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

Patient Name : Mr.MUJEEBULLAH Visit No : CHA250046779

 Age/Gender
 : 75 Y/M
 Registration ON
 : 17/Mar/2025 10: 20AM

 Lab No
 : 10144074
 Sample Collected ON
 : 17/Mar/2025 10: 20AM

Referred By : Dr.EKTA HOSPITAL AND TRAMA CEN Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 01:48PM

## **MRI: BRAIN**

## **IMAGING SEQUENCES (NCMR)**

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

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

Multiple confluent T2 and TIRM hyperintensities are noted in the periventricular and subcortical white matter of both cerebral hemispheres — severe ischemic demyelinating changes.

Moderate sized subacute hematoma measuring approx. 40 x 22mm is seen in right anterior frontal lobe. Mild perifocal edema is seen.

An irregular area of encephalomalacia with gliosis showing hemosiderin staining is seen in left parieto-occipital lobes. Mild ex-vacuo dilatation of left lateral ventricle is seen.

A tiny T2/TIRM hyperintensity showing restriction in DWI is seen in left frontal lobe — acute lacunar infarct.

Multiple petechial hemorrhages are seen in bilateral occipital lobe and cerebellar hemisphere.

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.

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.

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

## **IMPRESSION:**

- Diffuse cerebral atrophy with severe ischemic demyelinating changes.
- Subacute hematoma in right anterior frontal lobe.
- Encephalomalacia with gliosis in left parieto-occipital lobes.
- Acute lacunar infarct in left frontal lobe.
- Multiple petechial hemorrhages in bilateral occipital lobe and cerebellar hemisphere.

Please correlate clinically.

DR. RAVENDRA SINGH

MD

Transcribed by R R...





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