



Fig. E1-A



Fig. E1-B

**Figs. E1-A through E1-E** Sagittal T2-weighted images of the cervical spine. The midline image can be recognized by noting the spinal cord in its entirety from the midbrain to the upper thoracic spine (Fig. E1-C). Note that cerebrospinal fluid is seen anterior and posterior to the cord in its entirety. The sagittal images should then be reviewed to the left and right of midline for foraminal or lateral recess stenosis, with correlation of the image numbers with those on the coronal localizing image. (Reprinted, with permission, from: Khanna AJ. A systematic approach to the review of musculoskeletal MRI studies. In: Khanna AJ, editor. MRI for orthopaedic surgeons. New York: Thieme; 2010; Figs. 3.10A through 3.10E.)

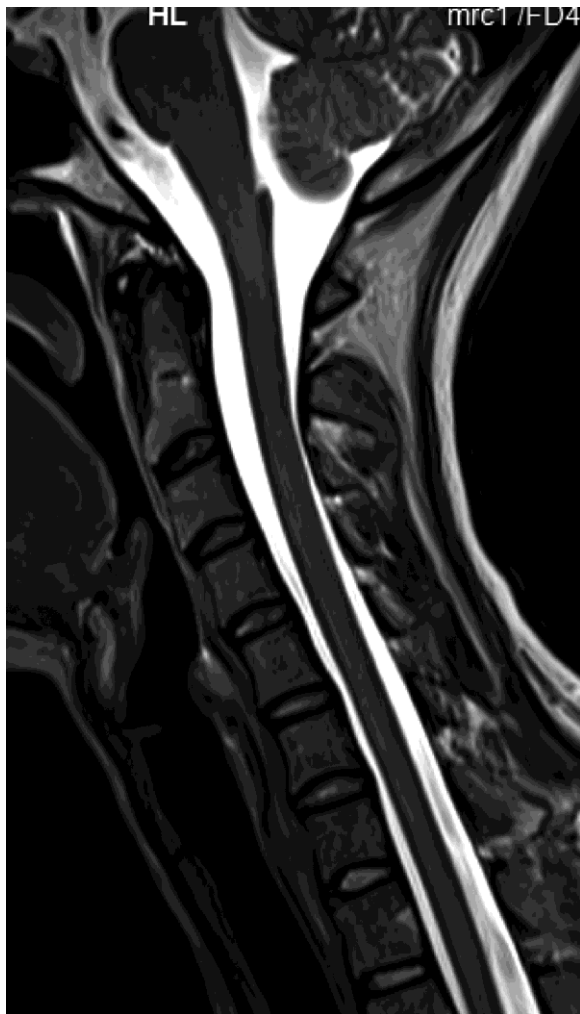


