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| Test file no | Report | Shorthand |
| 40 | Brain: There is an acute subdural haemorrhage in the L fronto-temporo-parieto-occipital regions with subarachnoid  haemorrhages in the same regions with extensive but diffuse oedema in the L cerebral hemisphere resulting in a shift of midline structures to the R side by about 10mm while in the R hemisphere there are subarachnoid haemorrhages in the temporo-parietal regions, parenchymal haemorrhages in the same regions together with pneumocephalus (also in same regions) due to fractures of the R temporal and parietal bones. | Sdh / sah |
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| 42 | Comparison was done with previous CT dated September 14th, 2017.Findings:The amount of intraventricular hemorrhage has remained the same when compared to the previous CT.  There is however an increase in the amount of oedema and mass effect within the right cerebral hemisphere.  The gyri are barely discernible and there is midline shift towards the left by about 3 mm.  An extra ventricular drain is seen in the left lateral ventricle.  Hydrocephalus is once again appreciated.There has been no further increase of the known right intracerebral bleed.Crowding in the posterior fossa is once again appreciated.Conclusion:Stable intracerebral and intraventricular hemorrhage but with increasing oedema and mass effect within the right cerebral hemisphere as described above. | Ich / ivh |
| 43 | There is extensive hemorrhage  throughout the ventricular system that extends down to the fourth ventricle.Diffuse the ventricular hypoattenuation is noted bilaterally.Age-commensurate moderate cerebral volume atrophy is present. There is a 4mm leftward shift of the midline. At CT angiogram is recommended for further evaluation. | ivh |
| 44 | There is an extensive, recent area of ischaemia seen in the posterior part of the L parietal lobe, old lacunar infarct in the anterior peri- ventricular part of the L parietal lobe but there is a fresh area of parenchymal haemorrhage 2.7cm in size in the R parietal lobe associated with surrounding oedema. No midline shift noted.  ----------------------------------  Post haemorrhagic changes within the right F-P region noted. there is ischemic infract within the left temporo-parietal region. Old small infarct within the left basal ganglion noted. No fresh changes are seen. | ?? |
| 45 | The previously described intra-cerebral haematoma has increased in volume, from 30cc to 70cc. There is extension into the ventricular system, as evidenced by high attenuation content in the occipital horns of the lateral ventricles, and subdural extension also along the tentorium. There is evidence of increased mass effect, with a midline shift to the left of 1.1cm and increasing hydrocephalus. No other interval changes are otherwise noted. | Ich, ivh |
| 46 | Exam performed:  CT Brain performed in 31-JUL-2016:Technique: Unenhanced CT scan of the brain.  Comparison is made to previous imaging. Findings:There is a crescent shaped extra-axial collection in the left high parietal region.  Mild sulcal effacement is noted.  There is no significant mass effect in the brain - no mid line shift.  No skull fracture is seen.Findings are suggestive of an acute subdural haematoma.Encephalomalacic change is noted in the left high parietal lobe and in the right cerebellar hemisphere in keeping with previous infarction.No other abnormalities are seen within the brain.Impression:Acute left subdural haematoma as described. | sdh |
| 47 | Exam performed:  CT Stroke Investigation of 28-MAY-2016There is an intraparenchymal haemorrhage about 3.2cm in size associated with surrounding oedema but with no significant shift.  --------------------------------------  Exam performed:  CT Brain performed in 11-JUN-2016:Vertex incompletely imaged.In the visible parts of the brain, there is an intracranial haemorrhage with surrounding oedema with no significant midline shift. The haemorrhage is seen to be organizing as compared ot the previous study dated 2nd June, 2016 and has not increased in size. | ICH |
| 48 | Exam performed:  CT Brain performed in 29-NOV-2016:Findings:There are signs of acute cerebral haemorrhage measuring about 3cm in diameter within the right thalamus with intraventricular extension.This is associated with perifocal oedema and mass effect with slight midline shift to the left side. No other gross abnormality detected.  Exam performed:  CT Stroke Investigation of 29-NOV-2016There is a 3.4 x 2.5 cm intraparenchymal hematoma centered in the right thalamus with extension into the ventricular system.Vasogenic edema is seen around the described hematoma.  There is mass effect with shift of the third ventricle.CT angiography was therefore not performed. | ? with ivh |
