

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

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

Patient Name

: Ms.BUDHANI

: 45 Y/F

Age/Gender Lab No

: 10140313

Referred By

: Dr.RBH

Refer Lab/Hosp

: CHARAK NA

Visit No

: CHA250043018

Registration ON

: 10/Mar/2025 12:58PM

Sample Collected ON

: 10/Mar/2025 12:58PM

Sample Received ON

Report Generated ON

: 10/Mar/2025 04:54PM

## **MRI: BRAIN**

## **IMAGING SEQUENCES (NCMR)**

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

Cortical sulci are seen prominent in both cerebral hemispheres with prominence of bilateral lateral and third ventricle- Diffuse cerebral atrophy.

T2 and TIRM hyperintensities are noted in the periventricular white matter in both cerebral hemispheres — Ischemic demyelinating changes.

Few small hemorrhagic contusions are seen in right temporo-occipital lobes. Mild to moderate perifocal edema is noted with effacement of adjacent cortical sulci.

Thin subdural hematoma is seen in occipito-temporal convexity (maximum thickness approx 3.5 mm).

Small extra-dual hematoma is seen in left anterior temporal region (maximum thickness approx 12 mm).

Rest of the cerebral hemispheres show 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. 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.

Screening of cervical spine was done which reveals degenerative changes with small disc osteophyte complex at C5-6 level.





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## **IMPRESSION:**

Alleged history of trauma showing .

- Diffuse cerebral atrophy with ischemic demyelinating changes.
- Few small hemorrhagic contusions with perifocal edema in right temporooccipital lobes.
- Thin subdural hematoma in occipito-temporal convexity.
- Small extra-dual hematoma in left anterior temporal region.

NOT FOR MEDICO-LEGAL PURPOSE.

Please correlate clinically.

Transcribed by Priyanka...

DR. RAVENDRA SINGH MD

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

