

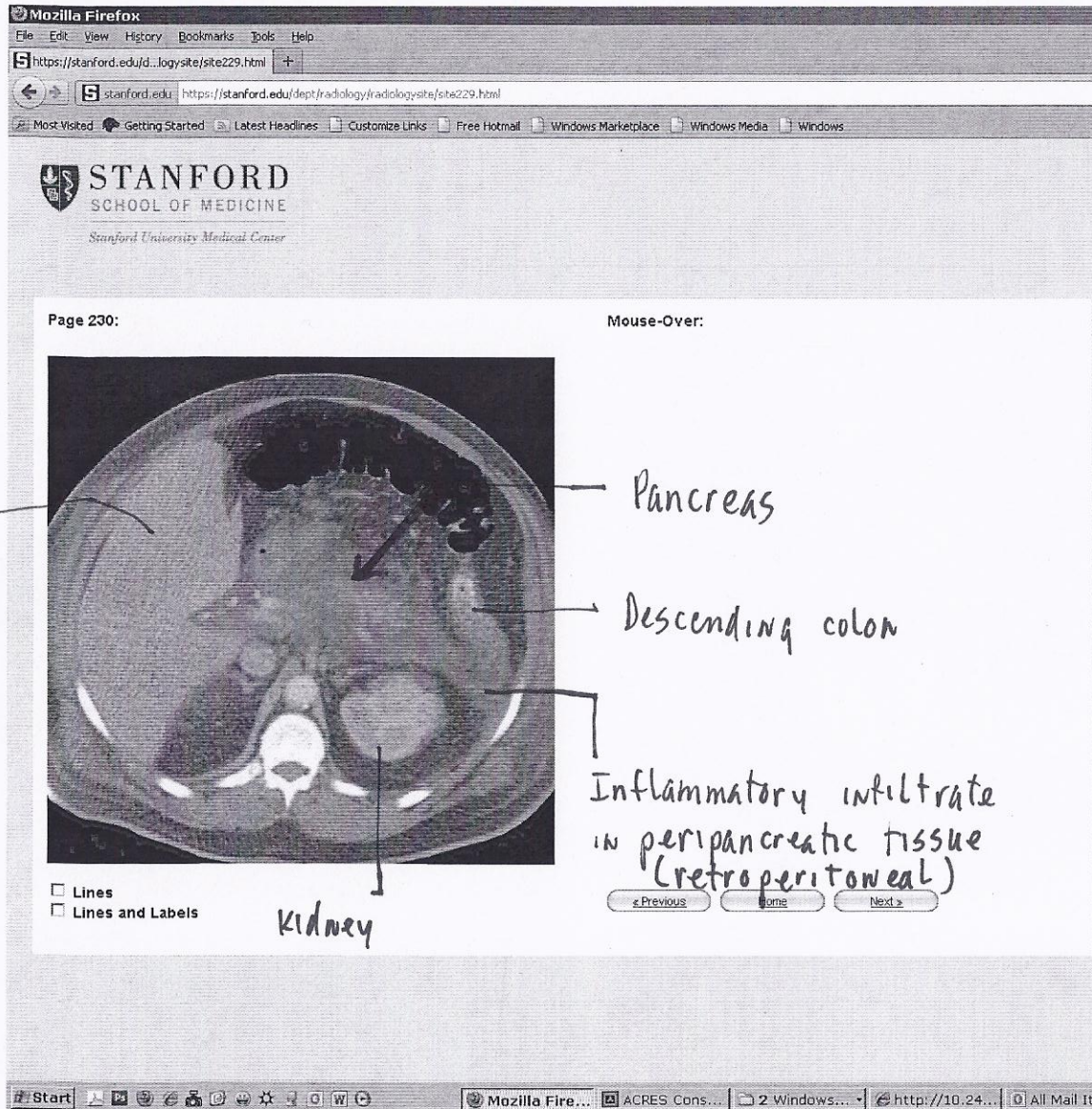
History:

(1 of 2)

32 year-old man with severe epigastric pain after heavy "partying"

Legend:

Axial contrast-enhanced CT shows diffuse infiltration of the peripancreatic fat planes in the retroperitoneum and mesentery. The findings are essentially diagnostic of acute pancreatitis. Laboratory testing confirmed elevated serum levels of lipase and amylase.



