

PATIENT NAME: **HAMED AHMED ABDULLAH IBRAHIM** PATIENT ID #: **623276**

AGE: **66 y**

DATE OF EXAM: **2025-08-30 02:07 PM**

GENDER: **Male**

ORDERING PHYSICIAN: **- DR.HEBA**

ABDELAGAWAD

EXAM DESCRIPTION: 70498 CT ANGIO BRAIN & NECK

REASON FOR EXAM: 2206

Report

Report Date: 30/08/2025 03:28 PM

Study Date: 30/08/2025 02:07 PM

TECHNIQUE: Plain and post-Intravenous contrast-enhanced CTA of brain and neck.

COMPARISON: MRI 29-8-2025.

CLINICAL DATA: Recurrent strokes.

FINDINGS:

Redemonstration of multiple ischemic changes involving the left corona radiata as well as subcortical and cortical area of the left frontoparietal region as well as left cerebellar hemisphere and left sided pontine area.

Redemonstration of chronic white matter small vessel's disease.

No evidence of acute hemorrhage, midline shift or mass-effect seen. No brain herniation or hydrocephalus.

Calcified atherosclerotic changes seen at the for temporal artery within the V4 segment as well as distal ICA within the cavernous and supraclinoid portion. No evidence of high-grade stenosis could be seen.

CCA demonstrate normal course and caliber bilaterally, with no flow-limiting stenosis, aneurysmal formation, dissection or occlusion.

ICA demonstrate normal course and caliber bilaterally, with no flow-limiting stenosis, aneurysmal formation, dissection or occlusion.

VA demonstrate normal course and caliber bilaterally, with no flow-limiting stenosis, aneurysmal formation, dissection or occlusion.

ACA demonstrate no flow-limiting stenosis, aneurysmal formation, dissection or occlusion.

MCA demonstrate no flow-limiting stenosis, aneurysmal formation, dissection or occlusion.

PCA demonstrate no flow-limiting stenosis, aneurysmal formation, dissection or occlusion.

There is preservation of the grey-white matter differentiation, without supratentorial or infratentorial brain parenchymal abnormalities.

There is degenerative changes seen involving the visualized part of spine, marginal osteophyte formation, multilevel disc osteophyte complexes and facet joints arthropathy.

The visualized part of upper chest appear unremarkable.

The visualized part of mediastinum appear unremarkable.

The visualized part of neck structures appear unremarkable.

The orbits, paranasal sinuses and bones are unremarkable.

There is incomplete opacification involving the superior sagittal sinus and right transverse sinus.

Dedicated CT venogram is advised to exclude underlying sinus thrombosis.
CT perfusion showed no area of penumbra.

IMPRESSION:

- **Multiple ischemic changes as described.**
- **No evidence of large vessel occlusion, high-grade stenosis or vascular malformation seen.**
- **Incomplete contrast opacification involving the right transverse sinus, sigmoid sinus and superior sagittal sinus which could be related to sinus thrombosis. Dedicated CT venogram is advised.**

DR. ABDULRAHMAN HAMAD, MBBS, ABR, EBR, SB-Rad

General & Neuro Interventional Consultant Radiologist
European Board & South Korea Fellowship Certified
Diagnostics Elite Teleradiology

BAKSH ELITE TELERAD
2025-08-30 05:40 PM