

# BRAIN TUMOR ANALYSIS REPORT

## AI-Powered Segmentation and Clinical Assessment

### Patient Information

Field	Value
Report Date	2025-09-19T07:19:37.476322
Case ID	case_7eb49f93-105c-4f51-925e-5c5850e76317
Patient Id	121
Patient Age	22
Patient Gender	male
Referring Physician	Dr. jayesh

# AI-GENERATED CLINICAL REPORT

## EXECUTIVE SUMMARY

This case demonstrates a large right-sided central brain tumor with moderate enhancement, minimal necrosis, and extensive peritumoral edema. The tumor exhibits features consistent with a high-grade glioma, given its size, enhancement pattern, and surrounding edema. Clinical correlation and histopathological evaluation are recommended for definitive diagnosis and management planning.

## TUMOR MORPHOLOGY AND LOCATION

- Location: Right hemisphere, central brain region
- Size Classification: Very large ( $>15 \text{ cm}^3$ )
- Maximum Diameter: 62.0 mm
- Anatomical Considerations: The central location in the right hemisphere may be associated with potential involvement of critical white matter tracts and functional areas, necessitating careful surgical planning if resection is indicated.

## QUANTITATIVE ANALYSIS

- Total Tumor Volume: 52.92  $\text{cm}^3$
- Tumor Core Volume: 11.12  $\text{cm}^3$
- Enhancing Component: 10.86  $\text{cm}^3$  (20.5%)
- Necrotic Component: 0.26  $\text{cm}^3$  (0.5%)
- Edematous Component: 41.80  $\text{cm}^3$  (79.0%)

## ENHANCEMENT CHARACTERISTICS

- Enhancement Pattern: Moderate (10–30%)
- Enhancement Intensity: Mean 520.73 HU, Maximum 1146.00 HU
- Clinical Significance: Moderate enhancement suggests active tumor proliferation with possible blood-brain barrier disruption; the presence of enhancement is consistent with a high-grade glioma or other aggressive neoplasm.

## TISSUE COMPOSITION ANALYSIS

| Tissue Component | Presence | Clinical Interpretation |

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| Enhancing Tissue | Present | Indicates viable tumor tissue with active angiogenesis and possible malignant behavior. |

| Necrotic Core | Present | Minimal necrosis observed; may represent areas of treatment response or intrinsic tumor biology. |

| Peritumoral Edema | Present | Extensive edema (79%) is consistent with high-grade tumor or aggressive lesion. |

## CLINICAL ASSESSMENT

- Tumor Grade Indicators: Large volume, moderate enhancement, and significant edema suggest a high-grade glioma, likely an anaplastic astrocytoma or glioblastoma.
- Differential Diagnosis: Likely high-grade glioma (e.g., glioblastoma multiforme or anaplastic astrocytoma), with possibility of other infiltrative tumors such as metastasis or lymphoma.
- Prognosis Indicators: The presence of significant edema and moderate enhancement correlates with a more aggressive tumor phenotype and potentially poorer prognosis, especially in younger patients.

## RECOMMENDATIONS

1. Immediate Actions: Urgent multidisciplinary tumor board review and consideration for biopsy or surgical resection.
2. Additional Imaging: Consider perfusion MRI or MR spectroscopy to further characterize the tumor biology.
3. Multidisciplinary Review: Involvement of neurosurgery, oncology, and neuroradiology for treatment planning.
4. Follow-up Protocol: MRI with contrast at 3–6 months post-treatment, or earlier if clinical deterioration occurs.
5. Treatment Considerations: Likely indication for surgical resection, followed by adjuvant radiation and chemotherapy based on histology.

## TECHNICAL NOTES

- Image Quality: Adequate for diagnostic interpretation
- Segmentation Confidence: High automated detection accuracy
- Limitations: Standard limitations of MRI-based analysis include potential underestimation of subtle enhancement or infiltration, and reliance on contrast enhancement for viability assessment.

