

<b>Name:</b>	<b>BERRY, VICKIE L</b>	<b>Admit Date:</b>	7/20/2022
<b>MRN:</b>	10502	<b>Discharge Date:</b>	7/20/2022
<b>Encounter:</b>	6559749	<b>Attending:</b>	Akande MD,Olusina
<b>DOB / Age:</b>	3/1/1953	<b>Copy to:</b>	CareAware Oauth,LOGN_IN
<b>Sex / Birth Sex:</b>	Female		

*Computed Tomography*

<b>Accession</b>	<b>Exam Date/Time</b>	<b>Exam</b>	<b>Ordering Physician</b>	<b>Patient Age at Exam</b>
16-CT-22-0006607	7/20/2022 13:46 EDT	CT Angio Brain/Head	Du MD,Cheng	69 years

**Reason for Exam**

(CT Angio Brain/Head) Cerebral aneurysm, follow-up

**Radiology Report**

EXAMINATION: CTA HEAD

Date: 7/20/2022 1:36 PM

History: Female, 69 years old. History of CVA. Evaluation for cerebral aneurysm.

COMPARISON: None.

Technique: Intravenous contrast was administered and imaging of the neck and head was obtained during the arterial phase of the contrast bolus. Two-dimensional and 3-D MIP images for post processing were performed and reviewed. Vessel analysis software was utilized to calculate the minor and major diameter measurements in areas of arterial stenosis. One or more of these dose optimization techniques were utilized: Automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction. 100 cc of Isovue-370 were administered for this exam.

**FINDINGS:**

**CTA HEAD:**

Intracranial arteries:

Internal carotid arteries: Vascular plaque is present involving the cavernous portions of the ICAs. The degree of stenosis is estimated at less than 50% bilaterally.

Anterior cerebral arteries: Widely patent.

Middle cerebral arteries: Widely patent.

Posterior circulation: Widely patent.

Circle of Willis: Normal anatomic variability.

Vertebrobasilar system: Widely patent.

Brain parenchyma: Unremarkable arterial phase, postcontrast appearance.

Extra-axial structures: Unremarkable.

Additional comments: None.

**Memorial Hospital**

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**Radiology Report**

**IMPRESSION:**

1. No obvious intracranial aneurysm demonstrated on this study. No aneurysms are identified on previous imaging. If the patient has outside imaging demonstrating an aneurysm, we would be happy to review that study and compare to the current exam to discuss a possible very small aneurysm not well demonstrated on this exam.
2. Vascular disease involving the cavernous portions of the ICAs without evidence of a greater than 50% stenosis.

--- THIS IS AN ELECTRONICALLY VERIFIED REPORT ---

Dictated By: John L Bormann MD  
Dictated: 7/20/2022 2:32:18 PM  
Transcribed By: Barbara M Carroll  
Transcribed: 7/22/2022 10:19:19 AM  
Signed By: John L Bormann MD  
Signed: 7/22/2022 10:20:53 AM

\*\*\*\*\* Final \*\*\*\*\*

*Dictated by: Bormann MD, John L*  
*Dictated DT/TM: 07/22/2022 10:21 am*  
*Signed by: Bormann MD, John L*  
*Signed (Electronic Signature): 07/22/2022 10:20 am*