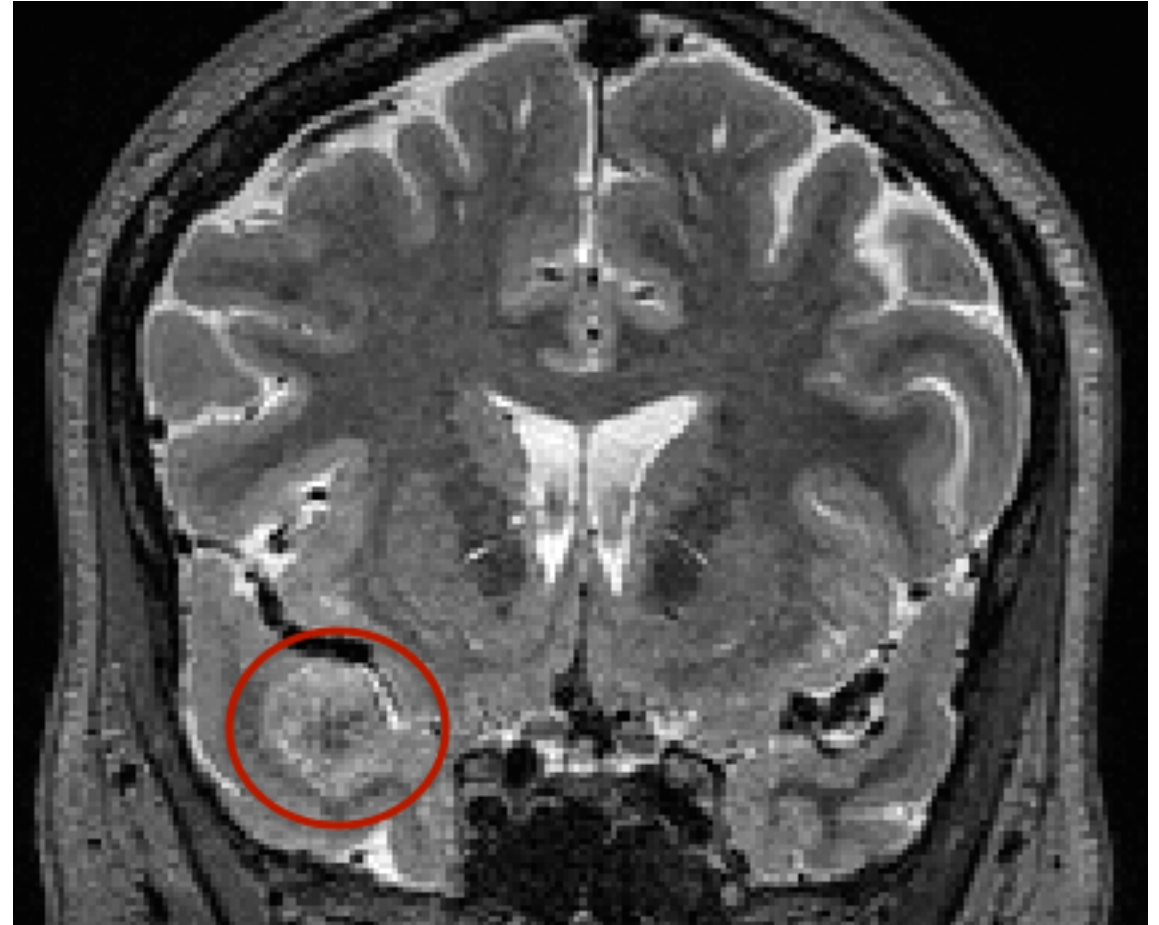
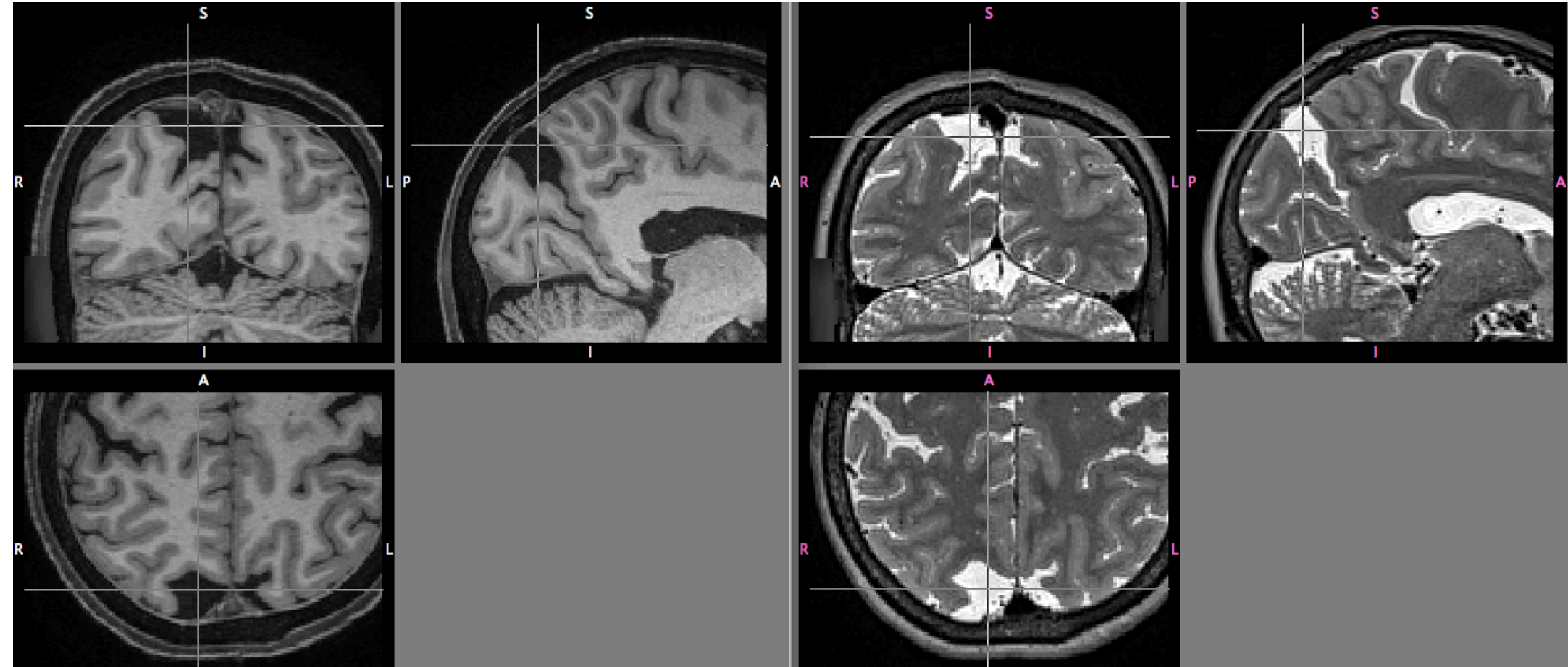


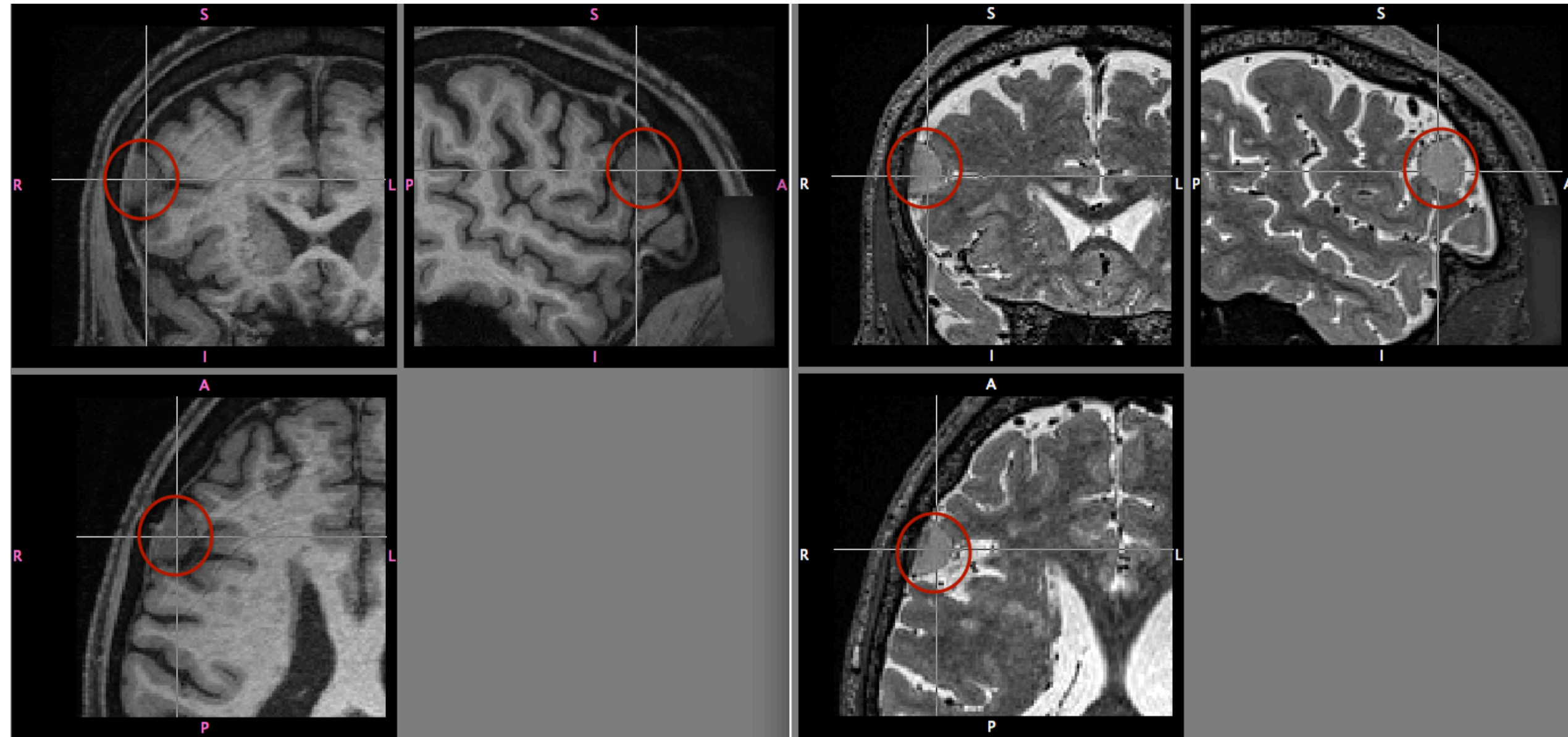
HCA6223050 – possible meningioma R temporal lobe – follow up with physician; **Include** w/ flag  
age 60



HCA6372875 – unusually large sulcus – no medical concern but possible registration issue - **Include** with flag  
age 57

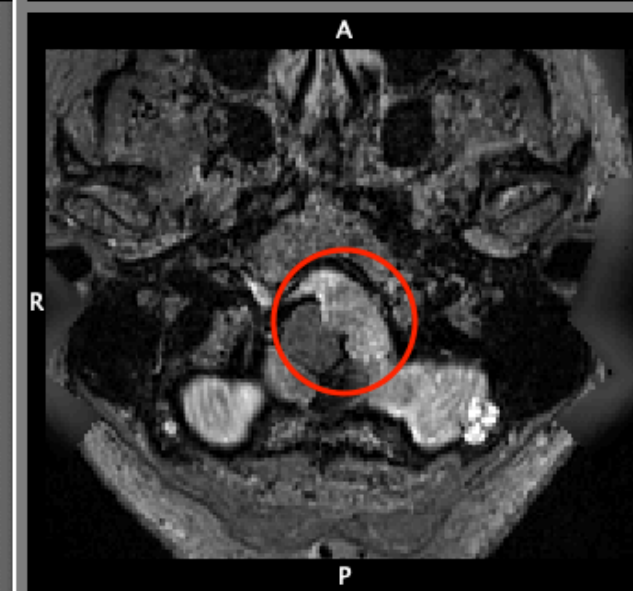
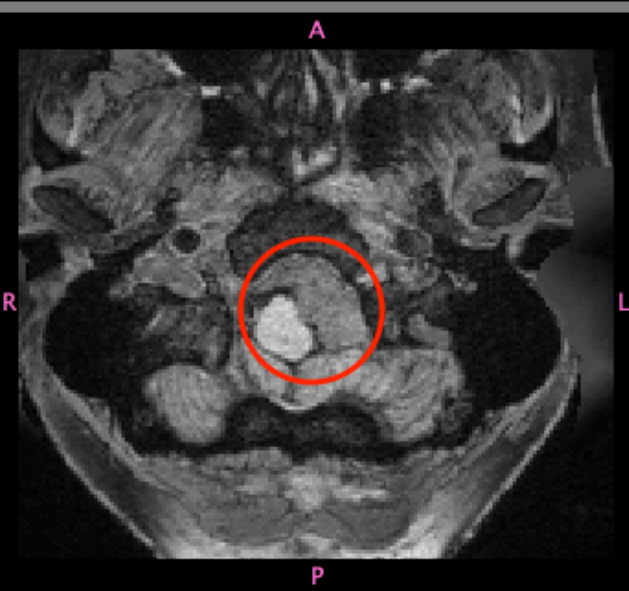
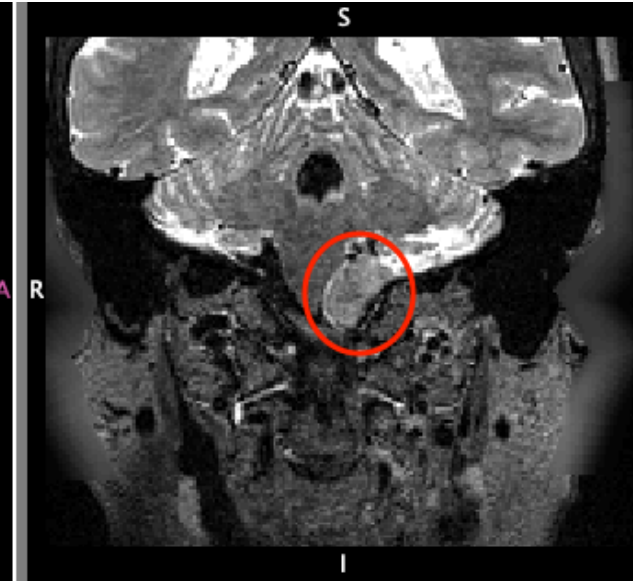
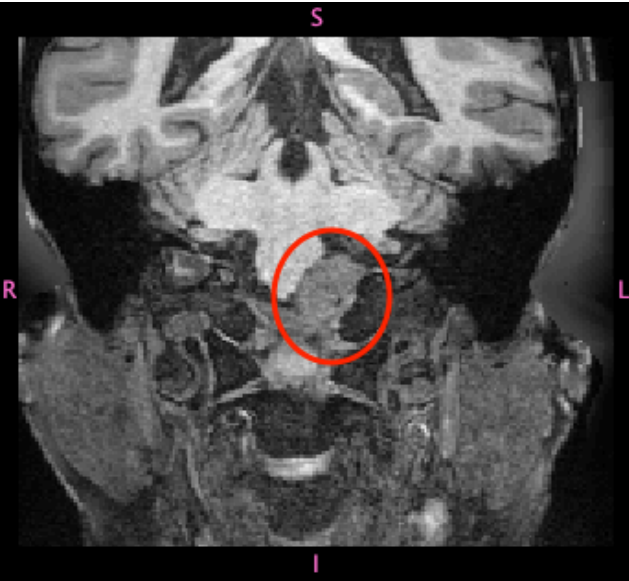


HCA6475986 – small meningioma; benign - **Include** with flag  
age 74



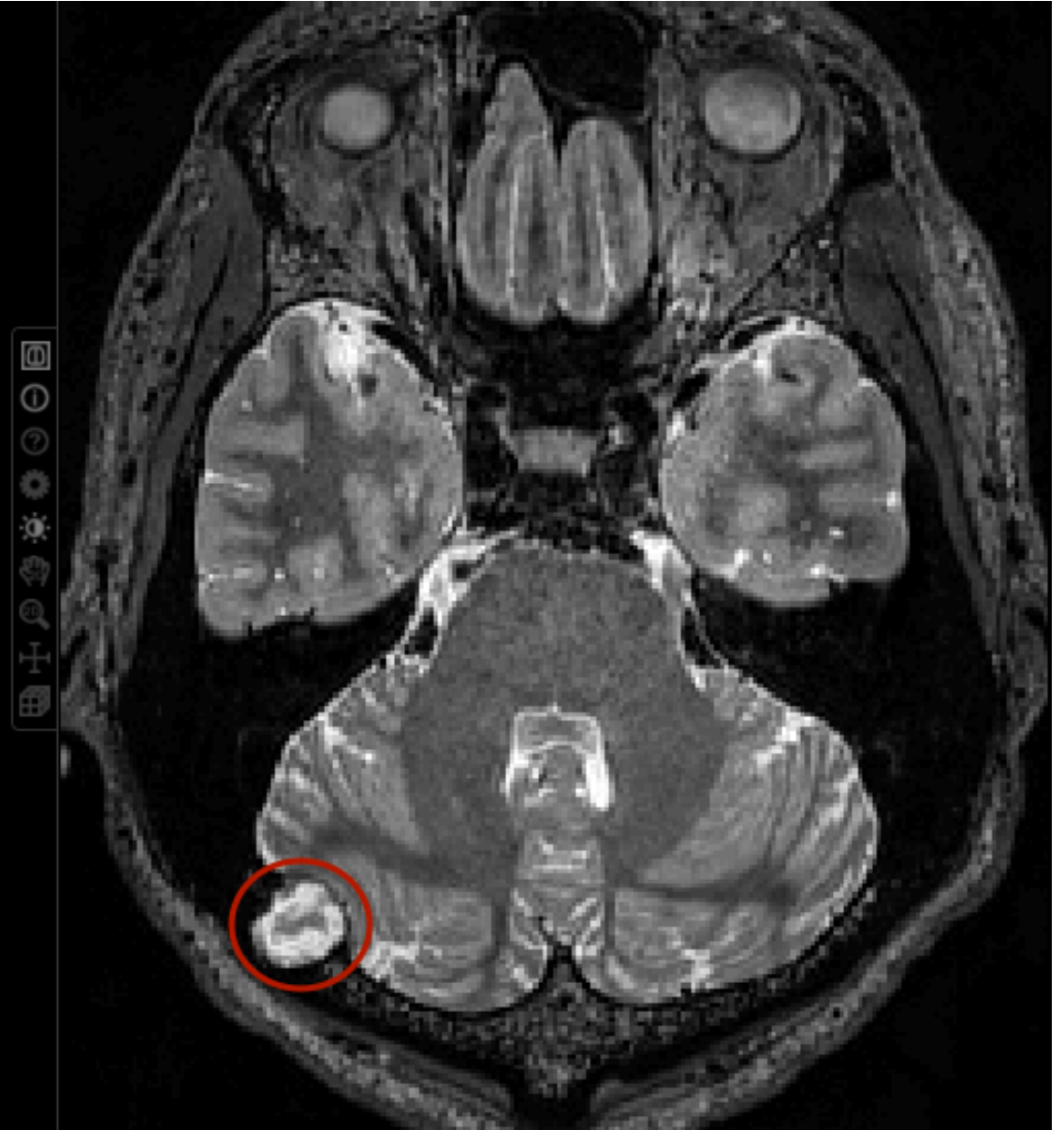
HCA6559184\_V2 — “extraaxial mass in the left aspect of the craniocervical junction should be followed up with a dedicated MRI with contrast enhanced images, DWI and other sequences. It is most likely a benign lesion just a meningioma but we need to see on a full MRI.” — **Include with flag**

