

7316-178

Results

MR Entire Spine W/ IV Contrast ONLY (Accession) (Order
Contrast (AccessionMR Brain W & W/O IV
) (Order

Study Result

BRAIN MRI, WITHOUT AND WITH CONTRAST; NAVIGATIONAL BRAIN MRI AND
ADDITIONAL MRI OF THE CERVICAL, THORACIC, AND LUMBAR SPINE:

CLINICAL INDICATION: Persistent headache and vomiting, clinical
concern of intracranial mass.

TECHNIQUE:

BRAIN: Sagittal 3D T1 gradient echo with axial reformations, axial and coronal TSE T2, axial and coronal FLAIR, axial spin echo T1, arterial spin labeled perfusion imaging and SWI, navigational T1 and T2 images, post-contrast sagittal 3D T1 gradient echo with axial and coronal reformations, post-contrast axial spin echo T1 with fat suppression, axial diffusion tensor imaging and perfusion study were performed on a 3.0 Tesla system.

SPINE: Sagittal TSE T2, post-contrast sagittal and axial T1.

COMPARISON: None

FINDINGS:

BRAIN:

The study reveals a large intra-axial mass primarily arising from left lateral aspect of the cerebellar vermis and involving left cerebellar hemisphere and left cerebellar tonsil, accompanied by mild to moderate amount of surrounding brain edema. The lesion measures about 4.0 cm TR x 4.5 cm AP x 4.9 cm CC. This mass cause severe pressure effect to the surrounding structures, compresses the adjacent brainstem, particularly medulla and cervicomedullary junction, and obstructs the fourth ventricular outlet resulting in mild to moderate supratentorial hydrocephalus and mild degree of transtentorial CSF spreading. The inferior part of this mass and right cerebellar tonsil also protrude through the foramen magnum down to the level of posterior elements of C1 causing markedly reduced subarachnoid space of the craniocervical region. There are numerous small cystic components scattered throughout the mass and internal vascular flow void which represent high vascularity of the tumor. This mass demonstrates slightly hypointense to cerebellar gray matter on T1, iso- to slightly hyperintense on T2, restricted diffusion of the solid component, and heterogeneous enhancement on post-contrast study.

There is accompanying mild prominent subarachnoid space surrounding the intraorbital segments of bilateral optic nerves and mild anterior bulging of the optic discs consistent with mild papilledema.

There are no other areas of parenchymal signal abnormality or abnormal enhancement. There is no midline shift or extra-axial fluid collection. No definite evidence of intracranial tumor spreading is detected. The visualized pituitary gland and stalk are within normal limits.

The visualized paranasal sinuses and mastoid air cells are clear.

SPINE:

There is a transitional lumbar vertebra. The cervical spine, thoracic spine, and sacrum are full compliment otherwise. The vertebral columns and intervertebral discs are of normal contour and signal.

The spinal cord and the conus medullaris are also of normal contour and signal. The conus medullaris terminate at the L1-L2 level. There are no areas of abnormal enhancement of the spinal cord, leptomeninges, or nerve roots.

IMPRESSION

1. A large mixed solid cystic posterior fossa mass involving left lateral aspect of the cerebellar vermis, left cerebellar hemisphere and left cerebellar tonsil causing substantial amount of pressure effect to surrounding structures, mild to moderate supratentorial hydrocephalus and mild papilledema as described which is highly suspicious for high grade tumor. The differential diagnosis includes primitive neuroectodermal tumor (medulloblastoma) and atypical teratoid rhabdoid tumor.

2. No definite evidence of intracranial or intraspinal tumor spreading.

Findings were discussed immediately with the referring physician - Dr. Henci Teuta and the neurosurgical team when the patient was studying at the operating table on . In addition, the patient was directly admitted to the neurosurgical inpatient unit for further appropriated management.