Report Generated: September 19, 2025 at 07:19 AM

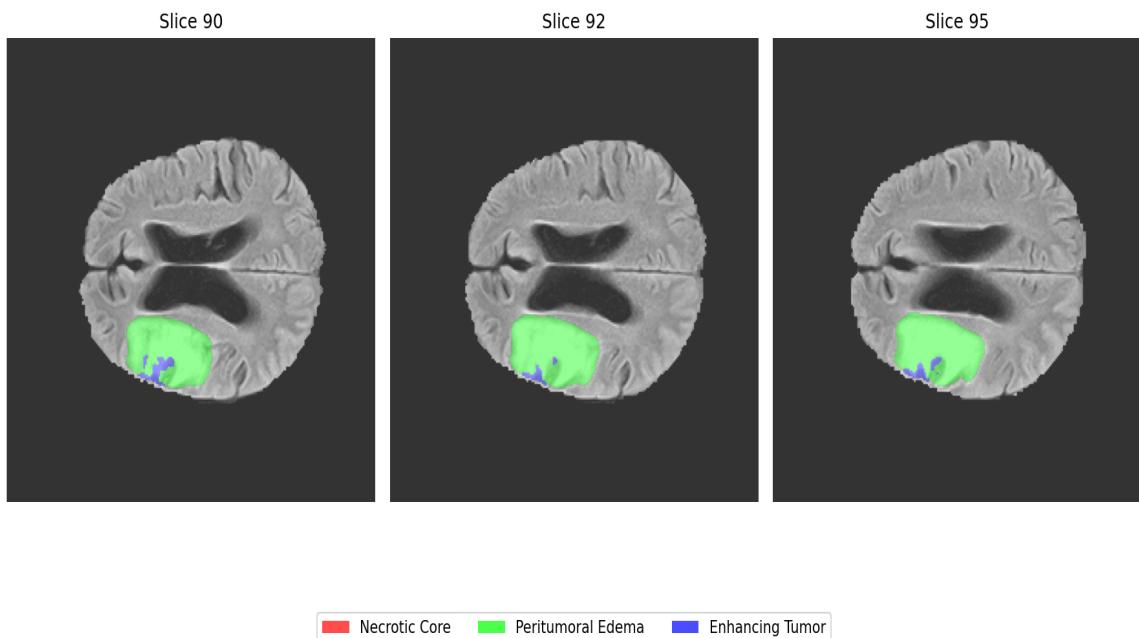
System: AI-Assisted Brain Tumor Analysis Platform



