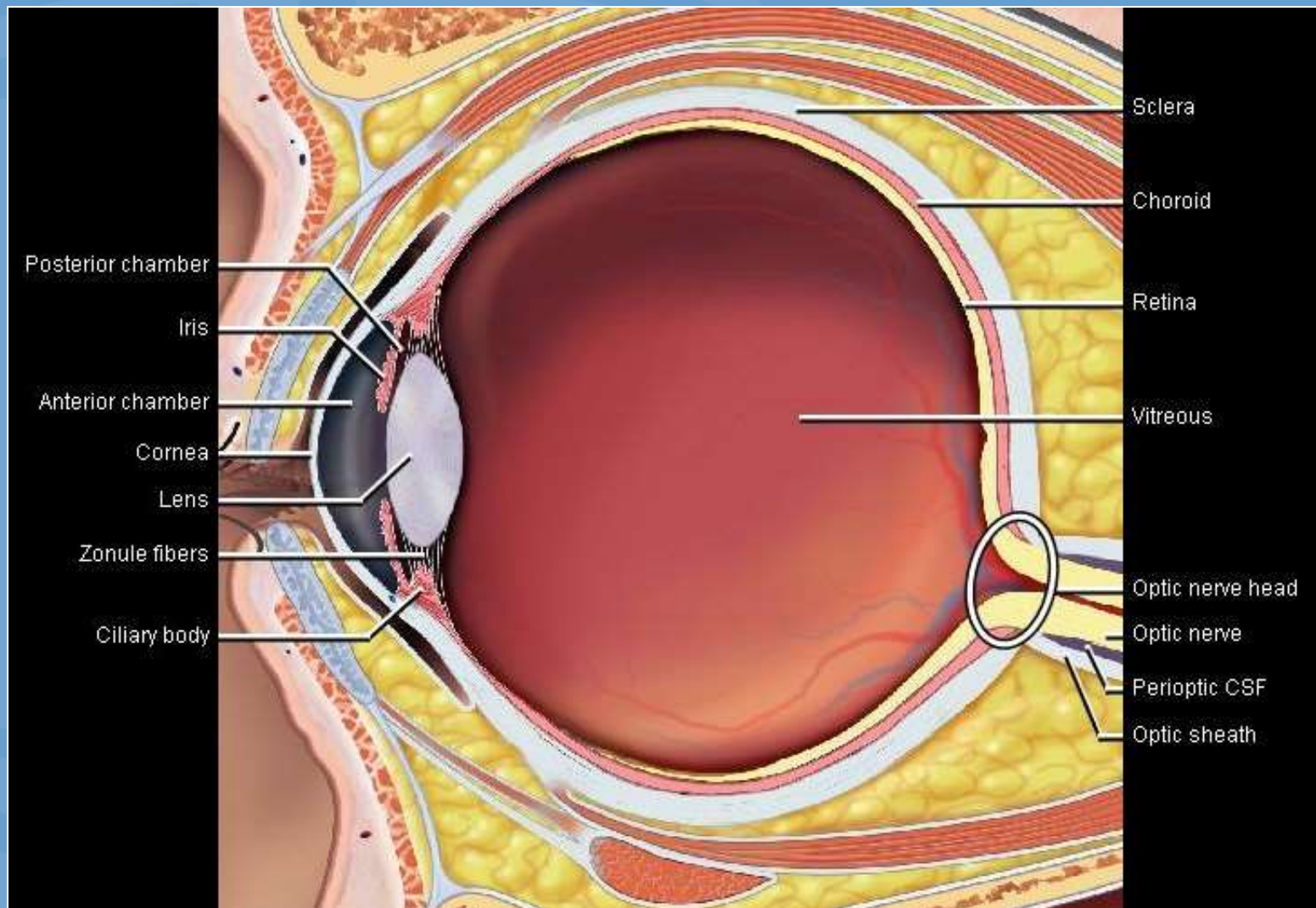


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The Globe



Orbit – Axial CT

Anterior Chamber

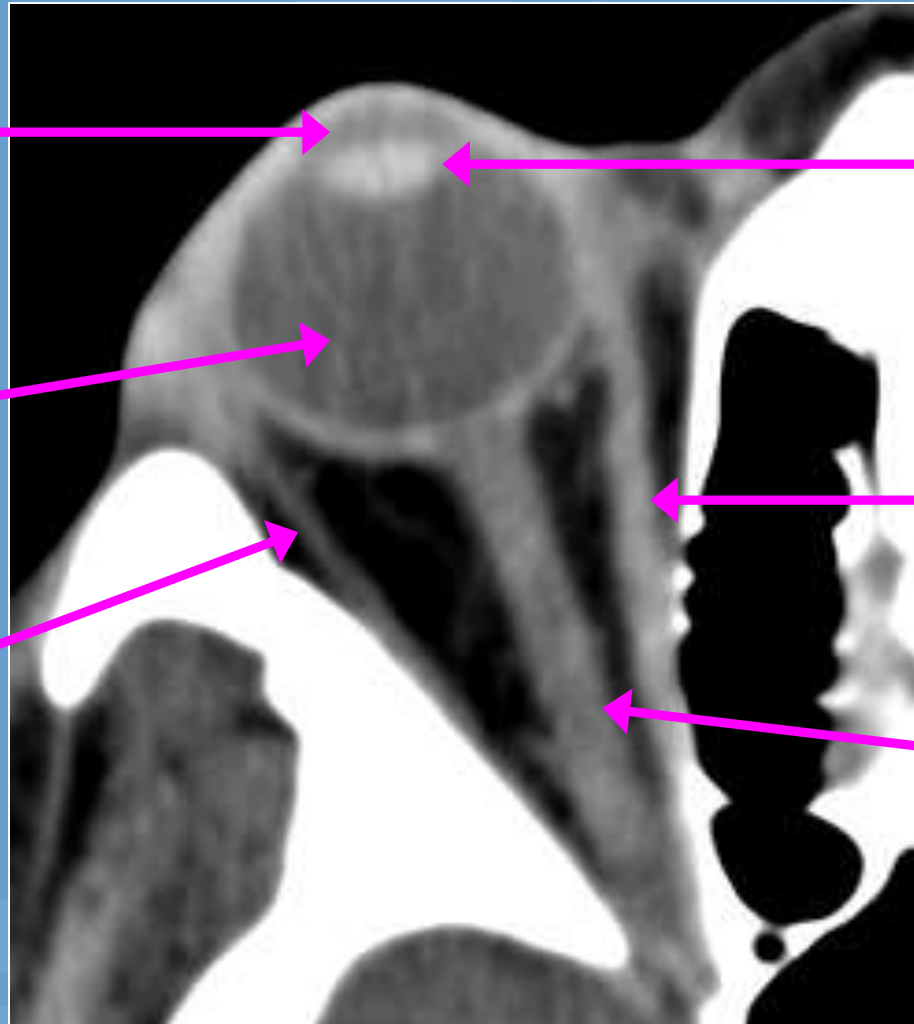
Vitreous

Lateral Rectus

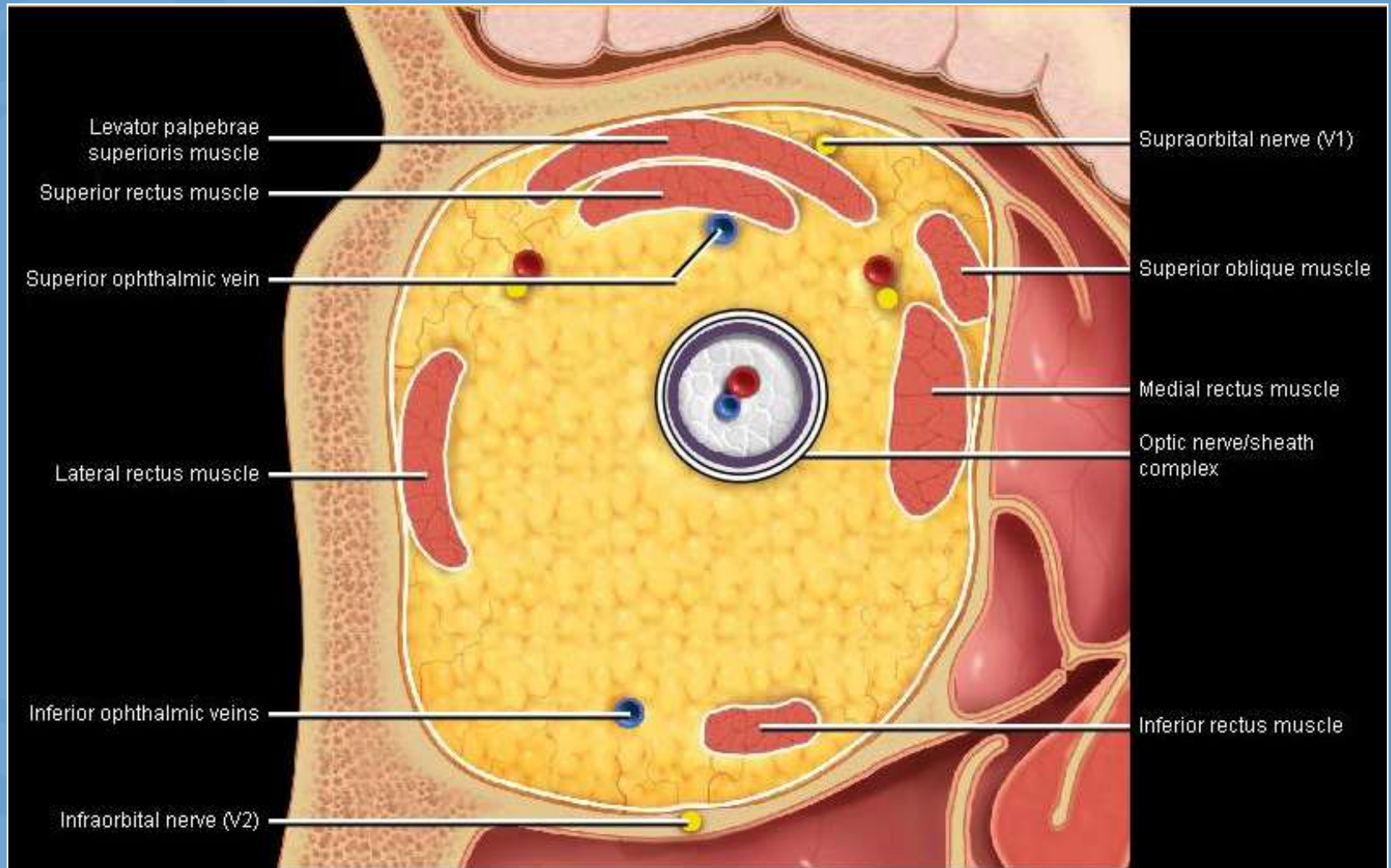
Lens

Medial Rectus

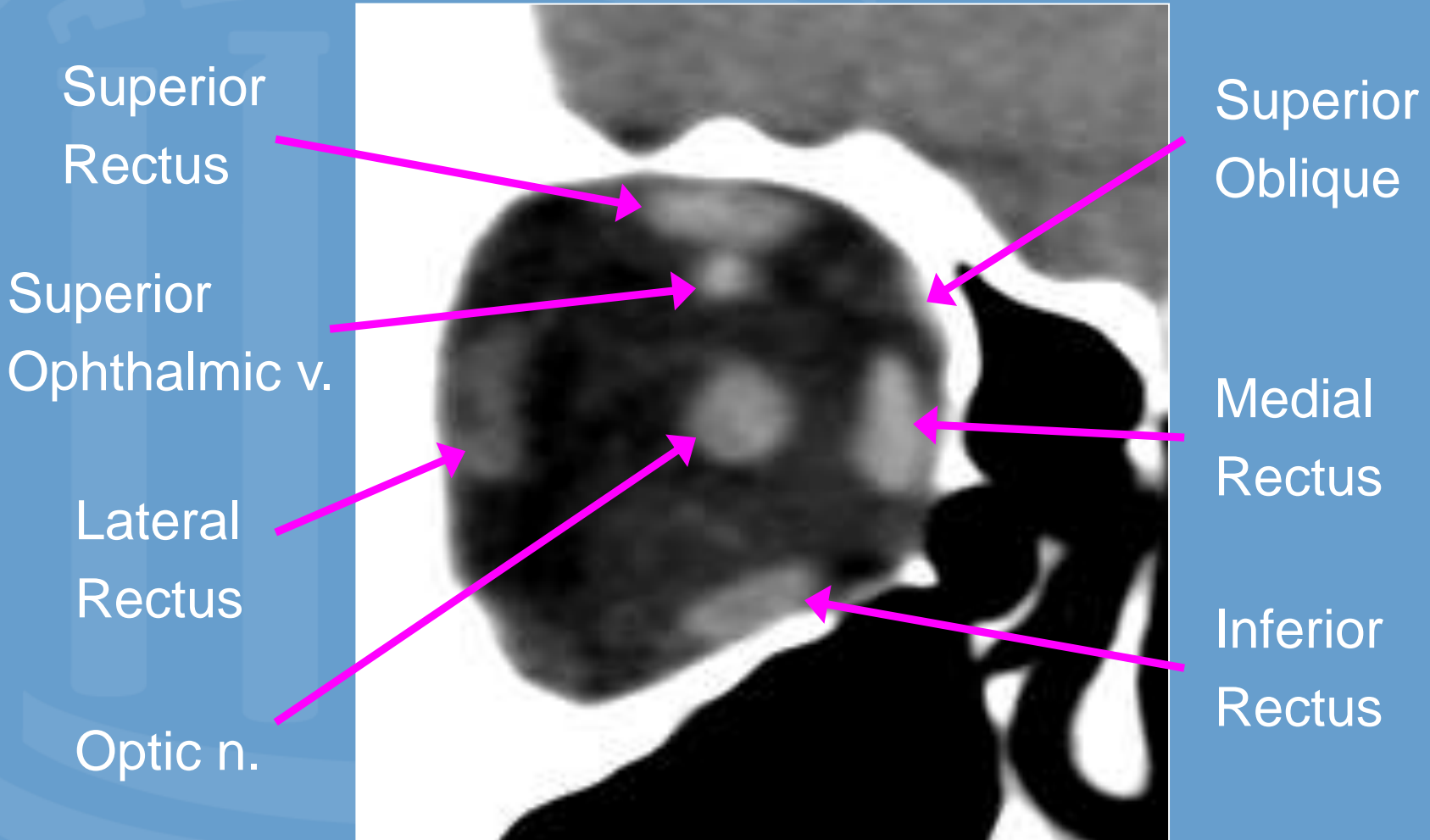
Optic n.



Orbit – Coronal Section

