

Patient Name	: Mr. SAURABH GUPTA	Visit No	: CHA250041954
Age/Gender	: 11 Y/M	Registration ON	: 08/Mar/2025 02:42PM
<b>Lab No</b>	<b>: 10139249</b>	Sample Collected ON	: 08/Mar/2025 02:42PM
Referred By	: Dr. AM KAR	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 04:43PM

## **MRI: BRAIN**

### **IMAGING SEQUENCES (NCMR)**

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

Areas of gliosis are seen in bilateral parieto-occipital lobes with thinning of overlying cortex and prominence of cortical sulci. Mild ex-vacuo dilatation of bilateral occipital horns is noted – suggestive of ulegyria.

Thinning of posterior body and splenium of corpus callosum is seen.

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei and thalami are showing normal signal intensity pattern. Rest of lateral ventricles and third ventricle are normal in size shape and outline. 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.

### **IMPRESSION:**

- **Areas of gliosis in bilateral parieto-occipital lobes with thinning of posterior body and splenium of corpus callosum – likely sequelae to perinatal asphyxia.**

*Please correlate clinically.*

**DR. RAVENDRA SINGH**  
**MD**

Transcribed by Priyanka...

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

