

School of Medicine, Queen's University

# NEURORADIOLOGY DIL part 1

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# GOALS

- Upon completion of these modules, you will have reviewed some basic neuroanatomy, learned a standard approach to CT head interpretation, and reviewed some common intracranial pathologies including bleeds, strokes and tumors.
- I suggest getting through modules 1 and 2 during this 1 hour time allotment. Modules 3-5 can be used as references as the pathologies are discussed during this neuro session.

#### Overview

- Introduction to Neuroimaging DIL part 1
- Basic Brain Anatomy DIL part 1
- Standardized Approach to Image Interpretation DIL part 2
- Common Pathology
  - Bleeds (Hemorrhages) DIL part 3
  - Strokes (Infarcts) DIL part 4
  - Masses (Tumors) part 5

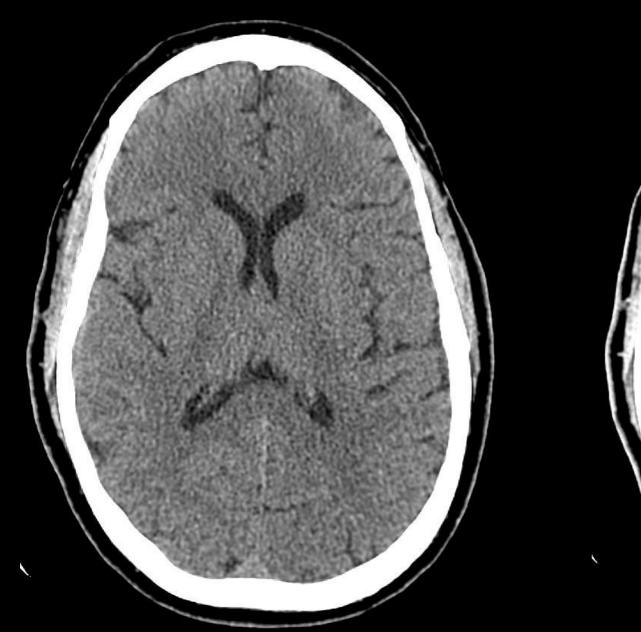
 The primary imaging modalities for neuroradiology include computed tomography (CT) and magnetic resonance imaging (MRI).

- CT (computed tomography)
  - Initial screening study for neurological pathology.
  - Can be performed without or with intravenous contrast.
  - Pros: easily accessible, relatively inexpensive, fast (great for emergency cases).
  - Cons: not very sensitive or specific for certain pathologies, radiation to patient.

- MRI
  - Often used to further evaluate findings made by CT.
  - Can also be performed without or with contrast.
  - Pros: More sensitive and more specific than CT for many pathologies, useful problem-solving tool, no radiation.
  - Cons: Certain metal implants are contraindications, claustraphobia, expensive, less available, time consuming, and also not senstive or specific for certain pathologies.

 The following two slides will show you examples of a CT and an MRI, so you can start to recognize the type of study being performed. We have to start somewhere!

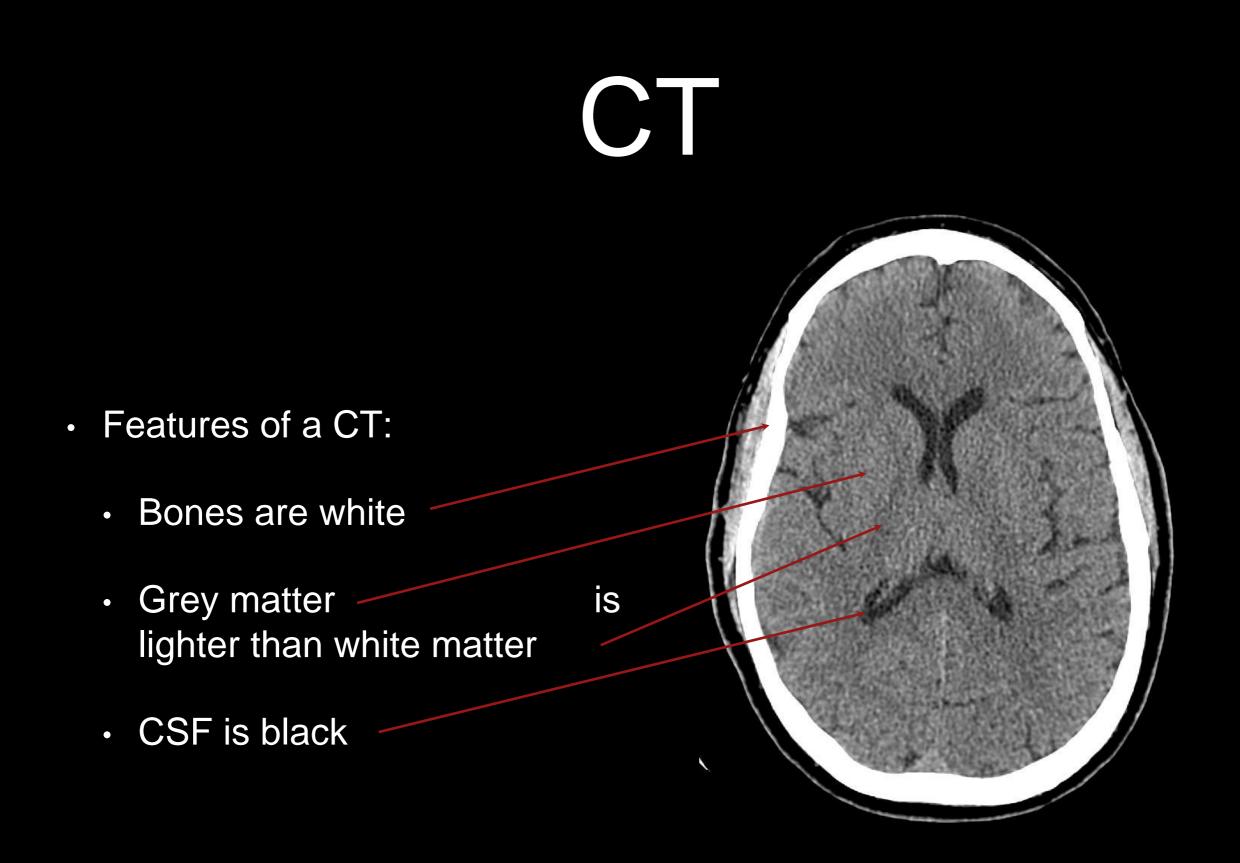
#### CT



CT Without Contrast

CT With Contrast





# CT

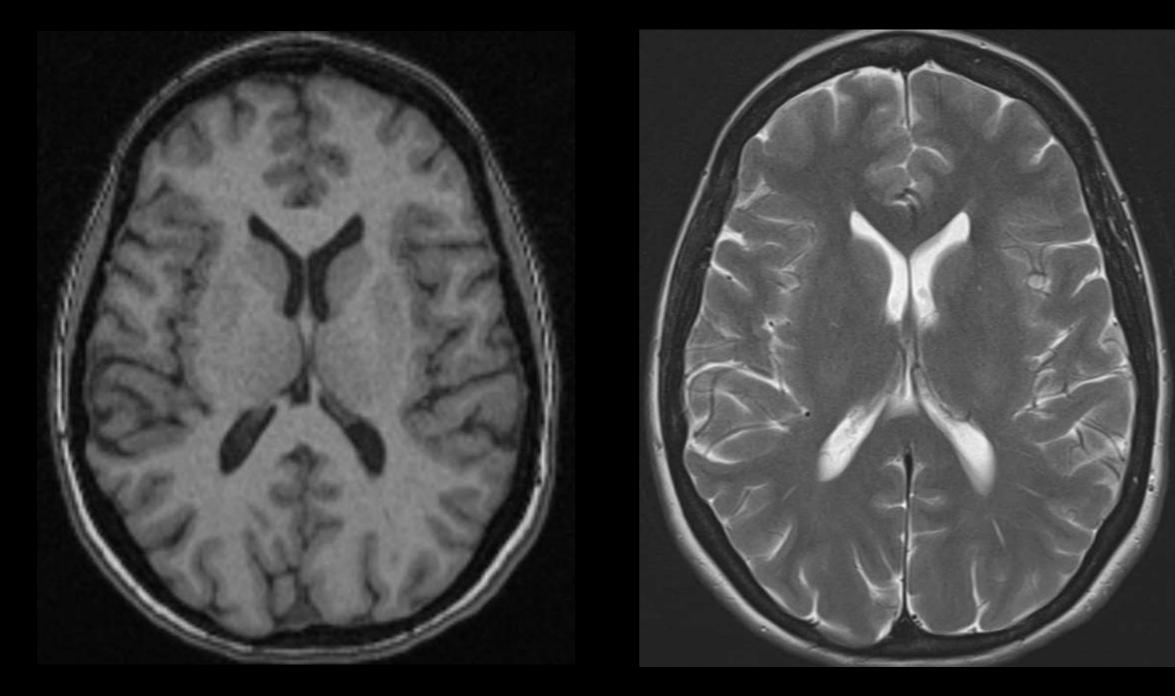
- When you add IV contrast, notice a few things happen:
  - Choroid plexus enhances
  - The vessels are now bright



**CT** With Contrast



# MRI



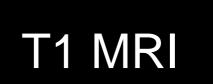
T1 MRI

#### T2 MRI



# MRI

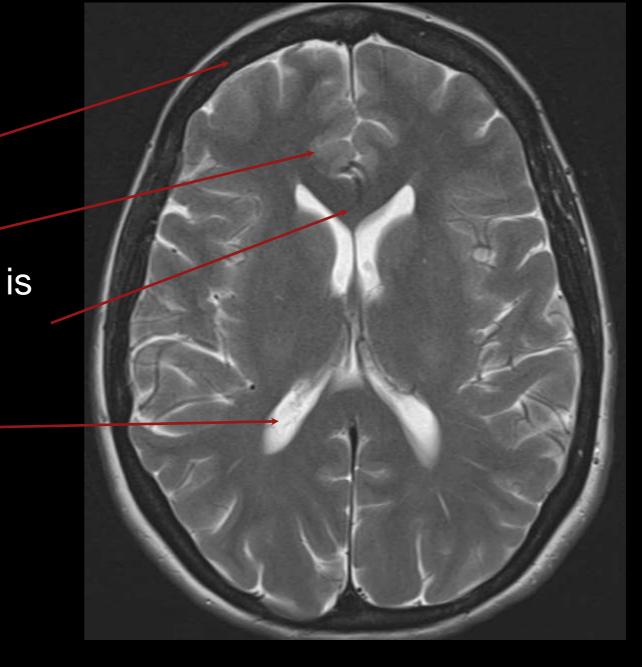
- Features of a T1 MRI:
  - Bones are black
  - Grey matter is darker than white matter
  - Grey-white differentiation is
    more distinct than on CT
  - CSF is black





# MRI

- Features of a T2 MRI
  - Bones are black
  - Grey matter
    brighter than white matter
  - CSF is white
    - Maybe you can remember that water is white for T2's. Water white. WW. 2W's. T2.



T2 MRI



# MR

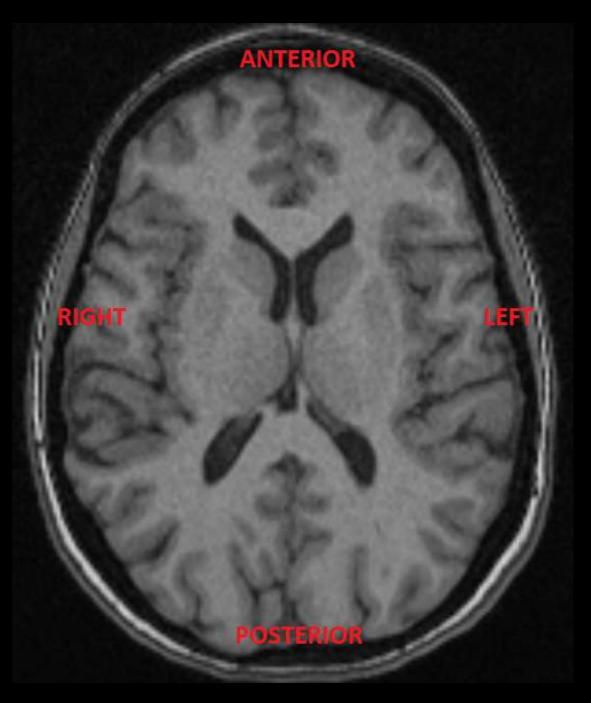
 In addition to T1 and T2, there are many other MRI sequences that are beyond the scope of this session.

#### CROSS SECTIONAL CONVENTIONS

- All CT's and MRI's are displayed in the same manner when you view them on a screen.
- The following slide will describe the standard convention.

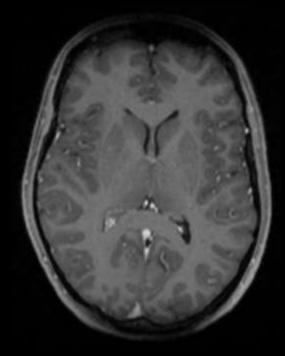
#### CROSS SECTIONAL CONVENTIONS

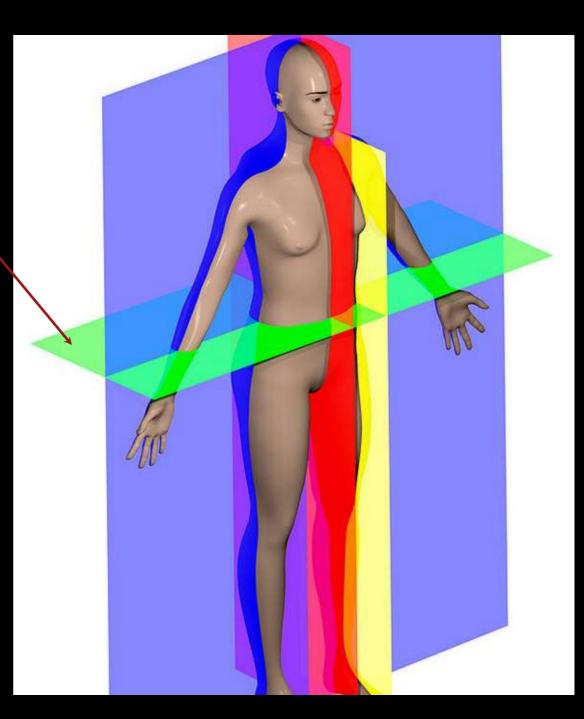
- When you are looking at a transverse axial image, you should be familiar with the conventional orientation.
- Image right = patient's left
- Image left = patient's right
- Image top = patient's anterior
- Image bottom = patient's posterior



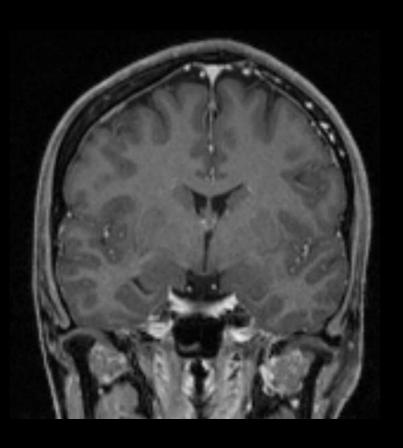
- Cross-sectional imaging is great because we can display it in different planes. This can be very helpful to localize a finding to a precise anatomic location.
- The common planes are TRANSVERSE AXIAL, CORONAL, and SAGITTAL.
- The next slide shows examples.

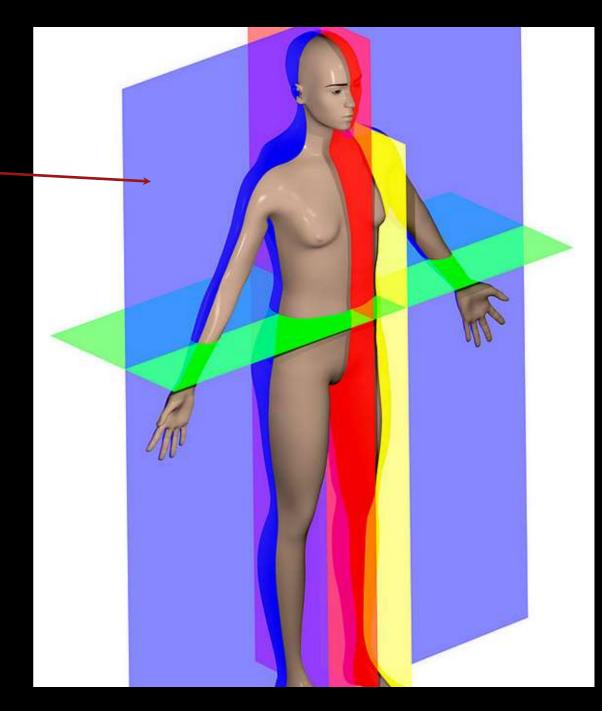
- The green slice cuts through the patient like a loaf of bread.
- This results in the transverse axial plane you're used to seeing.



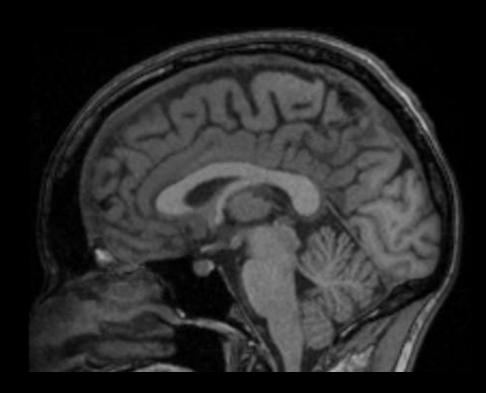


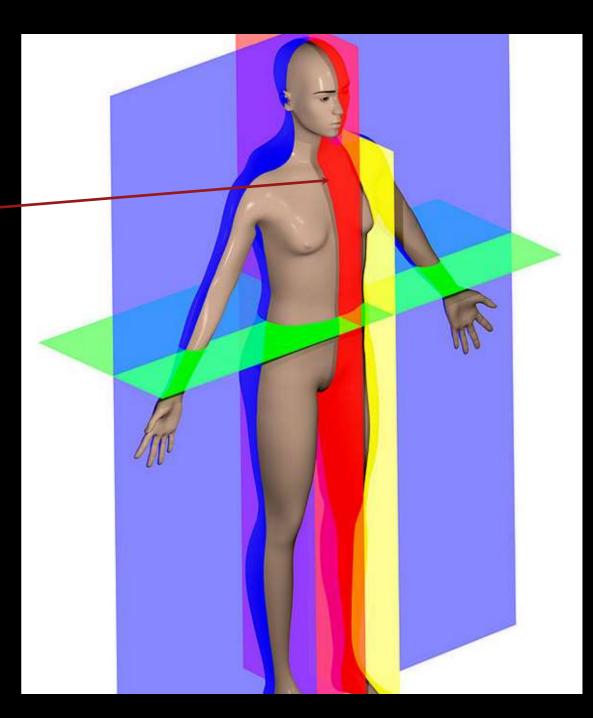
The blue slice produces the coronal plane.

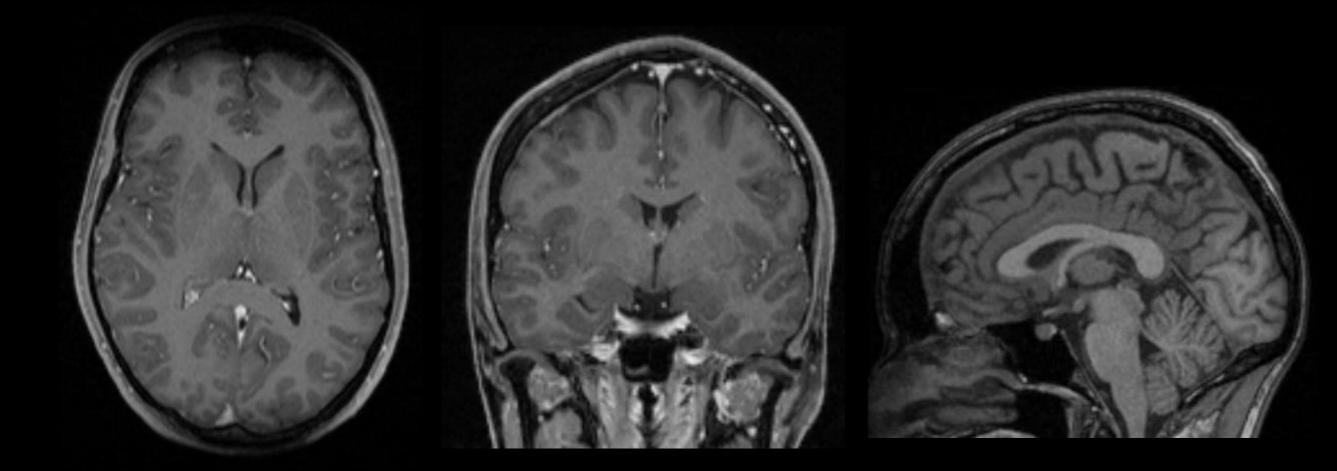




 The red slice cuts the patient down the midline and produces the sagittal plane.





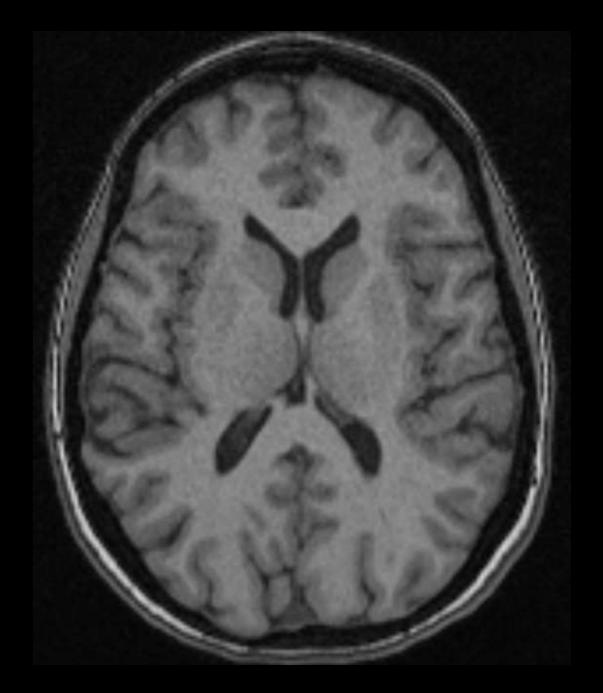


Transverse Axial

Coronal



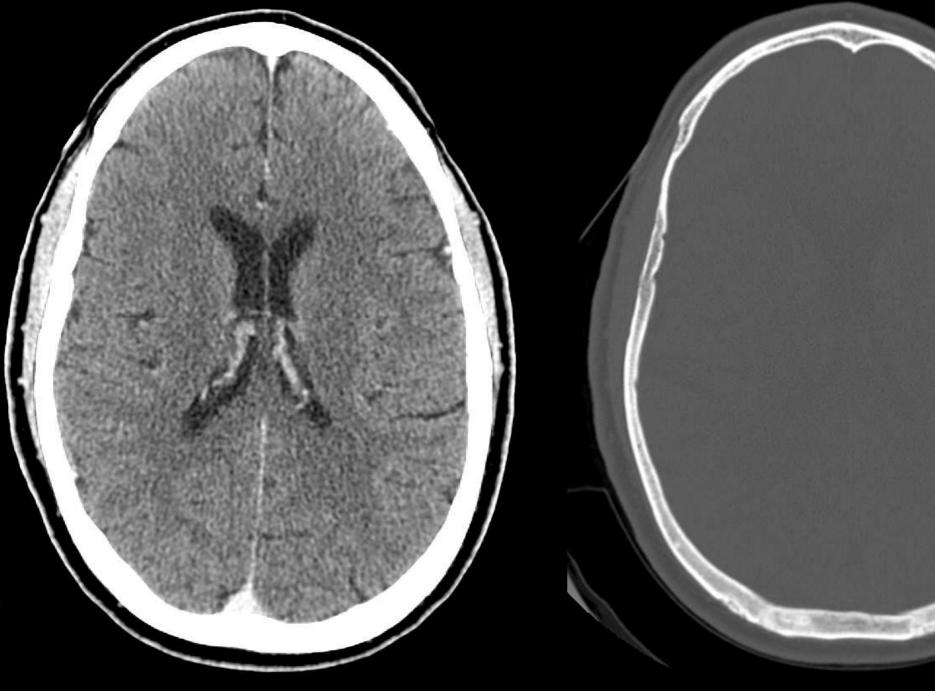
- You've likely noticed that throughout this module, whenever there is a CT or MRI displayed, the plane of imaging will be written in the bottom right corner.
- This will help to orient you as you go through the cases.
- For example, this one is labelled "axial."



# MULTIPLE WINDOWS

- Images can be acquired in a certain manner to better display certain structures. Once an image has been obtained, the radiologist can further modify these settings. Part of what is being altered is the "window."
- Look at this example of a CT with brain windows compared to the one beside it with bone windows.
- Notice how much better you can assess the brain on the left. Imagine trying to assess the brain on the right!

#### MULTIPLE WINDOWS



**Brain Windows** 

**Bone Windows** 

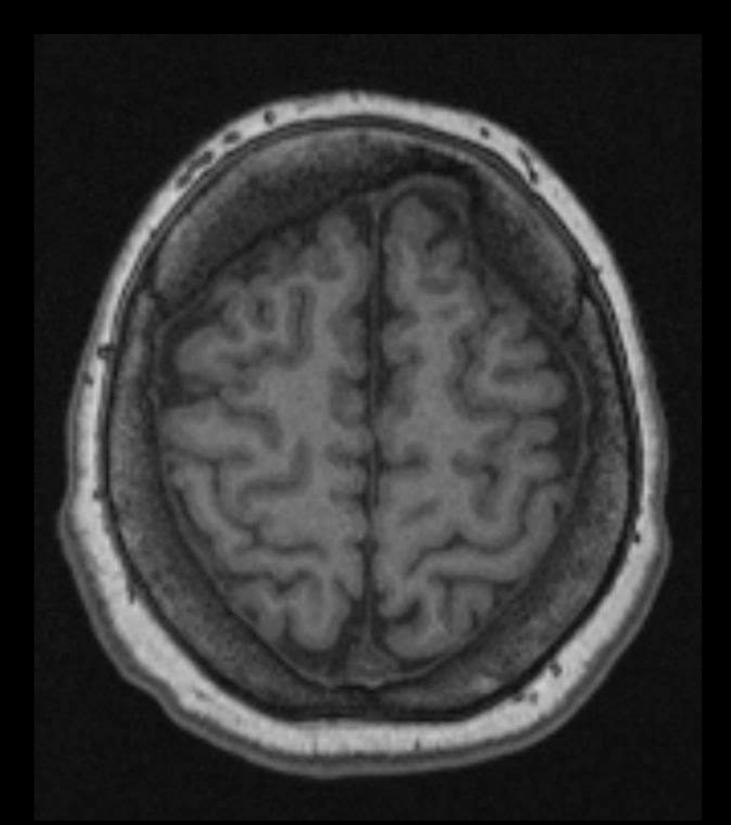


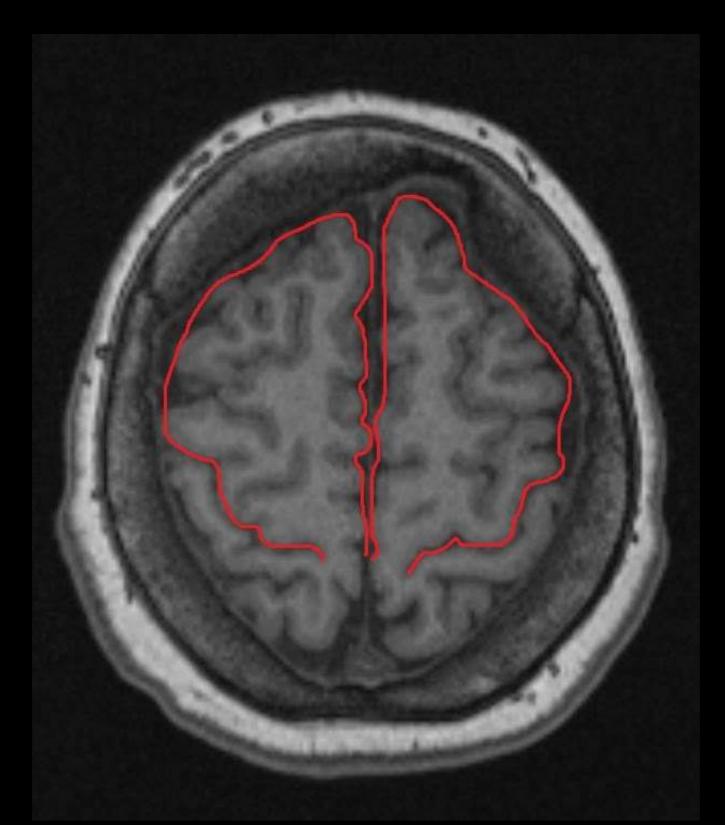
# OVERVIEW

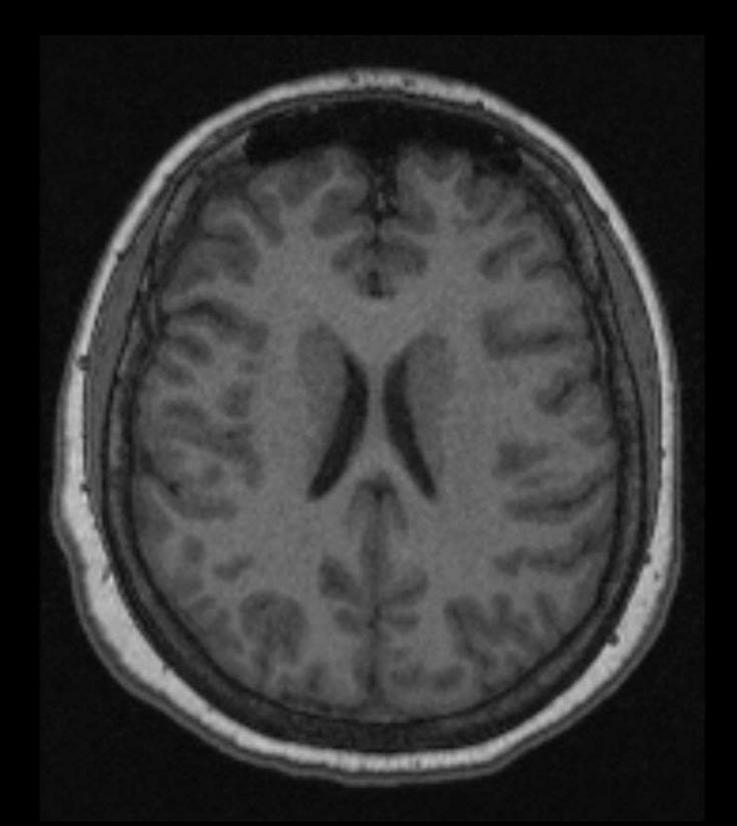
- Introduction to Neuroimaging
- Basic Brain Anatomy
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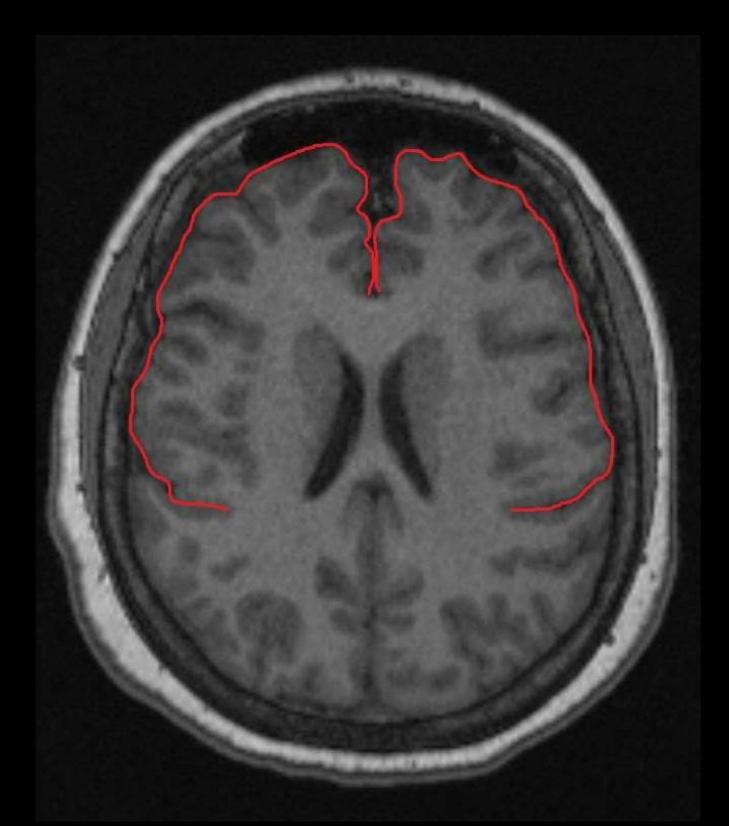
# ANATOMY

- 1. Lobar Anatomy
- 2. Major Fissures
- 3. Ventricular System
- 4. Basal Ganglia
- 5. White Matter Tracts (Corpus Callosum and Internal Capsule)
- 6. Brainstem
- 7. Cerebellum
- 8. Dural Folds (Falx and Tentorium)
- 9. Major Vessels (Circle of Willis)