| 49 | Findings:Note is again made of haemorrhage at the previously documented site in the region of the right basal ganglia.  Post-contrast imaging reveals that this haemorrhage in fact lies within a ring-enhancing lesion measuring up to 7.2cm in maximum diameter. There is surrounding vasogenic odema with effacement of the sulci of the right parietal and occipital lobes.  There is effacement of the right lateral ventricle with a degree of obstruction as evidenced by a dilated right temporal horn.  Note is made of 5 mm midline shift towards the left.No other lesions are demonstrated.Conclusion:Intra-axial mass - probably metastatic - with intra lesional haemorrghe as described. Mild improvement in the mass effect compared to previous.  -------------------------------------------------  The  intracerebral hematoma in the right  cerebral hemisphere is of the same size as compared to CT Brain done on 05.10.17.The midline shift  to opposite side is about 8mm.There is blood within both lateral ventricles.No significant difference is seen as compared to  previous CT. | ICH |
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| 51 | Exam performed:  CT Stroke Investigation of 01-OCT-2017 There is intracerebral haemorrhage in the left  basal ganglia, measuring about 47x20mm in size.It is causing  some narrowing of the left lateral ventricle.The other ventricles and brain sulci are normal.The skull is normal. | ich |
| 52 | Exam performed:  CT Brain performed in 12-NOV-2017:</TECHNIQUE/>Unenhanced CT scan of the brain acquired at a slice thickness of 5 mm. Comparison is made to yesterday's scan.</FINDINGS/>Patient intubated.There is new right basal ganglia haemorrhage measuring circa 3.6 x 1.7cm associated with diffuse cytotoxic edema throughout the right cerebral hemisphere with effacement of the frontal horn and body of the lateral ventricle.  A 4 mm leftward shift of the midline is observed.  The left cerebral hemisphere and cerebellum are unremarkable.Incidental right intraocular lens replacement.The visualized paranasal sinuses and mastoid air cells are clear.No skull base abnormalities identified.</IMPRESSION/>Acute right basal ganglia haemorrhage associated with diffuse  oedema throughout the right cerebral hemisphere. | Ich? |
| 53 | Exam performed:  CT Brain performed in 18-NOV-2017:There is fresh intracerebral hemorrhage about 2.5x1.5x2.0 cm in the LT ganglionic region with intraventricular extension. Brain edema and mild dilatation of the ventricular system noted. No other gross abnormality detected.  ------------------------------------------  Exam performed:  CT Brain performed in 19-NOV-2017:No interval change in comparison with previous CTBRAIN of 18-Nov-2017 demonstrated except slight increase of oedema around haemorrhage.  --------------------------------------------  Exam performed:  CT Brain performed in 21-NOV-2017:Findings:On comparison to previous CT brain dated 19/11/2017, there is persistent haemorrhage within all horns of the left lateral ventricle, third and fourth ventricles. The haemorrhage is noted to have slightly decreased when compared to previous CT.There is persistent dilatation of the above mentioned ventricles as well as the temporal horn of the right lateral ventricle.No other new changes.  ----------------------------------------------  Exam performed:  CT Brain performed in 23-NOV-2017:There is further mild radiological improvement as compared to CT Brain done on 21.11.17.Right temporal horn of the lateral ventricle is mildly dilated.There is still blood within left lateral  and 4th ventricle. | ICH |
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| 59 | Exam performed:  CT Brain performed in 18-NOV-2017:There is large parenchymal haematoma in the LT cerebellar hemisphereThe ventricles are normal.No fracture detected. | Ich |
| 60 | Exam performed:  CT Brain performed in 17-DEC-2017:There is ~2,5cm intraparenchymal hemorrhage in the Rt ganglionic region with visible surrounding brain edema 1-1,8cm. The ventricles and basal cisterns are unremarkable. Midline is not shifted. No significant bone changes are noted. | ich |
| 61 | Exam performed:  CT Brain performed in 30-NOV-2017:</TECHNIQUE/>CT scan of the brain with no IV contrast. Comparison is made to previous CT scan from 27th November. </REPORT/>The previously described haemorrhage in the region of the left basal ganglia remains mostly unchanged. It measures 3.4 cm (CC) by 2.3cm (coronal) by 4.2 cm (AP). It has a regular elliptical shape with a heterogenous appearance - remaining unchanged from previous. There is minimal surrounding oedema, also unchanged from previous. It is again seen to cause effacement of the frontal horn of the left lateral ventricle, and a mild midline shift to the right (measured at 6mm). There is no evidence of intraventricular extension, no hydrocephalus.  -----------------------------------  Exam performed:  CT Brain performed in 27-NOV-2017:There is intracerebral haematoma 18.0x35.0 mm in the left basal ganglion. No midline structures displacement is seen. The ventricular system and the basal cisterns are unremarkable. No structural bone defects are noted using the bone window. | ich |