age 76



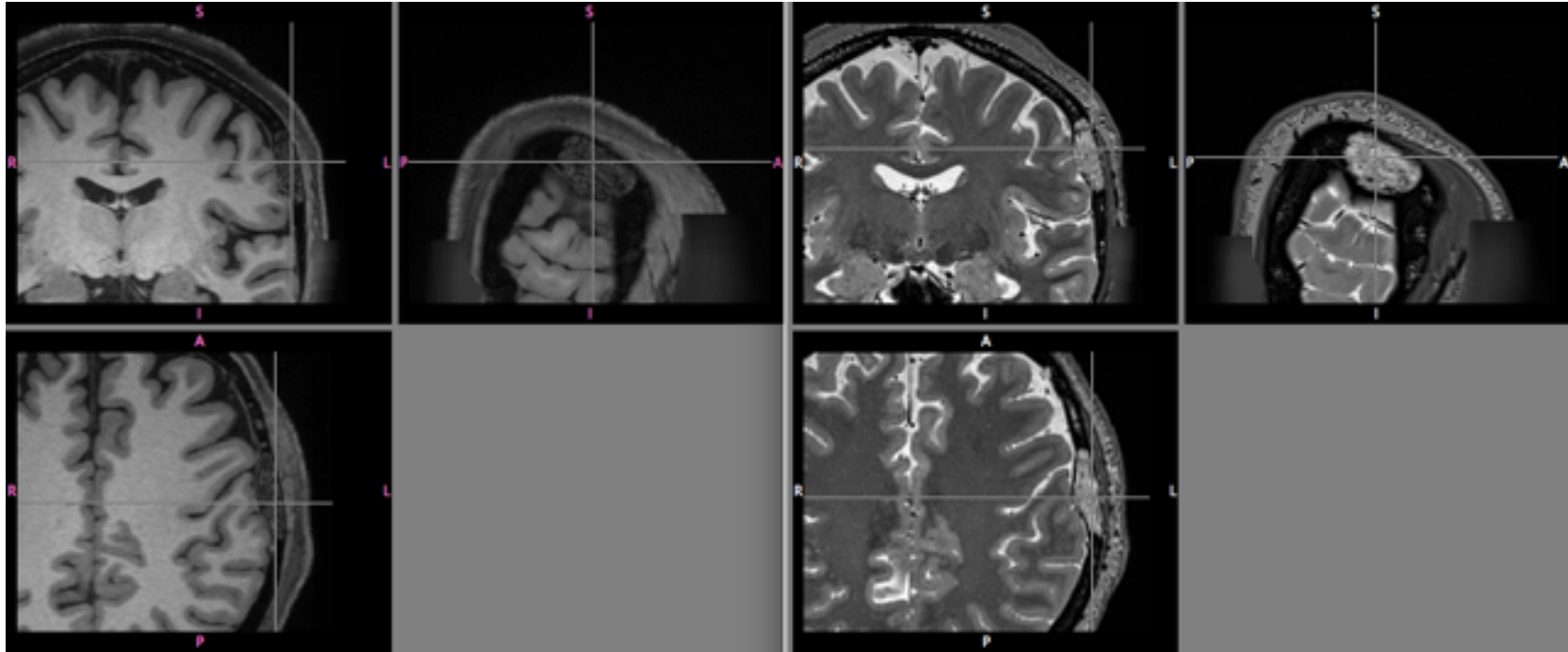


HCA6589294 – “giant arachnoid granulation” – no follow-up - **Include** with flag  
age 58



HCA6680987 – “This is clearly a bone lesion. It is most likely benign since it looks like it has grown slowly and remodeled the bone without destroying it.” -

Include with flag  
age 45



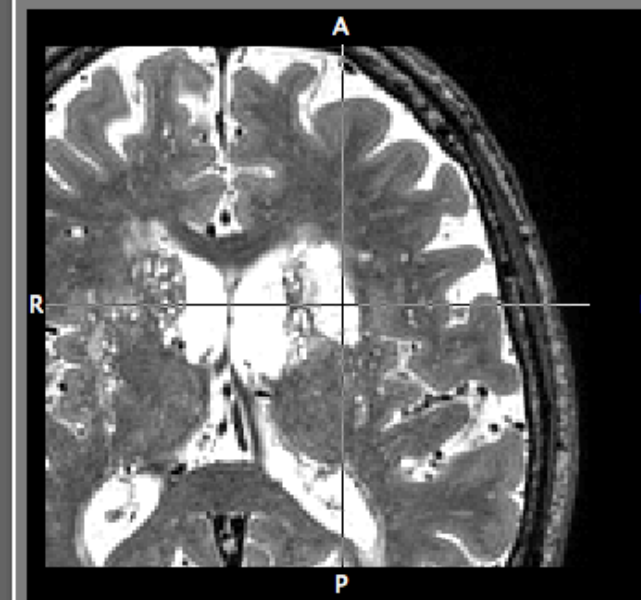
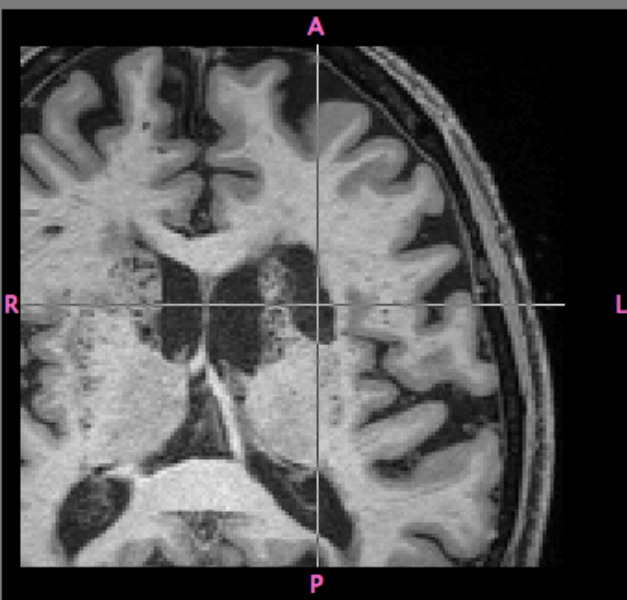
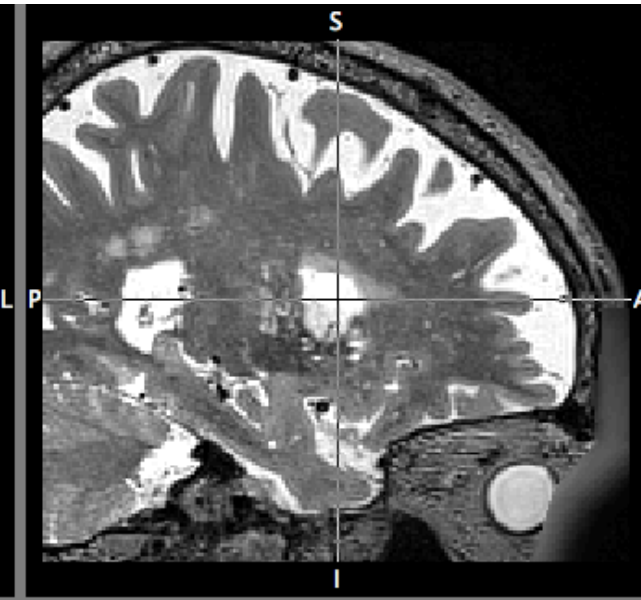
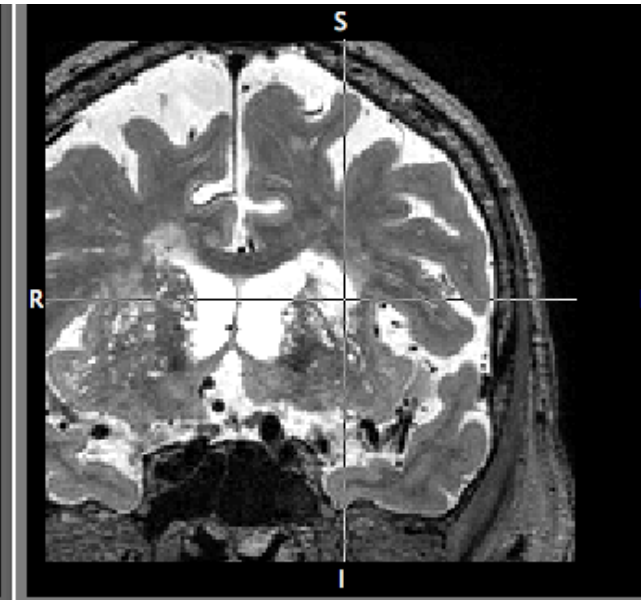
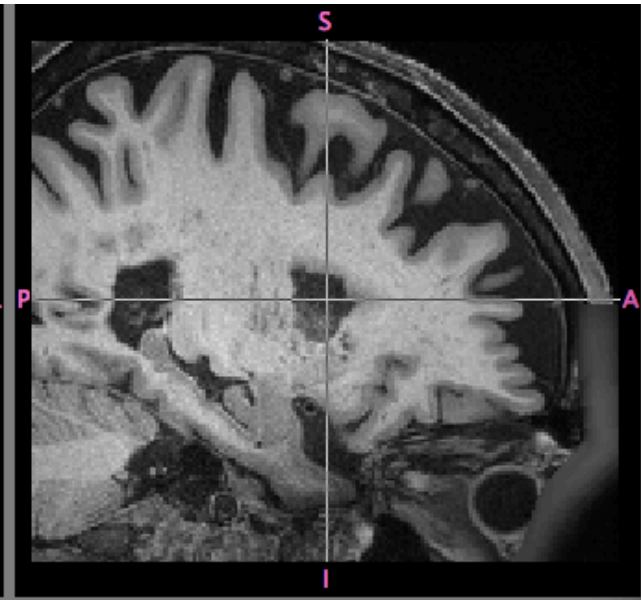
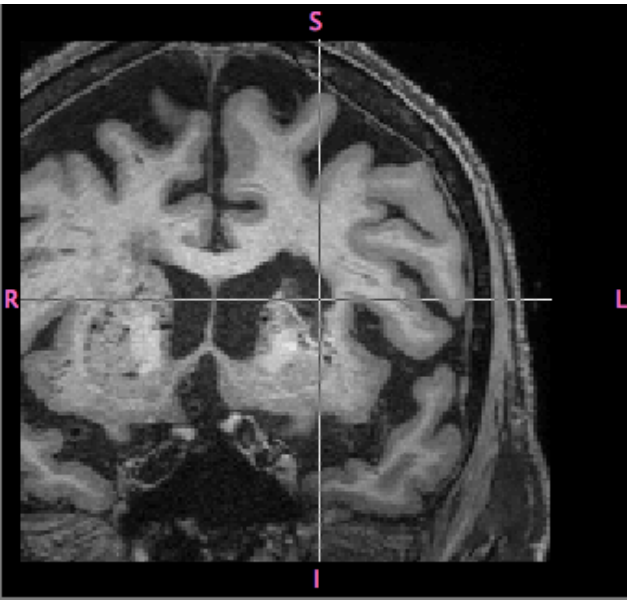
HCA6752784 – size of ventricles & volume loss in frontal & temporal lobes is of concern; follow-up recommended - **Include**  
with flag

age 58



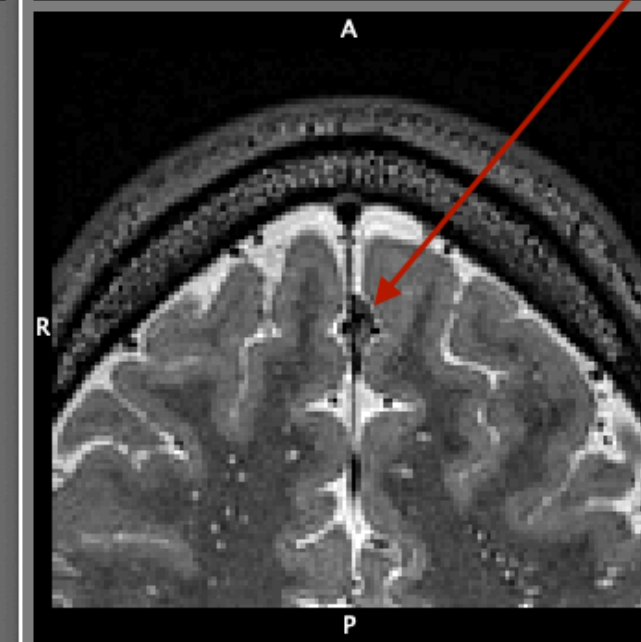
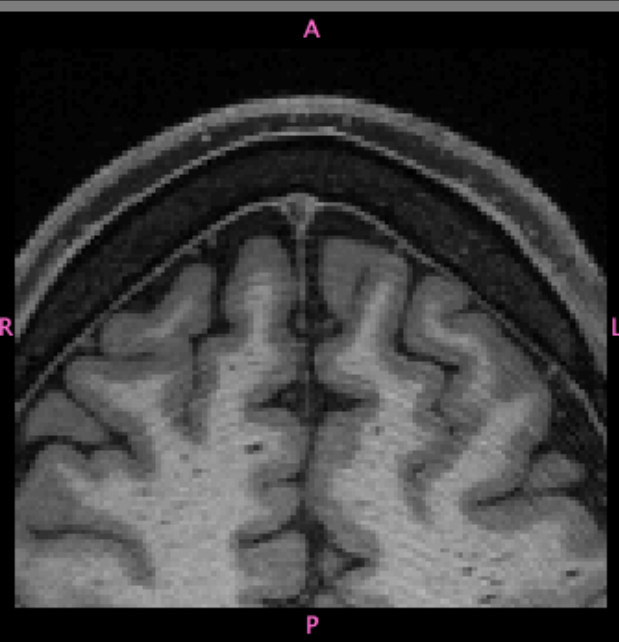
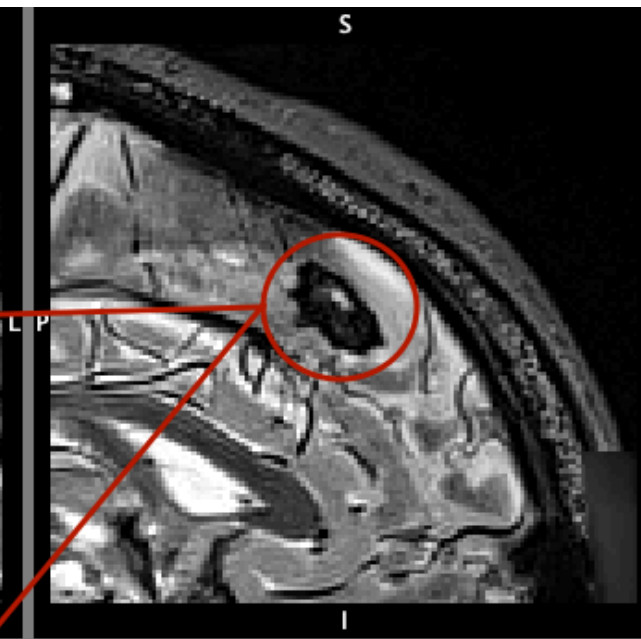
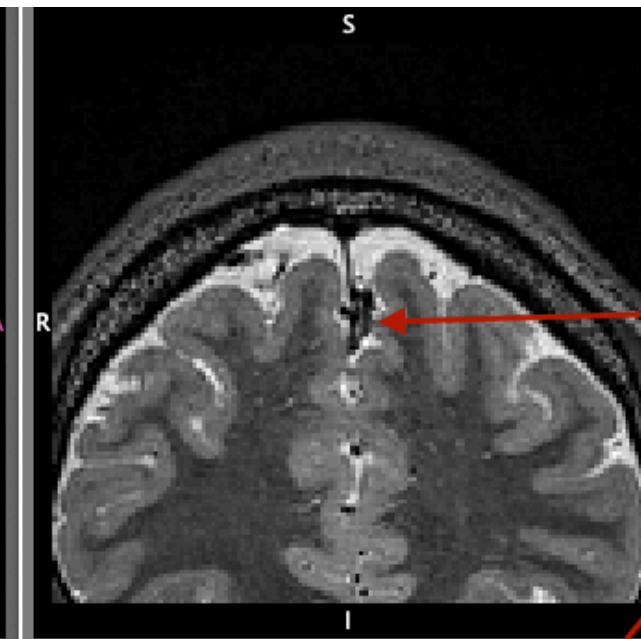
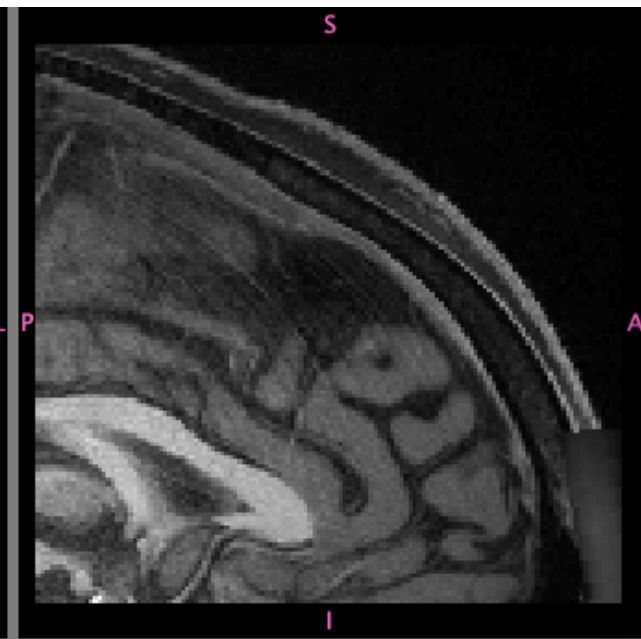
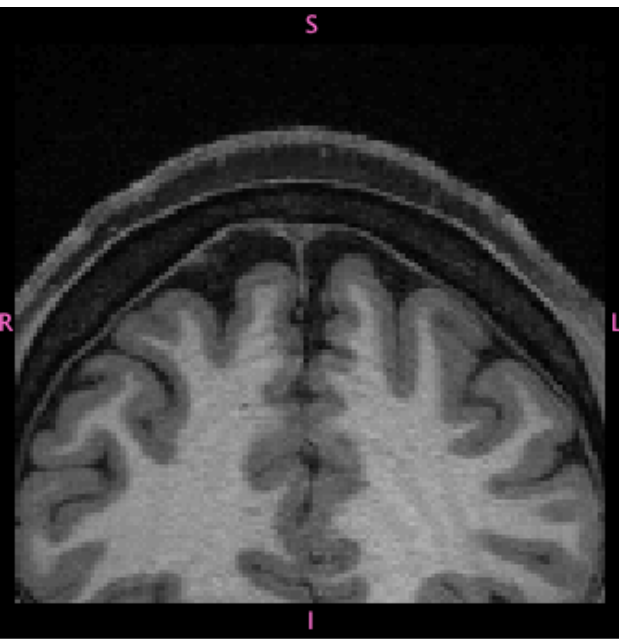


