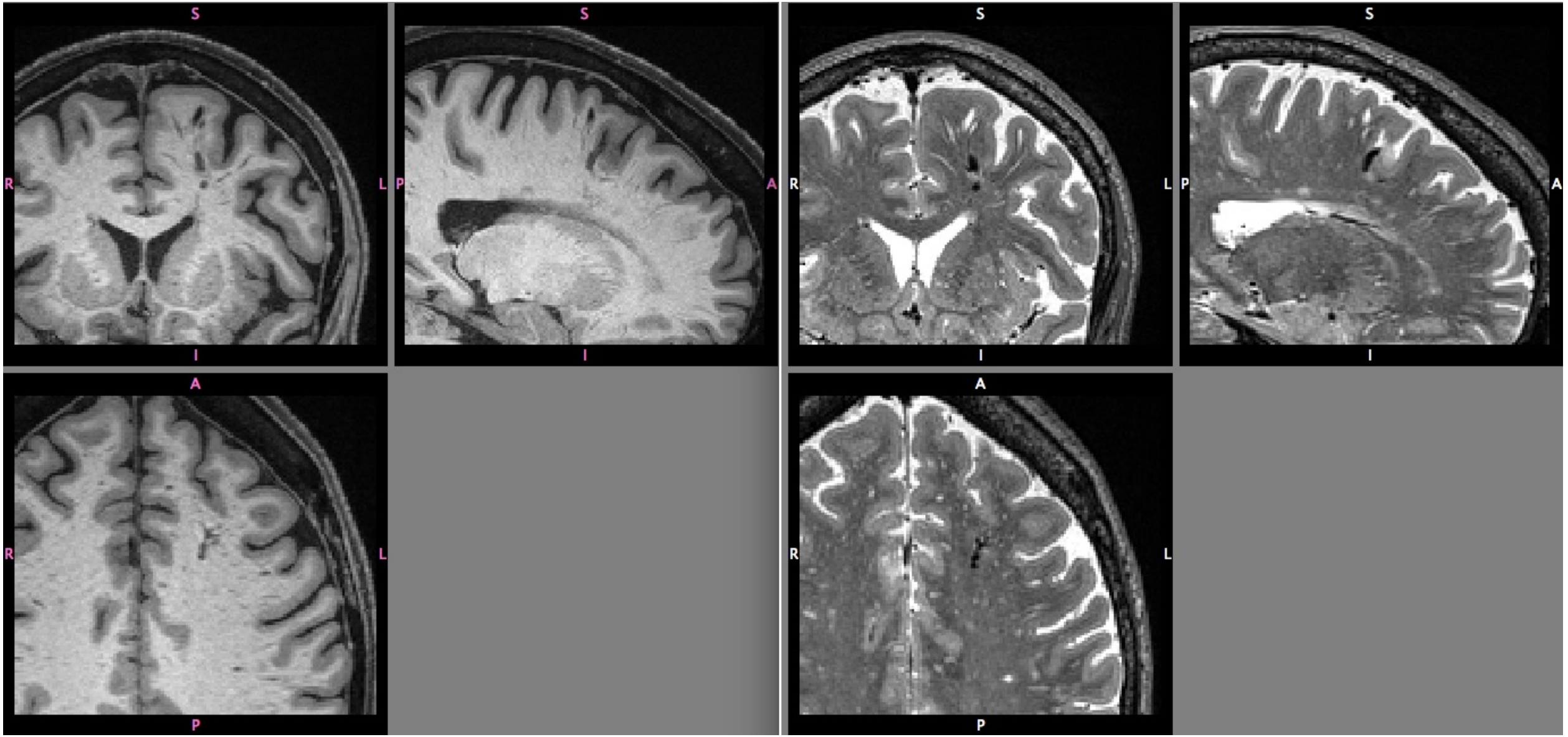
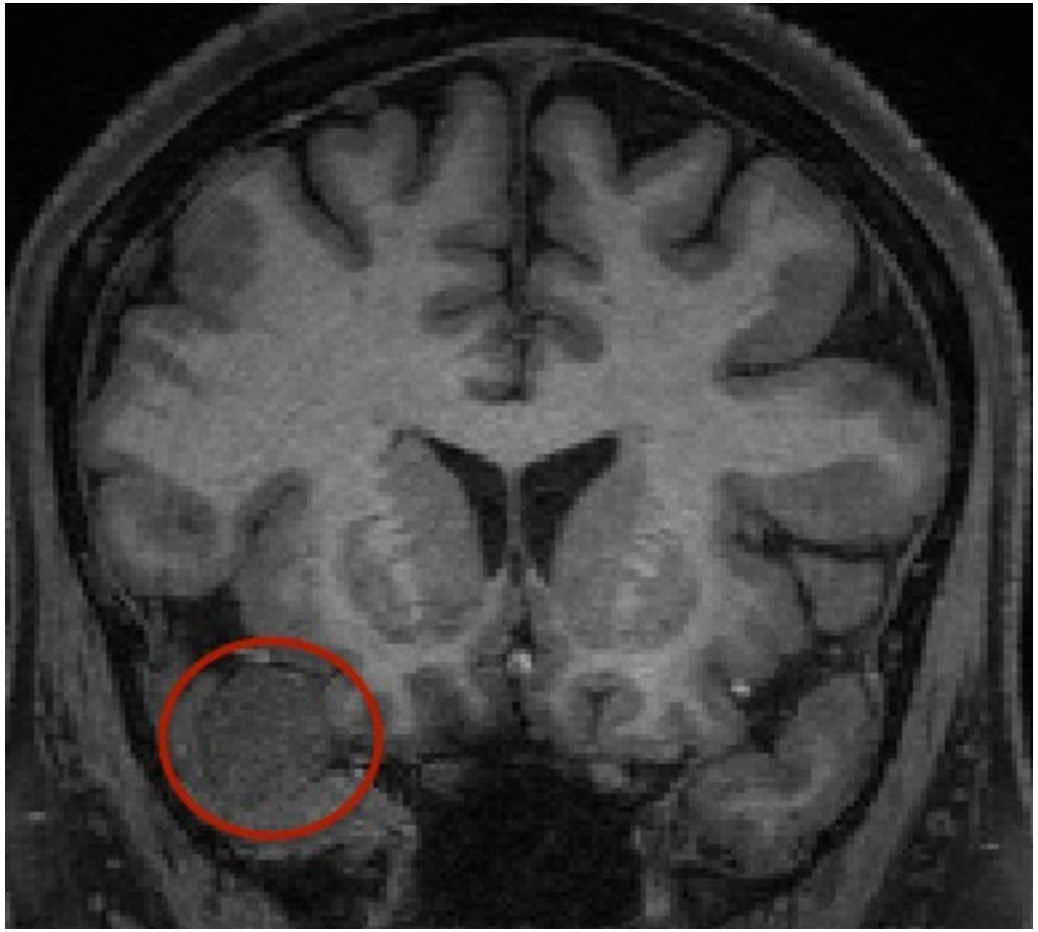
HCA6121143 – possible arteriovenous fistula; follow-up recommended; Edited. Include with flag

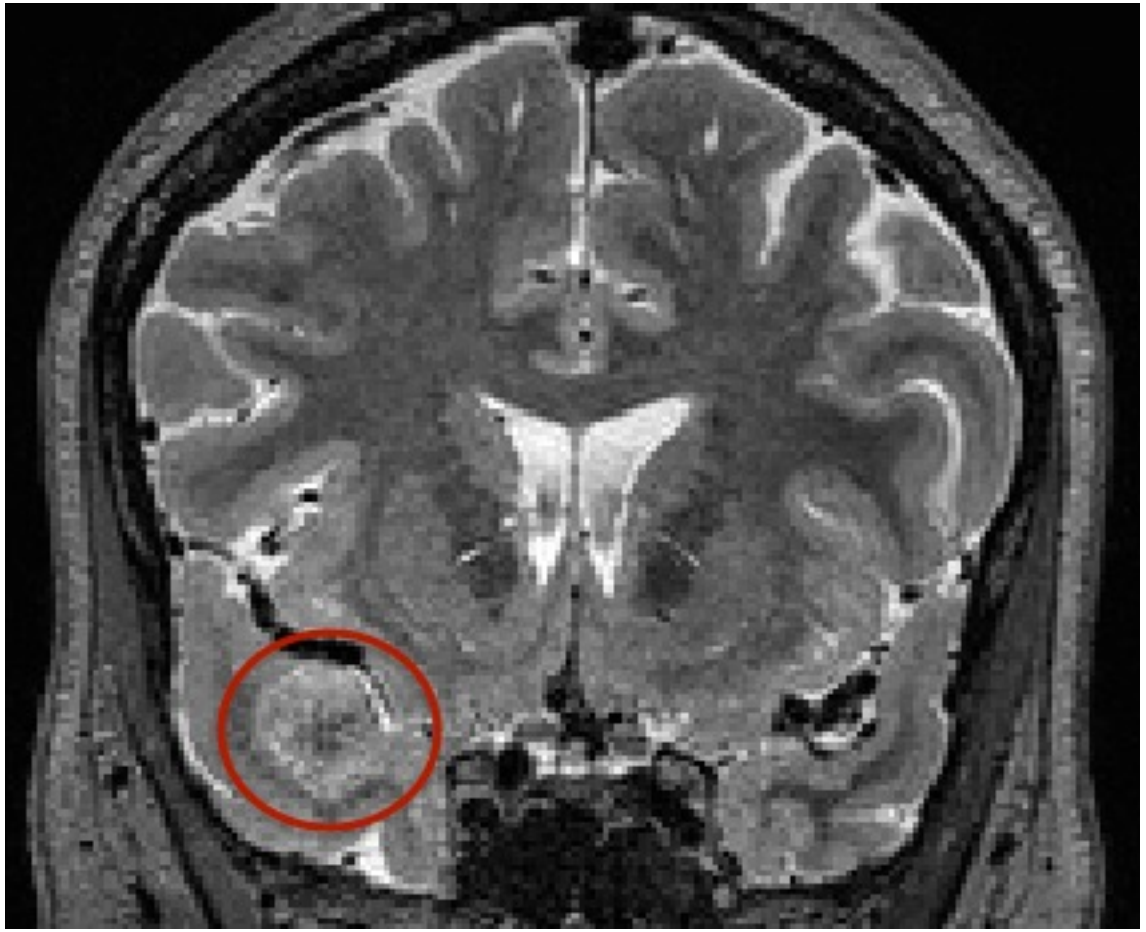
age 65



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

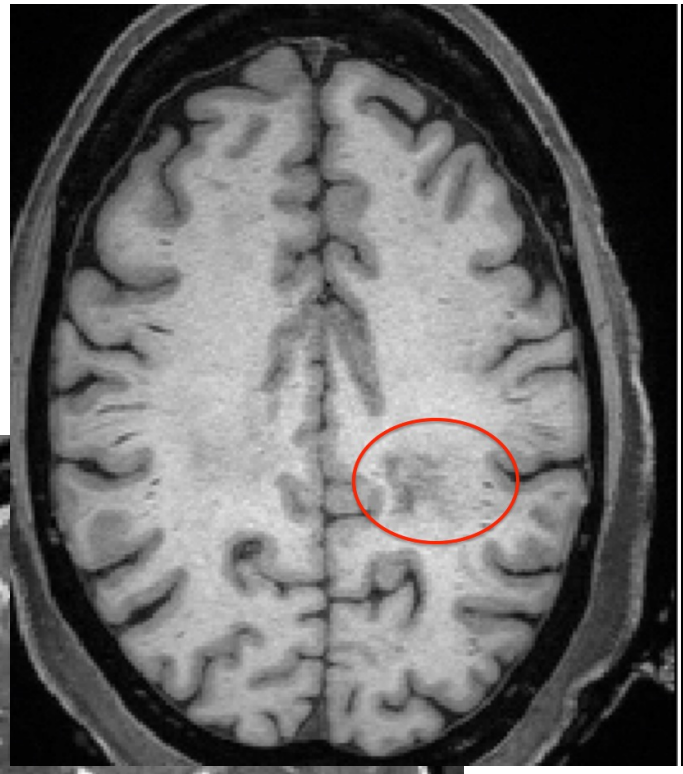
age 60

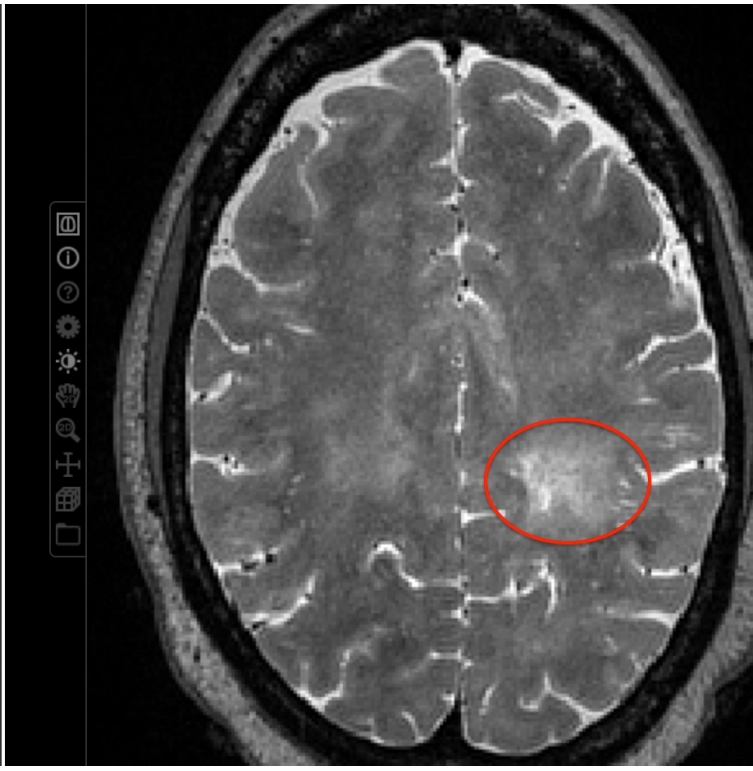




HCA6234964 – old lesions, followup to consider concerns for possible vascular risk factors - Include with flag

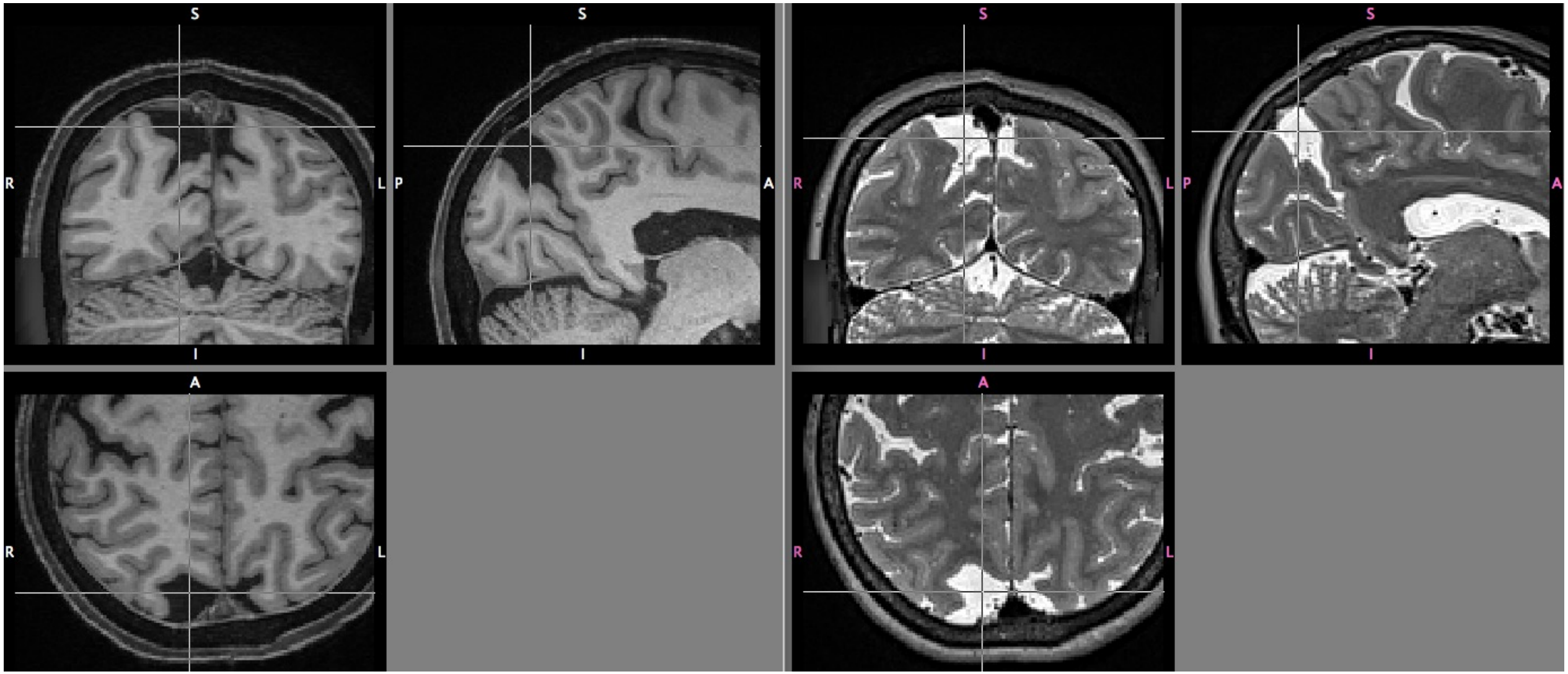
age 46





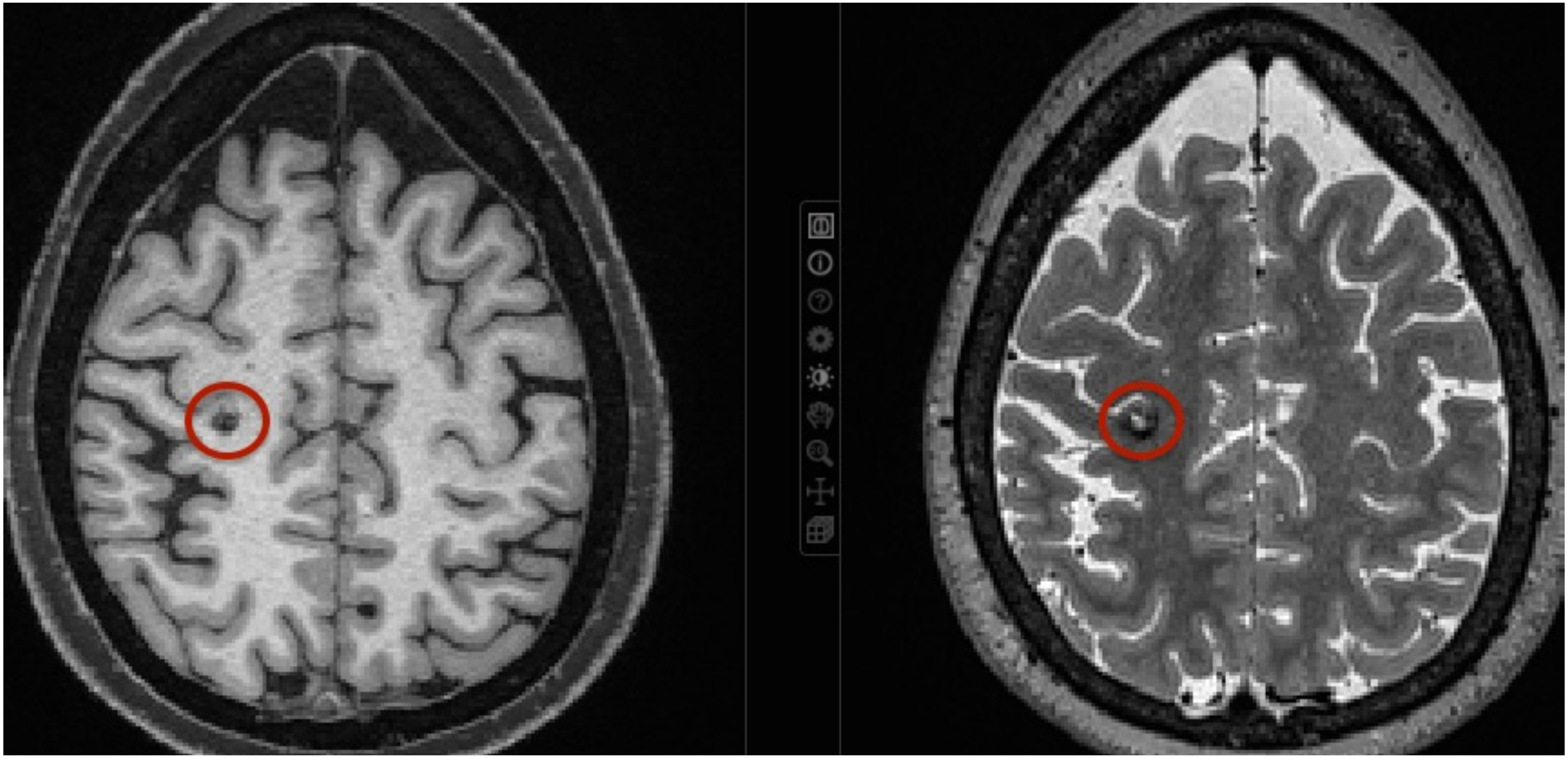
HCA6372875 – unusually large sulcus – no medical concern but possible registration issue - Include with flag

