



**MEDICARE**  
HEALTH SERVICES (P) LTD.

KARANAGAR SRINAGAR 190010  
Email: [info@medicarekashmir.com](mailto: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 4<sup>th</sup> ventricle and brainstem with resultant dilatation of bilateral lateral and 3<sup>rd</sup> 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





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**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 4<sup>th</sup> ventricle and mild dilatation of bilateral lateral and 3<sup>rd</sup> ventricles.**  
**Old hemorrhage in right cerebellar hemisphere.**

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





Name: - Khursheed.  
Dated: - 06.03.2022  
Age/Sex: - 31/M  
Advised by: - Hospital.

M027235

**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.
- Operated case of left cerebellar astrocytoma.
- There is evidence of a well-defined rounded lesion measuring 5x5.7x4cms 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 3x3cms 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 4<sup>th</sup> ventricle and brainstem with resultant mild dilatation of bilateral lateral and 3<sup>rd</sup> ventricles. Inferiorly the lesion is extending up to foramen magnum and abutting the left vertebral artery.
- Encephalomalacia with blooming on SWI is noted in right cerebellar hemisphere suggestive of old hemorrhage.
- Left sub-occipital craniotomy is noted.
- 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.





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Name: - Khursheed.  
Dated: - 06.03.2022  
Age/Sex: - 31/M  
Advised by: - Hospital.

M027235

- Note is made of right maxillary sinusitis.

**Impression: -**

**Operated case of left cerebellar astrocytoma.**

Present scan shows a large lesion in left cerebellar hemisphere suggestive of residual / recurrent disease with compression of 4<sup>th</sup> ventricle and mild dilatation of bilateral lateral and 3<sup>rd</sup> ventricles.

Old hemorrhage in right cerebellar hemisphere.

**Dr. Azhar Khan**  
(M.D Radiodiagnosis & imaging)  
FRCR (London)





Name: - Khursheed.

L111358

Dated: - 15.12.2022 Dec 22

Age/Sex: - 31/M

Advised By: - Self.

### 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.

4.3 x 3.9 x 3.5

- Evidence of a 4.3x3.9x3.5cms heterogenous signal intensity lesion seen in left cerebellar hemisphere. Solid component of the lesion is predominantly hypointense signal on T1 and T2. Cystic component of the lesion is hyperintense on T1 and T2W images. 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 nodular peripheral area of enhancement noted in the lesion measuring 5x4mm.
- There is surrounding vasogenic edema and mass effect on pons, medulla with effacement and narrowing of 4<sup>th</sup> ventricle. Lateral ventricle and 3<sup>rd</sup> ventricle are mildly dilated (evan's index 0.34).
- Punctuate Foci of blooming noted in sub-cortical and periventricular white matter in parieto-occipital region with superficial siderosis of right cerebellar hemisphere noted. Periventricular T2 / FLAIR hyperintensity noted around right temporal horns.
- Partial empty sella is noted.





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Name: - Khursheed.  
Dated: - 15.12.2022  
Age/Sex: - 31/M  
Advised By: - Self.

L111358

**Impression: -**

***Left cerebellar lesion with hemorrhages of different ages with peripheral nodular enhancement on post contrast. Multiple perilesional cyst formation with loculation of retro-medullary CSF.***

***Mild ventriculomegaly as described.***

***Old hemorrhage in right cerebellar hemisphere with multiple foci of blooming on SWI in parieto-occipital white matter.***

*Fahad,*

**Dr Fahad Shafi**  
(M.D Radiodiagnosis & imaging)





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Email: [info@medicarekashmir.com](mailto:info@medicarekashmir.com)  
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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.
- 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 4<sup>th</sup> ventricle. Lateral ventricle and 3<sup>rd</sup> 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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Age/Sex: - 32/M  
Advised By: - Hospital.

M076563

**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)