HCA6776798 – infarction just anterior to and involving part of the lenticular nucleus - **Include** with flag  
age 84

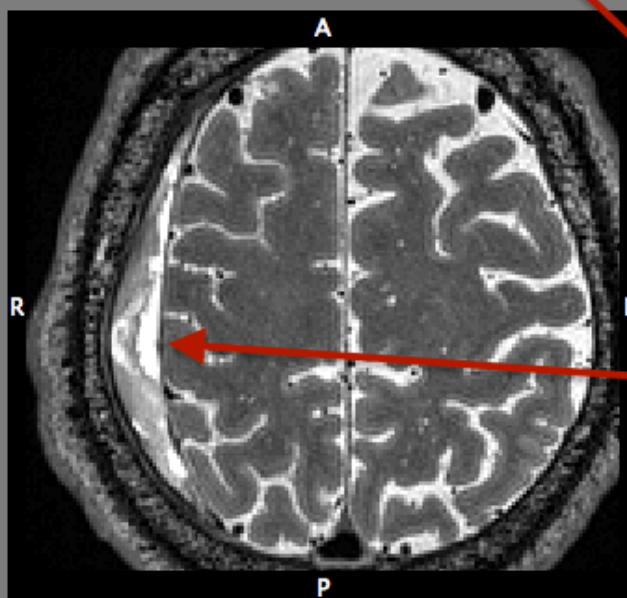
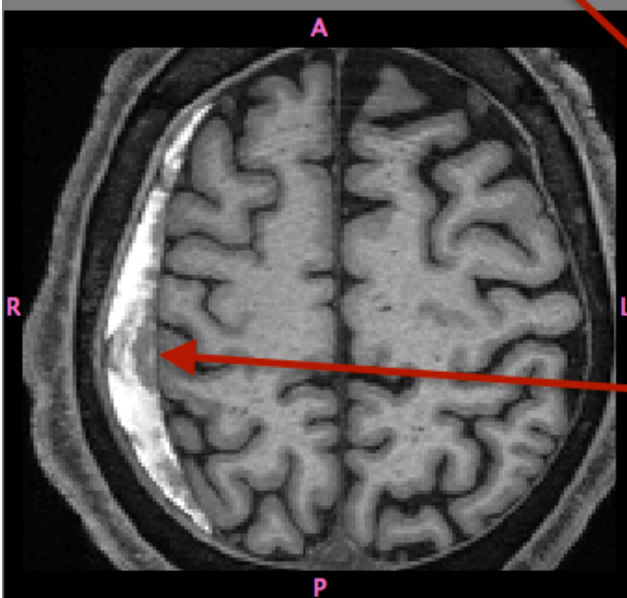
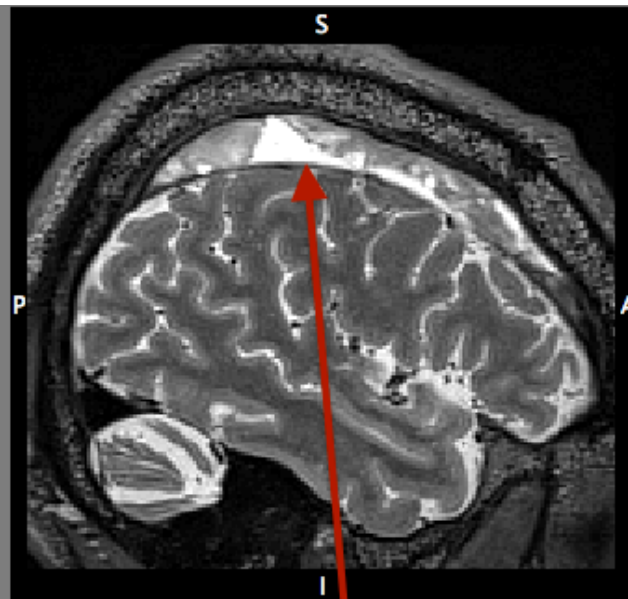
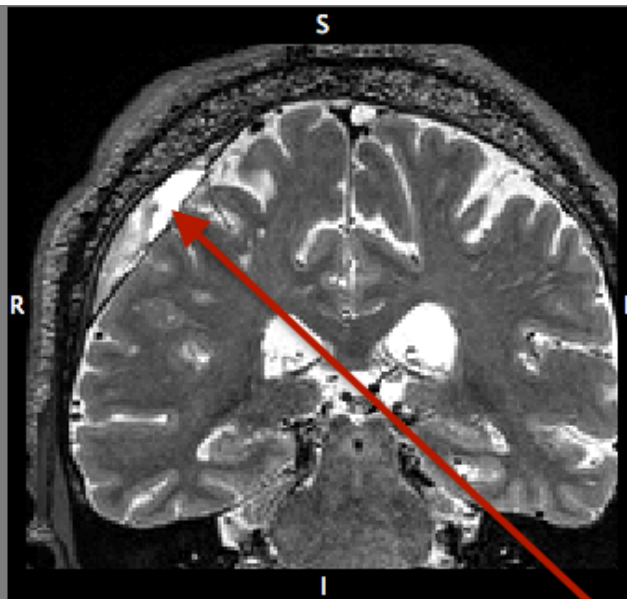
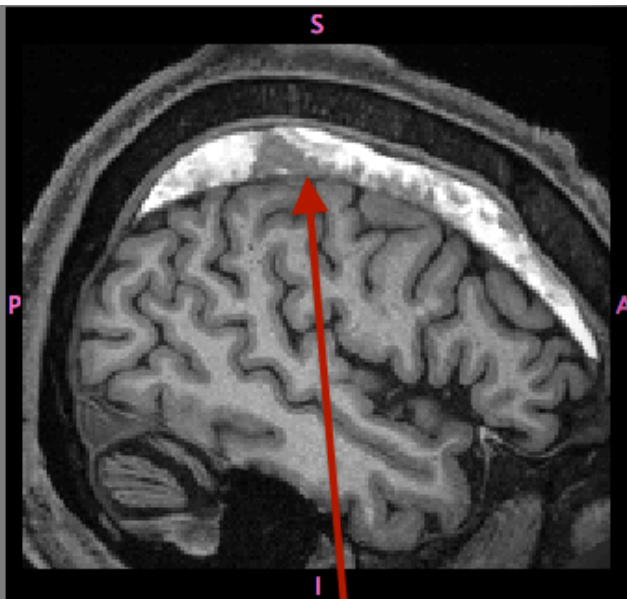
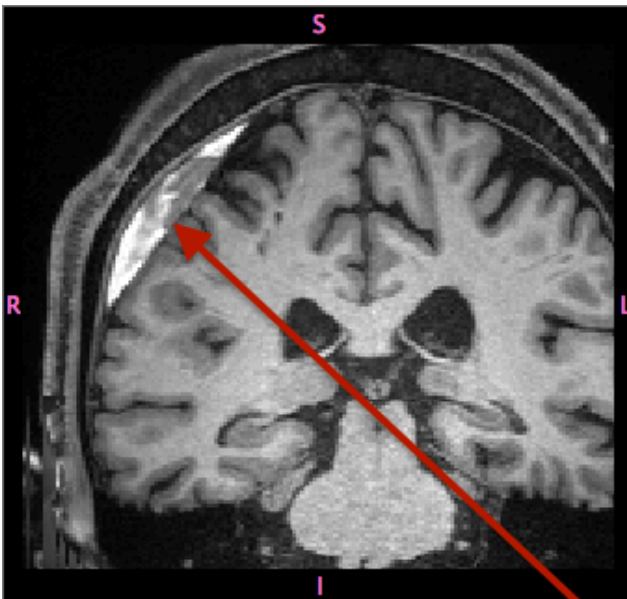




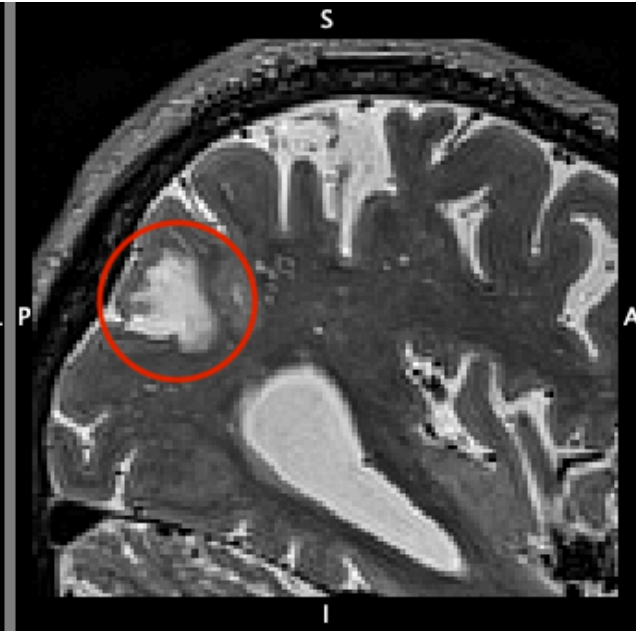
HCA6792190 – falx calcification; no follow-up - **Include** with flag  
age 36



HCA7101546 – subdural hematoma, likely chronic but has some evidence that had some occurrence about 1-4 weeks ago; only mild local mass effect over the right hemisphere without midline shift or herniation. **Include** with flag age 62

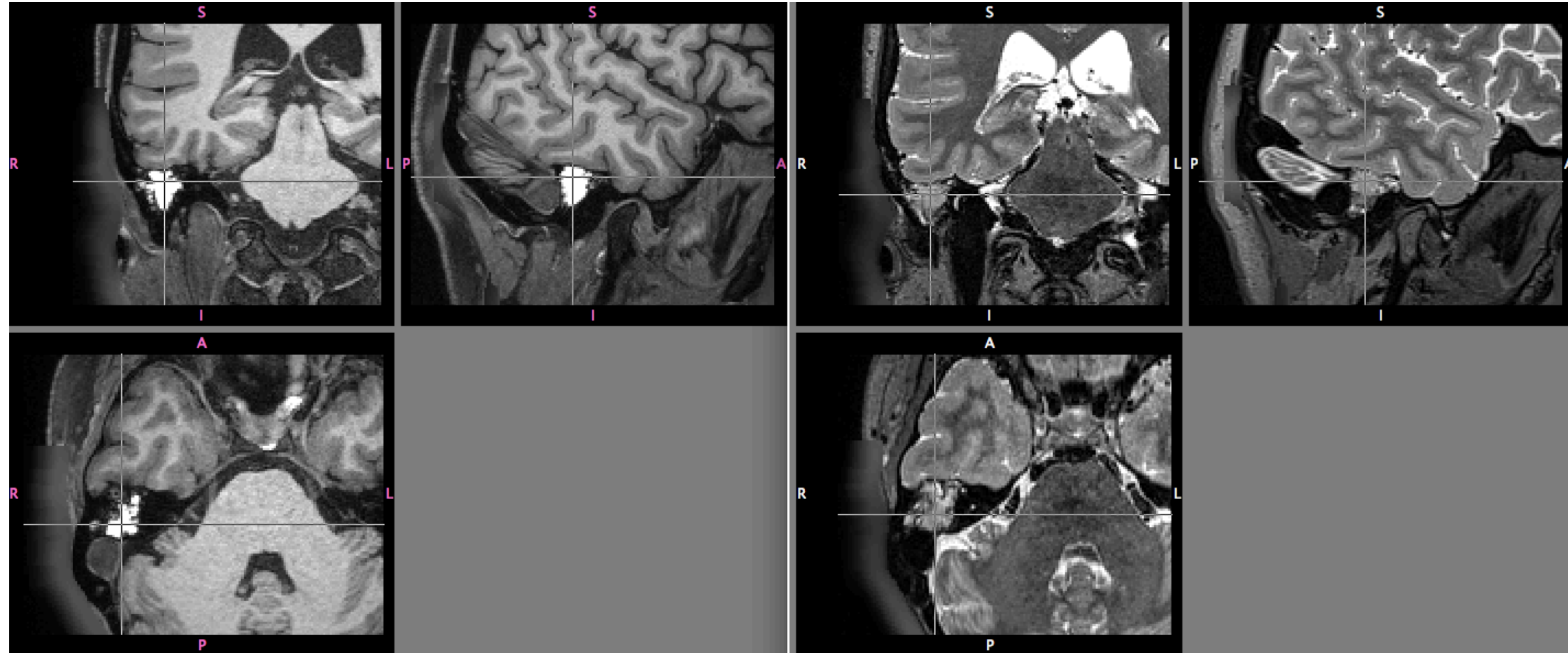


HCA7124659 – old stroke in R parietal; no follow-up - **Include** with flag  
age 88



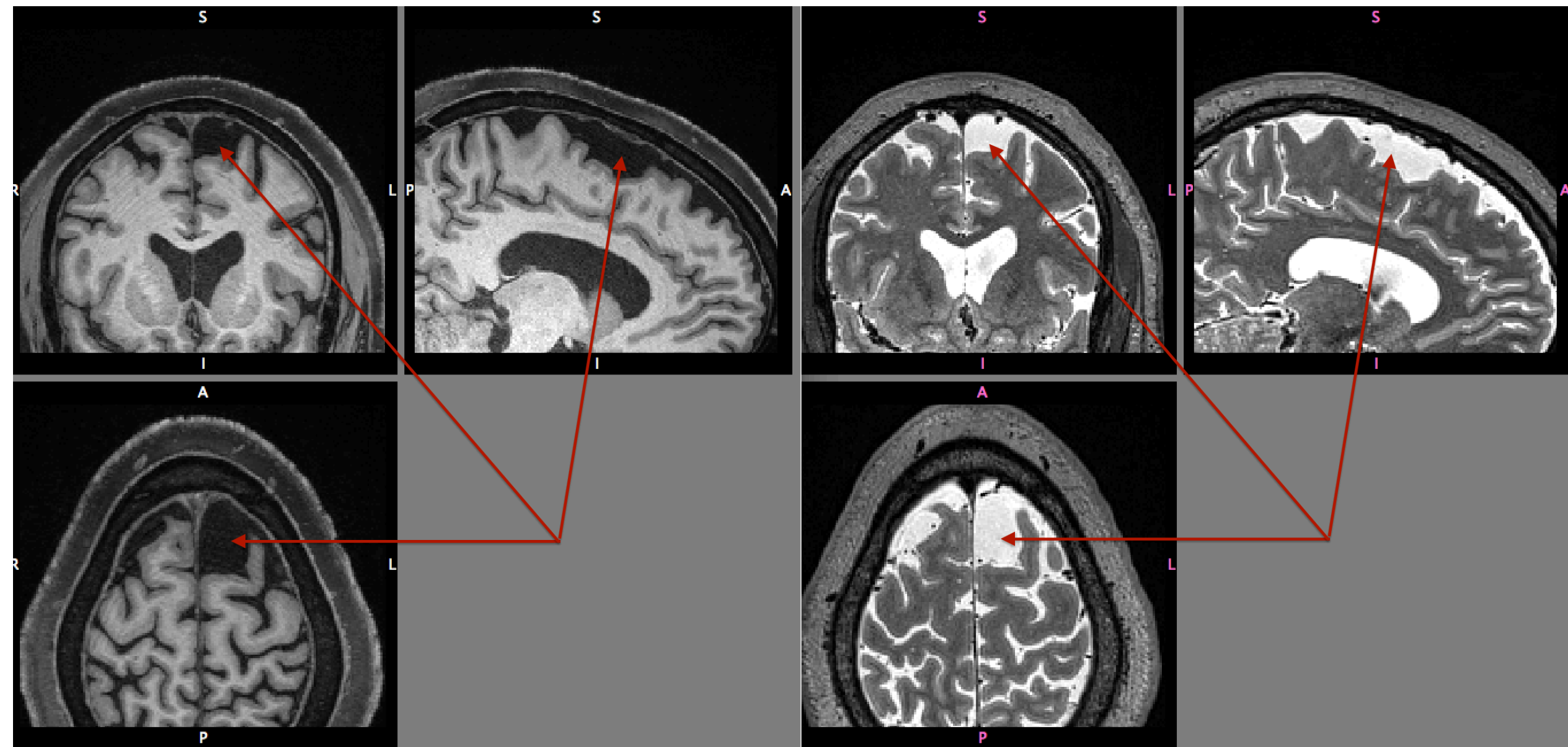
**HCA7181873** – “Hyperintense T1 signal changes caudal to the right temporal lobe is in the right temporal bone mastoid segment (within mastoid air cells). There are also inflammatory mucosal thickening along the remainder right and the left mastoid air cells. T1 hyperintensity can be seen with methemoglobin but more likely due to cholesterol crystals in this case. This appearance is typically seen with cholesterol granuloma, can be asymptomatic. No emergent or malignant process. Patient can see an ENT physician and get a CT of the temporal bone to better evaluate the temporal bones, in nonurgent matter. Otherwise no significant findings in the brain.” - **Include** with flag