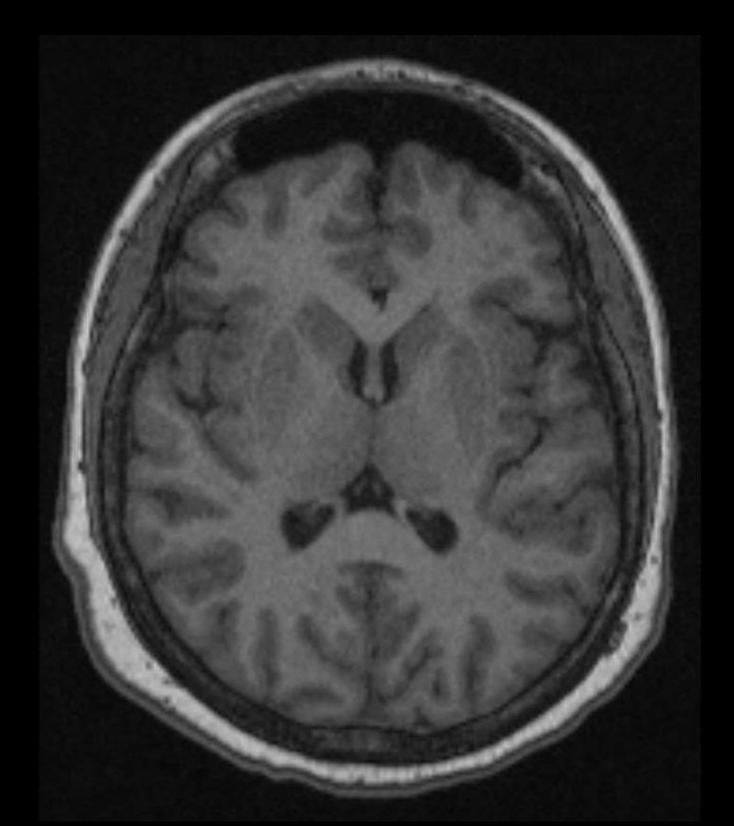




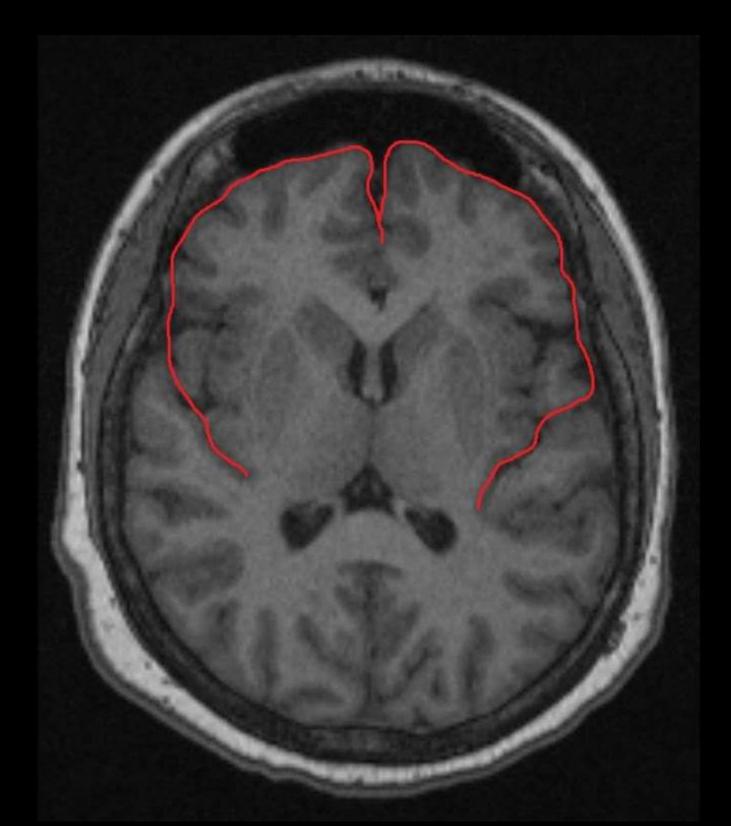




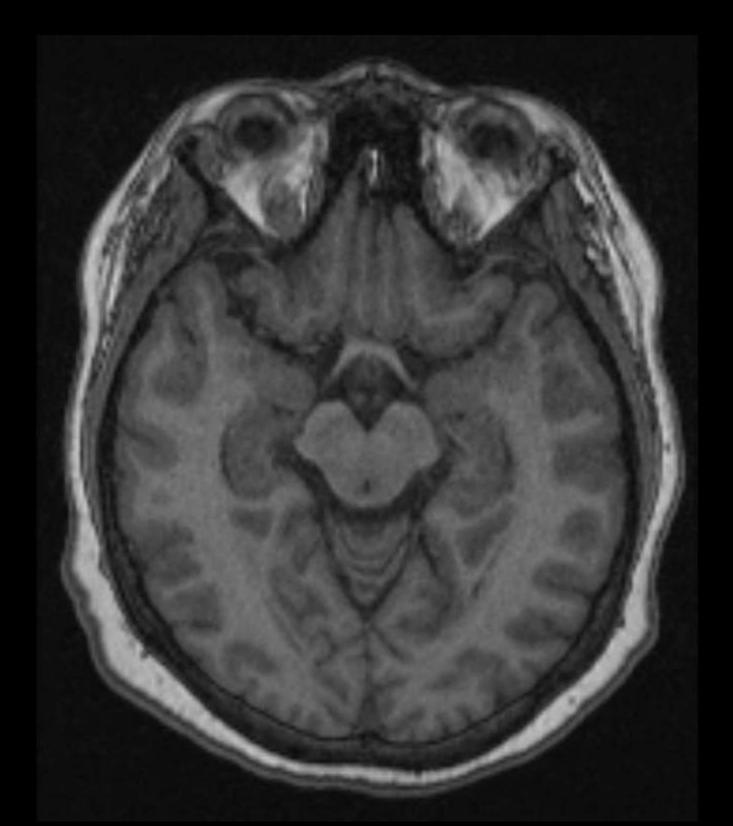




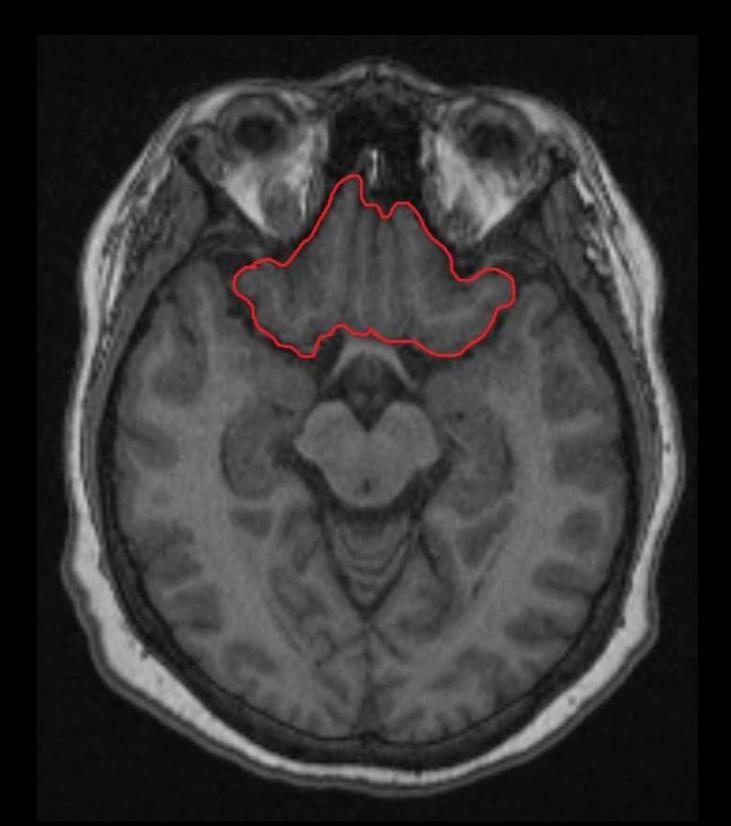
Axial



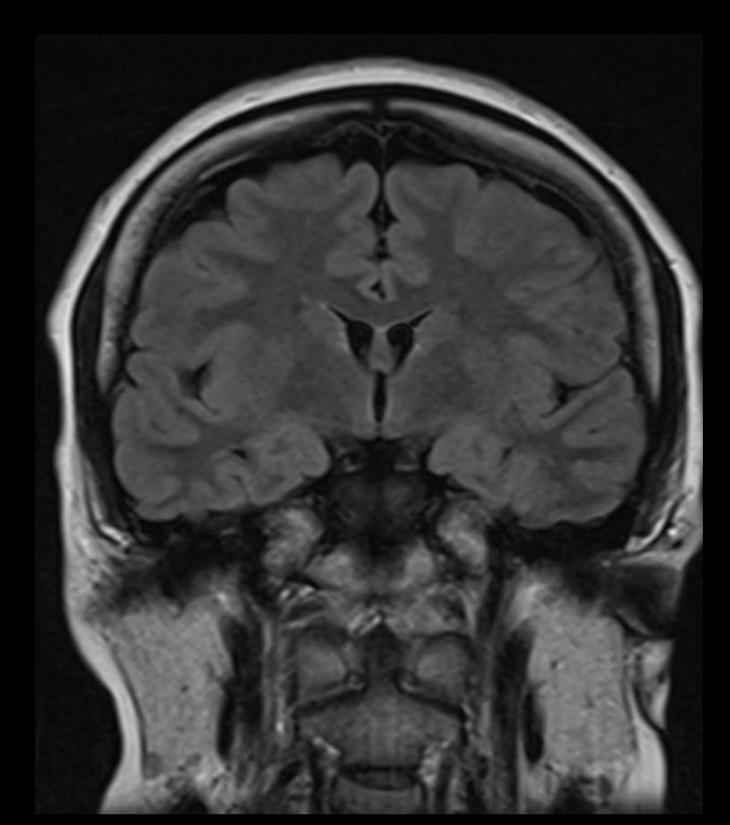




Axial



Axial

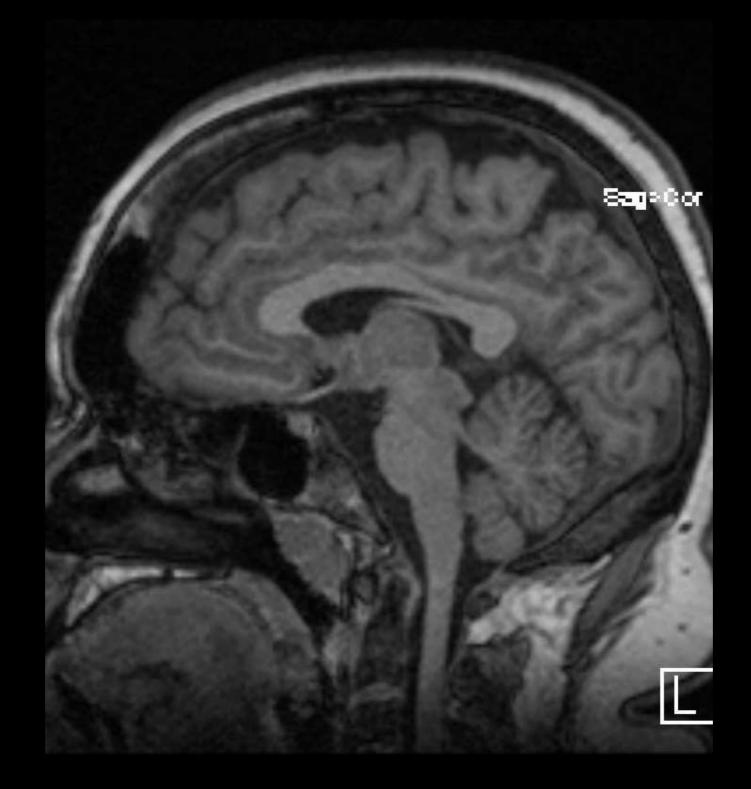


Coronal

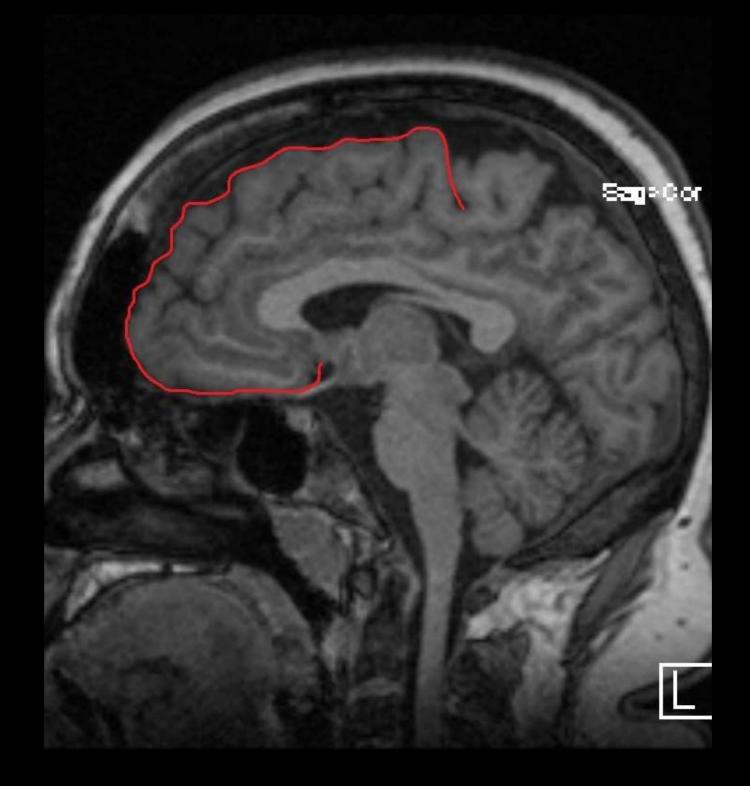


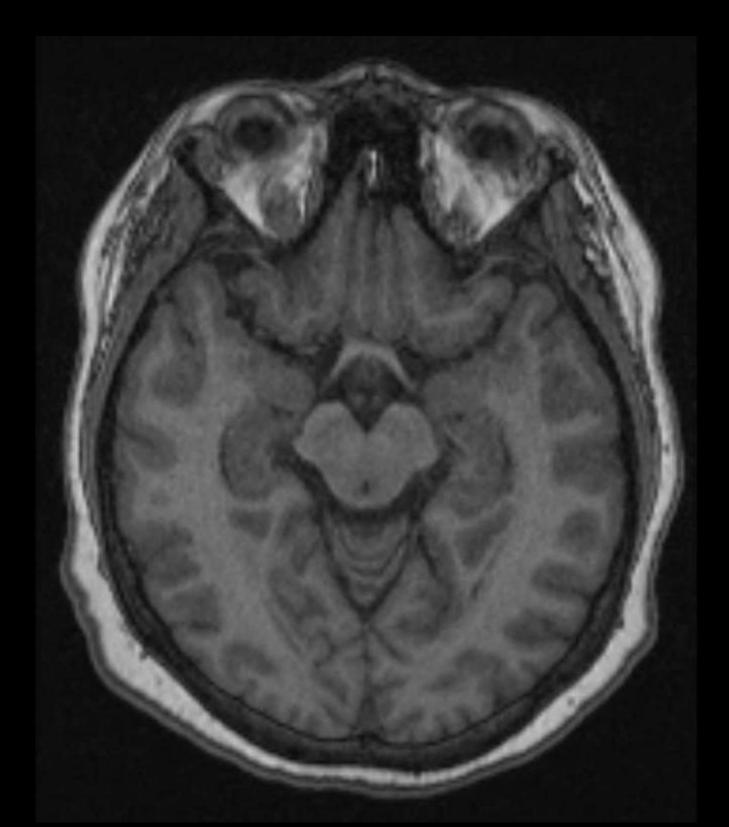
Coronal

## FRONTAL LOBE

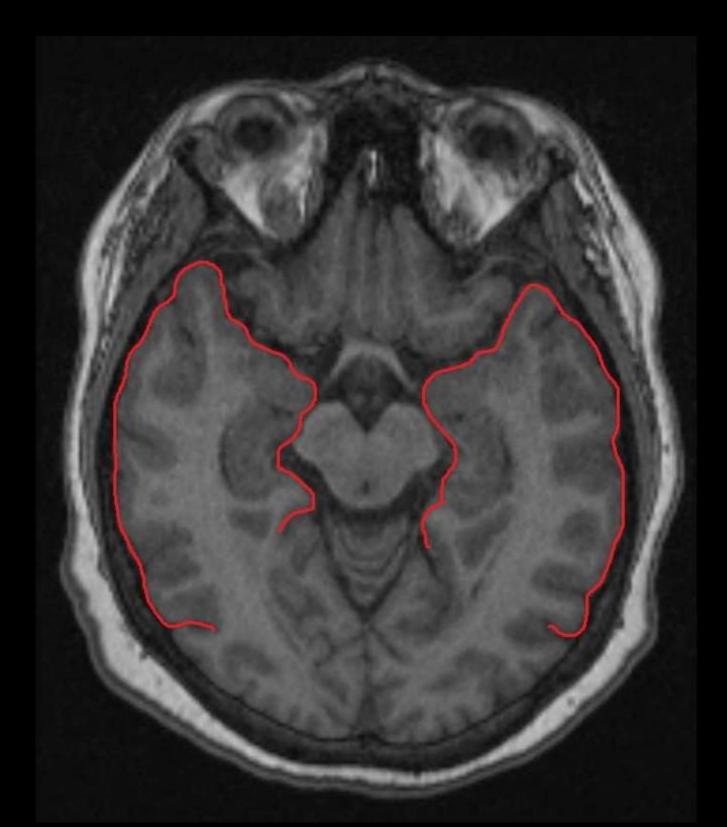


## FRONTAL LOBE

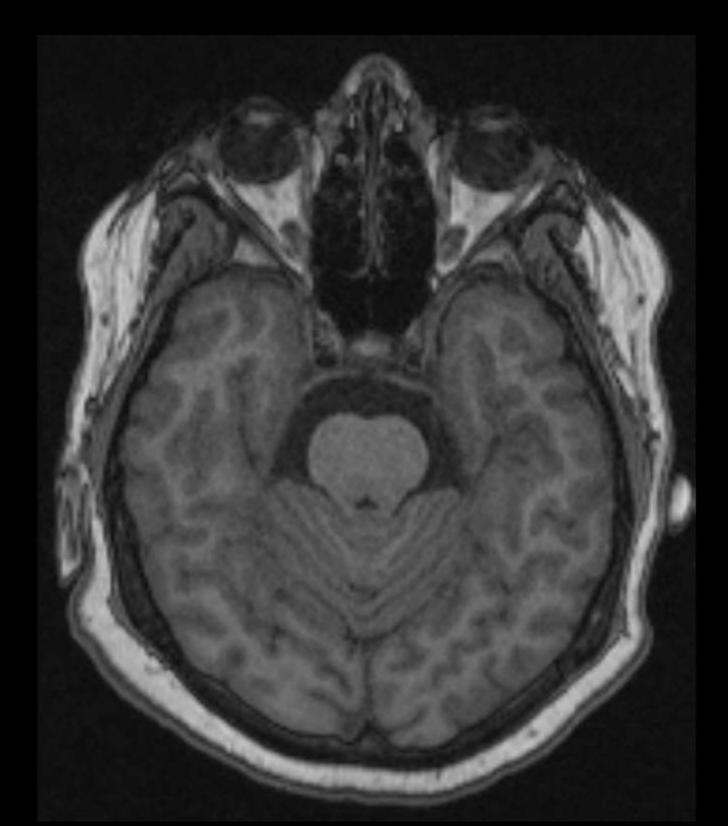




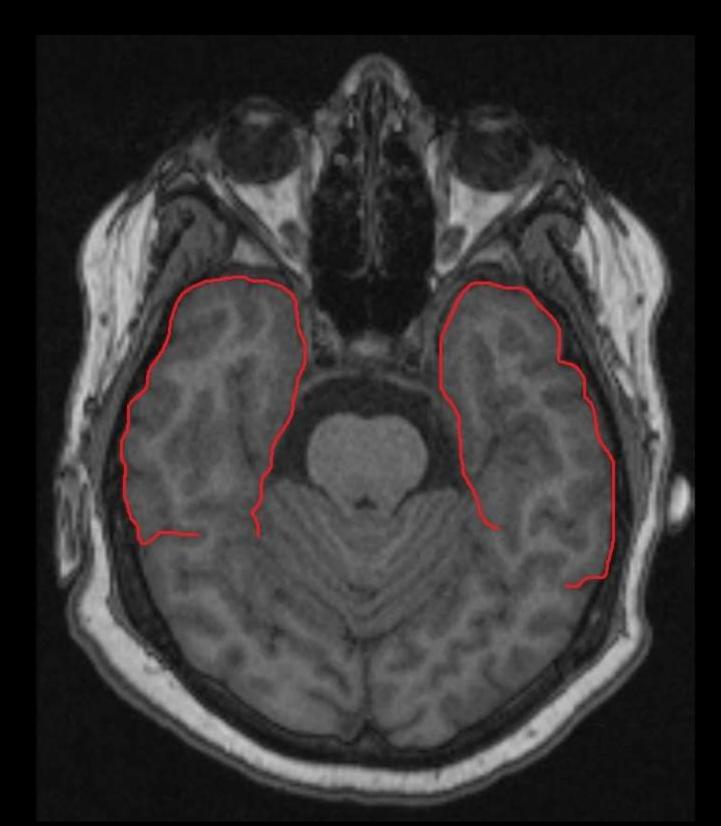


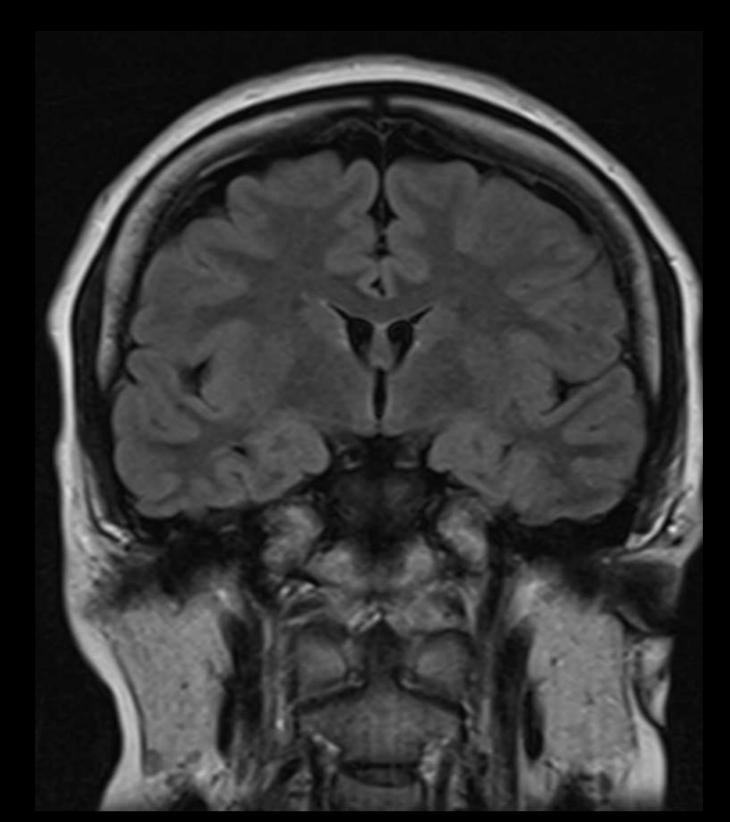




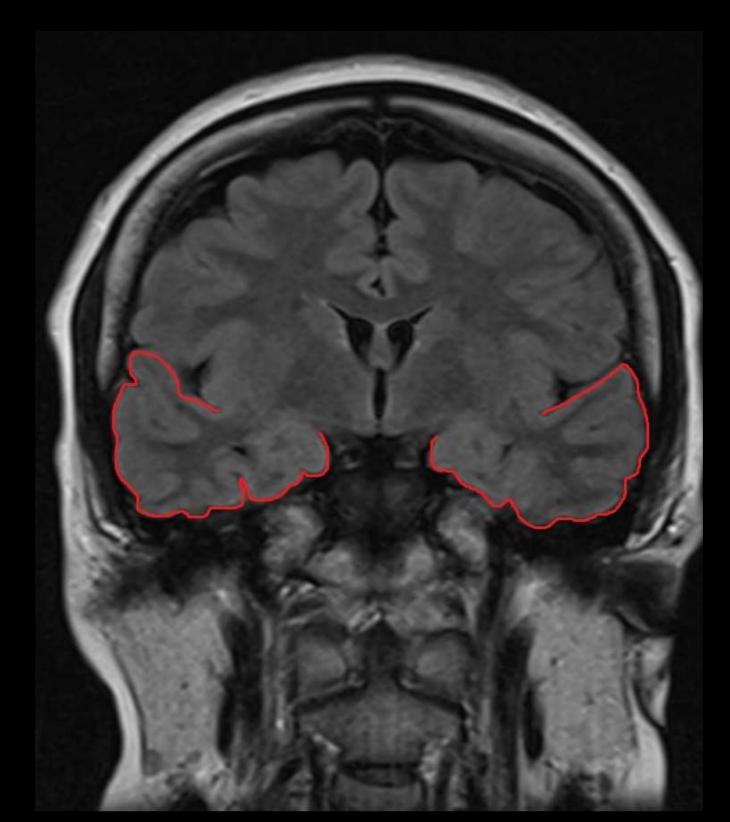




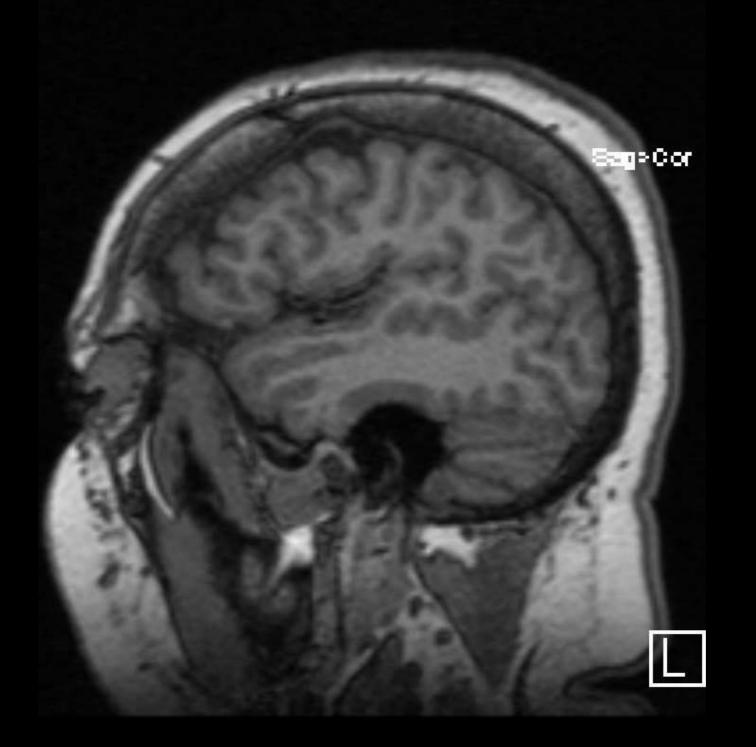




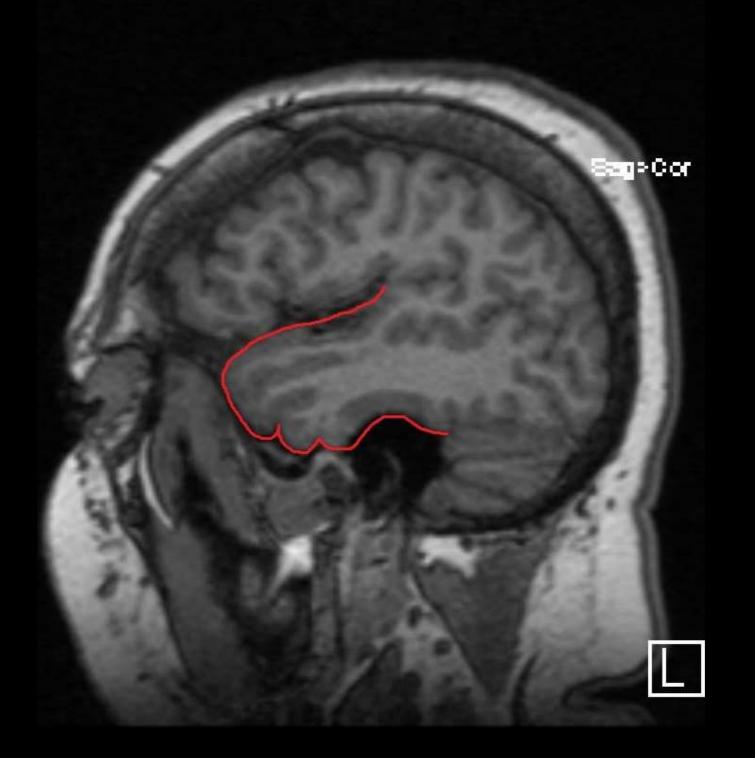




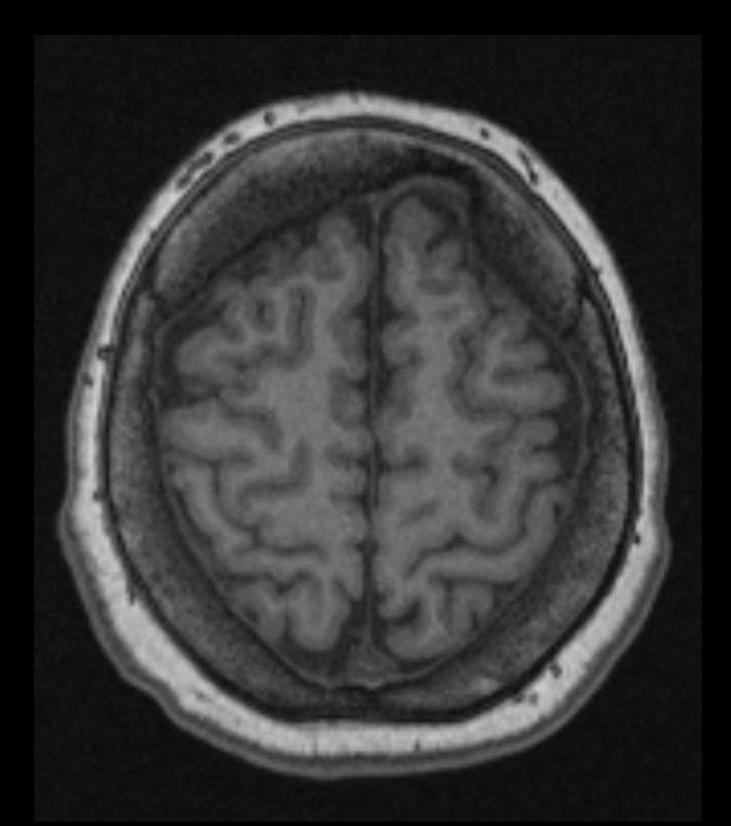


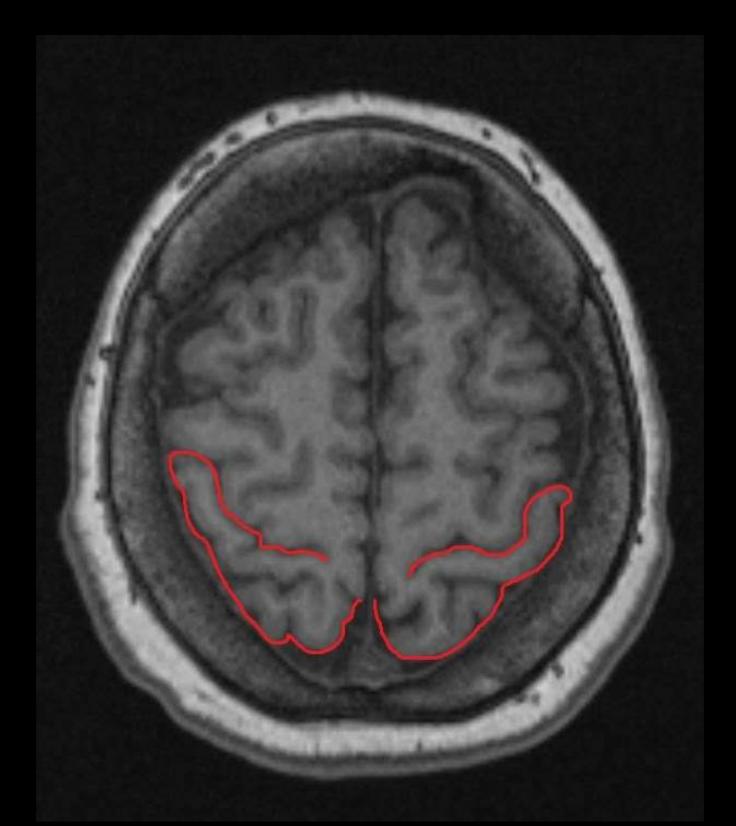


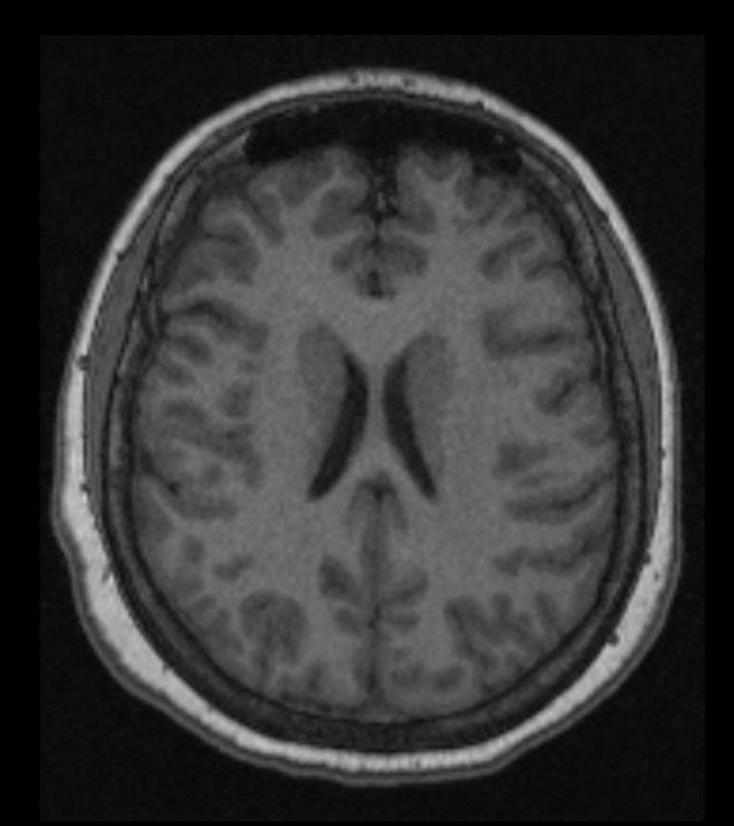




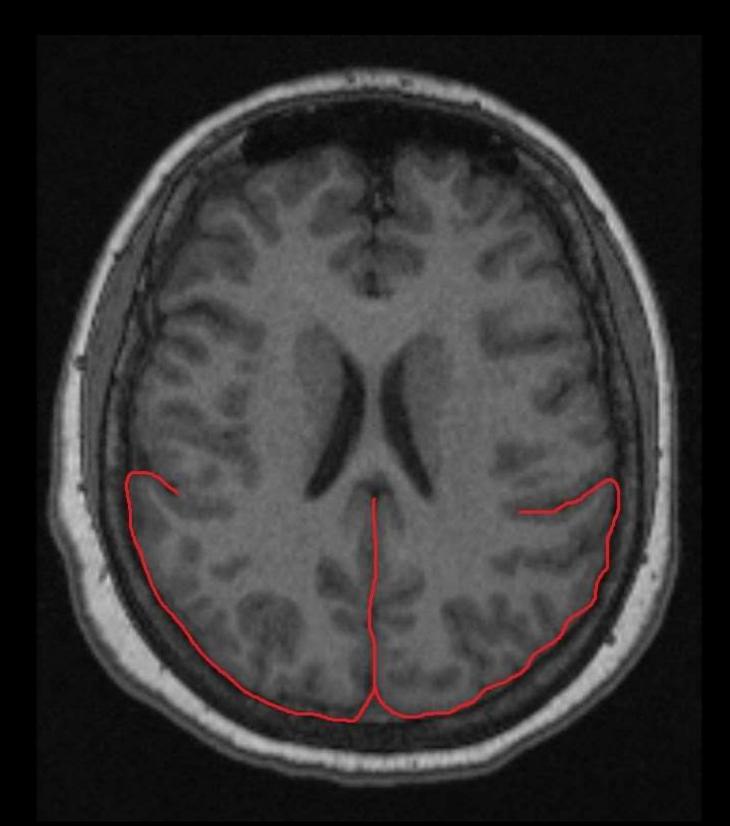




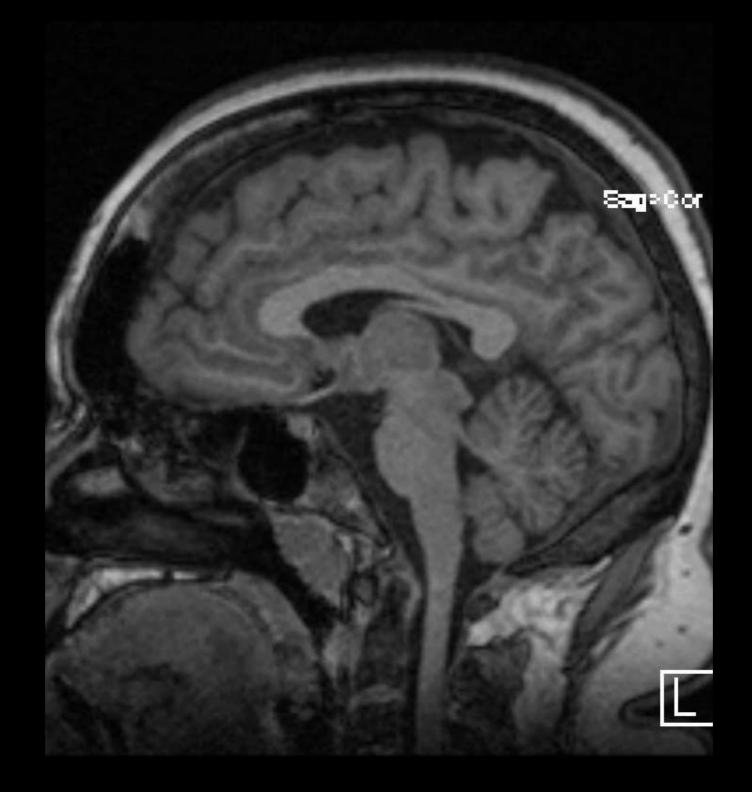


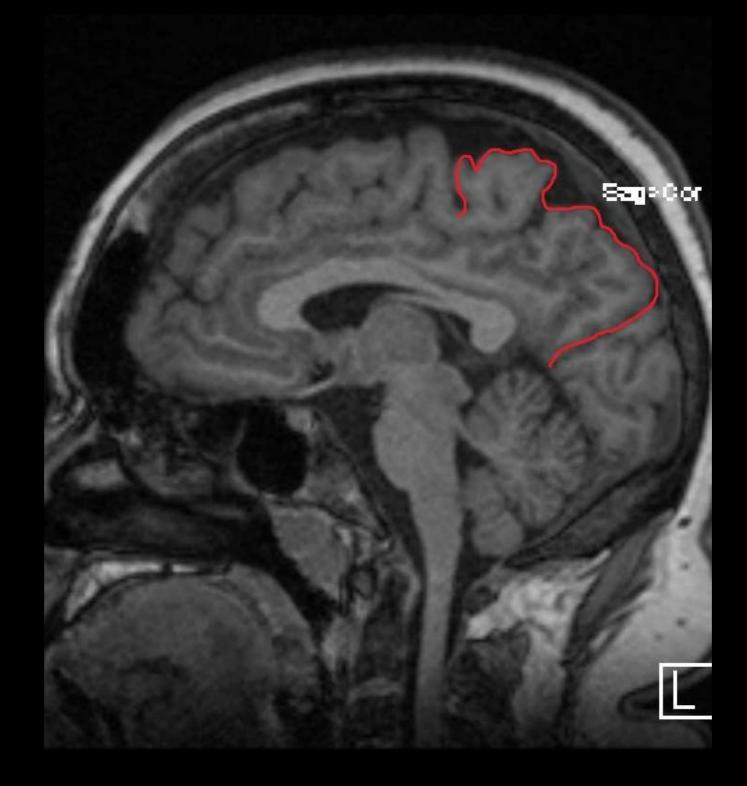






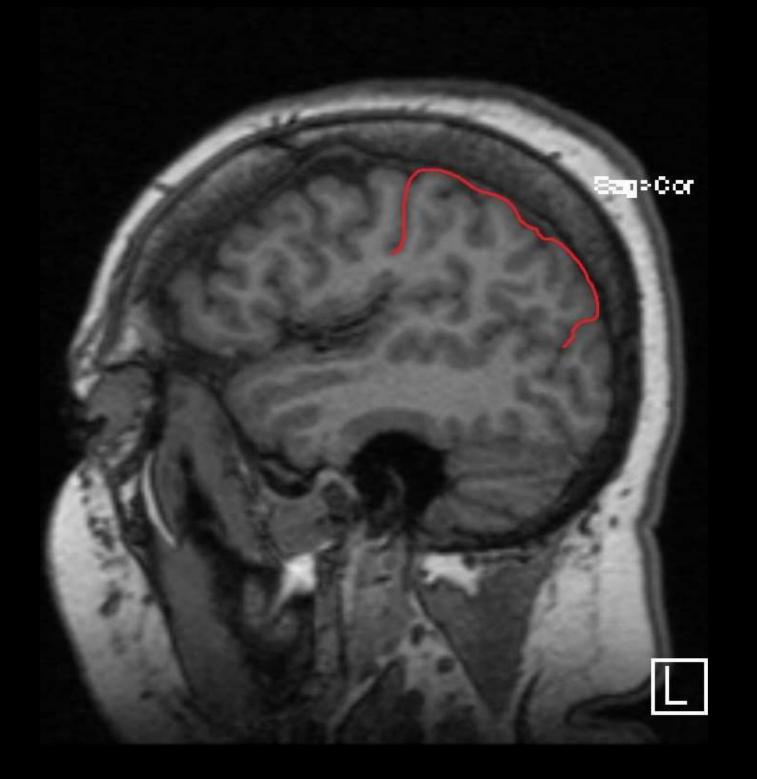




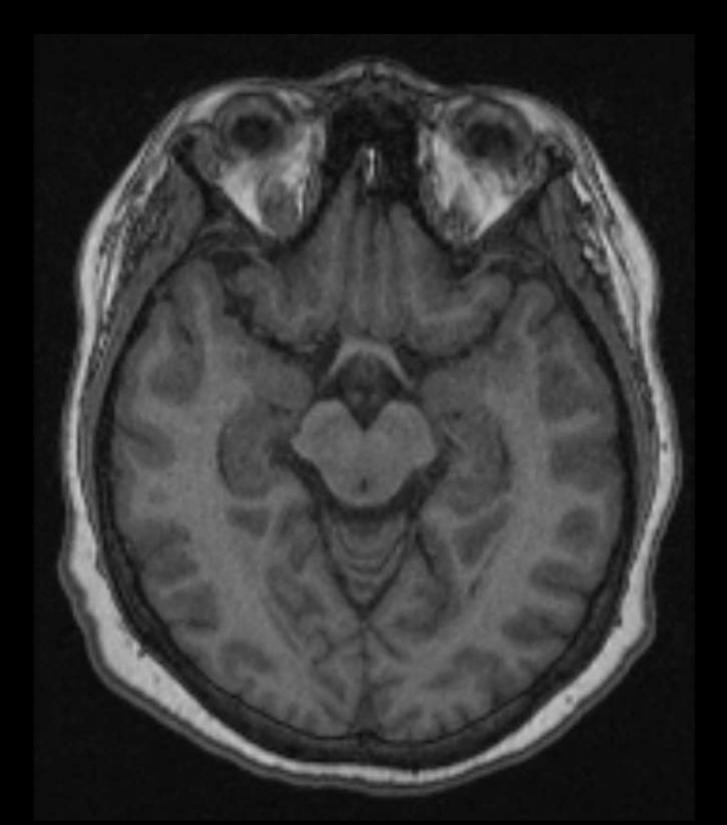




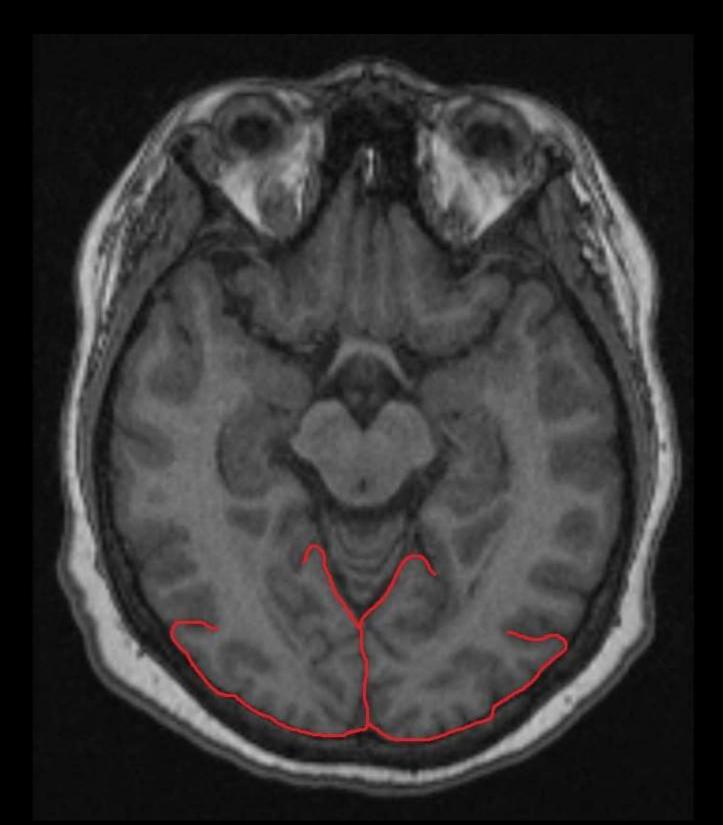




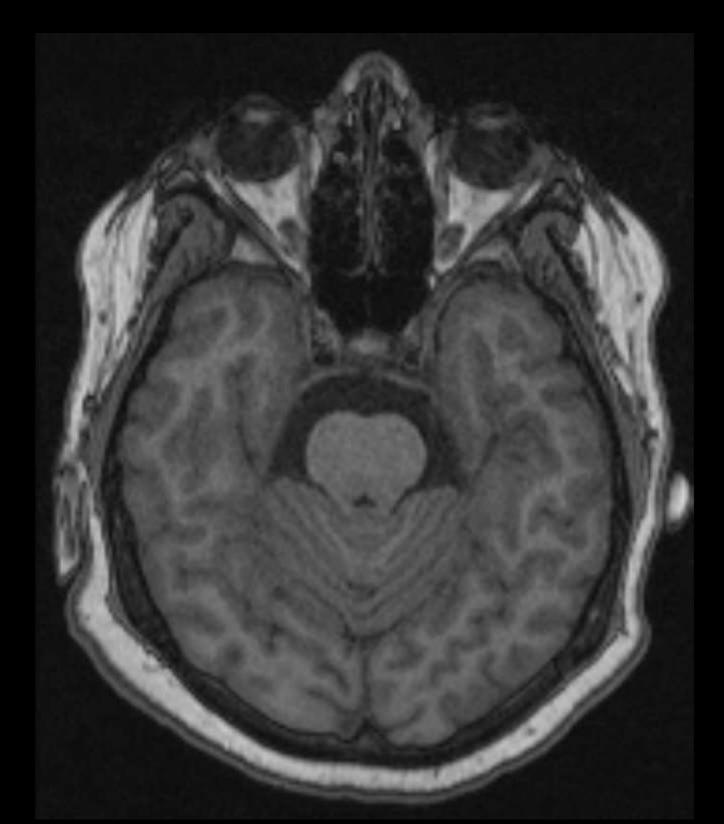










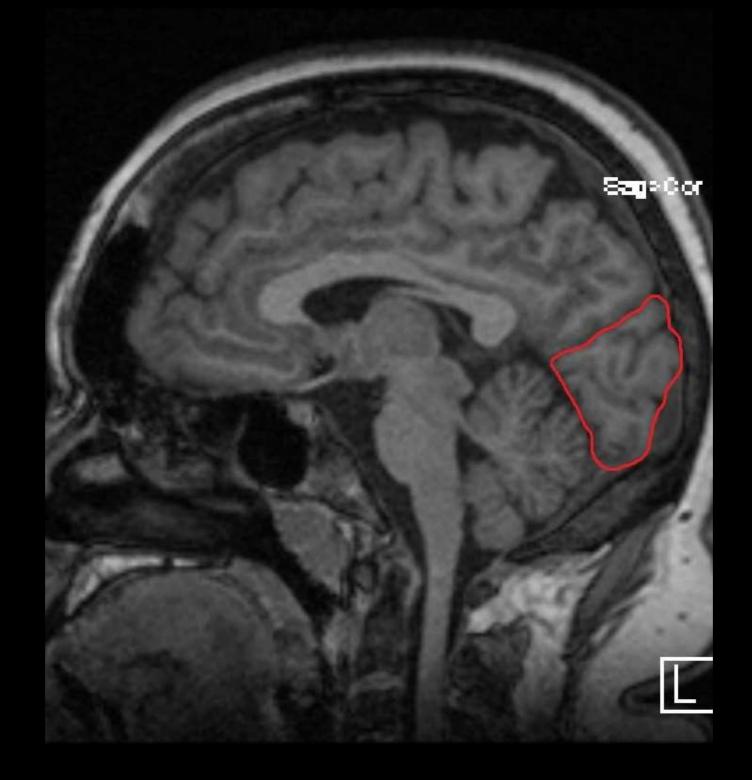






Axial

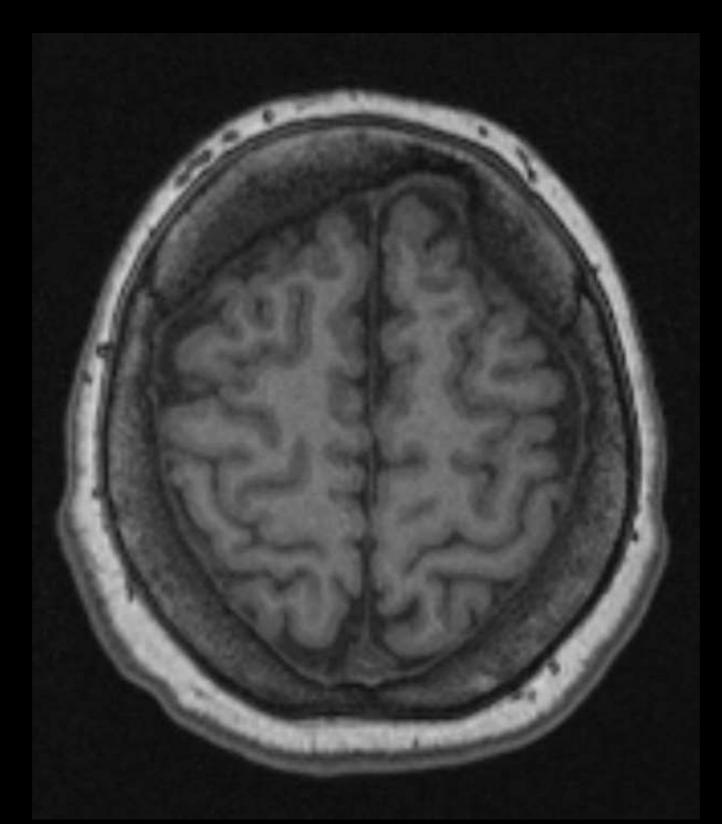




# MAJOR FISSURES

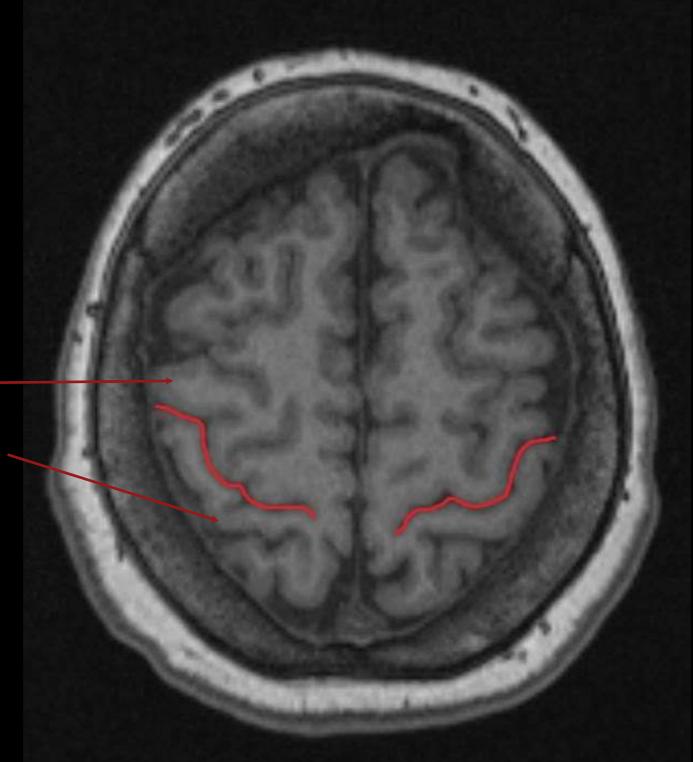
