**MRI OF THE BRAIN AND ORBITS**   
  
**History:** Known case IgG4 related ophthalmic disease--> work up MRI orbit for follow-up   
  
**Technique:**   
Sagittal SE T1W   
3D FSE FLAIR FS +Gd with MPR   
Axial 3D TSE T1W, FSE T2W FS, SWI, DWI   
3D TSE T1W+Gd, THRIVE+Gd with multiplanar reformats.   
Thin slice axial and coronal SE T1W FS/Gd, FSE T2W FS; 3D axial T2 DRIVE with MPR at orbits   
  
**Comparison:** Limited comparison to the MRI brain on 4-6-2022   
      
**Findings:**   
Thin/almost absent left lacrimal gland is again noted. Right lacrimal gland is unremarkable, decreased in size from the prior.   
A small superior medial extraconal enhancing soft tissue of left orbit is seen, measuring 1x0.6x0.7 cm in TR, AP, CC dimensions, decreased size.   
Prominent enhancing soft tissues at bilateral infraorbital grooves/canals, pterygopalatine fossae, greater palatine canals, bilateral foramen rotundum (R>L) are noted, likely due to enlarged CN V2 and its branches.   
The rest of the orbits and its contents are unremarkable.   
The optic nerves, optic chiasm are not remarkable.   
  
There are multiple patchy T2/FLAIR hyperintense lesions at bilateral frontal, parietal, temporo-occipital deep-periventricular, subcortical white matter, external capsules, pons, likely severe small vessel disease, not significantly changed.   
Few old tiny infarcts at left superior posterior cerebellar hemisphere are seen.   
A small DVA at left high parasagittal frontal lobe is seen.   
No abnormal signal intensity of the rest of the brain parencyma is seen.   
Superficial siderosis at left parieto-occipital sulci is again seen.   
No acute infarct, extraaxial collection, hydrocephalus or brain herniation is seen.   
  
Mild mucosal thickening in bilateral maxillary and anterior ethmoid sinuses is seen. The nasopharynx, the paranasal sinuses and mastoid air cells are unremarkable. No abnormal marrow signal is seen.   
          
**Impression:**   
- Again seen thin/almost absent left lacrimal gland   
- Decreased size of right lacrimal gland   
- Decreased size of the superior medial extraconal enhancing soft tissue of left orbit.   
- Prominent enhancing soft tissues at bilateral infraorbital grooves/canals, pterygopalatine fossae, greater palatine canals, bilateral foramen rotundum (R>L), likely due to enlarged CN V2 and its branches; in keeping with known IgG4 related disease.   
- Severe small vessel disease, not significantly changed.   
- Few old tiny infarcts at left superior posterior cerebellar hemisphere   
- A small DVA at left high parasagittal frontal lobe.   
- Again seen superficial siderosis at left parieto-occipital sulci, suggestive of old SAH.   
- No acute infarct, extraaxial collection, hydrocephalus or midline shift/brain herniation