Fig. E1-C

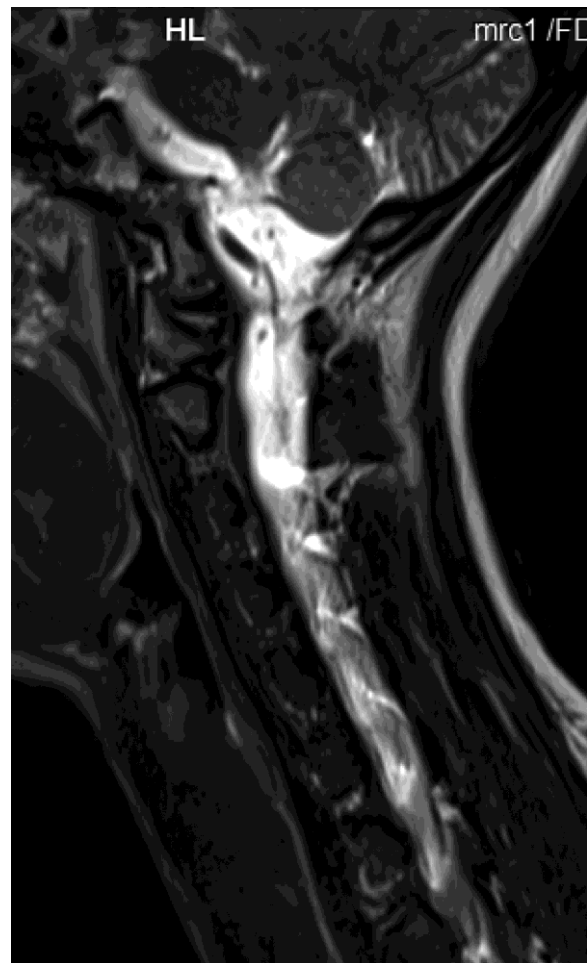


Fig. E1-D

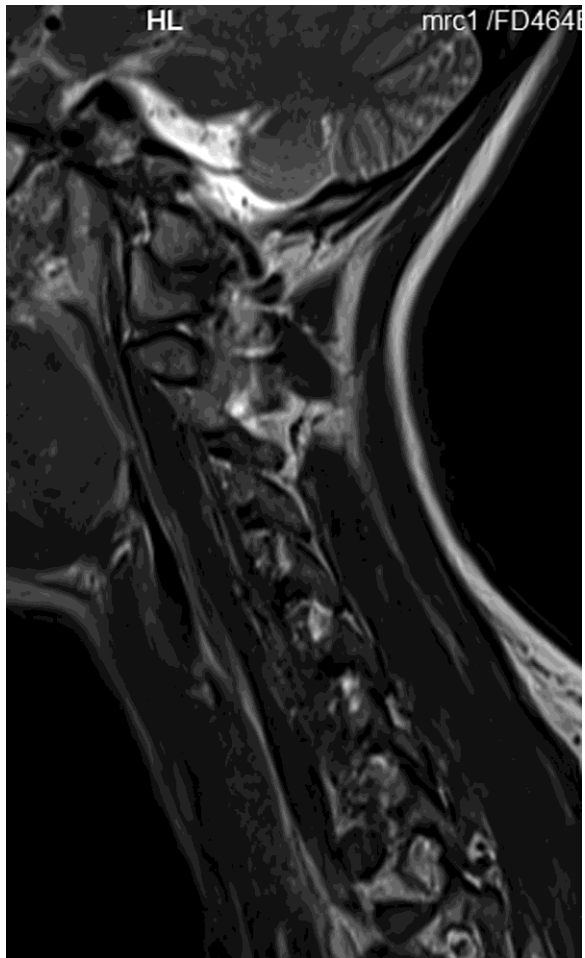


Fig. E1-E



Fig. E2-A

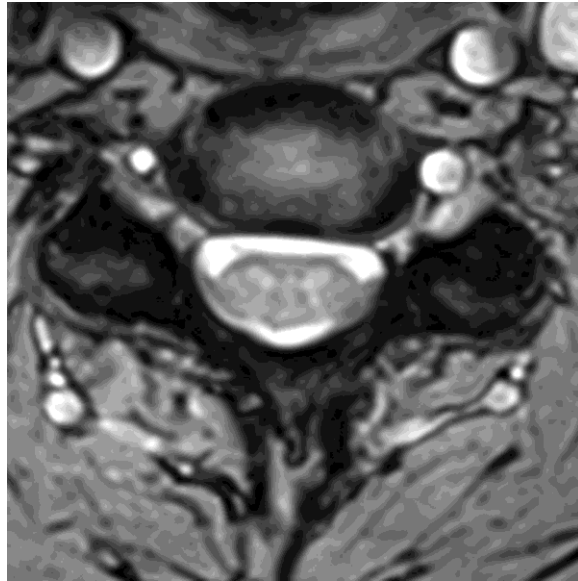


Fig. E2-B

**Figs. E2-A through E2-F** Axial T2\*-weighted gradient-echo images of the cervical spine. These images should be evaluated from proximal to distal, with the reviewer making sure that the image numbers on each axial image are in sequential order to ensure that no images are missed. Note the presence of cerebrospinal fluid (bright) surrounding the cervical spinal cord at all levels. (Reprinted, with permission, from: Khanna AJ. A systematic approach to the review of musculoskeletal MRI studies. In: Khanna AJ, editor. MRI for orthopaedic surgeons. New York: Thieme; 2010; Figs. 3.12A through 3.12F.)