age 57



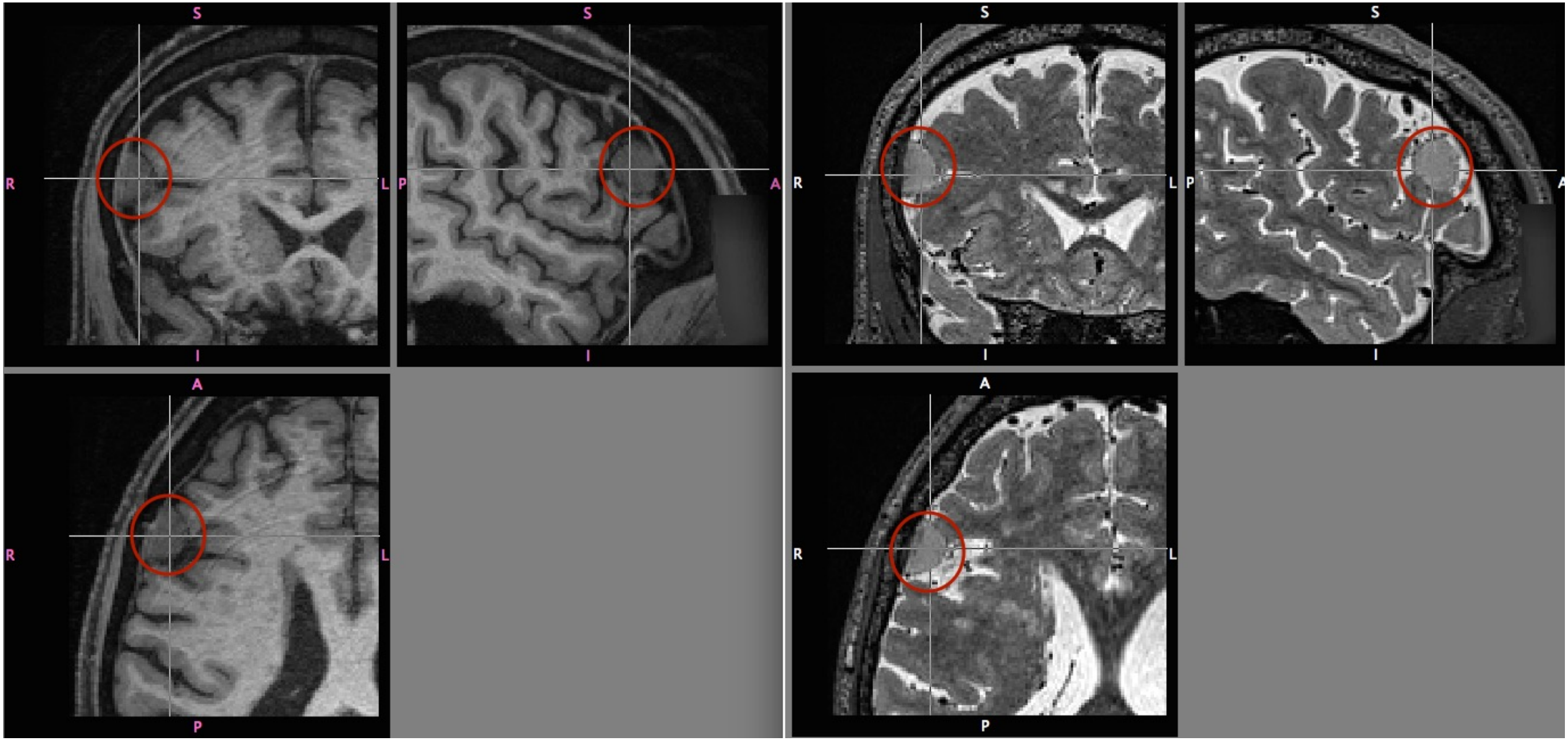
HCA6451063 – possible remote hemorrhage from an old vascular malformation such as a cavernoma; follow-up recommended - Include with flag

age 63



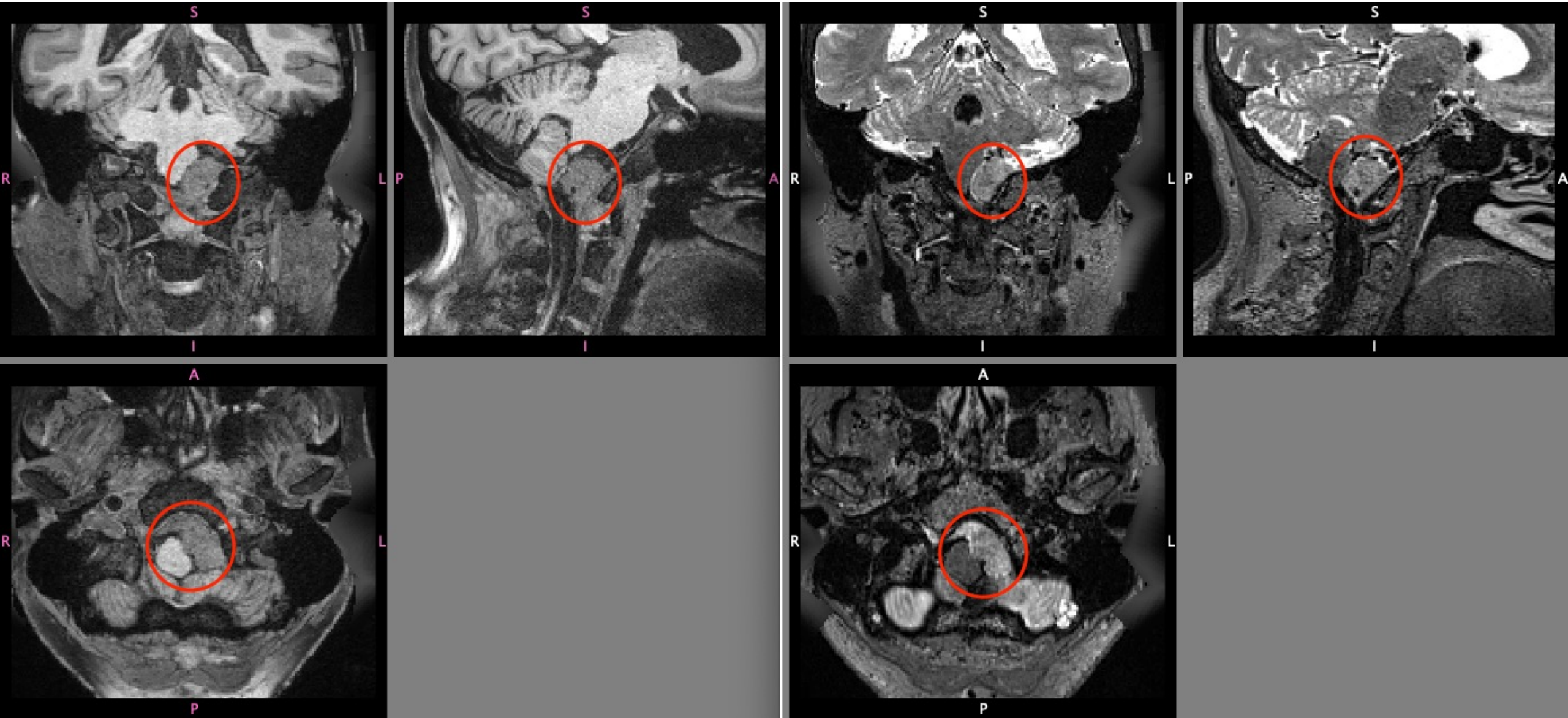
HCA6475986 – small meningioma; benign - Include with flag

age 74



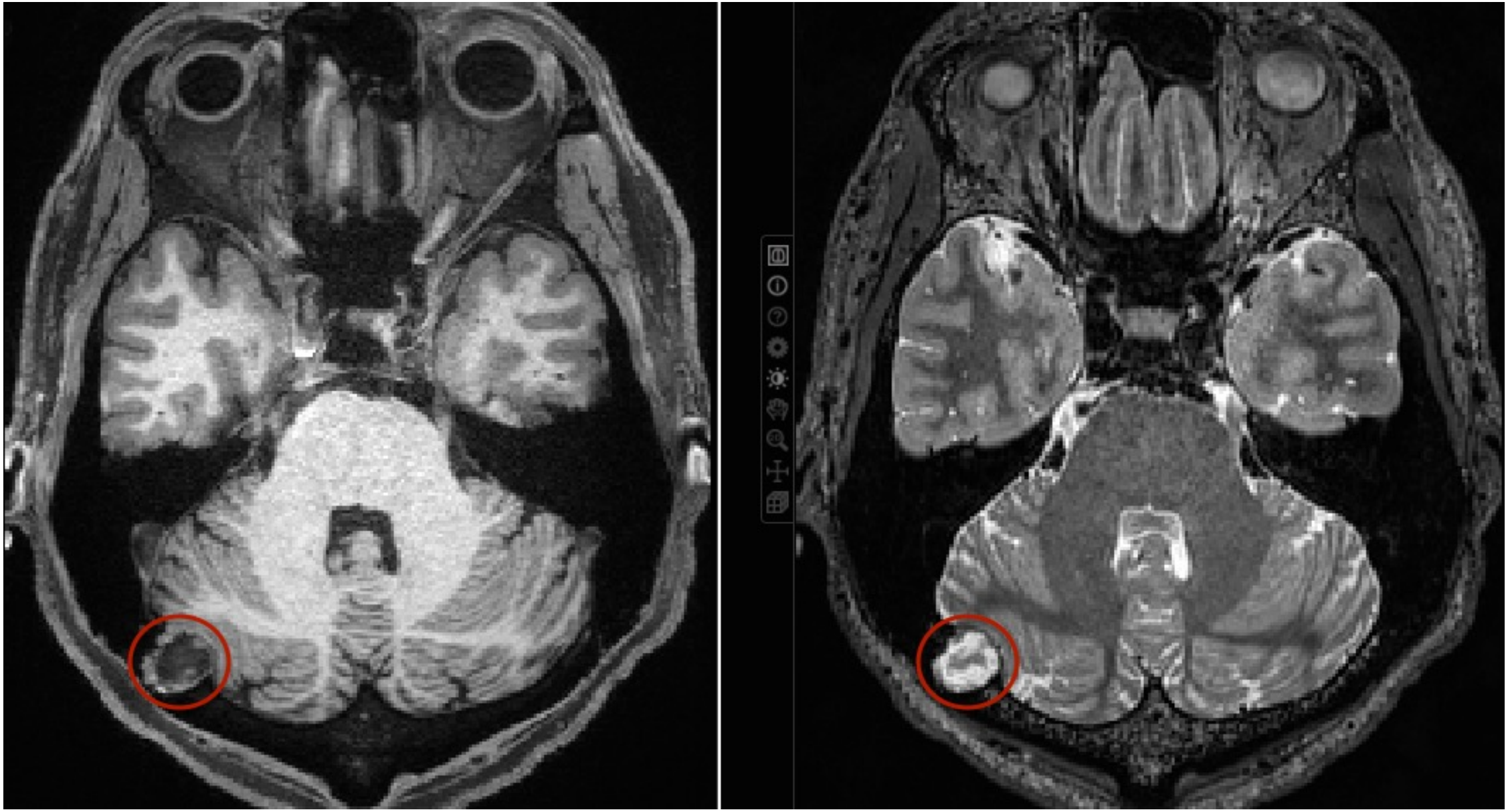
HCA6559184_V2 – “extraaxial mass in the left aspect of the craniocervical junction should be followed up with a dedicated MRI with contrast enhanced images, DWI and other sequences. It is most likely a benign lesion just a meningioma but we need to see on a full MRI.” – Include with flag

age 76

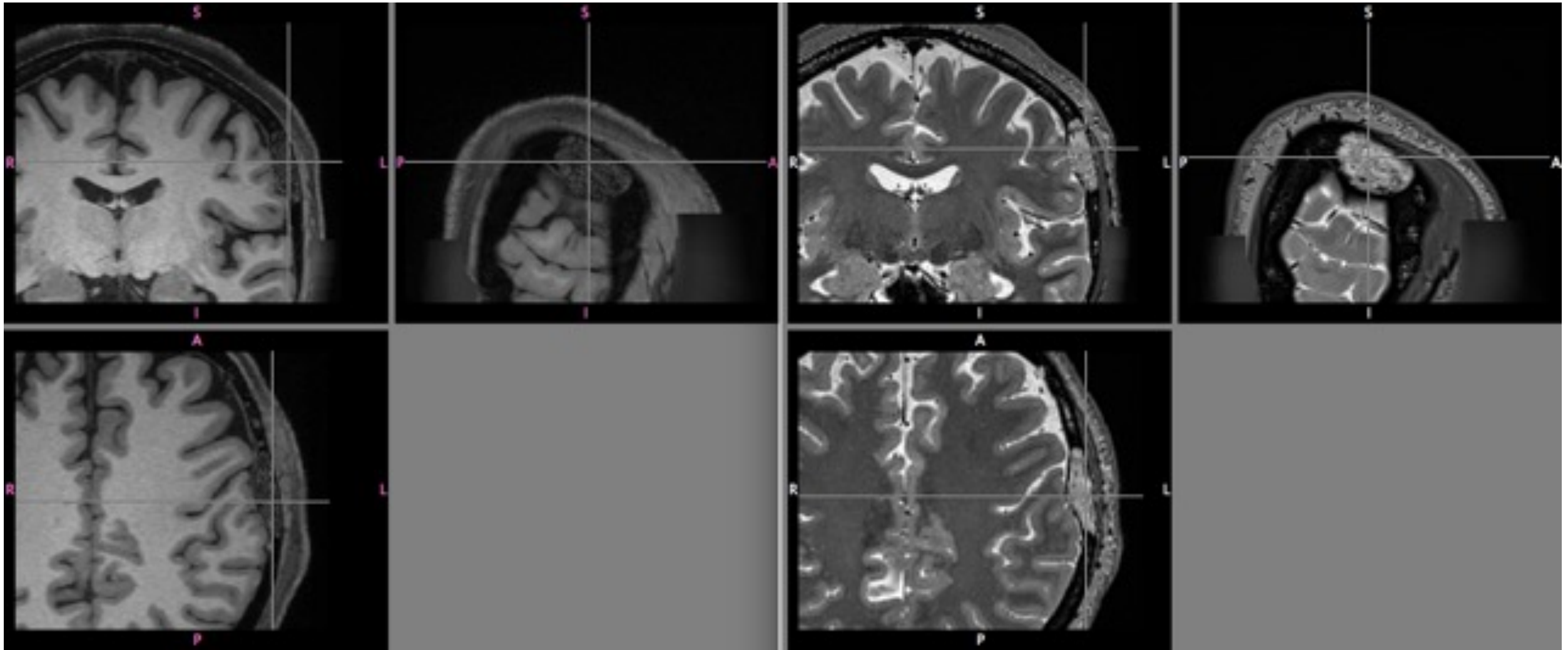


HCA6589294 – “giant arachnoid granulation” – no follow-up - Include with flag

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

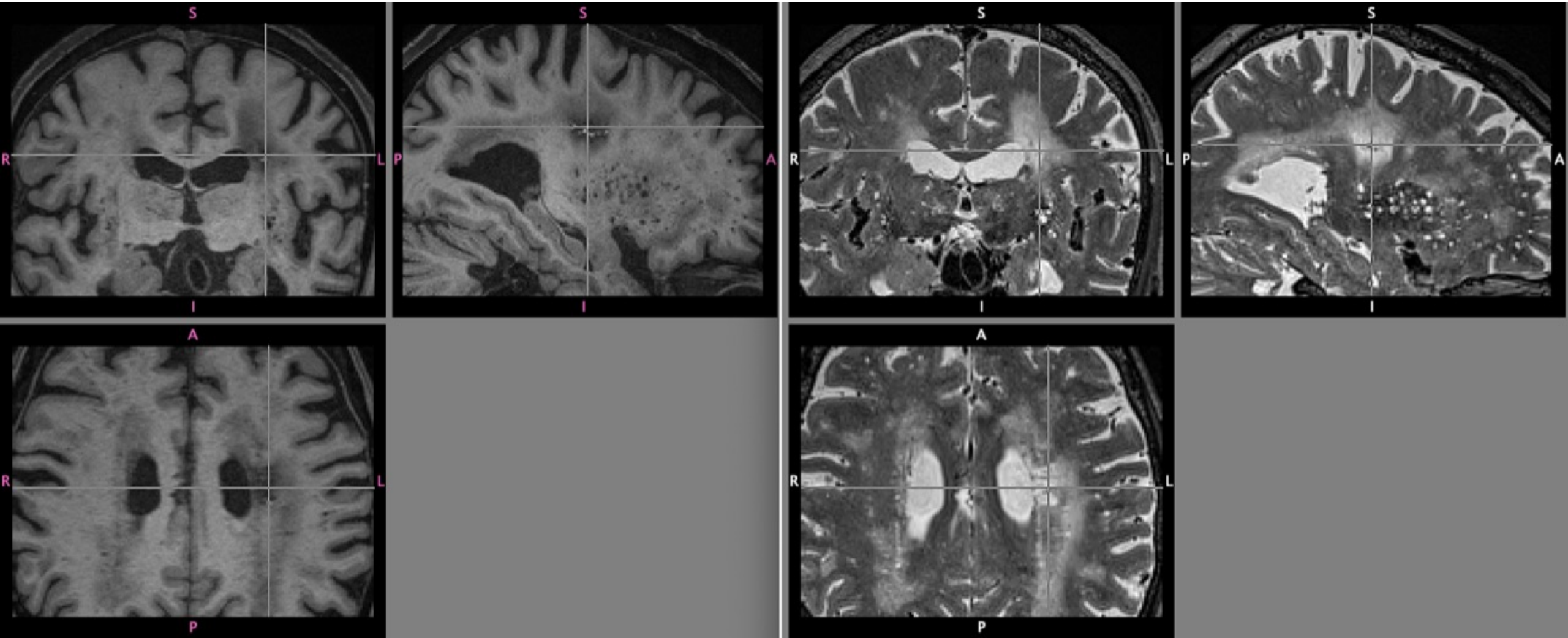


HCA6752784 – size of ventricles & volume loss in frontal & temporal lobes is of concern; follow-up recommended - Include with flag

age 58

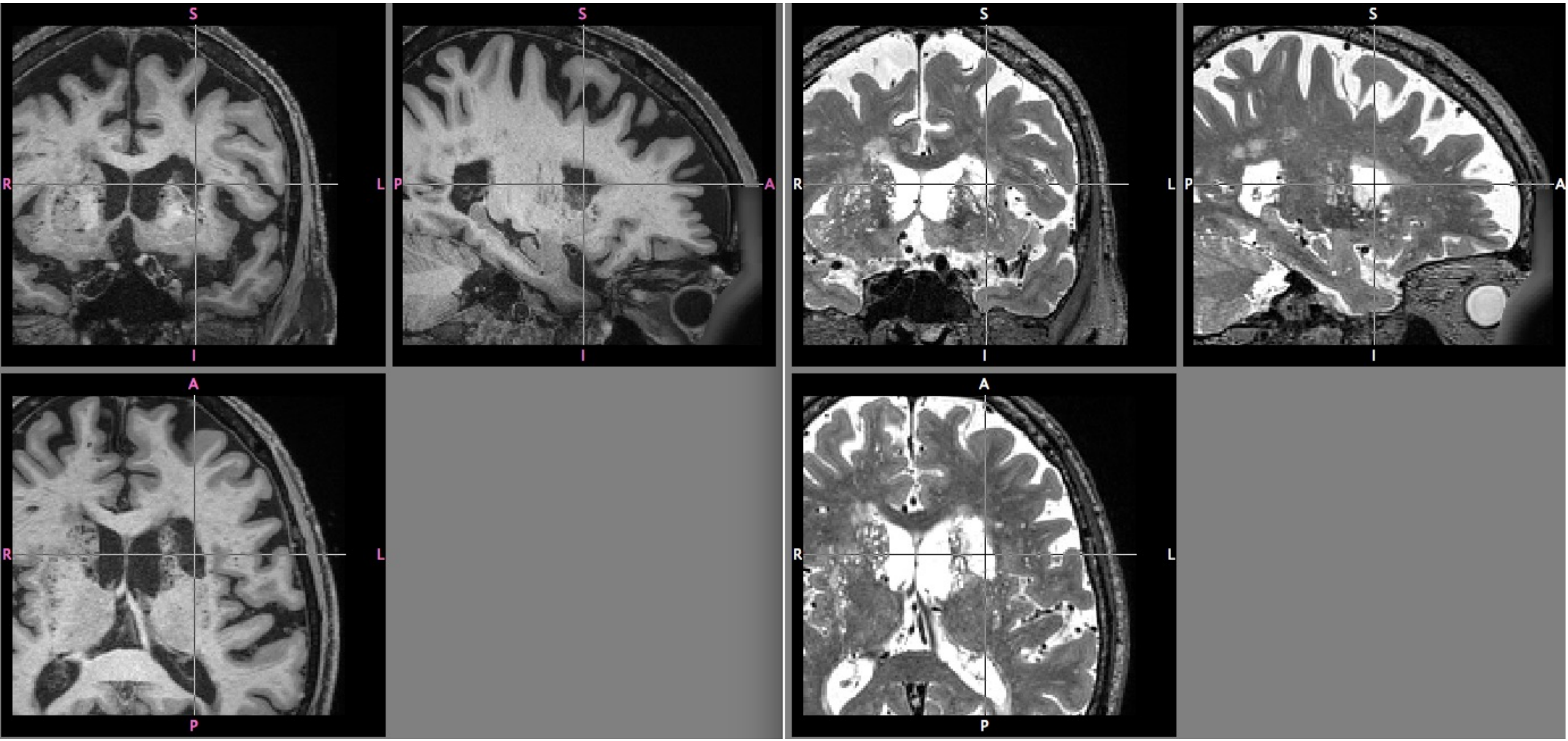
HCA6757794 – an area of old lacunar infarct, but since its old there is nothing to be done about this. He also has large VR spaces and his basilar artery is huge; I don't see an aneurysm or anything that could be treated; no followup - Edited. Include with flag