(2 of 2)

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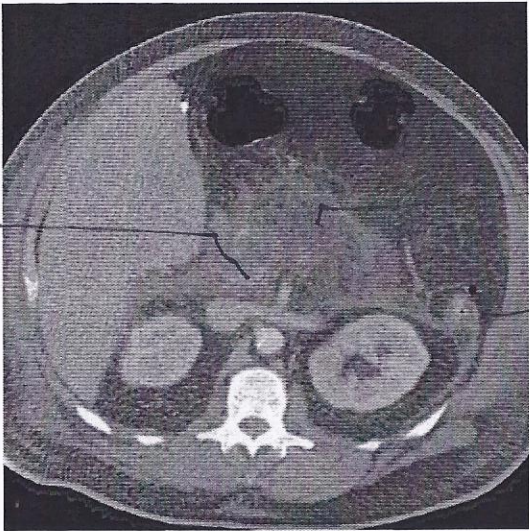
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head of pancreas

infiltrated mesenteric fat

descending colon

Lines  
 Lines and Labels

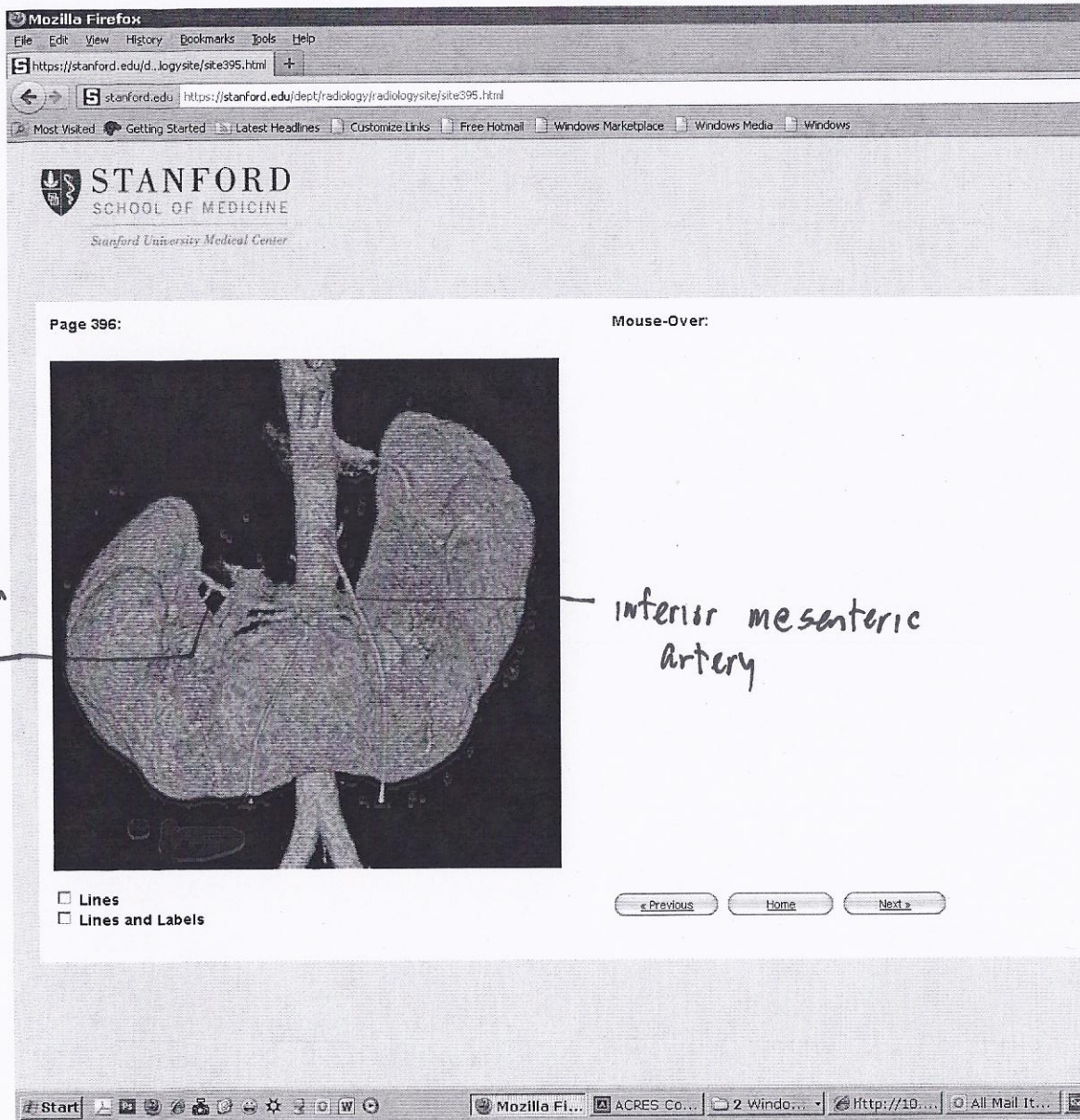
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Legend:

A more caudal CT section shows additional inflammatory infiltrate extending into the mesentery

Hersh: this should be the 4th of 4 images, to go with the prior 3



Legend: A 3-D volume-rendered CT image shows the horseshoe kidney. Note the multiple renal arteries and the inferior mesenteric artery that is draped over the kidney