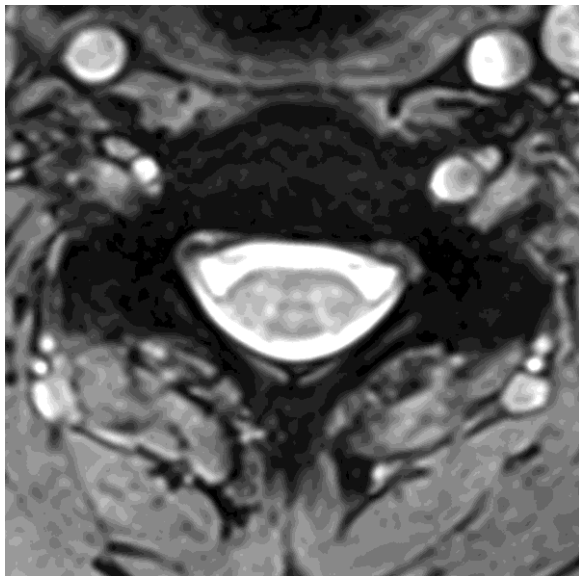


Fig. E2-C

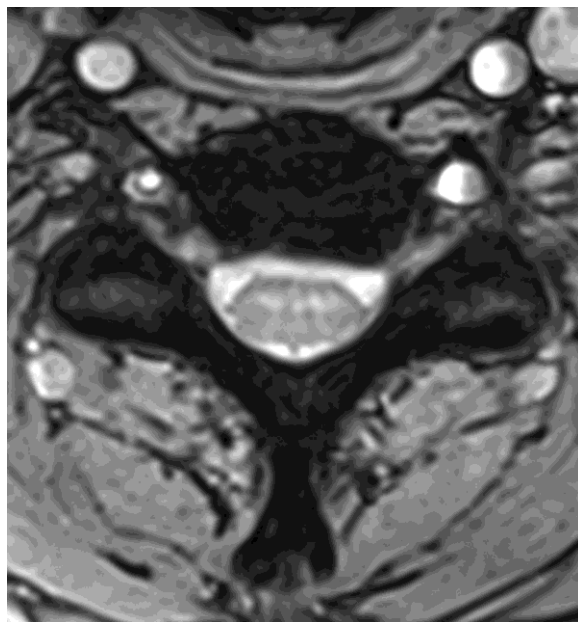


Fig. E2-D

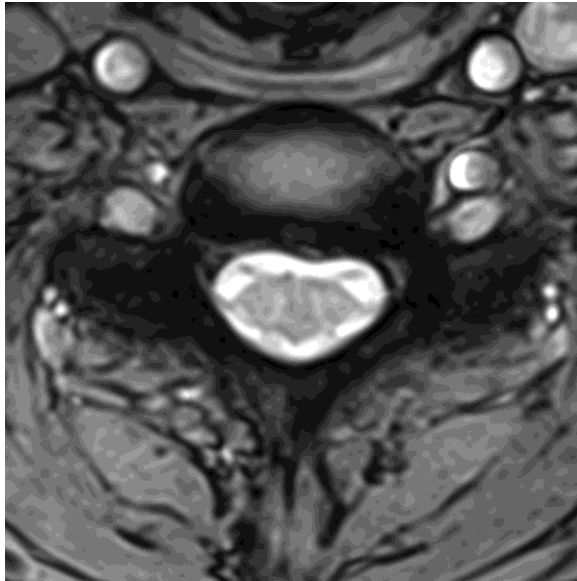


Fig. E2-E

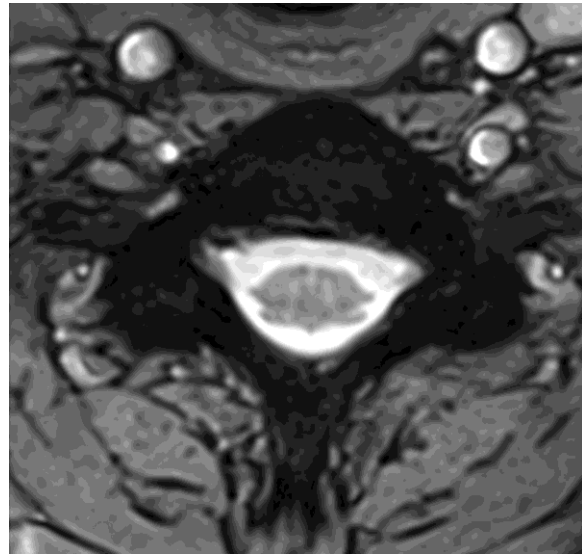


Fig. E2-F



Fig. E3-A



Fig. E3-B

Sagittal images of the spine. On both the T1-weighted (Fig. E3-A) and the T2-weighted (Fig. E3-B) image, the T12 vertebral body is seen as high signal. Combined with the characteristic striations, a diagnosis of hemangioma can be made with relative certainty. (Reprinted, with permission, from: Khanna AJ. A systematic approach to the review of musculoskeletal MRI studies. In: Khanna AJ, editor. MRI for orthopaedic surgeons. New York: Thieme; 2010; Figs. 3.19A and 3.19B.)