age 89



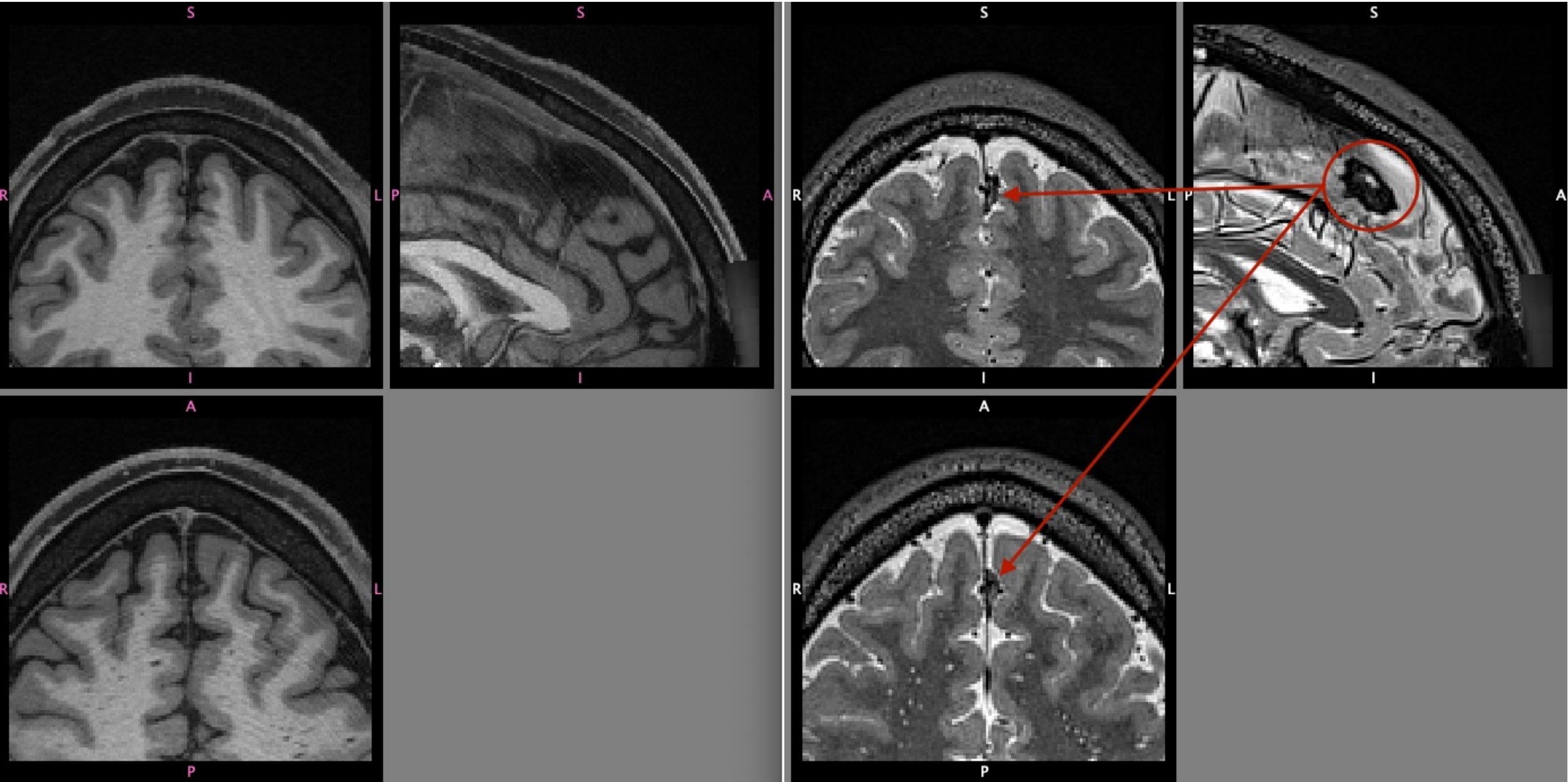
HCA6776798 – infarction just anterior to and involving part of the lenticular nucleus - Include with flag

age 84



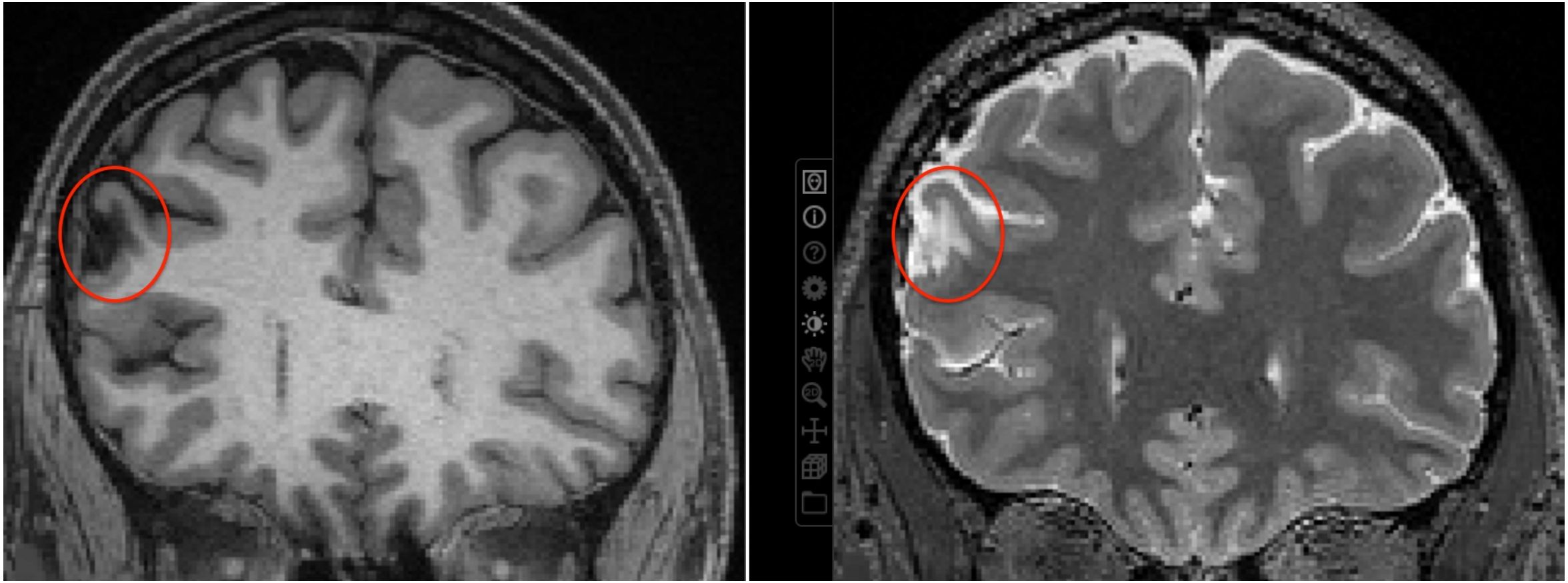
HCA6792190 – falx calcification; no follow-up - Include with flag

age 36



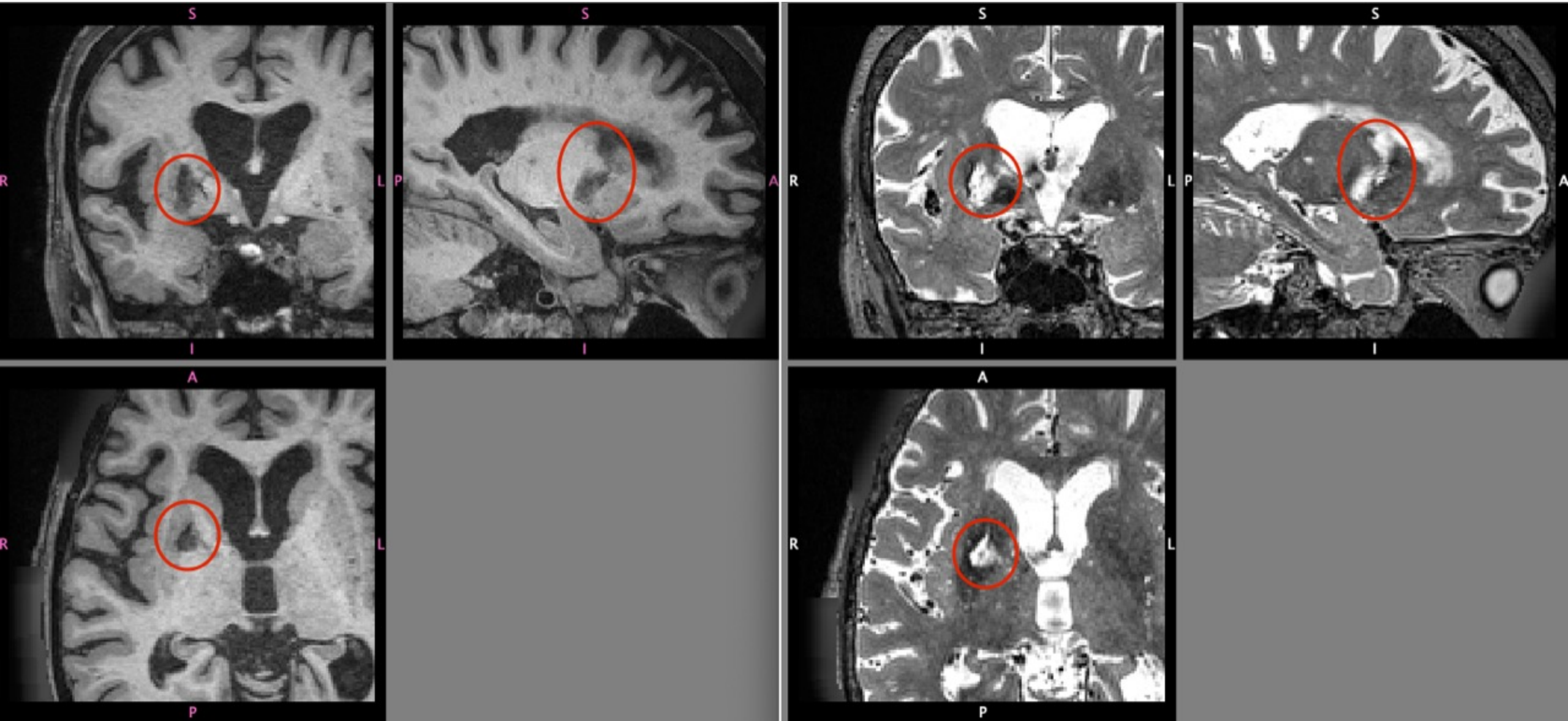
HCA6867296 – "volume loss in the right anterior superior frontal lobe cortex is a focal area of encephalomalacia"; no followup required - Include with flag

age 42



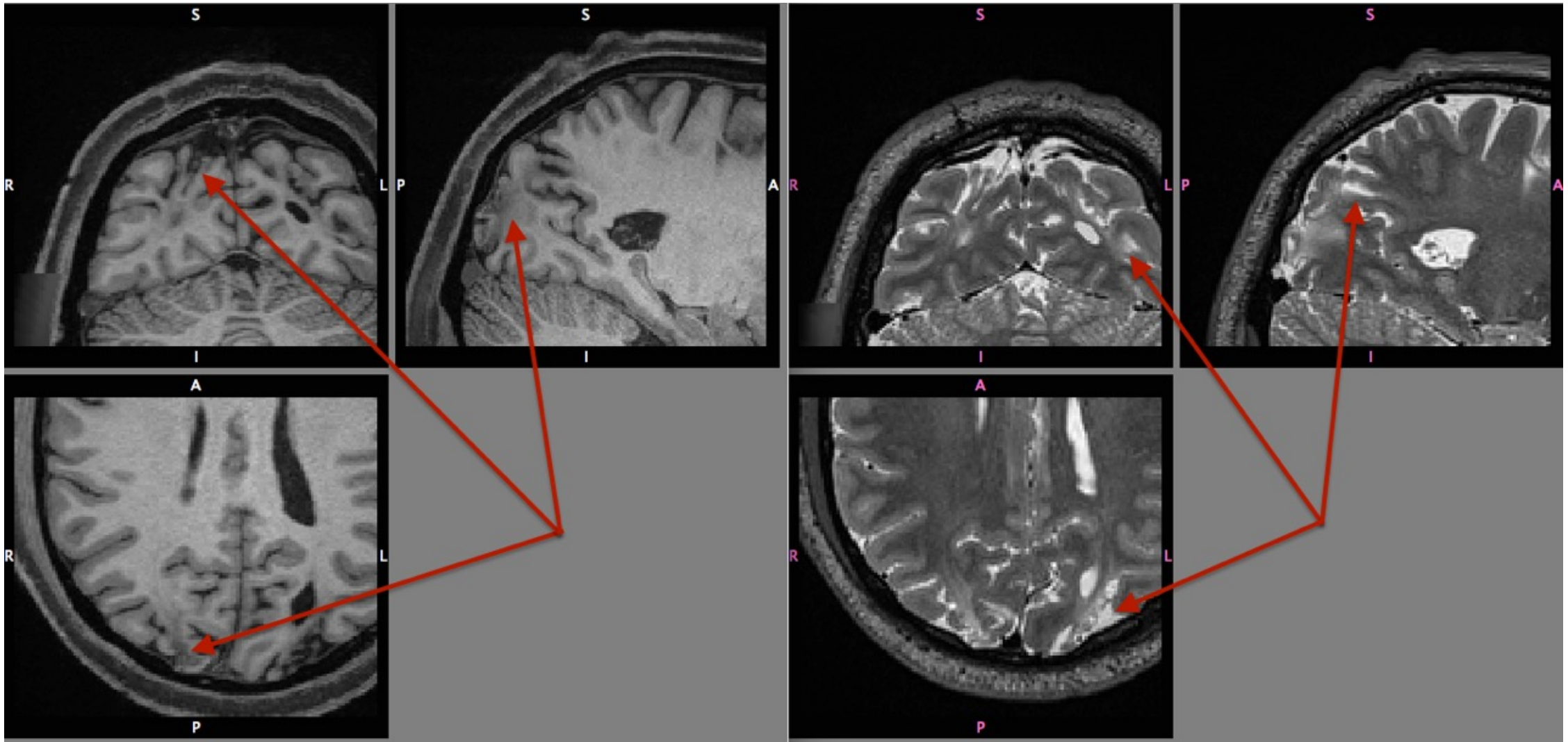
HCA6999718 – old infarct of the right globes pallidus – Include with flag

age 86



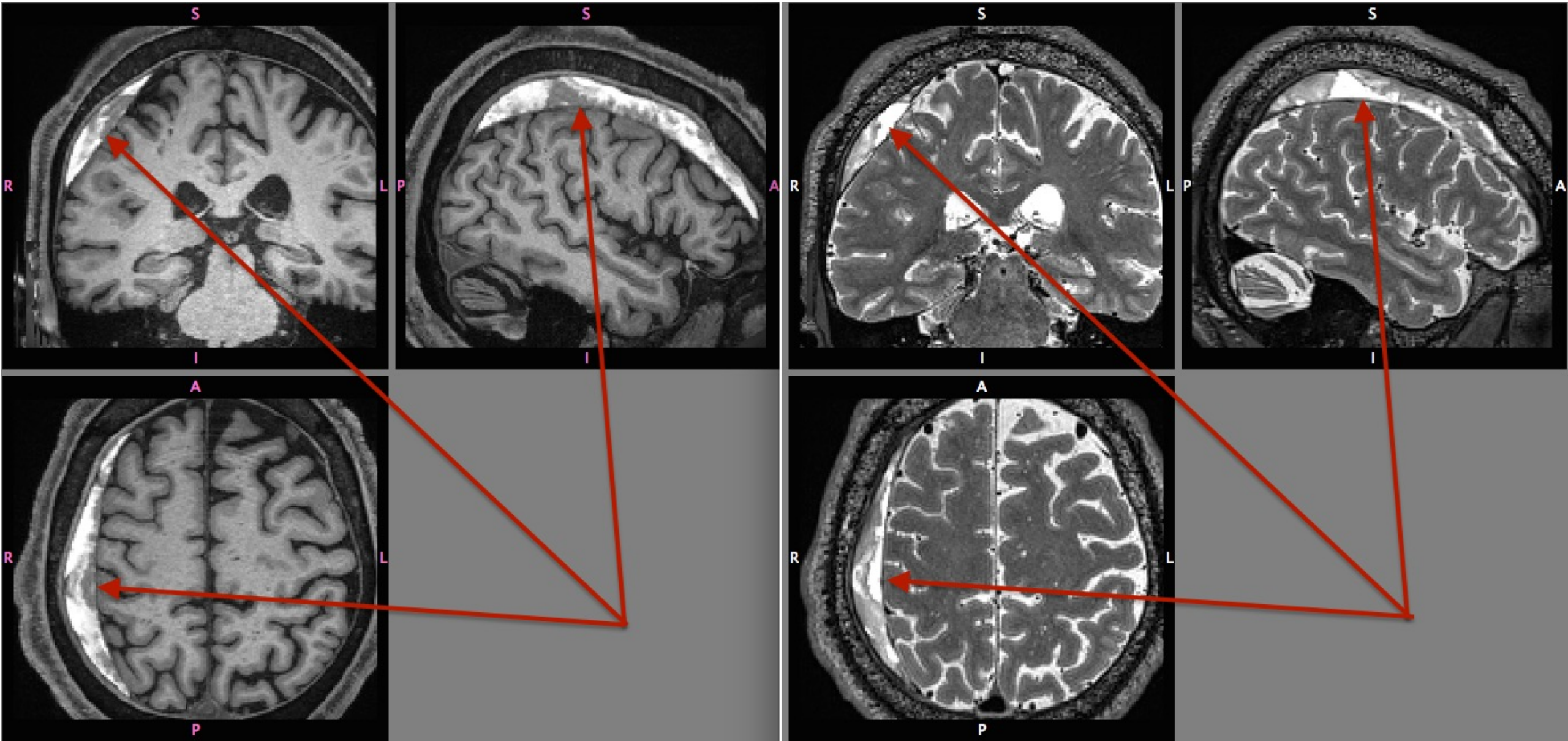
HCA7030751 – ”the is bilateral injury to the occipital white matter and cortex, left more than right. There is also a similar area in the Left parietal lobe. This is possibly an old infarction (stroke), prior infection, or post-traumatic. Since it’s in many areas and could represent a problem with the circulation, I would have the patient seen by a physician to a full history and physical, unless this is already known to the patient.” - Include with flag

age 46



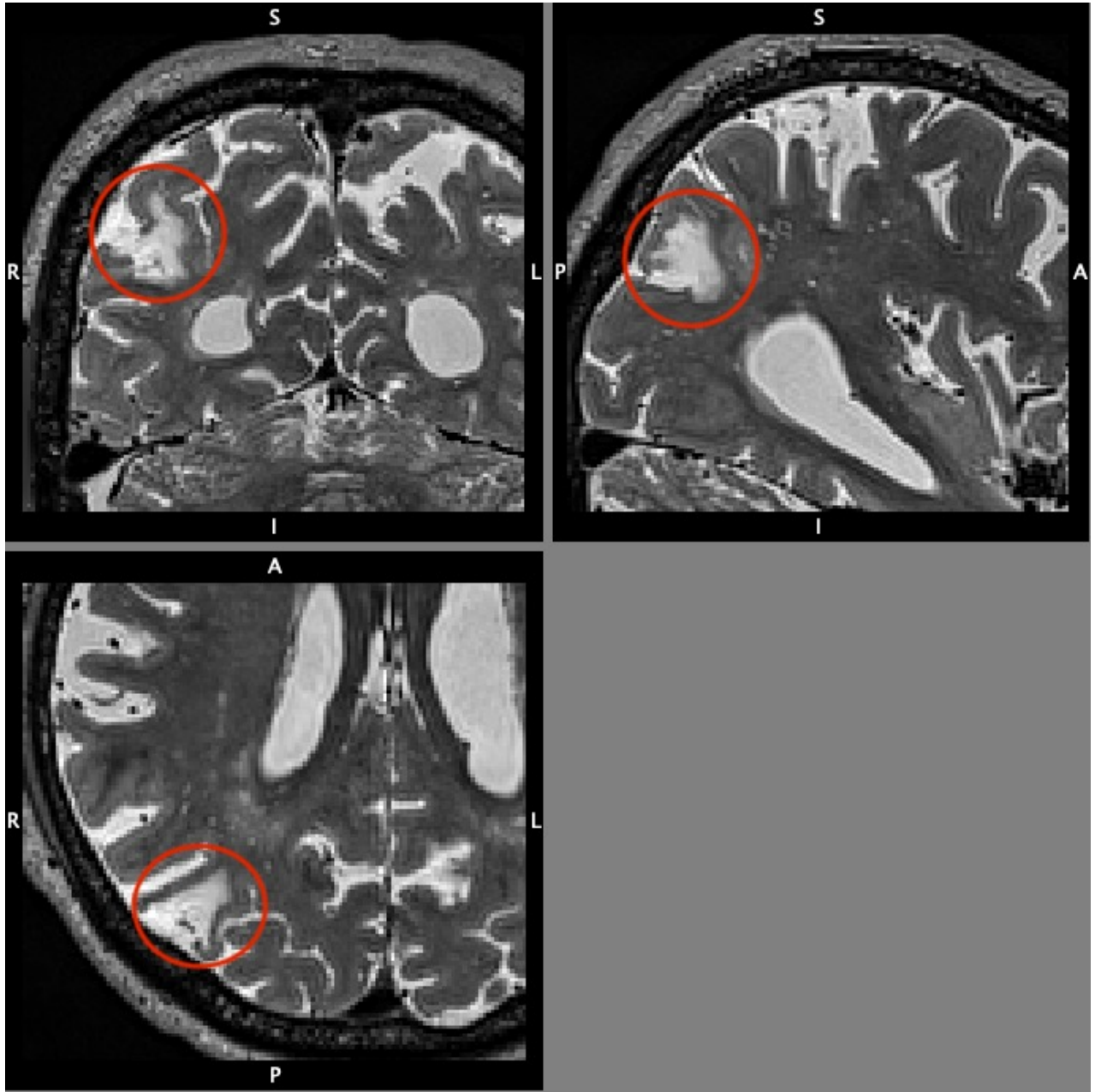
HCA7101546 – subdural hematoma, likely chronic but has some evidence that had some occurrence about 1-4 weeks ago; only mild local mass effect over the right hemisphere without midline shift or herniation. Include with flag

