

Patient Name	: Mr.PRADEEP KUMAR PANDEY	Visit No	: CHA250045184
Age/Gender	: 43 Y/M	Registration ON	: 13/Mar/2025 12:28PM
<b>Lab No</b>	<b>: 10142479</b>	Sample Collected ON	: 13/Mar/2025 12:28PM
Referred By	: Dr.AM KAR	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 13/Mar/2025 02:02PM

## **MRI: BRAIN**

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

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

Moderate sized relatively well defined lobulated multicystic lesion measuring [approx. 34 (vertical) x 30 (A.P) x 29mm (Trans)] is seen involving cerebellar vermis. The lesion appears heterogeneously hyperintense on T2/TIRM and hypointense on T1 W images. No restriction on DWI is seen. The lesion is showing peripheral areas of blooming on SWI. Superiorly the lesion is bulging in quadrigeminal cistern indenting the tectum. The lesion is causing effacement of fourth ventricle and cerebral aqueduct. Minimal perifocal edema is seen.

Due to obstruction at the level of fourth ventricle is seen. There is moderate dilatation of bilateral lateral and third ventricles with minimal periventricular CSF ooze.

Rest of the cerebral hemispheres shows 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.

Brain stem and rest of the 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.

*Partial empty sella is seen.* Supra-sellar and para-sellar structures are normally visualized.

### **IMPRESSION:**

- **Moderate sized relatively well defined multicystic lesion involving cerebellar vermis causing compression of fourth ventricle and cerebral aqueduct with obstruction hydrocephalus as described — likely neoplastic. Contrast enhanced MRI is advisable.**

Please correlate clinically.

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

Transcribed by R R...

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