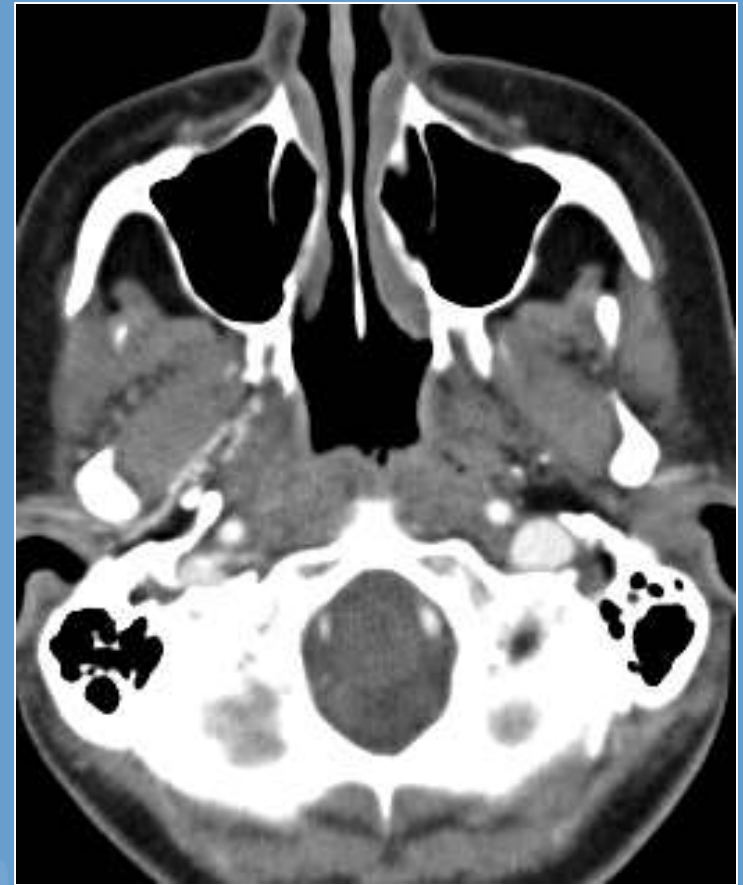


Orbit – Coronal CT



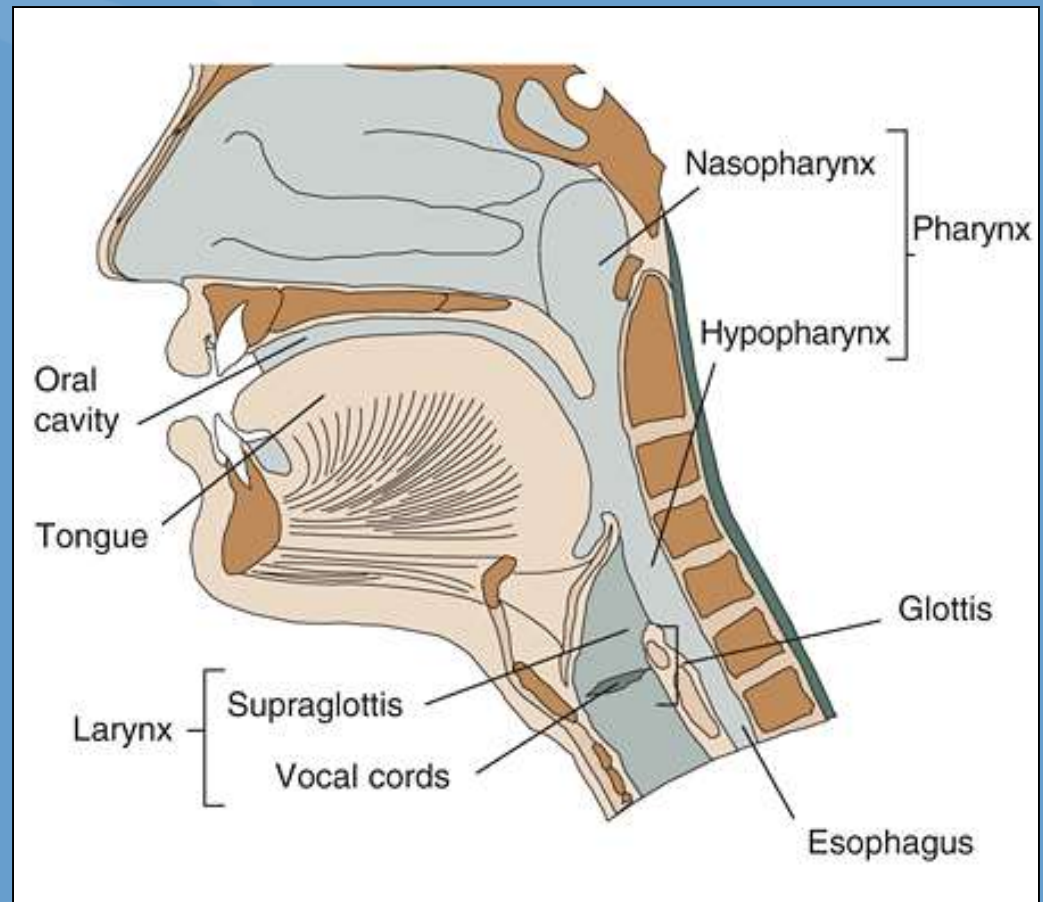
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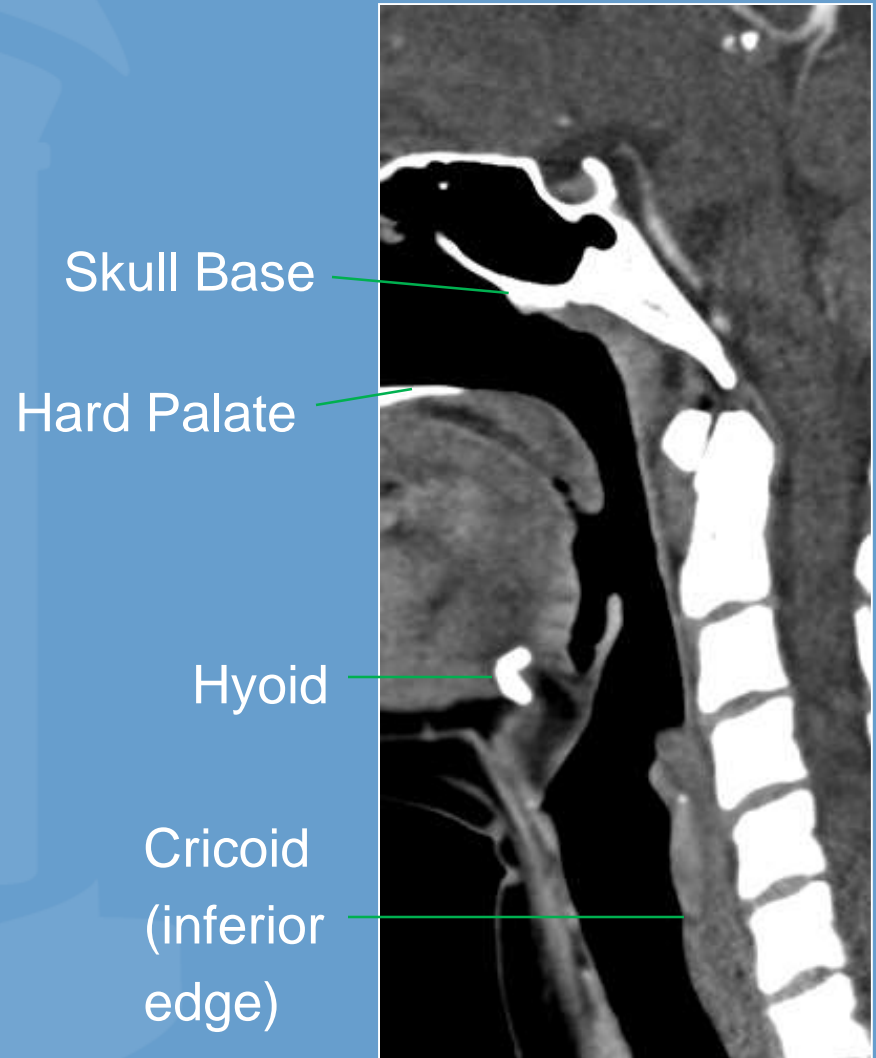
The Upper Aerodigestive Tract

- Nasal cavity and paranasal sinuses
- Oral cavity
- Pharynx
 - Nasopharynx
 - Oropharynx
 - Hypopharynx
- Larynx