age 62



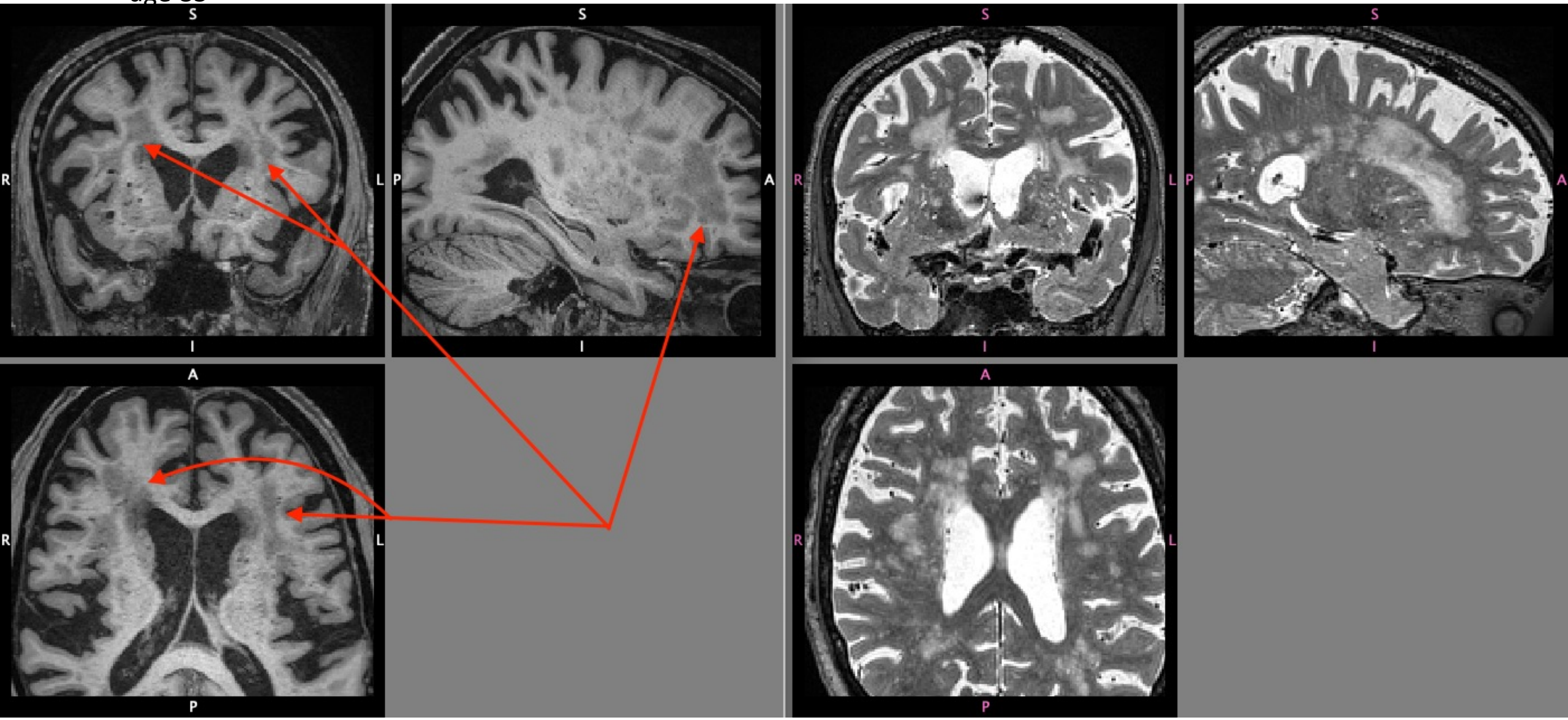
HCA7124659 – old stroke in R parietal; no follow-up - Include with flag

age 88



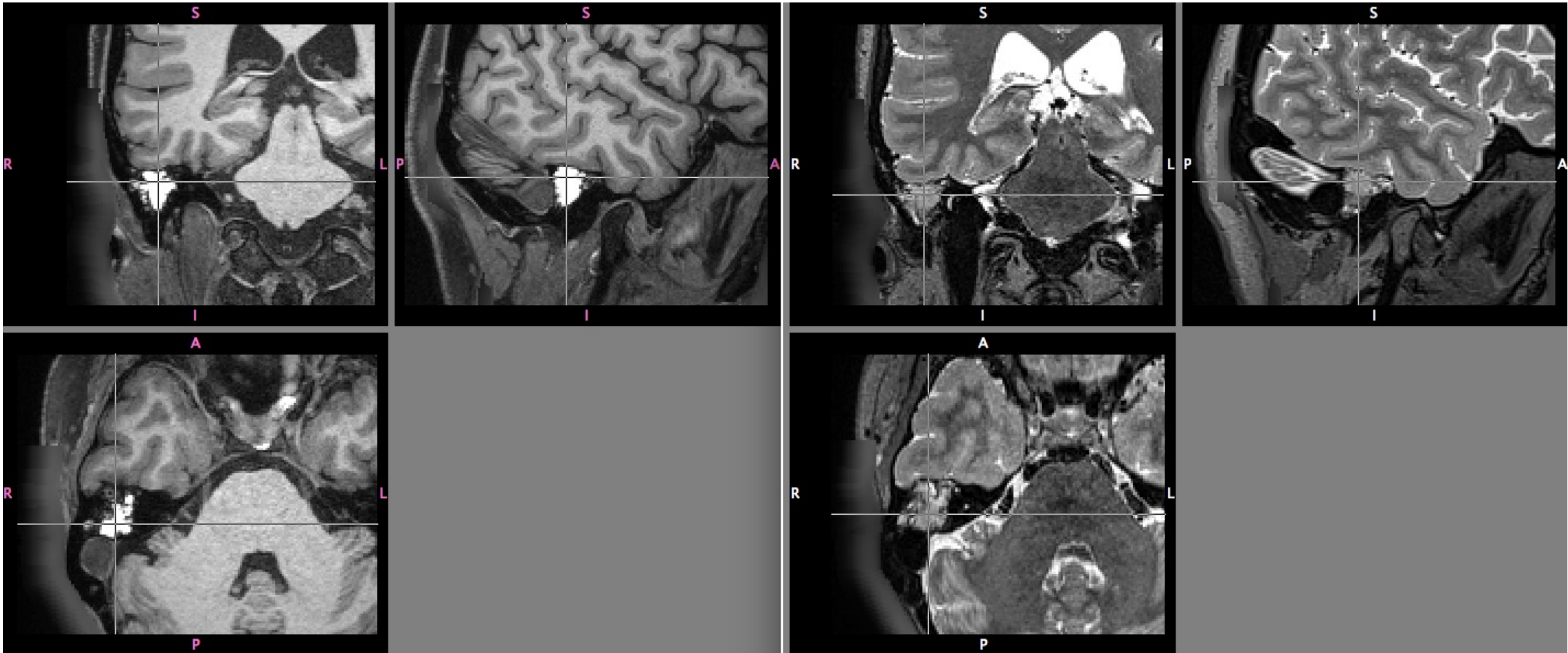
HCA7154769 – there is moderate to severe white matter changes on T2. they seem to spare the subcortical U-fibers for the most part. all lobes are involved to some extent but more severe in the bi-frontal white matter. There is also some moderate atrophy. These are all likely small vessel changes, but are really non-specific. The severity and pattern 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. – Edited. Include with flag

age 85



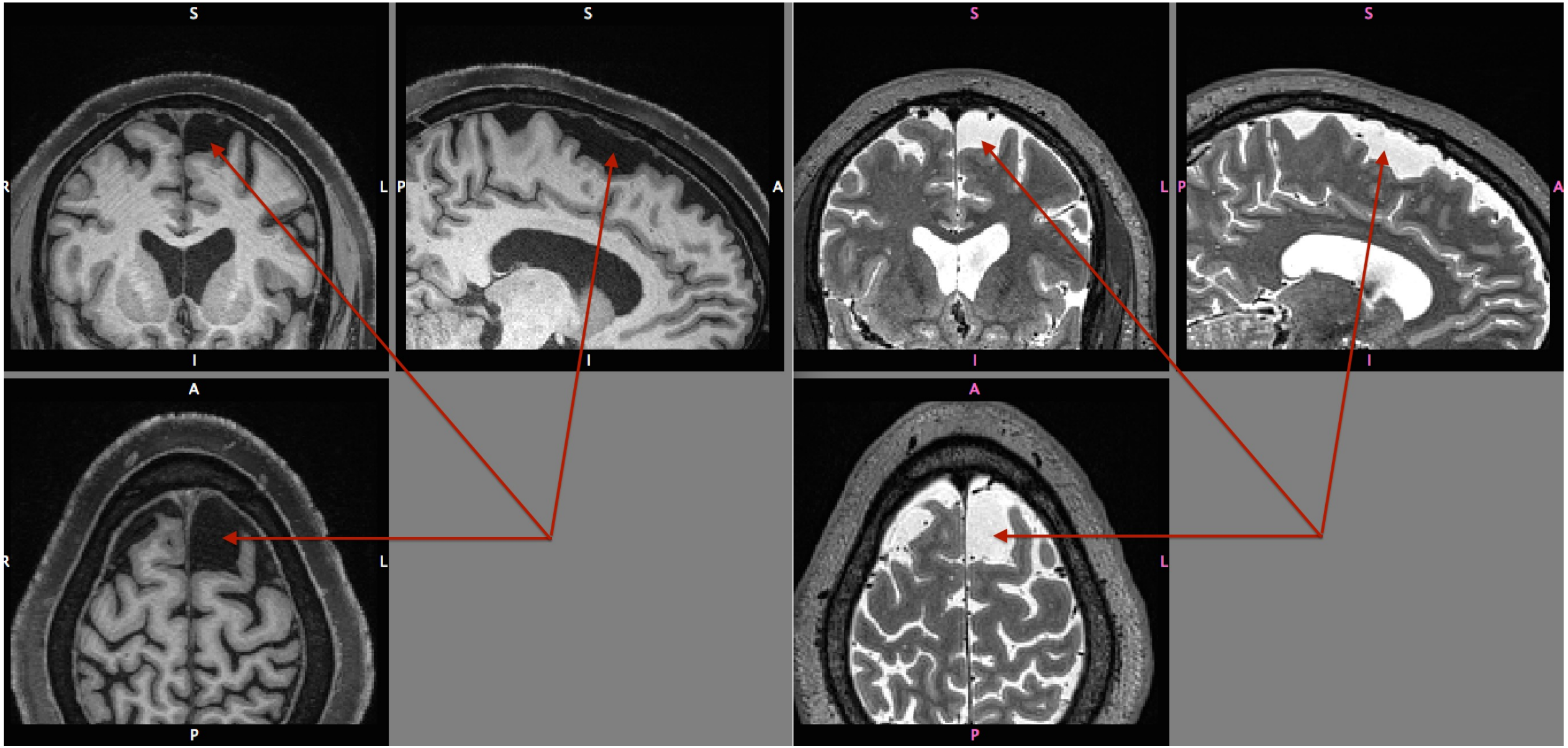
HCA7181873 – “Hyperintense T1 signal changes caudal to the right temporal lobe is in the right temporal bone mastoid segment (within mastoid air cells). There are also inflammatory mucosal thickening along the remainder right and the left mastoid air cells. T1 hyperintensity can be seen with methemoglobin 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



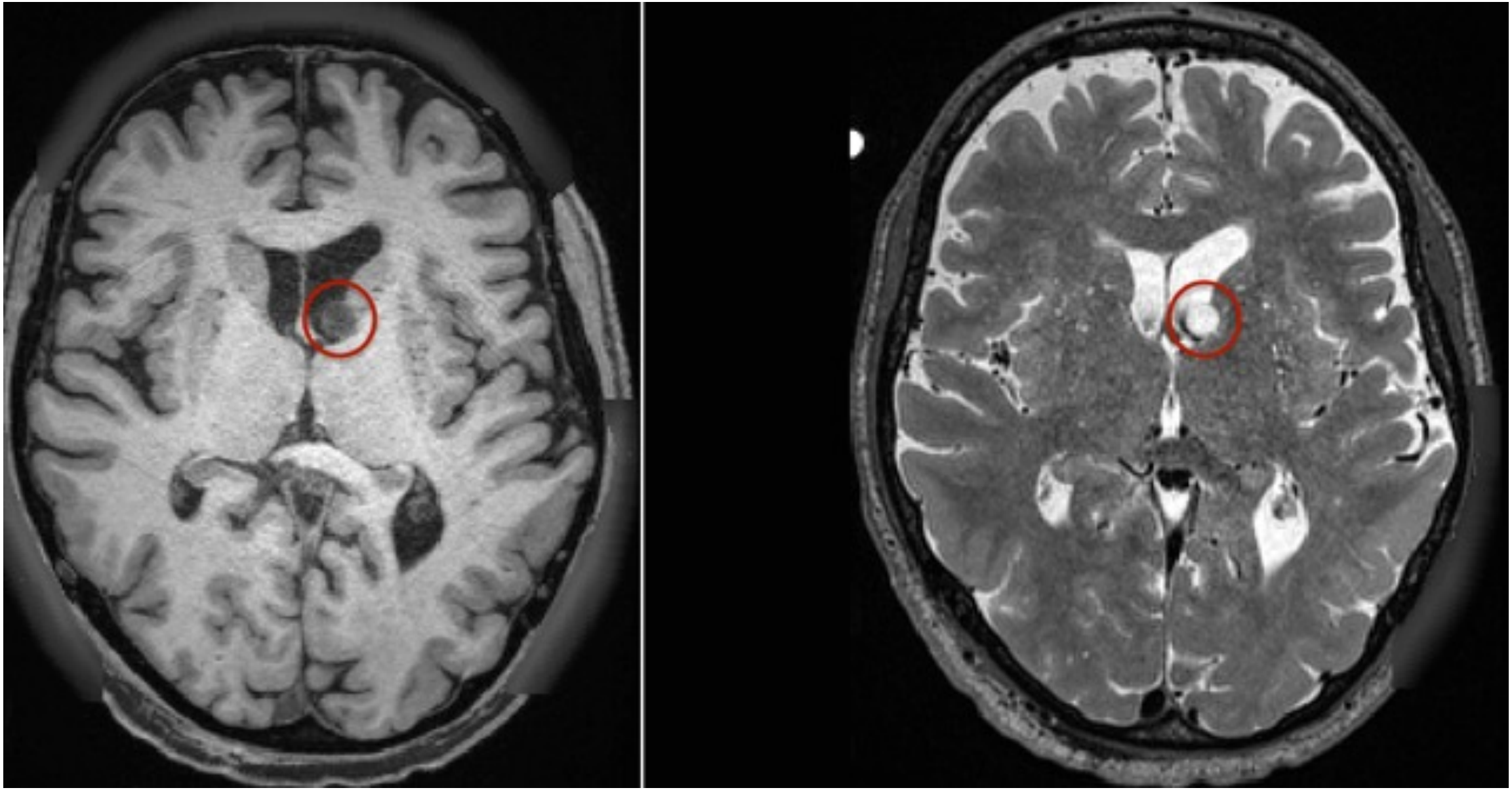
HCA7195884 – post frontal arachnoid cyst displacing normal brain; follow-up required. Include with flag

age 57



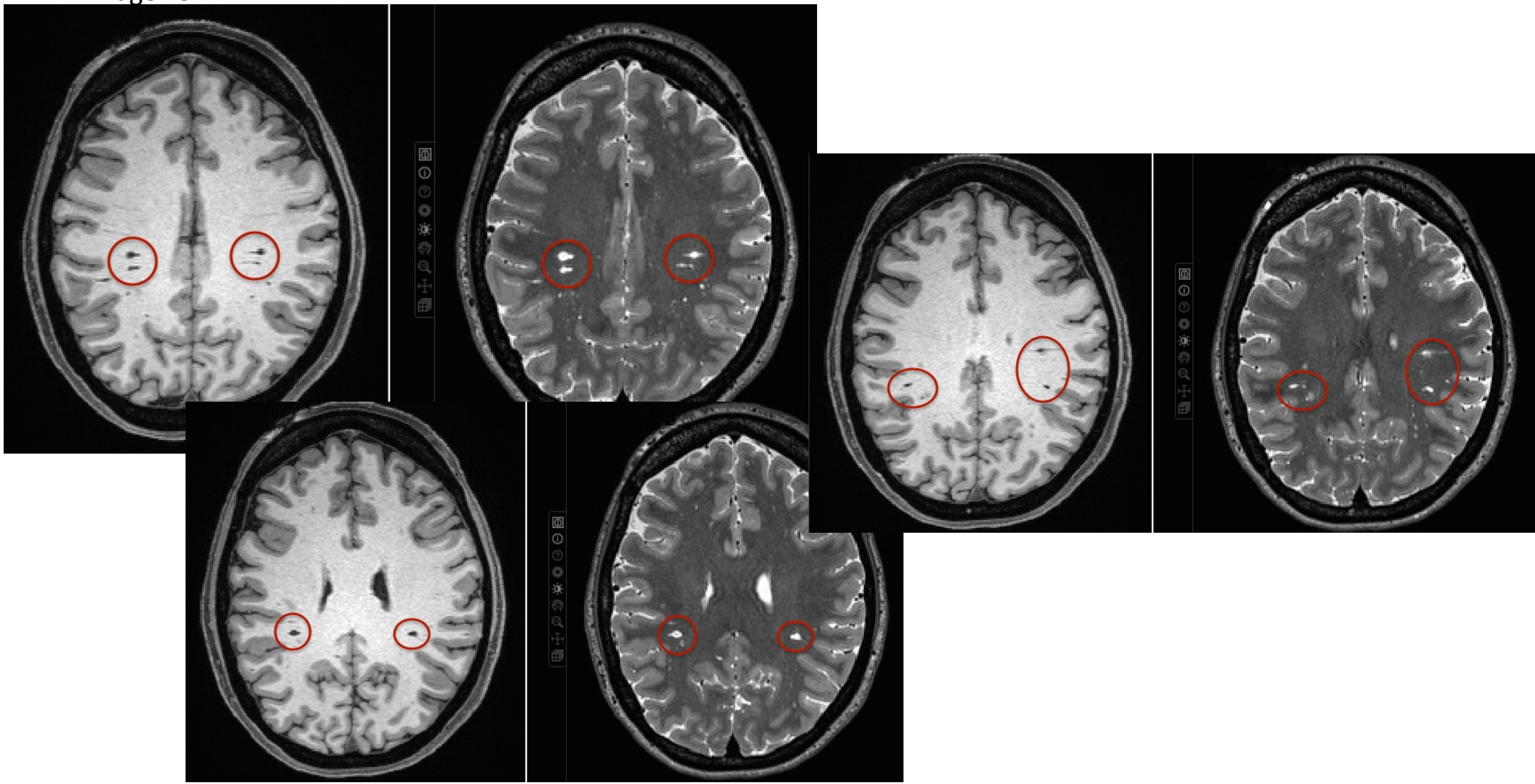
HCA7296183 – possible subependymoma or cystic lesion; follow-up recommended; Include with flag

age 75



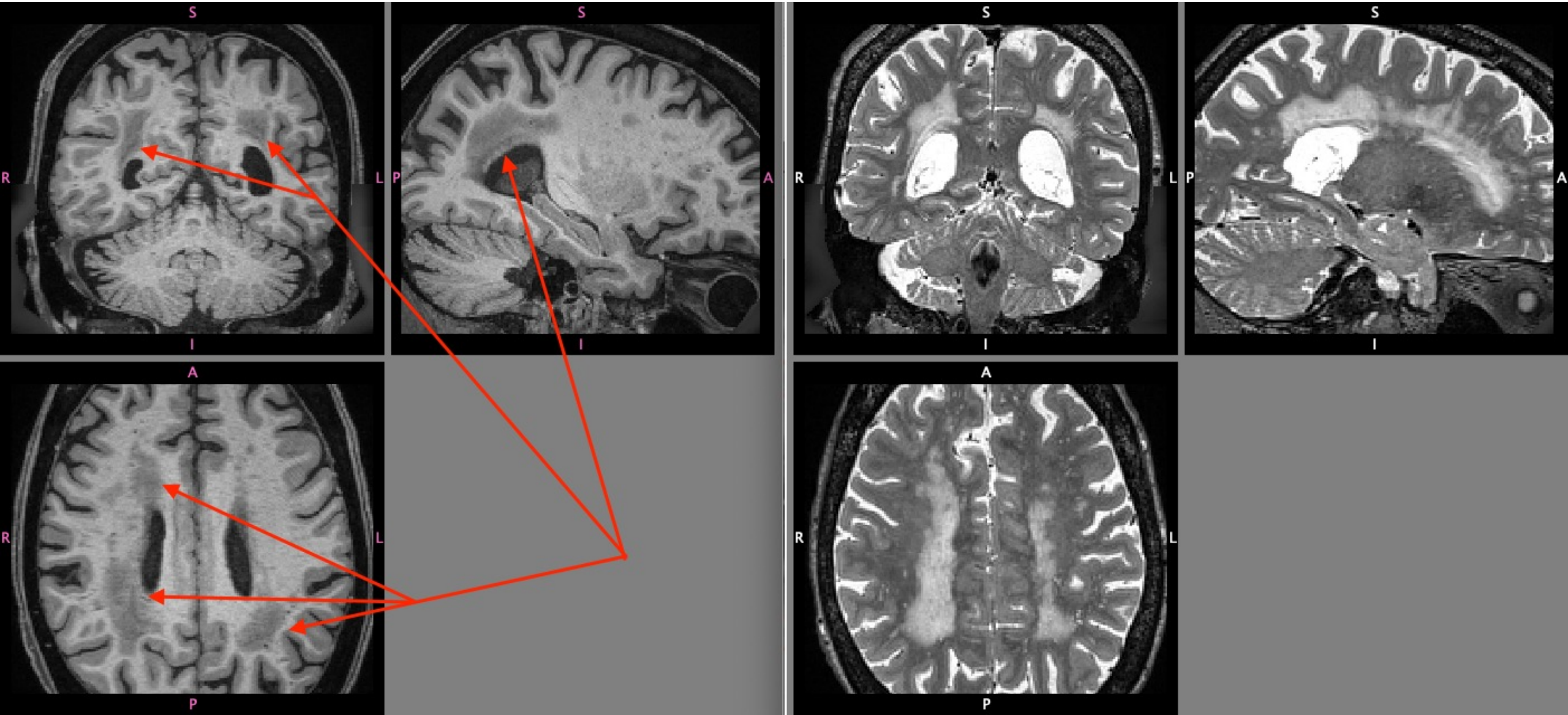
HCA7299593 - enlarged perivascular spaces - Include with anatomical flag

