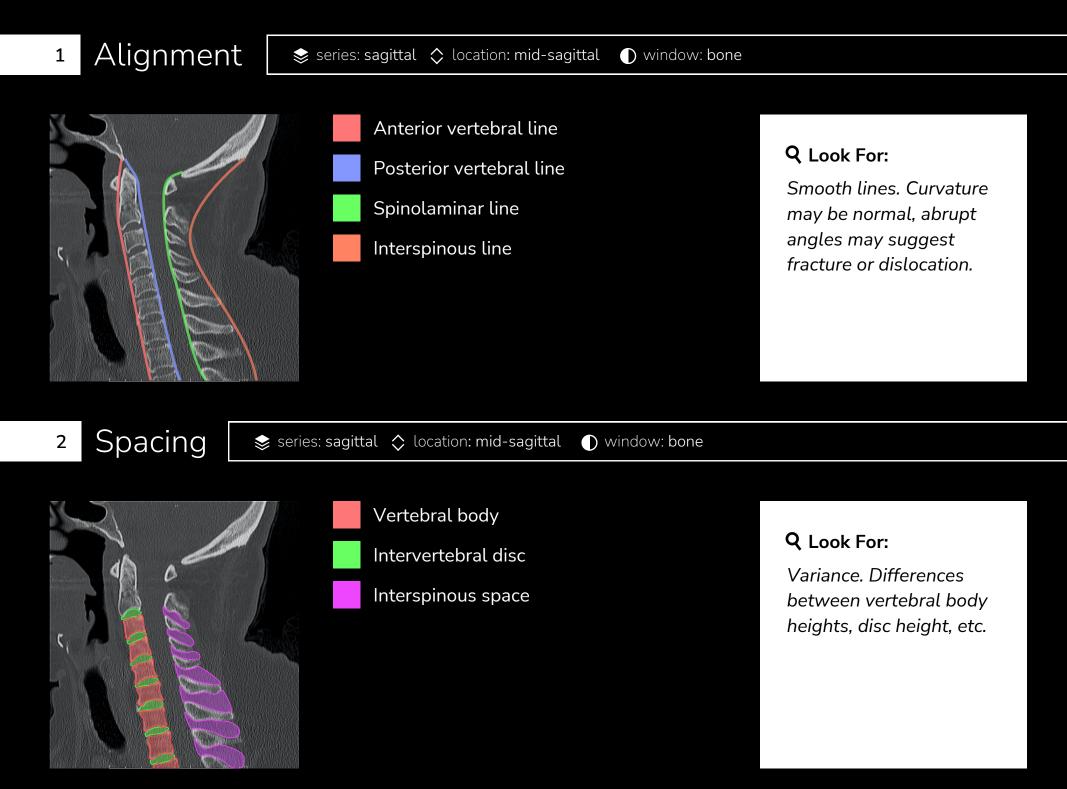
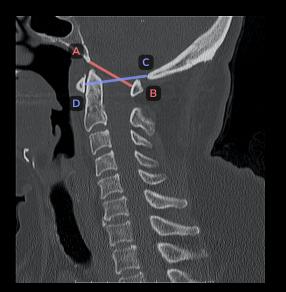


SEARCH PATTERN **CT** Cervical Spine



Articulations: Craniocervical Зa



Powers ratio: AB/CD <0.9

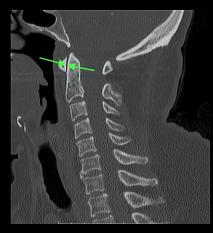
Atlantodental interval (ADI): <3mm

Basion-dens Interval (BDI): <10mm

Basion-axial interval (BAI): <12mm

Q Look For:

Powers ratio. Consider a focused evaluation of the remaining distances if the Powers ratio is abnormal.







