Ventriculus terminalis

- Terminal ventricle, 5th ventricle
- Isolated mild dilatation of distal central canal in normally located conus is nearly always incidental normal finding
- Most important imaging goal is to distinguish from cystic cord neoplasm or syrinx
  - Calcification, septations, nodules, enhancement, or eccentric location all argue against ventriculus terminalis and prompt further evaluation
- Exclude other unsuspected abnormalities predisposing to syrinx or cord tethering
- Size variable throughout life; smallest in middle age, largest in early childhood and old ag

Ventriculus terminalis

- Mild cystic dilatation of distal spinal cord canal
- No gliosis or myelomalacia
- No marginal nodularity or pathological enhancement
- Conus terminates at normal level (T12 → L2)
- Isolated mild dilatation of distal central canal in normally located conus is nearly always incidental normal finding

Sagittal T2WI MR shows the classic imaging appearance of ventriculus terminalis (white solid arrow) with smooth dilation of the distal spinal cord canal in the conus. Multiple vertebral endplate Schmorl nodes are an unrelated finding.

Ventriculus terminalis

Sagittal T2WI MR depicts cystic expansion of the ventriculus terminalis, or "5th ventricle" (white solid arrow). The dilatation is centered within the central canal and confined to the conus only.