- Central Sulcus separates frontal and parietal lobe.
- Parieto-occipital sulcus separates parietal and occipital lobes.
- Lateral Sulcus (Sylvian fissure) separates the frontal and parietal lobes from the temporal lobe.

## CENTRAL SULCUS

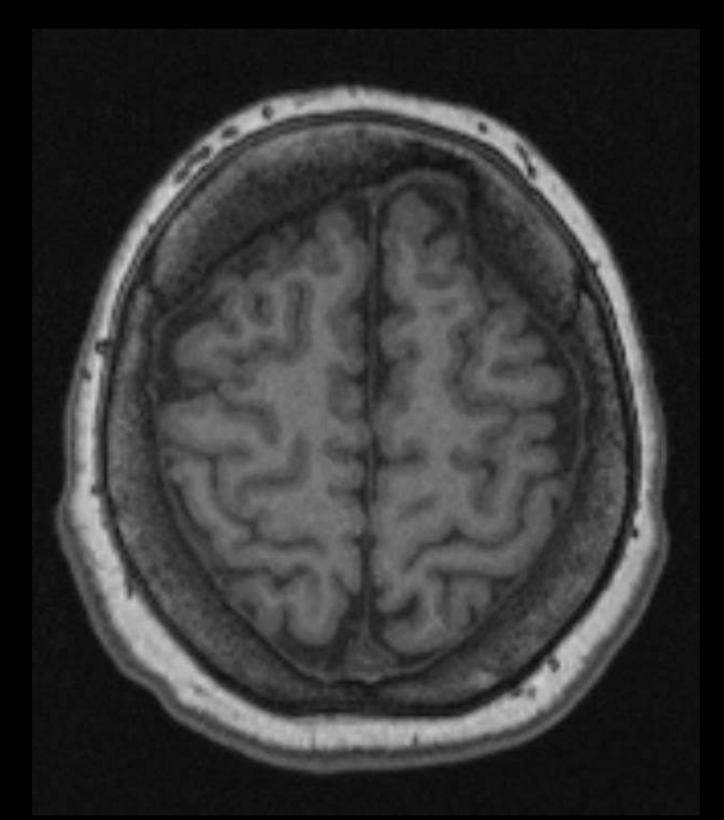


# CENTRAL SULCUS

Separates the frontal and parietal lobes



## PRECENTRAL GYRUS

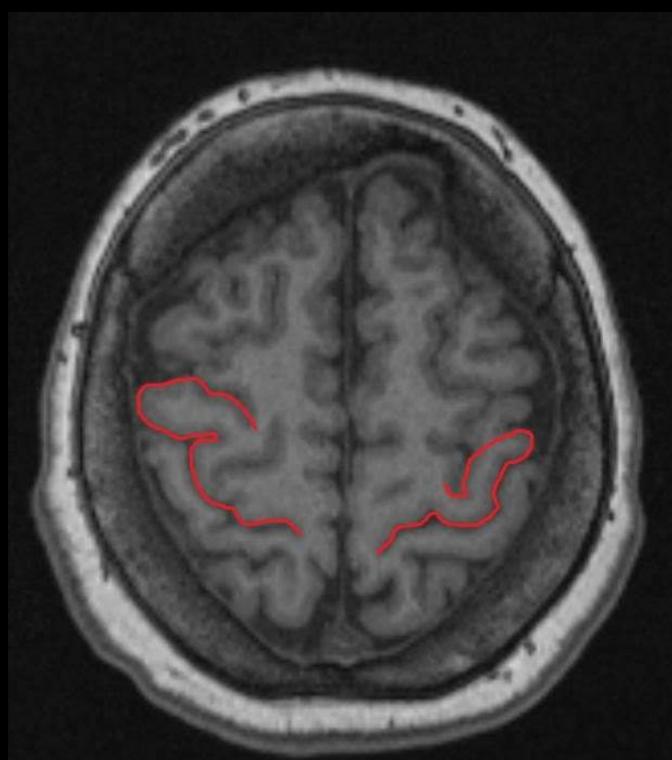


Axial

# PRECENTRAL GYRUS

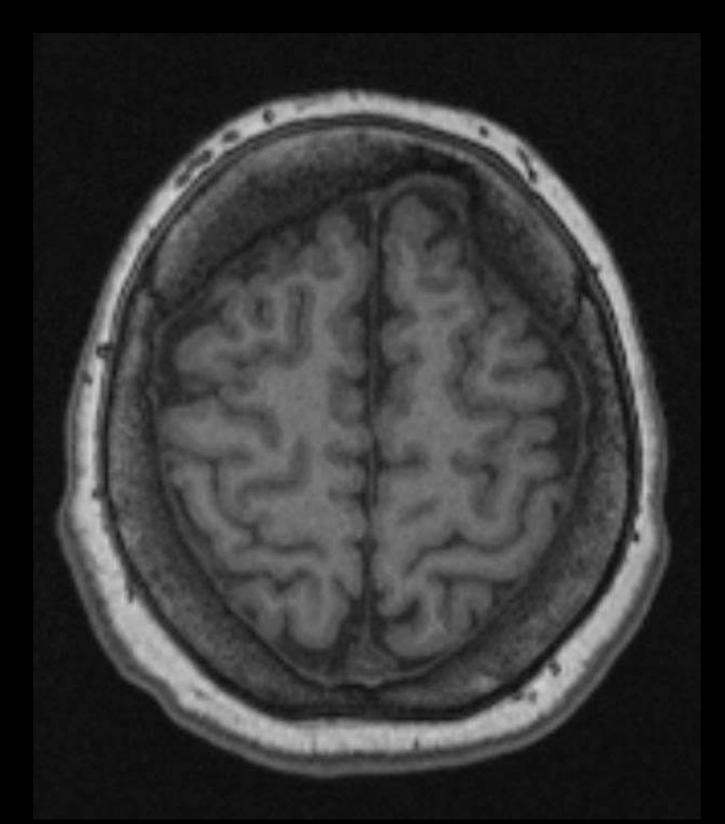
The part of the posterior frontal lobe that lies immediately anterior to the central sulcus.

This is the where the primary motor cortex resides.



Axial

#### POSTCENTRAL GYRUS



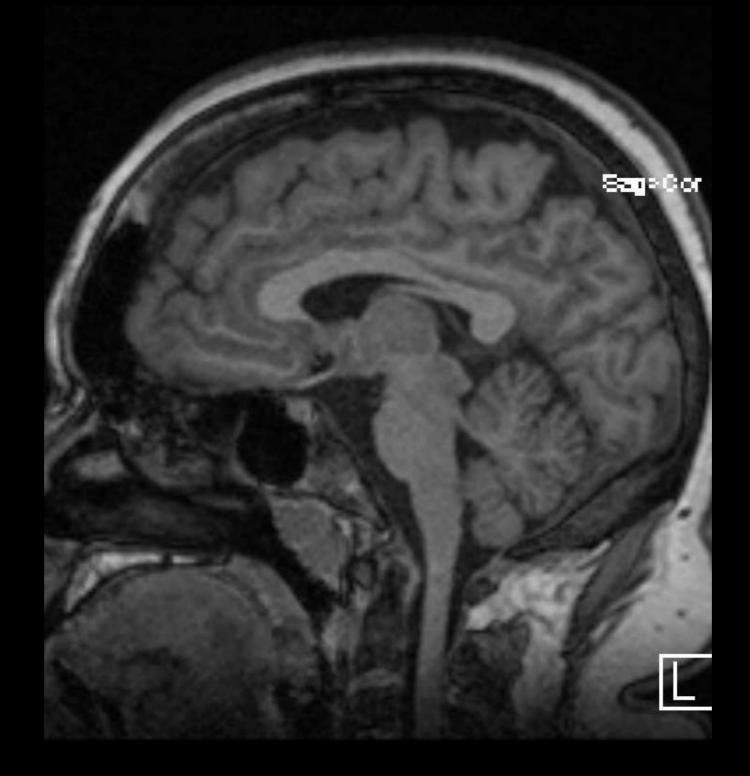
#### POSTCENTRAL GYRUS

The part of the anterior parietal lobe, immediately posterior to the central sulcus.

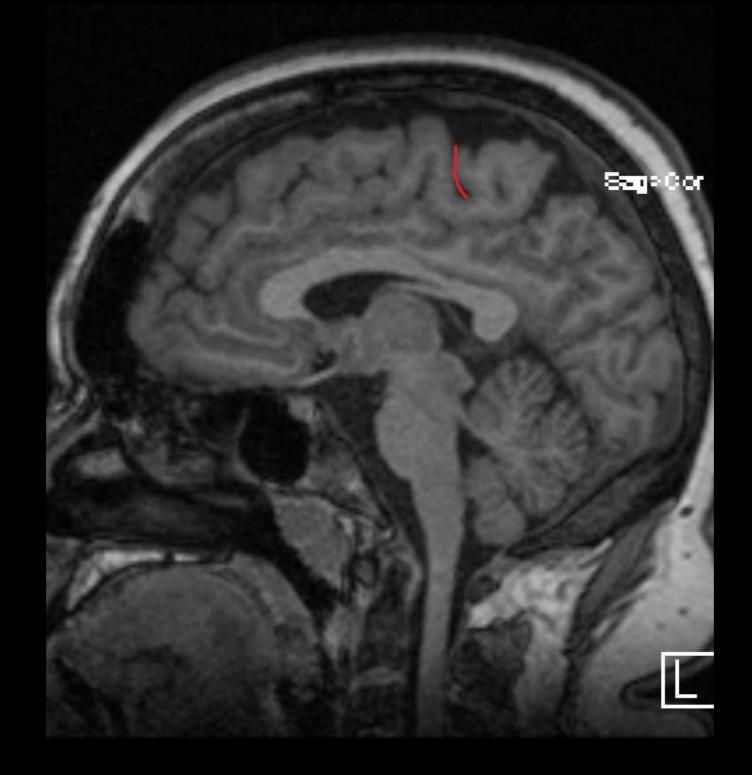
This is where the primary somatosensory cortex resides.



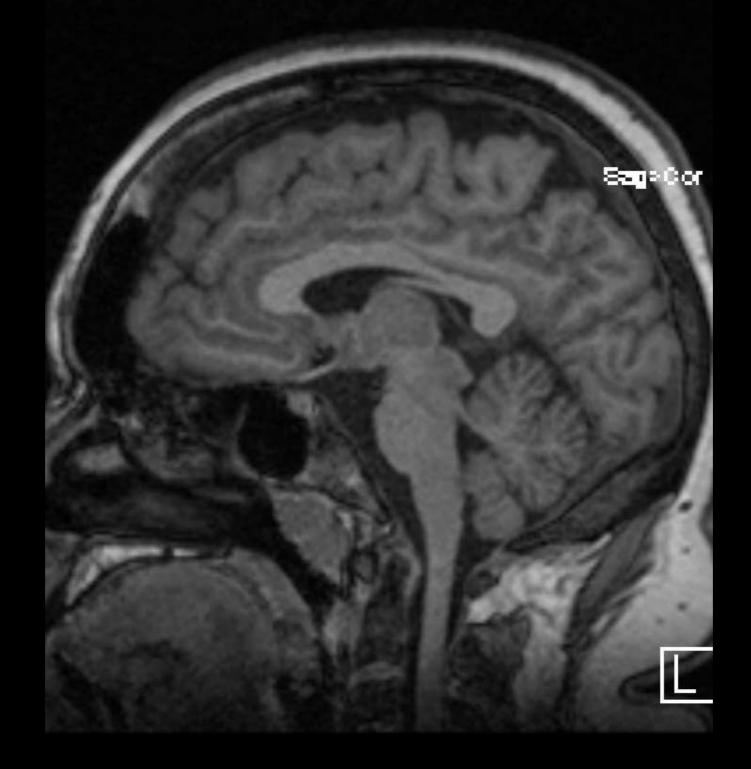
## CENTRAL SULCUS



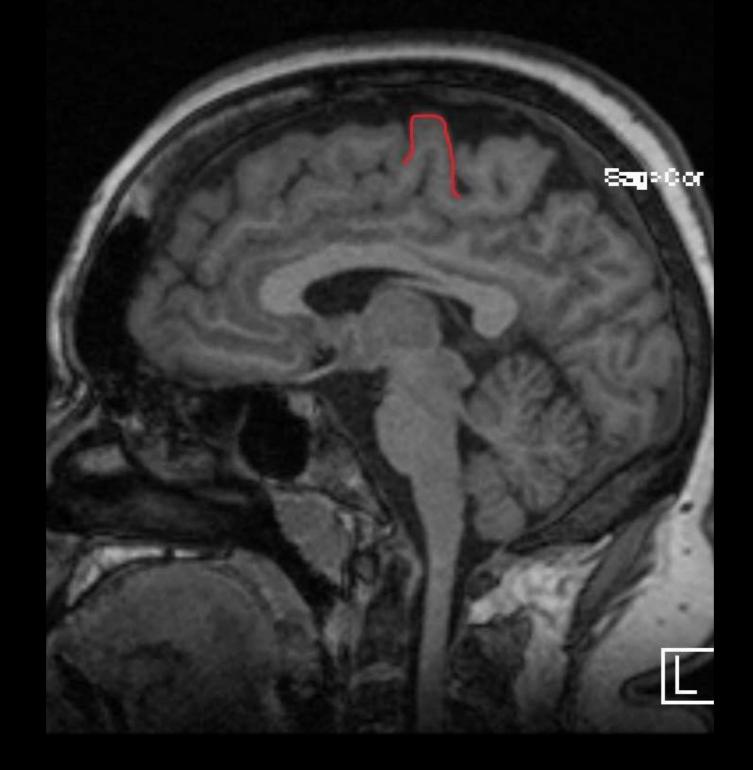
## CENTRAL SULCUS



## PRECENTRAL GYRUS



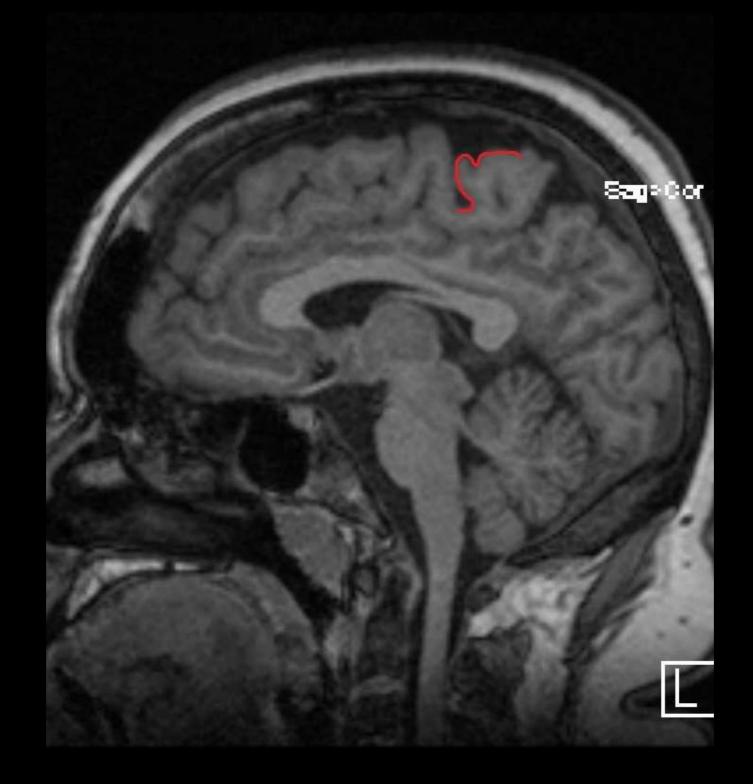
## PRECENTRAL GYRUS



#### POSTCENTRAL GYRUS



#### POSTCENTRAL GYRUS



Sagittal

#### PARIETO-OCCIPITAL SULCUS



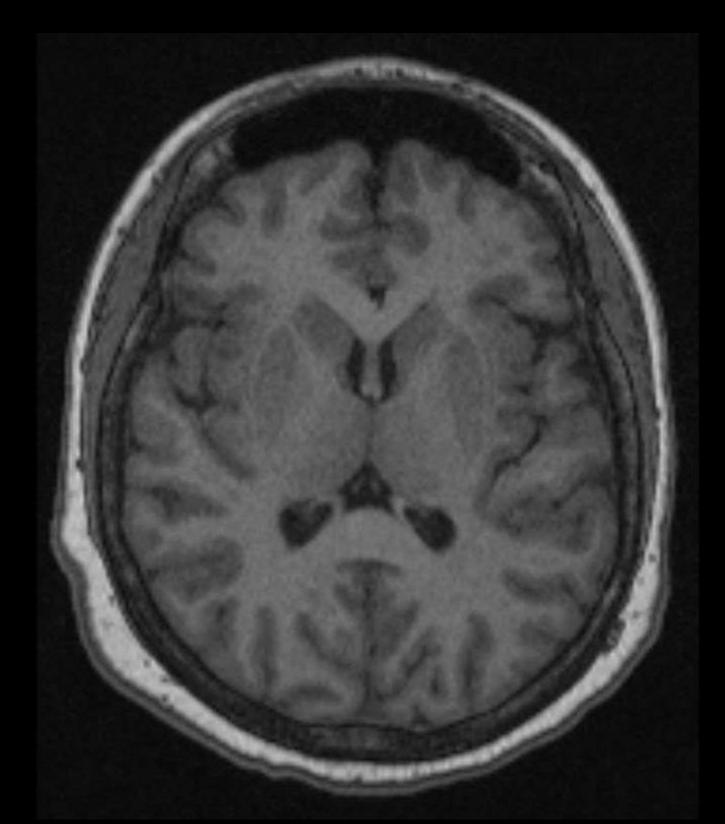
Sagittal

#### PARIETO-OCCIPITAL SULCUS



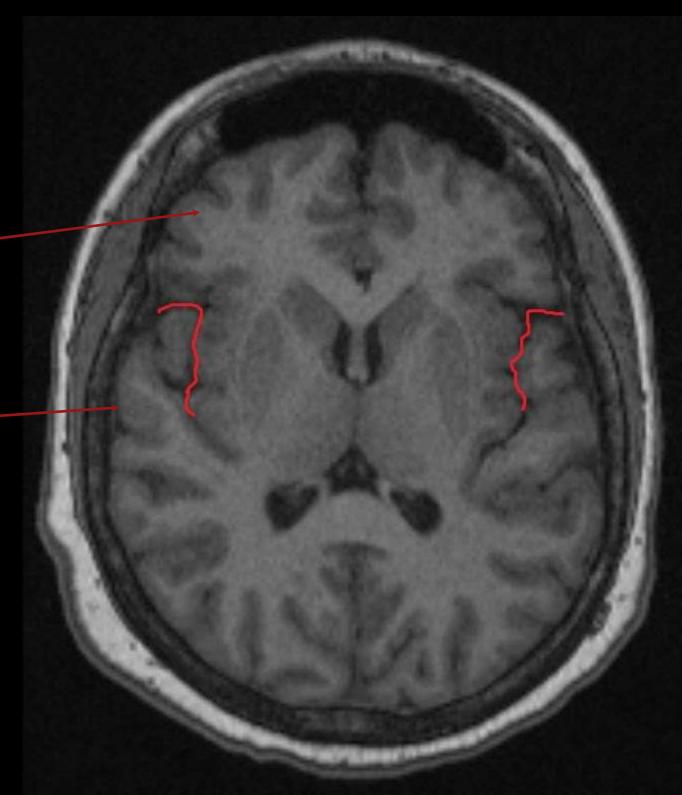
Separates the parietal and occipital lobes