Articulations: Facets 3b

- 📚 series: sagittal 🛭 🔷 location: paramedian
- window: bone



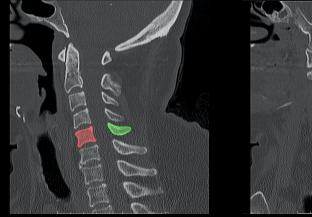
- Anterior articular pillar
- Posterior articular pillar
- Facet joints

Q Look For:

Congruent anterior and posterior pillar alignment. Spacing between the facet joints should be symmetric.

Fractures: Primary 4a







Vertebral body

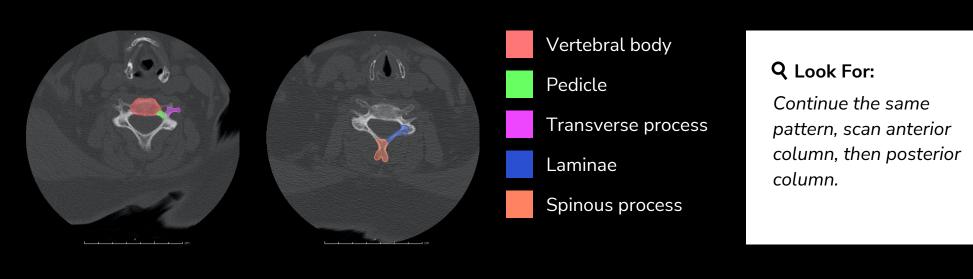
Spinous process

Pedicle/pillar

Q Look For:

Cortical disruption. Scan anterior column (body) then posterior column (spinous process), then paramedian (pedicle).

📚 series: axial • window: bone



Series: coronal ● window: bone



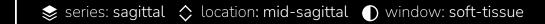
Vertebral body

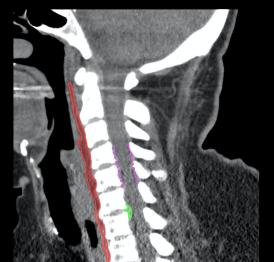
Transverse process

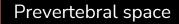
Q Look For:

Pay special attention to craniocervical junction, atlantoaxial avulsion fractures may suggest ligamentous injury.

Fractures: Secondary 4b







Intervertebral disc

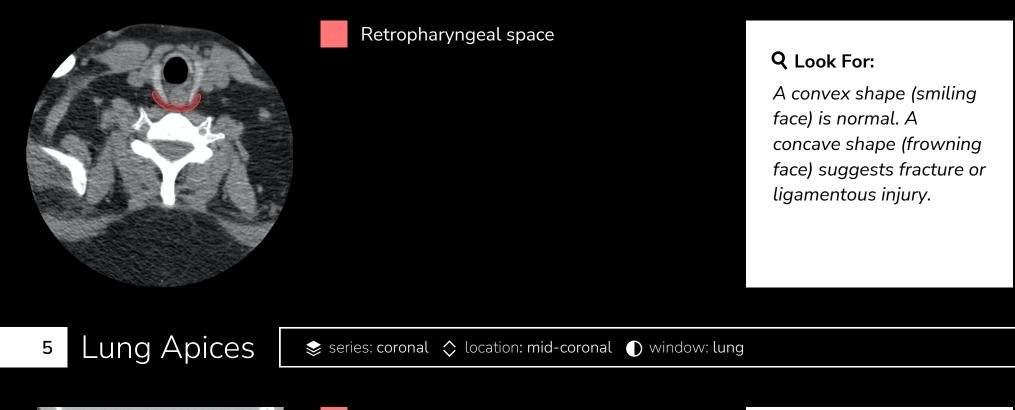
Spinal canal: <10mm (moderate) <5mm (severe)

Q Look For:

Prevertebral edema may help distinguish between osteophytes and avulsion fractures. Spinal canal stenosis may portend a higher risk of neurological symptoms.



Series: axial ● window: soft-tissue







Q Look For:

Evaluate lung apex for pneumothorax.