age 49



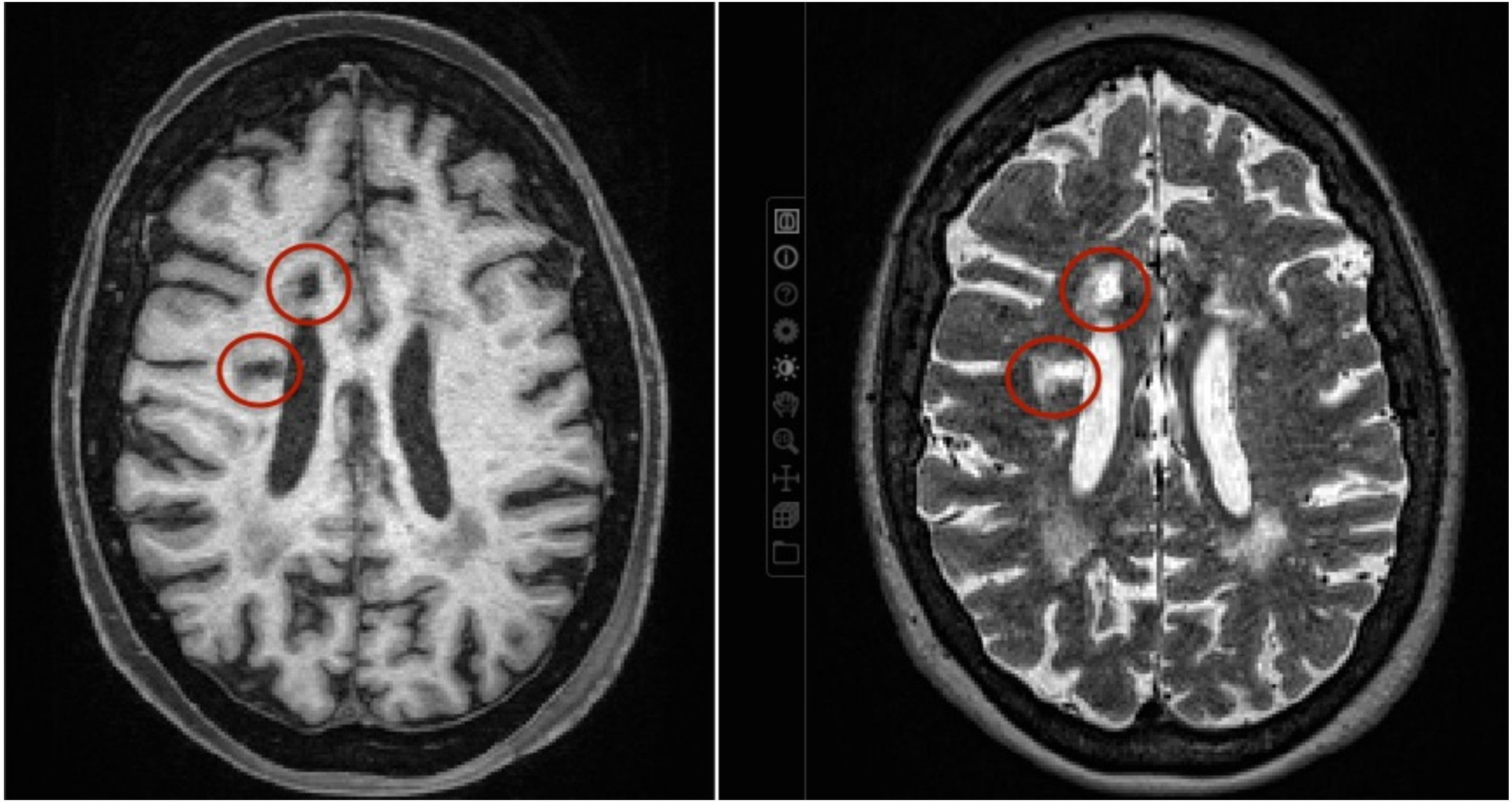
HCA7501259 – "The white matter hyper intensities are mostly peri-ventricular but there are some subcortical foci as well. He also has moderate prominence of the ventricles and sulci, suggestion some degree of atrophy. These findings are non-specific and hard to evaluate on this research MRI, but the white matter change seem more than would be expected, even for age 85. I would suggest that he be evaluated for causes of the water matter changes and see a neurologist with a full clinical MRI." – Include with flag

age 85



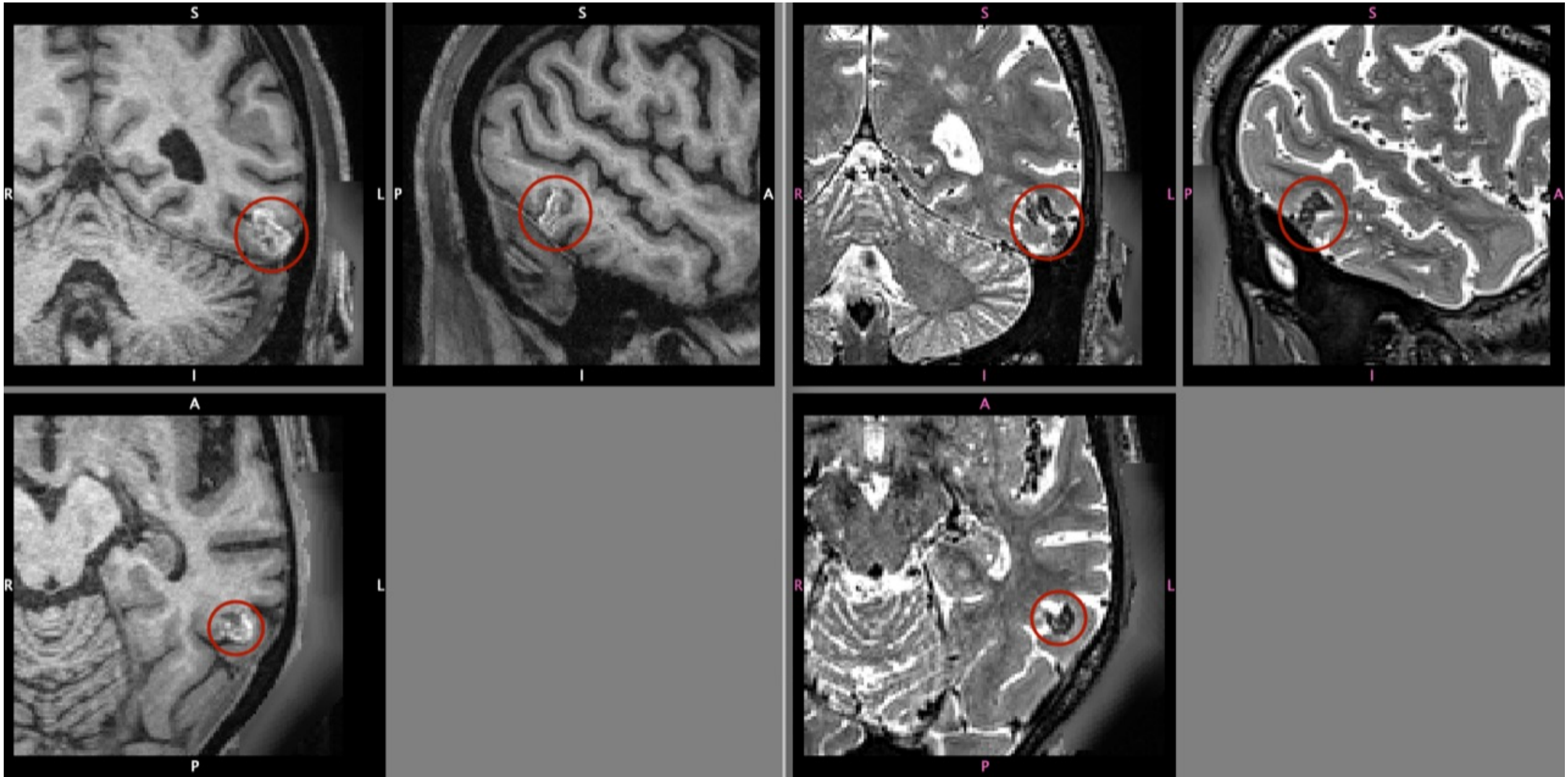
HCA7532876 – possible TIA or lacunar infarcts – Edited. Include with flag

age 70



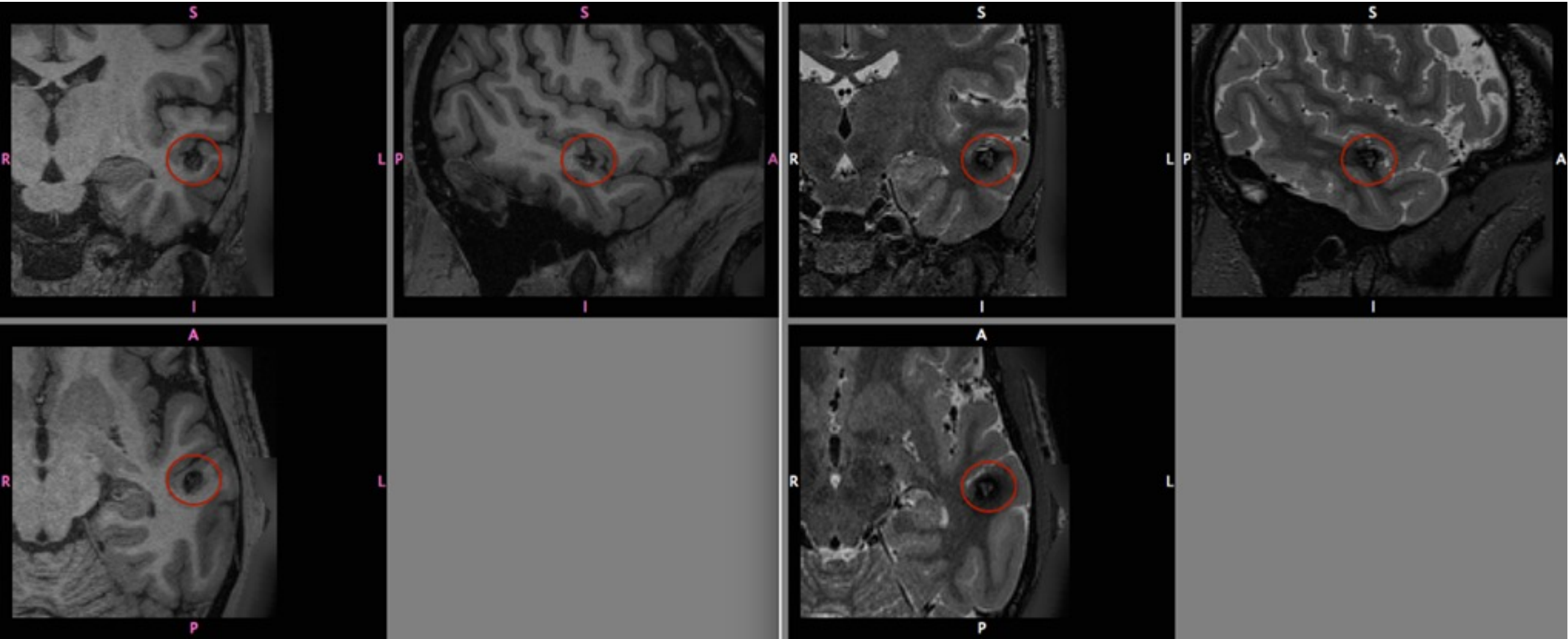
HCA7782900 – small focal cortical infarct (old stroke); no follow-up - Edited. Include with flag

age 80



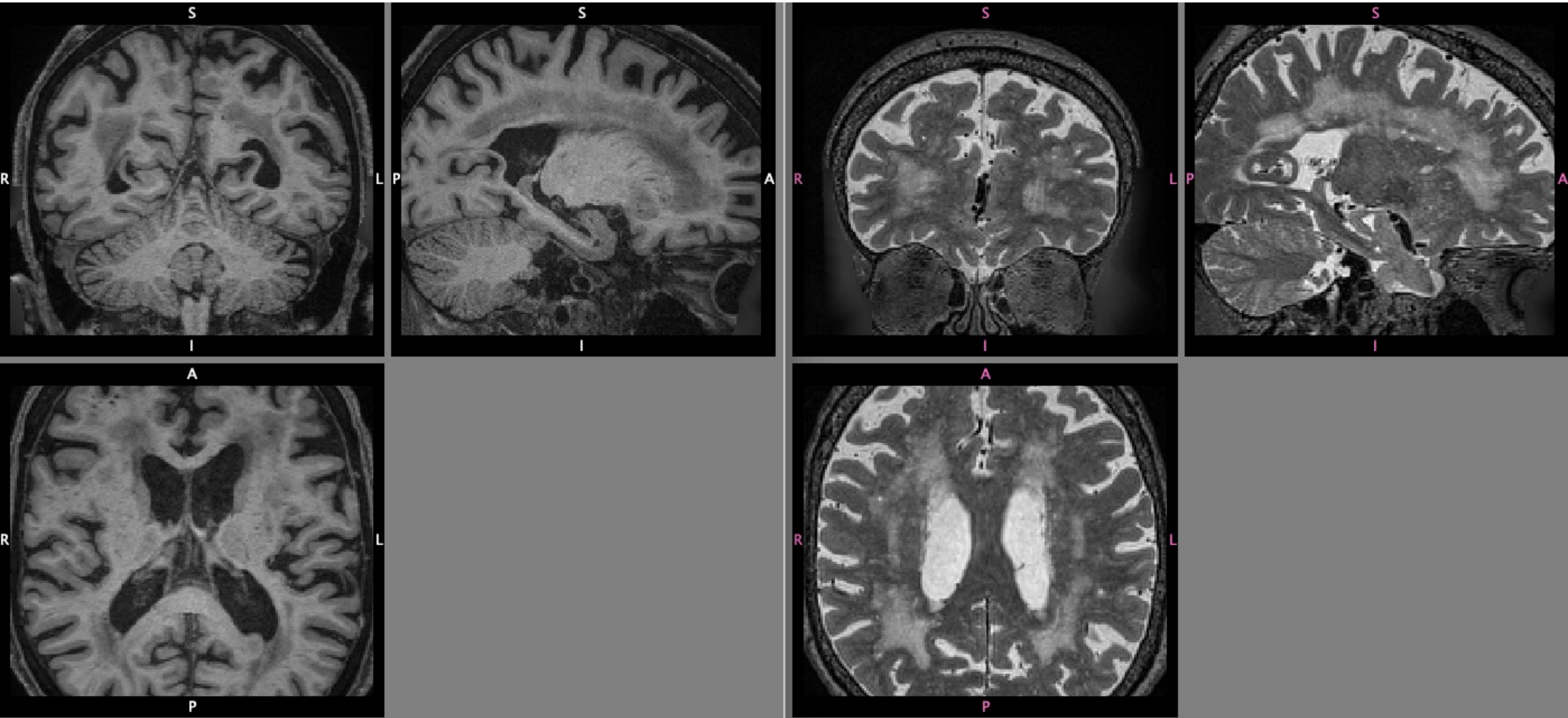
HCA7943190 – cavernous angioma/developmental vascular lesion; small risk of seizures if contacts the cortex; follow-up suggested - Include with flag

age 41



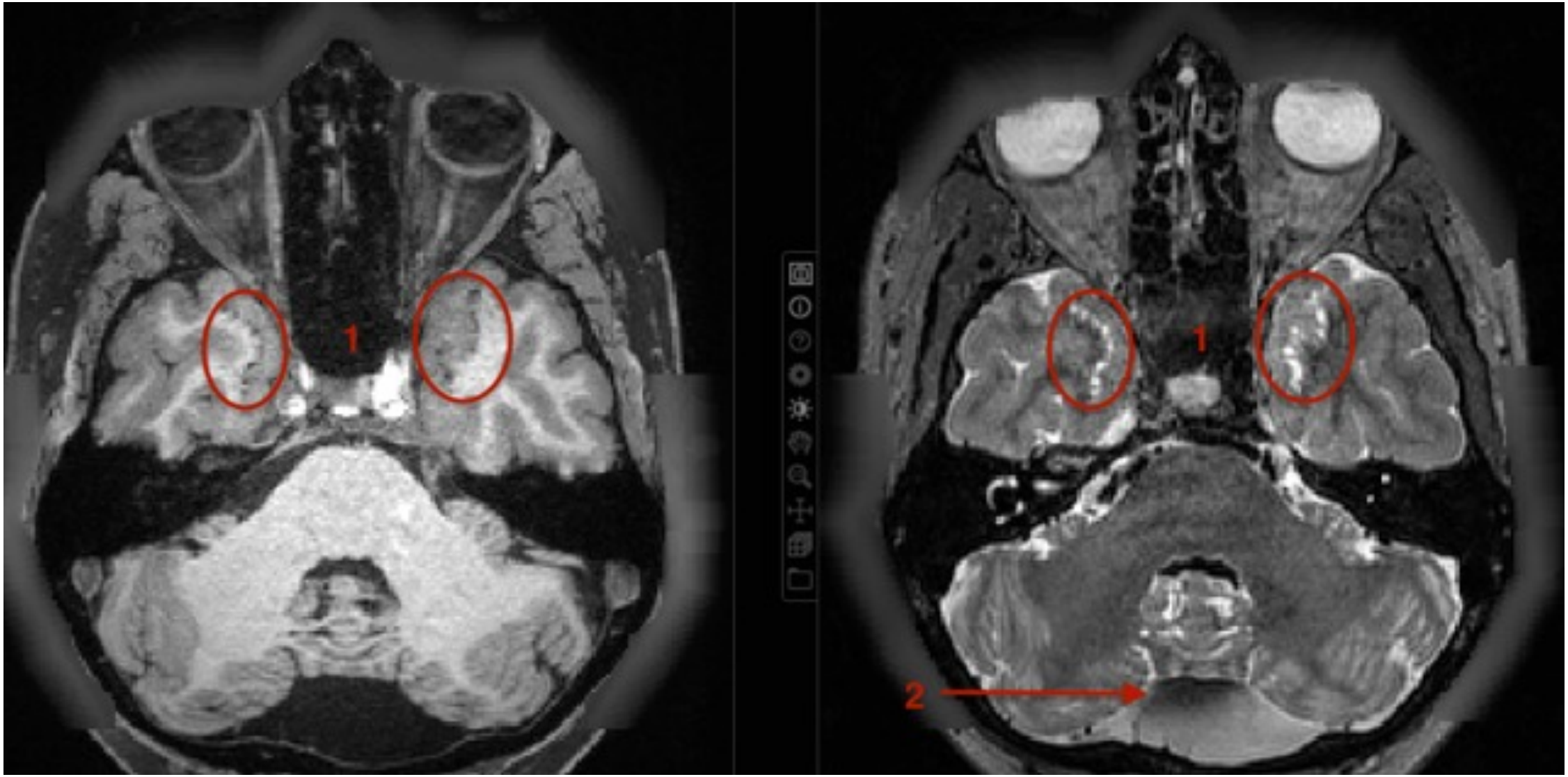
HCA7996111 – “moderate to severe T2 hyper-intensity in the white matter throughout the cerebral hemispheres, which relatively spares the subcortical U-fibers; cerebral atrophy;. extensive small vessel disease than one would expect in any age group, but doesn’t have a particular pattern to suggest a syndrome or the like. The patient is 90 years old, and not necessarily normal, but from a safety perspective, I don’t think this requires follow-up.” – Include with flag

age 91



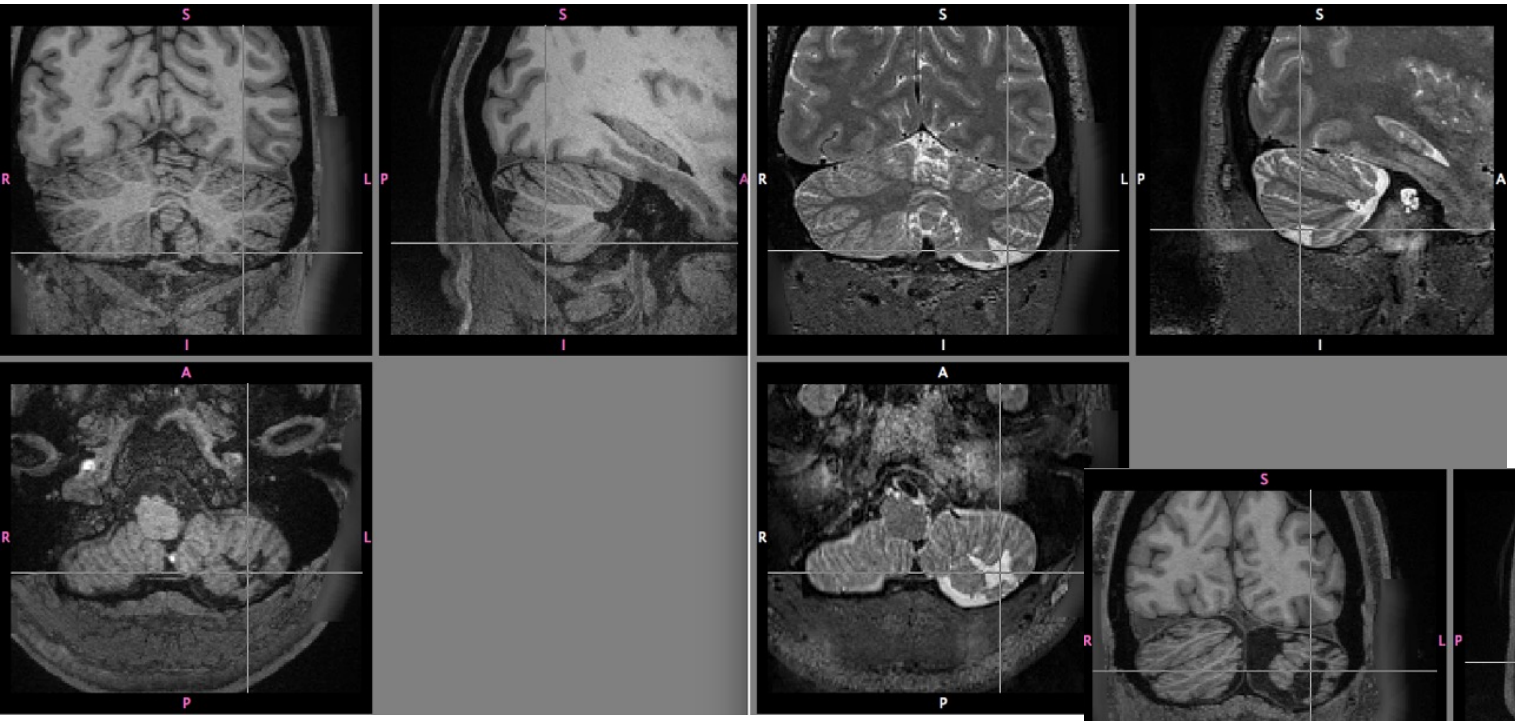
HCA7996616 – 1.white matter disease; 2. retrovermian arachnoid cyst; no follow-up - Include with flag