# SEGMENTATION VISUALIZATIONS

## FLAIR Segmentation Overlay

FLAIR with Segmentation Overlay



## T1CE Segmentation Overlay

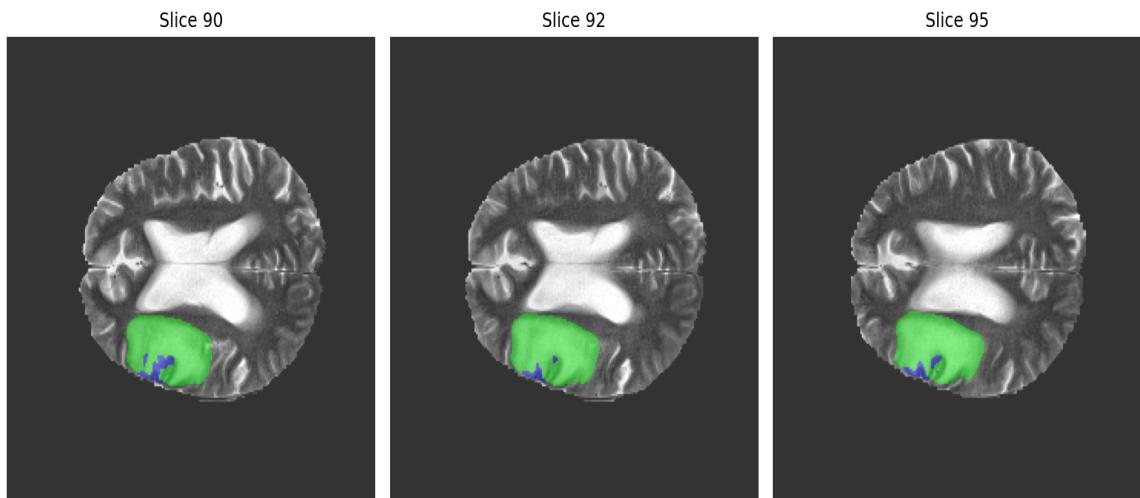
### T1CE with Segmentation Overlay



■ Necrotic Core   ■ Peritumoral Edema   ■ Enhancing Tumor

### T2 Segmentation Overlay

#### T2 with Segmentation Overlay



■ Necrotic Core   ■ Peritumoral Edema   ■ Enhancing Tumor

### 3D Volume Analysis

### 3D Tumor Segmentation Views

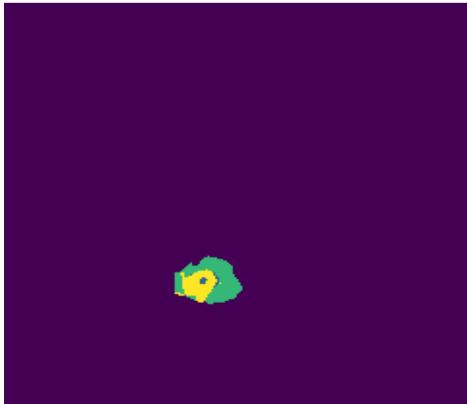
Sagittal View



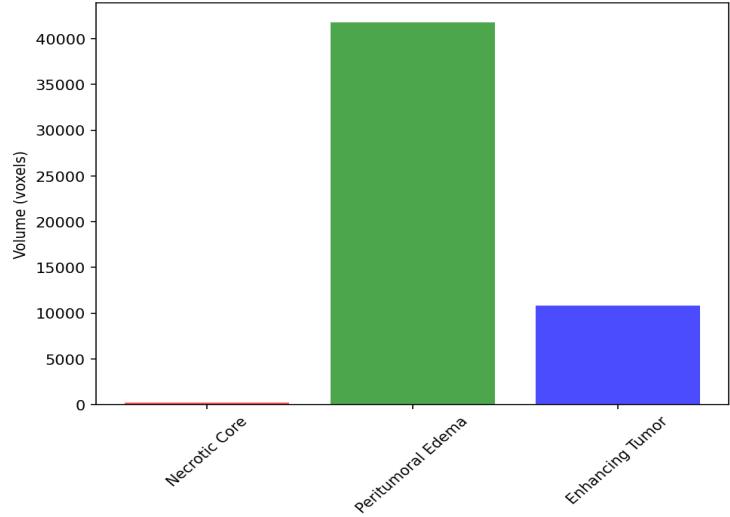
Coronal View



Axial View

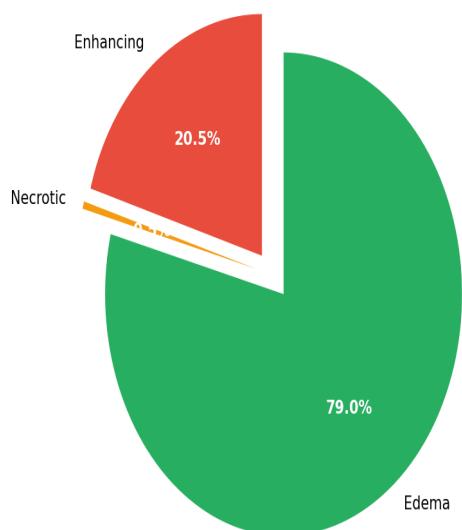


Tumor Component Volumes (voxels)

