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

Patient Name	: Mr.SHAMSUL HAQ	Visit No	: CHA250043168
Age/Gender	: 60 Y/M	Registration ON	: 10/Mar/2025 02:36PM
Lab No	: 10140463	Sample Collected ON	: 10/Mar/2025 02:36PM
Referred By	: Dr.LUCKNOW HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 07:25PM

## CT ANGIOGRAPHY OF BRAIN VESSELS

Compromised assessment due to sub-optimal acquisition. Subtle vascular findings cannot be optimally evaluated.

- Large intra-parenchymal blood attenuation area measuring approx. 94x56x59mm (volume approx. 160cc) is seen in right frontal lobe with extension upto right ganglio-capsular and perisylvian region. Mild adjacent edema is seen. The lesion and surrounding edema are causing mass effect in the form of effacement of overlying sulcal spaces and right lateral ventricle as well as midline shift of approx.9.5mm towards left side. Right uncal herniation is seen. Intra ventricular extension is seen with blood attenuation contents in bilateral lateral and third ventricles. Subtle blood attenuation contents are also seen along sulcal spaces of bilateral cerebral hemispheres.
- P1 segment of right posterior cerebral artery is hypoplastic with rest of the segments being reconstituted by right posterior communicating artery suggestive of fetal origin of right PCA (anatomical variant).
- Atherosclerotic changes are seen in cavernous and supra-clinoid segments of bilateral internal carotid arteries.
- V4 segment of left vertebral artery is hypoplastic variant.
- $\bullet$  Small atherocalcified plaque is seen in V4 segment of right vertebral artery causing mild luminal narrowing.
- Rest of the intra-cranial segments of bilateral internal carotid arteries show maintained post contrast opacification; however, detailed assessment is not feasible due to suboptimal acquisition.
- Visualized parts of bilateral anterior & middle cerebral arteries and left posterior cerebral artery show maintained post contrast opacification; however, detailed assessment is not feasible due to suboptimal acquisition.
- Major veins and venous sinuses are normal.
- Bilateral IJV are normally visualized.

## IMPRESSION:

• LARGE ACUTE INTRA-PARENCHYMAL HEMATOMA WITH MASS EFFECT, MIDLINE SHIFT, HERNIATION AND INTRAVENTRICULAR / SUB-ARACHOID EXTENSION AS DESCRIBED ABOVE.

Note: Repeat study was advised for optimal assessment of vasculature but was denied by the patient.

[DR. JAYENDRA K. ARYA, MD]