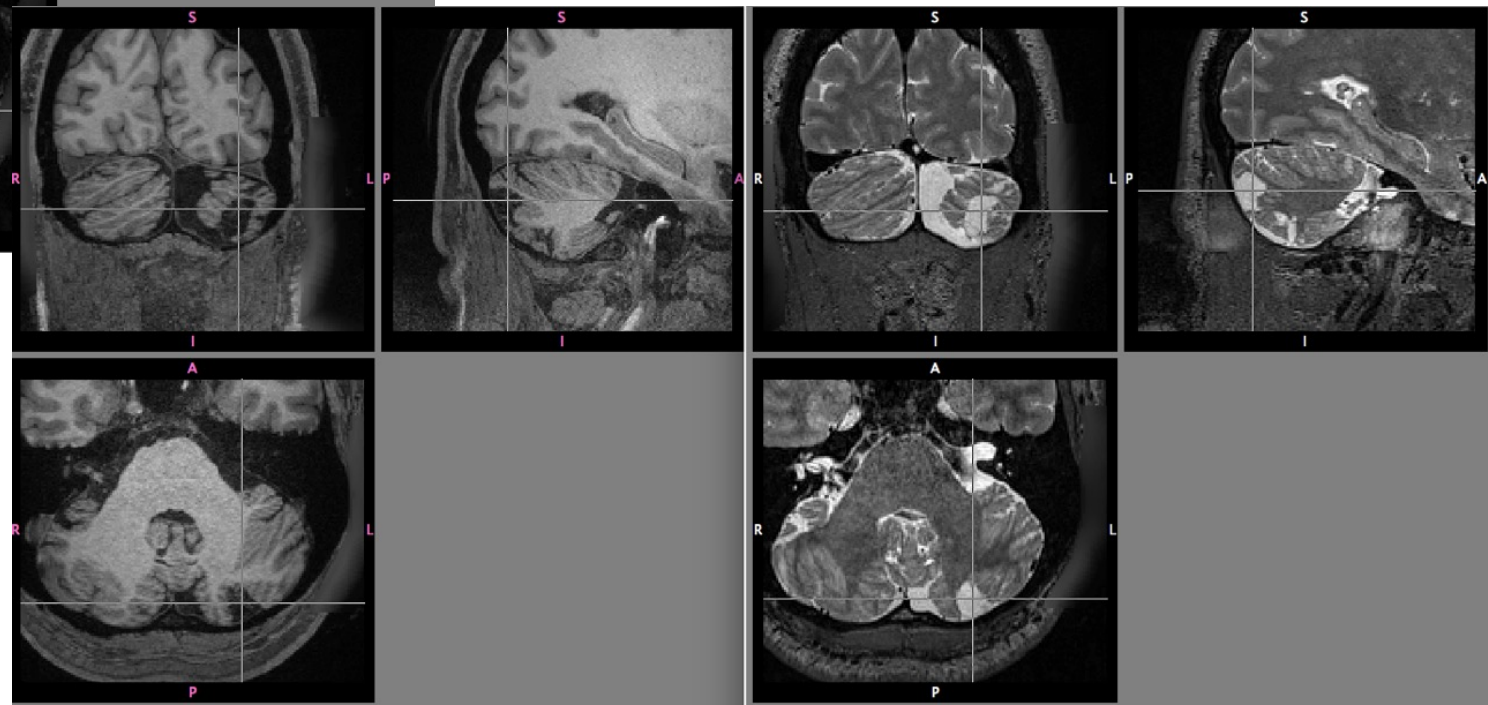
age 56



HCA8284989 – ”Small, left AICA infracts of the cerebellum. They are small, and old with resulting encephalomalacia. The lesions are little chronic and asymptomatic, but the undying cause is unclear. If these are unknown to the patient, I would recommend that the patient see a stroke neurologist” - Include with flag

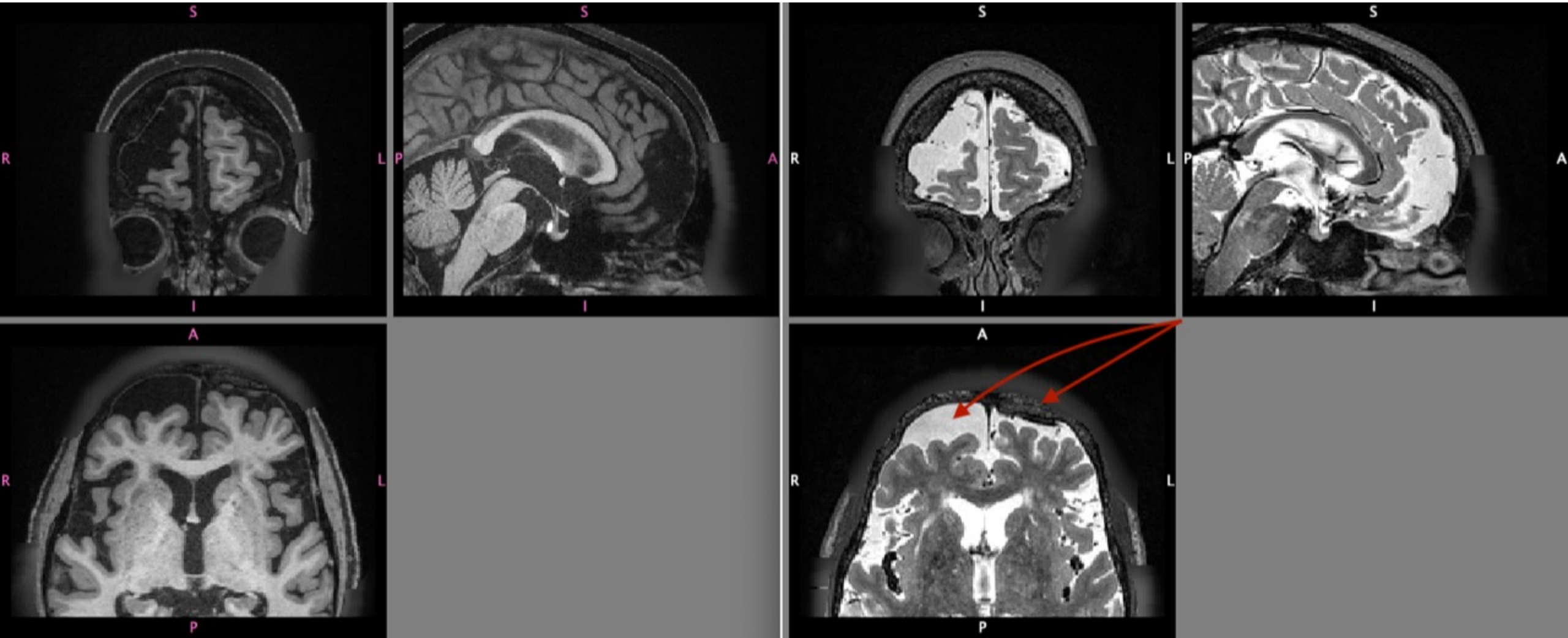
age 51





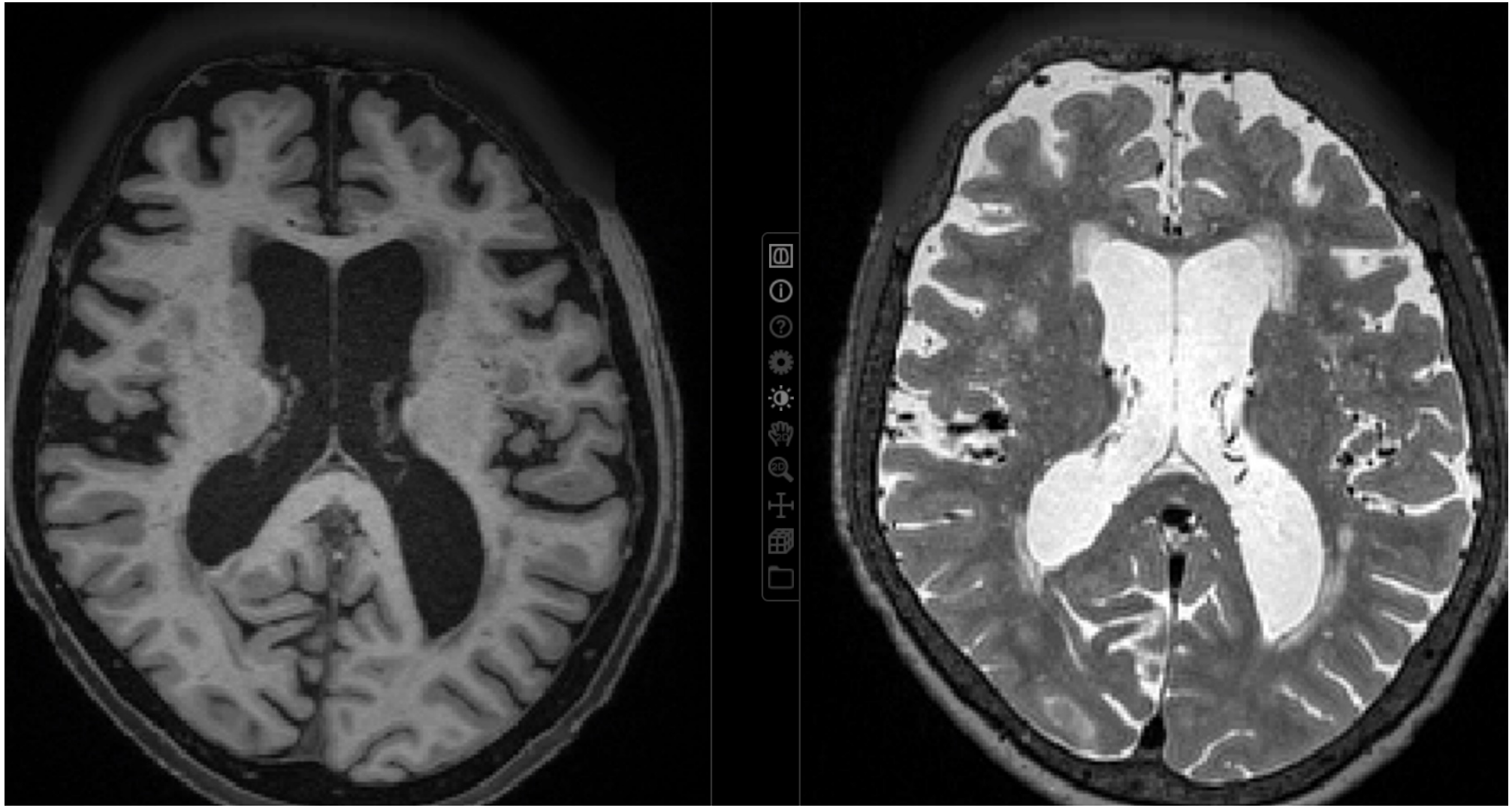
HCA8324975 – arachnoid cyst frontal region causing minimal mass effect to frontal lobe; global volume loss of cerebrum; no followup - Include with flag

age 81



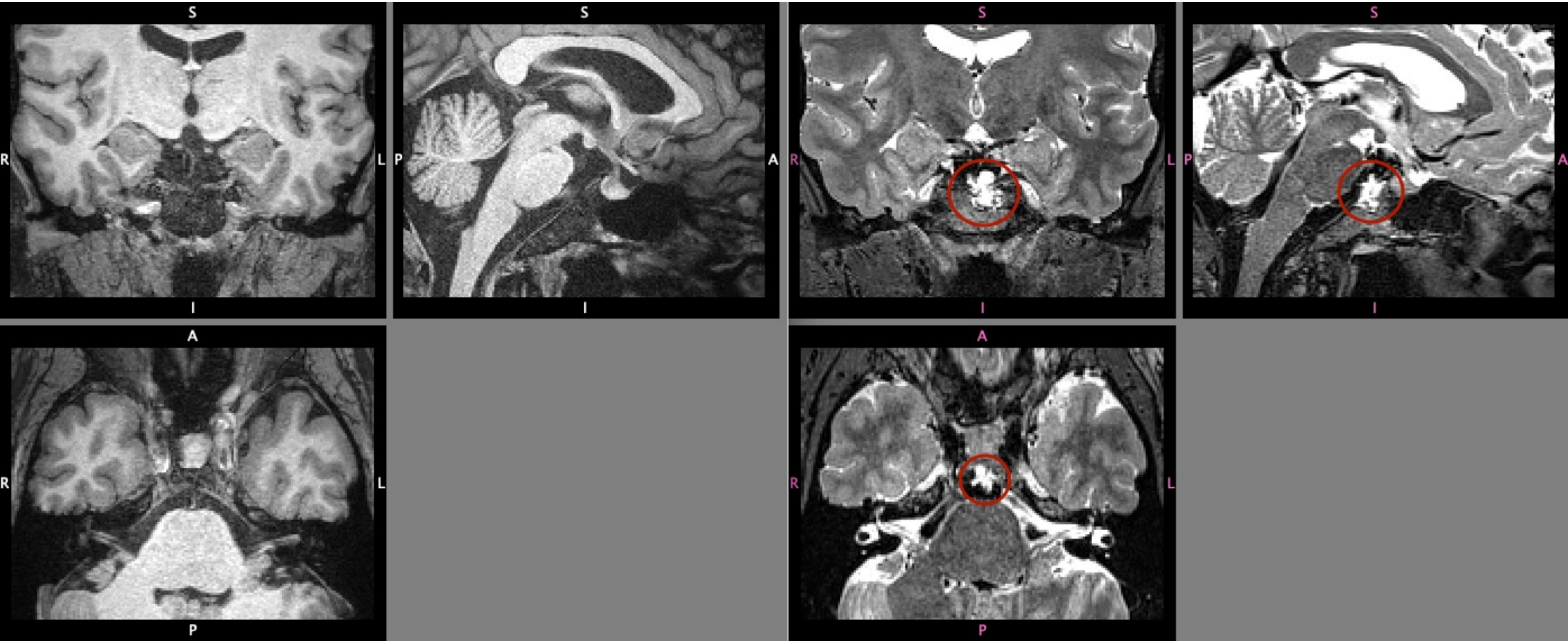
HCA8491893 – “normal age-related findings; dilated 3rd & lateral ventricles due to possible communicating hydrocephalus if symptoms are present; followup recommended if symptomatic.” - Include with flag

age 83



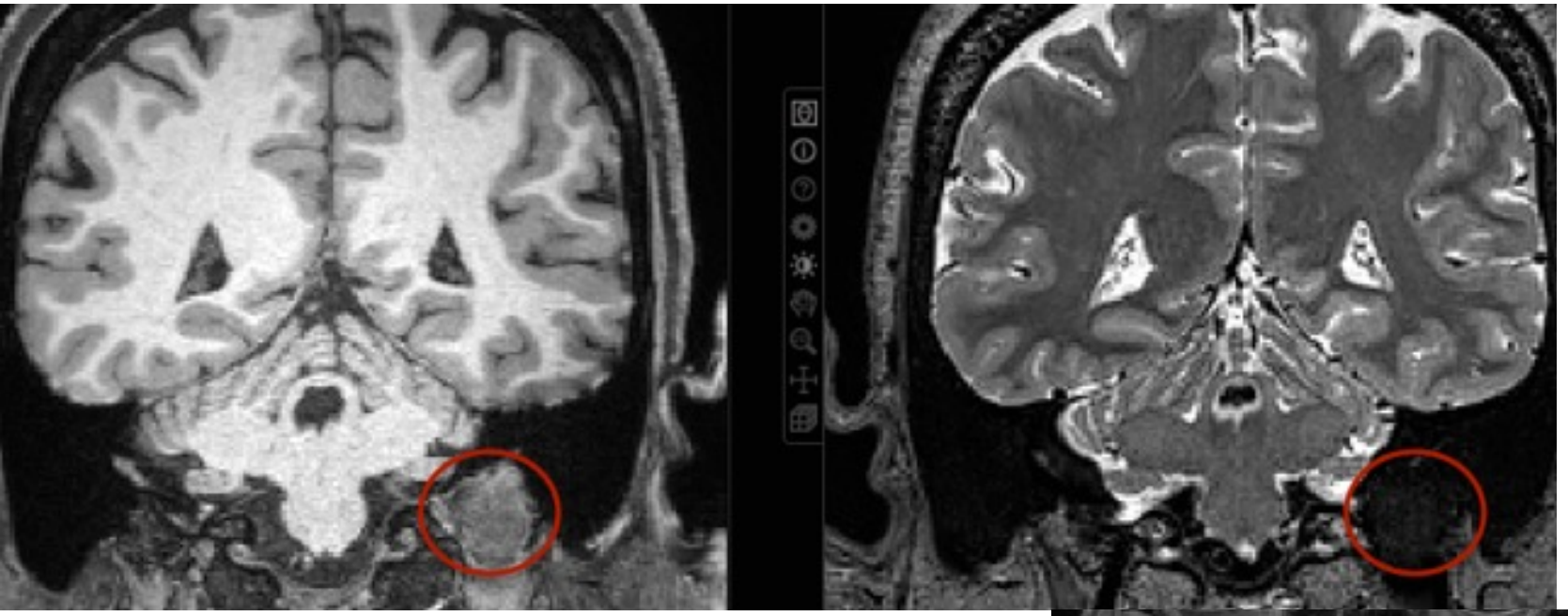
HCA8494899 – "benign hamartomatous lesion of notochord remnant called: " ecchordosis physaliphora" follow-up with PC recommended - Include with flag