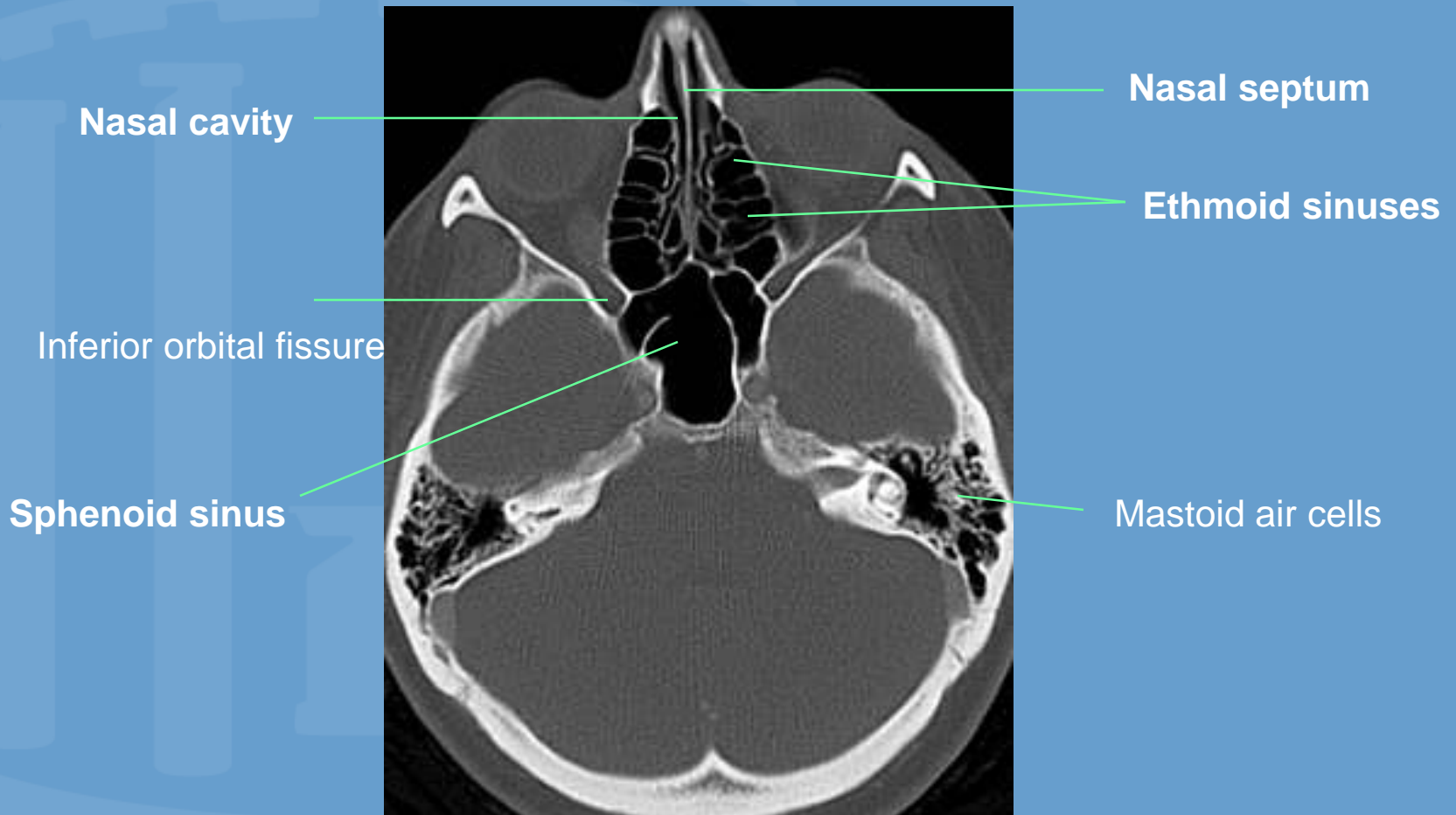


Pharynx

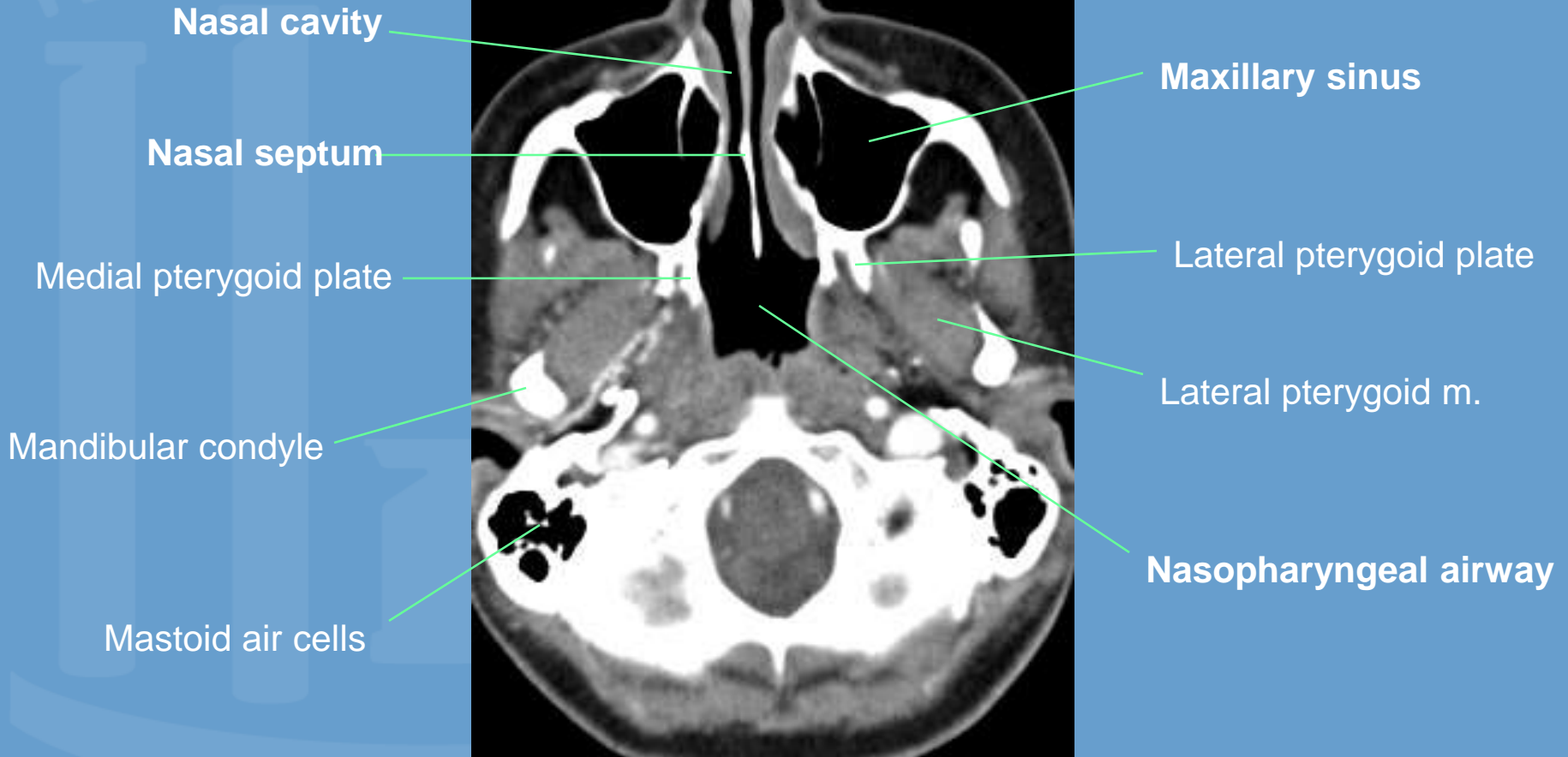
- Nasopharynx
 - Skull base to hard palate
- Oropharynx
 - Hard palate to hyoid
- Hypopharynx
 - Hyoid to cricopharyngeus (caudal margin of cricoid cartilage)



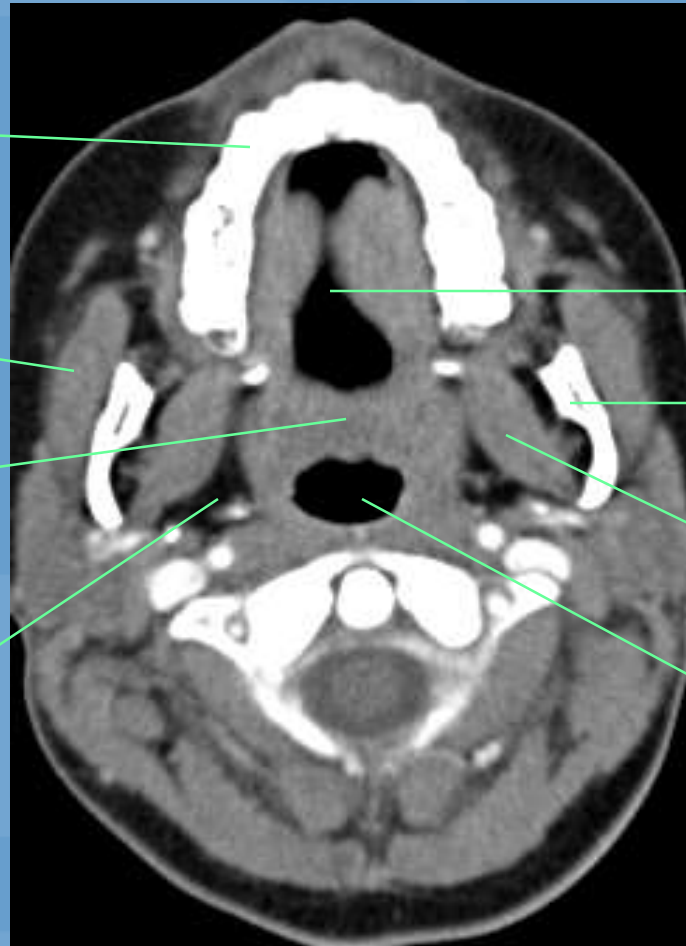
Orbital Level



Nasopharynx Level



Soft Palate Level



Maxillary alveolus

Masseter

Soft palate

Parapharyngeal space

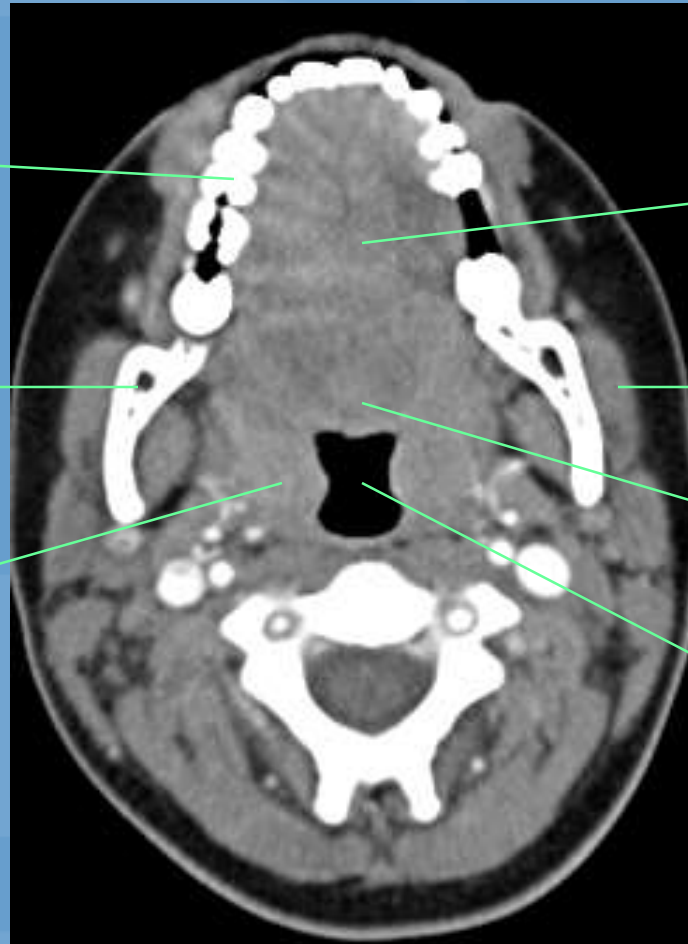
Oral cavity

Mandibular ramus

Medial pterygoid m.