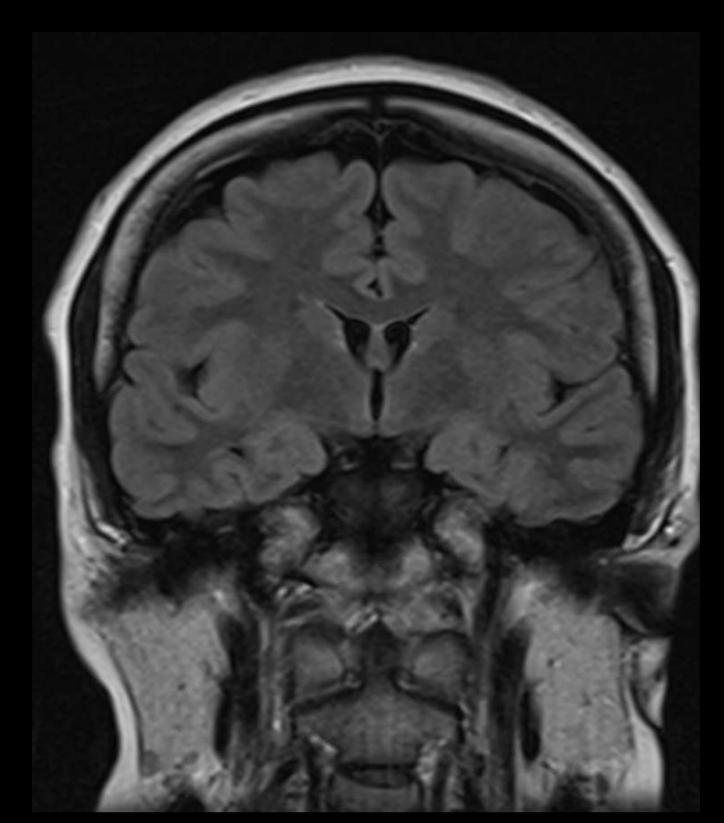


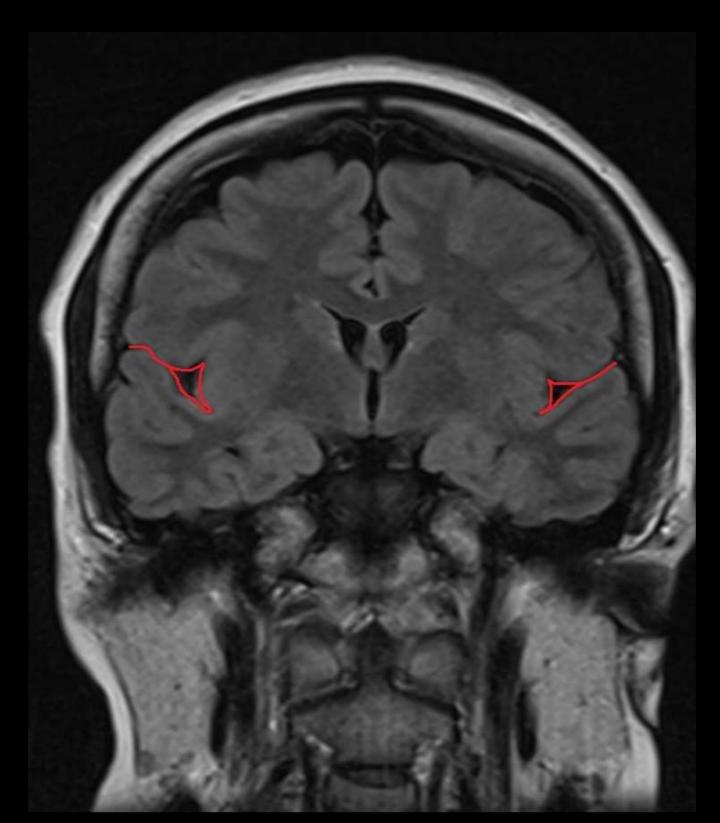


Axial

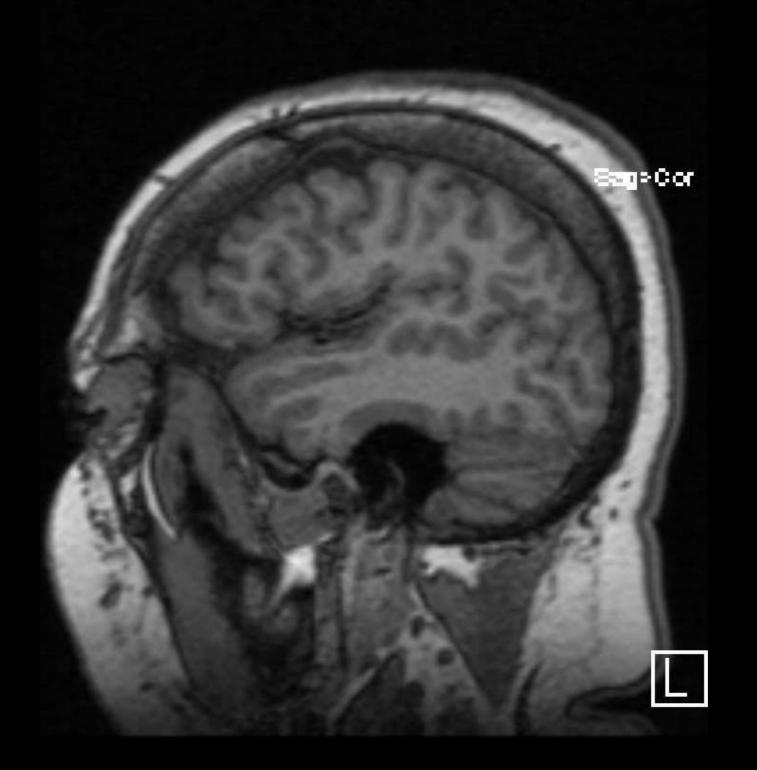
Separates the frontal and parietal lobes from the temporal lobe



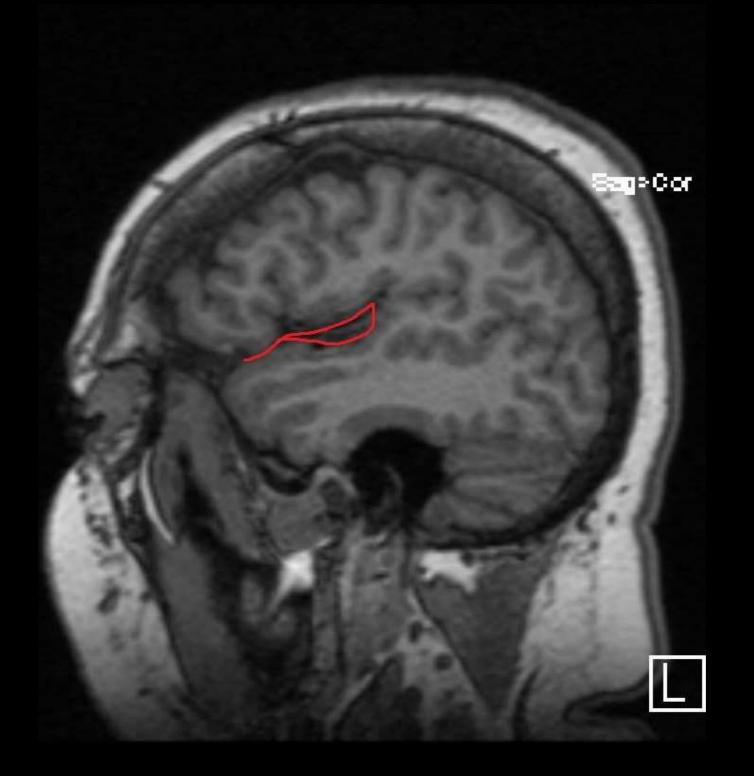








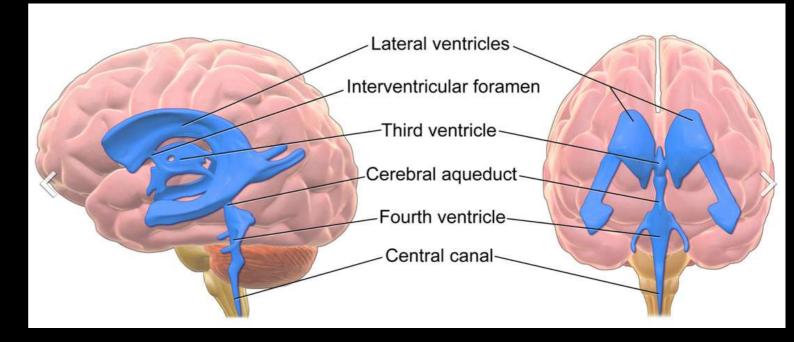






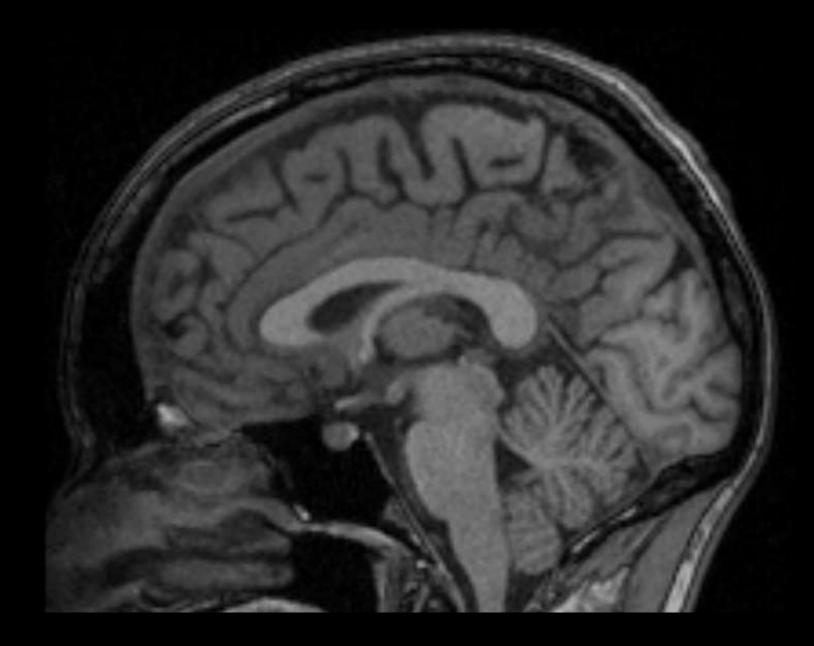
### VENTRICULAR SYSTEM

- Ventricular System
  - Right and left lateral ventricles
  - Paired interventricular foramen
  - Third ventricle
  - Cerebral aquaduct
  - Fourth ventricle
  - Central canal