END OF IMPRESSION:

Scans on Order

Scan on

Radiology MR contrast form

Scans on Order

Scan on

radiology screening form

Result History

MR Brain W & W/O IV Contrast (Order) on - Order Result History Report

PACS Images

Show images for MR Brain W & W/O IV Contrast

Hard Copy Result Report ***Do Not Print
Link Below***

Exam Dictations from the

Open Hard Copy Result Report (Order - MR Brain W & W/O IV Contrast)

Protocol Summary: MR Entire Spine W/ IV Contrast ONLY

Protocol History

Protocol not completed.

Protocol Summary: MR Brain W & W/O IV Contrast

Protocol History

Protocolled on 12:10 PM by

Brain

Pathology

Plus SWI

MR IV Contrast?

Not Required

Exam Information

Performed Proc	Technologist	Begun Date	Begun Time	End Date	End Time	Status
MR BRAIN W & W/O IV CONTRAST			16:39		18:55	

Reading Information

Reading Rad	Read Date

Signing Information

Signing Rad	Sign Date	Sign Time
		20:31

Patient Release Status:

This result is not viewable by the patient.

Reason For Exam

Question Intracranial mass

Dx: Headache

Benign neoplasm of brain

Achlorhydria

Questionnaire

Order Entry

Question	Answer	Comment
1.Reason for exam (Dx, signs and/or sx) R/O only not an acceptable reason	Question Intracranial mass	
2.Does pt have Pacemaker or ICD? (If yes, identify type in comments box)	No	
3.Does pt have Vagal Nerve Stimulator, Cochlear Device, Ear Tubes or Tracheostomy? (If yes, identify type in comments box)	No	
4.Provider Name & Pager/Phone # for Verbal Results/Questions	Teuta Henci	
5.If "Yes" to device question, specifically identify device:		
6.What is the patient's sedation need?	Sedation Services	

7.Clinical history and additional information

Question Intracranial
mass

Begin Exam

RIS BEGIN ALL

Question

1. Script/Order reviewed on:
2. Script/Order reviewed by:

Answer

RIS METALLIC SCREENING

Question

1. Patient metallic screening completed by:

Answer

RIS CONTRAST SCREENING

Question

1. Will the patient receive contrast for this exam ?
2. Patient contrast screening checklist completed by :
3. Patient contrast screening checklist reviewed by:

Answer

No

End Exam

RIS END ALL

Question

1. Confirm Resource:
2. Confirm Pt Sedation Requirements

Answer

Reviewed By List

on

8:07 AM

Procedure Screening Form

Open Screening Form

Order

MR Entire Spine W/ IV Contrast ONLY |

(Accession
W/O IV Contrast |

(Order
(Accession

MR Brain W &
(Order

Order Information

Order Date

Service

Start Date

Start Time

Oncology

Order Providers

Authorizing

Encounter

Billing

Replaced: MR Brain W/O IV Contrast

Original Order

Ordered On

Ordered By

Reason For Exam

Question Intracranial mass
Dx: Headache

Benign neoplasm of brain

; Achlorhydria

Order Questions

Question

Answer

Comment

Exam reason

Question

Intracranial mass

Pacemaker ICD

No

implantable external

No

**Provider Name & Pager/Phone # for
Verbal Results/Questions**

**What is the patient's sedation need?
history**

Sedation Services

Question

Intracranial mass

Comments

Scheduled with
MRI tech and ok'd by sedation nurse

Per :

appointment was OK'd by

Scheduling Instructions

For STAT exams, please contact the MR technologist at x 62897. For after hours exams or any questions, please contact the appropriate Neuro or General Radiology Fellow or Attending On-Call.

Associated Diagnoses

Headache(784.0)

Benign neoplasm of brain

Achlorhydria

Appointments for this Order

- 60 min

(Resource)

Additional Information

Associated Reports

View Encounter

Priority and Order Details

Collection Information

Order Reprint

MR Brain W & W/O IV Contrast (Order ;) on

Order-Level Documents:

Scan on by : radiology screening form

Procedure Screening Form

Open Screening Form