"accessory"  
renal  
arteries

inferior mesenteric  
artery

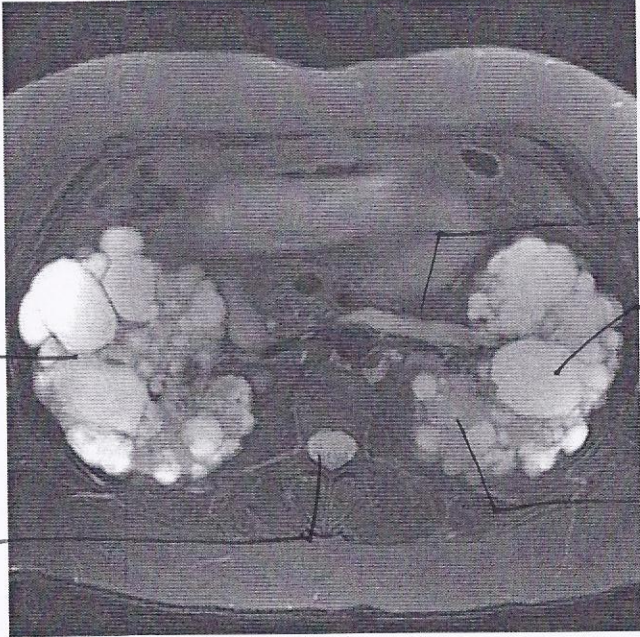
History: 40 year-old woman with progressive renal failure and palpable abdominal masses.

(1 of 2)

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Page 397: Mouse-Over:



Right kidney  
CSF in spinal canal  
Left renal vein  
Water intensity renal cyst  
Lower intensity renal cyst

Lines  
 Lines and Labels

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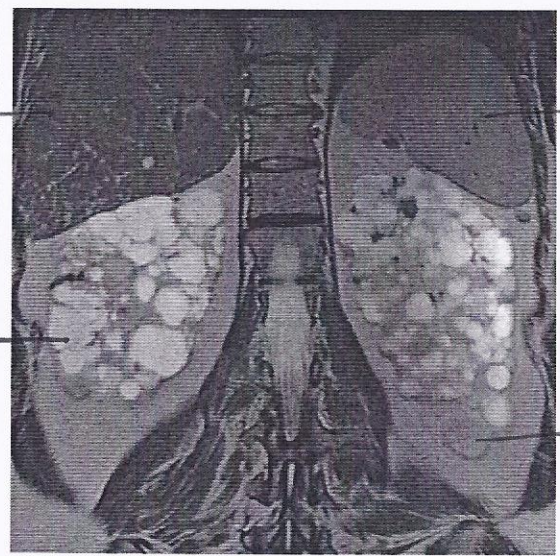
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Legend: An axial T2-weighted MR section shows enlargement and distortion of both kidneys by innumerable cysts of varying sizes. Most of the cysts are very bright, indicating simple fluid content. Other cysts contain more complex fluid that is of lower signal intensity (darker) due to prior episodes of hemorrhage into these cysts. These findings are diagnostic of autosomal dominant ("adult") polycystic renal disease.

(2 of 2)

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Liver

Spleen

water intensity cyst

Complex cyst (lower intensity)

Legend: A coronal T2-weighted MR section shows the enlarged polycystic kidneys with innumerable cysts of varying intensity due to prior episodes of intracystic hemorrhage

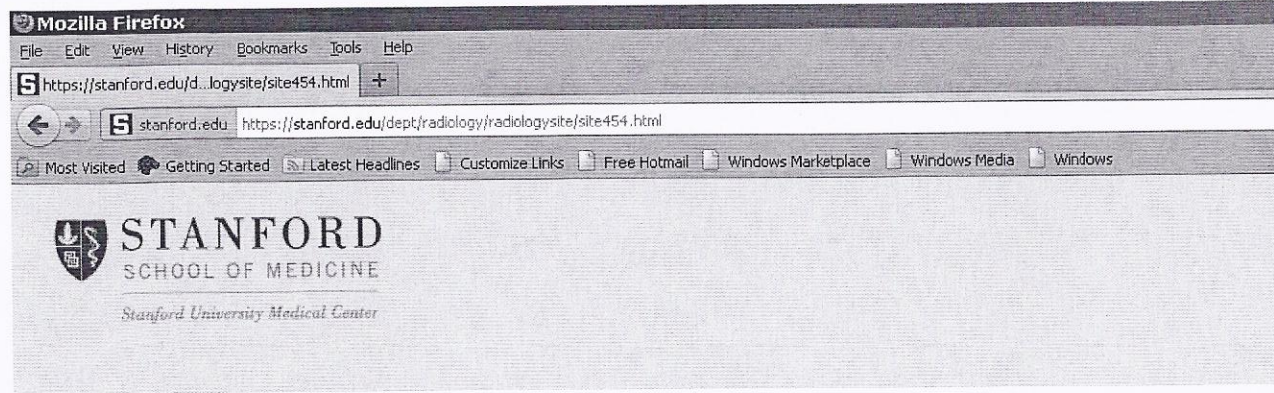
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# (1 of three) 1st Trimester Pregnancy

