

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name Age/Gender : Ms.BABY NAAZ

: 56 Y 1 D/F

Lab No

: 10134703

Referred By

: Dr.HARSHA NURSING HOME

Refer Lab/Hosp

: CHARAK NA

Visit No

: CHA250037408

Registration ON

: 01/Mar/2025 11:56PM

Sample Collected ON

: 01/Mar/2025 11:56PM

Sample Received ON

Report Generated ON

: 02/Mar/2025 05:25PM

## **CEMRI: BRAIN WITH SPECTROSCOPY**

IMAGING SEQUENCES (CEMR)

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

Post Contrast: T1 sagittal, axial & coronal

Few small (8 in no.) nodular enhancing lesions are seen in bilateral frontal, left parietal, right parieto-occipital lobes and right cerebellum, largest measuring approx. 18 x 17mm in left superior frontal lobe. Mild to moderate perifocal edema is seen with effacement of adjacent cortical sulci. Left superior frontal lesion is showing small focus of blooming on SWI. MR spectroscopy at the site of the lesion shows mildly increased choline peak.

Small well defined heterogenously enhancing 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.

Partial sella is noted. Supra-sellar and para-sellar structures are normally visualized.

Gross mucosal thickening is seen in right maxillary sinus.





292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.BABY NAAZ

Age/Gender : 56 Y 1 D/F **Lab No** : 10134703

Referred By : Dr. HARSHA NURSING HOME

Refer Lab/Hosp : CHARAK NA

Visit No : CHA250037408

Registration ON : 01/Mar/2025 11:56PM Sample Collected ON : 01/Mar/2025 11:56PM

Sample Received ON :

Report Generated ON : 02/Mar/2025 05:25PM

## **IMPRESSION:**

• Small nodular enhancing lesions in bilateral frontal, left parietal, right parietooccipital lobes and right cerebellum with mild to moderate perifocal edema likely metastases. <u>Adv</u>: Further evaluation.

- Small well defined extracranial exophytic subcutaneous soft tissue lesion in scalp at superior frontal region in midline —? Neoplastic. Histopathological correlation is suggested.
- Mild diffuse cerebral atrophy with mild ischemic demyelinating changes.

Please correlate clinically.

Transcribed by Priyanka...

DR. RAVENDRA SINGH

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