Oropharyngeal airway

Oropharynx Level



Mandibular alveolus

Oral tongue (oral cavity)

Mandibular ramus

Masseter

Palatine (faucial) tonsil

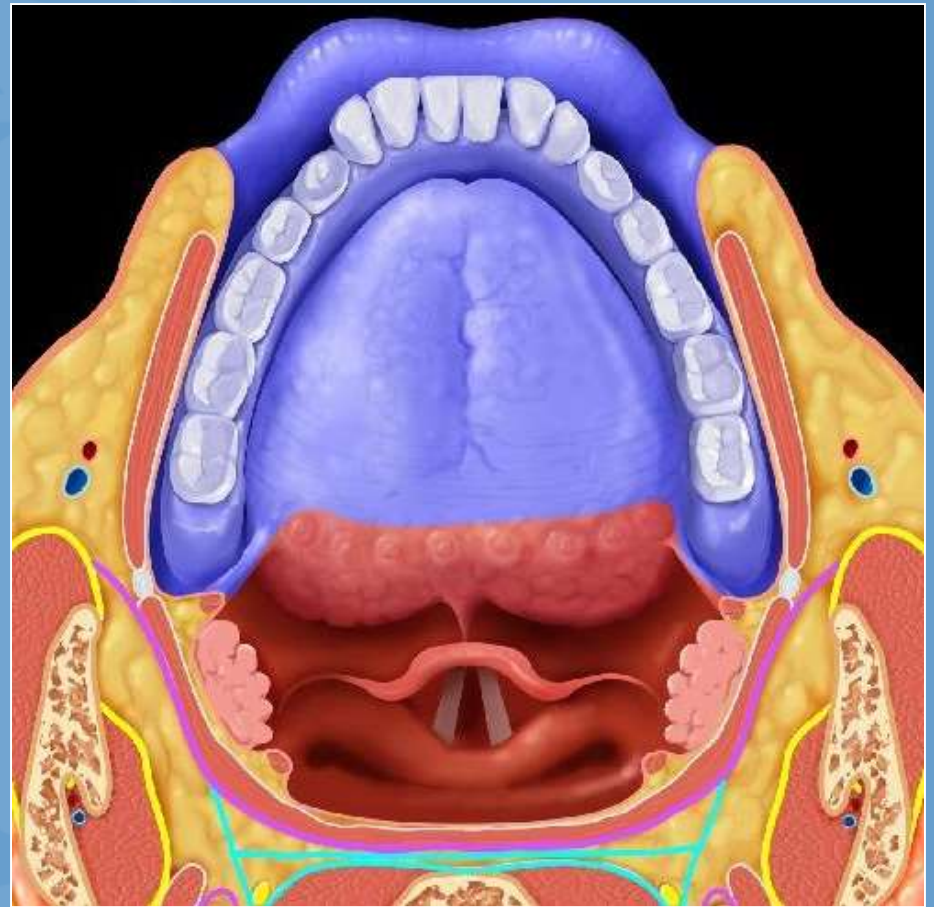
Base of tongue
(oropharynx)