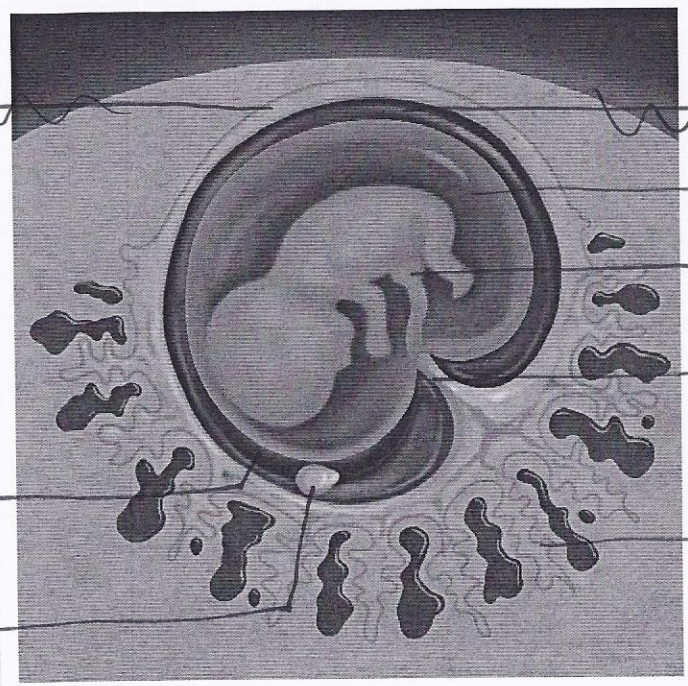
Legend:

Toward the end of the 1st trimester, the amnion fills the chorionic cavity. The membranes do not fuse until 14-16 weeks. As the limbs develop and cranial development continues, the embryo becomes more recognizably human. The placenta continues to grow, and the chorionic villi develop into an increasingly complex branching pattern.



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Amniotic cavity  
Bowel herniated into base of umbilical cord  
Connecting stalk  
Chorionic villi

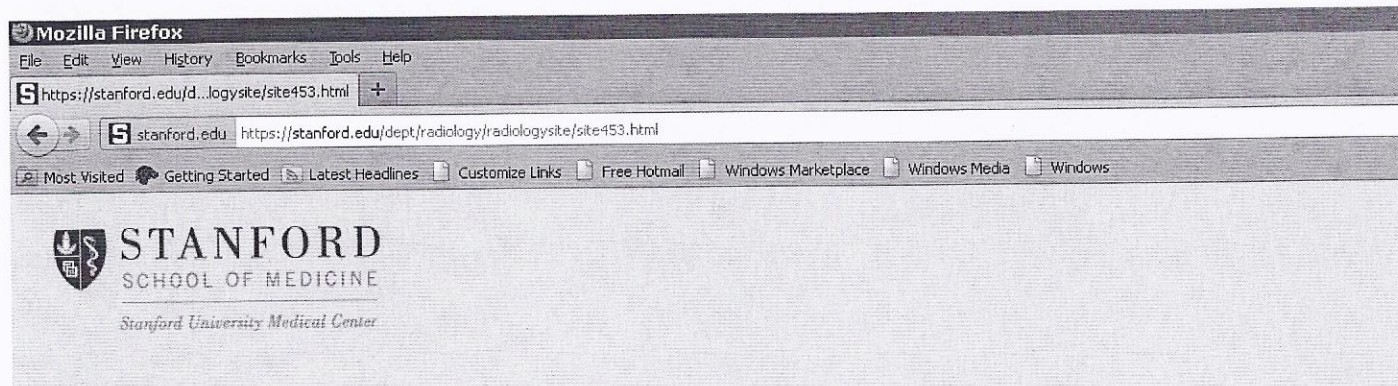
Chorionic cavity  
Yolk sac (separated)

- Lines
- Lines and Labels

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(2 of three)

