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

Patient Name	: Mr.SATENDRA VIKRAM SINGH	Visit No	: CHA250046373
Age/Gender	: 52 Y/M	Registration ON	: 16/Mar/2025 01:01PM
Lab No	: 10143668	Sample Collected ON	: 16/Mar/2025 01:01PM
Referred By	: Dr.RBH	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 04:46PM

## **EEG EXAMINATION REPORT**

- This 24 channel Awake EEG record done under 10-20 international system of electrode placement shows organized background rhythm of 08 Hz, 40 to 80 mV in ccipital leads.
- There is no significant left asymmetry.
- There is no significant right asymmetry.
- No epileptiform discharges seen.

**OPINION :** 

## NORMAL EE<mark>G RECORD.</mark>

ADVISED: CLINICAL CORRELATION.

DR. PAWAN KUMAR (NEUROLOGIST) not meant for medico legal purposes







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## MRI: BRAIN

IMAGING SEQUENCES (NCMR) AXIAL: SWI, DWI, T1, FLAIR & TSE T2 Wis. SAGITTAL: T2 Wis. CORONAL: FLAIR Wis.

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

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

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 a<mark>re showing nor</mark>mal outline and flow void.

Sella, supra-sellar and para-sellar structures are normally visualized.

Nasal septum is deviated towards left side.

*Screening of cervical spine* was done which reveals degenerative changes with disc osteophyte complexes at C3-4, C4-5, C5-6 & C6-7 levels.

## IMPRESSION:

• Mild diffuse cerebral atrophy with mild ischemic demyelinating changes.

Please correlate clinically.

DR. RAVENDRA SINGH MD

(Transcribed by Rachna)

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