http://commons.wikimedia.org/wiki/File:Blausen\_0896\_Ventricles\_Brain.png

#### VENTRICULAR SYSTEM

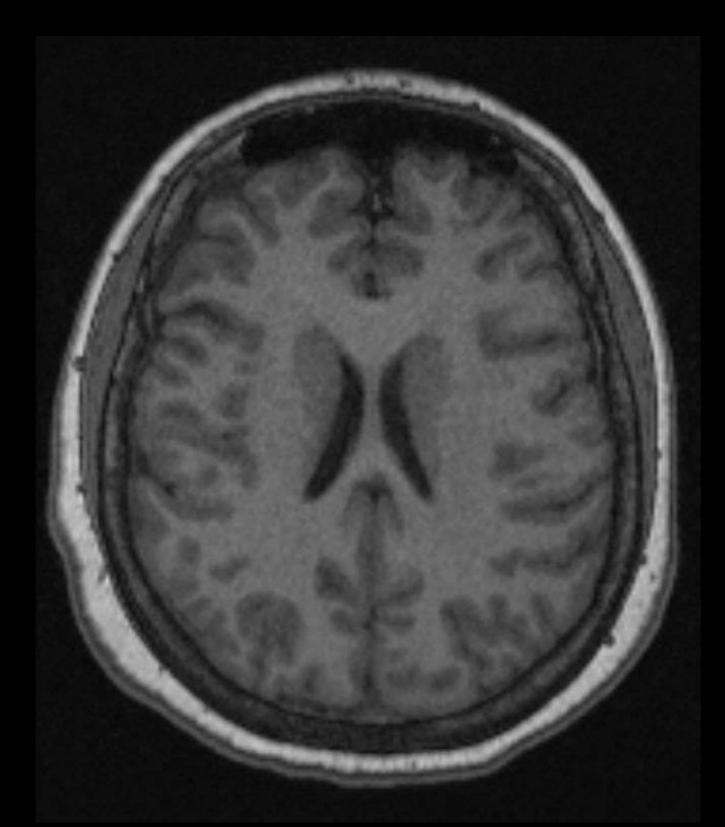




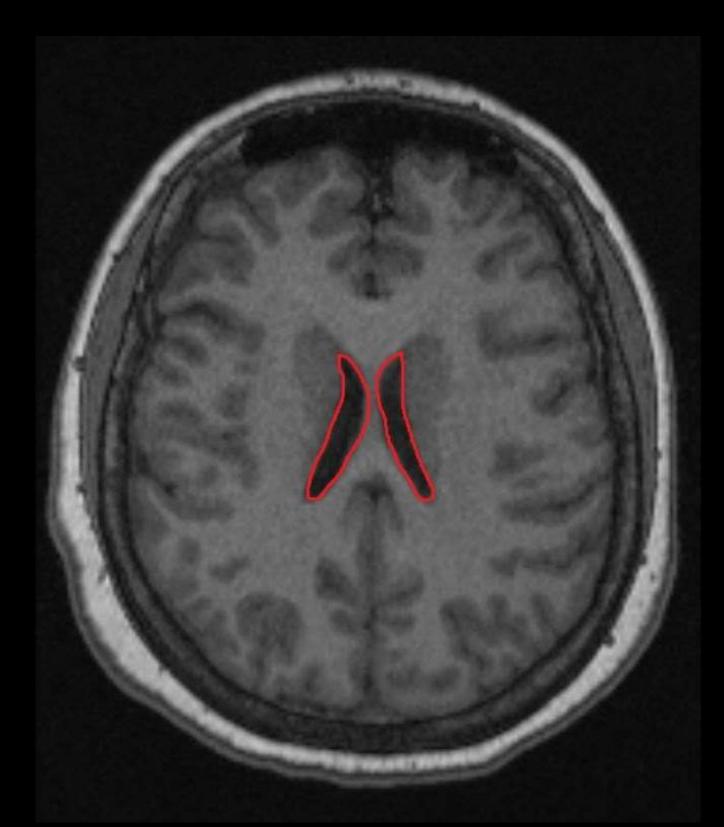
#### VENTRICULAR SYSTEM

- Lateral ventricle
- Third ventricle
- Fourth Ventricle

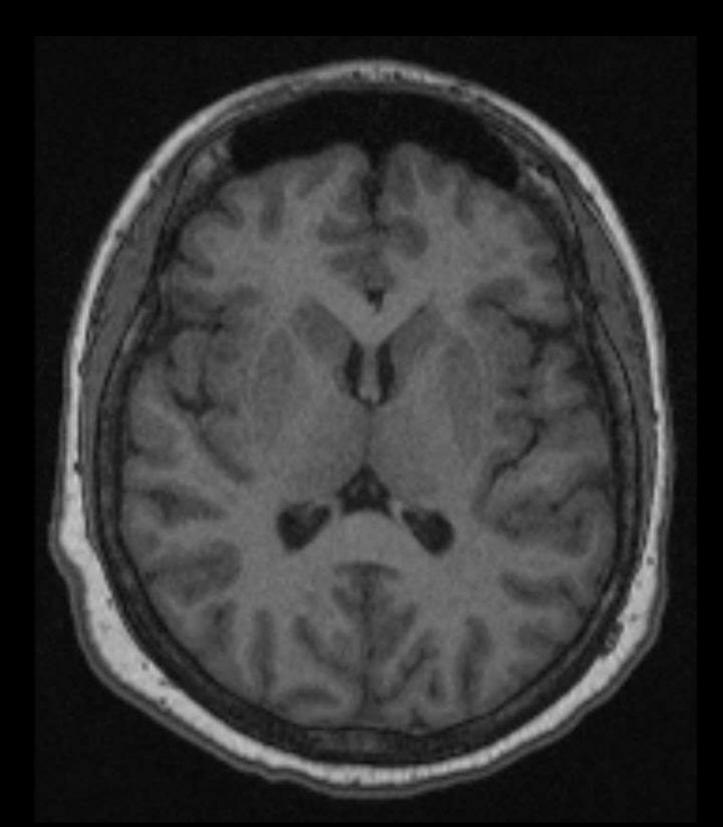




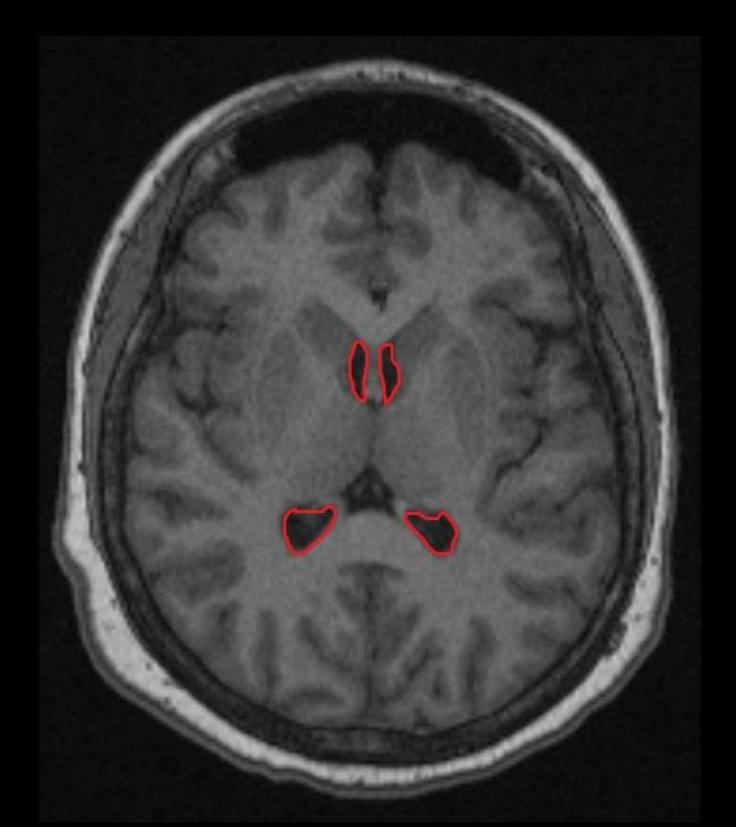
Axial



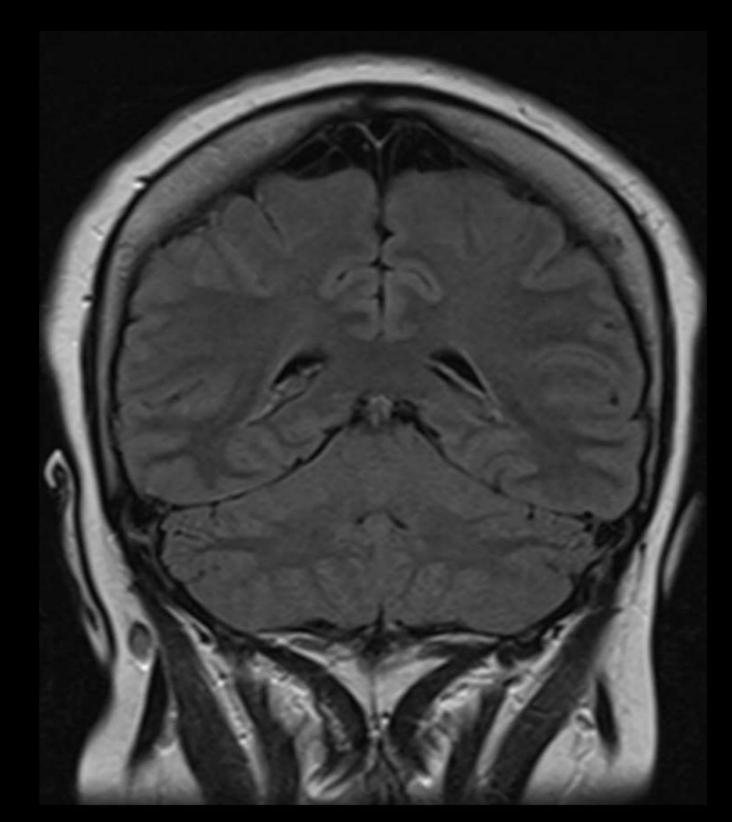




Axial

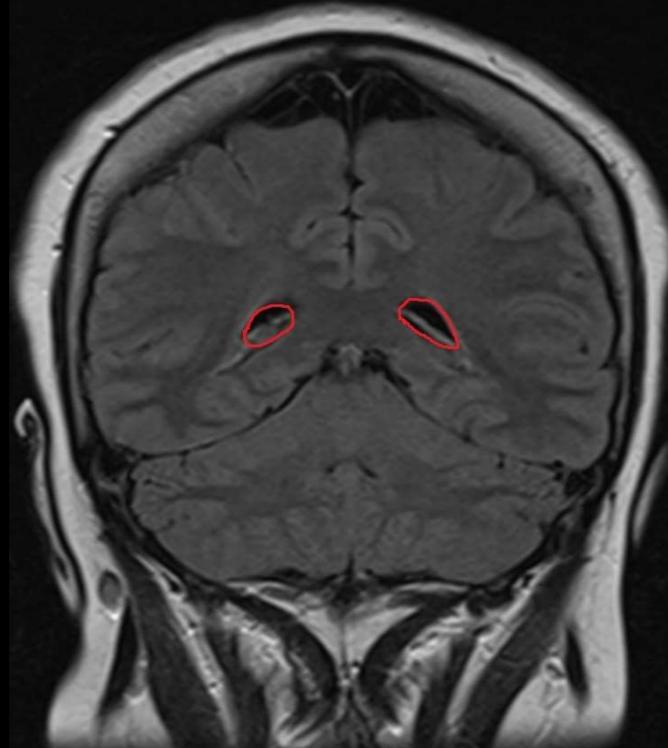






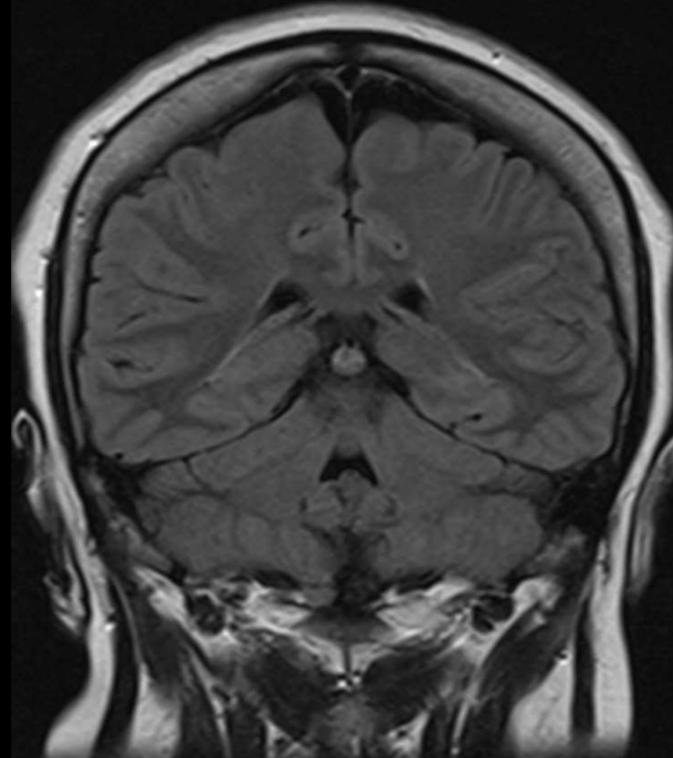


### LATERAL VFNTRICIFS

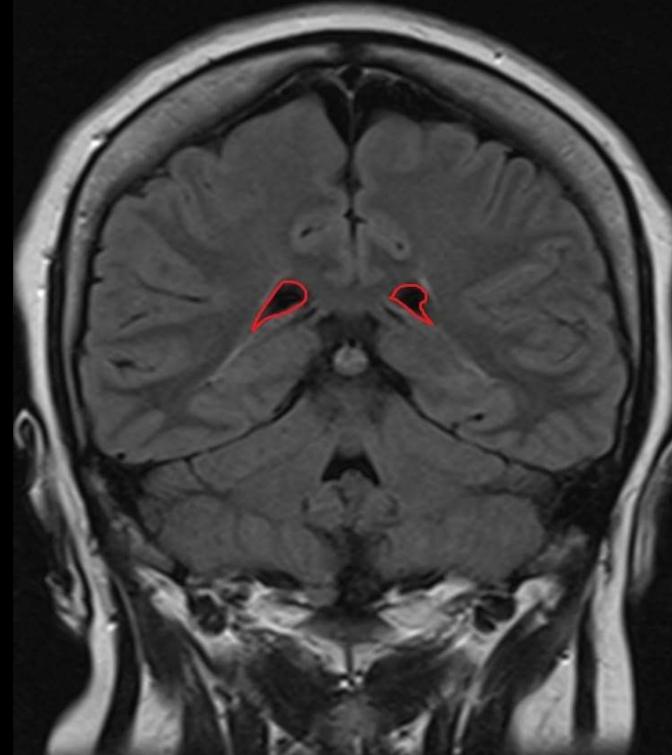


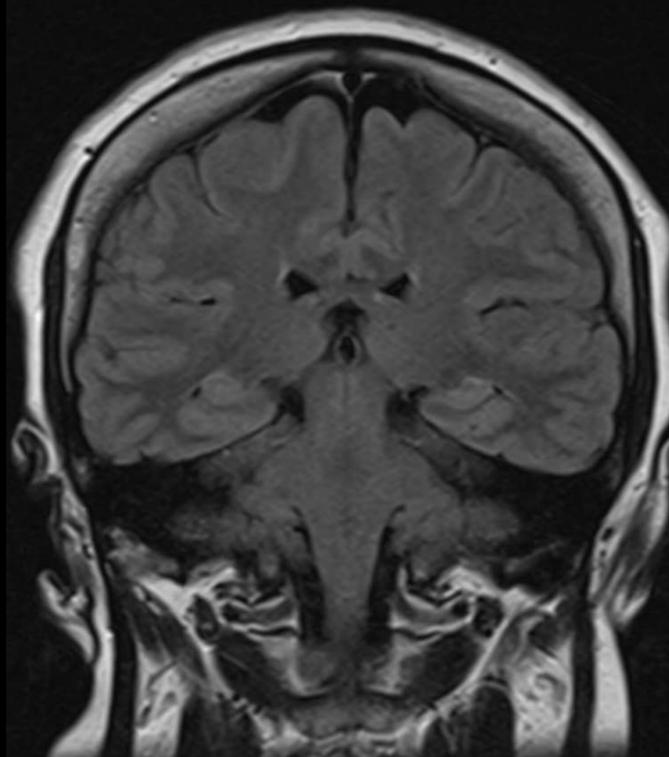


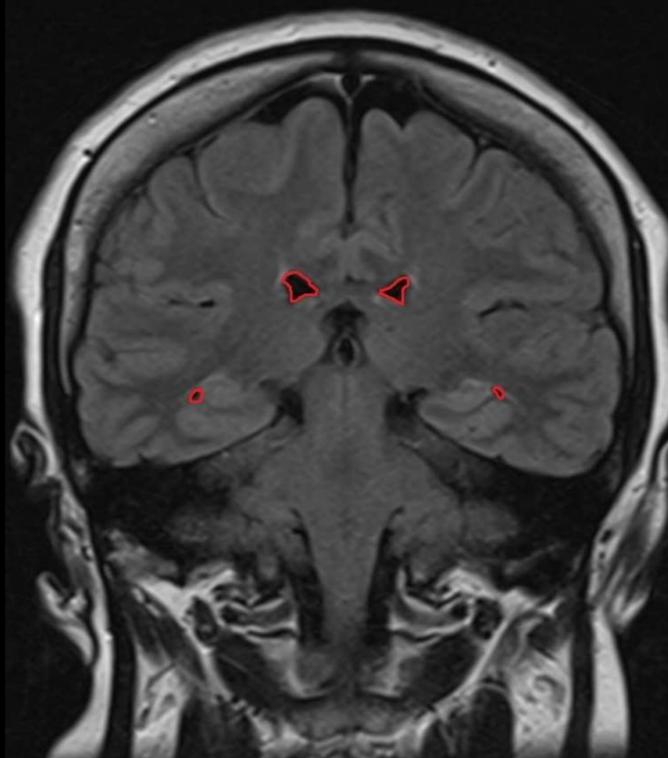
### LATERAL VFNTRICIFS

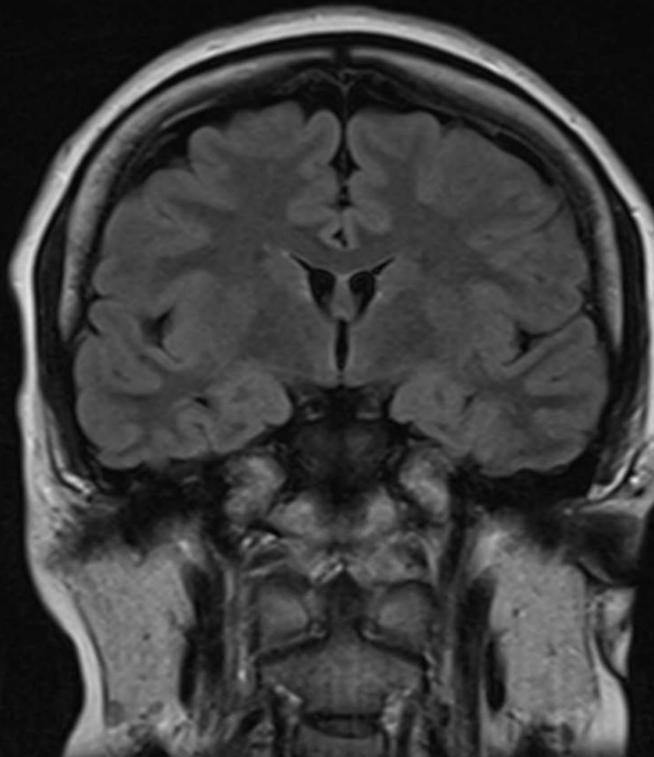


### LATERAL VFNTRICIFS











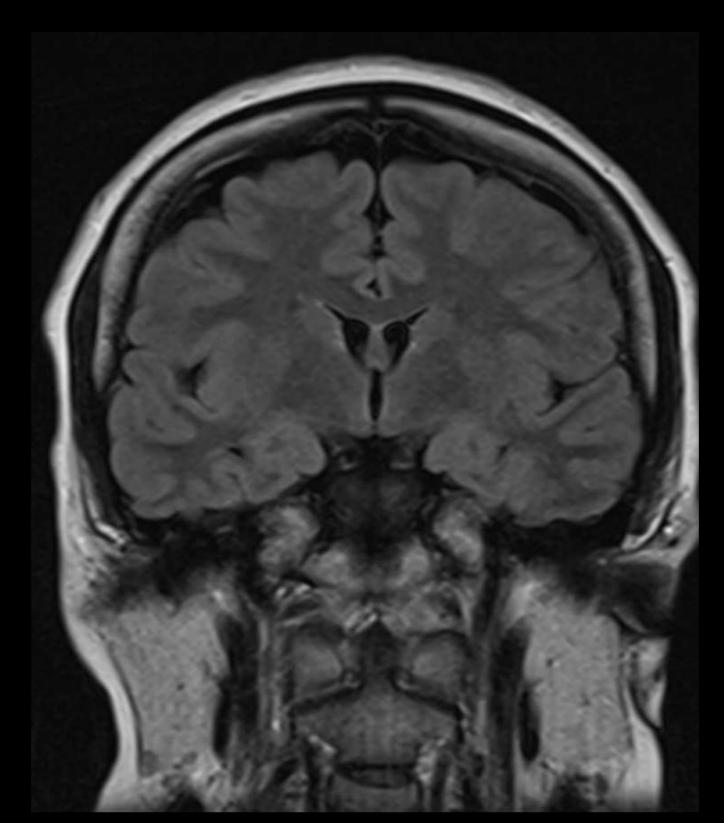




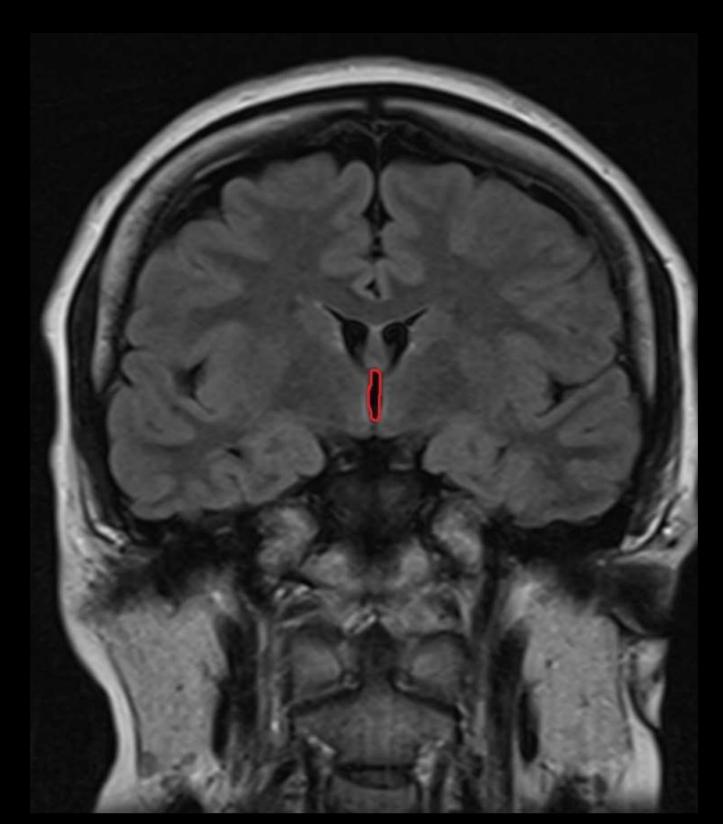
Sagittal



Sagittal

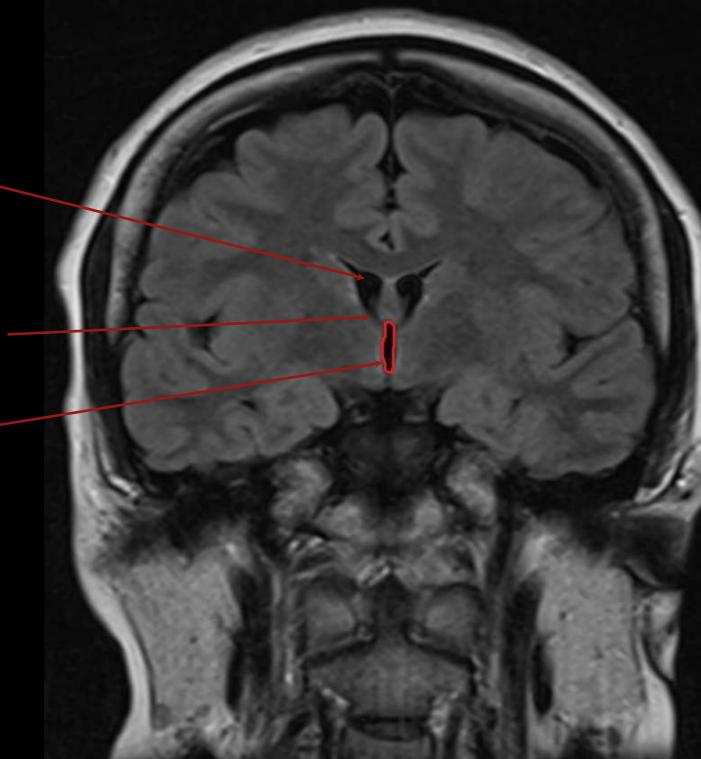






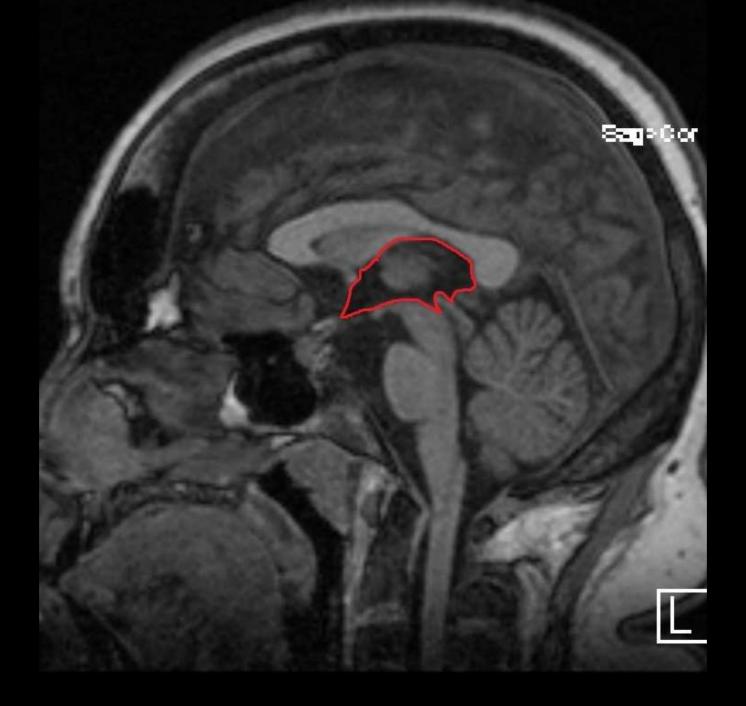


Also note the lateral ventricles draining via the bilateral interventricular foramen into the third ventricle.

















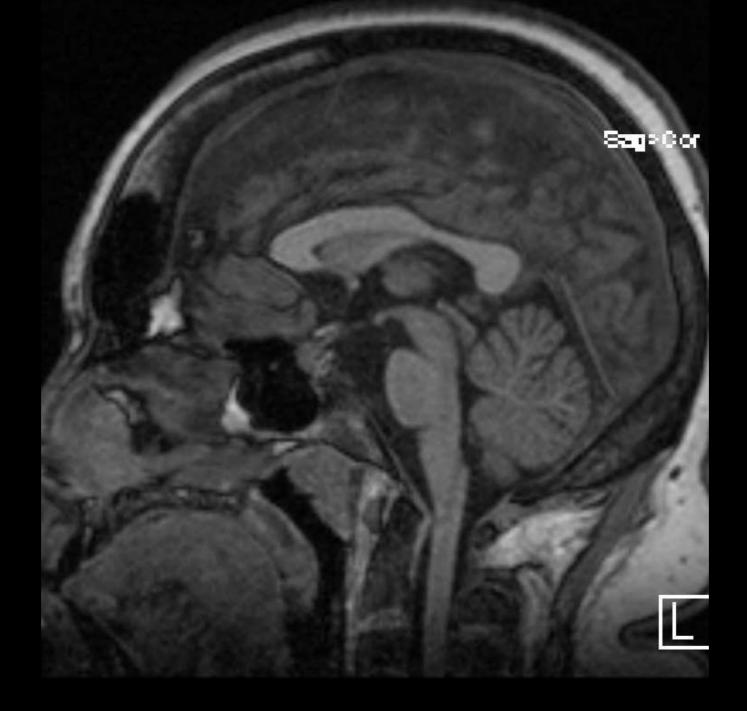


Recall that the third ventricle drains via the cerebral aqueduct into the fourth ventricle

Sans Cor

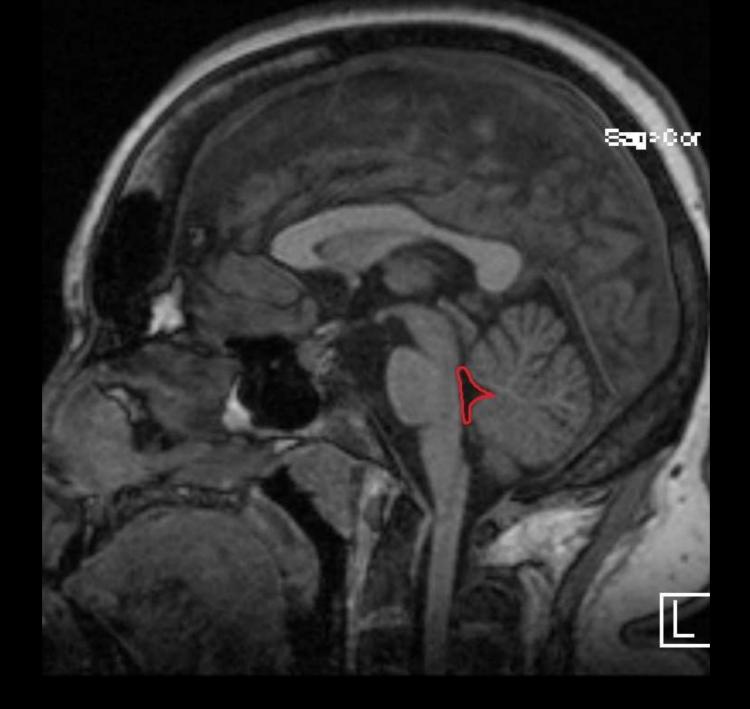


# FOURTH VENTRICLE



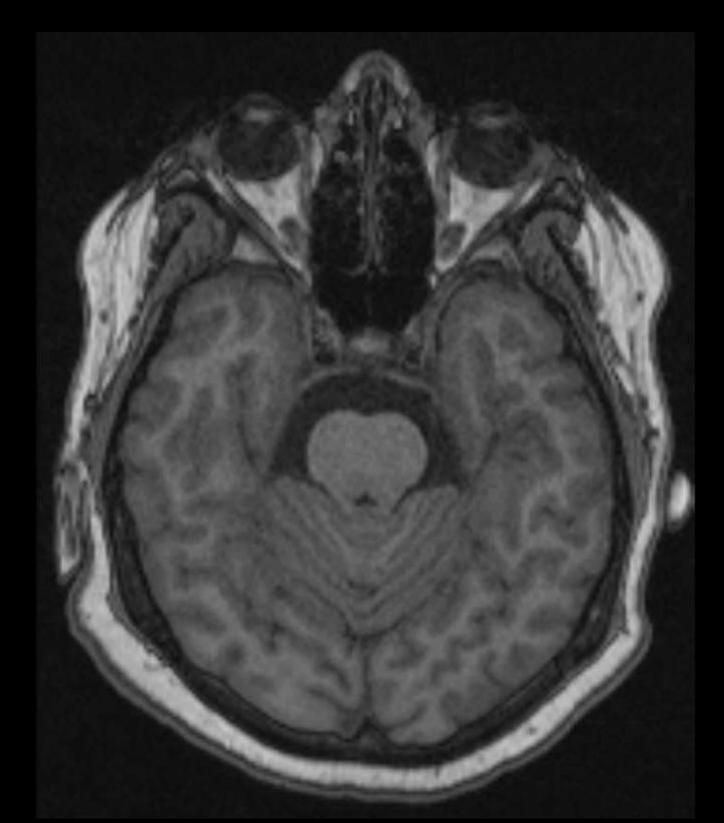


# FOURTH VENTRICLE



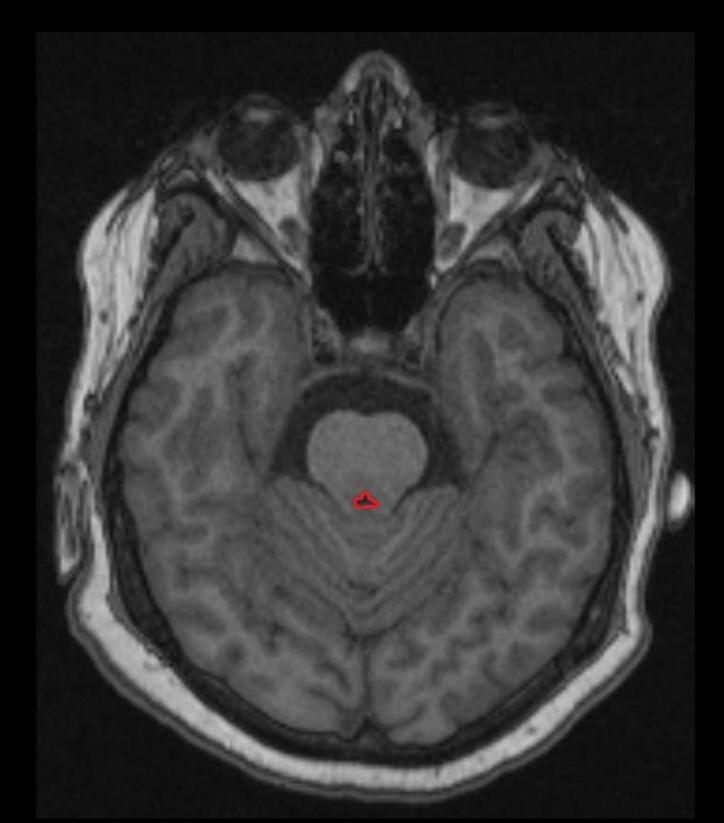


## FOURTH VENTRICLE



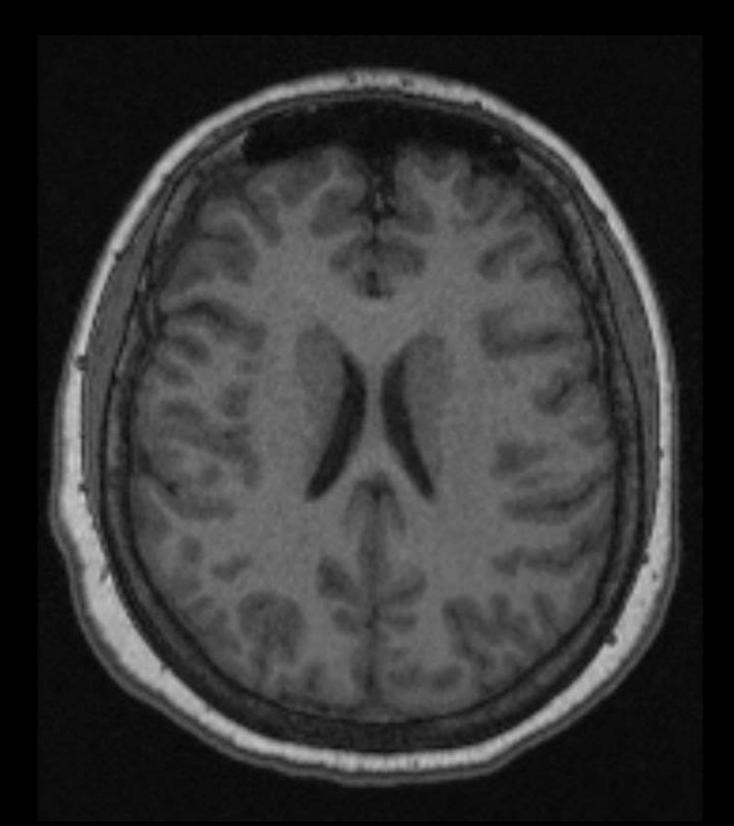


## FOURTH VENTRICLE

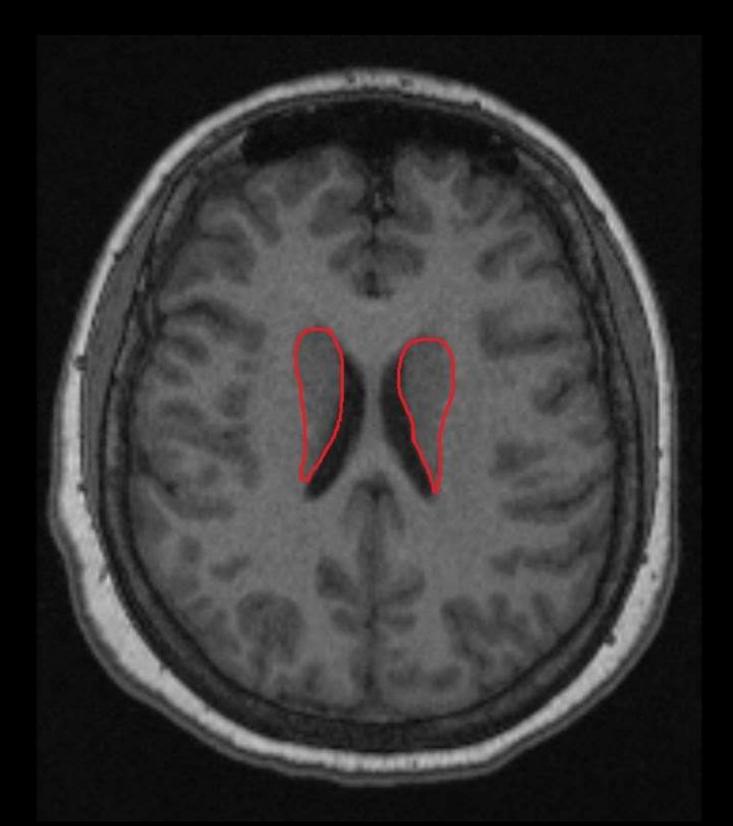


# BASAL GANGLIA

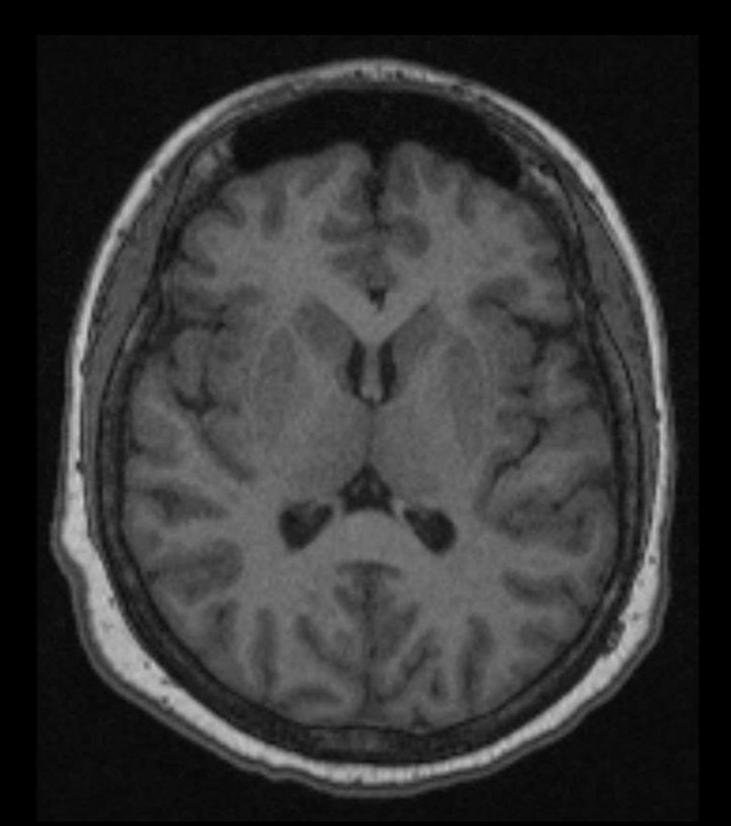
- Caudate Nucleus
- Lentiform nucleus = globus pallidus + putamen
- Thalamus
- There are other parts of the basal ganglia not covered, including: Substantia Nigra, Subthalamic Nucleus, Red Nucleus.







Axial

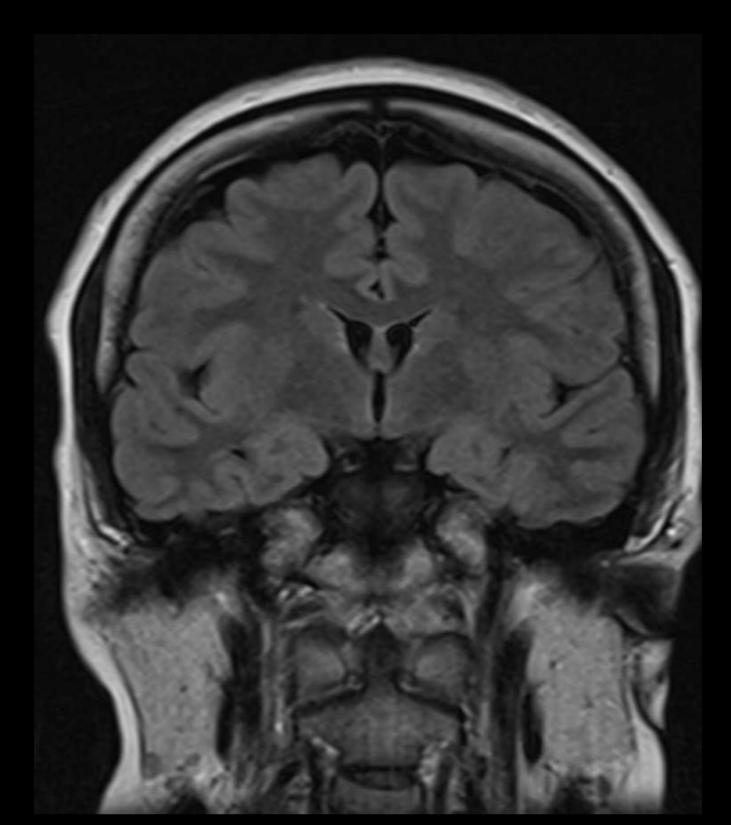


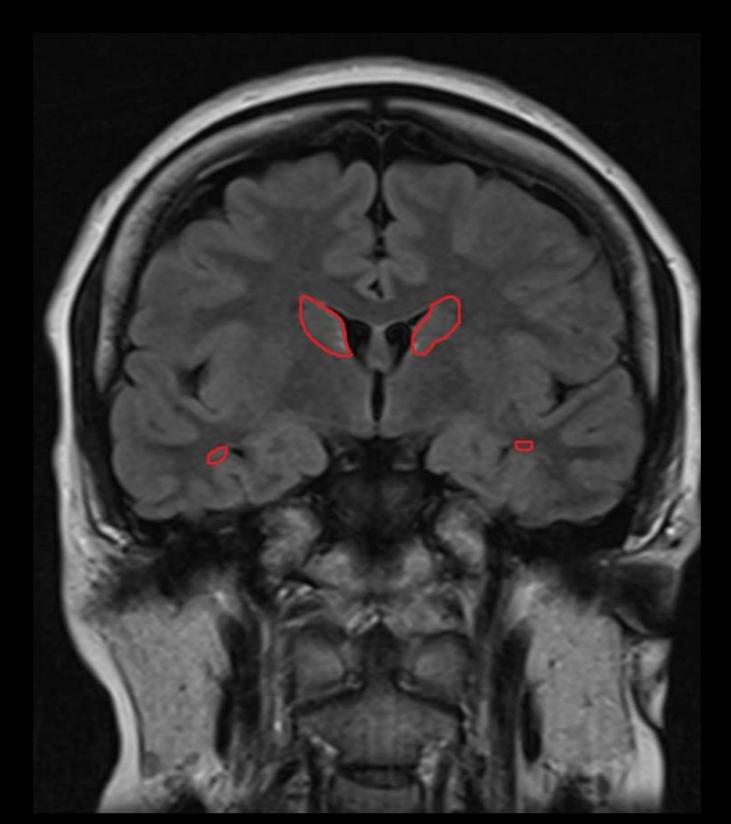


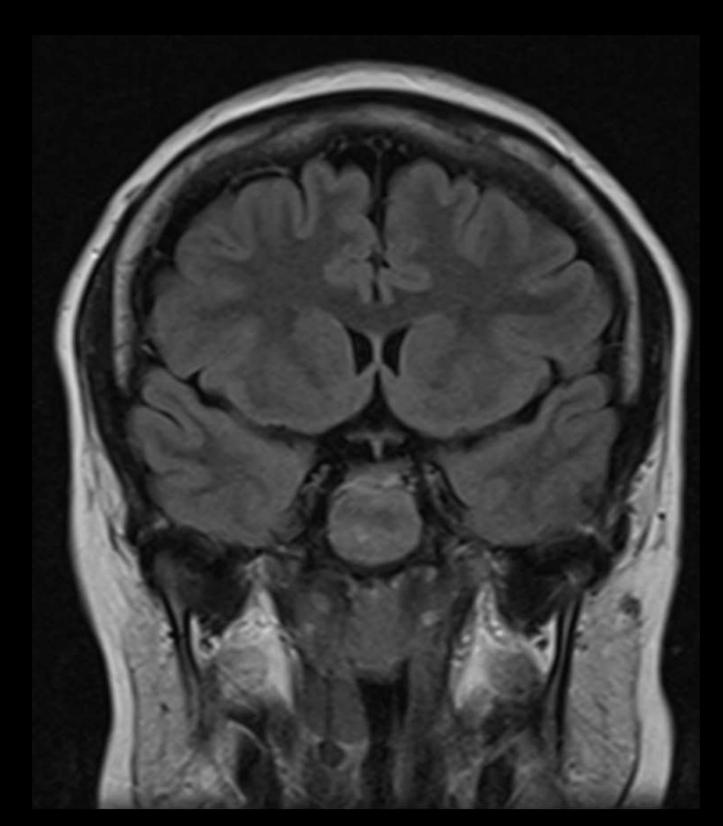
Specifically, this is the part of the caudate nucleus called the "head."

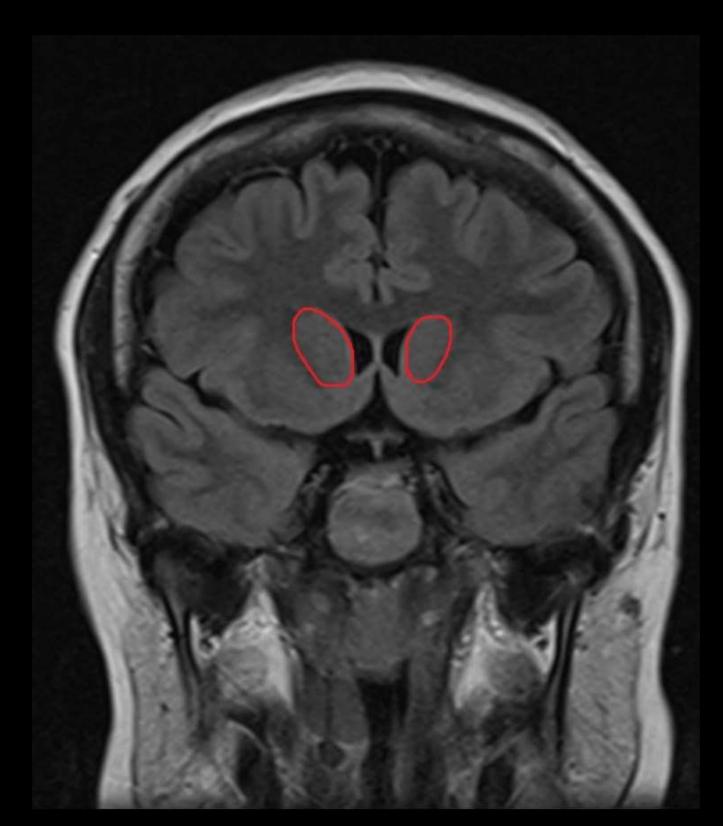












#### LENTIFORM NUCLFUS



# LENTIFORM NUCLEUS

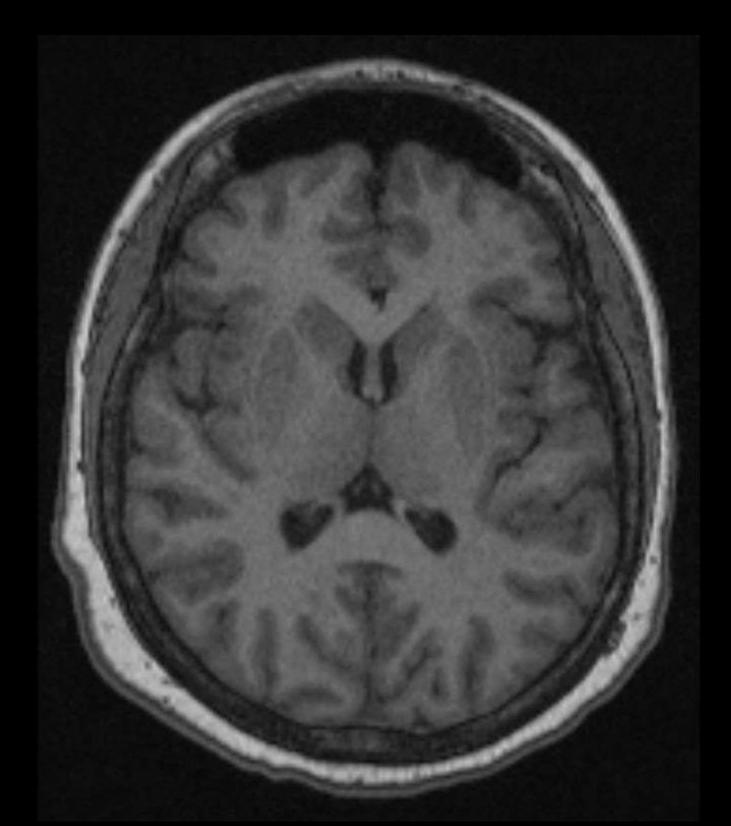


#### LENTIFORM NUCLFUS

Recall that the lentiform nucleus is comprised of the putamen and the globus pallidus

