

Patient Name	: Ms.BABY NAAZ	Visit No	: CHA250036611
Age/Gender	: 56 Y/F	Registration ON	: 28/Feb/2025 11:00PM
Lab No	: 10133907	Sample Collected ON	: 28/Feb/2025 11:00PM
Referred By	: Dr.HARSHA HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 12:24PM

MRI: BRAIN

IMAGING SEQUENCES (NCMR)

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

Small nodular altered signal intensity lesions are seen in bilateral superior frontal, left parietal lobes and right cerebellum, largest measuring approx. 11 x 9mm in left frontal lobe. Mild to moderate perifocal edema is seen with effacement of adjacent cortical sulci. Left parietal lesion is showing small focus of blooming on SWI.

Small well defined extracranial exophytic subcutaneous soft tissue lesion [measuring approx. 23 (vertical) x 19 (A.P) x 18mm (Trans)] is seen in scalp at superior frontal region in midline. No involvement of underlying bones or intracranial extension is seen.

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

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

Rest of the cerebral hemispheres shows normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, 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.

Brain stem and rest of the cerebellar hemispheres are 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.

Gross mucosal thickening is seen in right maxillary sinus.

IMPRESSION:

- **Small nodular altered signal intensity lesions in bilateral superior frontal, left parietal lobes and right cerebellum with mild to moderate perifocal edema —? metastases ? nature. Contrast enhanced MRI is advisable.**
- **Small well defined extracranial exophytic subcutaneous soft tissue lesion in scalp at superior frontal region in midline —? nature. Histopathological correlation is suggested.**
- **Mild diffuse cerebral atrophy with mild ischemic demyelinating changes.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD



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Transcribed by R R...

*** End Of Report ***

