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NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.ALKESH	Visit No	: CHA250046649
Age/Gender	: 7 Y/M	Registration ON	: 17/Mar/2025 09:10AM
Lab No	**: 10143944**	Sample Collected ON	: 17/Mar/2025 09:10AM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 02:11PM

PR.

MRI: BRAIN

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

Multiple tiny calcified nodules are seen in bilateral frontal, occipital and right temporo-parietal lobes.

Small subcortical T2/TIRM hyperintensity suggestive of edema is seen in left superior frontal lobe.

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

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 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.

IMPRESSION:

- **Multiple tiny calcified nodules in bilateral frontal, occipital and right temporo-parietal lobes — calcified inflammatory granulomas.**
- **Small subcortical edema in left superior frontal lobe —? inflammatory granuloma.** *Contrast enhanced MRI is advisable.*
- **Diffuse cerebral atrophy (age inappropriate).**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Transcribed by R R...

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