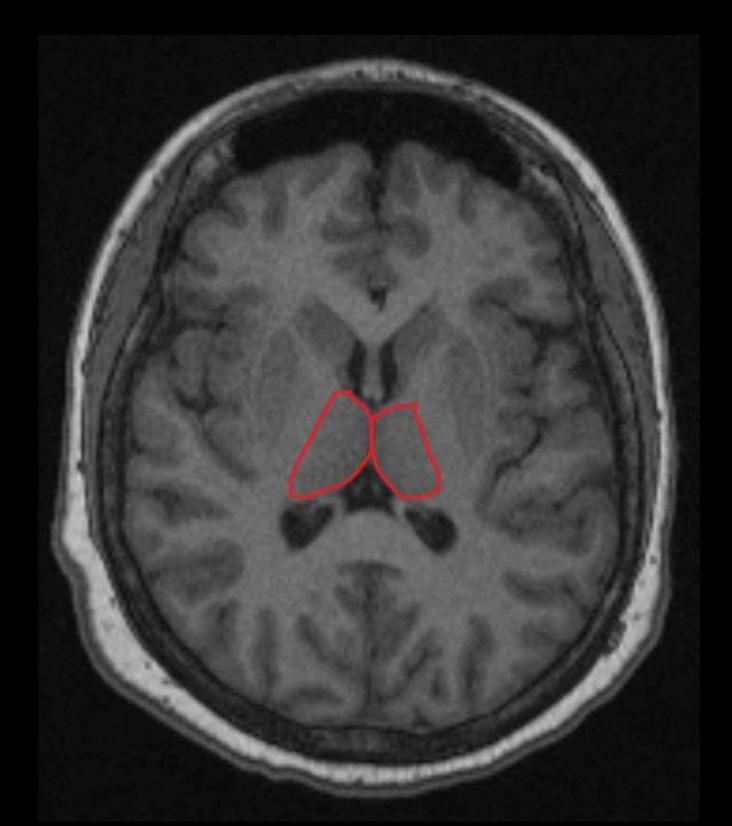


# THALAMUS



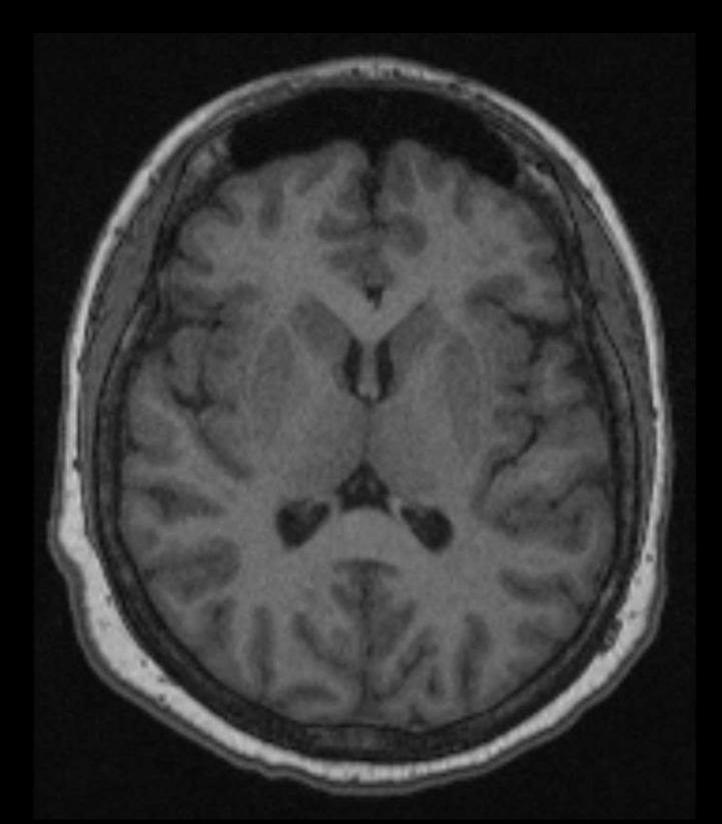


# THALAMUS



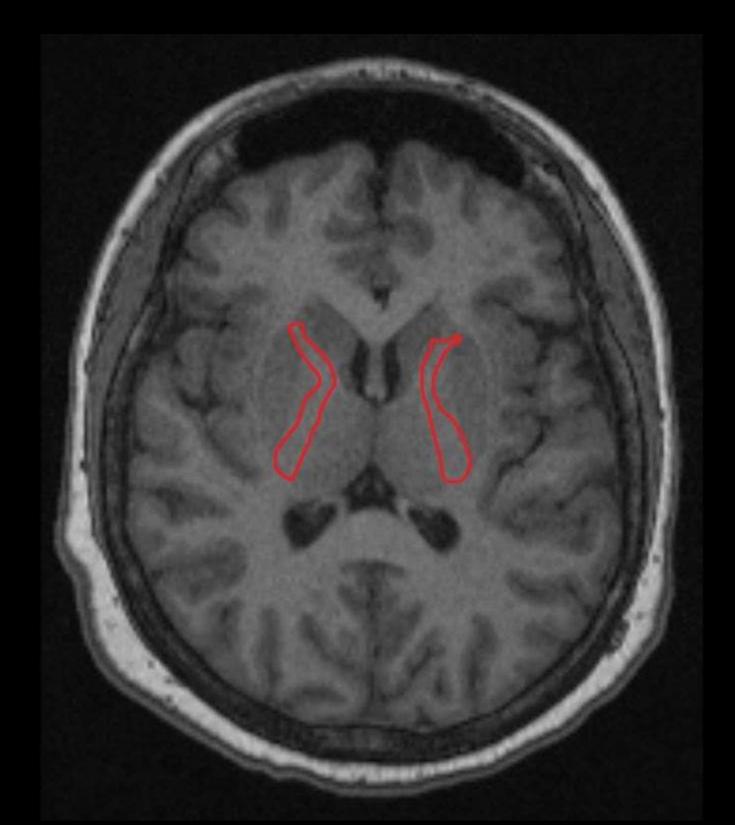


#### INTERNAL CAPSULE



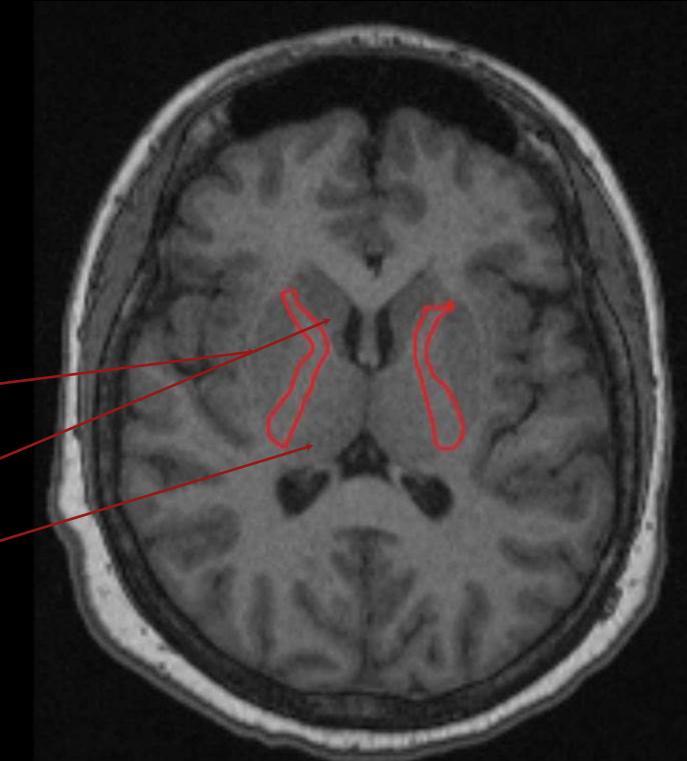


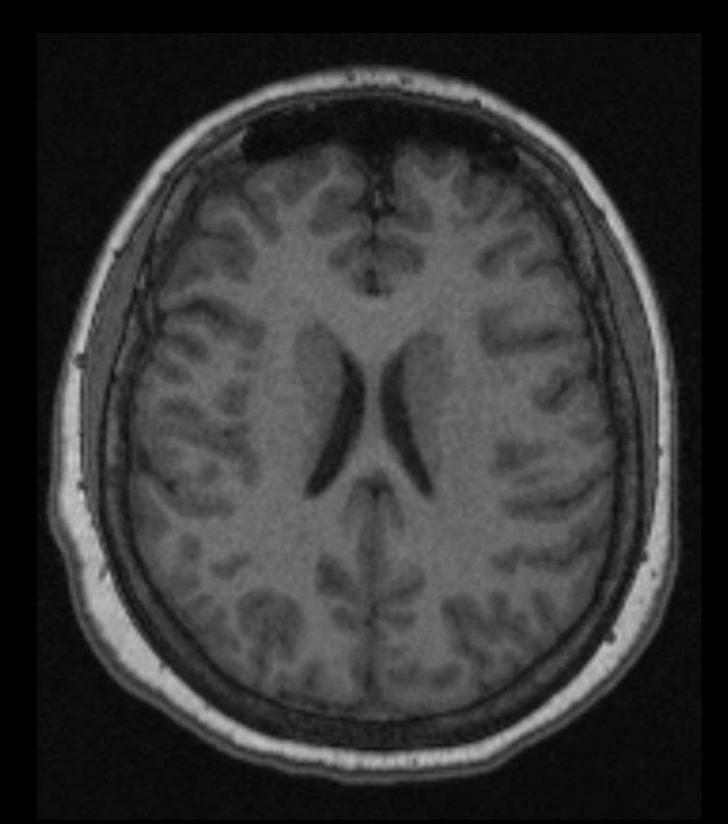
#### INTERNAL CAPSULE



# INTERNAL CAPSULE

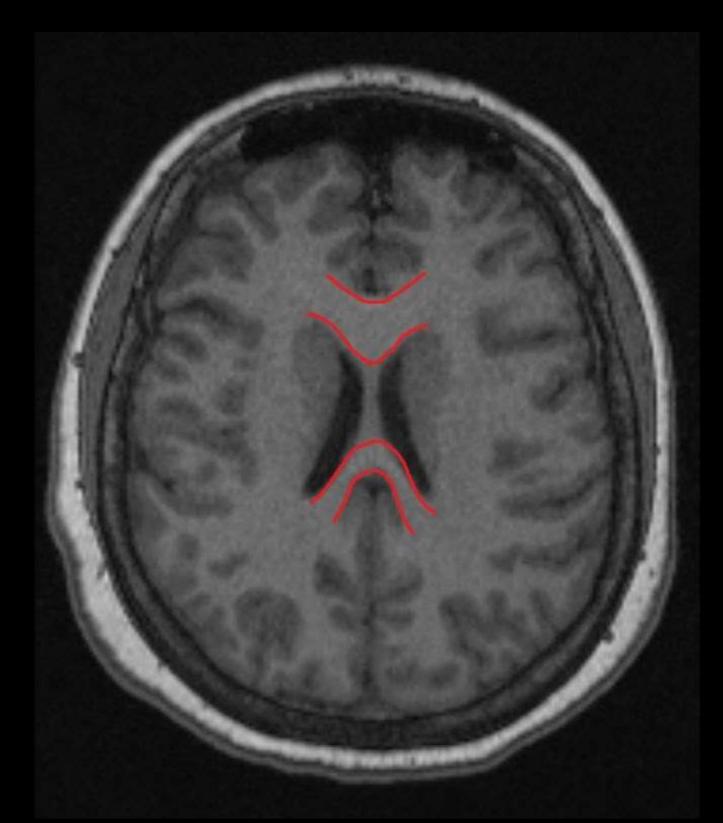
The internal capsule is a white matter tract that separates the lentiform nucleus from the caudate nucleus and thalamus



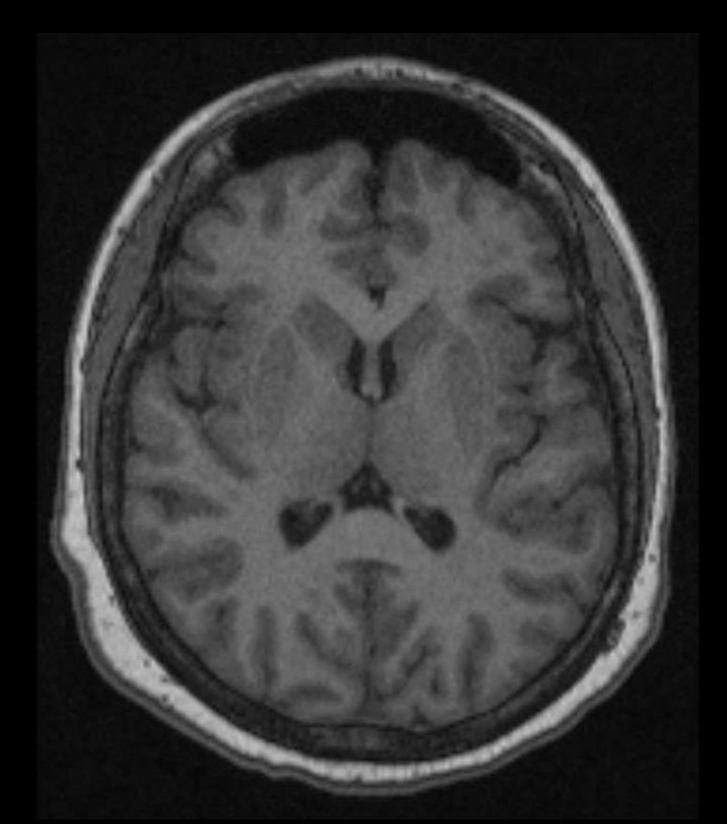




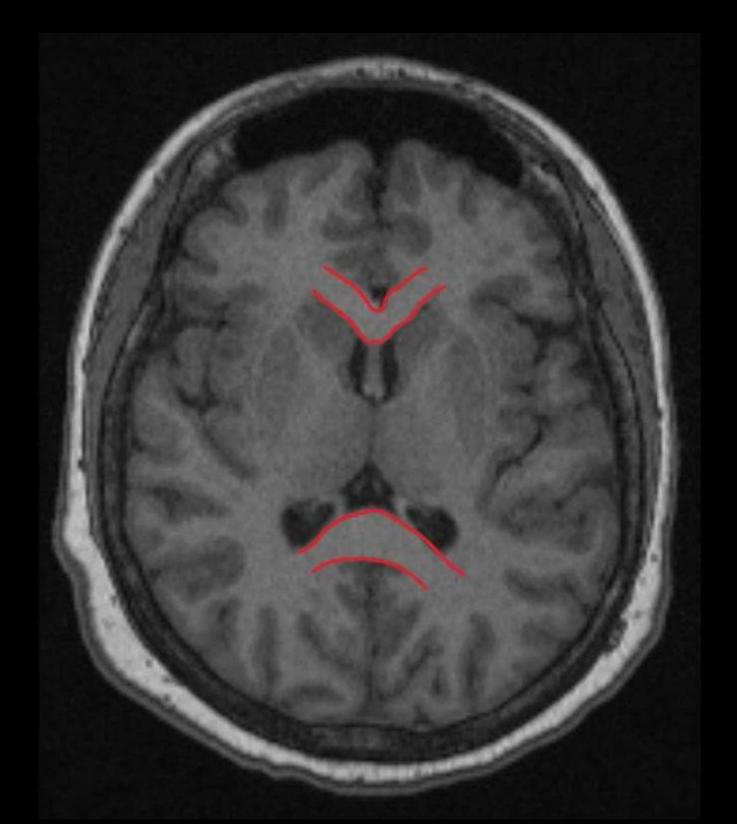
White matter tract that connects the two cerebral hemispheres.



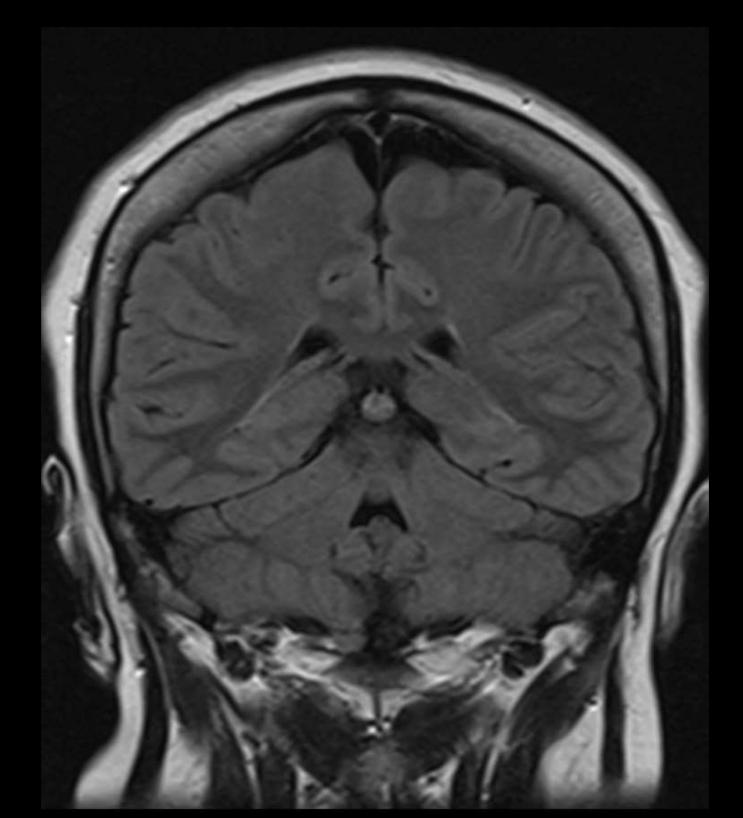
Axial

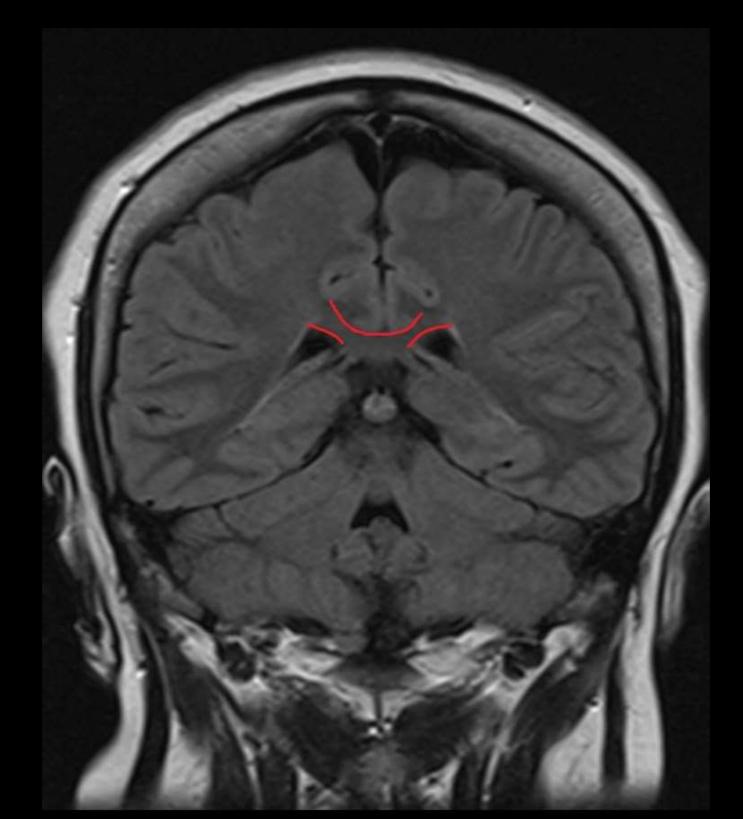


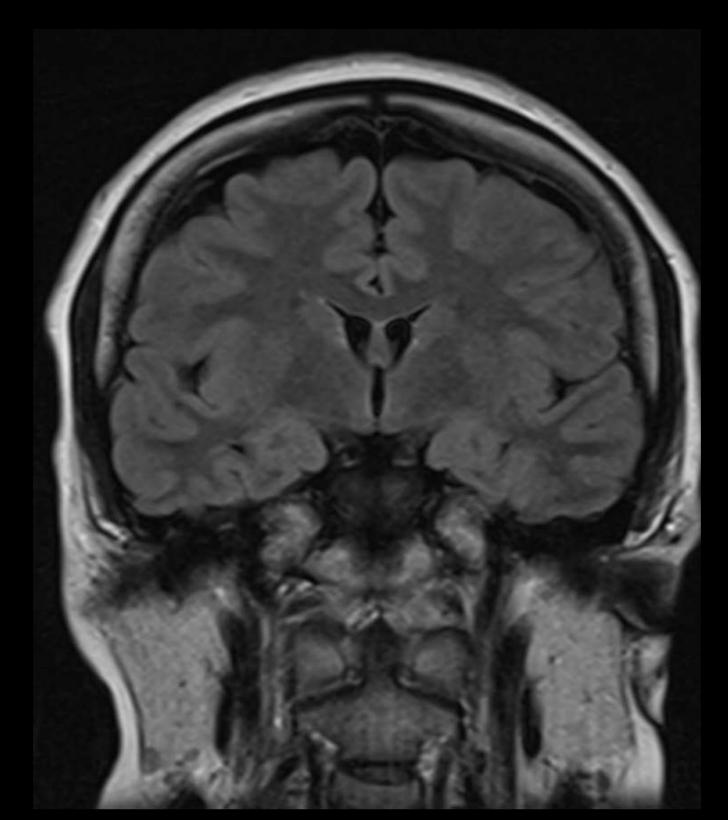


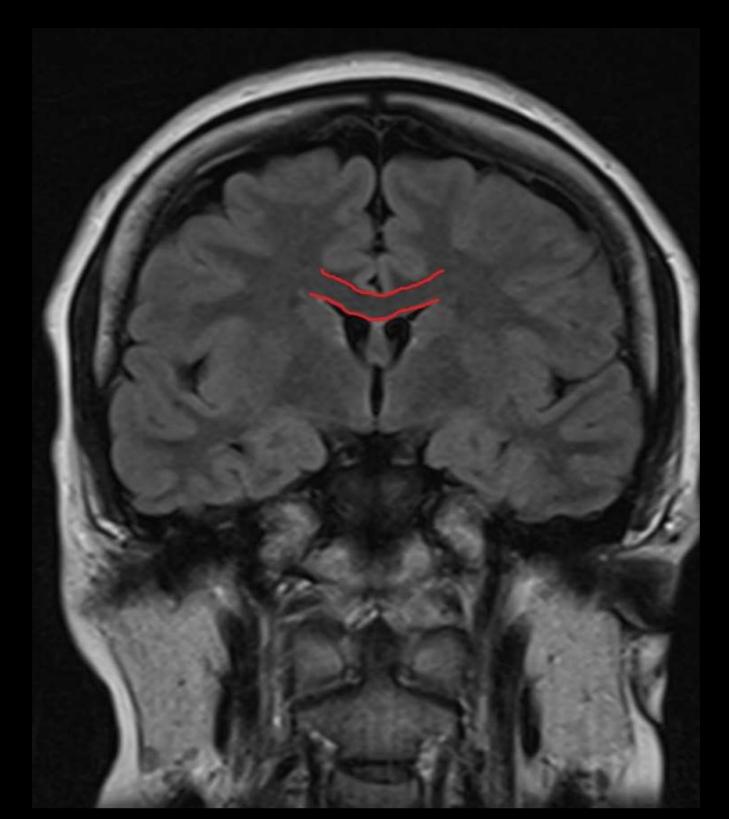






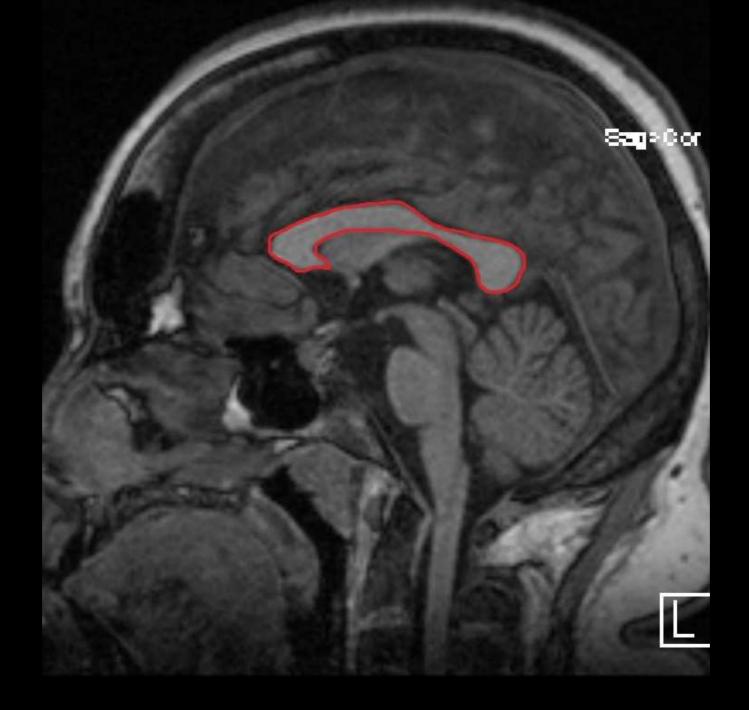




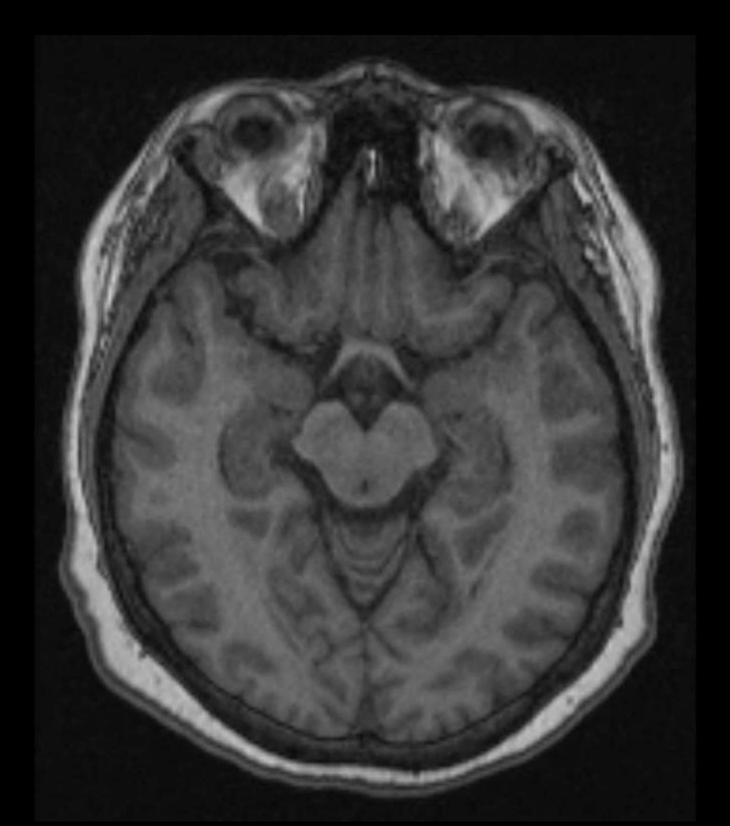




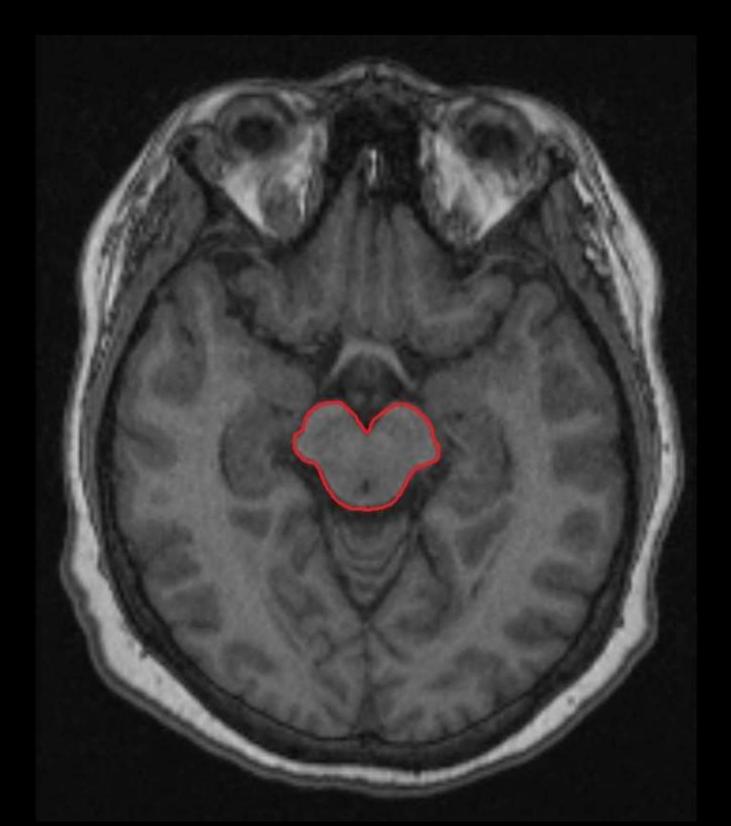




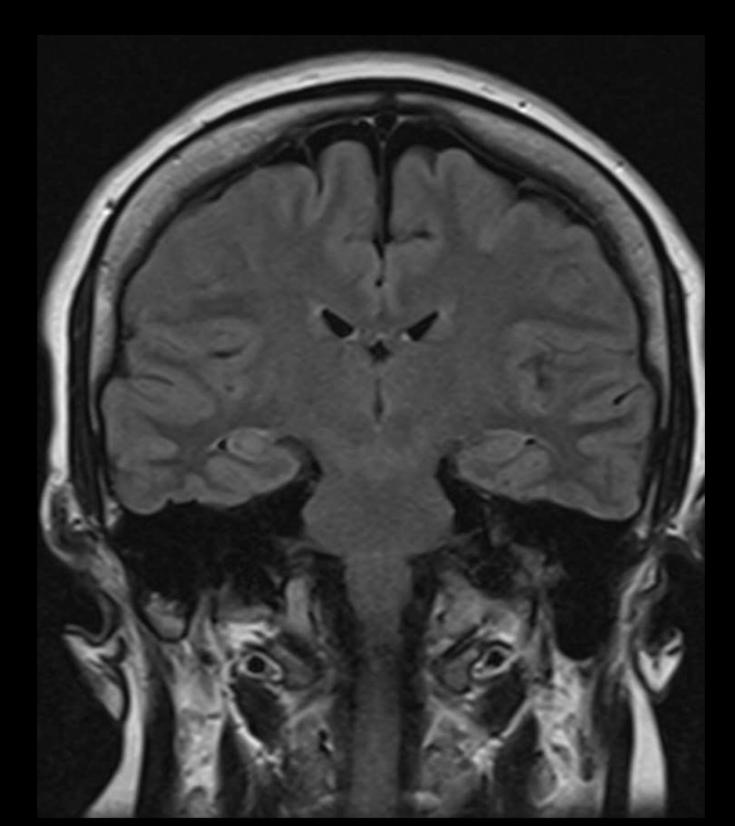


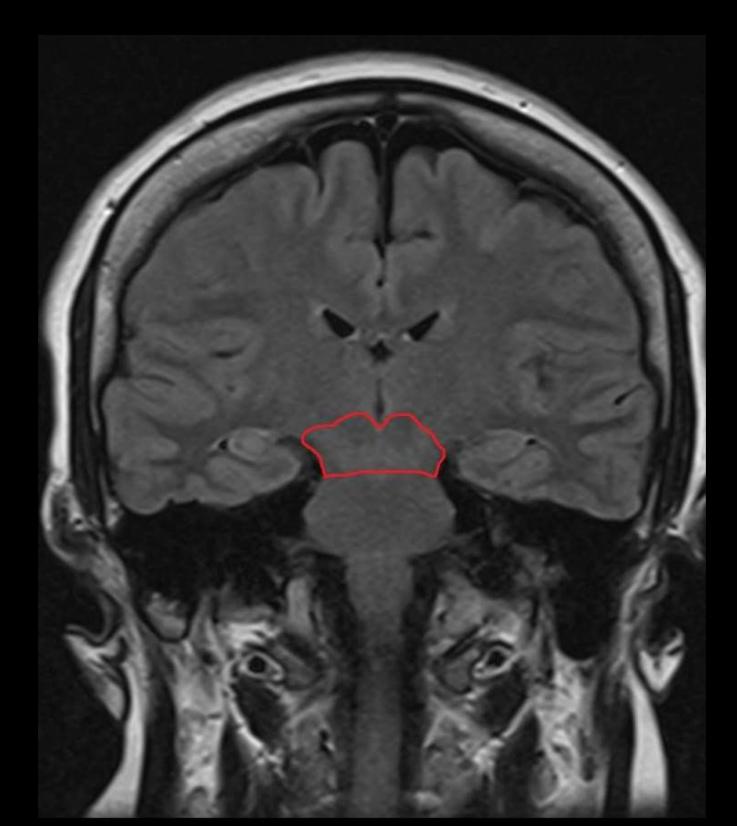


Axial



Axial













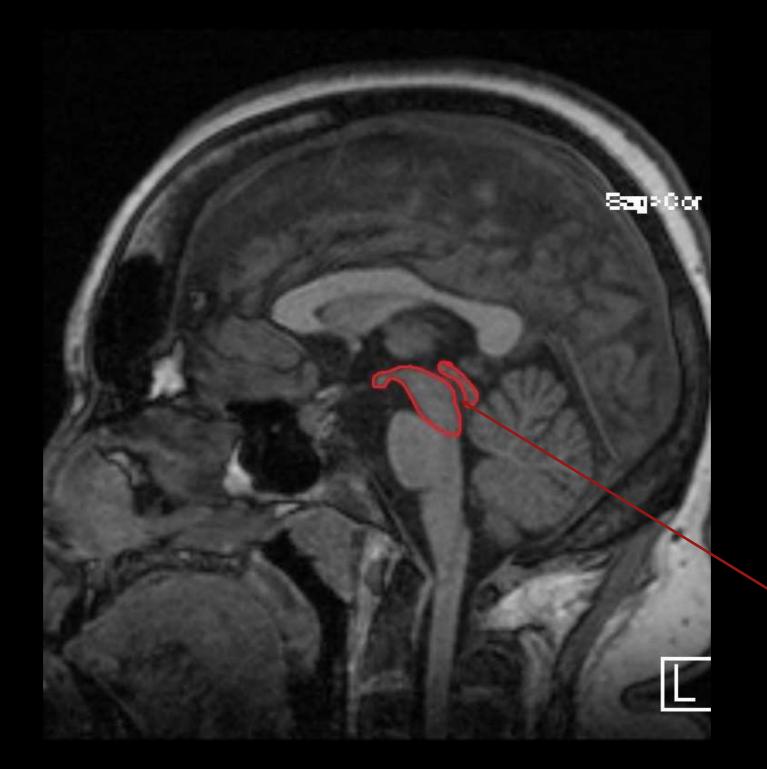
#### MIDBRAIN



Do you remember the name of the CSF tract that passes through the midbrain?



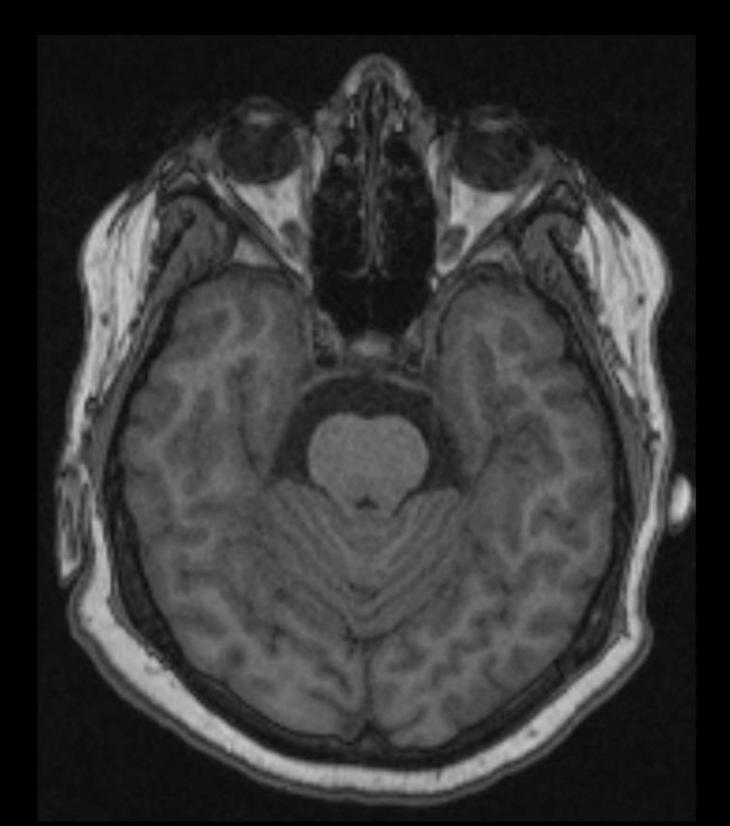
#### MIDBRAIN

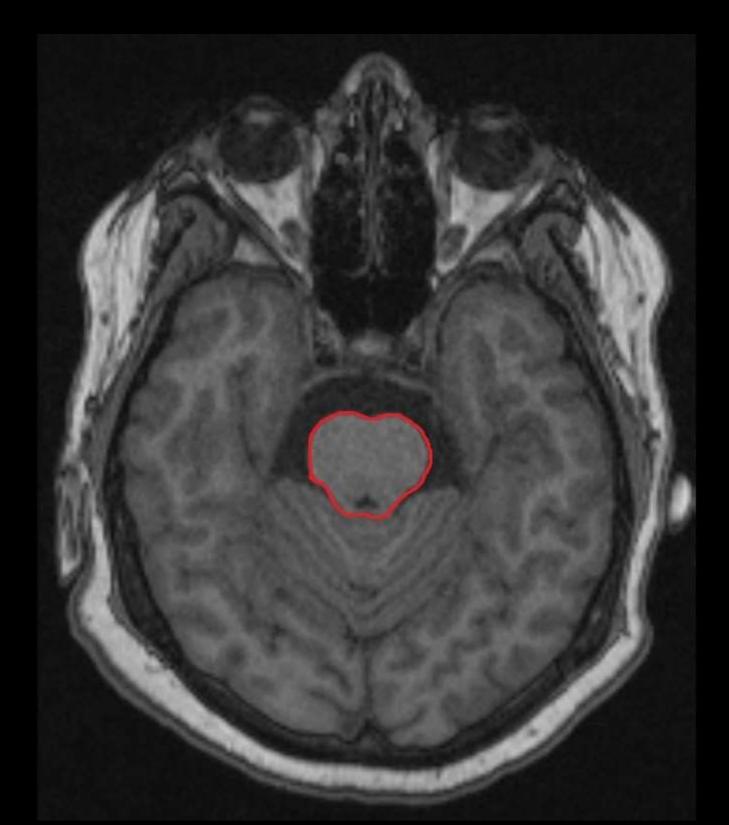


Do you remember the name of the CSF tract that passes through the midbrain?