age 48

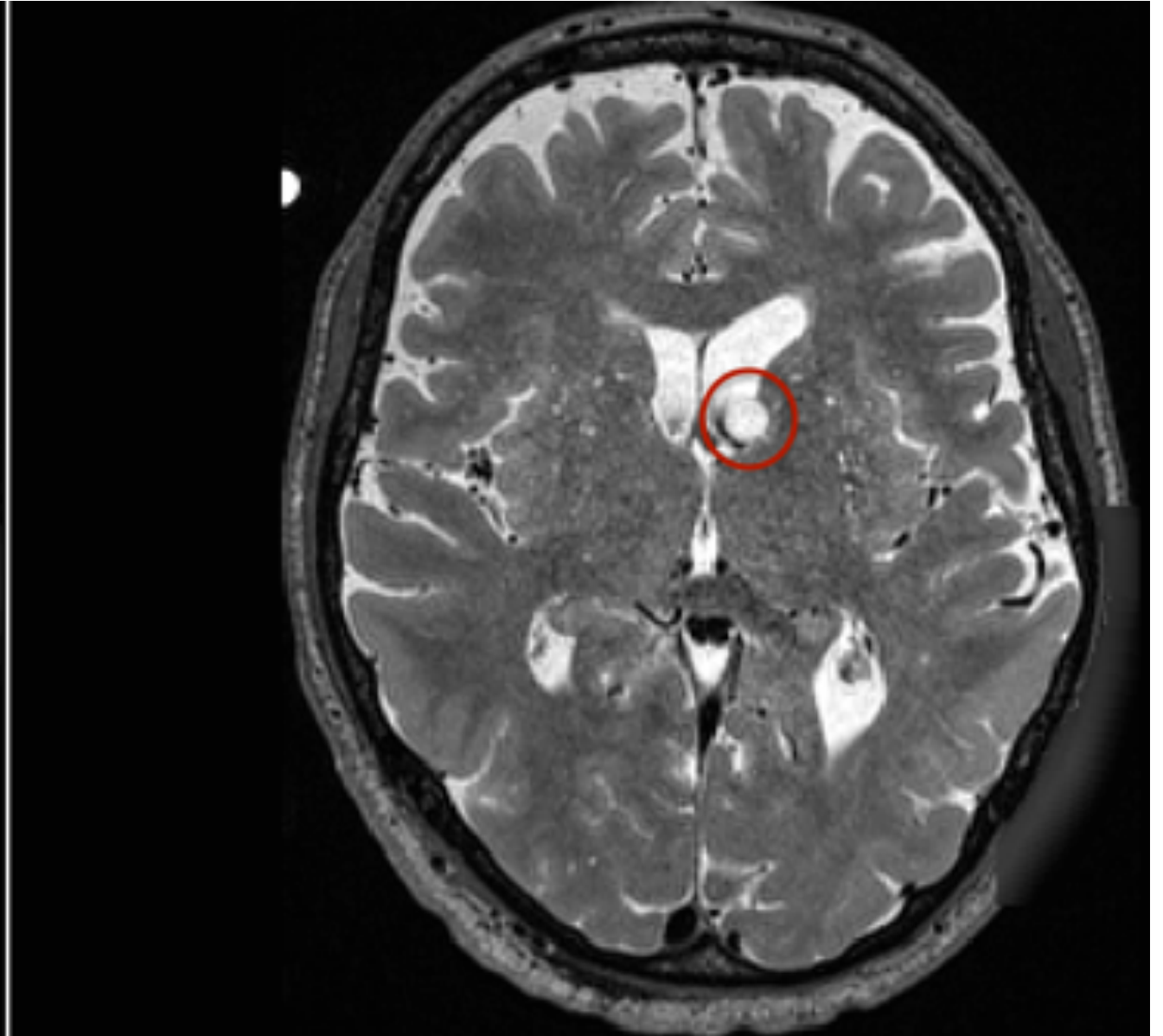
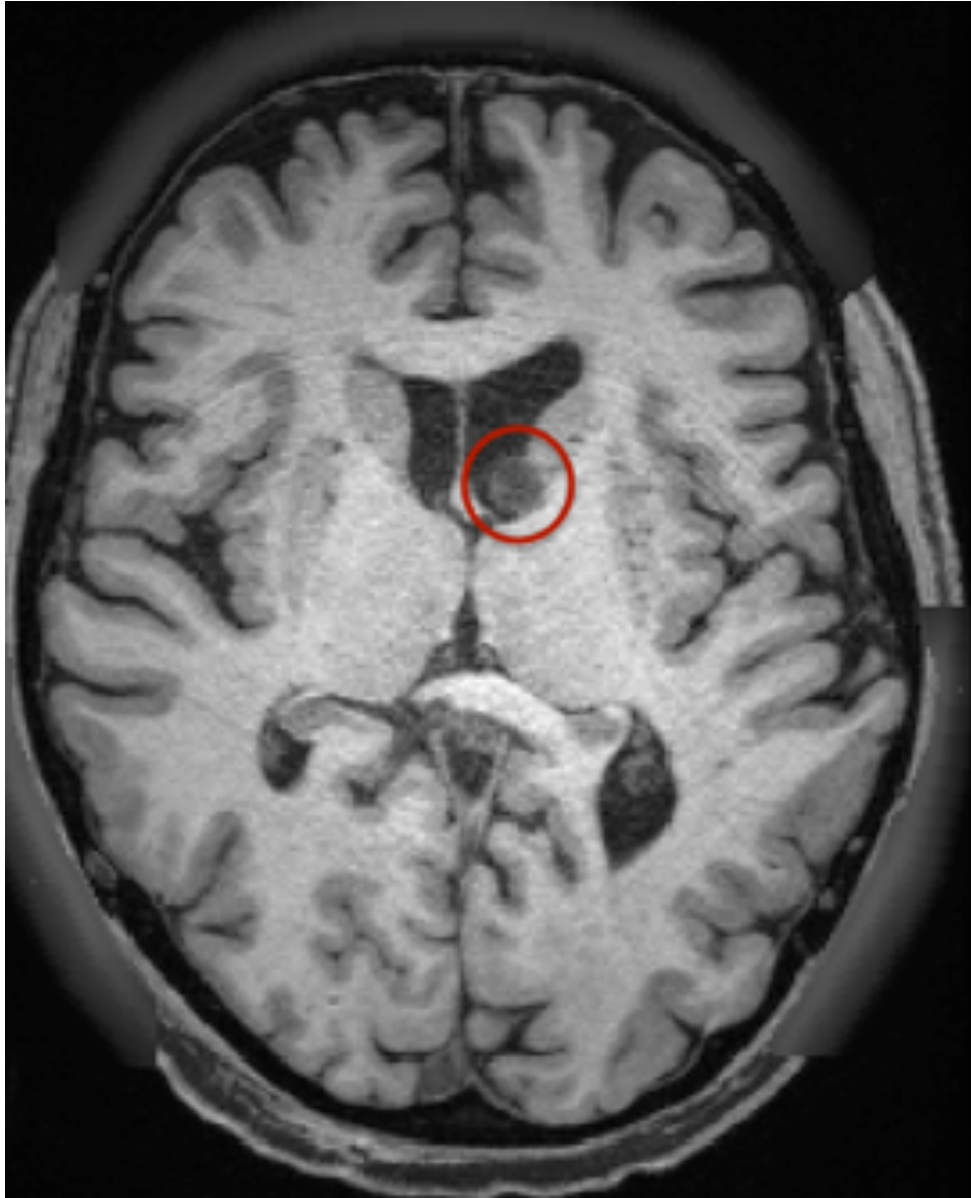




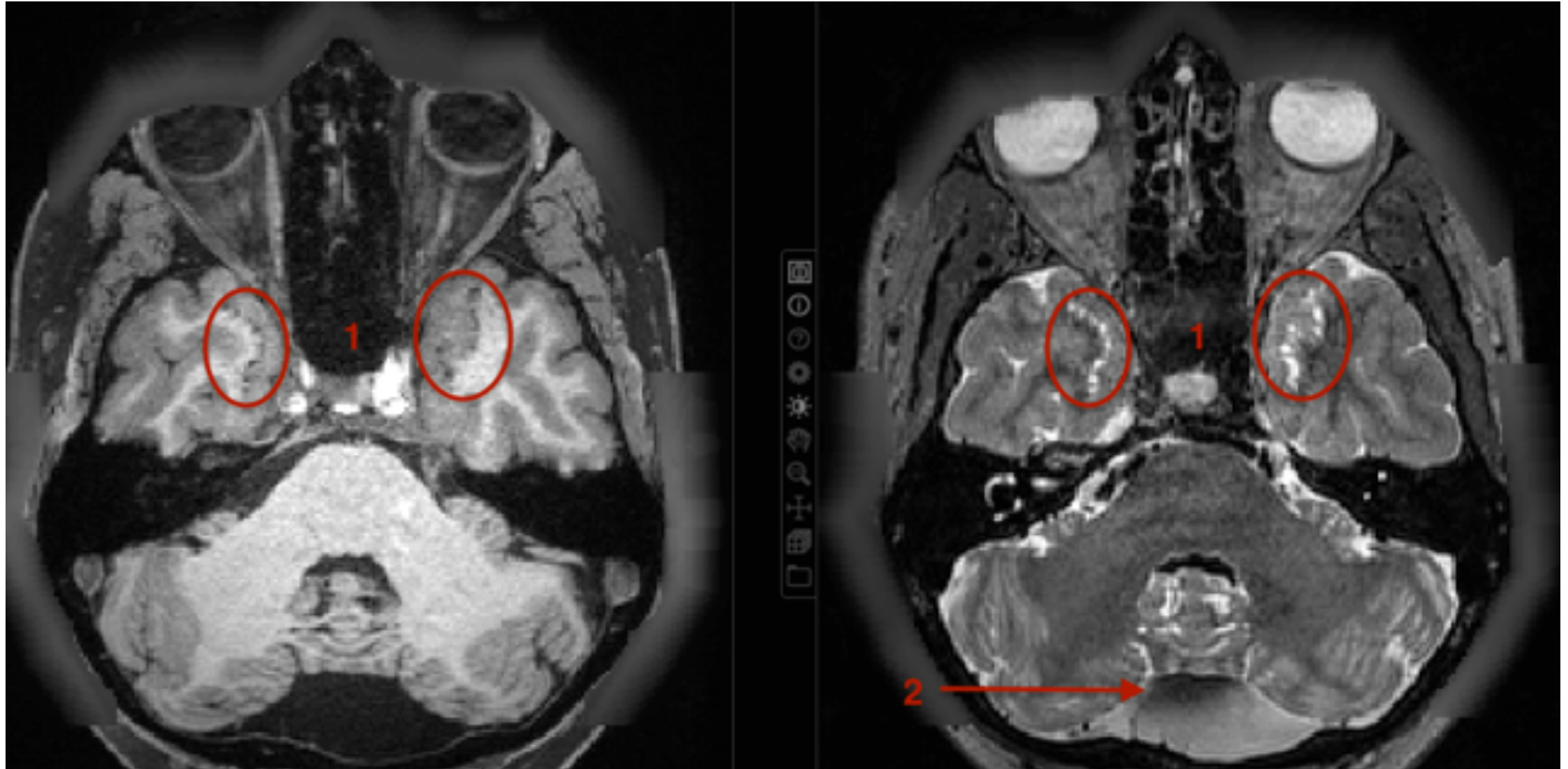
HCA7195884 – post frontal arachnoid cyst displacing normal brain; follow-up required. **Include** with flag  
age 57



HCA7296183 – possible subependymoma or cystic lesion; follow-up recommended; **Include** with flag  
age 75



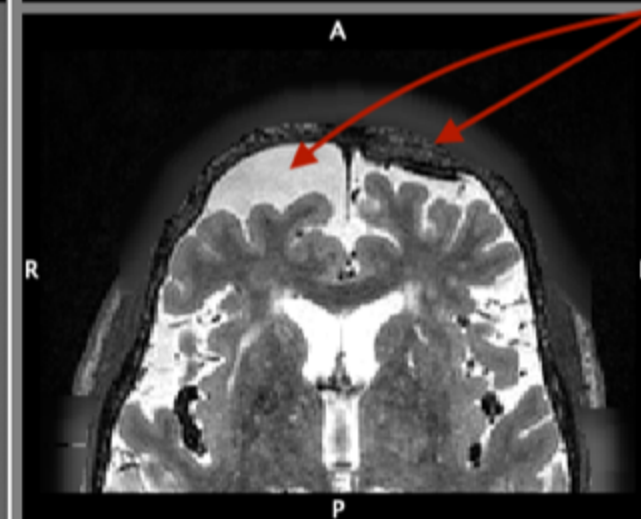
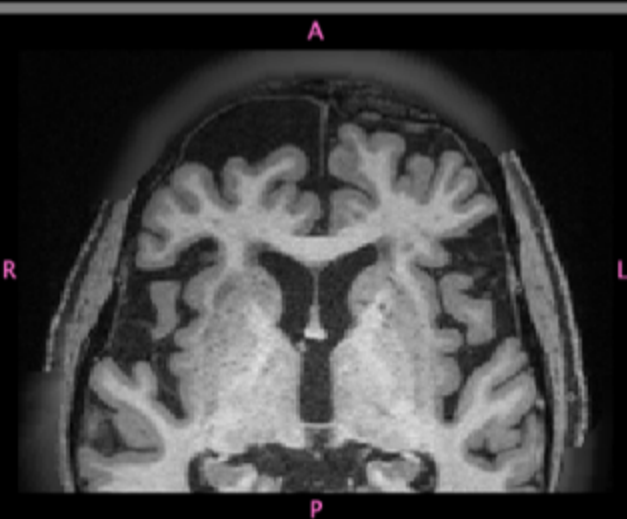
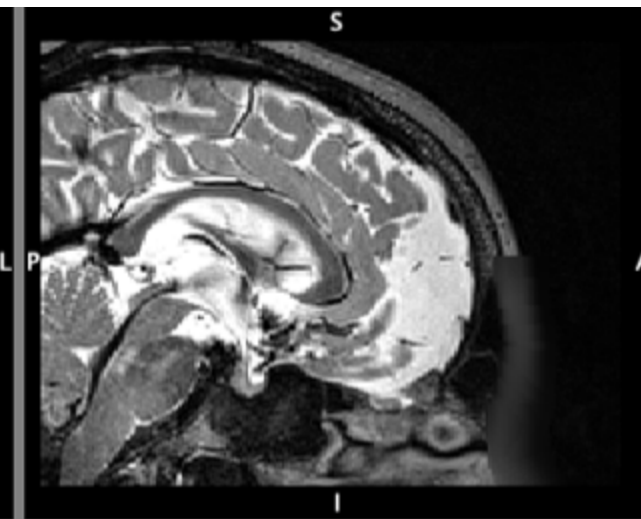
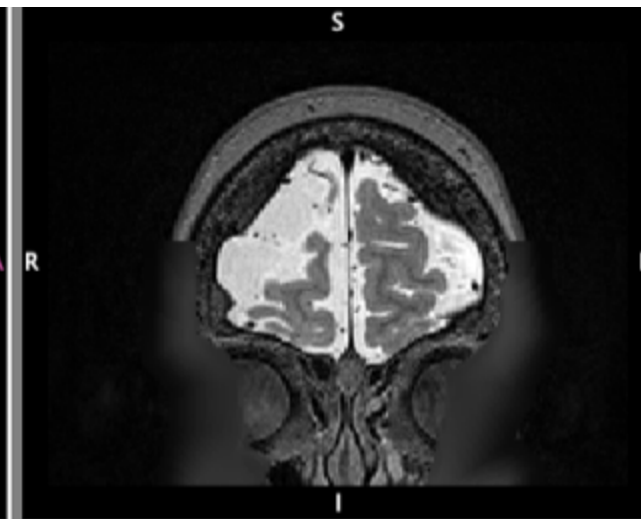
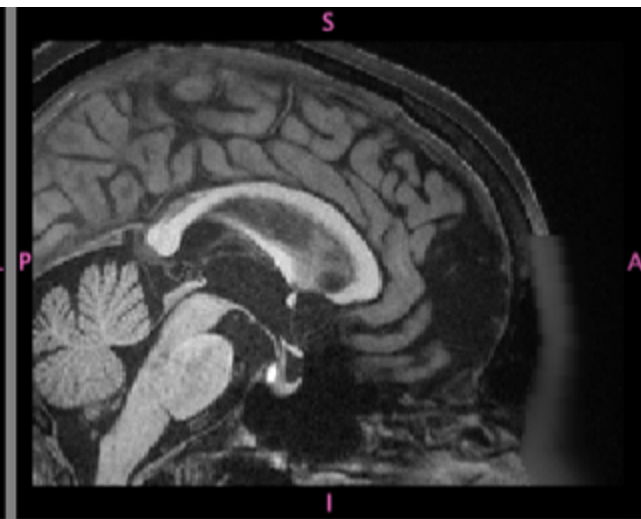
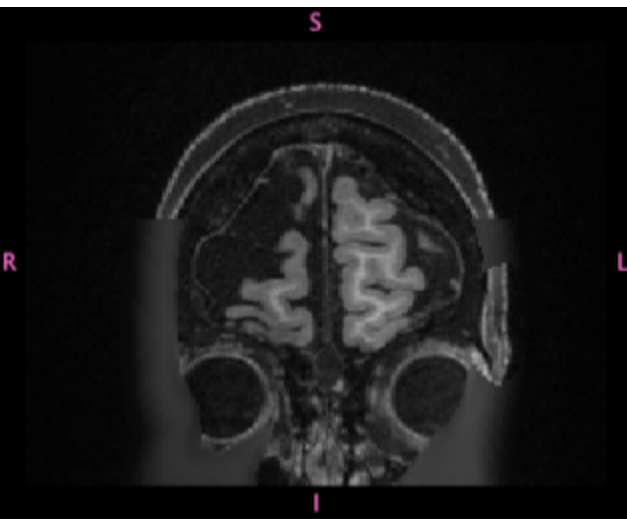
HCA7996616 – 1.white matter disease; 2. retrovermian arachnoid cyst; no follow-up - **Include** with flag  
age 56





