Patient Name :	TOM	Patient ID :	MR0000444444
Patient age / Sex:	075Y / M	Modality :	MR
Referring Physician :	DR.E PHYSICIAN B BLOCK	Report Date / Time :	20 April 2020 10:16:04

MR BRAIN STROKE PROTOCOL

TECHNIQUE:

T2 FSE Axials / Sagittals & Coronals.

T1 &T2 FLAIR Axials. DWI, GRE Axials.

3D TOF MR Angiography of Intracranial Arteries.

FINDINGS:

Large wedge shaped lesion with restricted diffusion low ADC values and hyperintensities in T2 & FLAIR images noted involving capsuloganglionic region, parietal lobe, adjacent frontal insular cortex, temporal lobe in right side.

Focal FLAIR hyperintensities without restricted diffusion in bilateral posterior periventricular white matter, left corona radiata and centrum semiovale.

Curvilinear blooming SWI hypointensities in distal right MCA.

Cerebellum, 4th ventricle, brain stem & CP angle regions are within normal limits.

Sella, suprasellar & parasellar areas are normal.

The extracerebral spaces and supratentorial ventricular system are normal.

Rest of the cerebral parenchyma is normal is normal.

Midline structures and corpus callosum are normal.

No haemorrhagic pathology.

No extraaxial collection seen.

MR Angiography shows:

Hypoplastic left vertebral artery.

Distal left vertebral artery not well visualised.

Focal mild stenosis in basilar artery in P1 segment of left PCA.

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Non visualisation of distal 2/3rds of right MCA and distal right MCA branches.

Bilateral intracranial internal carotid arteries, anterior & left middle cerebral arteries and their branches are normal in caliber/flow signal.

Otherwise basilar artery, bilateral posterior cerebral, superior cerebellar and anterior inferior cerebellar arteries are normal in caliber and course.

Right vertebral artery is normal in calibre and flow signal.

No aneurysm / AVM seen.

IMPRESSION:

- * Large acute non haemorrhagic infract in right MCA territory involving capsuloganglionic region, parietal lobe, adjacent frontal insular cortex, temporal lobe in right side.
- * Curvilinear thrombus in distal right MCA causing occlusion and non visualisation of distal right MCA and right MCA distal branches.
- * Chronic ischemic demylenation in bilateral posterior periventricular white matter, left corona radiata and centrum semiovale.
- * Hyoplastic left vertebral artery. Distal left vertebral artery not well visualised ? Due to occlusion / ? Very slow flow status.
- * Focal mild stenosis in basilar artery in P1 segment of left PCA.

Dr Kris Ma MD

Consultant Radiologist

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