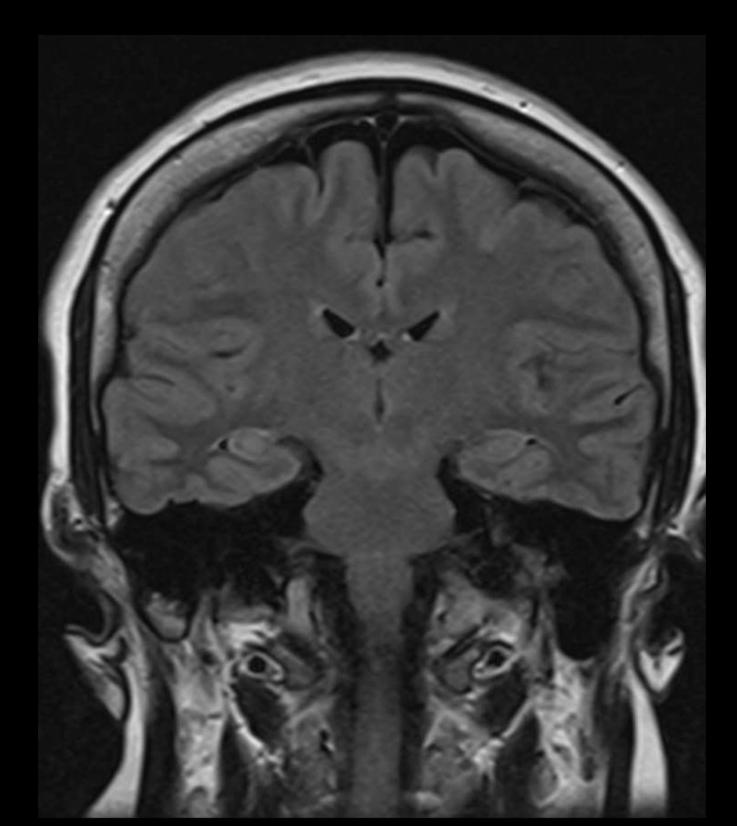
It's the cerebral aqueduct!

Sagittal

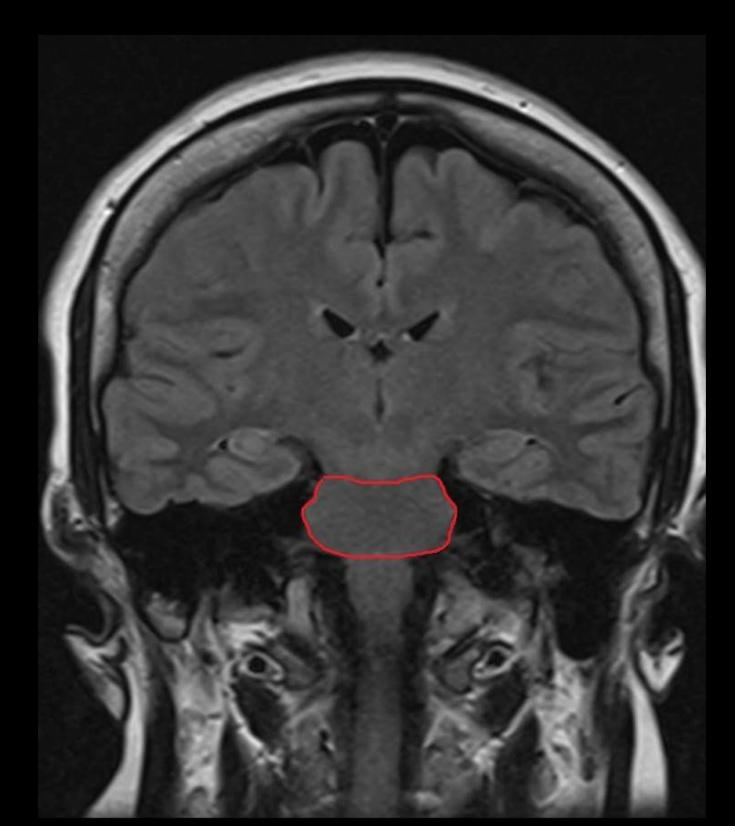




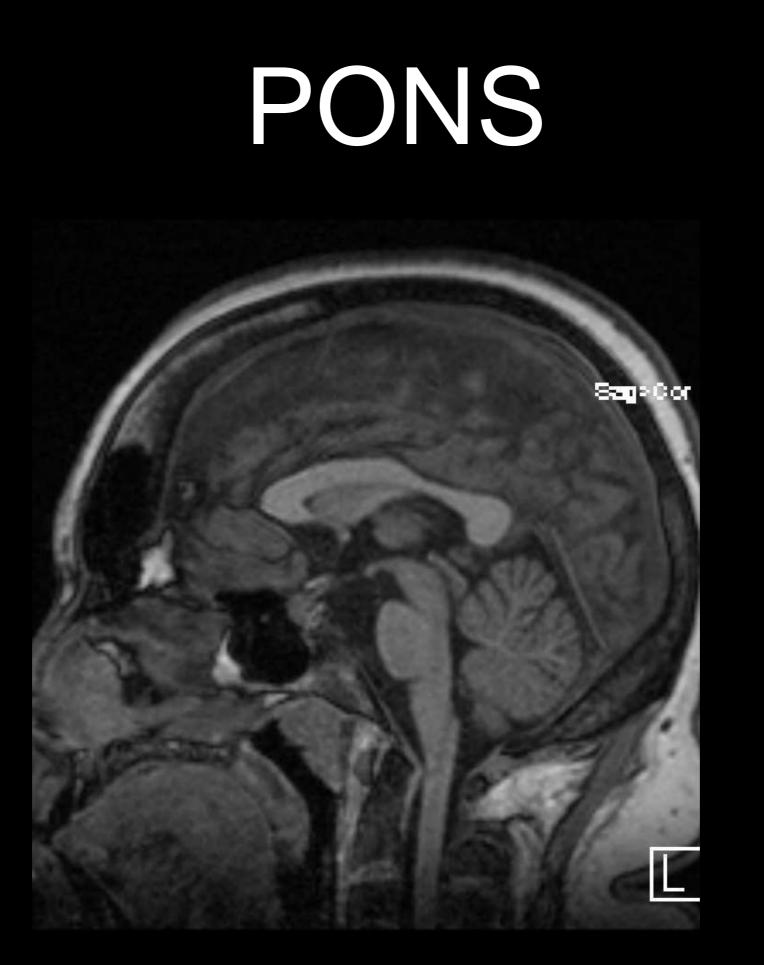




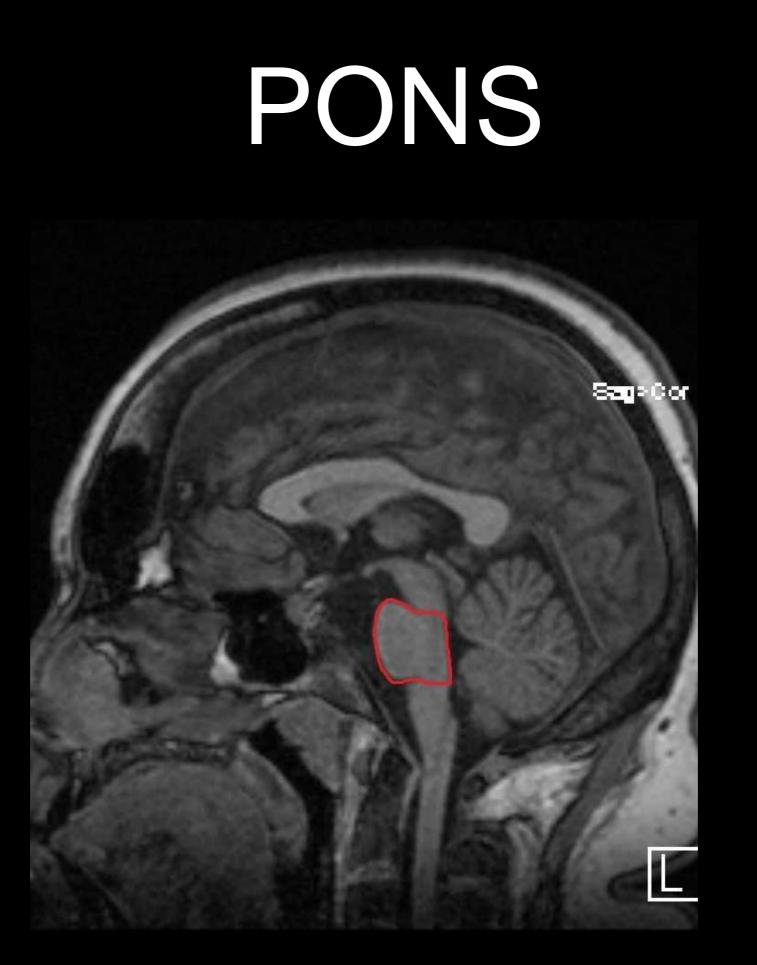
Coronal



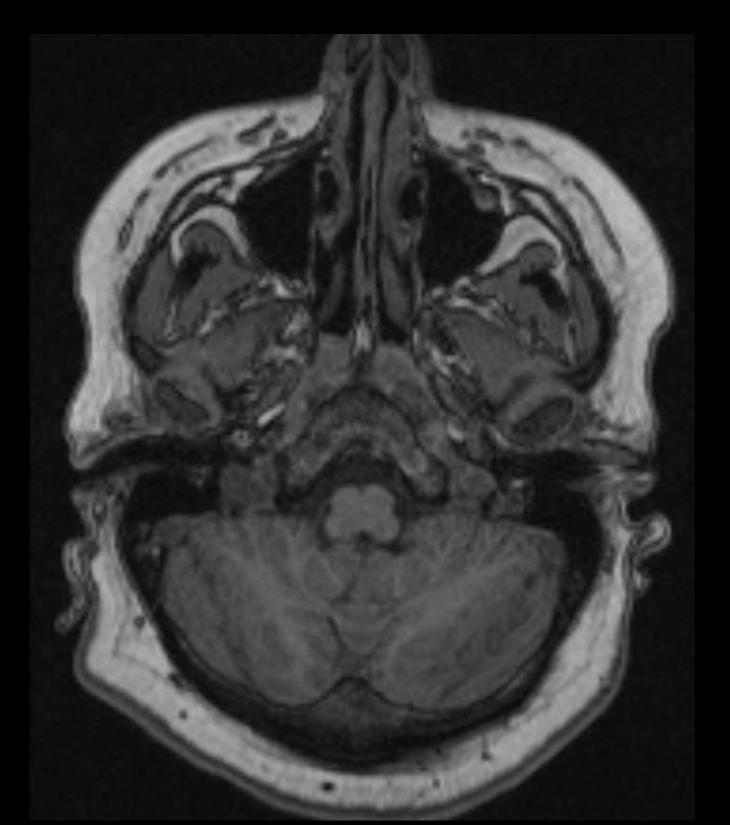
Coronal



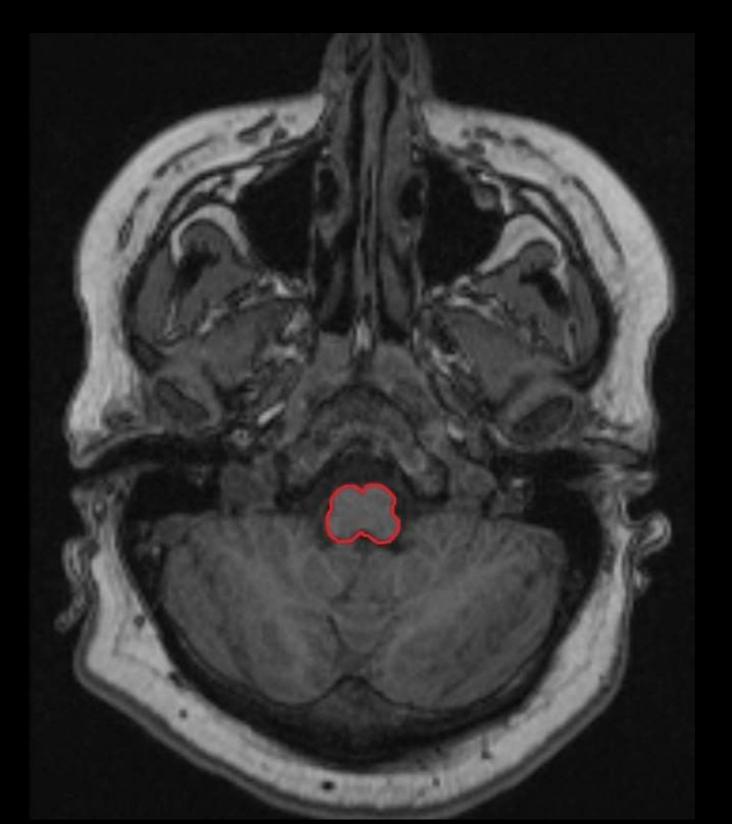




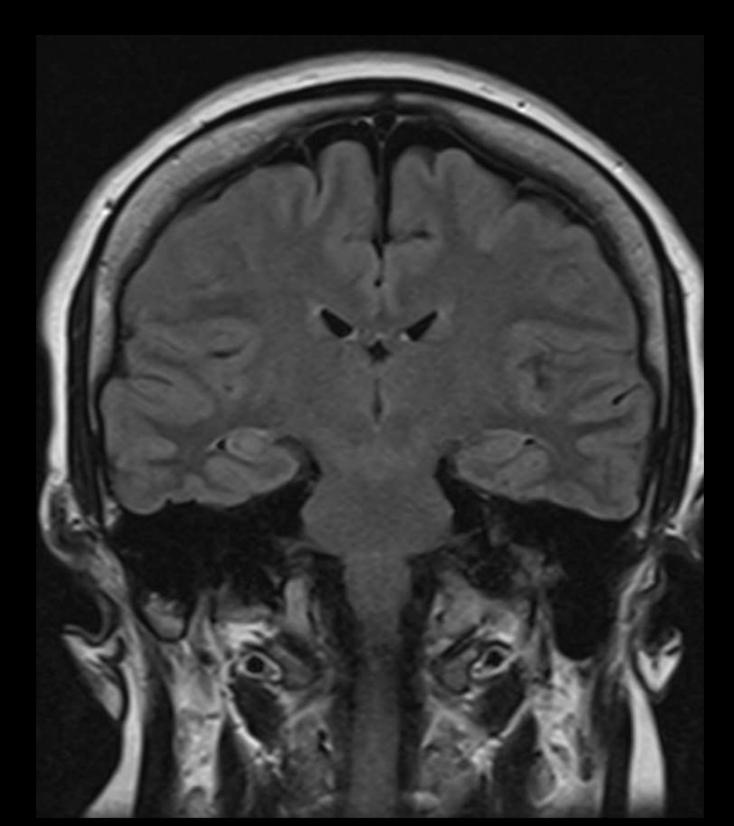




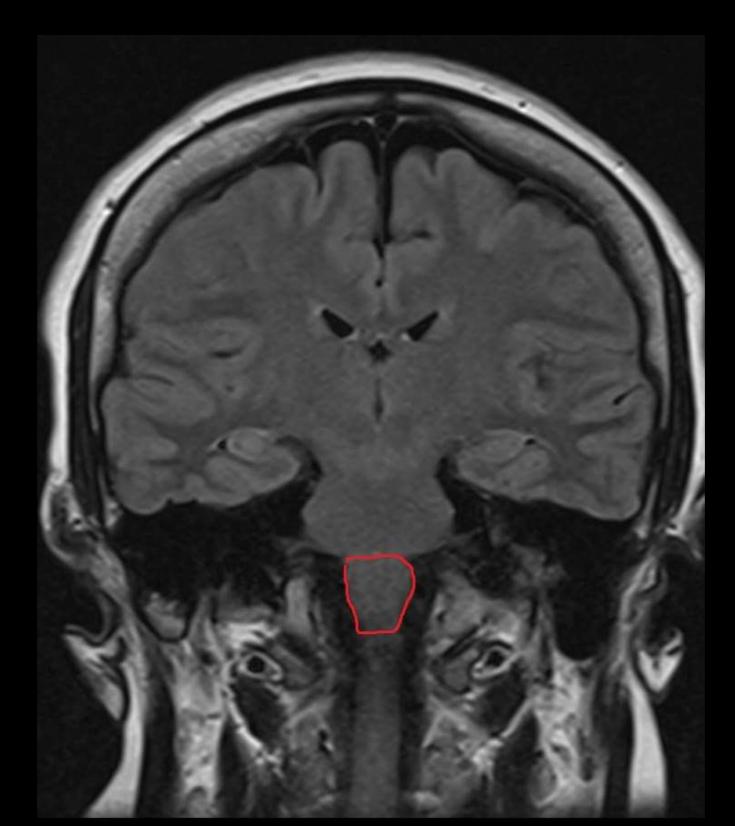




Axial



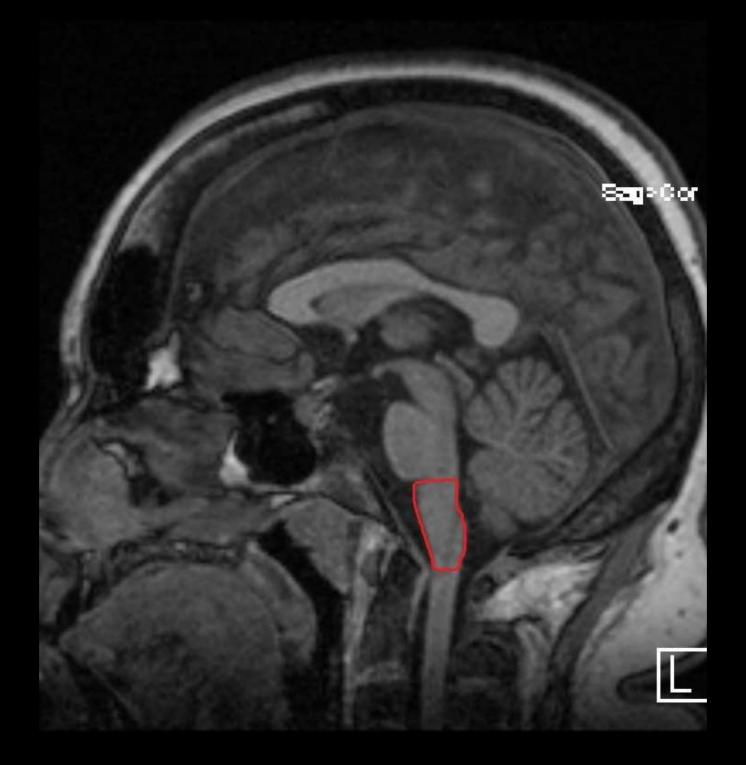
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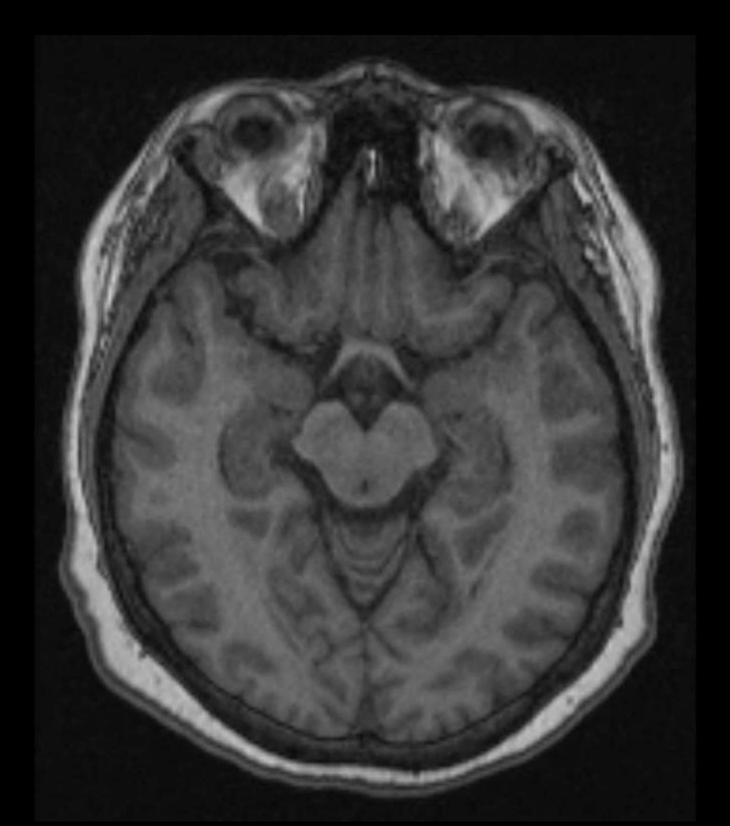
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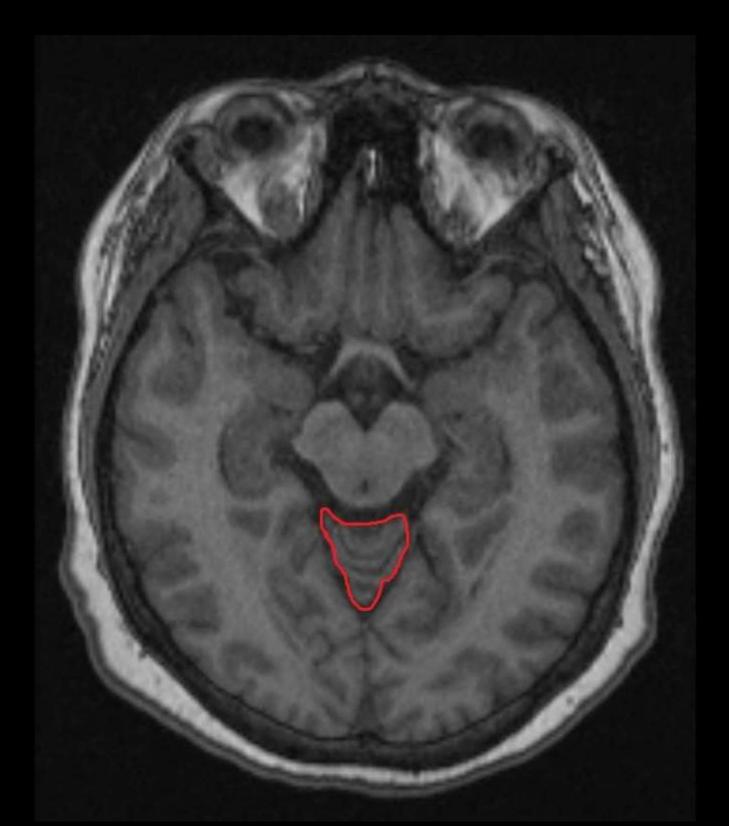




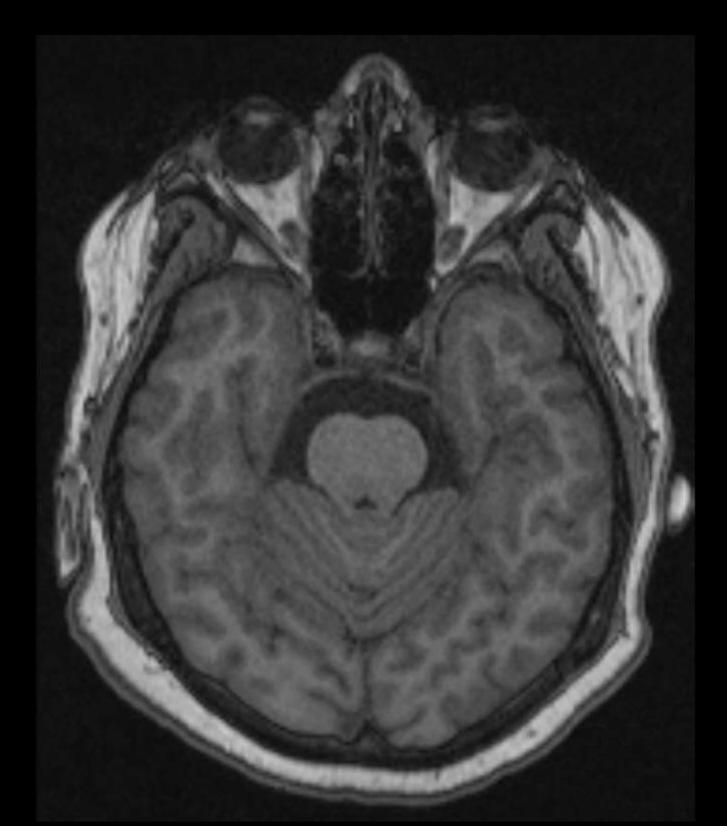




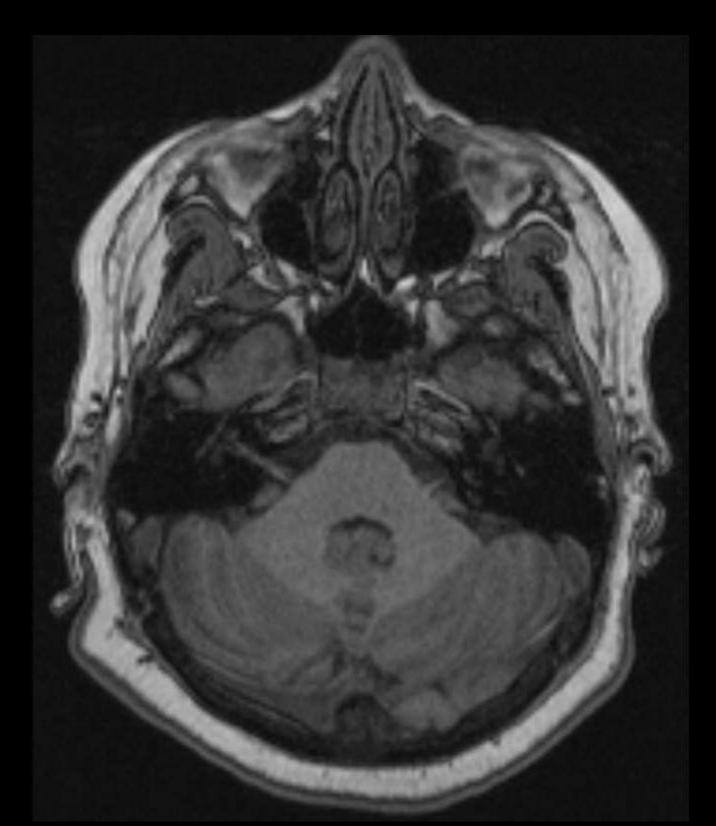
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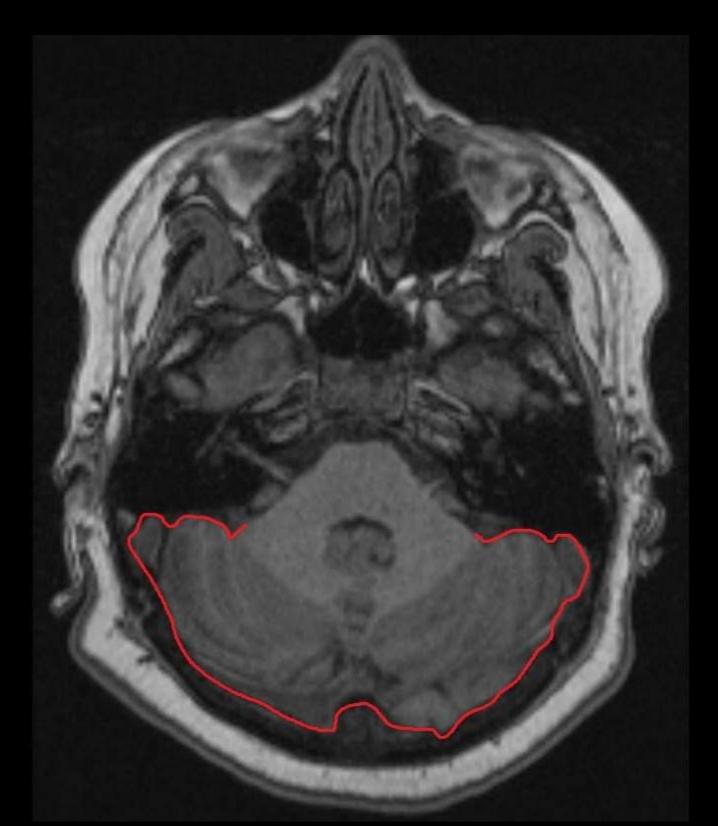


