Patient name:	JAMES [redacted] SAINT		
Patient ID:			
Born:	[redacted]	Gender:	Male
Exam date:	Sep 17 2025 18:55	Accession no:	RYJ16654781

Radiology Report

Report Date: Sep 19 2025 16:50:00

Patient ID:

JAMES [redacted] SAINT
Date of Birth: [redacted]
Gender: Male

Address:
[redacted]

Accession no: RYJ16654781
Exam date: Sep 17 2025 18:55
Exam: MRI Head
Referring Physician: LINDOEXT Lindo Wing External Referrer
Requesting Department:

Observation:
RYJ16654781 17/09/2025 MRI Head
RYJ16654782 17/09/2025 MRI Spine cervicothoracic

Charing Cross Hospital

Clinical History

had discussed his radiology with my colleague (Dr Declan Johnson) who agreed that there was indeed evidence of a right-sided cerebellar infarct for which no obvious explanation was forthcoming. This included a recent bubble echo as well as a detailed CT intracranial extracranial angiogram which has not shown any structural cause for why he would have had a posterior circulation event. This is obviously relevant in the context of his post AstraZeneca vaccine related symptoms. Additionally Dr Johnson said that he could understand the subtle abnormality in his mid cervical spine which may be the explanation for his clinical myelitis but there were no axials possible. I therefore think it is important for us to get some detailed structural imaging through the cervical spine on a three Tesla magnet which I will be arranging at Charing Cross Hospital

Report

There is no acute ischaemic lesion or intracranial haemorrhage.
There is mature linear infarct in the right cerebellar hemisphere, otherwise intracranial appearances are unremarkable.

The vertebral alignment and marrow signal are normal.
There is a shallow disc bar at C6-7 there is no neural compression.
The intramedullary signal and conus medullaris are normal.

Transcriptionist: 48161 Olga Kirmi GMC 6028589
Primary Radiologist: 48161 Olga Kirmi GMC 6028589
Secondary Radiologist:

Report Status: Final Result