Oropharyngeal airway

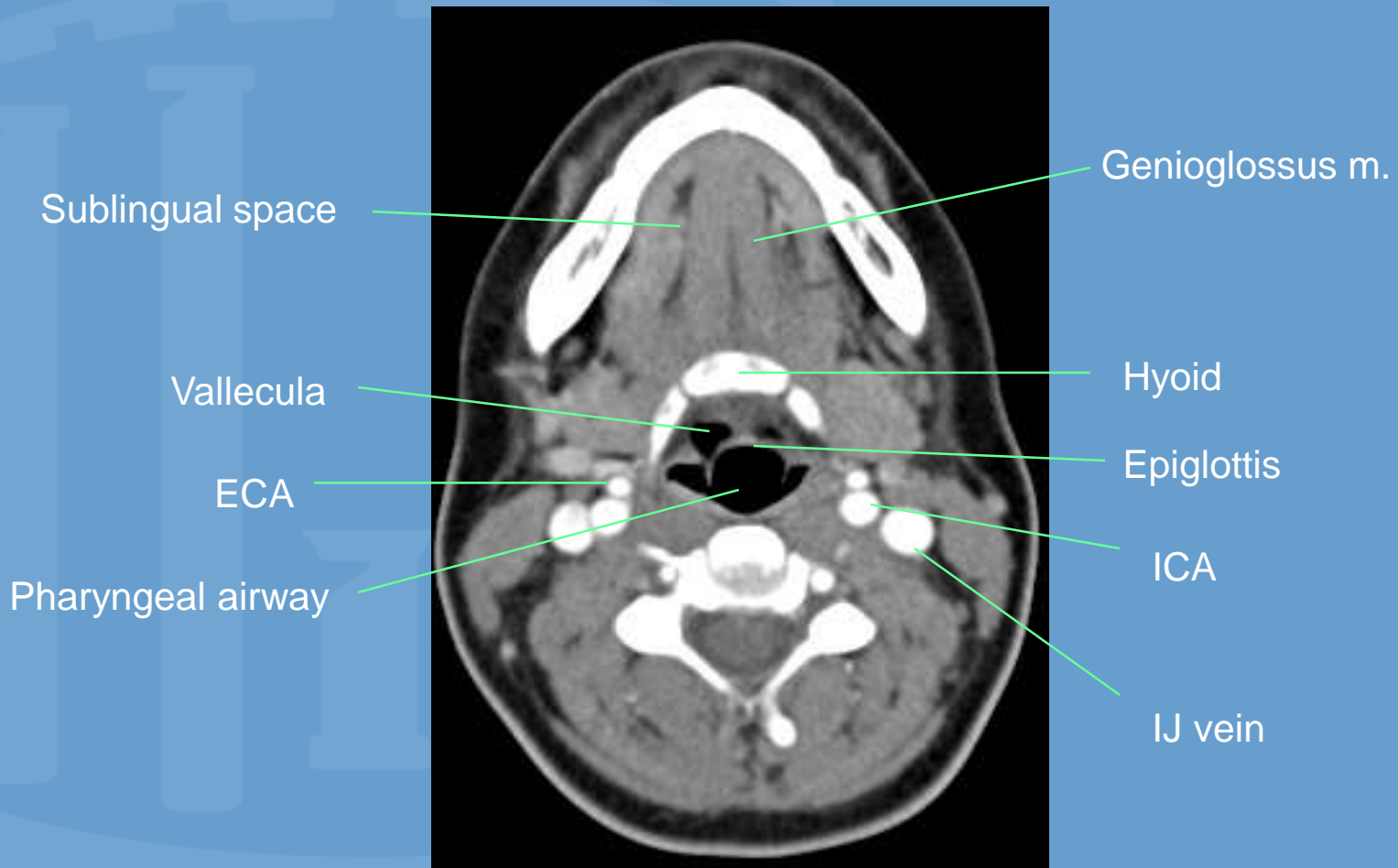
Oral Cavity

Key Contents

- Oral tongue
- Mandible
- Oral mucosa
- Myelohyoid m.
- Sublingual space



Hyoid Level

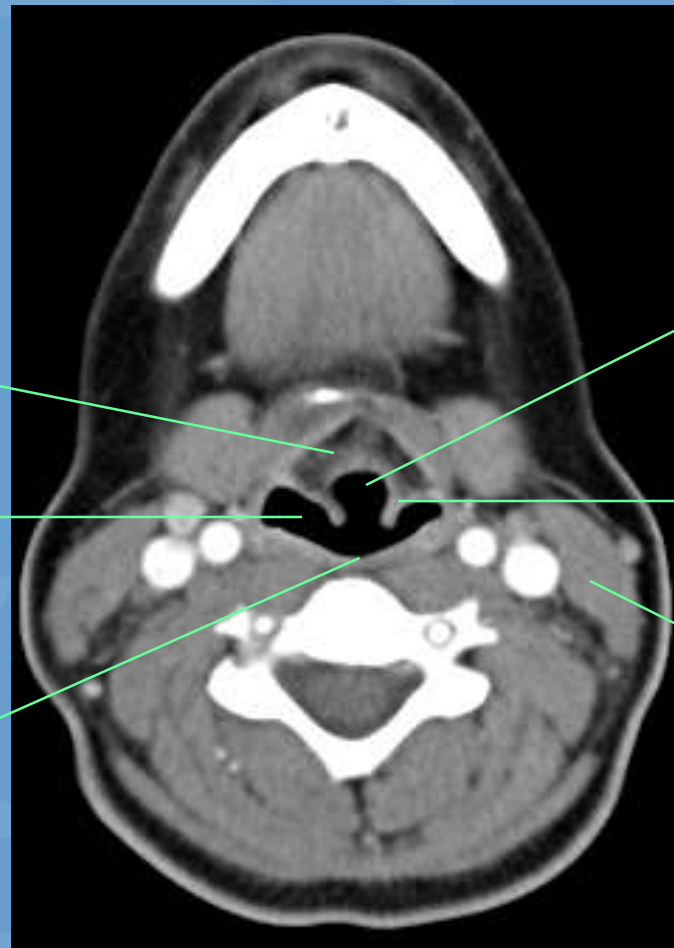


Supraglottic Larynx Level

Preepiglottic space

Piriform sinus

Posterior
pharyngeal wall

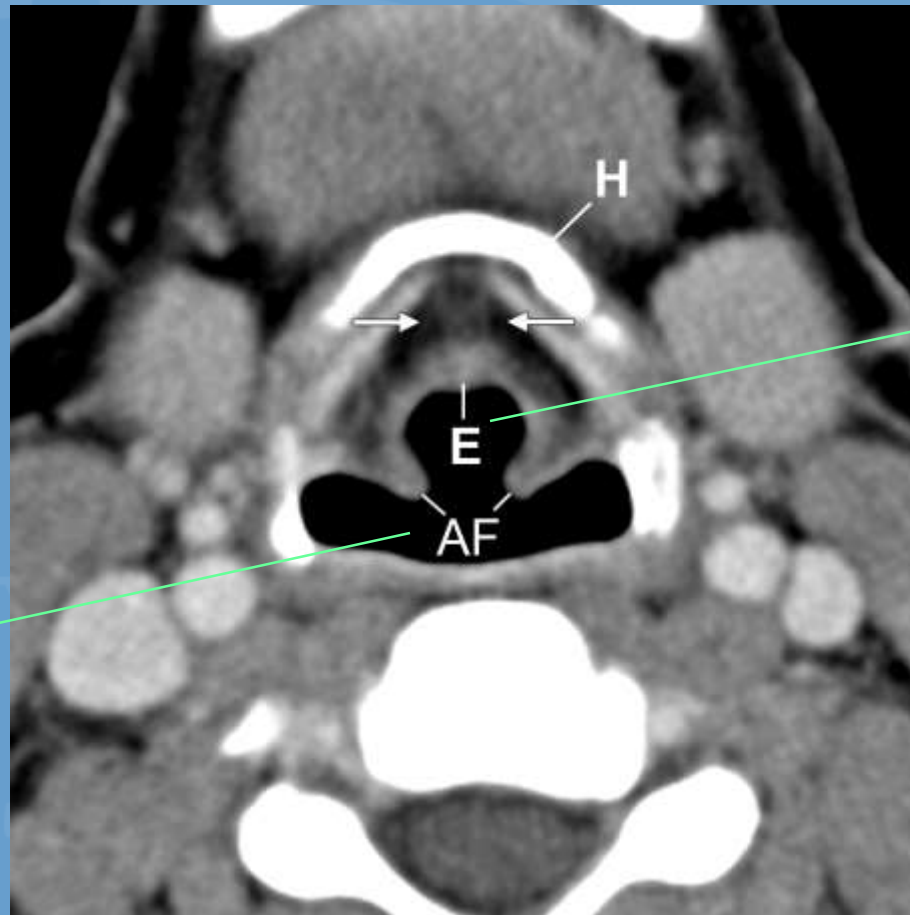


Laryngeal airway

Aryepiglottic fold

Sternocleidomastoid

Supraglottis

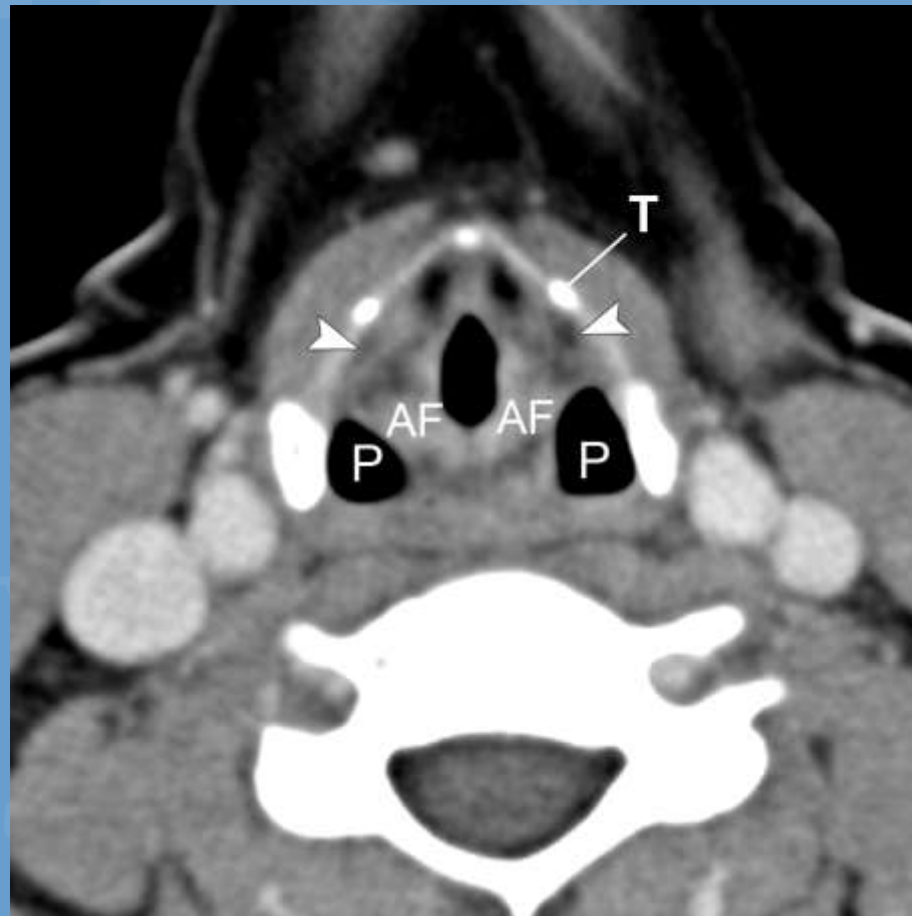


Larynx

Hypopharynx

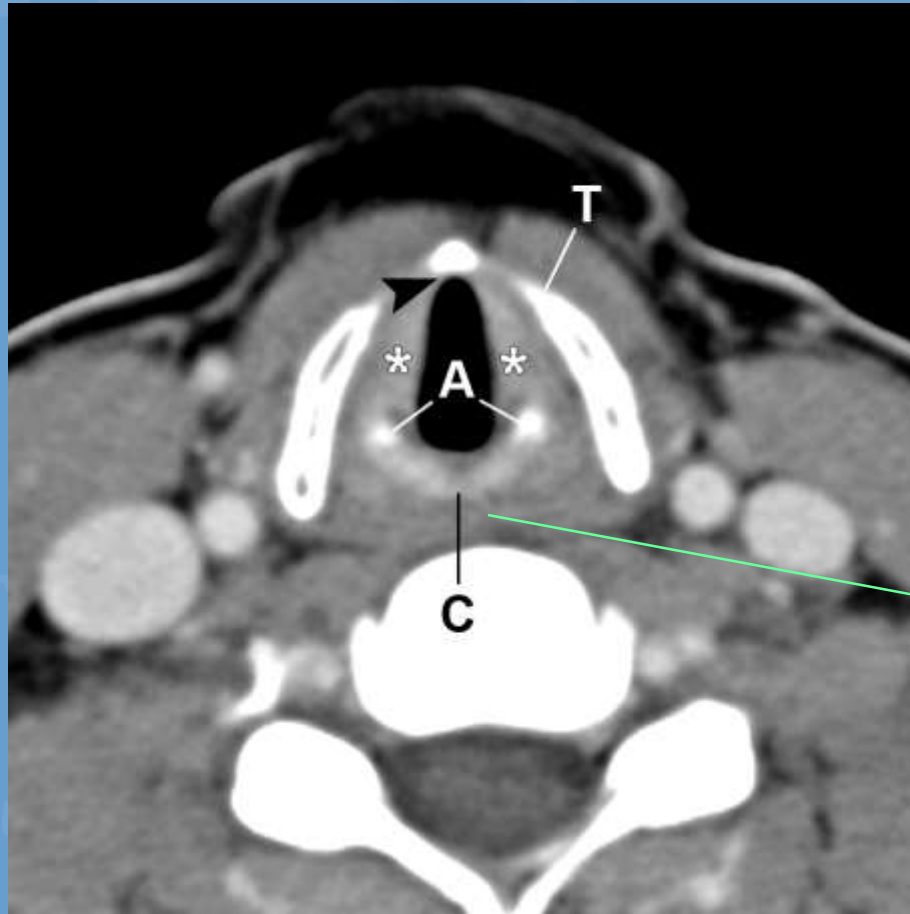
Arrows = Preepiglottic space

Supraglottis



Arrowheads = False vocal folds

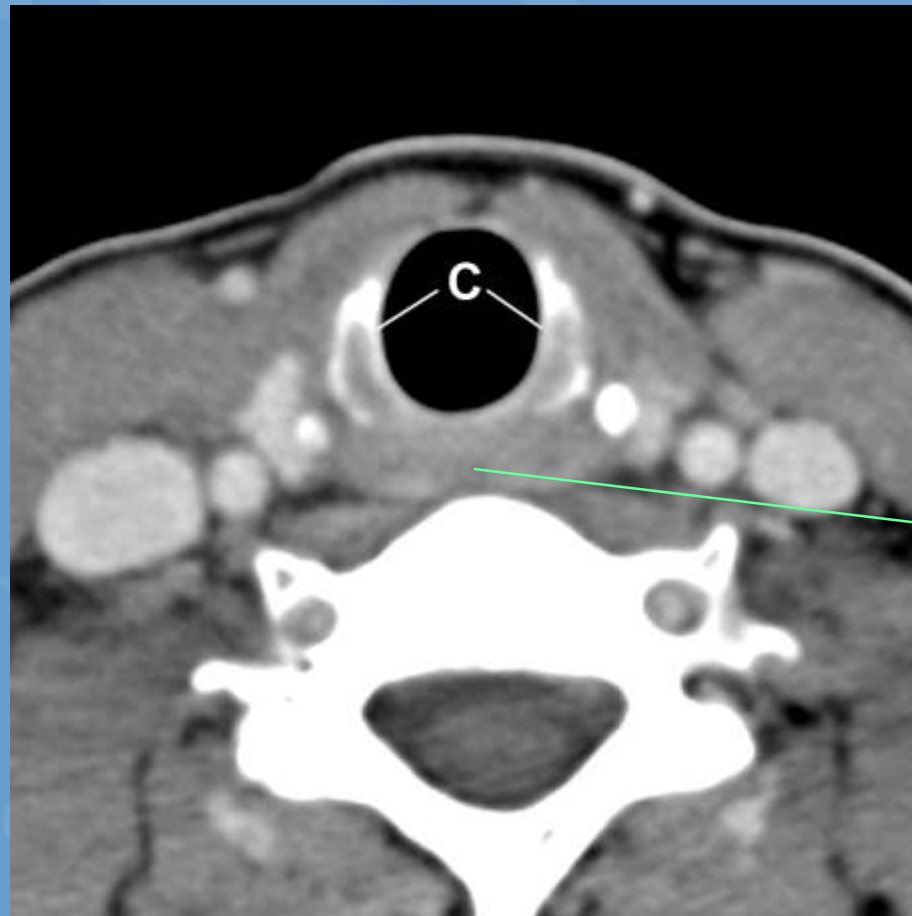
Glottis



Postcricoid
hypopharynx

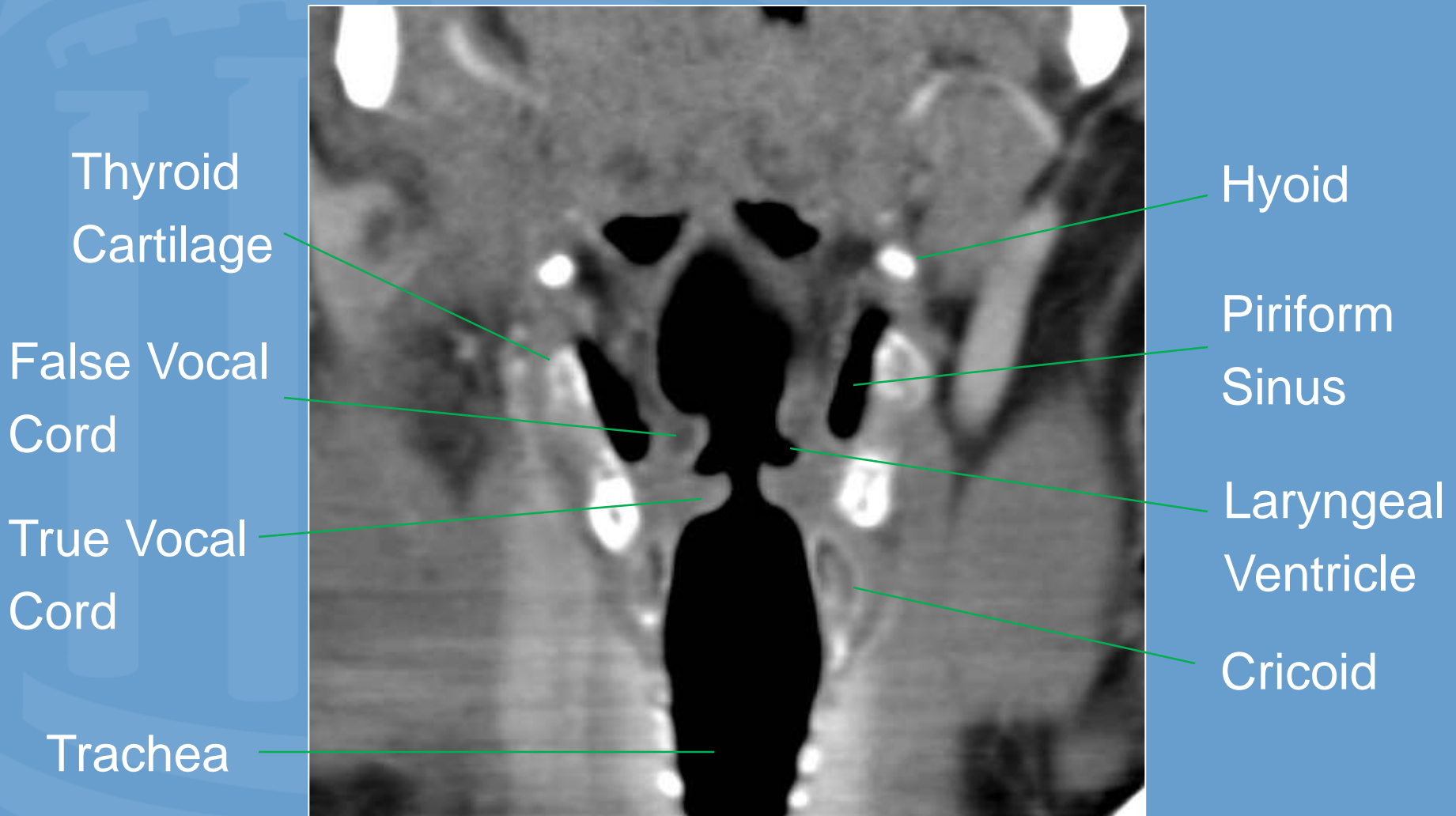
* = True vocal cords

Subglottis

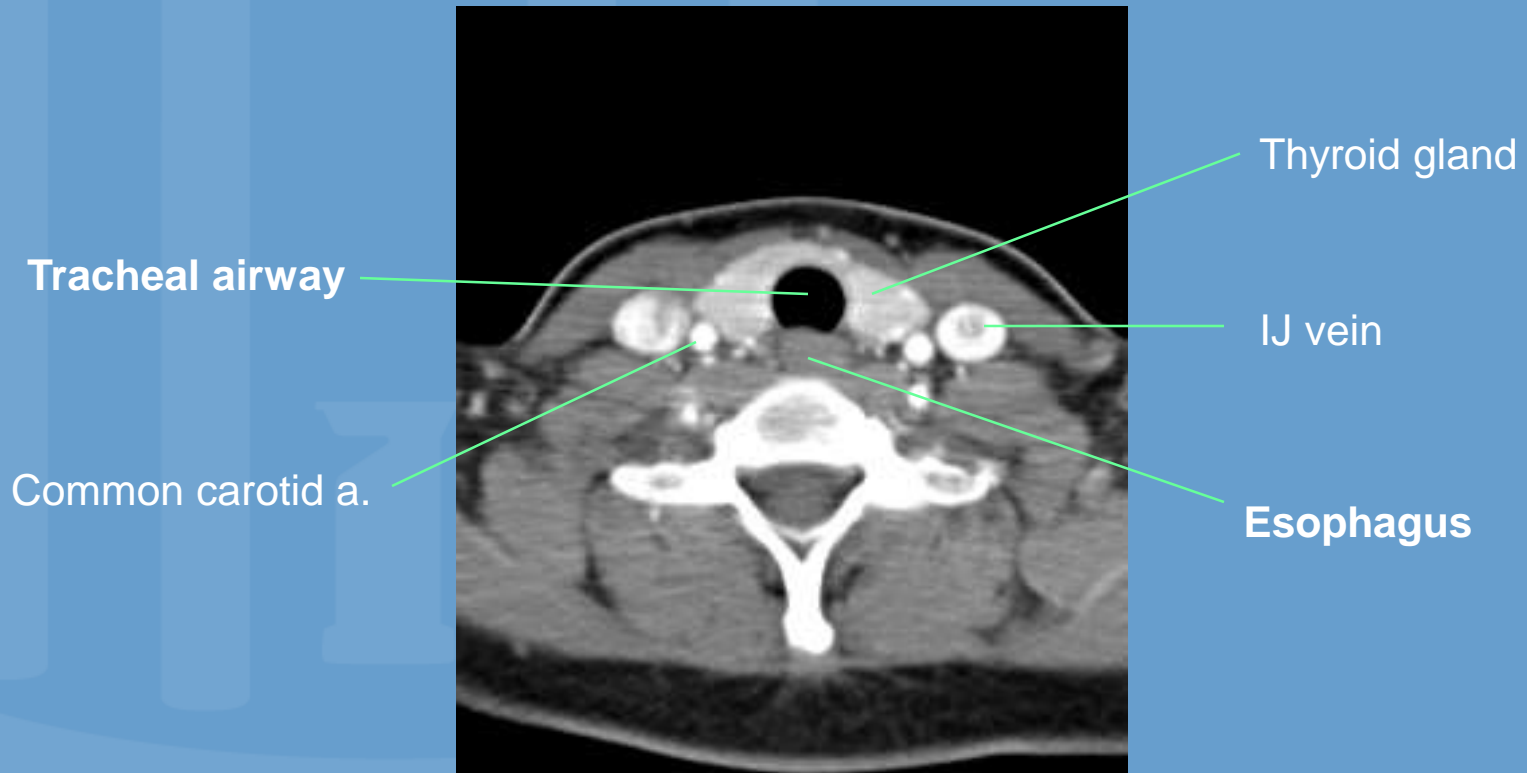


Postcricoid
hypopharynx

