SUPERB
MRI AND PET CT SCAN CENTRE
(A Unit of CT Scan Research Centre Pvt. Ltd.)
SCO 24-25, SECTOR 8-C, CHANDIGARH ✆ 5009005, 5009006, 9216770709

P PATIENT'S NAME : MS. AARUSHI . AGE / SEX : 24Y, F .

REFF. CONSULTANT DR.: DR. GUNJAN . DATE: 07.12.2020

TYPE OF STUDY - PLAIN.

CONTRAST - NONE .

REGION - PLAIN MR STUDY OF BRAIN [WITH EPILEPSY PROTOCOL]

PROTOCOLS : PLAIN STUDY USING T1 SE , T2 TSE , T2 FLAIR , SWI AXIAL , T2TSE SAGITTAL IMAGING FOR ENTIRE BRAIN , FOLLOWED BY THIN 3D T2 TSE - T2 FLAIR OBLIQUE CORONAL IMAGING FOR TEMPORAL LOBES , DONE ON 3 T SUPERCONDUNCTING MR. SCANNER .

INTERPRETATION :

MR scan reveals normal signal intensity of posterior fossa structures including - cerebellum , brainstem structures including medulla , pons & mid brain without localizing inflammatory / neoplastic or vascular lesion .The 4th ventricle is normal.

The VII / VIIIth nerve complexes are normal without demonstrable mass lesion in relation to them.

Multiple minute [few mm] T2WI - FLAIR increased intensity foci in supratentorial bilateral frontal - parietal deep periventricular white matter and centrum semiovale . Otherwise , rest of bilateral cerebral hemispheres - basal ganglionic regions show normal signal intensity. No frank edema / focal lesion of active granulomatous - neoplastic nature or area of vascular insult noted in present study . No demonstrable AVM noted in present study . No demonstrable cortical dysplasia noted in present study . No midline shift/ extracerebral collection noted .The supratentorial ventricular system is normal .

There are symmetrical normal volume of either of hippocampal or para hippocampal regions showing normal signal intensity without frank asymmetric T2WI - FLAIR increased intensity / frank atrophy in additional epilepsy protocol .

The corpus callosum and other commisural fibres are normal .

The pituitary gland , orbits and retroorbital spaces are also normal.

The circle of Willis structures & cerebral venous sinuses show normal flow void.

Note is made of small right frontal sinus polyp.

IMPRESSION:-

- MULTIPLE NON SPECIFIC MINUTE [FEW MM] T2WI - FLAIR INCREASED INTENSITY FOCI IN SUPRATENTORIAL BILATERAL FRONTAL - PARIETAL DEEP PERIVENTRICULAR WHITE MATTER AND CENTRUM SEMIOVALE , D/D - ISCHAEMIC / DEMYELINATING ETC. IN ETIOLOGY .
- OTHERWISE , NORMAL REST OF PLAIN MR MRI STUDY OF BRAIN WITHOUT DEMONSTRABLE INFLAMMATORY / NEOPLASTIC SOL OR VASCULAR MALFORMATION IN SUPRA - / INFRA - TENTORIAL REGIONS .
- NO DEMONSTRABLE E /O MEDIAL TEMPORAL SCLEROSIS / CORTICAL DYSPLASIA OR HARMATOMA IN ADDITIONAL OBLIQUE CORONAL IMAGING OF TEMPORAL LOBES IN PRESENT STUDY.

ADVICE - CLINICAL - EEG CORRELATION .

DR. TEJINDER KAUR

This is only an opinion & not the final diagnosis

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Name: Ms. Aarushi Singh	**Date: 14.08.2021**
Age: 25 Y/F	**Ref. By: Dr. Gunjan G. Khurana**

MRI – Brain (Plain)

Technique:
Axial T1w, T2w, FLAIR and SWI sections of brain acquired followed by T2W sagittal & coronal sequences. Additional Diffusion (B-0,500,1000) and ADC images obtained.

Multiple small T2 / FLAIR hyperintense foci are seen in bilateral fronto-parietal subcortical white matter – likely non-specific.

Rest both cerebral hemispheres show normal grey-white matter signal intensity. No focal lesion seen.
The thalami, basal ganglia and internal capsules are normal on both sides.
Corpus callosum is normal.

Bilateral ventricles and sulci are normal for age.
Partial empty sella is seen.

Both cerebellar hemispheres and vermis appear normal.
The medulla, pons and midbrain show normal signals in all the sequences.
Both CP angles, cisternal portions of V/VII/VIII nerve complexes are normal.
The basal cisterns are normal.

No evidence of acute infarct, mass lesion, hemorrhage, AV malformation, demyelination is seen.

Normal flow voids seen in major intracranial arteries and dural venous sinuses.
Visualized orbits are normal.
No evidence of Chiari malformation/ basal invagination.

Impression:

- **Partial empty sella turcica.**
- **Otherwise, no significant intracranial abnormality detected.**

Dr. Raman Pratap Singh, MD

This is only an opinion & not the final diagnosis