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

Patient Name : Mr.MOHD MUDASSIR Visit No : CHA250046912

 Age/Gender
 : 32 Y/M
 Registration ON
 : 17/Mar/2025 11:21AM

 Lab No
 : 10144207
 Sample Collected ON
 : 17/Mar/2025 11:21AM

Referred By : Dr.SGPGI Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 01:07PM

CT STUDY OF HEAD PLAIN & CONTRAST

CT STUDY PERFORMED BEFORE AND AFTER INJECTING [INTRAVENEOUS] 40ML OF NON IONIC CONTRAST MEDIA

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Evidence of left frontal craniotomy is seen .
- Hypodense areas are seen in bilateral basifrontal and frontal regions. No contrast enhancement is seen .
- Basal cisterns are seen normally.
- Bilateral frontal horns are dilated [left > right]. Third and rest of lateral ventricles are prominent. Paraventricular white matter hypodensities are seen .
- No midline shift is seen.
- Bony defect is seen in right fronto-ethmoid and orbital region with gliotic brain protruding through it. Right globe is displaced laterally and inferiorly.
- Bilateral frontal and right maxillary sinuses are opacified.
- Multiple old fractures are seen involving fronto-orbito-naso-ethmoid complex.

IMPRESSION:

OPERATED CASE OF HEAD INJURY . PRESENT CT STUDY SHOWS :-

- 1. EVIDENCE OF CRANIOTOMY IN LEFT FRONTAL REGION .
- 2. BONY DEFECT IN RIGHT FRONTO-ETHMOID AND ORBITAL REGION WITH GLIOTIC BRAIN PROTRUDING THROUGH IT.... POST TRAUMATIC ENCEPHALOCELE .
- 3. PROPTOSIS RIGHT GLOBE .
- 4. MULTIPLE OLD FRACTURES INVOLVING FRONTO-ORBITO-NASO-ETHMOID COMPLEX
- 5. LARGE AREAS OF GLIOSIS IN BILATERAL BASI-FRONTAL AND FRONTAL REGION WITH EX-VACUO VENTRICULAR DILATATION AND PARAVENTRICULAR DEMYELINATION .
- 6. OAPCIFIED BILATERAL FRONTAL AND RIGHT MAXILLARY SINUSES.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

*** End Of Report ***

