PATIENT NAME: **HAMED AHMED ABDULLAH IBRAHIM** PATIENT ID #: **623276**
AGE: **66 y** DATE OF EXAM: **2025-07-18 09:40 PM**
GENDER: **Male** ORDERING PHYSICIAN: **- Dr. Elsayed Ibrahim**

EXAM DESCRIPTION: 90901-00 MRI BRAIN C-

REASON FOR EXAM: SEVER DIZZINESS . H/O CVT / STROKE

Report

Report Date 18/07/2025 10:56 PM

MRI of the brain:
Clinical data:SEVER DIZZINESS . H/O CVT / STROKE.
Comparison: Correlate with the prior study dated April 30, 2025.

Finding:
There is diffusion restriction seen at the left cerebellar hemisphere as well as left aspect of vermis, following the PICA
territory with evidence of flair bright signal intensity, representing acute nonhemorrhagic infarction.
There are multiple foci of flair bright signal intensity with diffusion restriction seen at the right posterior paramedial aspect of
the cerebellum as well as left pre-and post central gyrus, representing acute infarction.
Redemonstration of old ischemic changes involving the left MCA territory within frontoparietal region as well as left occipital
cortex.
The visualized rest of the brain parenchyma demonstrate normal signal intensity with no detectable lesion.
No evidence of hemorrhage, midline shift or mass-effect seen. No brain herniation or hydrocephalus.
Unremarkable bilateral cerebellopontine region. The visualized bilateral 7 and 8 creatinine demonstrate normal signal
intensity with no detectable lesion.
Linear mucosal thickening involving the ethmoid air cell.
The visualized orbits, orbital content are within normal limits.
Loss of vascular signal void seen within the superior sagittal sinus as well as the right transverse sinus which could be
related to venous sinus thrombosis.
Rest of study is unremarkable.

Impression:
Acute left PICA territory at nonhemorrhagic infarction.
Acute lacunar infarction at the right PICA territory.

Acute lacunar infarction at the left pre-and post central gyrus.
Evolutional changes of left MCA old territorial infarction.
Old infarction at the left occipital cortex.
Redemonstration of the superior sagittal sinus as well as the right transverse sinus thrombosis.
Stroke workup assessment is advised.

Electronically Signed By
Dr. Abdulrahman Hamad, MBBS, ABR, EBR, SB-Rad, General & Neuro Interventional Consultant Radiologist
Diagnostics Elite Teleradiology

BAKHSH ELITE TELERAD
2025-07-19 01:55 AM