Larynx/Hypopharynx – Coronal CT



Tracheal Level



What to look at on a neck CT

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- Orbits/globes
- Aerodigestive tract
 - Nasal cavities & sinuses
 - Oral cavity, pharynx, esophagus
 - Larynx & trachea
- **Lymph Nodes**
- Salivary glands – parotid, SM, SL
- Thyroid
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Parotid glands

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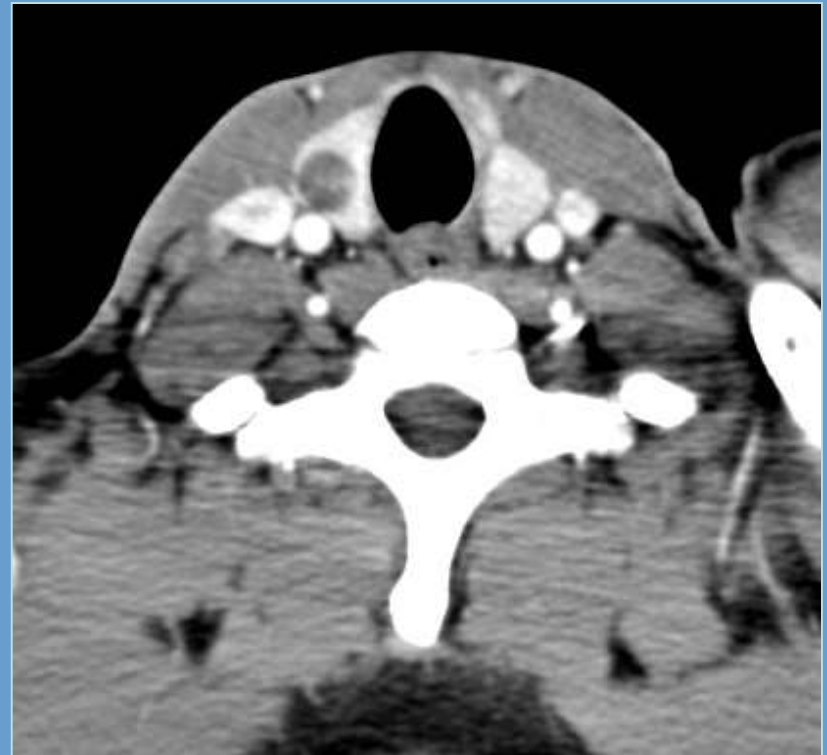
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Submandibular glands

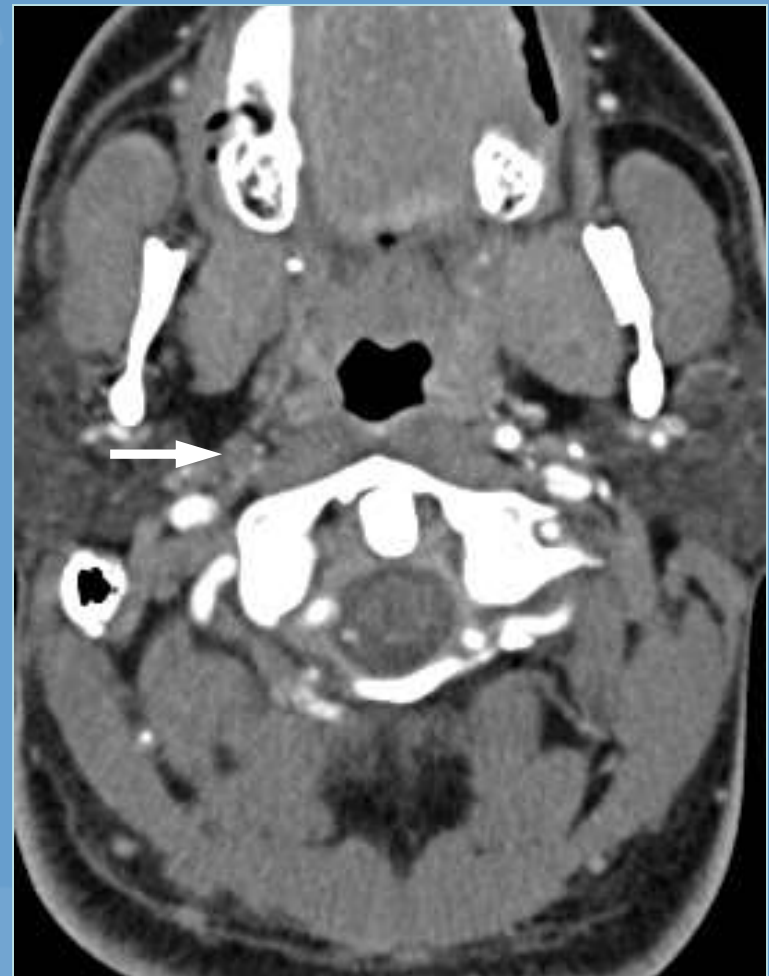
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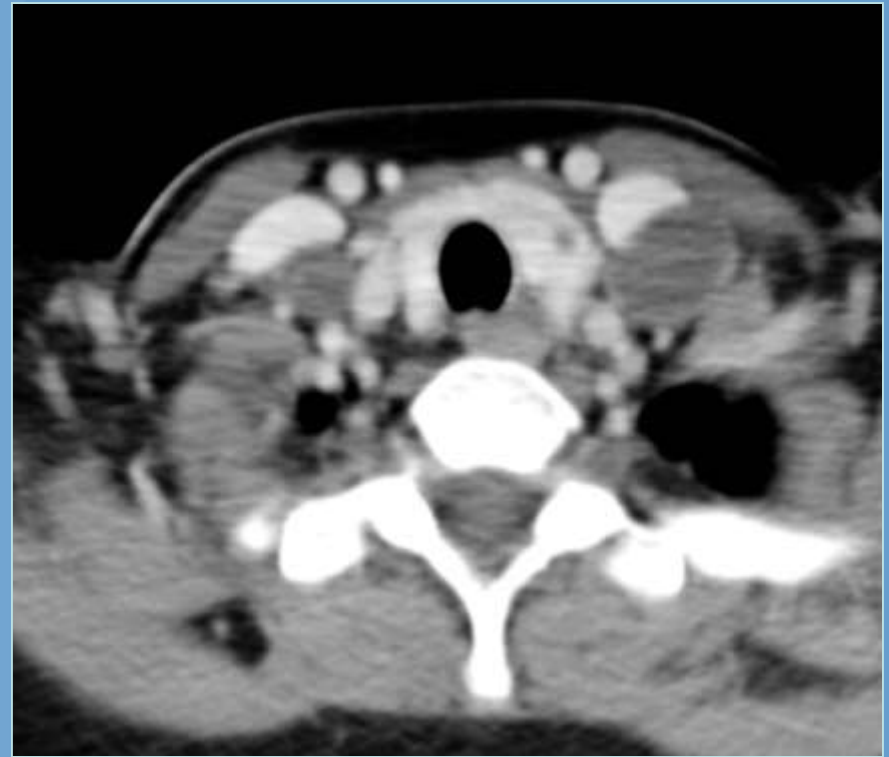
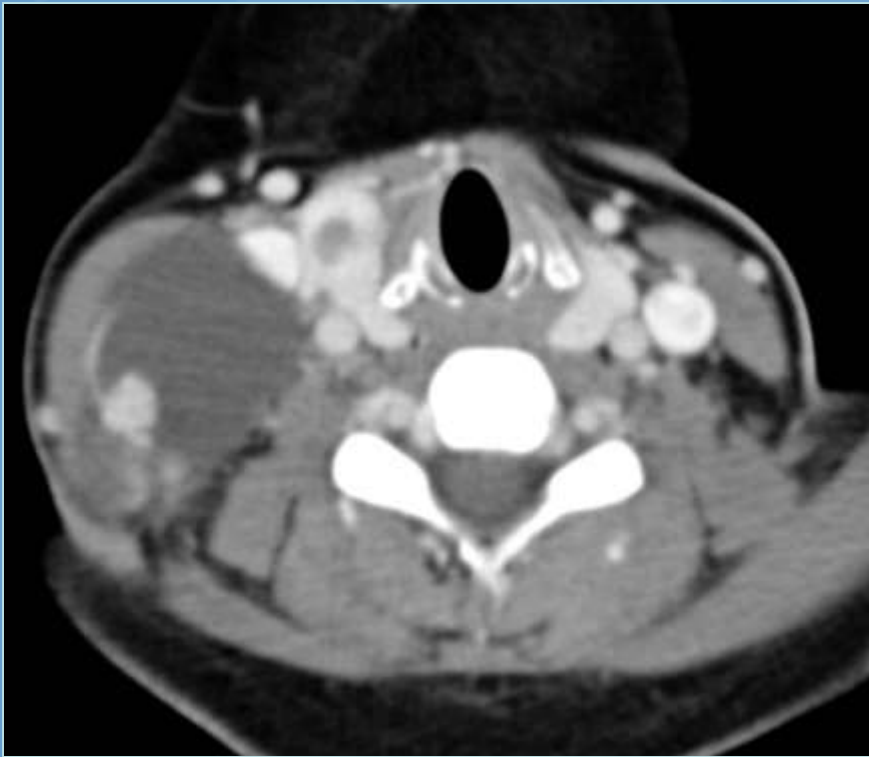
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“Evaluating A Neck Scan Takes Very Little Effort”

