

Patient Name	: Mr.ABDUL SATTAR	Visit No	: CHA250033594
Age/Gender	: 76 Y/M	Registration ON	: 24/Feb/2025 10:30PM
<b>Lab No</b>	<b>: 10130890</b>	Sample Collected ON	: 24/Feb/2025 10:30PM
Referred By	: Dr.FAH SUPER SPECIALITY HOSPI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 12:50PM

## **MRI: BRAIN**

### **IMAGING SEQUENCES (NCMR)**

**AXIAL:** SWI, DWI, T1, FLAIR & TSE T2 Wis. **SAGITTAL:** T2 Wis. **CORONAL:** FLAIR Wis.

Cortical sulci are seen prominent in both cerebral hemispheres with prominence of bilateral lateral and third ventricle — diffuse cerebral atrophy.

T2 and TIRM hyperintensities are noted in the periventricular white matter of both cerebral hemispheres — ischemic demyelinating changes.

Moderate sized T2/TIRM hyperintensity showing restriction in DWI is seen in right frontal lobe and insular region — acute infarct.

Small area of gliosis is seen in right occipital lobe.

Old lacunar infarcts are seen in right basal ganglia, corona radiata and bilateral thalami.

Rest of the cerebral hemispheres shows normal MR morphology, signal intensity and gray - white matter differentiation. The corpus callosum is showing normal signal intensity pattern. Both lateral ventricles and third ventricle are normal in size shape and outline.

Mild diffuse cerebellar atrophy is noted with mild prominence of cerebellar folia.

Brain stem is showing normal morphology, signal intensity and outline. Fourth ventricle is normal in size and midline in position.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Sella, supra-sellar and para-sellar structures are normally visualized.

### **IMPRESSION:**

- **Diffuse cerebral and cerebellar atrophy with ischemic demyelinating changes.**
- **Acute infarct in right frontal lobe and insular region.**
- **Small area of gliosis in right occipital lobe — old infarct.**
- **Old lacunar infarcts in right basal ganglia, corona radiata and bilateral thalami.**

Please correlate clinically.

**DR. RAVENDRA SINGH**  
**MD**

Transcribed by R R...



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