1st Trimester Pregnancy



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Cranium

Bowel herniated into base of umbilical cord

Chorionic cavity

Amniotic cavity

Yolk sac

Amnion

Coiled umbilical cord

- Lines
- Lines and Labels

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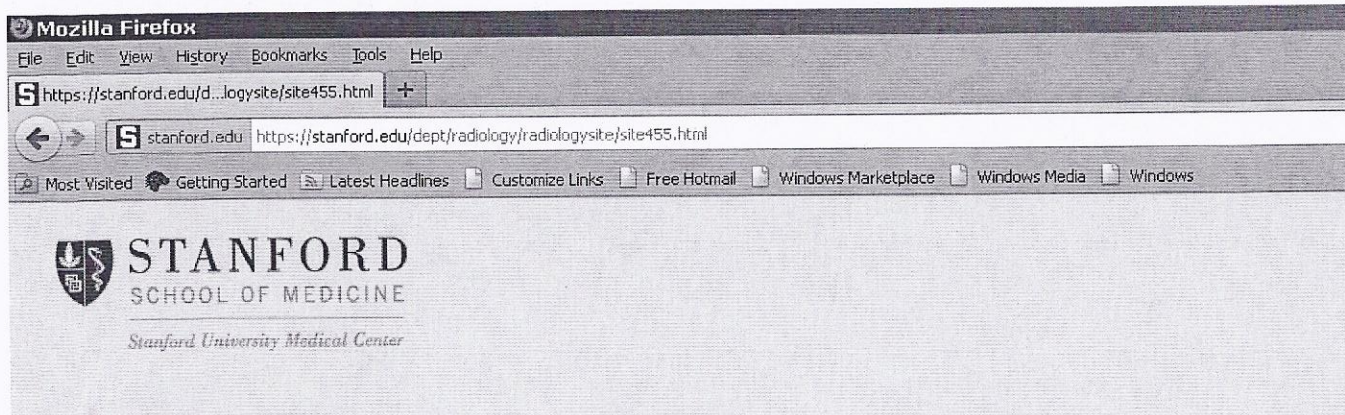
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Legend:

At 10 weeks, there is some residual herniation of bowel into the base of the cord. The embryo is freely suspended within the amniotic sac by the cord, which already shows evidence of coiling. The yolk sac will be obliterated as the amnion apposes the chorion.

3 of three



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Legend:

3D surface rendered sonogram shows recognizable cranium, torso, and extremities in this 11-week fetus. In real time, the fetus can be observed to move within the pool of amniotic fluid.

Cranium

Umbilical cord

Upper extremity

Bowl herniated into base of cord

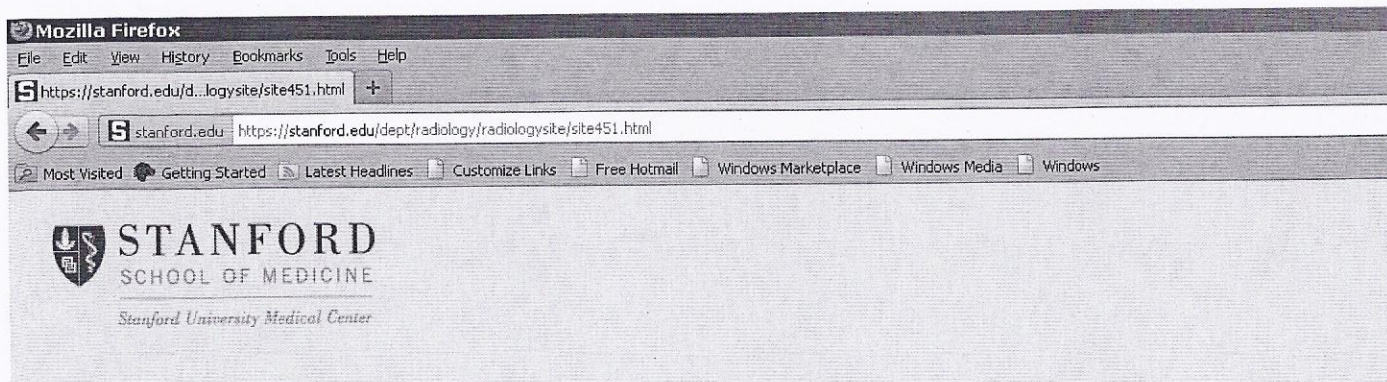
Lower extremity

- Lines
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1 of 1



~~sonogram~~

BT

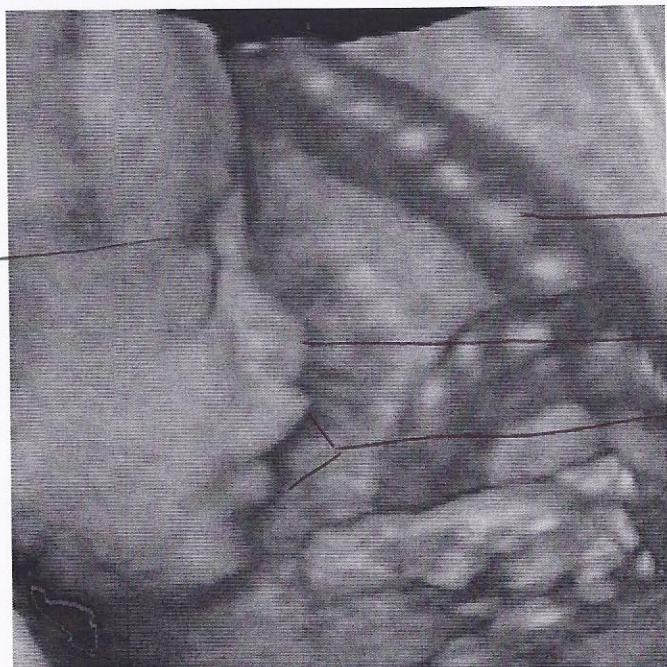
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Legend:

3D surface-rendered sonogram shows profile view of a 3rd trimester fetus, with easily recognizable facial features.

