

**PATIENT-ID:** PAT0002  
**PATIENT\_NAME:** Dhanush R  
**DOB:** 05/08/2003  
**FILE #:** Radiology document  
**PHYSICIAN:** Radiologist\_CI  
**EXAM:** MRI BRAIN WITH AND WITHOUT CONTRAST  
**DATE:** 23/06/2025

## CLINICAL INFORMATION

Right arm weakness. Difficulty expressing thoughts in writing beginning about 4-5 months ago.

## COMPARISON

No comparison.

## CONTRAST

16 cc of MultiHance administered without complication.

## TECHNIQUE

Sagittal and axial T1-weighted images, axial FLAIR images, axial diffusion weighted sequences, axial T2 weighted images and coronal gradient echo sequences of the brain were obtained. Following gadolinium administration axial and coronal T1-weighted images were obtained.

## FINDINGS

Evaluation of the brain demonstrates a prominent bilobed right and especially left-sided paramedial extra-axial mass centered overlying the posterior frontal and anterior parietal lobes. The mass demonstrates heterogeneous signal but homogeneous enhancement with mildly irregular but smooth contours. The mass measures approximately 5.8 x 5.8 x 4.2 CM (anterior posterior by transverse by superior-inferior). The mass encases the falx and the adjacent superior sagittal sinus with evidence of marginal dural thickening, especially extending posteriorly in the midline splaying the upper leaves of the falx through the level of the upper occipital lobe.

Prominent reactive changes noted involving the periventricular and subcortical white matter of the left frontal and parietal lobes with a small amount also involving the right posterior frontal lobe. There is adjacent mass effect without significant lateral shift and no herniation.

A smaller enhancing extra-axial mass more suggestive of atypical meningioma is seen overlying the right mid temporal lobe measuring 1.3 x 0.6 CM. (Axial series 12 image 26).

There is no significant end vessel ischemic small vessel disease.

There is no acute infarct seen. No intracranial hemorrhage is recognized.

There is no parenchymal mass or mass effect.

A developmental venous anomaly is suggested within the left parietal lobe.

The ventricles, sulci and basal cisterns appear unremarkable.

The vertebral and internal carotid arteries demonstrate expected flow voids indicating their patency.

The central skull base and temporal bones are intact. The calvarium appears unremarkable.

The orbits are unremarkable.

The paranasal sinuses demonstrate mucosal thickening partially outlining anterior and posterior ethmoid air cells and the right and left antrum with a hyperplastic polypoid component along the floor. No air-fluid levels are noted.

The nasal cavity appears unremarkable. The nasopharynx is symmetric.

## IMPRESSION

1. Prominent bilobed paramedial extra-axial mass along the convexity centered at the level of the posterior frontal and anterior parietal lobes with prominent posterior dural tail and occlusion of the adjacent superior sagittal sinus. Prominent surrounding reactive edema, left greater than right. Mild lateral shift but no herniation. Smaller extraaxial mass overlying the right mid temporal lobe.
2. Atypical meningioma including hemangiopericytoma or variant or malignant subsidence of meningioma. Other less likely considerations include extra-axial dural based metastasis, lymphoma and less likely solitary fibrous tumor.
3. Discussed with Dr. REFERRING at 1630 hrs.