



MEDICARE
HEALTH SERVICES (P) LTD.

KARANAGAR SRINAGAR 190010
Email: info@medicarekashmir.com
Contact: 9419006434

Name: - Khursheed.

L034480

Dated: - 04.10.2021

Age/Sex: - 31/M

Advised by: - Hospital.

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.
- There is evidence of a well-defined rounded lesion measuring 5.6x6.1x4.0 cms in left cerebellar hemisphere showing hyperintense signal on T2W and FLAIR images and hypointense signal on T1W images. Few thin septations and a solid area is noted within the lesion measuring 3x2.6 cms which shows hypointense signal on T2W and FLAIR images with few T2W hyperintense areas suggestive of hemorrhage. On post contrast study the lesion shows septal enhancement and enhancement of the solid area. Mild surrounding vasogenic edema is noted extending into right cerebellar hemisphere and pons. The lesion is causing compression of 4th ventricle and brainstem with resultant dilatation of bilateral lateral and 3rd ventricles. Inferiorly the lesion is extending up to foramen magnum and abutting the left basilar artery.
- Encephalomalacia with blooming on SWI is noted in right cerebellar hemisphere suggestive of old hemorrhage.
- Craniotomy changes are noted left side of occipital bone.
- T2W and FLAIR hyperintensities and foci of blooming are noted in bilateral occipital and parietal lobes suggestive of post radiation change.
- Dilated VR spaces are noted in bilateral basal ganglia.
- Basal Ganglia and Thalami are normal
- Pituitary gland is of normal dimensions and shows normal signal intensity



MEDICARE
HEALTH SERVICES (P) LTD.

KARANAGAR SRINAGAR 190010
Email: info@medicarekashmir.com
Contact: 9419006434

Name: - Khursheed.
Dated: - 04.10.2021
Age/Sex: - 31/M
Advised by: - Hospital.

L034480

Impression: -

Operated case of left cerebellar astrocytoma.
Present scan shows a large lesion in left cerebellar hemisphere suggestive of residual / recurrent disease causing compression of 4th ventricle and mild dilatation of bilateral lateral and 3rd ventricles.
Old hemorrhage in right cerebellar hemisphere.

Dr. Azhar Khan
(M.D Radiodiagnosis & imaging)