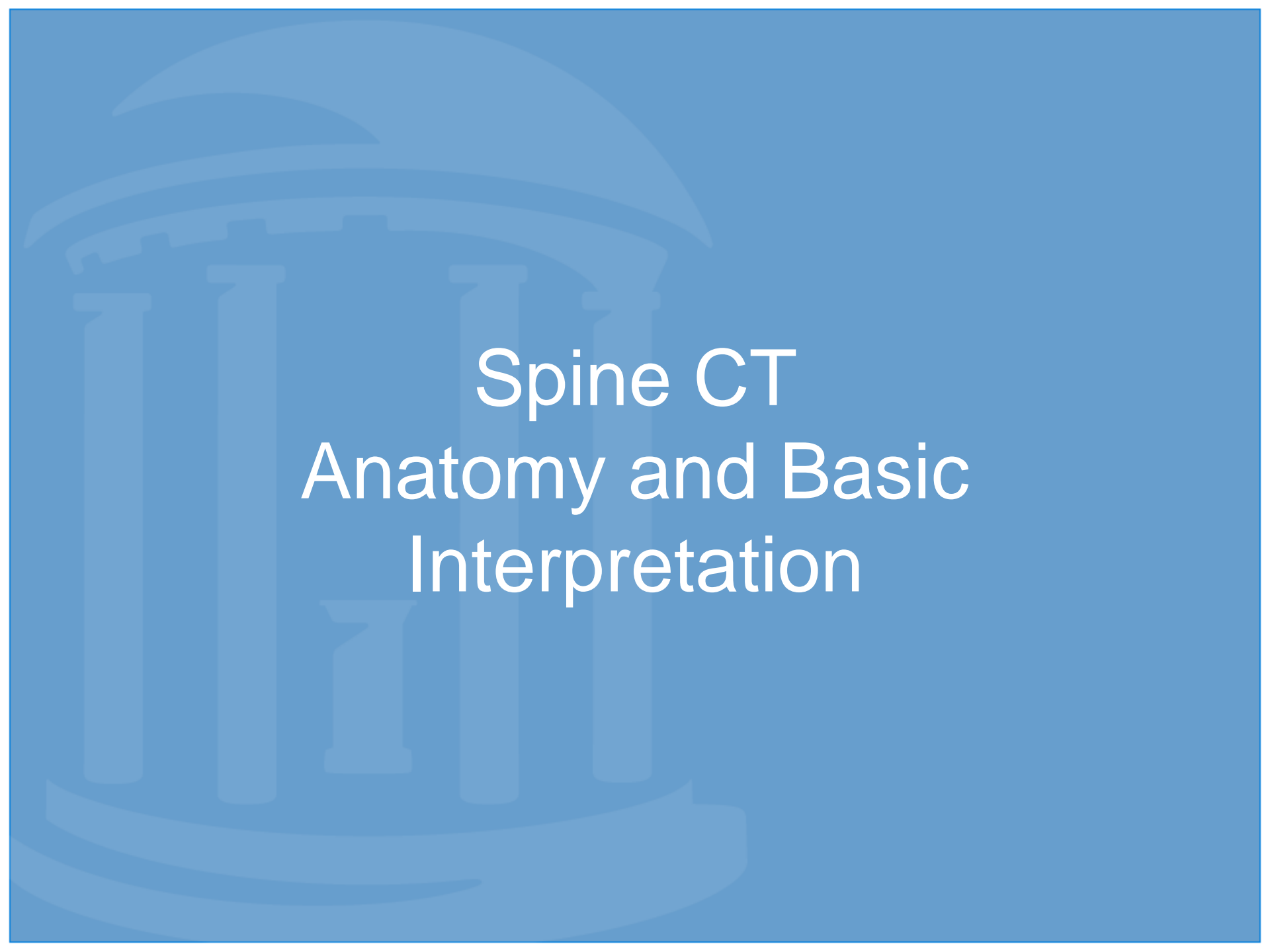
- 1) “E” = Eyes & orbits
- 2) “A” = Aerodigestive tract
- 3) “N” = Nodes
- 4) “S” = Salivary glands
- 5) “T” = Thyroid
- 6) “V” = Vessels
- 7) “L” = Lung apices/mediastinum
- 8) “E” = Everything else (brain, bones, mastoids & soft tissues)

What's the diagnosis?



What's the diagnosis?

