Name: **Mrs. Tara Devi** UHID: **MM01298069**

Gender: **F** Age: **55 years**

Endocrinology Doctor: **Dr Jasjeet Singh Wasir & Team** Date: **21 Dec 2019**

Department of Radiology -

MRI DYNAMIC STUDY PITUITARY

Radiology Report

DYNAMIC CONTRAST MRI OF SELLA (21/12/2019)

CLINICAL DETAILS: K/c DM, HTN, history of pituitary lesion.

Comparison has been done with previous MRI dated 19/08/2018.

FINDINGS:

Study reveals a well-defined rounded focal lesion involving right half of anterior pituitary gland appearing hyperintense on T1w and hypointense on T2w and minimal rim enhancement of lesion is seen in the delayed postcontrast images. Compared to previous MRI, no significant interval change in the size of the lesion is seen, however with interval increase in the T1 hyperintense signal within it. Small T2 hyperintense cystic / necrotic area seen within the lesion in the previous MRI is not seen now. Lesion measures approximately 11x8x8mm (APxTRxCC). Pituitary infundibulum is minimally displaced to the left side of midline.

No extension is seen in cavernous sinus. No suprasellar extension or any mass effect on the optic chiasm is seen. Rest of the pituitary gland is normal in signal intensity and enhancement pattern. Findings suggest possibility of pituitary adenoma with intralesional haemorrhage or a Rathke's cleft cyst. Correlation with pituitary hormonal level is suggested.

Bilateral cavernous sinuses are normal in size and signal intensity. The cavernous ICA flow voids are maintained.

The brain parenchyma has normal signal intensity showing no significant focal lesion. No acute infarct is seen on diffusion-weighted imaging. No intraparenchymal haemorrhage is seen. On post contrast imaging, no abnormal parenchymal/meningeal enhancement is seen.

Mild degree of generalized cerebral cortical atrophic changes with prominence of cortical sulci, fissures noted. Brainstem is normal. The cerebellar hemispheres are normal No subdural collection/haemorrhage is present. No mass effect or midline shift is seen. Mucosal thickening is seen in bilateral maxillary, ethmoid and right sphenoid sinuses, likely inflammatory sinusitis.

IMPRESSION:

A well-defined rounded T1 hyperintense, T2w hypointense lesion seen in the right half of anterior pituitary gland showing minimal rim enhancement on the delayed contrast images minimally displacing infundibulum to the left side. No suprasellar or parasellar or retrosellar extension is seen. No mass effect on optic chiasm.

Compared to previous MRI, no significant interval change in the size of lesion is seen, however interval increase in T1 hyperintense signal within it. Findings can be due to pituitary adenoma with intralesional hemorrhage or Rathke's cleft cyst. Hormone correlation is suggested.

Please correlate clinically.

Dr. Jaiprakash Sharma, M.D.
Sr. Consultant, Radiology

Authorized by Dr Jai Prakash Sharma on 23 Dec 2019 11:18

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Ordered: 21 Dec 2019 20:30

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