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| 63 | Exam performed:  CT Brain performed in 07-SEP-2017:Post-contrast CT scan of the brain. Previous non-contrast CT (5-Sept-2017) and MR scans (6-Sept-2017) are noted. Findings:Homogeneously-enhancing extra-axial lesion in the right high fronto-parietal region, as noted on recent MR scans. There is mild effacement of the adjacent sulci, mild (4mm) contralateral midline shift and extensive right cerebral vasogenic oedema. No obstructive hydrocephalus.No tonsillar herniation. No enhancing intra-axial lesions. There are no signs of acute intra-cerebral haemorrhage. Basal ganglia and posterior cranial fossa are within normal limits. No focal bony pathology.Visualised mastoids and paranasal sinuses are normal.  Impression: Homogeneously-enhancing extra-axial lesion in the right fronto-parietal region causing mild-moderate mass effect. | ? |
| 64 | Exam performed:  CT Brain performed in 04-OCT-2017:Follow-up non-contrast CT scan of the brain. Findings:Large left parieto-occipital intra-parenchymal bleed is unchanged in size and extent from previous scan (dated October 3, 2017); it measures 8cm (AP) x 3cm (transverse) x 5cm (CC) in maximum dimensions. There is however more pronounced peri-haemorrhage oedema and worsening contralateral midline shift, 1.3cm (previously 8mm).The ipsilateral lateral ventricle is compressed. There are no new foci of intra- or extra-axial haemorrhage. Conclusion: Stable size of the left parieto-occipital intra-parenchymal bleed. Worsening oedema and contralateral midline shift. | ich |
| 65 | Exam performed:  CT Brain performed in 22-OCT-2017:</TECHNIQUE/>Unenhanced CT scan of the brain.  Comparison is made to the previous CT dated 8-Aug-2017.  </FINDINGS/> Ventricular catheter is in situ with its distal tip in the body of the right lateral ventricle as per previous scan. Further decrease in size of the known intraparenchymal and subarachnoid haemorrhage when compared to the previous scan.  There is extensive hypoattenuation involving most of the left cerebral hemisphere which remains largely unchanged from previous.  No fresh haemorrhage identified. No evidence of worsening hydrocephalus demonstrated. No further abnormalities identified. </IMPRESSION/>No acute interval intracranial haemorrhage or evidence of worsening hydrocephalus.  ------------------------------------------  Exam performed:  CT Brain performed in 08-AUG-2017: Resolved haematomas and  SAH  are seen.There are hypodense areas in the left cerebral hemisphere due to probably edema.There are severe atrophic changes of the brain.Right V-P shunt in situ.  -----------------------------------  Exam performed:  CT Brain performed in 04-JUL-2017:The subdural haematoma is significantly smaller compared to the exam from 24.06.2017.The subarachnoid haematoma is resolved.There are large hypodense areas in the LT occipital and parietal lobes highly suggestive of focal oedema and necrosis.The shunt is in place. The ventricles are normal.  ------------------------------------------  Exam performed:  CT Brain performed in 24-JUN-2017:Known pineal gland tumour and middle cranial fossa meningioma. There is a R shunt together with diffuse, mild intra-parenchymal haemorrhage in the L cerebral hemisphere, sub-arachnoid haemorrhages in the L temporo-parietal regions as well as sub-dural haemorrhages in the inter-hemispheral fissure on the L side (adjacent to the falx cerebri), L tentorium and L fronto-temporo-parieto-occipital regions. There is extensive oedema in the L cerebral hemisphere and shift of the midline structures to the opposite R side by about 5mm. Extensive but diffuse hypoattenuating areas in the L cerebral hemisphere may be ischaemic. As compared to the CT study dated 22nd June, 2017, there is an increase in the haemorrhages, oedema, ischaemia and midline shift.  --------------------------------------------  Exam performed:  CT Brain performed in 22-JUN-2017:There is acute subdural bleed  along left  tentorium, posterior  interhemispheric and left P-O space. The ventricles are normal and clear.No midline shift is seen. | Ich / sdh  ?? ma nafx its confusing |
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| 68 | Exam performed:  CT Brain performed in 22-OCT-2017:Findings: There is a left parietal subdural haematoma with fresh blood contents. The maximum diameter of the haematoma equals 10mm. No significant space occupation in the presence of brain involution. | sdh |