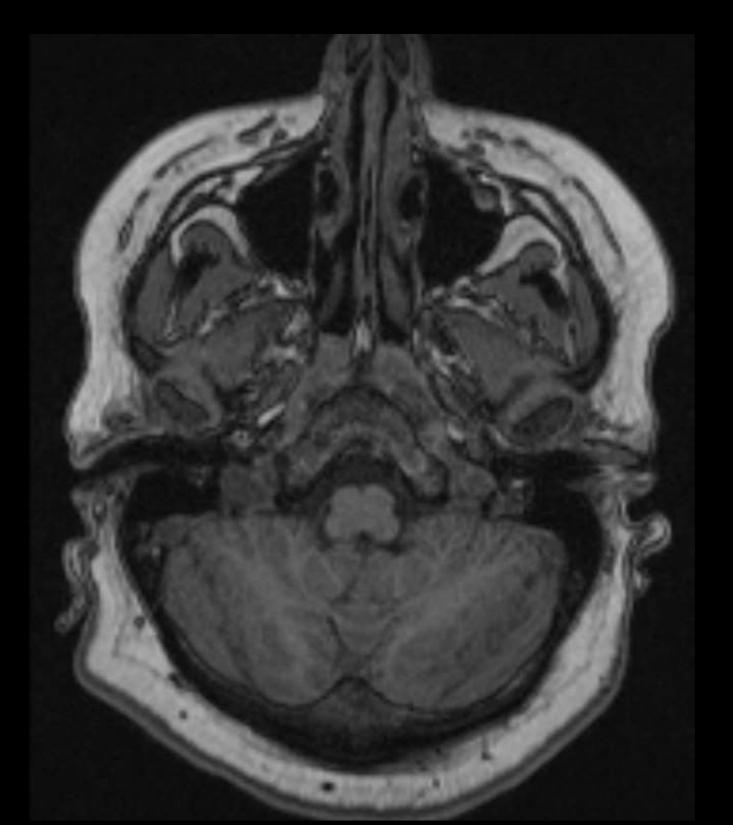


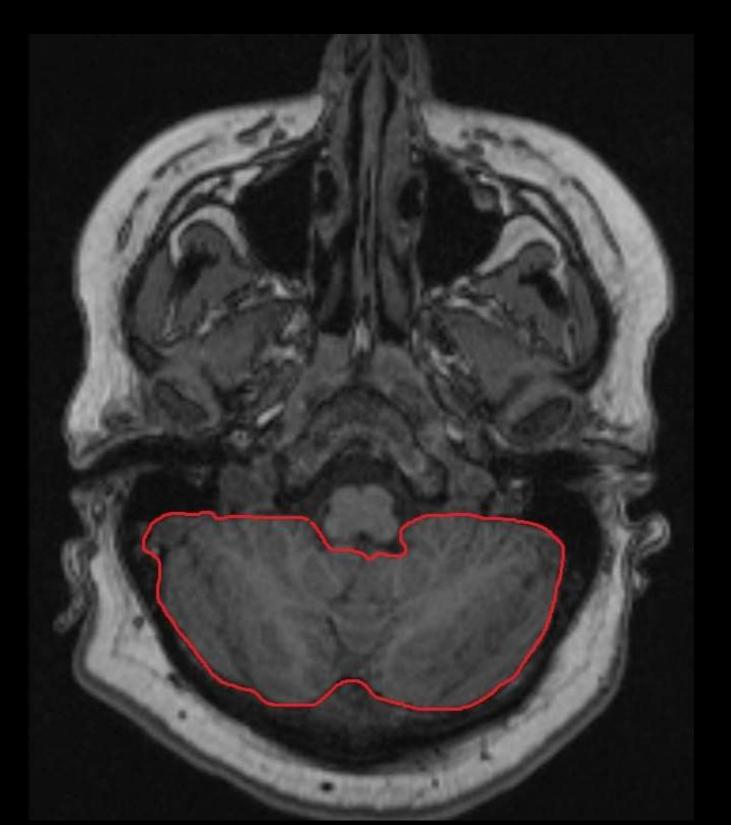




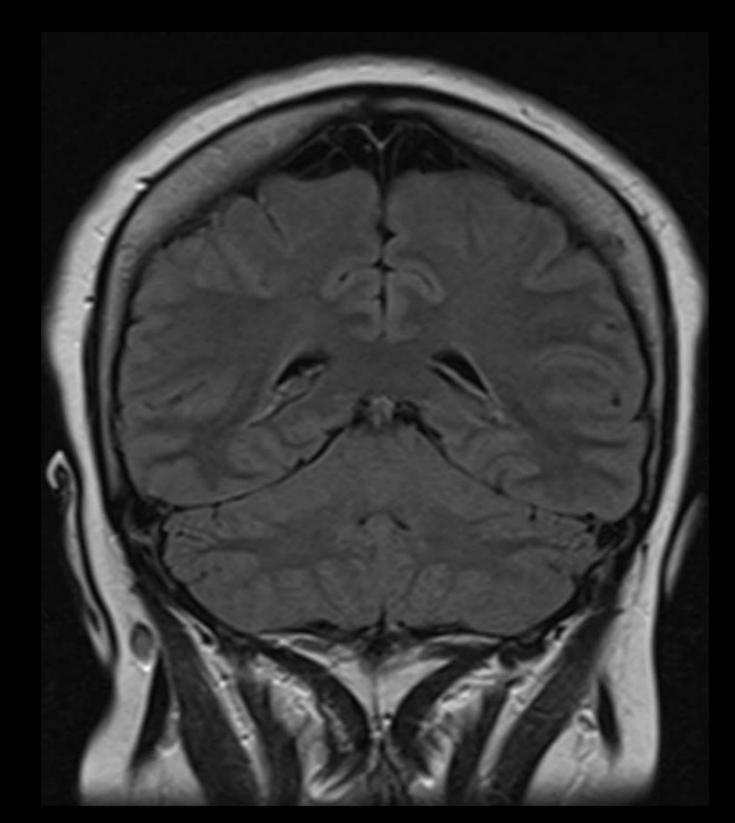




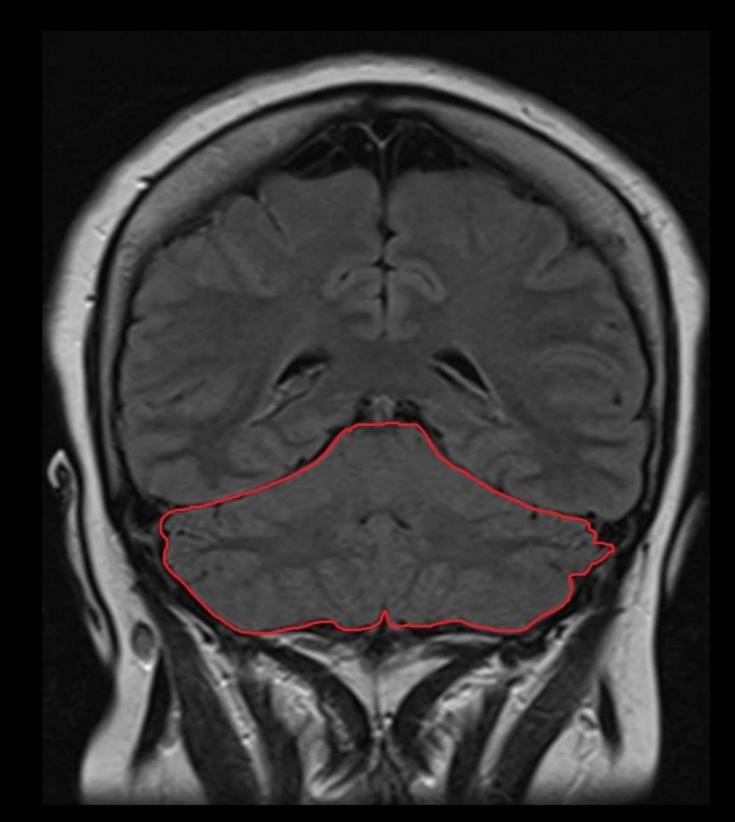








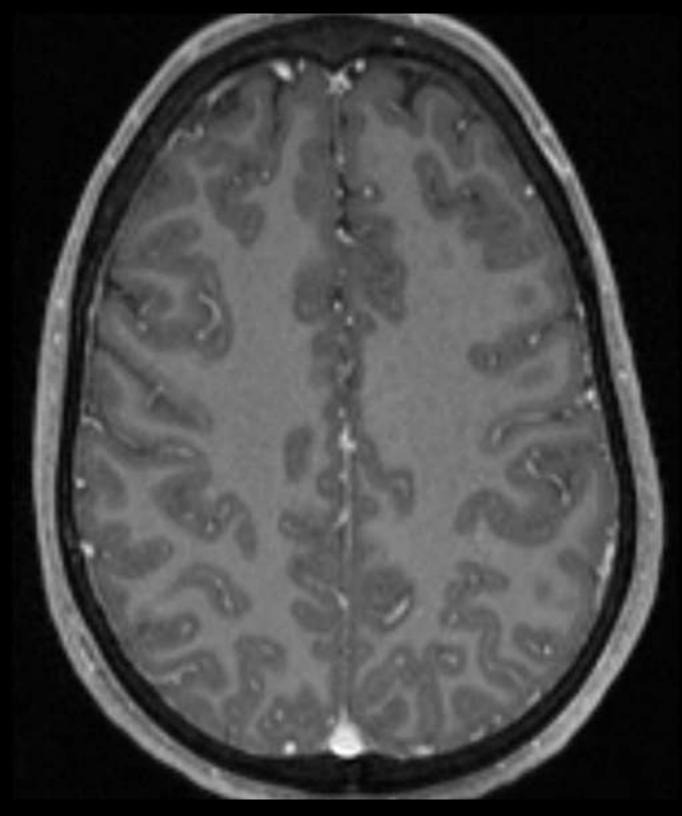


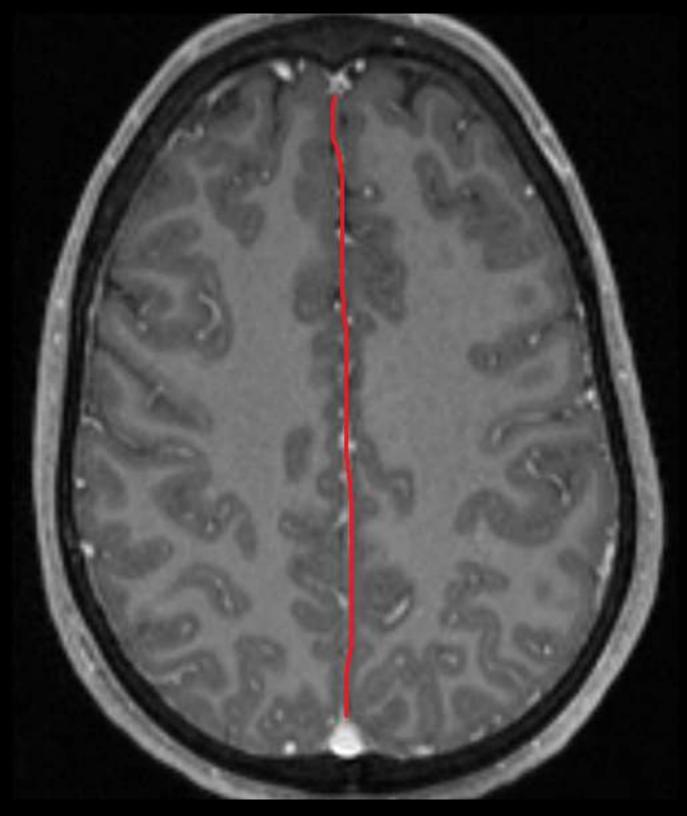


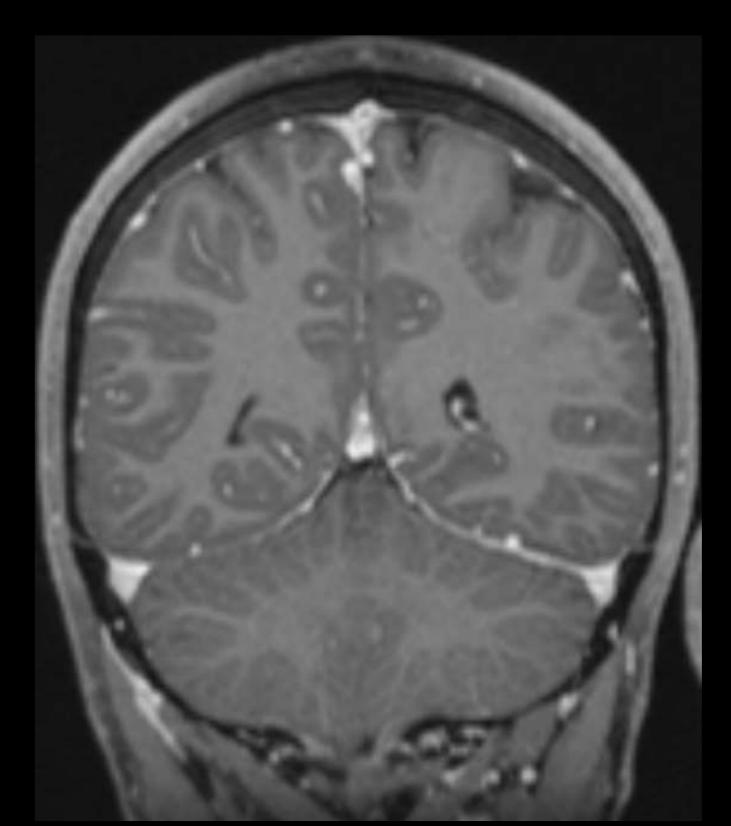


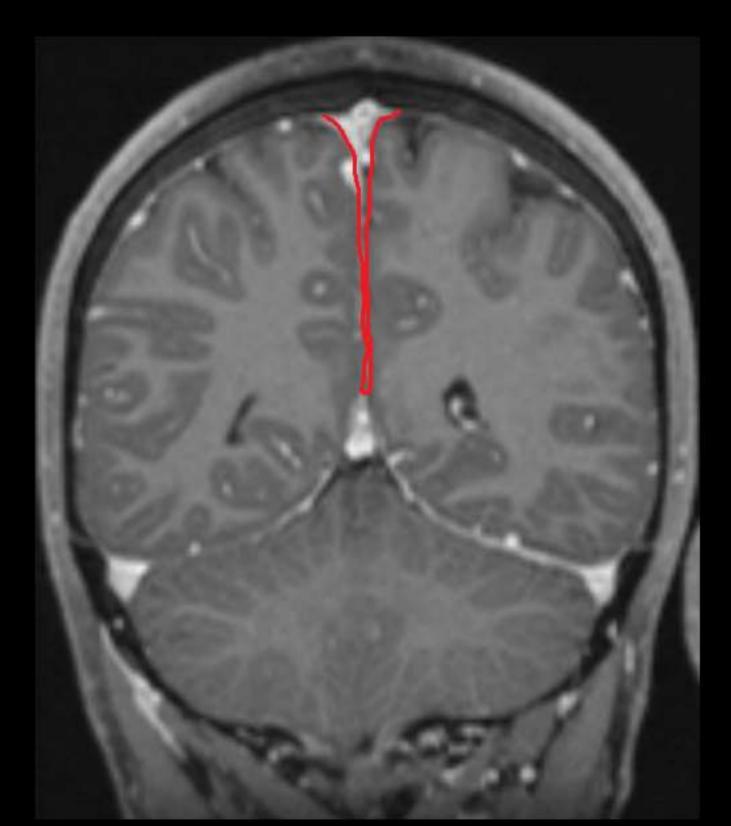






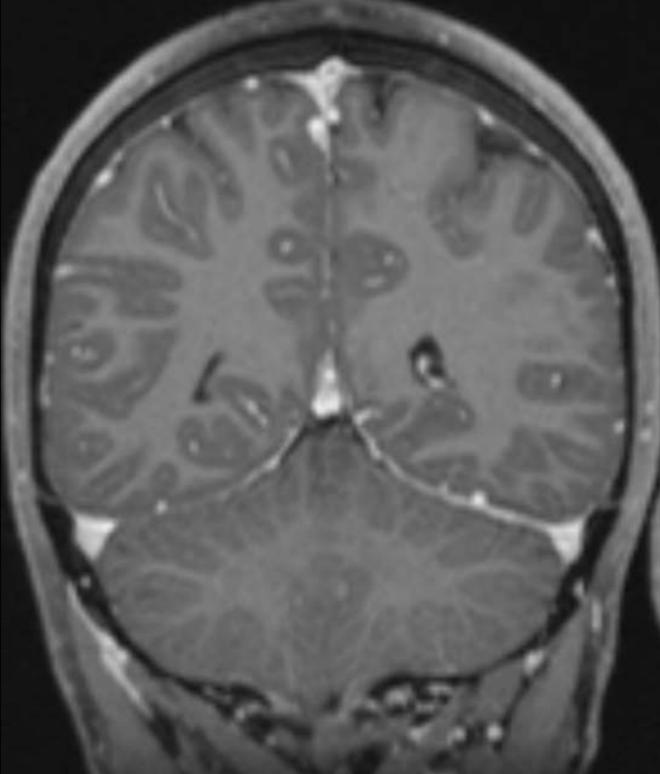






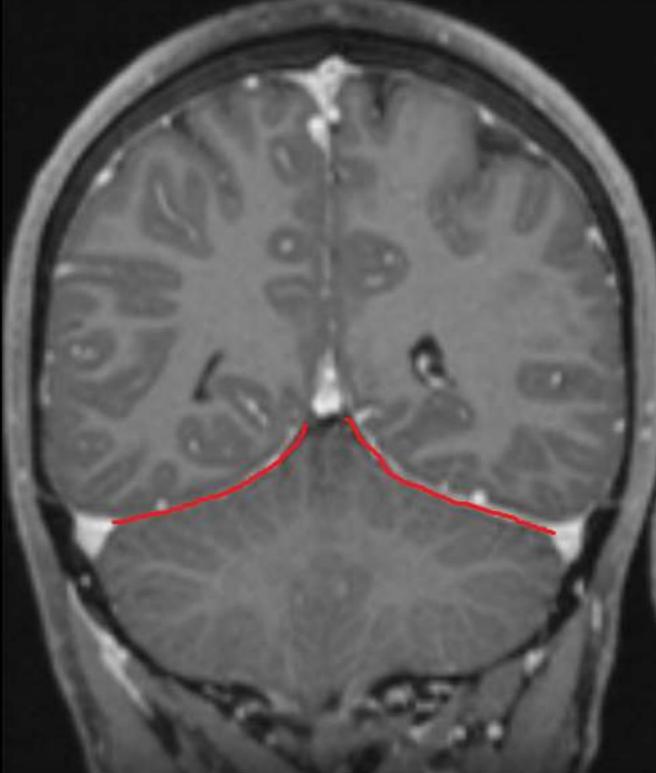


#### TENTORIUM CEREBELLI



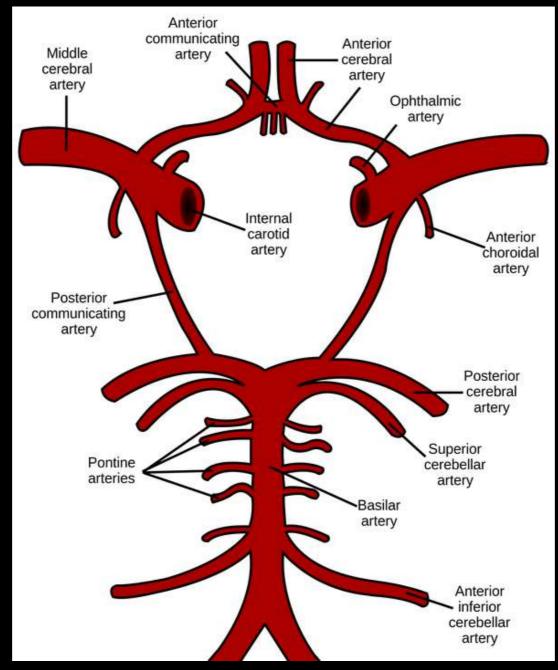
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#### TENTORIUM CEREBELLI



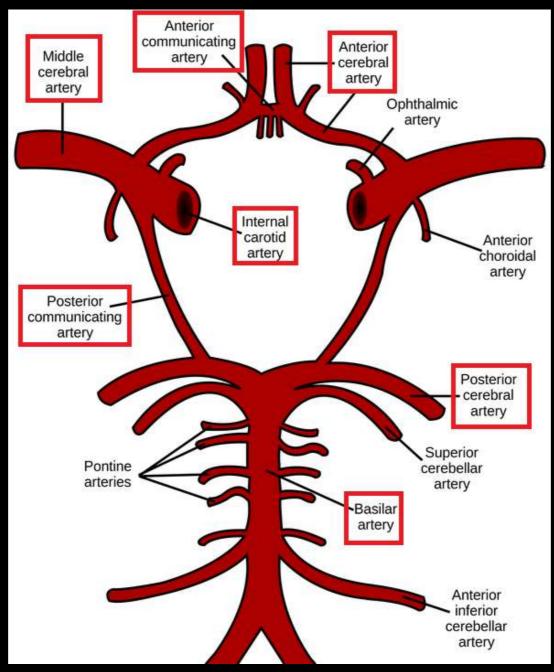
Coronal

## MAJOR VESSELS



http://commons.wikimedia.org/wiki/File:Circle\_of\_Willis\_en.svg

## MAJOR VESSELS

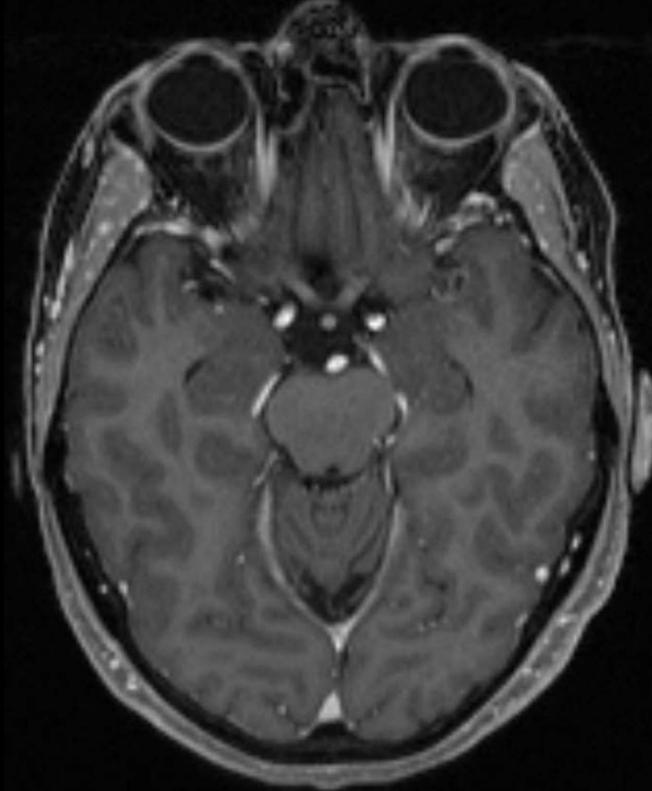


http://commons.wikimedia.org/wiki/File:Circle\_of\_Willis\_en.svg

The vessels we will review on imaging are the ones highlighted.

# CIRCLE OF WILLIS -





ICA = Internal Carotid Artery

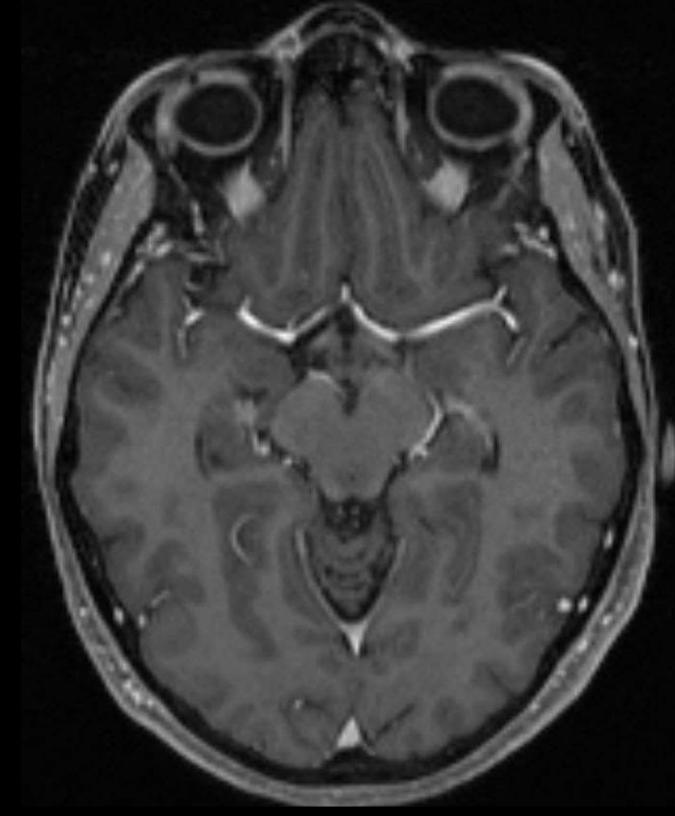


#### CIRCLE OF WILLIS -ICA

ICA = Internal Carotid Artery



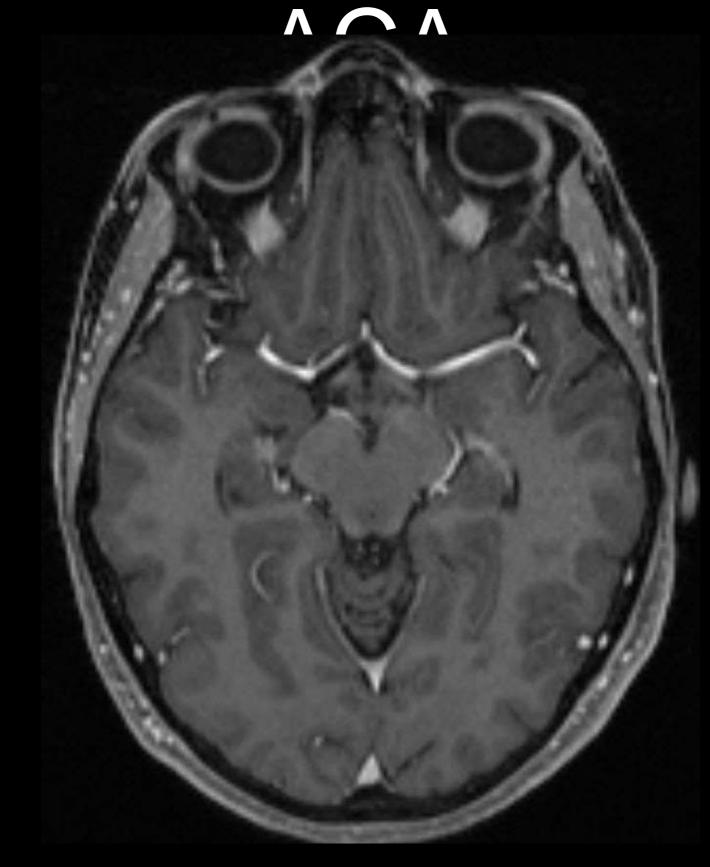
# CIRCLE OF WILLIS -



MCA = Middle Cerebral Artery



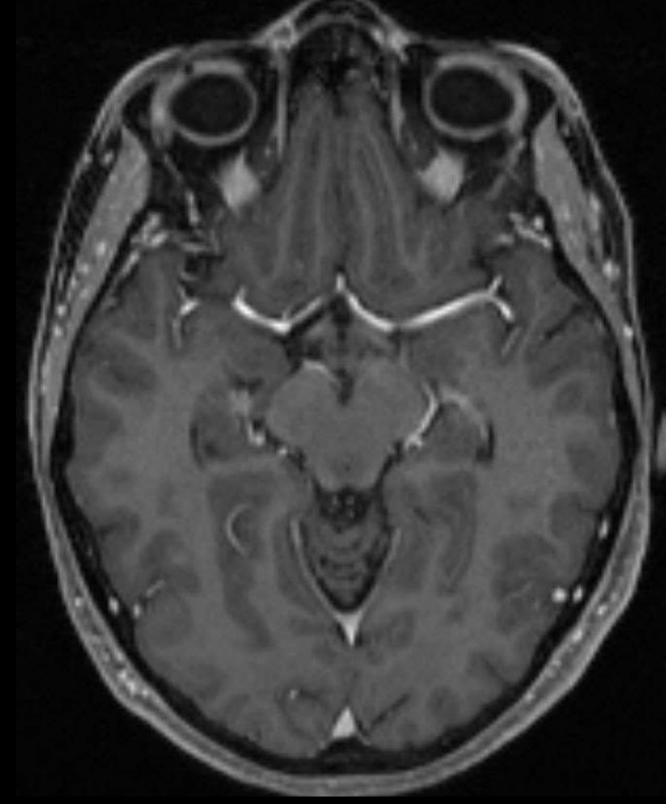
MCA = Middle Cerebral Artery



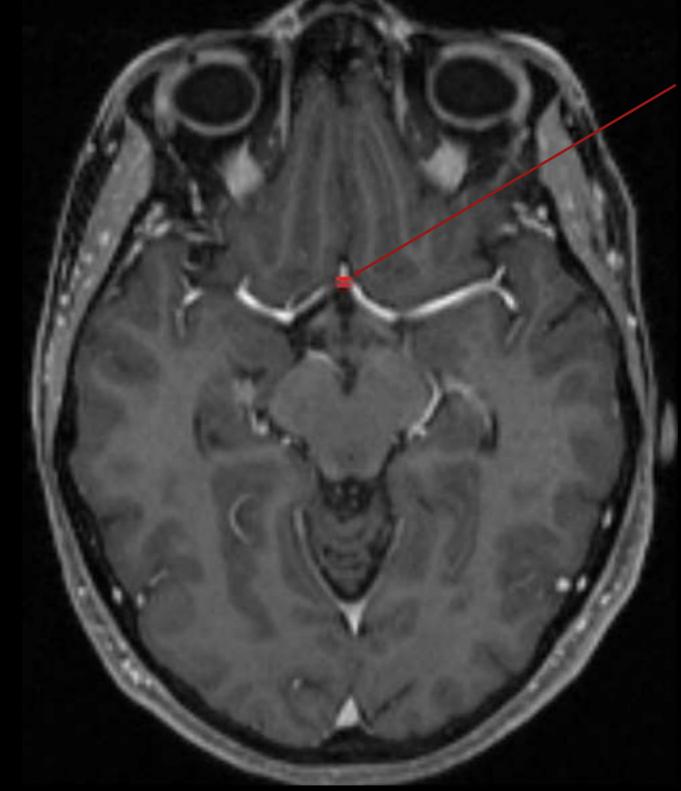
ACA = Anterior Cerebral Artery

ACA = Anterior Cerebral Artery



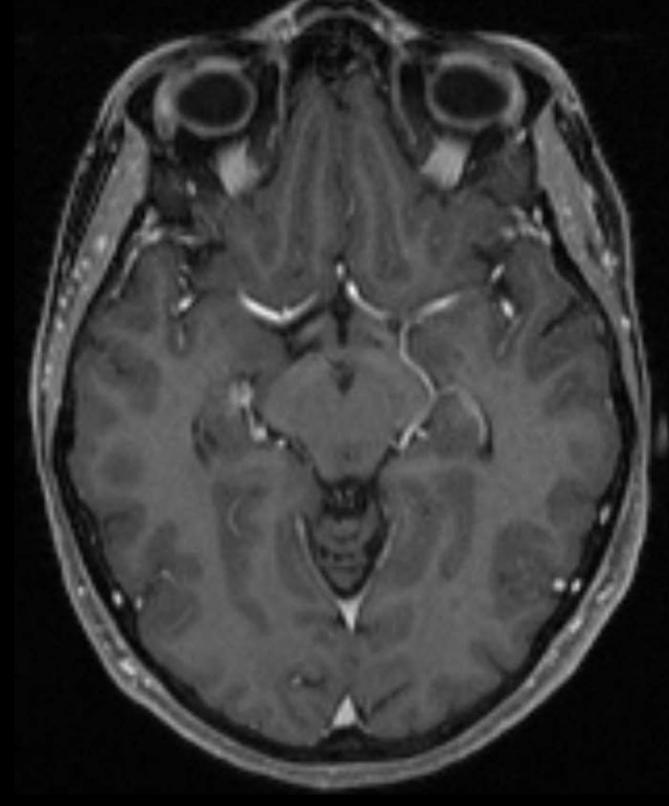


ACOM = Anterior Communicating Artery

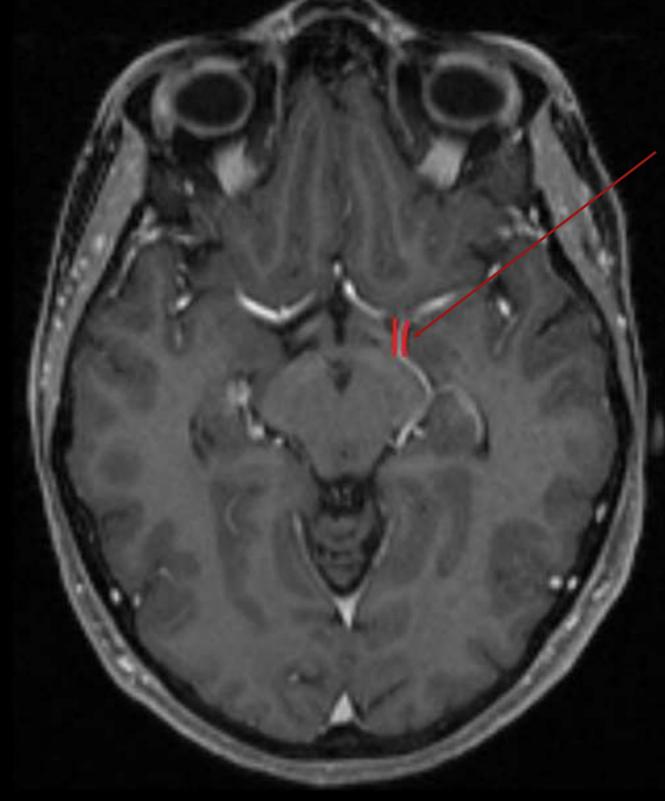


ACOM = Anterior Communicating Artery

The ACOM connects the left and right ACAs.



PCOM = Posterior Communicating Artery



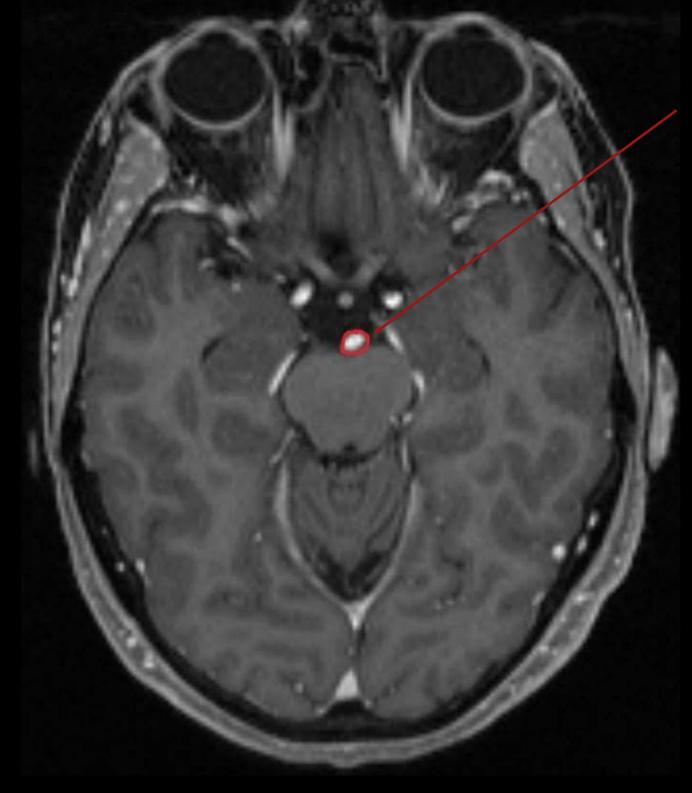
PCOM = Posterior Communicating Artery

PCOM connects the anterior and posterior circulation.

#### BASILAR ARTERY

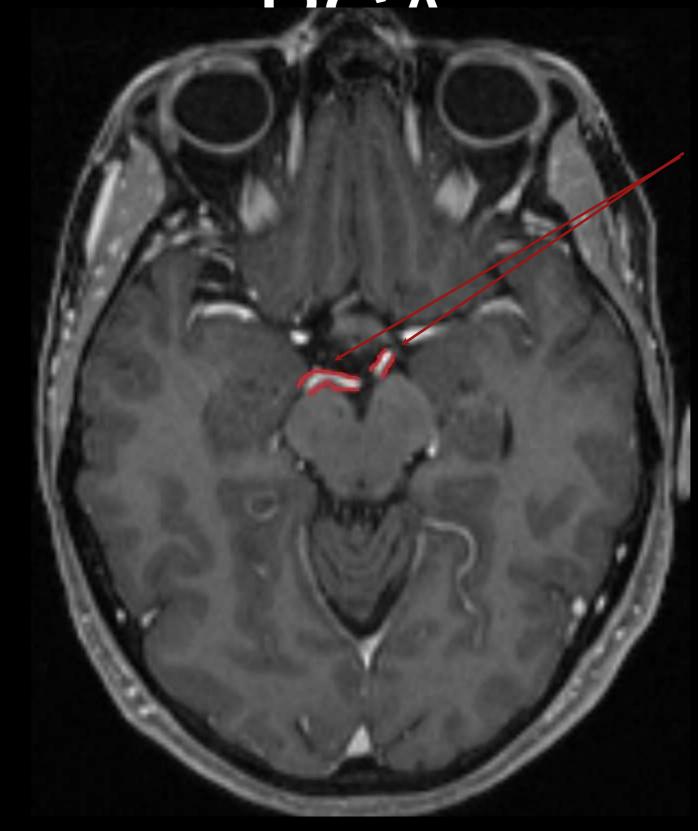


#### BASILAR ARTERY



The basilar artery is the distal continuation of the vertebral arteries, supplying the posterior circulation.





PCA = Posterior Cerebral Artery

The PCAs loop backwards around the midbrain.

PCA = Posterior Cerebral Artery



PCA = Posterior Cerebral Artery



### End of module 1

- Introduction to Neuroimaging DIL part 1
- Basic Brain Anatomy DIL part 1
- Standardized Approach to Image Interpretation DIL part 2
- Common Pathology
  - Bleeds (Hemorrhages) DIL part 3
  - Strokes (Infarcts) DIL part 4
  - Masses (Tumors) part 5