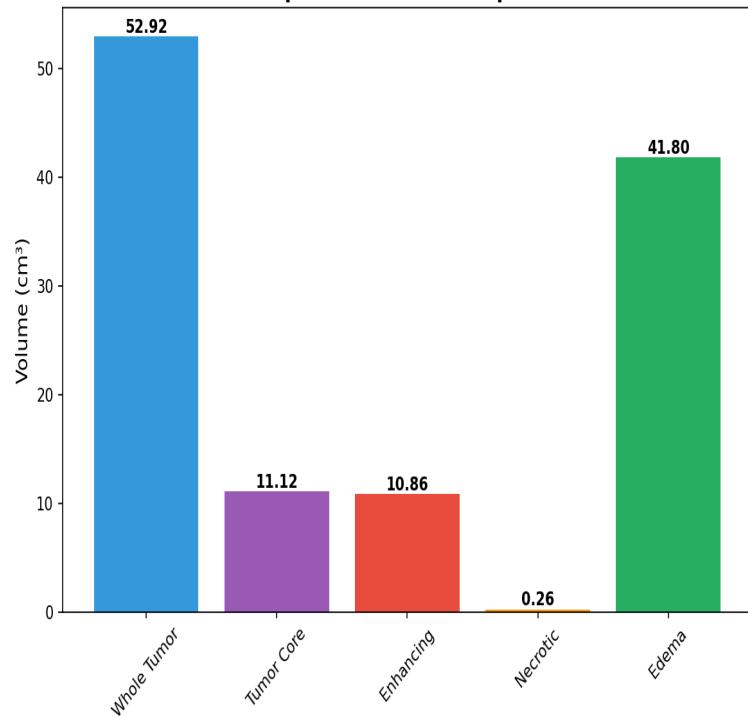


# QUANTITATIVE ANALYSIS

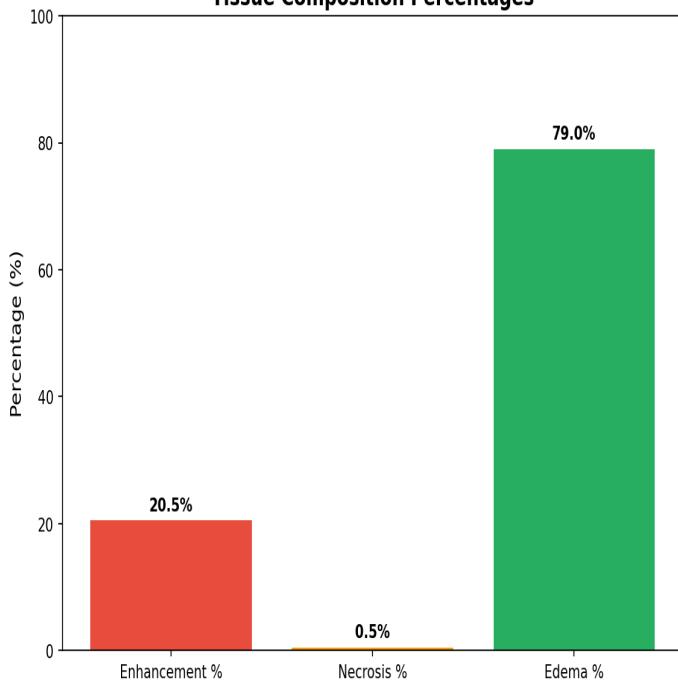
Tumor Component Distribution



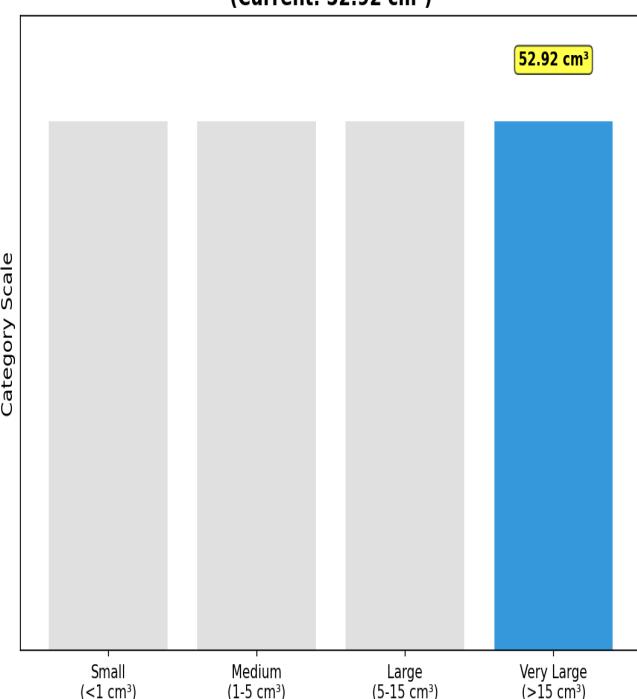
Component Volume Comparison



Tissue Composition Percentages



Tumor Size Classification  
(Current: 52.92 cm<sup>3</sup>)



**Clinical Summary Table**

Parameter	Value	Clinical Significance
Total Volume	52.92 cm³	very_large (>15 cm³)
Maximum Diameter	62.0 mm	Surgical planning reference
Enhancement	20.5%	moderate (10-30%)
Necrosis	0.5%	minimal (<10%)
Location	right central	Functional considerations
Enhancement Present	yes	Blood-brain barrier disruption
Necrosis Present	yes	Tissue viability indicator
Edema Present	yes	Peritumoral involvement

## **IMPORTANT DISCLAIMERS**

- This report is generated using artificial intelligence algorithms for automated brain tumor segmentation and analysis.
- The AI model used for report generation is designed to assist healthcare professionals but does not replace clinical judgment.
- All quantitative measurements and assessments should be validated by qualified radiologists and medical professionals.
- Treatment decisions should not be based solely on this automated analysis.
- This system is intended for research and educational purposes and to support clinical decision-making.
- Report generated on September 19, 2025 at 07:19 AM using microsoft/DialoGPT-medium.