HCA8324975 – arachnoid cyst frontal region causing minimal mass effect to frontal lobe; global volume loss of cerebrum; no followup - **Include** with flag

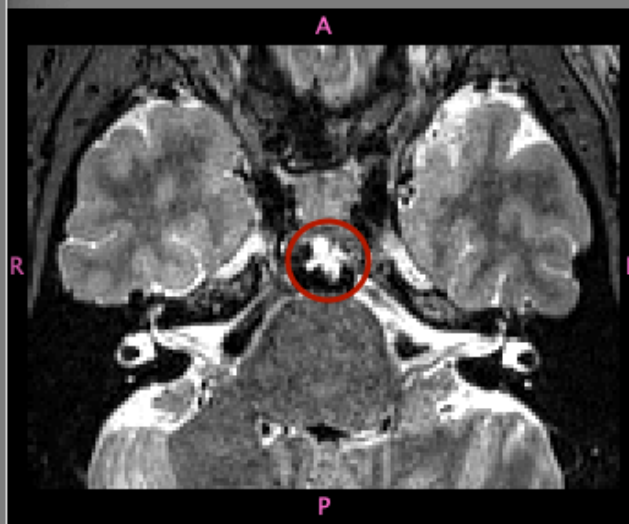
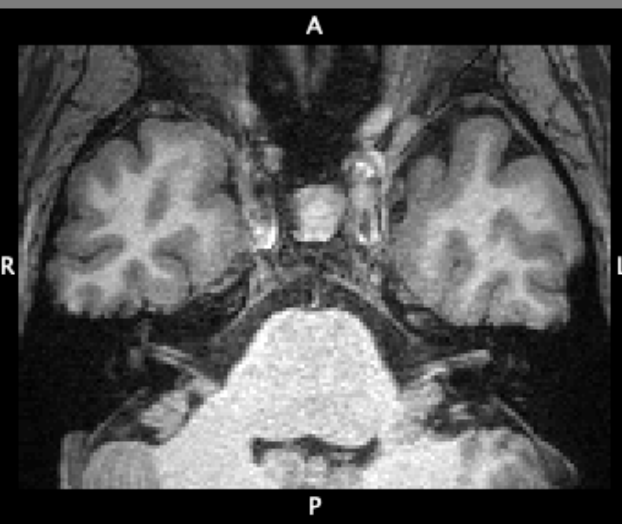
age 81



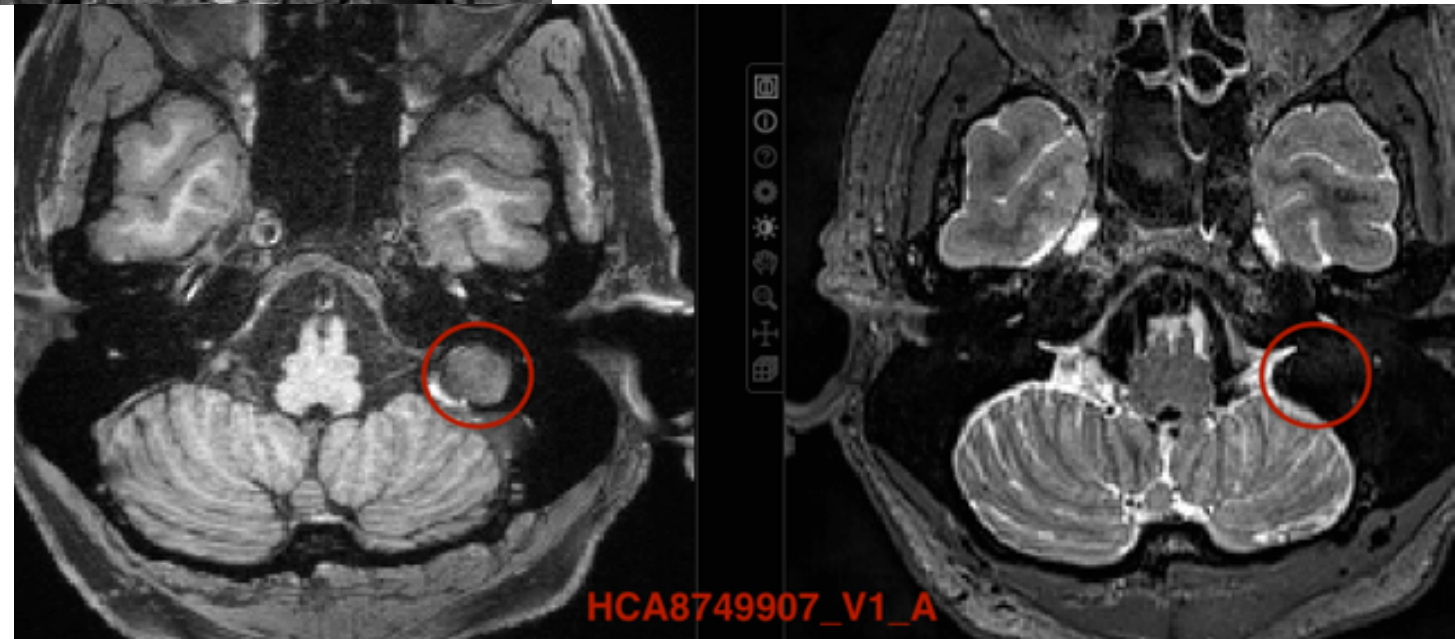
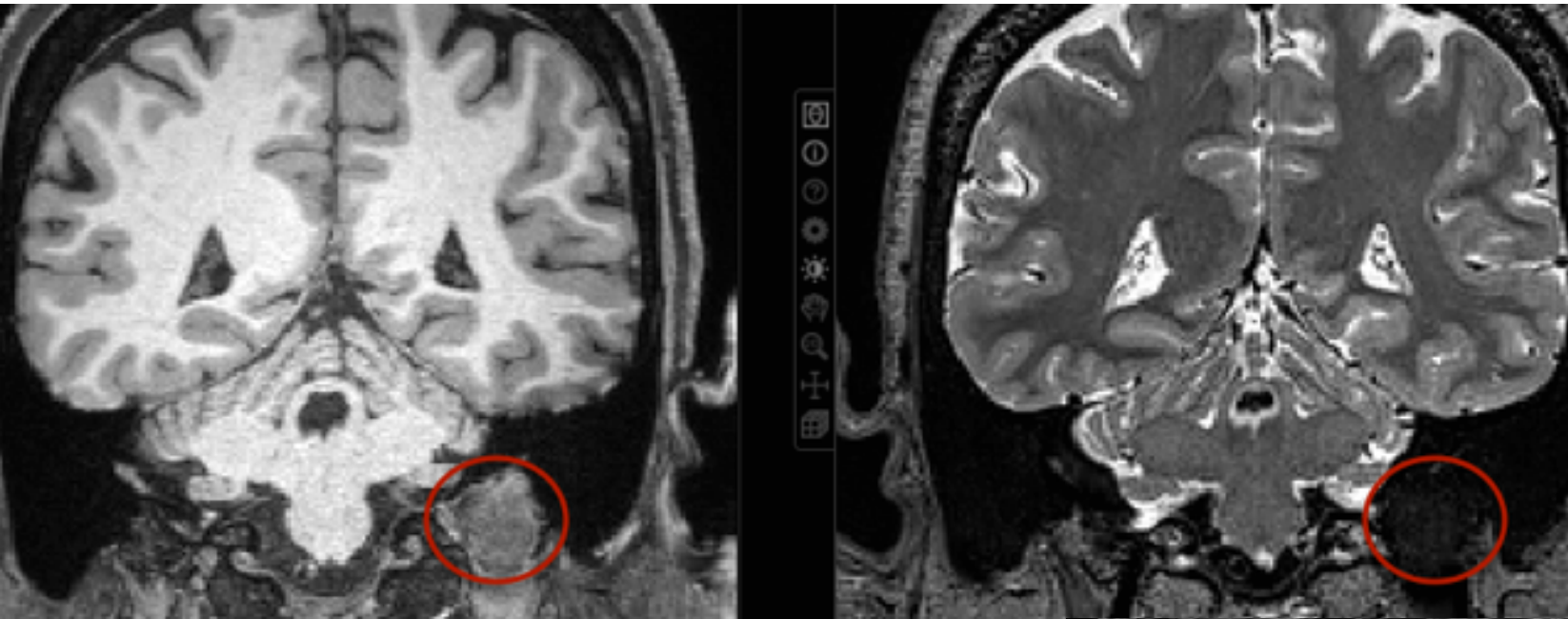


HCA8494899 – "benign hamartomatous lesion of notochord remnant called: " ecchordosis physaliphora" follow-up with PC recommended - **Include** with flag

age 53

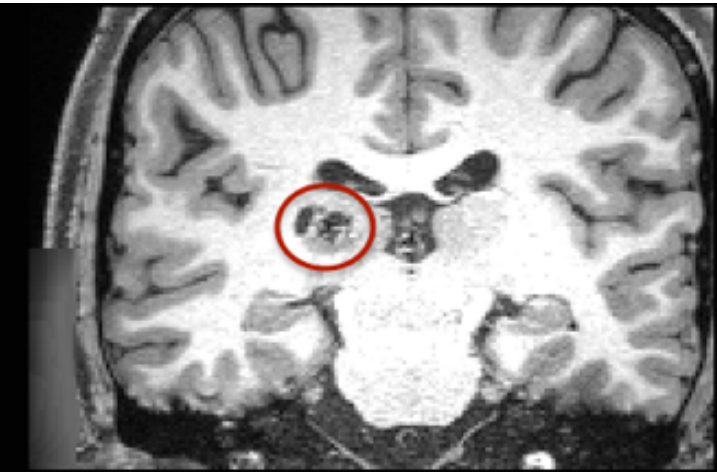


HCA8749907 – possible skull base neoplasm/glomus; follow-up recommended; **Include** with flag  
age 63



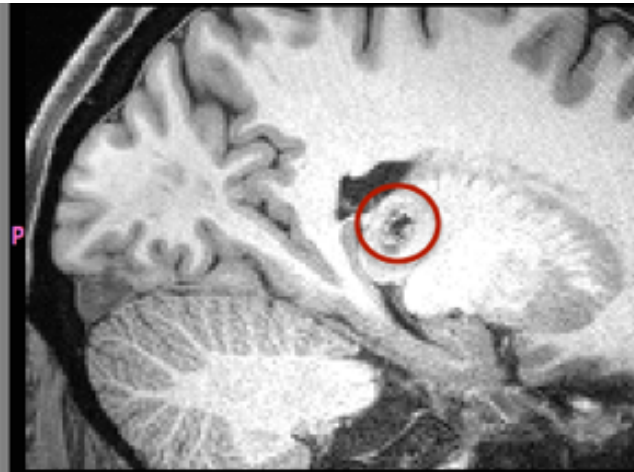
HCA8749907\_V1\_A

HCA8797211 – possible thalamic cavernoma; follow-up recommended; **Include** with flag  
age 47



I

A

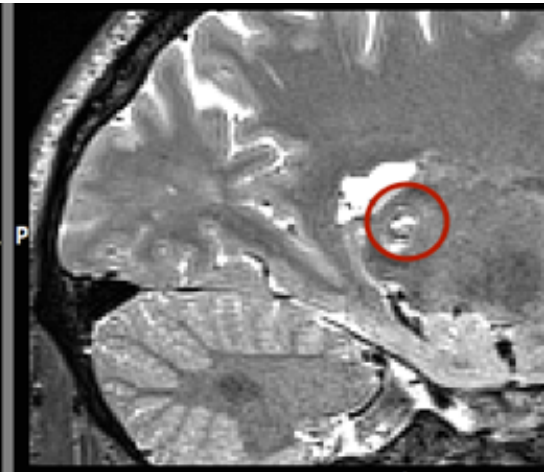


I



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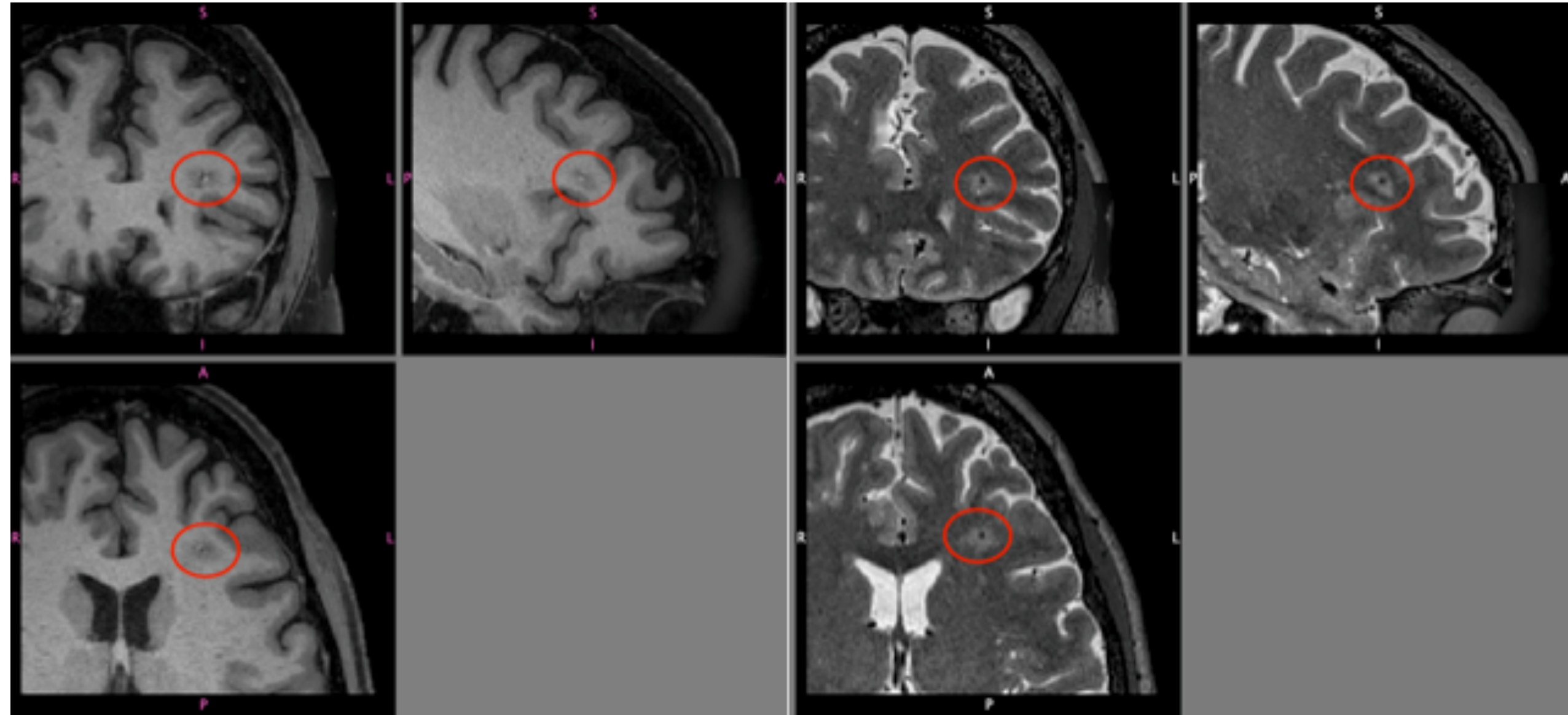


L



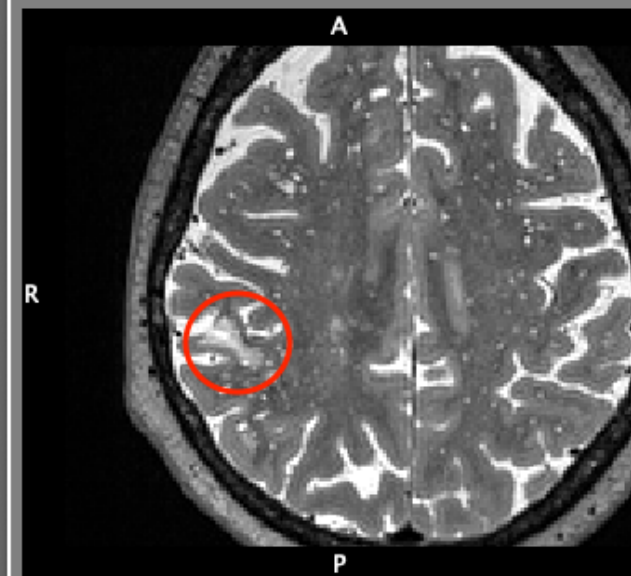
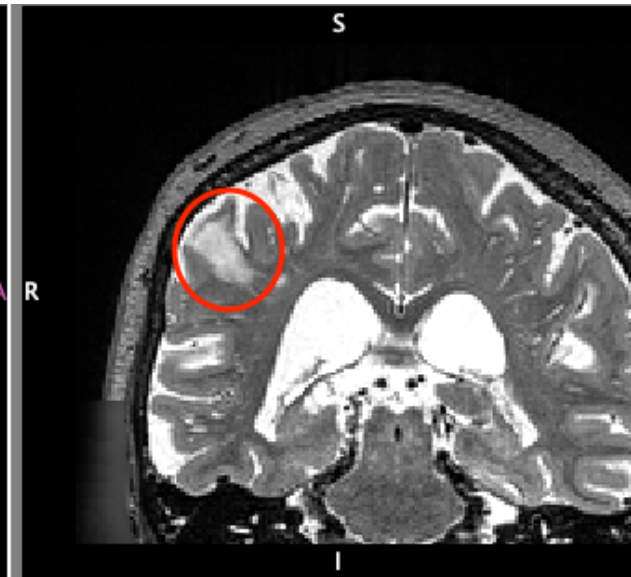
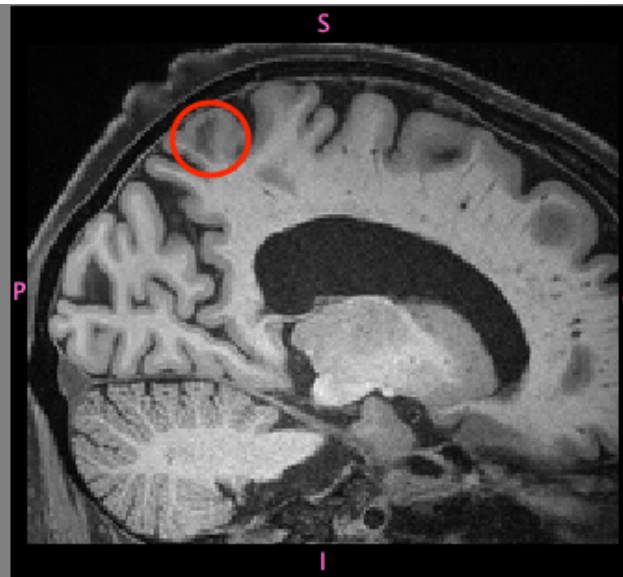
HCA8883911\_V2 — “This is a bit weird looking. It does not look like a tumor, more likely a punctate stroke or a punctate bleed (maybe from a cavernoma). My concern is low but I think they need a follow up in 4 months or so to see how this is evolving and then we can know for sure if to be worried or not.” (more concerning if history of cancer.) — **Include with flag**