Eye



Coiled umbilical cord

Nose

Lips

- Lines
- Lines and Labels

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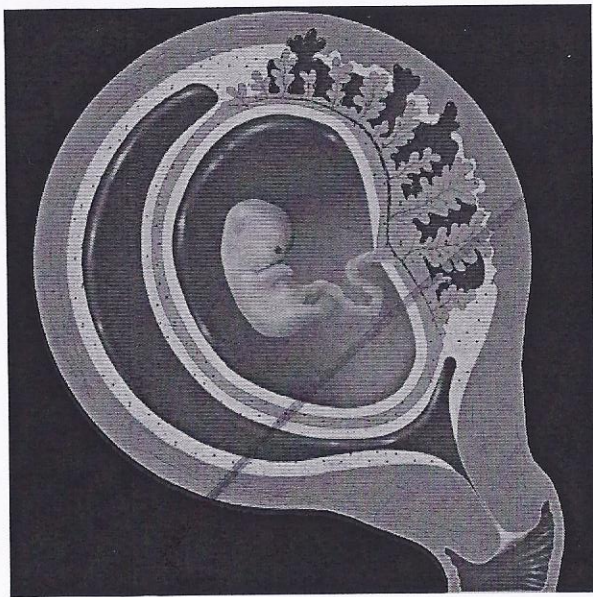
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Lines  
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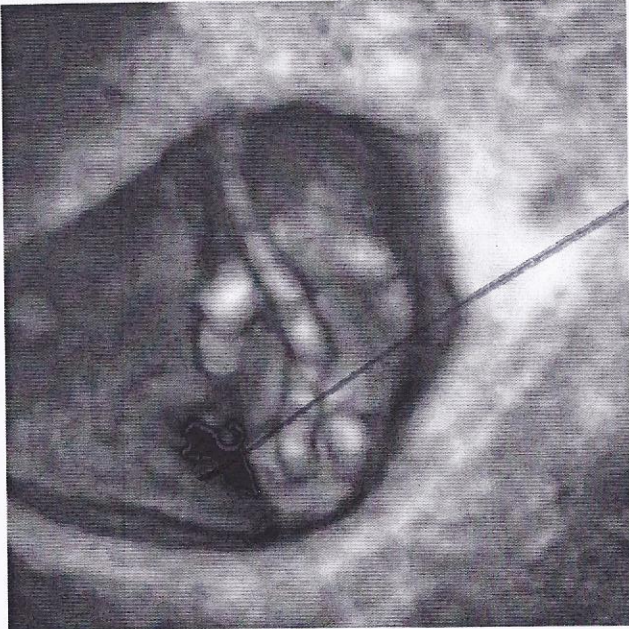
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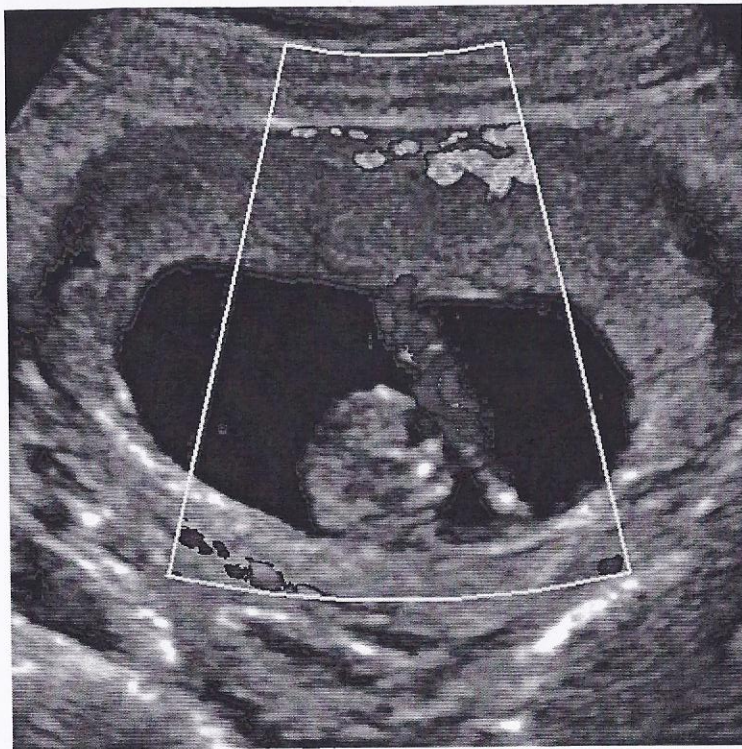
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# Scoliosis

