

RADIOLOGY REPORT

Name : Mr. JAI DAYAL YADAV ECHS ID 13837611	Centre Name : Vatika Medicare - Gurgaon
Age/Sex : 65 Years /M	Ref. Doctor : MANISH PRAKASH
Pat ID : AB11000914	Request Date : 19-Jan-2016

Reporting date: 20.01.2016

CEMRI BRAIN

PROCEDURE

Using the head coil, images of the brain acquired on 3.0 Tesla MRI system using TSE and FLAIR sequence with axial T1, T2 and FLAIR images. Study supplemented with sagittal & coronal T2 weighted images of the brain. DW & GRE images were also obtained. Post contrast T1W axial, coronal and sagittal images were also obtained.

FINDINGS

POSTERIOR FOSSA:

A well defined extra axial cystic intensity lesion measuring ~ 2.80 cm (Trans) x 1.19 cm (AP) x 1.91 cm (CC) is seen in the region of left cerebello-pontine angle cistern and antero-lateral to left cerebellar hemisphere following CSF signal on all pulse sequences appearing hypointense on T1WI, hyperintense on T2WI with signal suppression on FLAIR images, no evidence of restricted diffusion on DWI and no evidence of enhancement on post contrast images suggestive of arachnoid cyst.

Rest of the brainstem & cerebellar hemispheres are unremarkable.
4th ventricle is normal in size, shape & position with normal signal intensity.
Bilateral 7th & 8th nerve complexes are grossly unremarkable.
Right C.P angle is unremarkable. No obvious CP angle mass lesion is seen.

SUPRATENTORIAL

A well defined area of altered signal intensity involving grey matter and underlying subcortical white matter is seen in left temporo-parietal region and left insular cortex appearing hypointense on T1WI, hyperintense on T2WI & FLAIR images with evidence of restricted diffusion appearing hyperintense on DWI & hypointense on ADC maps with foci of blooming along cerebral sulci on gradient images and no significant enhancement on post contrast images suggestive of acute infract left MCA territory with hemorrhagic transformation. There is mild associated mass effect resulting in effacement of overlying cerebral sulci.

Small acute infarcts are also seen in left frontal region- precentral gyrus, left corona radiata & left parietal subcortical white matter with evidence of restricted diffusion on DWI appearing hyperintense on DWI & hypointense on ADC maps.

There is evidence of hyperintensity on T1WI and FLAIR images along left sylvian fissure with blooming on gradient images suggestive of focal subarachnoid hemorrhage. Hyperintensity is also noted on T1WI & FLAIR images along inter-hemispheric fissure posteriorly suggestive of bleed.

There is evidence of mildly increased pachymeningeal enhancement along left cerebral convexity - left fronto-temporo-parietal region.

There is generalized prominence of rest of the cerebral sulci, subarachnoid spaces, right sylvian fissure, basal cisterns & ventricular system suggestive of diffuse cerebral atrophy.

Few small discrete T2/ FLAIR hyperintense foci areas are seen in right frontal subcortical white matter with no evidence of restricted diffusion on DWI.

Rest of the bilateral cerebral hemispheres appear normal in morphology and signal intensity pattern.

Bilateral ganglio - thalamic nuclear complexes appear normal in morphology and signal intensity pattern.

No significant midline shift seen.

Mild mucosal thickening is seen in bilateral maxillary and right ethmoid sinus.

There is bilateral inferior turbinate mucosal hypertrophy (right>left).

Note is made of mild left sided DNS.

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IMPRESSION: Findings are suggestive of:

- A well defined area of altered signal intensity involving grey matter and underlying subcortical white matter in left temporo-parietal region and left insular cortex with evidence of restricted diffusion and foci of blooming along cerebral sulci on gradient images with no significant enhancement on post contrast images suggestive of acute infract left MCA territory with hemorrhagic transformation and mild associated mass effect resulting in effacement of overlying cerebral sulci.
- Small acute infarcts in left frontal region- precentral gyrus, left corona radiata & left parietal subcortical white matter.
- Hyperintensity on T1WI and FLAIR images along left sylvian fissure with blooming on gradient images suggestive of focal subarachnoid hemorrhage (advice: Clinical correlation and follow up MR angio is suggested to rule out small underlying aneurysm).
- Hyperintensity on T1WI & FLAIR images along inter-hemispheric fissure posteriorly suggestive of bleed.
- Mildly increased pachymeningeal enhancement along left cerebral convexity - left fronto-temporo-parietal region.
- Diffuse cerebral atrophy (age related).
- Few small discrete ischemic demyelinating foci in right frontal subcortical white matter.
- A well defined extra axial cystic intensity lesion in the region of left cerebello-pontine angle cistern and antero-lateral to left cerebellar hemisphere following CSF signal on all pulse sequences and no evidence of enhancement on post contrast images suggestive of arachnoid cyst.

Advise: Clinical correlation.

*** END OF REPORT ***

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NOT VALID FOR MEDICO-LEGAL PURPOSE
This is only radiological professional opinion and not a final diagnosis. X-ray, USG, CT/ MRI also has its limitations. Therefore, X-ray, USG, CT/MRI Report should be interpreted in correlation with clinical & pathological findings.

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