

Patient Name : Mr. JASWANT BARLA Visit No : CHA250044670  
Age/Gender : 58 Y/M Registration ON : 12/Mar/2025 02:05PM  
**Lab No : 10141965** Sample Collected ON : 12/Mar/2025 02:05PM  
Referred By : Dr. NORTHERN RAILWAY Sample Received ON :  
Refer Lab/Hosp : NORTHERN RAILWAY LKO Report Generated ON : 12/Mar/2025 06:11PM

## MRI: BRAIN

### IMAGING SEQUENCES (NCMR)

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

Late subacute hematoma [approx. 33 (vertical) x 26 (A.P) x 17mm (Trans)] is seen in left ganglio-capsular region. Mild perifocal edema is seen with effacement of adjacent cortical sulci, sylvian fissure and left lateral ventricle with mild midline shift of approx 3mm towards right side.

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

Few small T2 and TIRM hyperintensities are noted in the periventricular white matter in both cerebral hemispheres — mild ischemic demyelinating changes.

A tiny calcified nodule is seen in right frontal lobe. No perifocal edema is seen.

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation.

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.

*Mucosal thickening is seen in left maxillary, bilateral sphenoid & ethmoid sinuses-sinusitis.*

### **IMPRESSION:**

- **Late subacute hematoma in left ganglio-capsular region with mild perifocal edema and mass effect as described.**
- **Calcified inflammatory granuloma in right frontal lobe.**
- **Mild diffuse cerebral atrophy with mild ischemic demyelinating changes.**

Please correlate clinically.

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

Typed by Ranjeet

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



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