



MEDICARE
HEALTH SERVICES (P) LTD.

KARANAGAR SRINAGAR 190010
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Name: - Khursheed.
Dated: - 04-07-2023
Age/Sex: - 32/M
Advised By: - Hospital.

M076563

MRI of the Brain with IV Contrast

- Axial T1, FLAIR & T2W scans of the brain were studied and these were correlated with Coronal and Sagittal T2W images. Further imaging was done after administration of IV Gadolinium.
36x39
- Evidence of a 3.6x3.9cms solid/cystic lesion seen in left cerebellar hemisphere. Solid component of the lesion is predominantly hypointense on T1 and T2 with areas of T1 hyperintensity. Cystic component of the lesion is hyperintense on T1 and T2W images with hypointense rim of T2. Multiple T2 hyperintense and T1 hypointense lesions with some showing incomplete suppression on FLAIR seen in perilesional location. Loculated CSF signal intensity area noted in retro-medullary cistern. The cerebellar lesion shows marked blooming on SWI. On post contrast imaging punctate foci of enhancement noted in the lesion.
- There is surrounding FLAIR hyperintensity and mass effect on pons, medulla with effacement and narrowing of 4th ventricle. Lateral ventricle and 3rd ventricle are prominent (Evan's index 0.33).
- Punctuate Foci of blooming noted in sub-cortical and periventricular white matter in parieto-occipital region with blooming in right cerebellar hemisphere with areas of encephalomalacia. Periventricular T2 / FLAIR hyperintensity noted around right temporal horns.
- Partial empty sella is noted.

This is not final diagnosis. This is only the impression
the diagnosis is to be correlated clinically not valid for medico legal cases.



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Impression: -

**Left cerebellar solid cystic lesion with hemorrhages of different ages with punctate foci of enhancement on post contrast in solid component with perilesional cyst formation and mild mass effect. Loculated fluid signal area noted in retro-medullary cistern and CP angle cistern.
Old hemorrhage in right cerebellar hemisphere with multiple foci of blooming on SWI in parieto-occipital white matter.**

May need MRS with MR perfusion for further characterization.

Fahad,

Dr Fahad Shafi
(M.D Radiodiagnosis & imaging)