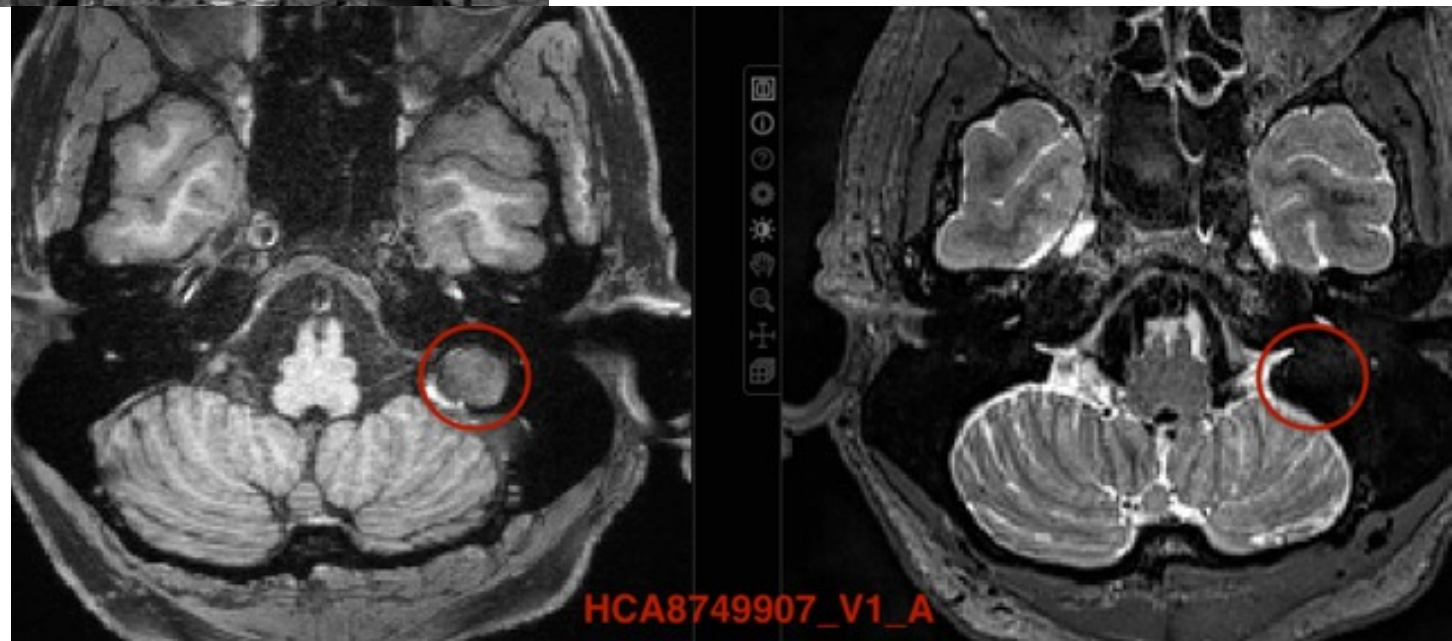
age 53



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

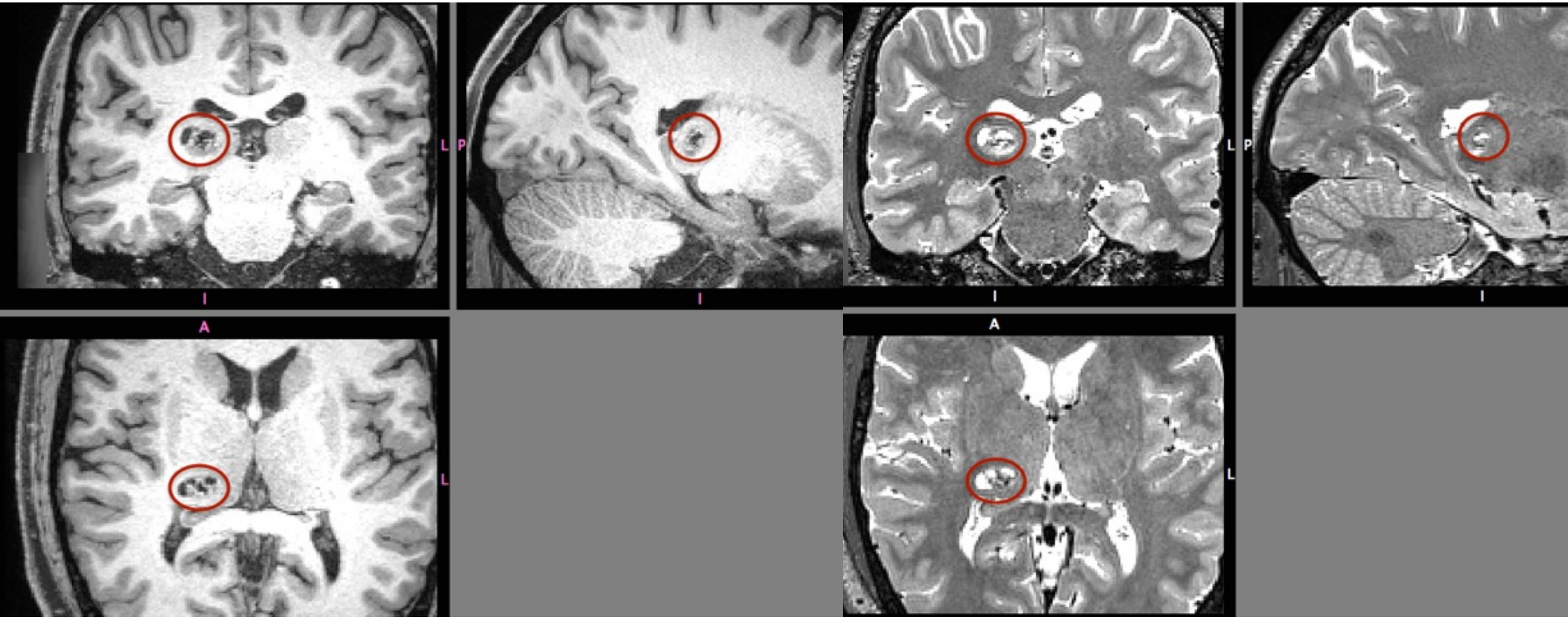
age 63





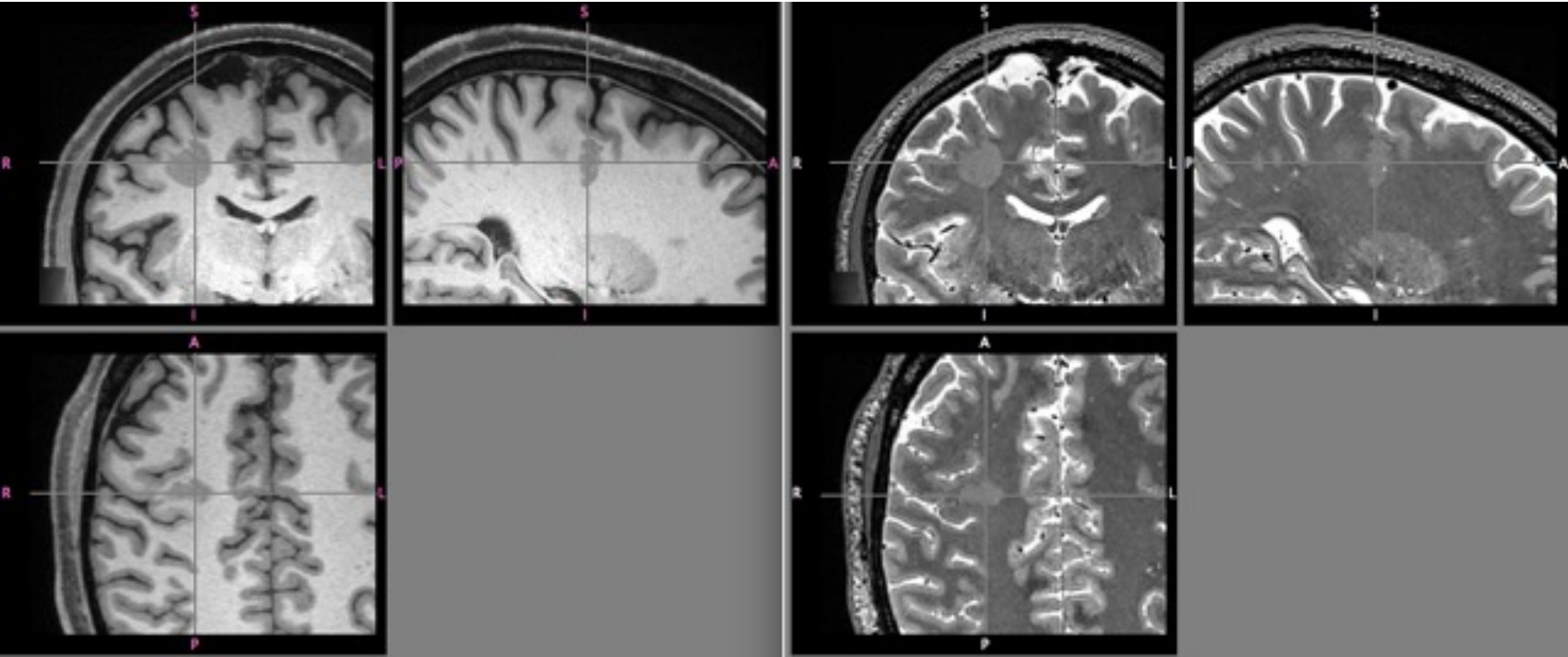
HCA8797211 – possible thalamic cavernoma; follow-up recommended; Include with flag

age 47



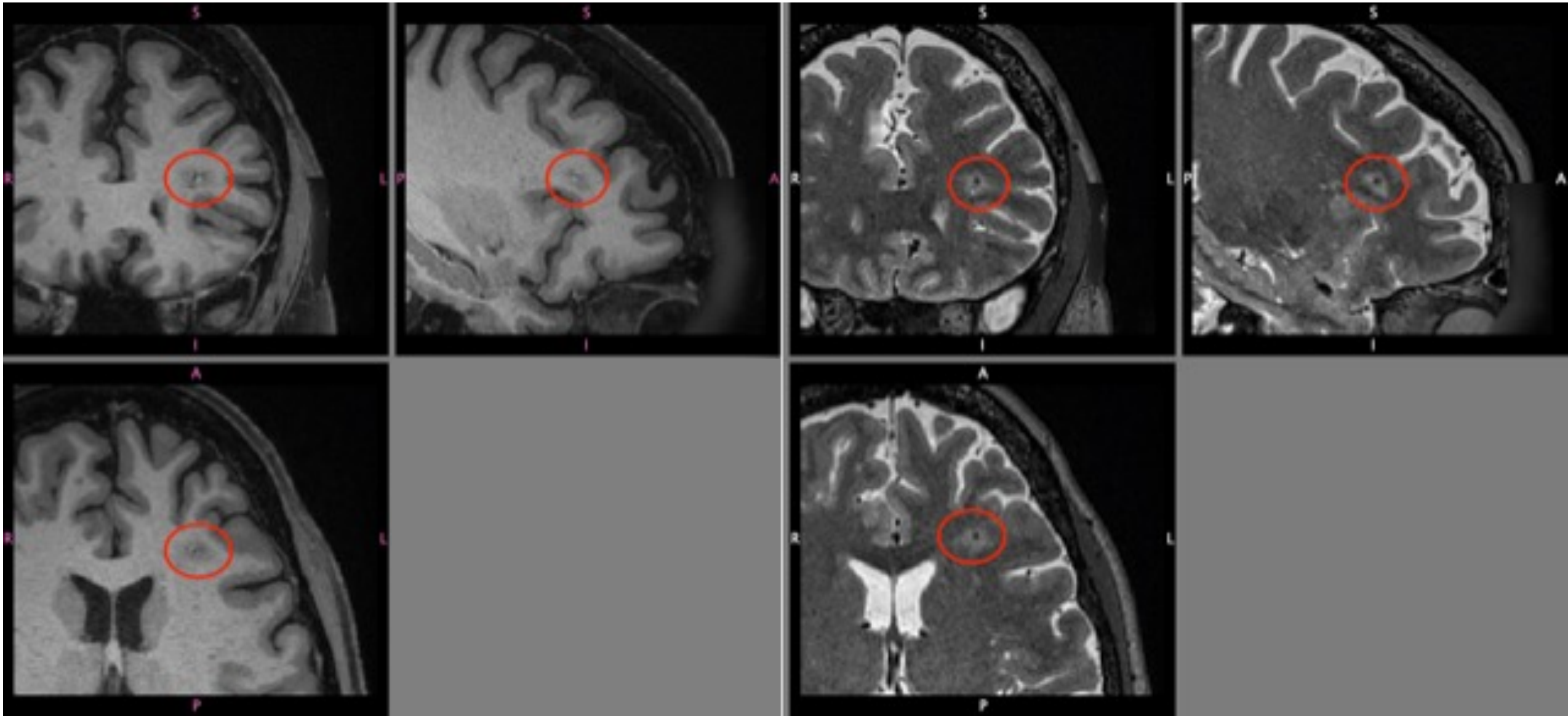
HCA8848606 – “I think this is not just a WM aging spot, but rather a GM heterotopia. They can cause seizures but if he has not had trouble thus far than he’s lucky and probably will not affect anything.” - Include with flag

age 44



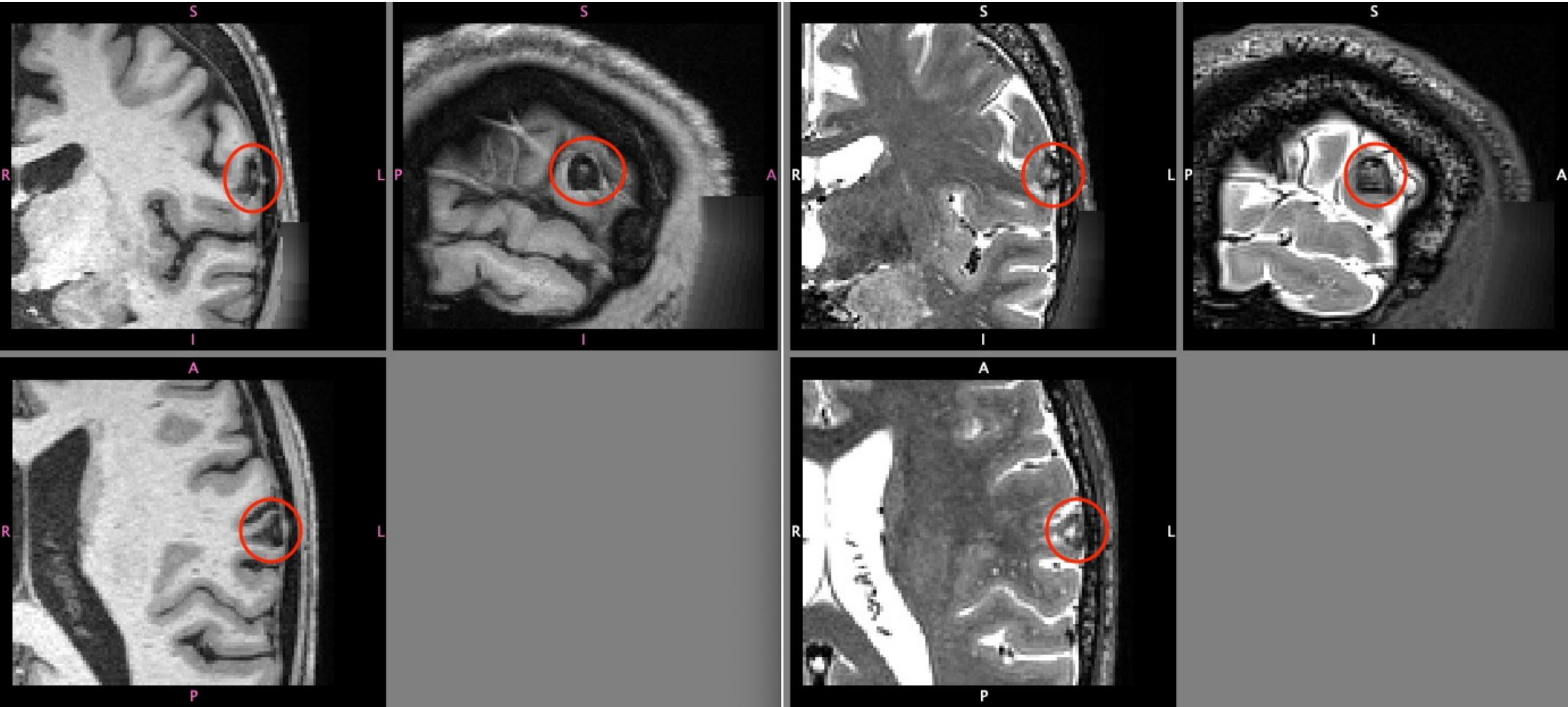
HCA8883911_V2 – “This is a bit weird looking. It does not look like a tumor, more likely a punctate stroke or a punctate bleed (maybe from a cavernoma). My concern is low but I do think they need a follow up in 4 months or so to see how this is evolving and then we can know for sure if to be worried or not.” (more concerning if history of cancer.) – Include with flag

age 59



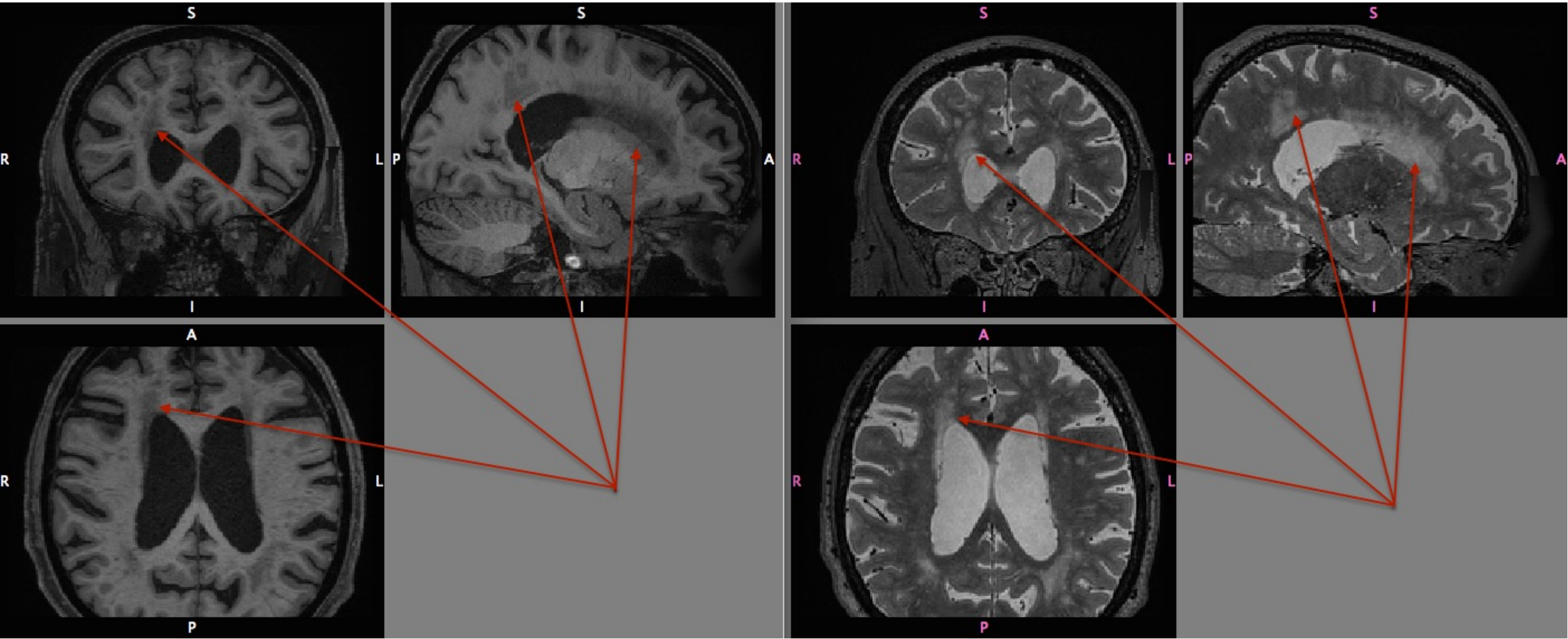
HCA8889115 – "*There are multiple small areas (few mm) of cortically based mostly hemosiderin and other chronic blood products. Overlying these areas which are frontal and parietal superficial cortex, the dura is also thickened with hemosidarin staining or calicification. Likely this is a remote process, such as traumatic brain injury, with cortical contusions, from motor vehicle accident or fall, but could be from a variety of other insults. Less likely to represent multiple cavernous angioma with hemorrhage. If these are previously unknown, referral to a neurologist for evaluation and possibly a brain MRI with SWI imaging would be helpful.*" – Include with flag

age 61



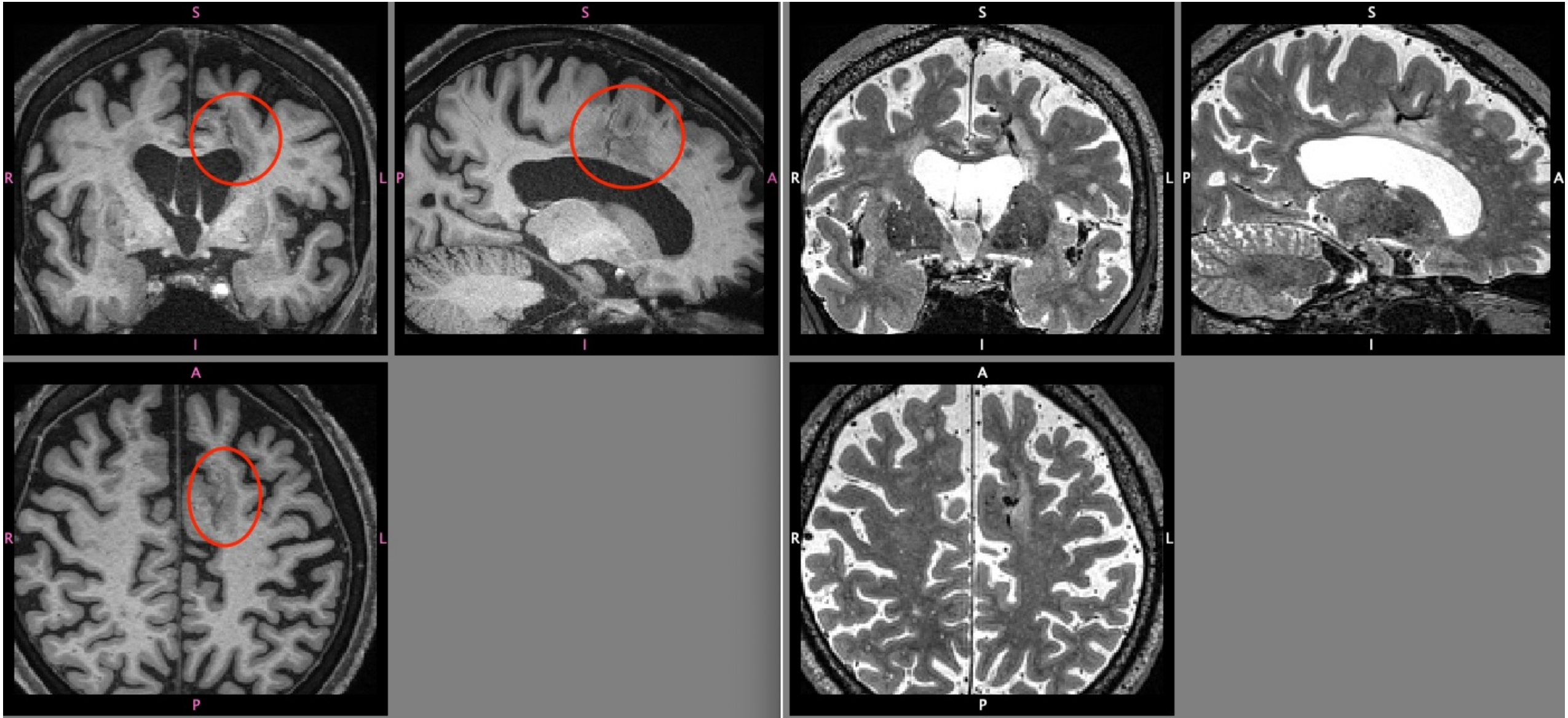
HCA8968010 – probable small vessel ischemic disease, wm volume loss, atrophy & enlarged ventricles; could be age related but may want follow-up for med change to help - Edited. Include with flag