age 59

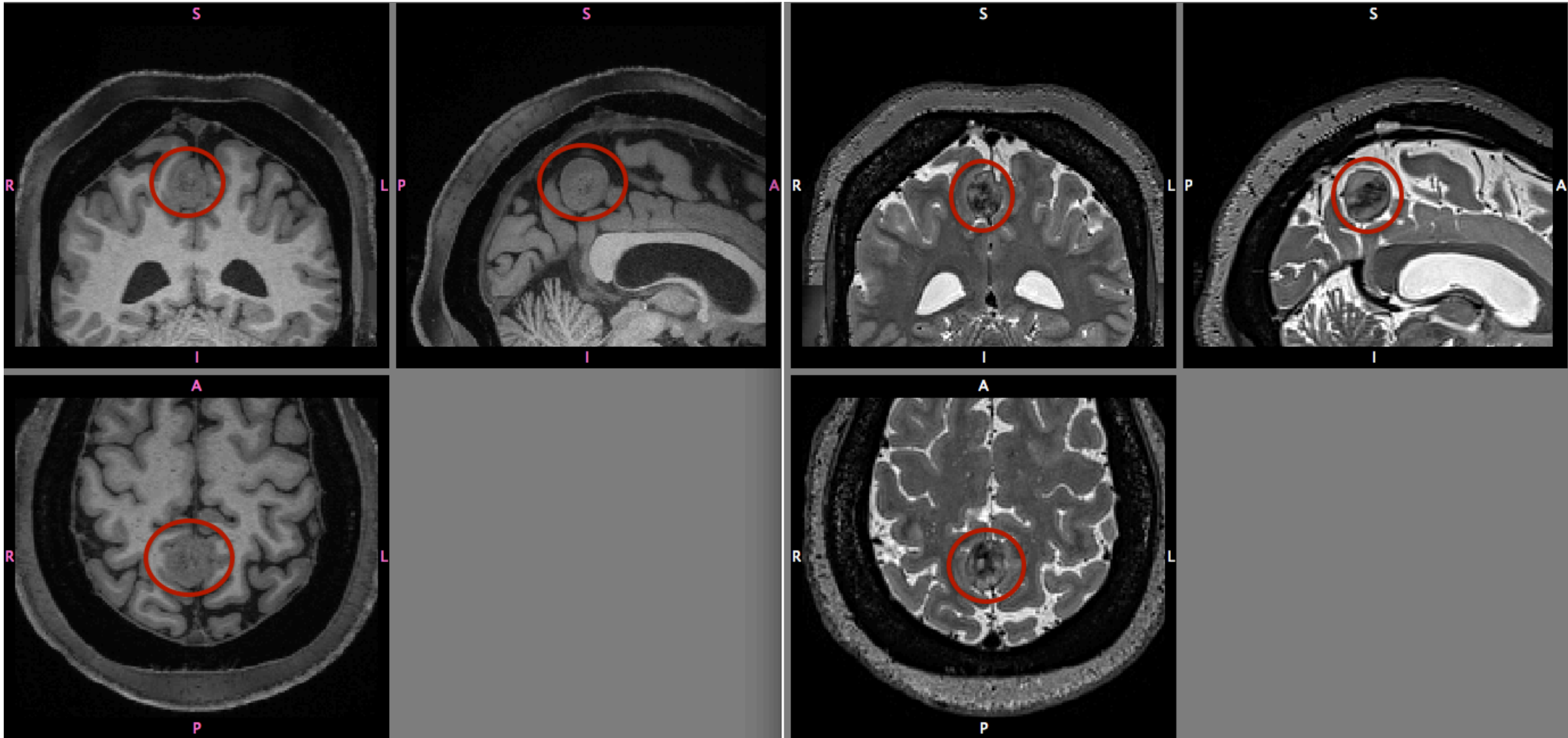




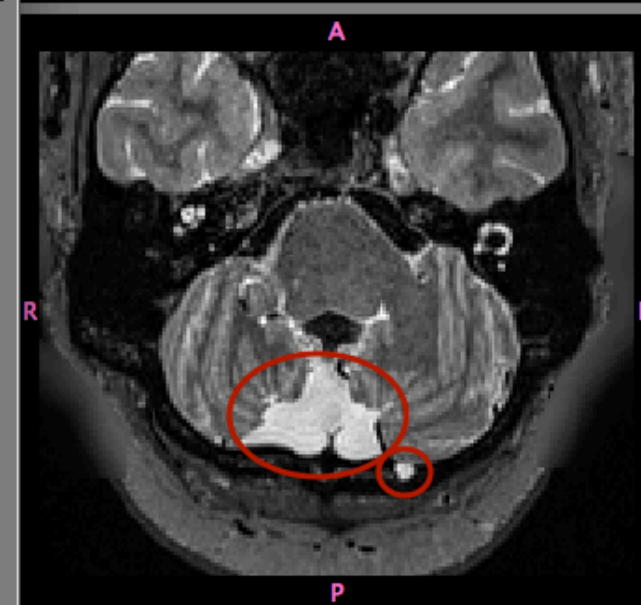
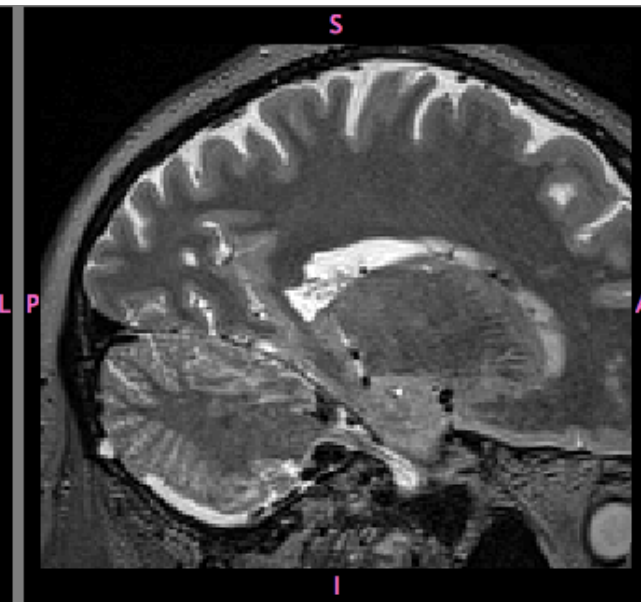
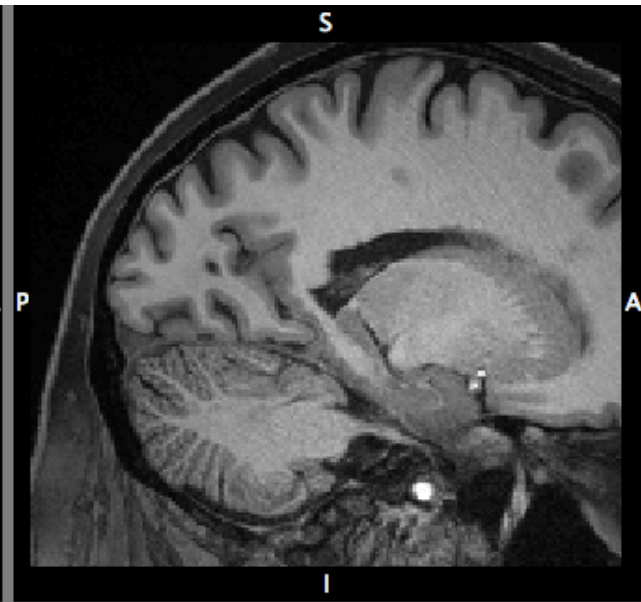
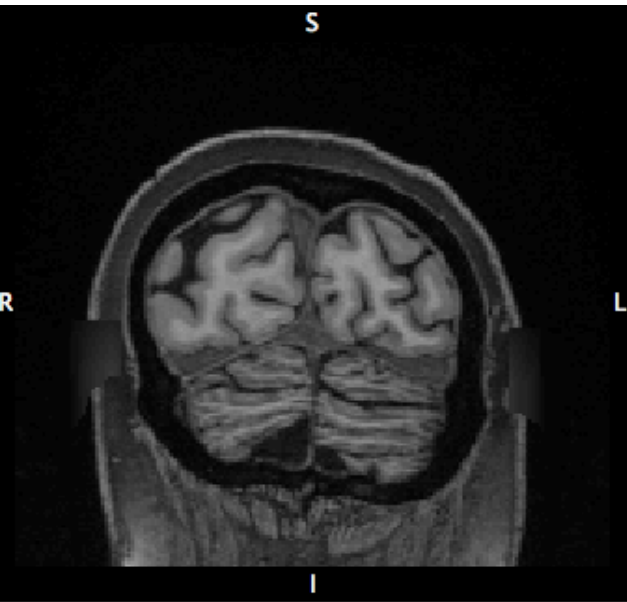
HCA9086990\_V2 – “Advanced diffuse cerebral volume loss, more than expected for age. there is a chronic small lacunar infarction in the left cerebellar hemisphere. Advanced enlarged perivascular spaces throughout both cerebral hemisphere, of no clinical significance.” – **Include with flag**  
age 75



HCA9095284 – “midline meningioma with calcifications, thus a benign tumor attached to the midline falx” – recommended follow-up with neurologist; changed to **Include** with flag  
age 44

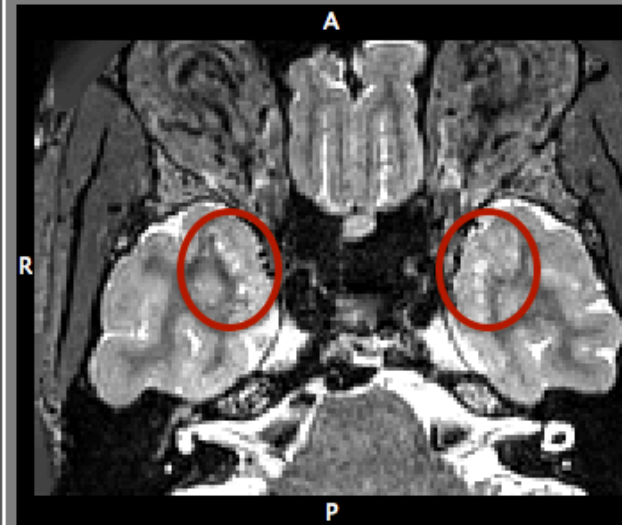
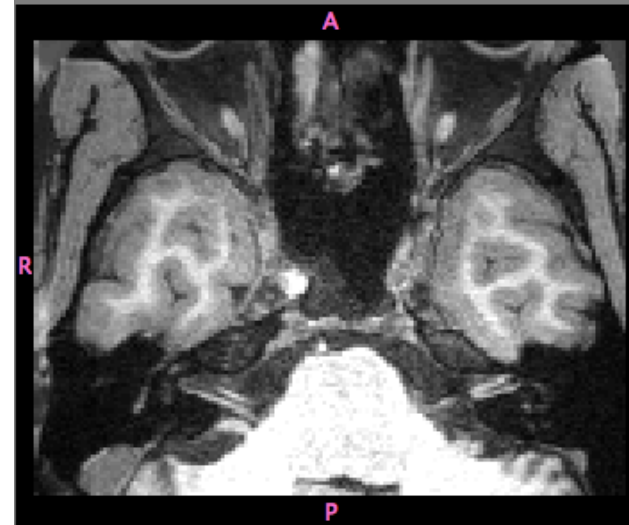
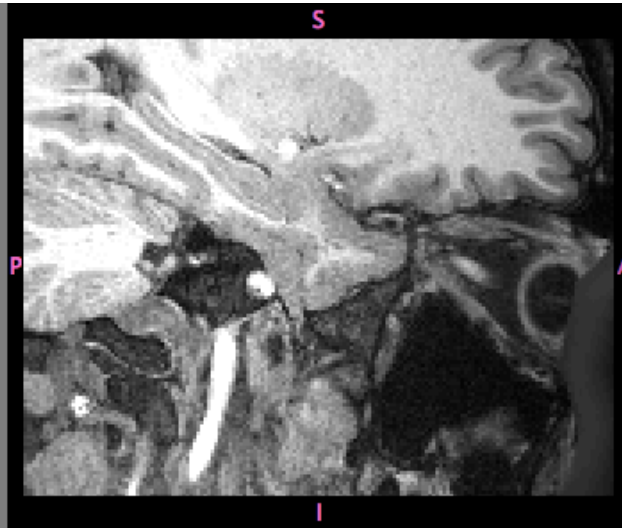
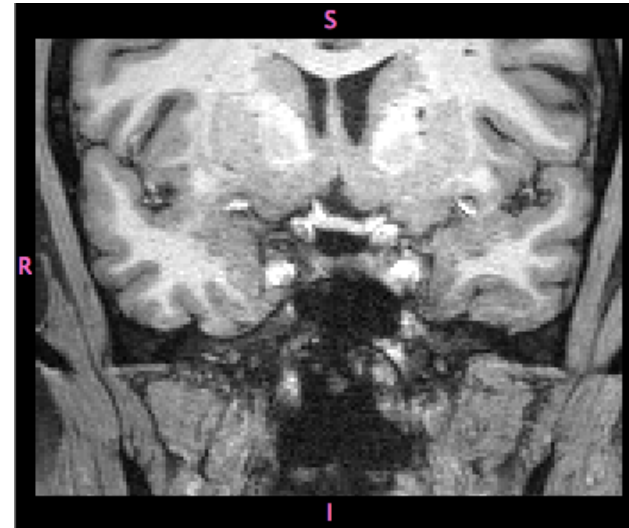


HCA9161877 – "Posterior fossa cyst with enlargement of the 4th ventricle and upward mass effect on the vermis. Subject does need to be clinically evaluated and needs further dedicated MR imaging sooner than later." - **Include** with flag  
age 41



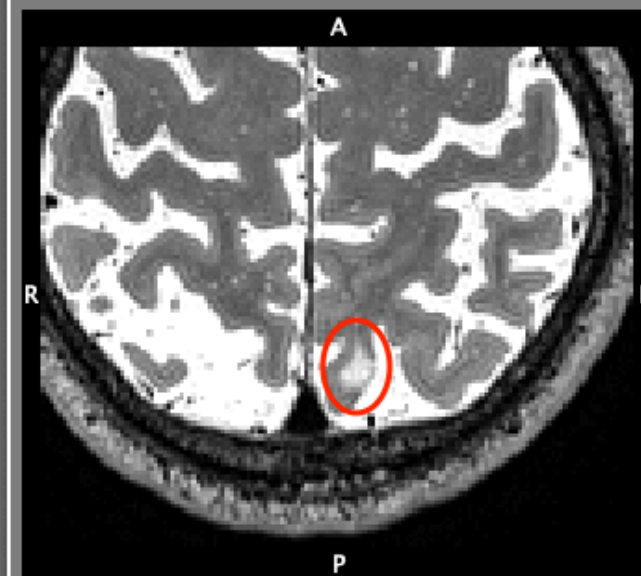
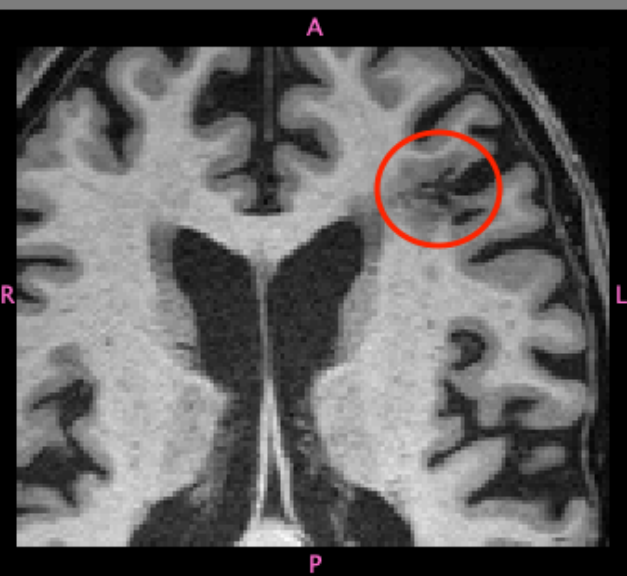
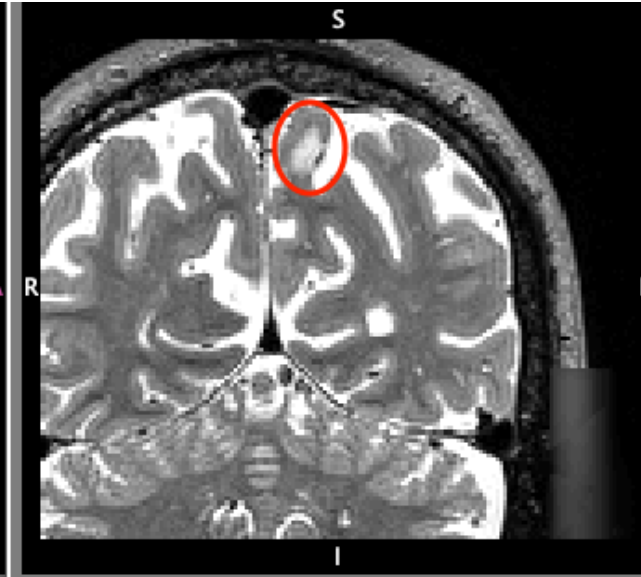
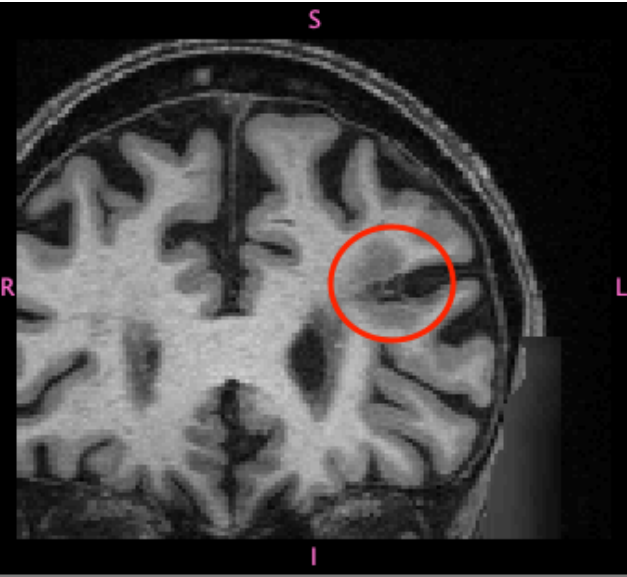