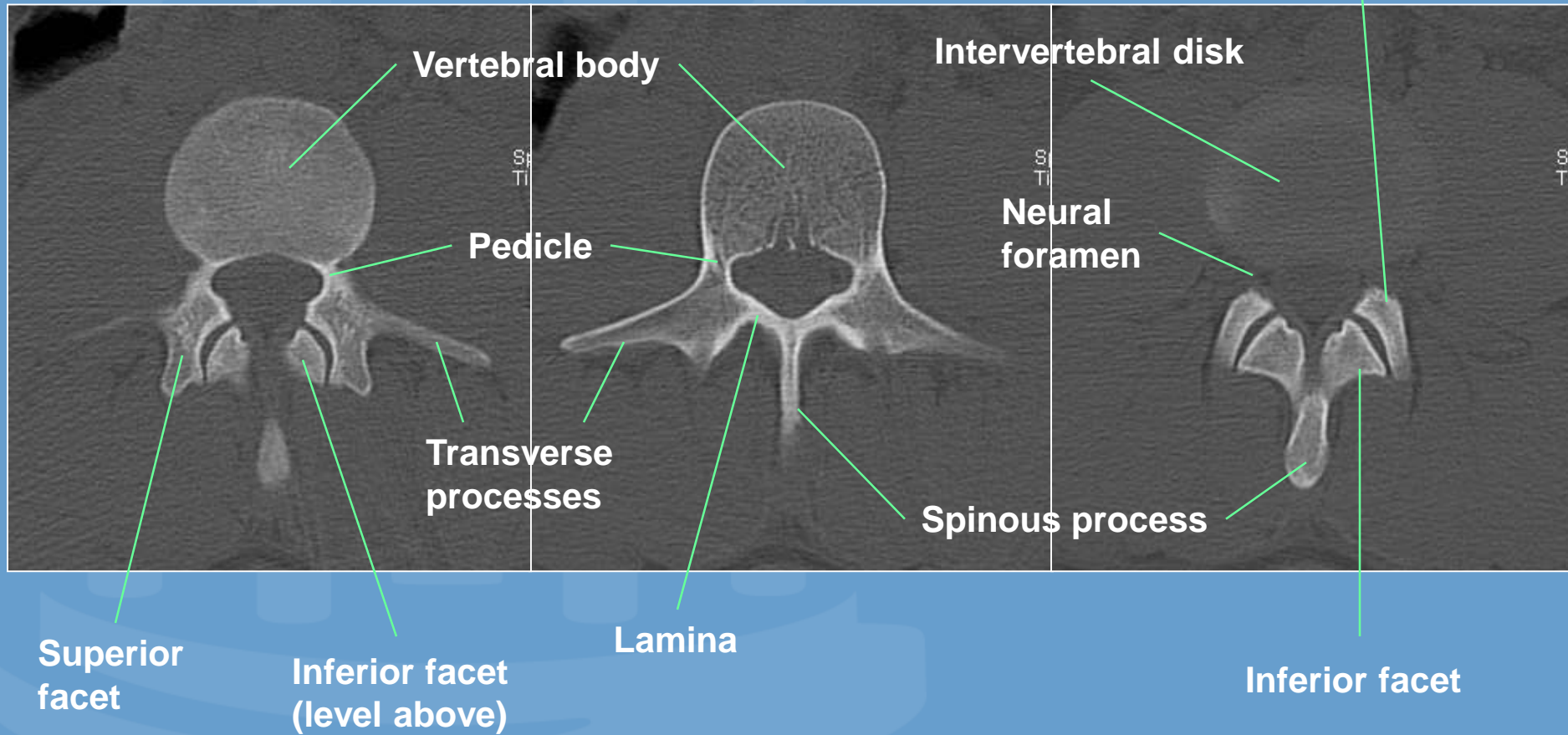




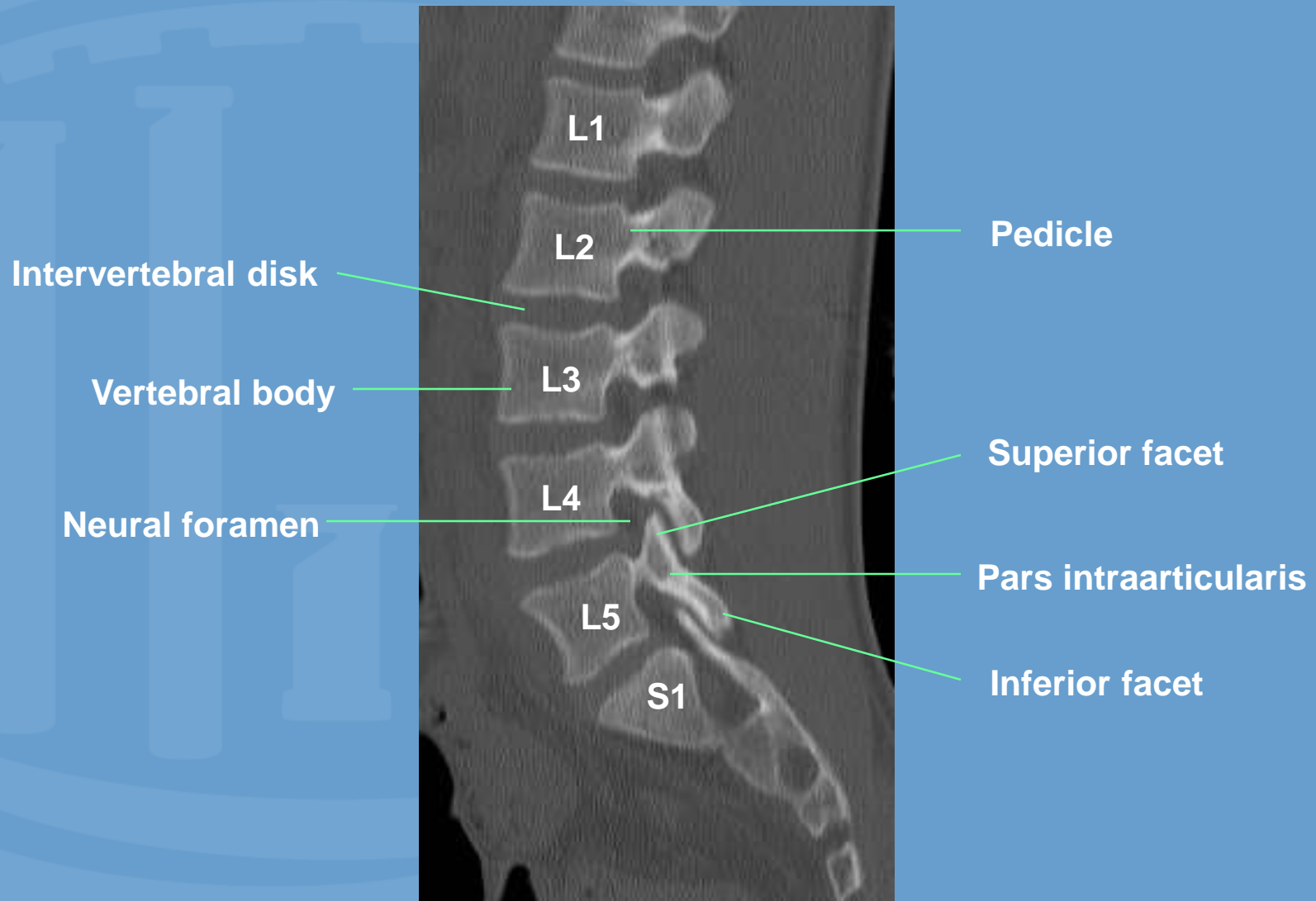
Spine CT

Anatomy and Basic Interpretation

Axial Images Lumbar Spine



Parasagittal Image

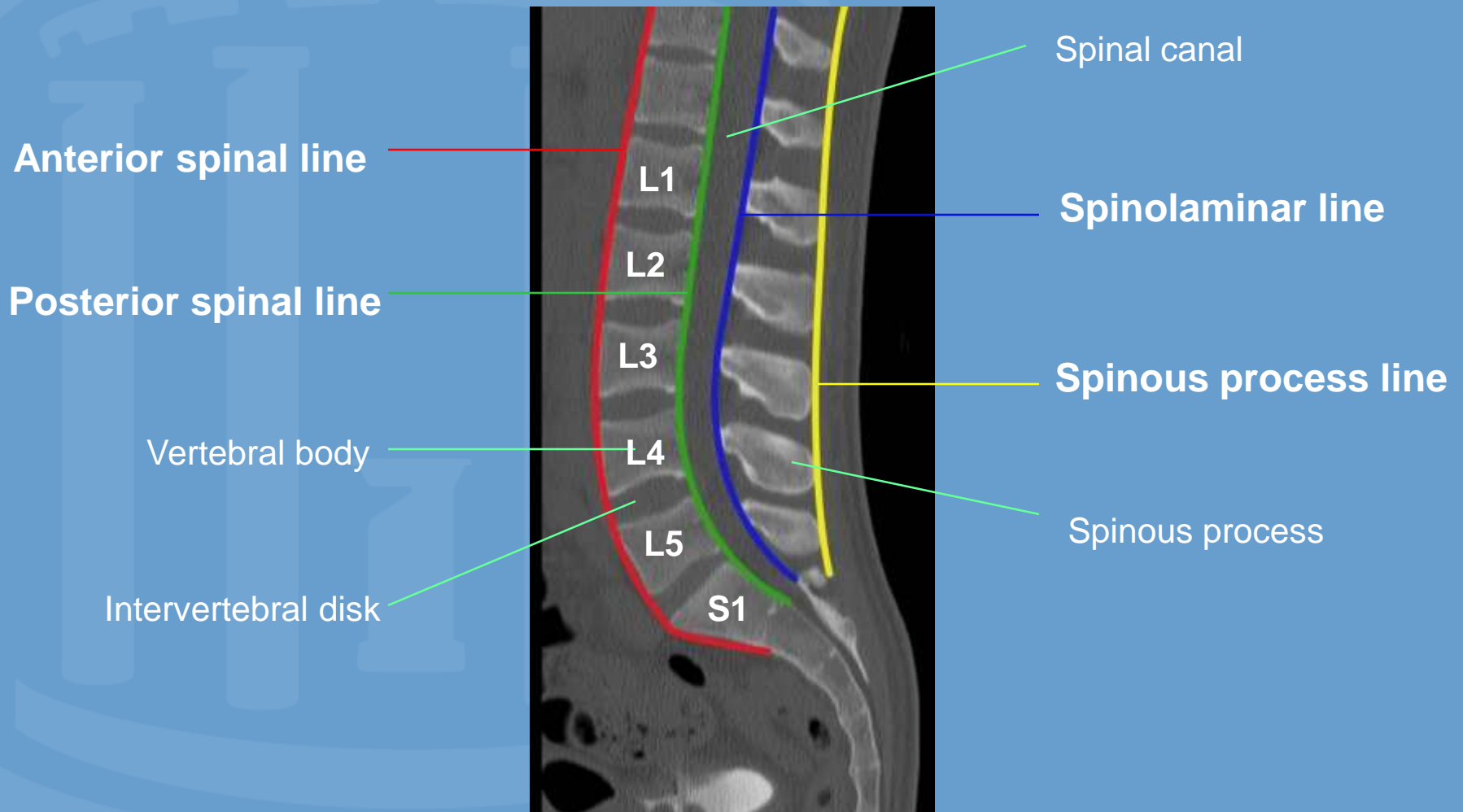


What to look at on a spine CT

- Alignment
- Vertebral body & disc height
- Facet alignment
- Transverse & spinous processes
- Lysis/Sclerosis
- Congenital anomalies
- Extrapinal tissues
- Sacrum/SI joints, pars defects (L-Spine)
- Craniocervical junction (C-spine)
- Transverse foramen involvement (C-spine)



Midsagittal Image Spinal Lines



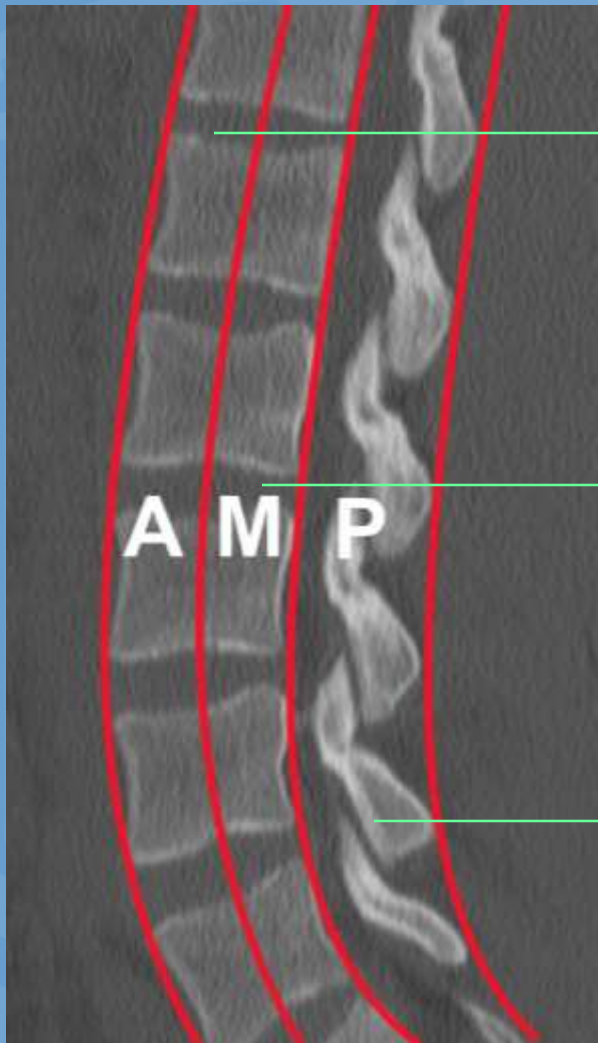
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Spinal Stability

3 Column Model (Denis)



Anterior column

- Anterior ½ of vertebral body
- ALL
- Anterior annulus

Middle column

- Posterior ½ of vertebral body
- PLL
- Posterior annulus

Posterior column

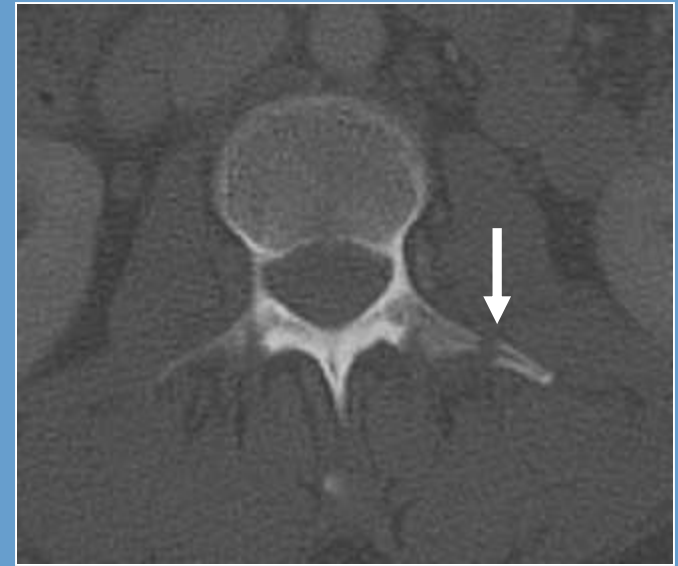
- Posterior bony arch
- Posterior ligamentous complex

What's wrong with this picture?



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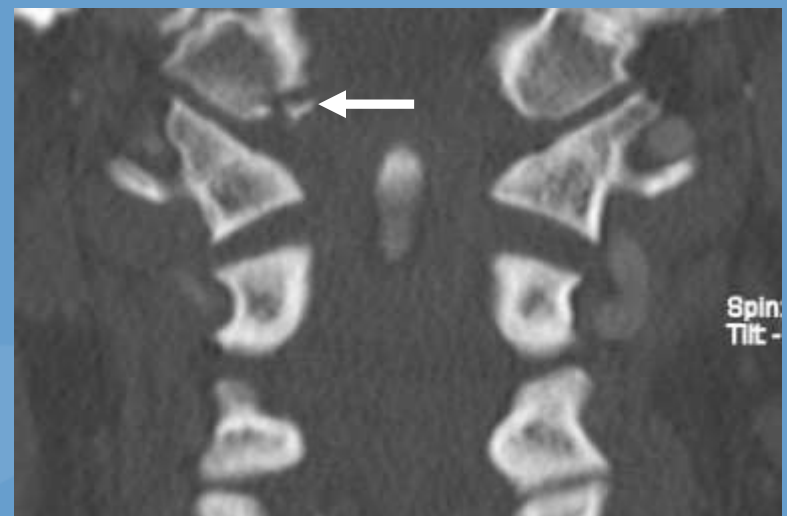
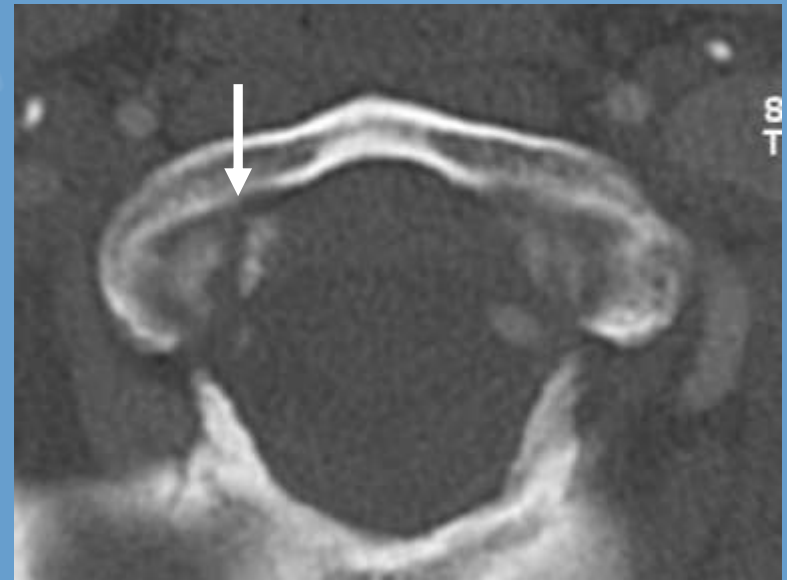
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- Facet alignment
- Transverse & spinous processes
- Lysis/Sclerosis
- Congenital anomalies
- Extrapinal tissues
- Sacrum/SI joints, pars defects (L-Spine)
- Craniocervical junction, transverse foramen involvement (C-spine)



Take Home Points

- Knowledge of normal anatomy is your friend
- Develop and stick to a search pattern when looking at studies
 - “Blood Can Be Very Bad”
 - “Evaluating A Neck Scan Takes Very Little Effort”
- Don't be afraid to ask questions!