age 83



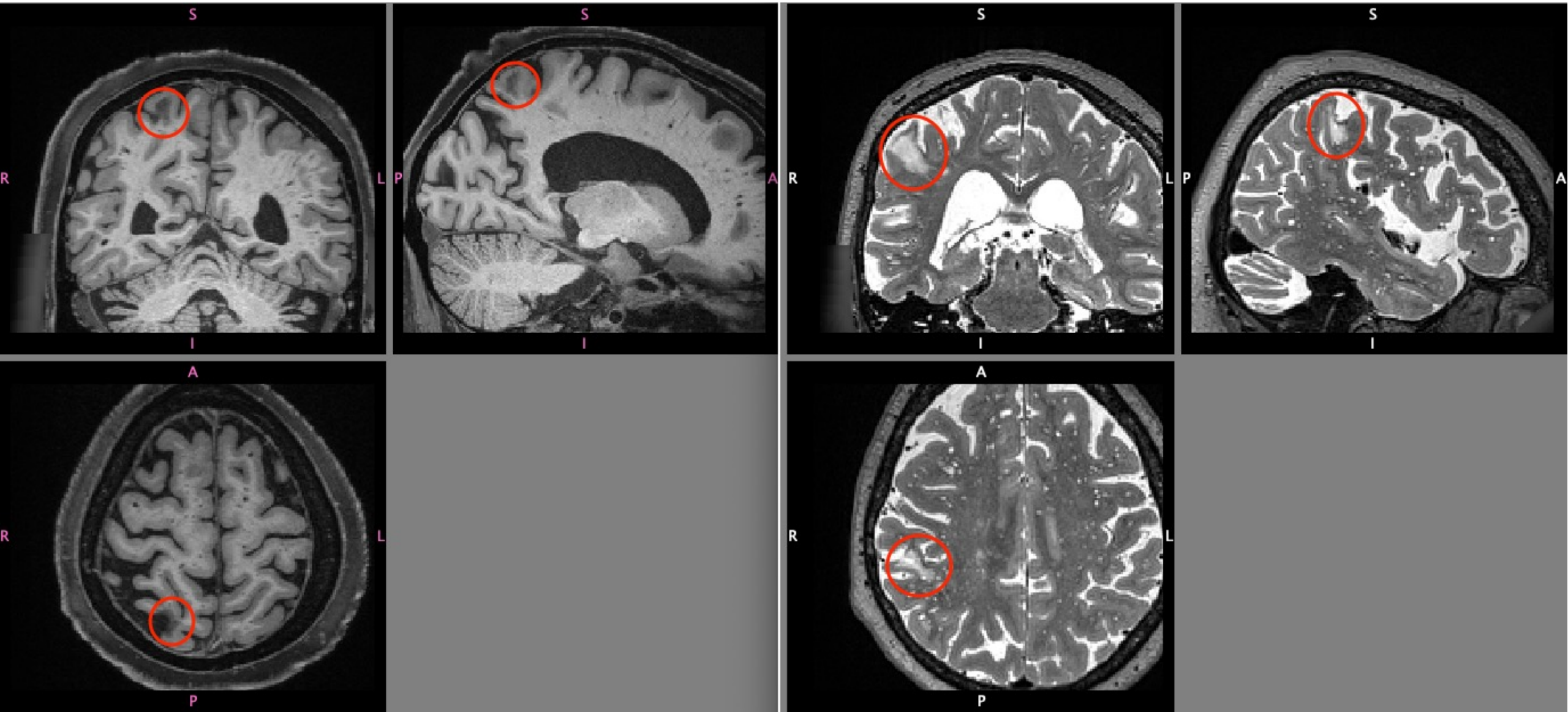
HCA9039072 – "DVA, with a large vessel superficially and towards the ventricle into the deep venous system. Its surrounded by a lot of T2 hyperintensity and I don't see an associated venous angioma. This might be an issue with the analysis of resting state data since there is a lot of susceptibility around the DVA, causing some issues with the BOLD analysis. From a patient safety issue, I don't think this patient needs follow-up from a safety perspective, but the DVA might be a problem with later analysis." – Include with flag

age 86



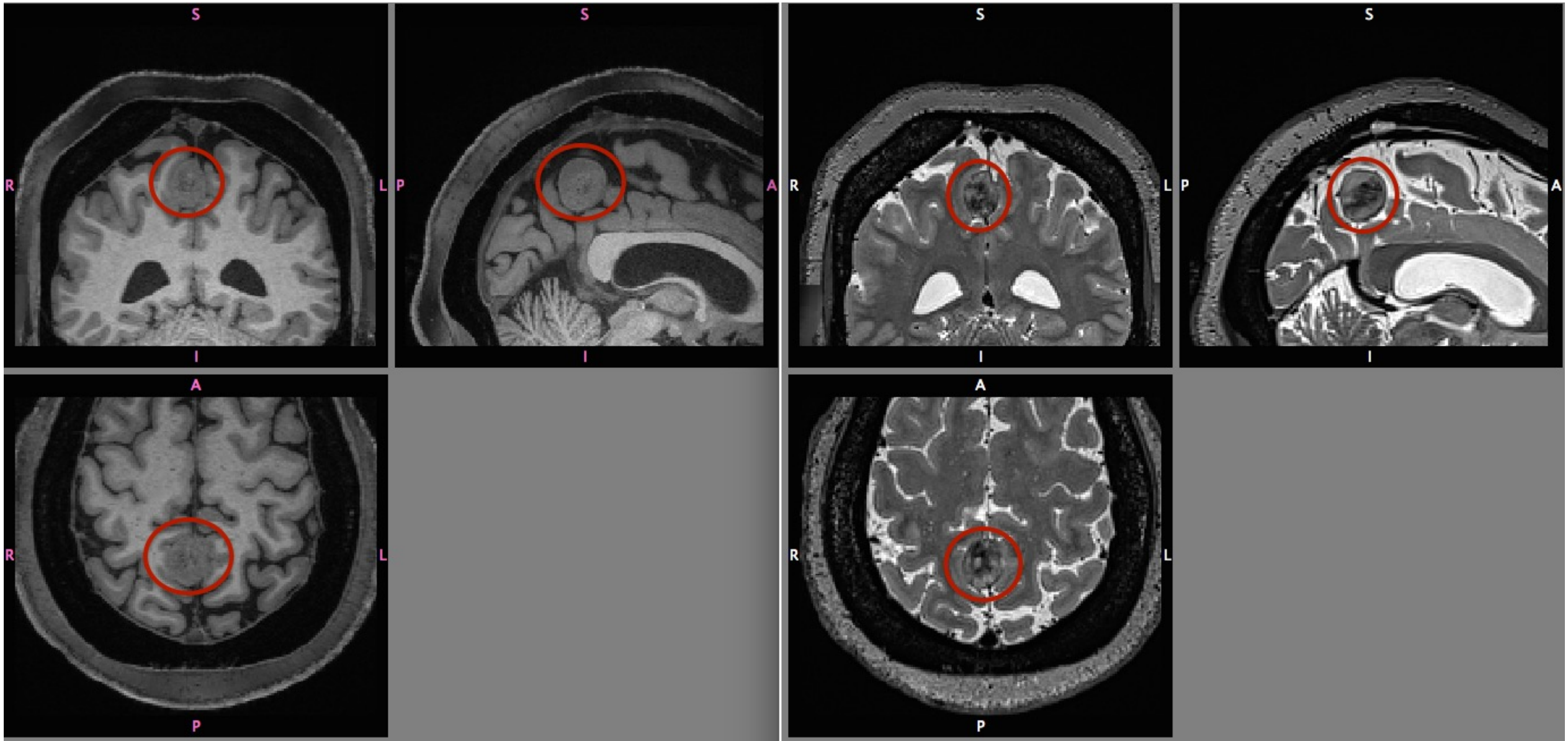
HCA9086990_V2 – “Advanced diffuse cerebral volume loss, more than expected for age. there is a chronic small lacunar infarction in the left cerebellar hemisphere. Advanced enlarged perivascular spaces throughout both cerebral hemisphere, of no clinical significance.” – Include with flag

age 75



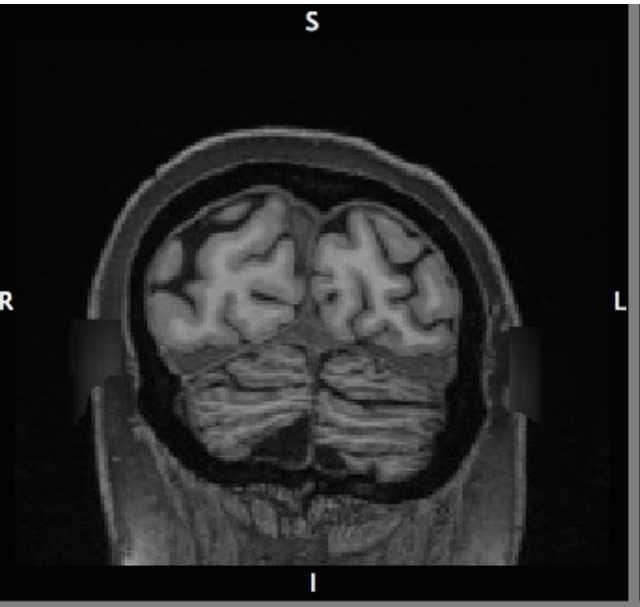
HCA9095284 – “midline meningioma with calcifications, thus a benign tumor attached to the midline falx” – recommended follow-up with neurologist; changed to Include with flag

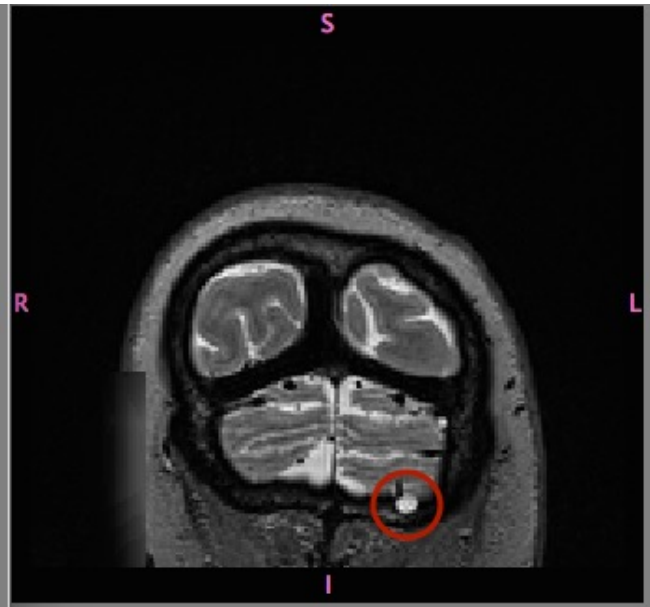
age 44

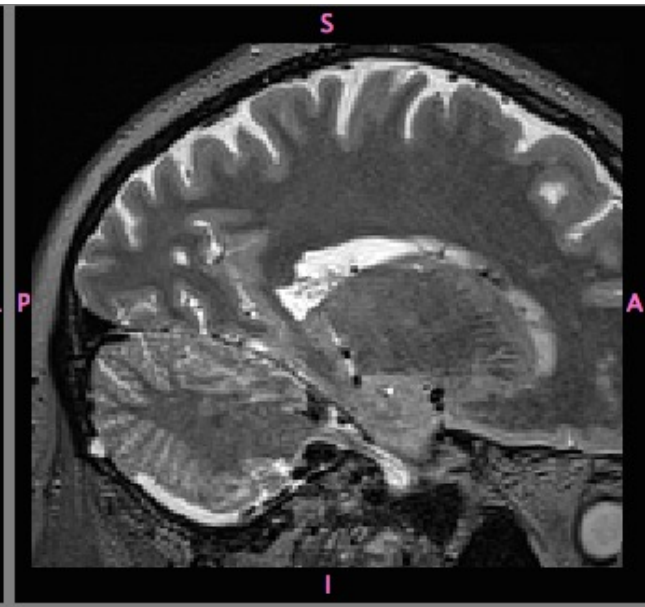


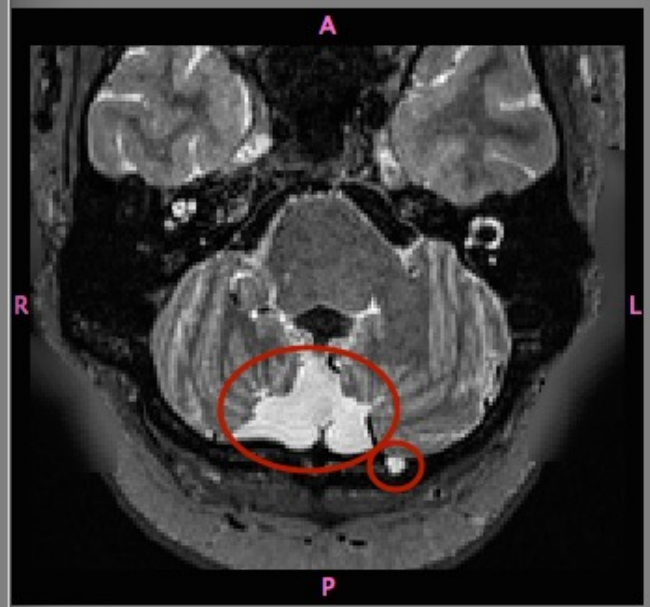
HCA9161877 – "Posterior fossa cyst with enlargement of the 4th ventricle and upward mass effect on the vermis. Subject does need to be clinically evaluated and needs further dedicated MR imaging sooner than later." - Include with flag

age 41



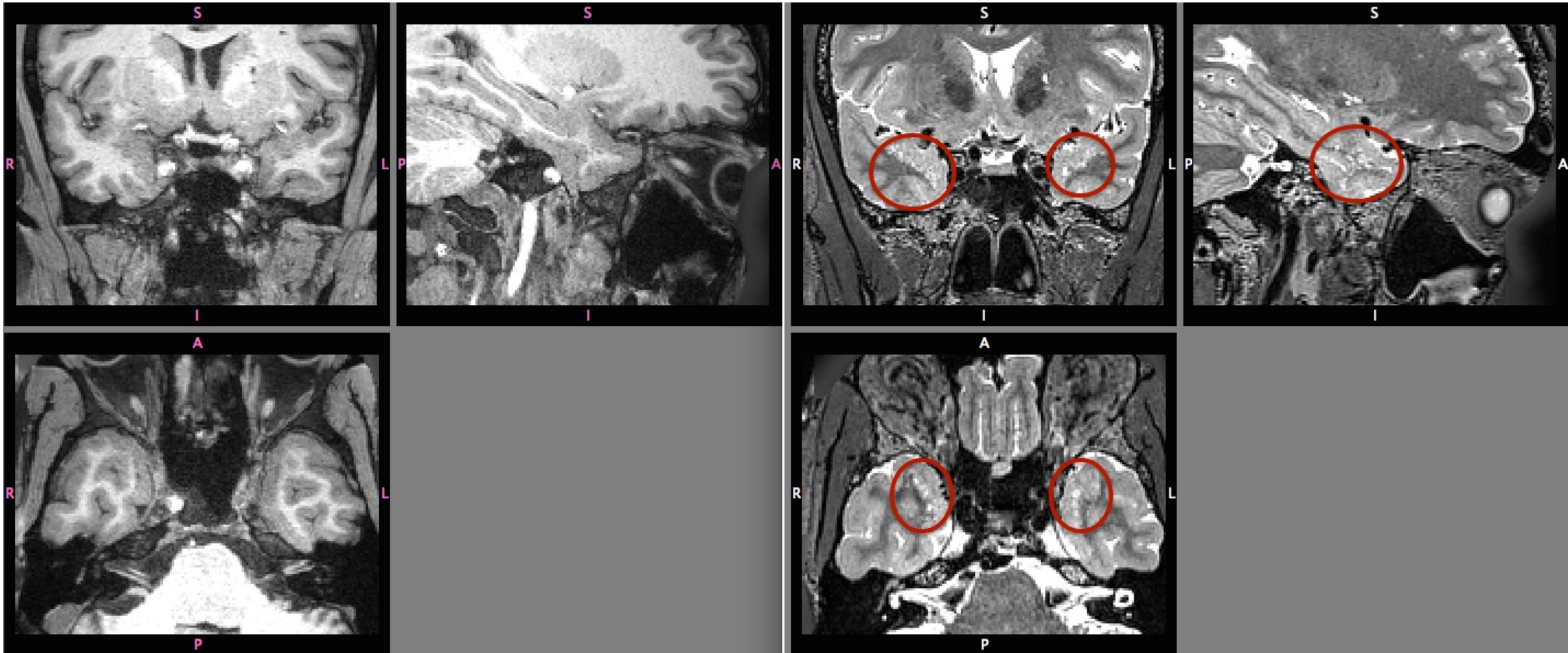






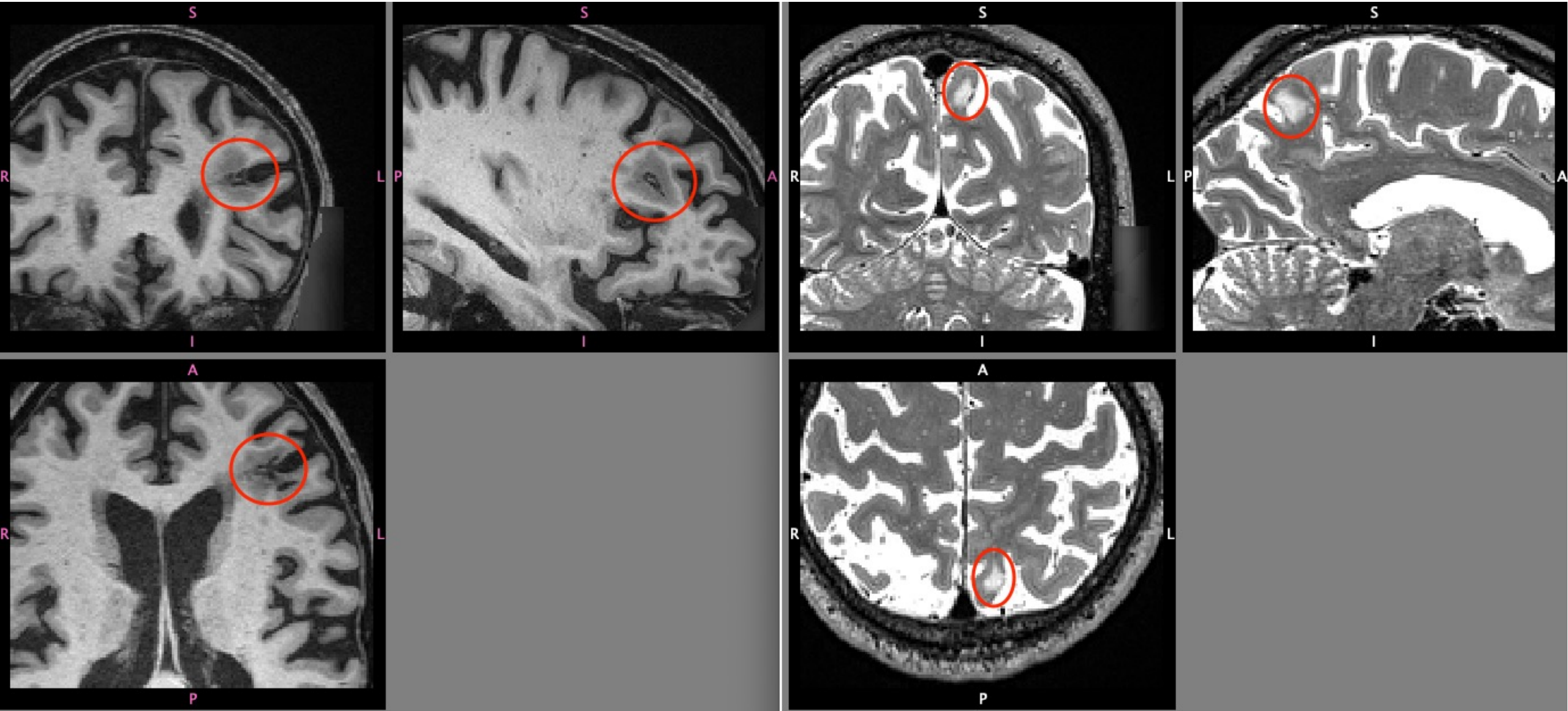
HCA9194084 – white matter disease - Include with flag

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



HCA9972208 – cavernous malformation; report to subject - Include with flag

age 60