KRISHNA ADVANCED M.R.I. & C.T

■ VELLORF ·

27, Thomamaram Street. Mobile: 93633 41100 ■ TRICHY:

11th Cross West, Thillal Nagar. Mobile 93633 41106 ■ VILLUPURAM:

178, Trichy Main Road. Mobile: 93633 41120 ■ CUDDALORE:

10-A, Nellikuppam Main Road. Mobile: 93633 41140 **■ TIRUPATHI:**

18-37- M11- 45 Opp. to V V Mahal. Mobile: 0 93900 44900



MRI & CT

NAME: Master. NAVNEET. PS.

AGE/SEX: 4Y/M

ID NO: MR 7359

REF. By. Dr. SELF.

DATE: 13.11.15

Sequences:

MRI-BRAIN

Axial T2 W FSE, FLAIR, GRE Coronal FLAIR, Sagittal T1 W SE Diffusion Weighted Imaging

FINDINGS:

Case of moya moya disease, post synangiosis

Right fronto temporal, Bilateral parieto occipital cortical and subcortical encephalomalacic gliosis with prominent sulcal spaces

Hyperintensity in the pons and medulla

Loss of both cavernous ICA flow void

Small nodular speck of susceptibility artificat in the left inferior parietal region

Thinned out posterior body and splenium of corpus callosum

The caudate and lentiform nuclei and the thalami are normal. No focus of altered signal intensity is present.

The cerebellar vermis and the cerebellar hemispheric parenchyma reveal no abnormality.

The visualized cranial nerves, including the trigeminal nerve and seventh-eighth nerve complexes appear normal. The internal auditory canals and their contents are normal.

Visualised dural venous sinuses and deep cerebral veins are normal.

The orbits and their contents are normal.

IMPRESSION:

- ✓ Case of moya moya disease, post synangiosis
- √ Right fronto temporal, Bilateral parieto occipital cortical and subcortical encephalomalacic gliosis with prominent sulcal spaces Possibly post ischemic sequelae
- ✓ Hyperintensity in the pons and medulla
- ✓ Loss of both cavernous ICA flow void
- ✓ Small nodular speck of susceptibility artificat in the left inferior parietal region
- ✓ Thinned out posterior body and splenium of corpus callosum.

World Class Technologies, yet affordable...