

Patient Name	: Mr.RAM PRASAD	Visit No	: CHA250034279
Age/Gender	: 62 Y/M	Registration ON	: 25/Feb/2025 06:35PM
Lab No	: 10131575	Sample Collected ON	: 25/Feb/2025 06:35PM
Referred By	: Dr.RBH	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 07:24PM

MRI: BRAIN

IMAGING SEQUENCES (NCMR)

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

Small altered signal intensity area showing restriction in DWI is noted in left thalamus — acute lacunar infarct.

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

Diffuse cerebellar atrophy is noted with prominence of cerebellar folia.

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

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. Corpus callosum is showing normal signal intensity pattern. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen.

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.

Screening of cervical spine was done which reveals degenerative changes with disc osteophyte complex at C5-6, C6-7 levels. focal compressive myelopathic changes is seen at C5-6 level.

IMPRESSION:

- **Acute lacunar infarct in left thalamus.**
- **Diffuse cerebral & cerebellar atrophy with ischemic demyelinating changes.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet



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*** End Of Report ***

