

Patient Name	: Ms.SUSHEELA DEVI	Visit No	: CHA250035359
Age/Gender	: 44 Y/F	Registration ON	: 27/Feb/2025 11:47AM
<b>Lab No</b>	<b>: 10132655</b>	Sample Collected ON	: 27/Feb/2025 11:47AM
Referred By	: Dr.ABHISHEK SRIVASTAVA	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 27/Feb/2025 08:57PM

## **EEG EXAMINATION REPORT**

- This 24 channel Awake EEG record done under 10-20 international system of electrode placement shows organized background rhythm of 08 Hz, 40 to 80 mV in occipital leads.
- There is no significant left asymmetry.
- There is no significant right asymmetry.
- No epileptiform discharges seen.

### **OPINION :**

**NORMAL EEG RECORD.**

### **ADVISED : CLINICAL CORRELATION.**

**DR. PAWAN KUMAR**  
(NEUROLOGIST)

not meant for medico legal purposes

**CHARAK**



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## **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.

Bilateral basal ganglia calcifications are seen.

Rest of the cerebral hemispheres shows normal MR morphology, signal intensity and gray - white matter differentiation. The thalami and corpus callosum are showing normal signal intensity pattern. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen. No fresh infarct is seen on DWI.

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.**

Please correlate clinically.

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

Transcribed by R R...

\*\*\* End Of Report \*\*\*

