X-ray
There is a unstable tear drop fracture of C5 with posterior displacement of vertebra into the spinal canal, but no obvious fracture of the posterior element. The avulsed tear drop fracture anterior inferiorly suggests disruption of anterior longitudinal ligament. Stabilisation of cervical spine and urgent referral is recommended.

CT
There is a teardrop fracture of the anterior aspect of the C5 vertebral body. There is retropulsion of the vertebral body into the spinal canal by approximately 3.2mm. No fracture of the posterior element or of the vertebra above or below is identified.

IMPRESSION: Teardrop fracture of C5 with retropulsion of vertebral body. No other fractures seen.

MRI
The cervicomedullary junction is normally formed.

Fracture of the C5 vertebral body with a teardrop fragment seen arising from the lower aspect of its anterior surface and retropulsion of the posterior aspect of the C5 vertebral body into the cervical canal is seen as has been identified on recent plain films and CT.

There is thickening of the soft tissues behind the C6 vertebral body related to associated ligamentous injury. On the axial images, the cord is minimally flattened as a result of bony displacement and soft tissue thickening but the cord signal is probably normal throughout.

IMPRESSION: Fracture of C5 associated with soft tissue abnormalities
and retropulsion of the vertebral body into the cervical canal.
These appearances are likely to represent an unstable cervical
spine fracture.