

PATIENT NAME: **HAMED AHMED ABDULLAH IBRAHIM** PATIENT ID #: **623276**
AGE: **66 y** DATE OF EXAM: **2025-08-29 05:26 PM**
GENDER: **Male** ORDERING PHYSICIAN: **- Dr. Elsayed Ibrahim**

EXAM DESCRIPTION: 90901-00 MRI BRAIN C-

REASON FOR EXAM: RT. SIDE WEAKNESS / NUMBNESS

Report

TECHNIQUE:

Multiplanar multisequential unenhanced brain MRI

COMPARISON:

MRI of brain dated 18 July 2025.

CLINICAL DATA:

Right side numbness and weakness (3/5) sever dizziness , unsteady gait. Present history: s/s: started since yesterday by acute onset and progressive course pt. looks lethargic , alert and oriented ECG: ischemic changes with Q-wave abnormalities.

FINDINGS:

Newly developed left paramedian pontine acute ischemic infarction measures 9.3 x 7.2 mm. Two tiny foci of diffusion restriction seen within left precentral gyrus, representing acute ischemic infarctions.

Encephalomalacia/gliosis involving left cerebellar hemisphere, left frontal, parietal and occipital lobes

indicative of prior chronic ischemic infarction.

Again seen sequel of the previous left cerebellar hemisphere acute ischemic infarction.

Again seen multiple subcortical and periventricular hyperintense T2/FLAIR signal foci seen scattered

within bilateral centrum semiovale and corona radiata, representing chronic small vessel disease.

No acute hemorrhage, hydrocephalus, herniation syndrome or space-occupying lesion.

The intracranial vascular signal voids are maintained.

The orbits and bones are unremarkable.

There is mucosal thickening of ethmoidal and bilateral maxillary sinuses.

Wavy nasal septum, with left-sided bony spur.

Internal auditory canals and seventh and eighth cranial nerves are normal bilaterally.

The inner rear structures and cerebellopontine angles are unremarkable.

No evidence of vestibular schwannoma or other retrocochlear abnormality.

IMPRESSION:

Newly developed left paramedian pontine acute ischemic infarction measures 9.3 x 7.2 mm.
Two tiny foci of diffusion restriction seen within left precentral gyrus, representing acute ischemic infarctions.
Encephalomalacia/gliosis involving left cerebellar hemisphere, left frontal, parietal and occipital lobes indicative of prior chronic ischemic infarction.
Picture of chronic small vessel disease.
No acute hemorrhage, hydrocephalus, herniation syndrome or space-occupying lesion.
ALERT 2

DR. SARI ALSUHAIBANI
Neuroradiology Imaging Consultant
Diagnostic Elite Teleradiology services
Call Center: 920006890 Electronic Signature

BAKHSH ELITE TELERAD
2025-08-30 12:47 AM