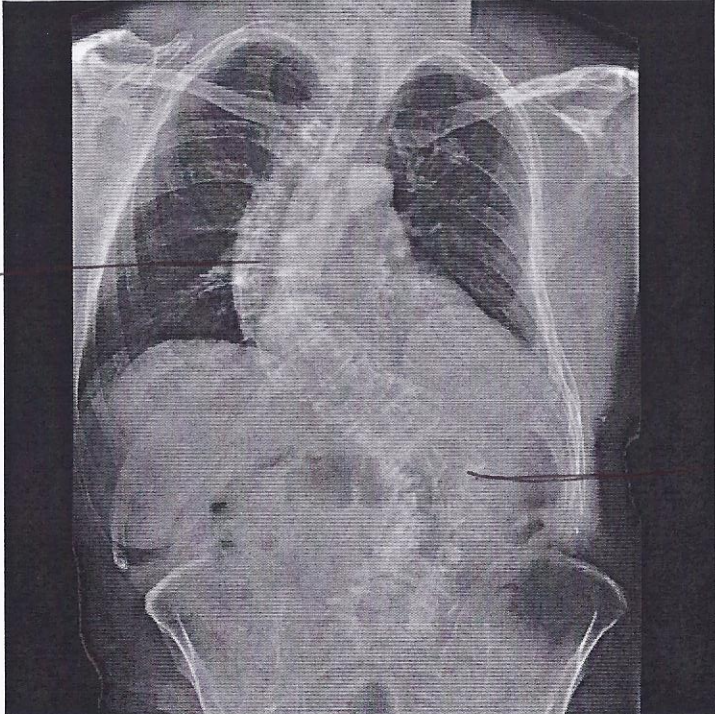
12 year-old girl with back pain

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Page 476: Mouse-Over: Legend.

Thoracic scoliosis convex to the right



Lumbar scoliosis convex to the left

Typical radiograph (plain film) of S-shaped thoracolumbar scoliosis that is moderate to severe.

Lines  
 Lines and Labels

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lot 2

History: 40 year-old man fell from a tall ladder;  
complains of back pain

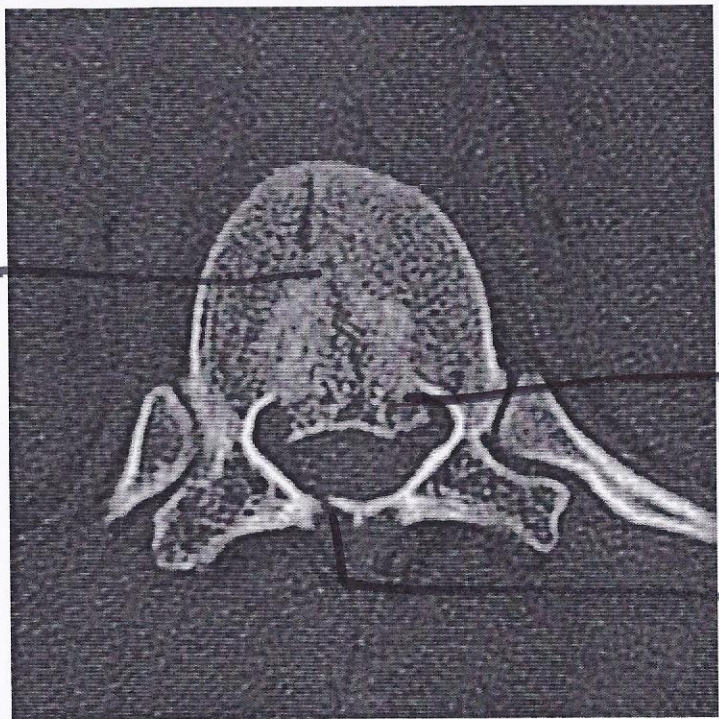
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Legend:

Axial CT section shows a thoracic vertebral burst fracture. This has resulted in a sagittally oriented fracture through the vertebral body and posterior elements (lamina). The posterior vertebral body cortical fragment is displaced into the spinal canal

