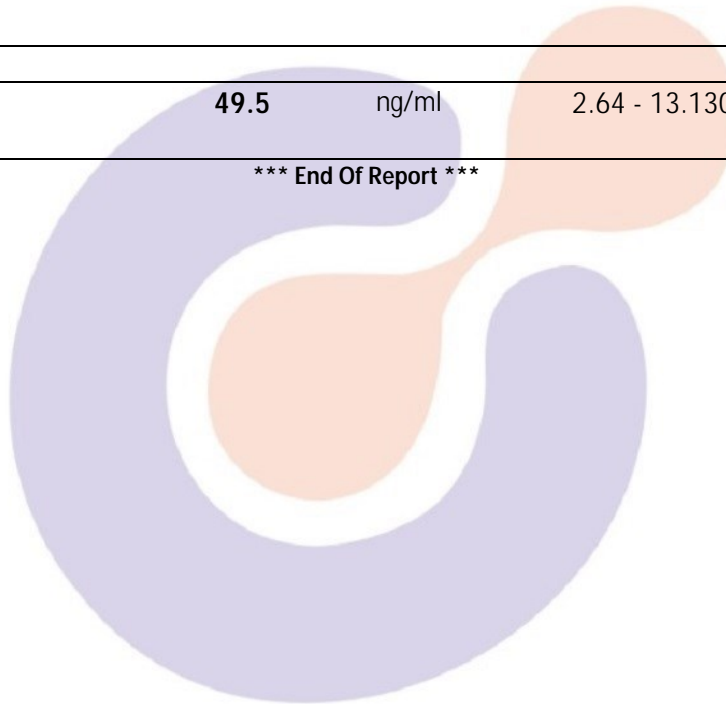


Patient Name : Ms.SULEKHA	Visit No : CHA250040653
Age/Gender : 50 Y/F	Registration ON : 06/Mar/2025 03:07PM
Lab No : 10137948	Sample Collected ON : 06/Mar/2025 03:17PM
Referred By : Dr.PRAGYA PATHAK	Sample Received ON : 06/Mar/2025 03:22PM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 04:44PM
Doctor Advice : CREATININE,PROLACTIN,MRI BRAIN CONTRAST	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
PROLACTIN				
PROLACTIN Serum	49.5	ng/ml	2.64 - 13.130	CLIA

*** End Of Report ***



CHARAK



MC-2491

Print.Date/Time: 06-03-2025 20:05:06

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name	: Ms.SULEKHA	Visit No	: CHA250040653
Age/Gender	: 50 Y/F	Registration ON	: 06/Mar/2025 03:07PM
Lab No	: 10137948	Sample Collected ON	: 06/Mar/2025 03:07PM
Referred By	: Dr.PRAGYA PATHAK	Sample Received ON	:
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 07:31PM

CEMRI: BRAIN

IMAGING SEQUENCES (CEMR)

AXIAL: TIRM,DIFF, T1 & TSE T2 WIS.; SAGITTAL : T1 FS WIS. ; CORONAL : TSE T2, T1 WIS.

POST CONTRAST (GD-DTPA) :- AXIAL, CORONAL & SAGITTAL T1 WIS.

MRI study performed before and after injecting (intravenous) 10ml gadolinium contrast media (gadopentetate dimeglumine).

Motion artifacts are seen.

Pituitary gland is mildly bulky in size (measures appx. 10.5 x 18 x 10.4 mm in AP, transverse and vertical dimension) and shows convex superior margin. The posterior pituitary T1 bright spot is well visualized and normally positioned. The pituitary stalk is centrally located and shows normal thickness with distal smooth tapering. On dynamic contrast study, no significant obvious non-enhancing area / lesion could be seen (artifact is seen in anterior aspect of anterior pituitary gland). Entire anterior pituitary is showing homogeneous enhancement. Both cavernous sinuses and parasellar regions show no significant abnormality. Superiorly, it is focally indenting the optic chiasma, however no compression is seen.

There is evidence of diffuse cortical atrophy involving both cerebral hemispheres with secondary enlargement of supratentorial sulci and cisternal spaces, however gray-white matter differentiation and signal intensity of the cerebral parenchyma is normal. No significant area of focal or diffuse signal abnormality.

Diffuse cerebellar atrophy is noted with mild prominence of cerebellar folia & fourth ventricle.

Small area of gliosis is seen in left frontal lobe.

Both lateral and third ventricle are dilated, though they are normal in outline and shape. Septum pellucidum is seen in midline. No midline shift is seen. Bilateral basal ganglia and thalami are normally visualized.

Brain stem is showing normal morphology, signal intensity and outline.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Mucosal thickening with fluid collection is noted in sphenoid sinuses.

IMPRESSION

- **Mildly bulky pituitary gland with convex superior margin.**
- **Diffuse cerebral & cerebellar atrophy.**
- **Small area of gliosis in left frontal lobe.**

Please correlate clinically.

**DR. RAVENDRA SINGH
MD**



Patient Name	: Ms.SULEKHA	Visit No	: CHA250040653
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Typed by Ranjeet

*** End Of Report ***

