

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 : MasterHARDIK SHARMA

Age/Gender : 2 Y 8 M/M **Lab No** : 10135561

Referred By : Dr.KGMU
Refer Lab/Hosp : CHARAK NA

Visit No : CHA250038266

Registration ON : 03/Mar/2025 02:10PM Sample Collected ON : 03/Mar/2025 02:10PM

Sample Received ON

Report Generated ON : 03/Mar/2025 06:15PM







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MRI: BRAIN

IMAGING SEQUENCES (NCMR)

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

Paucity of bilateral periventricular white matter is noted.

Mild T2/TIRM hyperintensity is noted in bilateral periventricular white matter.

Rest of the cerebral hemispheres shows normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami & corpus callosum are showing normal signal intensity pattern. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen. Supratentorial sulcal and cisternal spaces are normally visualized.

Brain stem and 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.

Left lateral semicircular canal is dysplastic.

Right lateral, bilateral posterior and superior semicircular canals are normally visualized. Cochlear turns are adequate and comparable on both the sides. Bilateral endolymphytic sacs, utricle and saccule are normally visualized.

Bilateral C-P angle cisterns and VII / VIII nerve complexes are normal.

Internal auditory meati are bilaterally symmetrical.

IMPRESSION:

- Mild T2/TIRM hyperintensity and paucity of bilateral periventricular white matter ? sequelae of perinatal asphyxia.
- Dysplastic left lateral semicircular canal.

Please correlate clinically.

DR. RAVENDRA SINGH

MD

Typed by Ranjeet





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