

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	: Mr. PRADEEP	Visit No	: CHA250040360	
Age/Gender	: 54 Y O M O D /M	Registration ON	: 06/Mar/2025 11:10AM	
Lab No	: 10137655	Sample Collected ON	: 06/Mar/2025 11:10AM	
Referred By	: Dr.KGMU	Sample Received ON	:	
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 06/Mar/2025 10:18PM	

CT STUDY OF HEAD

Infratentorial

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- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Brain stem appears to be normal.
- Area of encephalomalacia and gliosis is seen in left cerebellar hemisphere.

<u>Supratentorial</u>

- Cortical sulci are prominent.
- Small area of encephalomalacia and gliosis is seen in right parietal lobe with tiny focus of calcification.
- Third and both lateral ventricles are prominent. Paraventricular white matter hypodensities are seen.
- Basal cisterns are clear.
- No midline shift is seen.
- Surgical defects are seen in frontal and parietal bones on left side.
- Scalp swelling is seen in left parieto-occipital region. <u>IMPRESSION:</u>
- SMALL AREAS OF ENCEPHALOMALACIA AND GLIOSIS IN RIGHT PARIETAL LOBE AND LEFT CEREBELLAR HEMISPHERE.... SEQUELAE TO CHRONIC PARENCHYMAL INSULT.
- DIFFUSE CEREBRAL ATROPHY WITH WHITE MATTER ISCHEMIC CHANGES.
- SCALP SWELLING IN LEFT PARIETO-OCCIPITAL REGION

Clinical correlation is necessary.

[DR. JAYENDRA KUMAR, MD]

*** End Of Report ***