HCA9194084 – white matter disease - **Include** with flag  
age 42

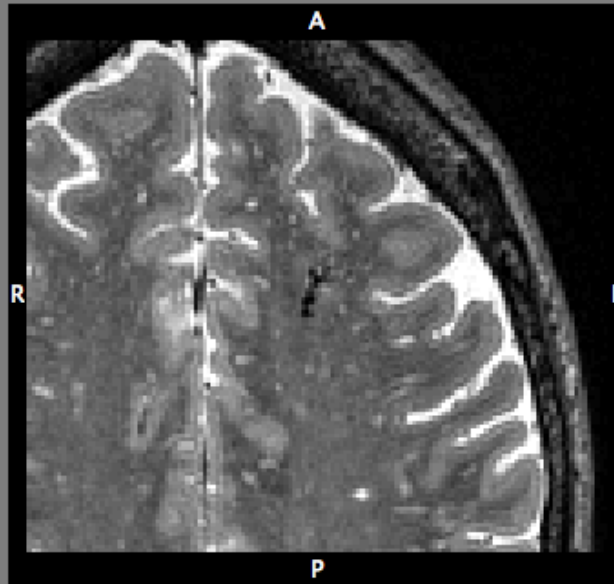
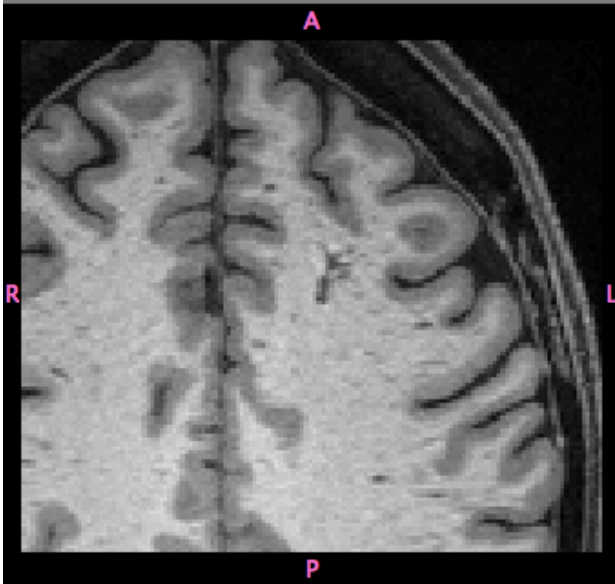
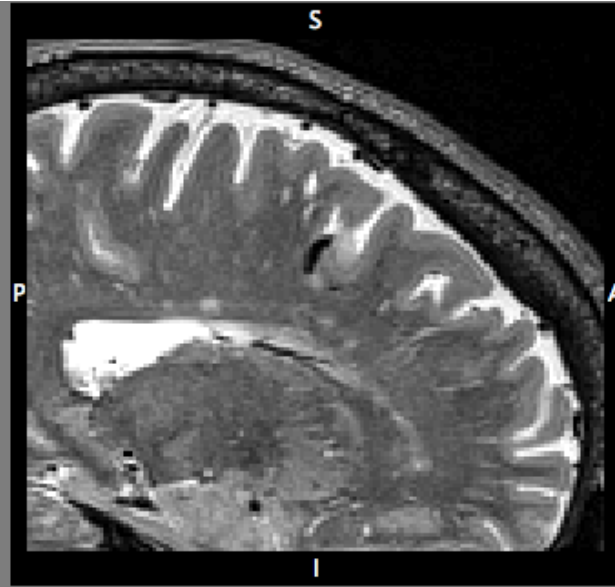
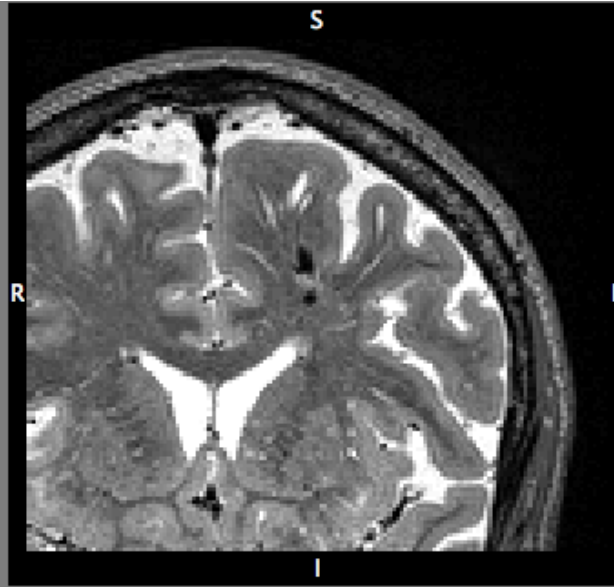
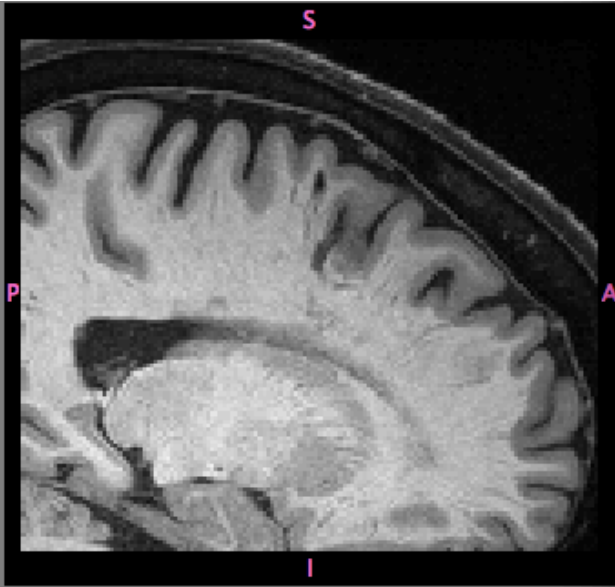
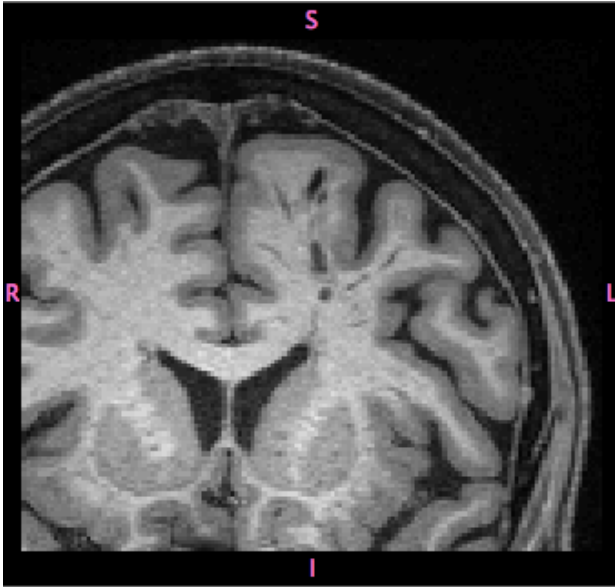




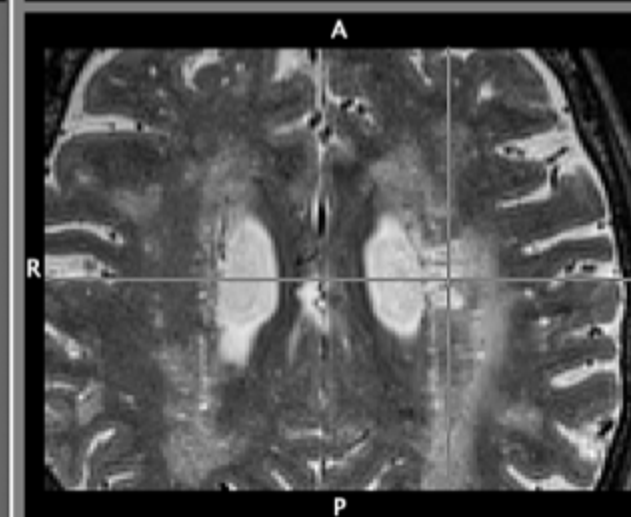
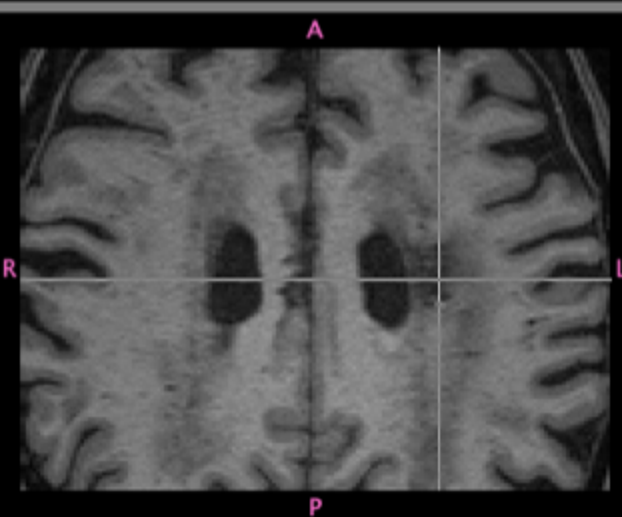
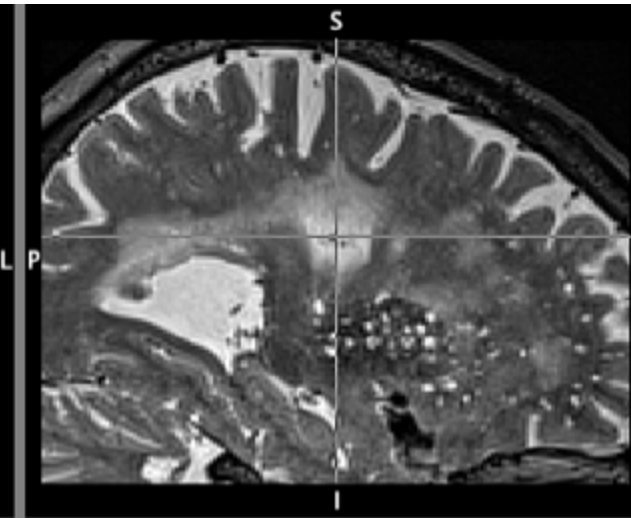
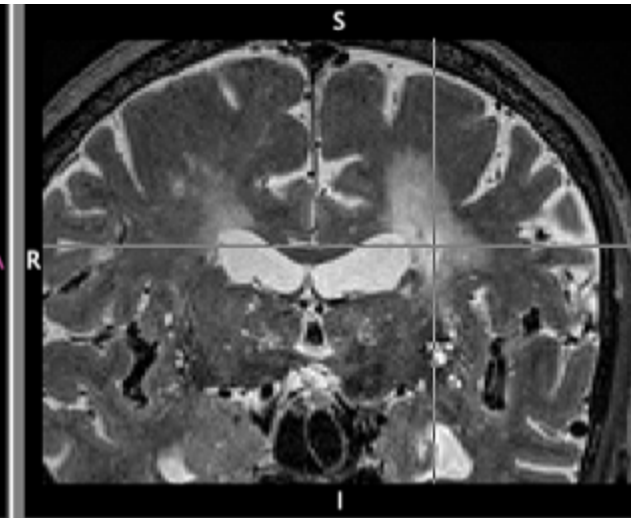
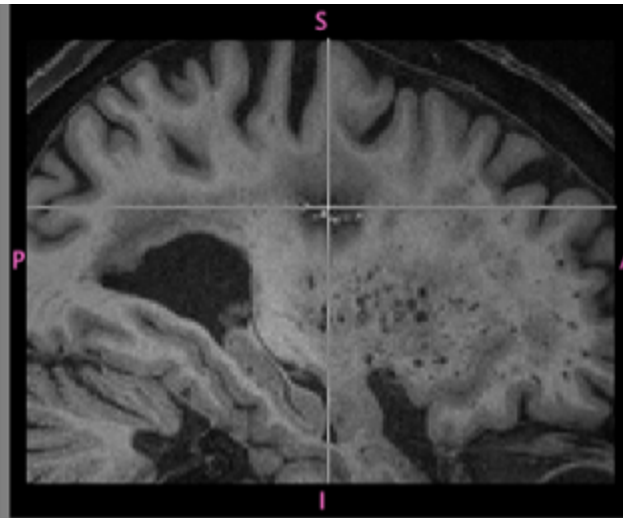
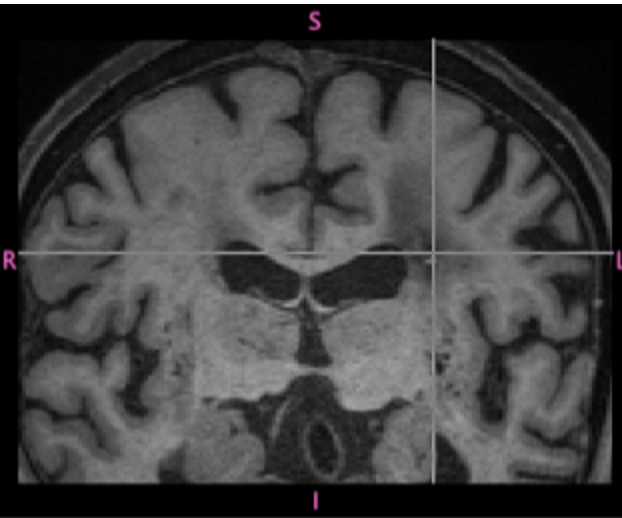
HCA9620075\_V2 – “There is nothing urgent. Two areas of encephalomalacia (cortical loss, volume loss and gliosis of the WM underneath) in left middle frontal gyrus and a smaller area in the left parietal parasagittal region. These are likely from chronic infarction. Diffuse cerebral cortical atrophy and cerebellar volume loss, not unexpected for the age.” – **Include** with flag  
age 86



HCA6121143 – NOT YET RELEASED possible arteriovenous fistula; follow-up recommended; Include with flag  
age 65

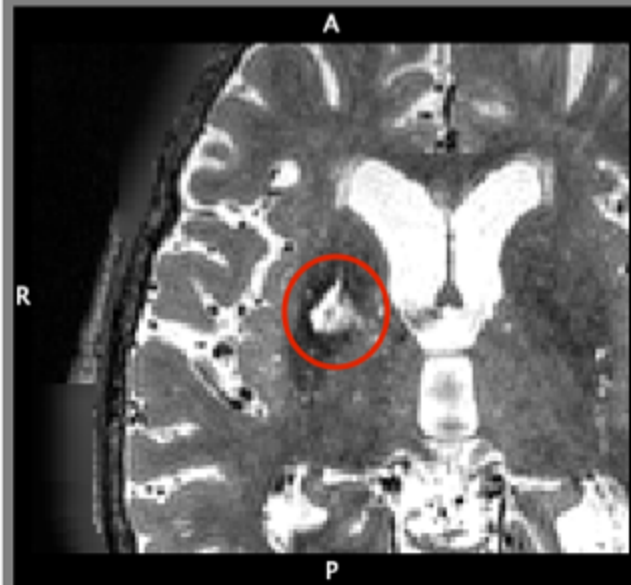
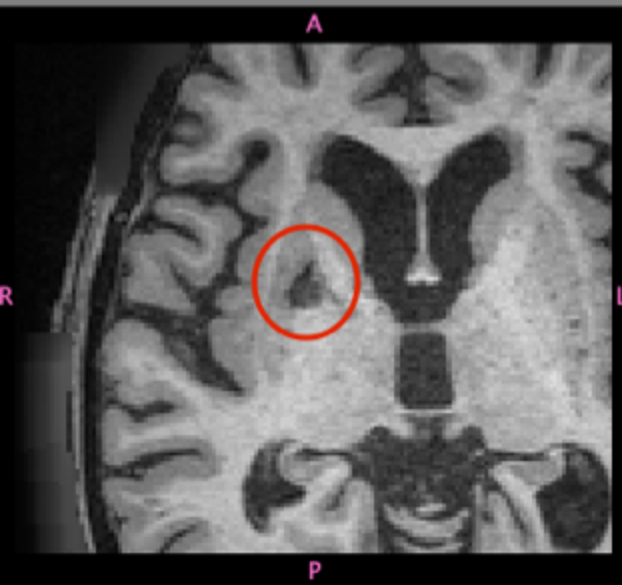
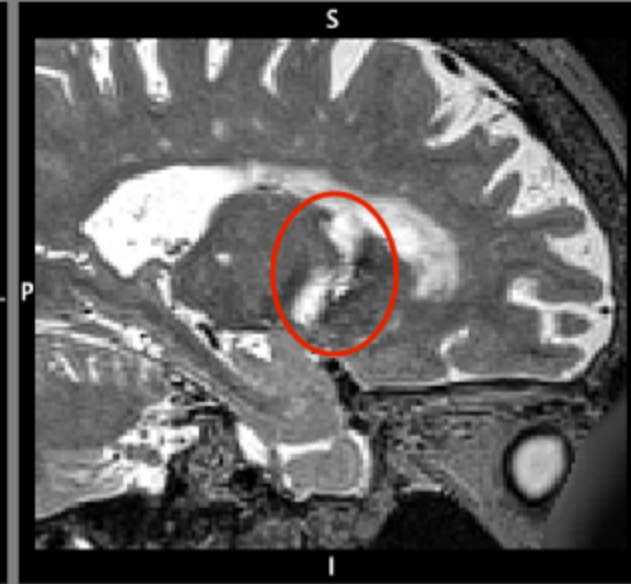
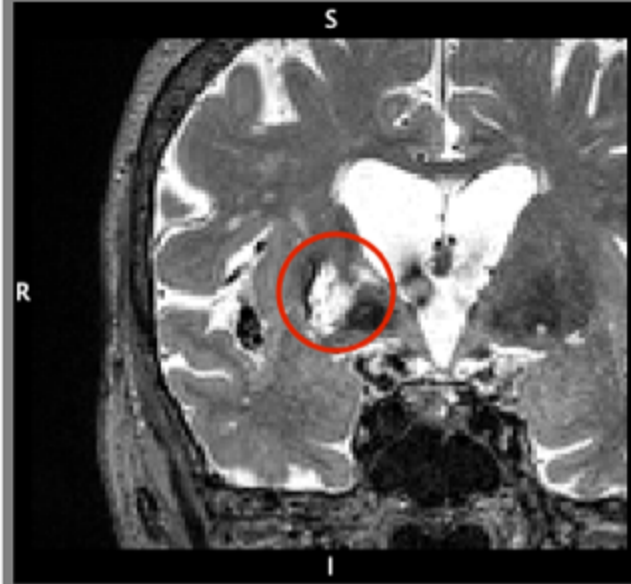
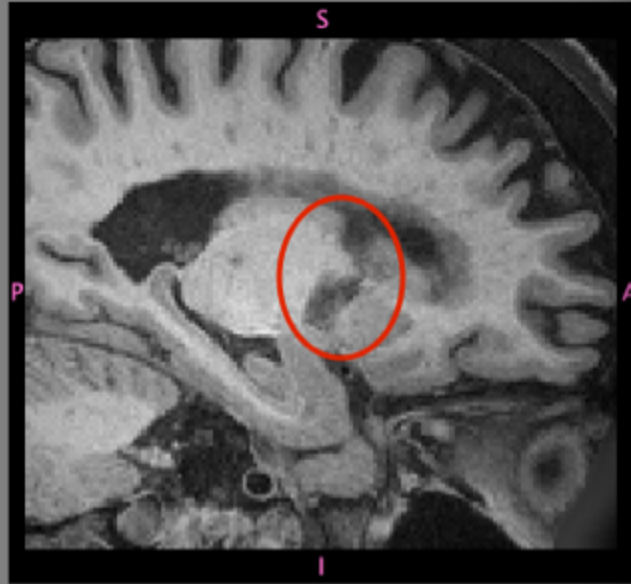


