

PATIENT NAME: **HAMED AHMED ABDULLAH IBRAHIM** PATIENT ID #: **623276**  
AGE: **66 y** DATE OF EXAM: **2025-04-29 08:02 PM**  
GENDER: **Male** ORDERING PHYSICIAN: **. ALAUDDIN ABDULLAH**  
**ABOLENIN**

EXAM DESCRIPTION: 70546 MRI + MRA + MRV BRAIN

REASON FOR EXAM: HX OF STROKE, CEREBRAL VENOUS THROMBOSISURGENT PLEASE

### Clinical information

HX OF STROKE, CEREBRAL VENOUS THROMBOSISURGENT PLEASE

### Technique

### MRI OF THE BRAIN:

### Findings

Two tiny foci of restricted diffusion are seen at the left high parietal subcortical region exerting no notable mass effect.

The anterior half of the superior sagittal sinus shows lost signal void and replaced with abnormal bright signal denoting probably total thrombosis. Its posterior aspect is seen partially occupied with abnormal bright signal denoting partial thrombosis.

The right lateral and sigmoid sinus shows abnormal bright signal with mild flow inside, denoting partial thrombosis.

The left lateral and sigmoid sinus are unremarkable.

Left temporoparietal occipital multifocal area of encephalomalacia is noted. Associated leptomeningeal areas of blooming artefacts are seen likely of prior haemorrhagic insult. Other smaller area of encephalomalacia is seen at the left frontal region.

The left cerebellar old lacunar infarction.

Mildly prominent ventricular system as well as extra-axial CSF spaces.

Unremarkable brain stem.

No gross abnormality seen at the corpus callosum.

No intra supra or parasellar lesions.

Normal appearance. Vertebrobasilar as well as both internal carotid artery circulations with no stenotic segments arterial inclusion aneurysms AVMs or pathological circulation.

No gross orbital lesions.

Clear paranasal sinuses.

No significant mastoiditis.

### Conclusion

**Left high parietal two tiny recent nonhaemorrhagic infarctions.**

**Superior sagittal and right lateral dural venous sinuses thrombosis as mentioned**

above, enhancing study with comparison with previous unavailable studies are justified.

Multiple old ischaemic insults as mentioned above.

DR. YASSER ATTA  
2025-04-29 10:23 PM