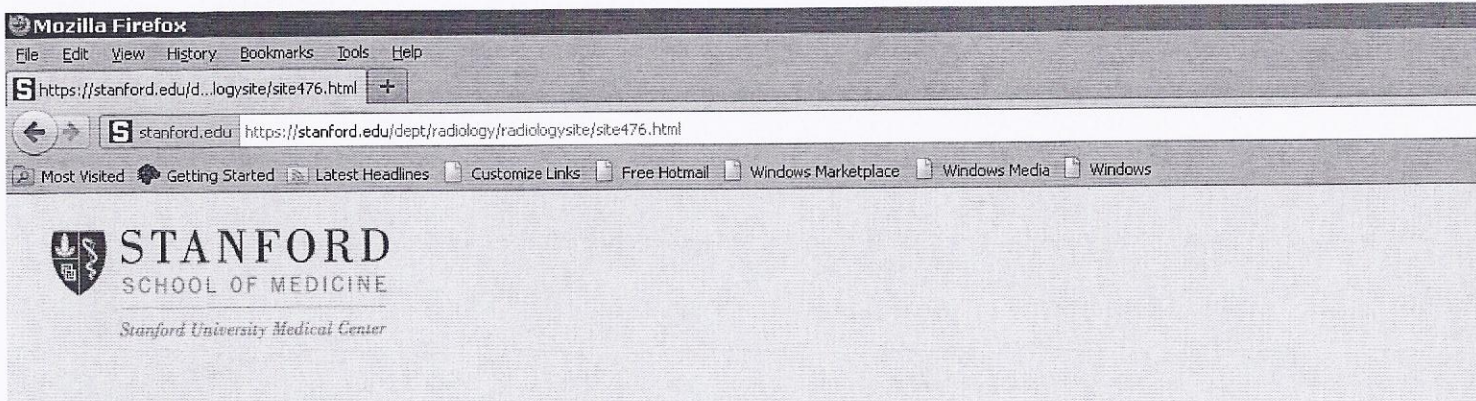
Sagittal Fracture line through body



Retropulsed fragment

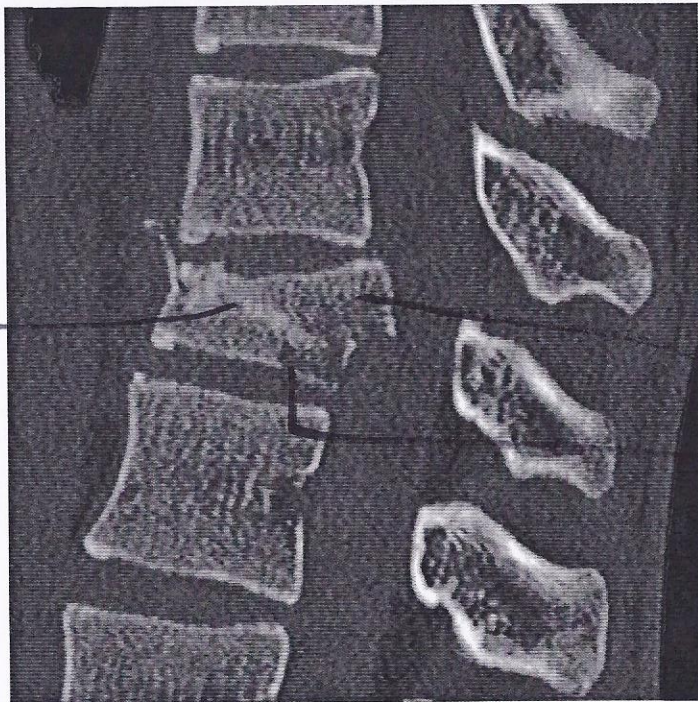
Fracture through lamina

- Lines
- Lines and Labels



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Legend:

Sagittal ~~reformation~~ reformatted CT in the same patient shows a sclerotic line reflecting trabecular impaction. There is also a coronal fracture plane extending to the inferior vertebral body cortex. The retropulsed fragment is evident.

Trabecular impaction

Retropulsed fragment  
Coronal fracture line

- Lines
- Lines and Labels

# Fatal Head Traum

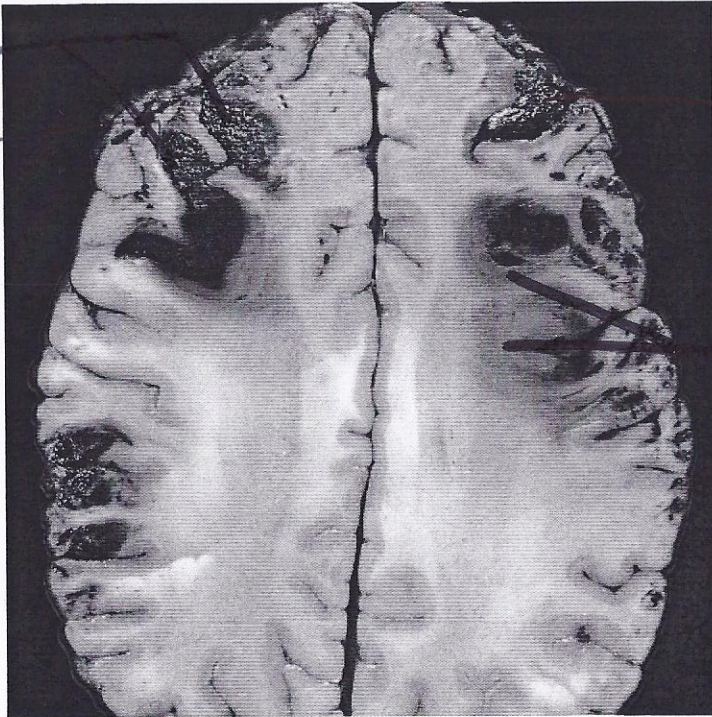
Legend: Gross pathology photograph of axial section through brain.

Fatal closed head injury. There are

multiple collections of blood in the subarachnoid space and fissures, as well as contusions of the gray matter.

Parenchymal + subarachnoid hemorrhage

Page 540:



Parenchymal + subarachnoid hemorrhage

Deep gray matter contusion

- Lines
- Lines and Labels