HCA6757794 – **NOT YET RELEASED** an area of old lacunar infarct, but since its old there is nothing to be done about this. He also has large VR spaces and his basilar artery is huge; I don't see an aneurysm or anything that could be treated; no followup - **Include with flag**  
age 89



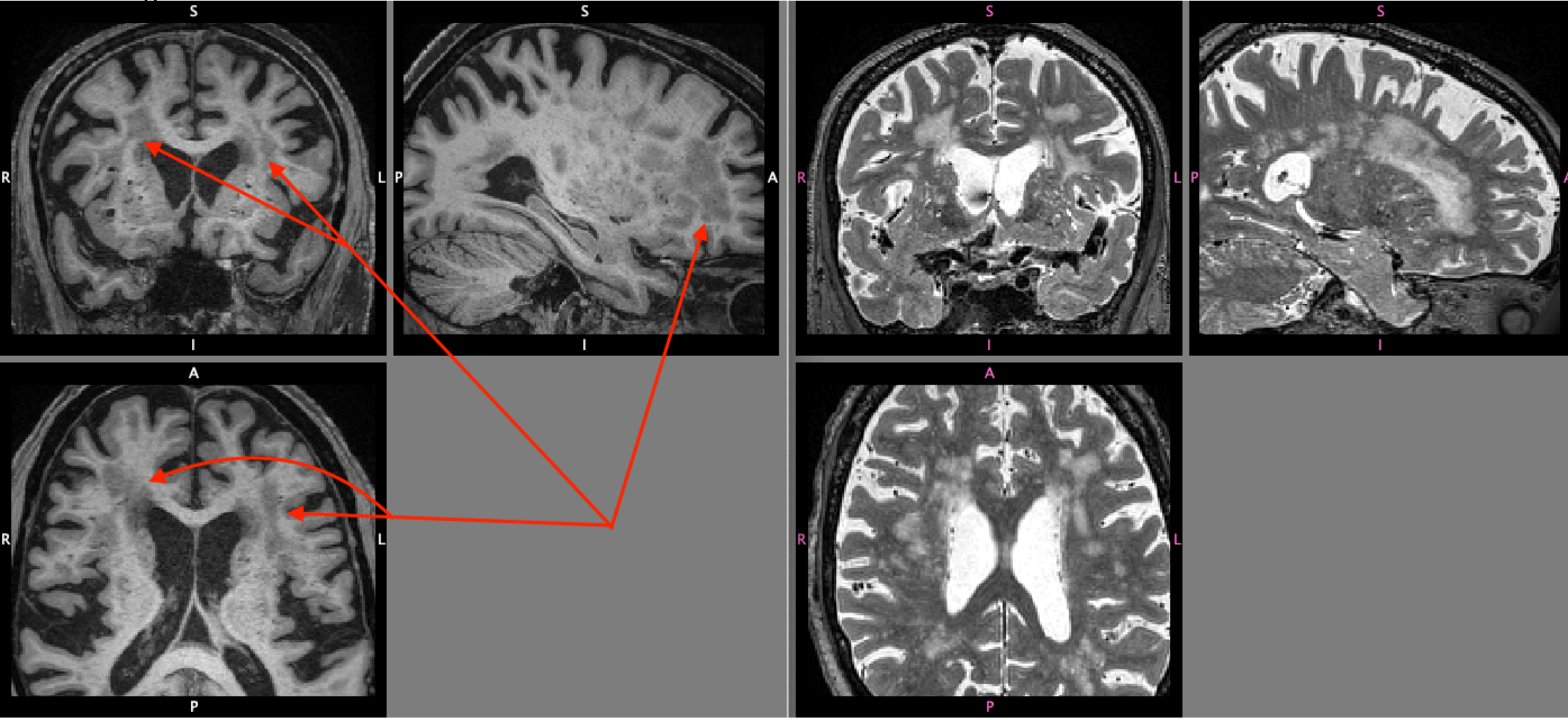


HCA6999718 – NOT YET RELEASED old infarct of the right globes pallidus – Include with flag  
age 86

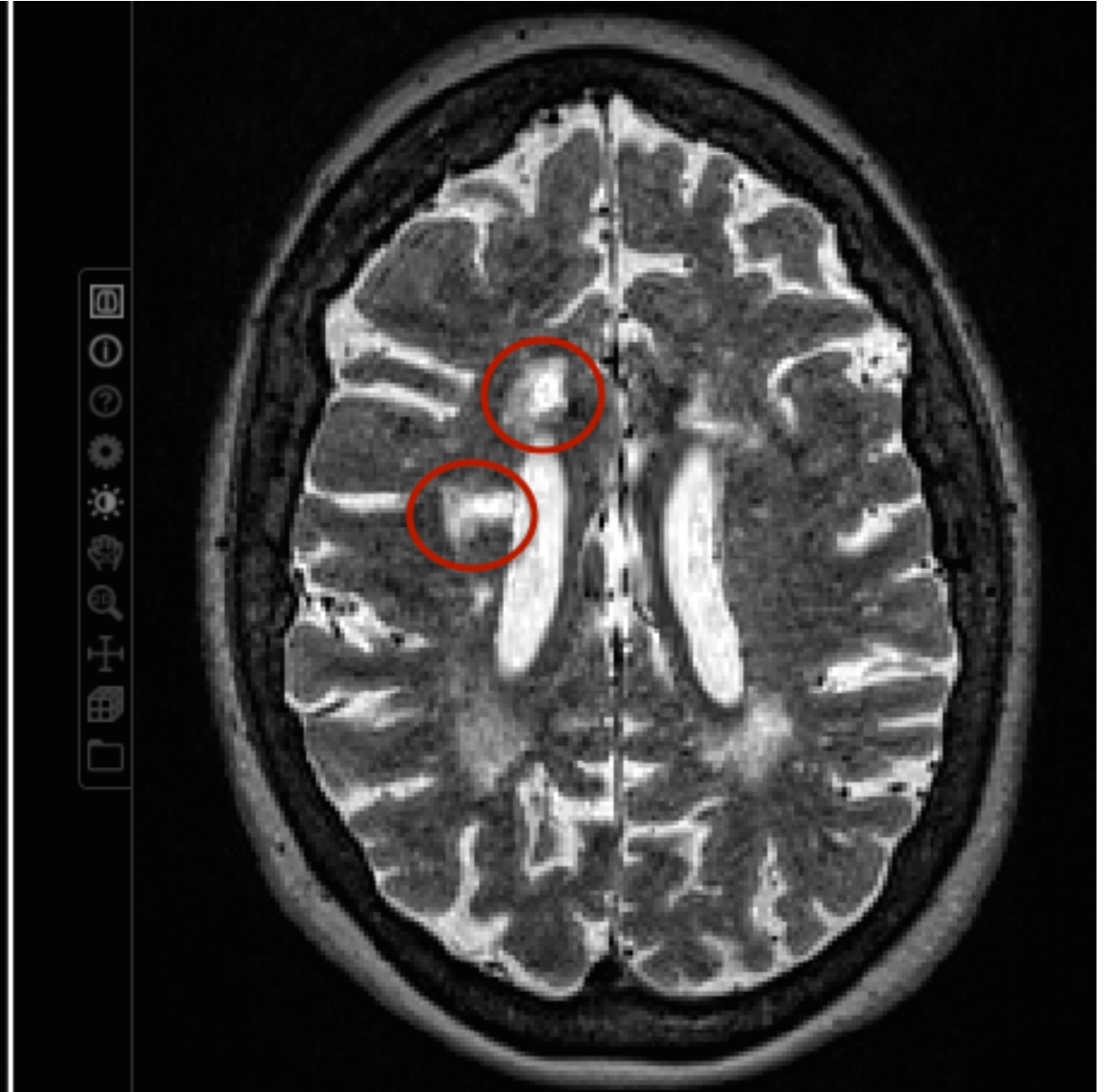
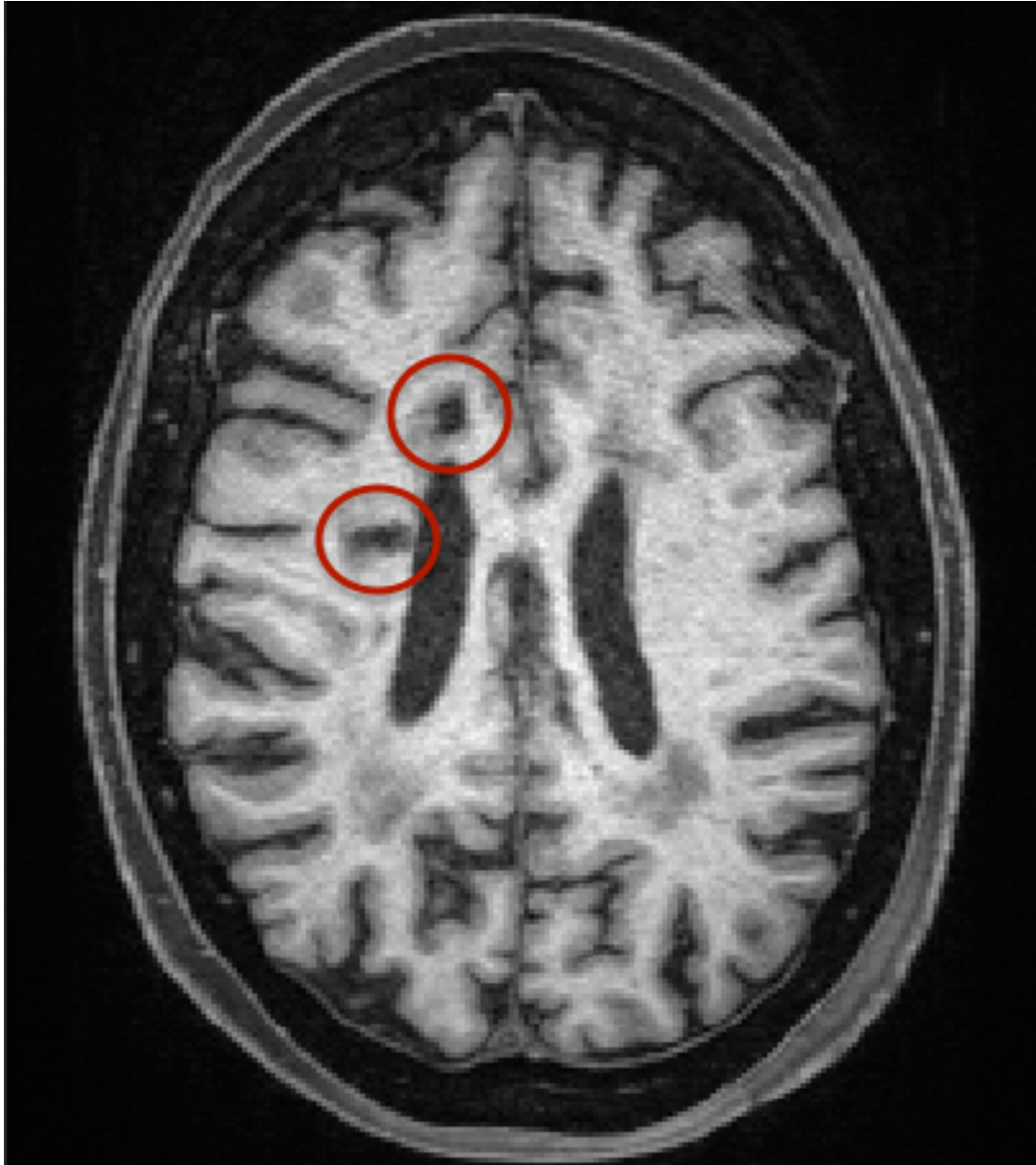


**HCA7154769 – NOT YET RELEASED** there is moderate to severe white matter changes on T2. they seem to spare the subcortical U-fibers for the most part. all lobes are involved to some extent but more severe in the bi-frontal white matter. There is also some moderate atrophy. These are all likely small vessel changes, but are really non-specific. The severity and patter could suggest another syndrome involving the white matter. For age this is even more than one would expect, so I would have the patient examined by a neurologist and a full clinical MRI to better characterize this process. – **Include with flag**

age 85

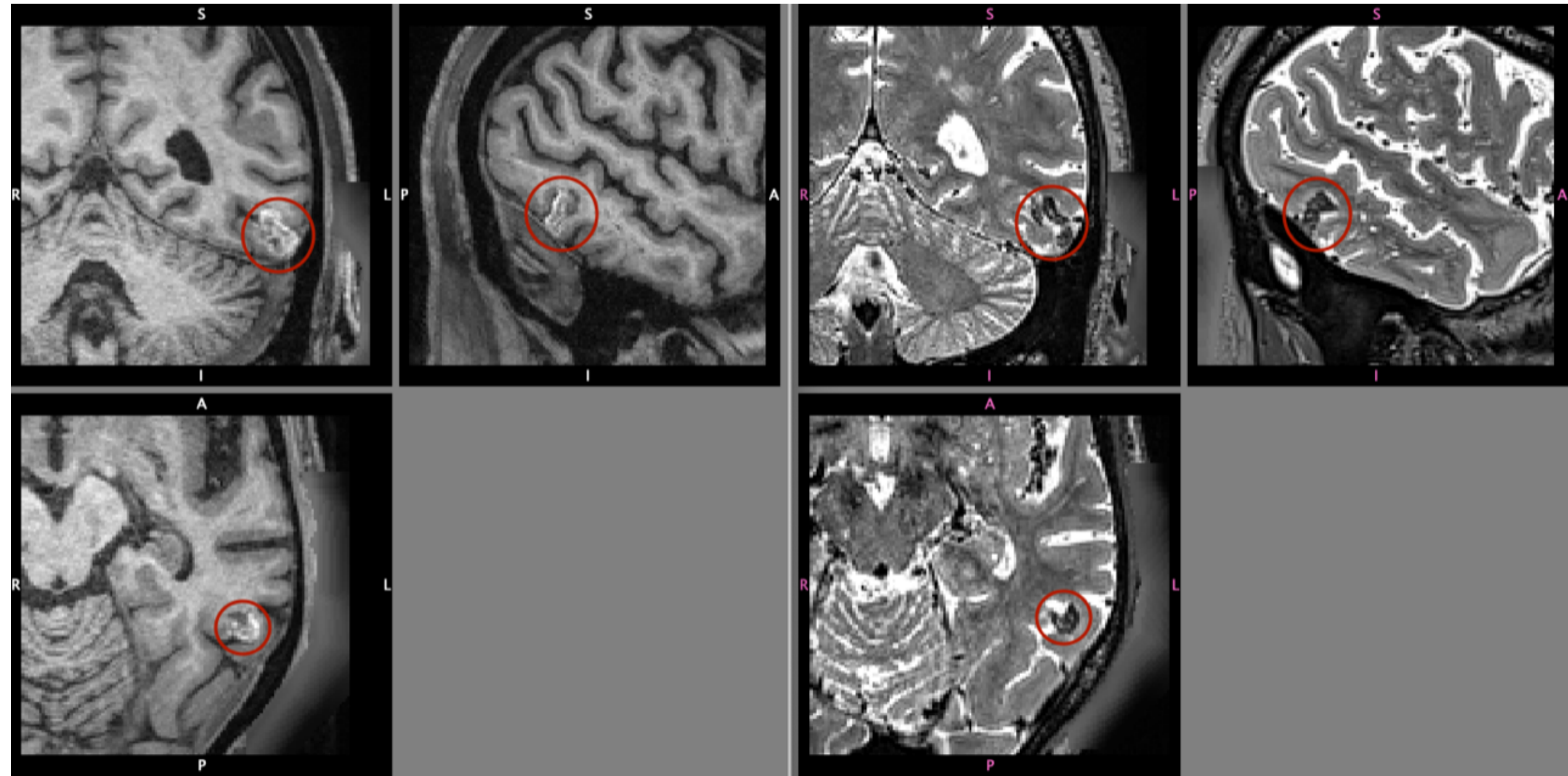


HCA7532876 – NOT YET RELEASED possible TIA or lacunar infarcts - Include with flag  
age 70





HCA7782900 – **NOT YET RELEASED** small focal cortical infarct (old stroke); no follow-up - **Include** with flag  
age 80



HCA8968010 – **NOT YET RELEASED** probable small vessel ischemic disease, wm volume loss, atrophy & enlarged ventricles; could be age related but may want follow-up for med change to help - **Include** with flag  
age 83

