

Patient Name :	HARRY	Patient ID :	MR0000222222
Patient age / Sex :	062Y / M	Modality :	MR
Referring Physician :	DR.E PHYSICIAN B BLOCK	Report Date / Time :	20 April 2020 11:19:02

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:

Wedge shaped lesion showing restricted diffusion, low ADC values and slightly hyperintense on FLAIR images involving right side parietal lobe, insular cortex, adjacent frontal lobe and capsuloganglionic region.

Small lesions in parafalcine inferior both occipital lobes is hypointense on T1, predominantly hypointense with adjacent hyperintensities on FLAIR and hyperintense on T2 WI.

Lacunar FLAIR hyperintensities without restricted diffusion in right side anterior corona radiata.

Mega cisterna magna seen - Normal variant.

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.

Midline structures and corpus callosum are normal.

No haemorrhagic pathology. No extraaxial collection seen.

MR Angiography shows: *(Patient is not cooperative)*

Distal right MCA branches are not well visualized.

Small stenotic segment in distal left MCA.

Mild stenosis seen in cavernous and infrapetrous parts of right ICA.

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Fetal type of A1 segment of right ACA -- Normal variant.

Hypoplastic right vertebral artery.

Left internal carotid, right MCA and rest of the left MCA are normal in caliber.

Bilateral intracranial anterior cerebral arteries and their branches are normal in caliber/flow signal.

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

Left vertebral artery is normal in calibre and flow signal.

No aneurysm / AVM seen.

IMPRESSION:

- * **Non hemorrhagic hyperacute on acute infarct in right MCA territory, involving right side parietal lobe, insular cortex, adjacent frontal lobe and capsuloganglionic region.**
- * **Small lesions of gliosis / old infarcts in parafalcine inferior both occipital lobes.**
- * **Focal chronic infarct with residual chronic ischemic demyelination in right side anterior corona radiata.**
- * **Distal right MCA branches are not well visualized, possible due to slow flow status / occlusion.**
- * **Small stenotic segment in distal left MCA.**
- * **Mild stenosis in cavernous and infrapetrous parts of right ICA.**
- * **Hypoplastic right vertebral artery.**

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