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| **Patient ID** | **Patient Name** | **Date** | **Study** |
| 5469 | TULSI BAI 65 YF | 30-January-2024 | CT BRAIN |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **Modality** | **Ref Doctor** | **Age** |
| F | CTSR | DR. MANOJ MURALI | 065Y |

**CT SCAN OF BRAIN**

**STUDY PROTOCOL:**  
 **Sections of appropriate thickness were done at adequate intervals**   
 **in state of art multi detector CT scanner so as to cover the entire region.**  
 **Post processing was done on advance work station to obtain multiplaner sections.**

**OBSERVATION:**  
•MRI brain , postoperative case of adult type , diffuse astrocytoma with right temporoparietal occipital craniotomy , .   
• Large altered signal intensity mixed solid cystic lesion with internal areas of diffusion restriction and GRE blooming is seen in right temporoparietal occipital region ,  
 extending in caps low ganglionic region . It is showing peripheral contrast enhancement with internal a- necrosis and GRE blooming . The lesion is associated with surrounding perihilar edema causing adjacent effacement of sulci and ipsilateral ventricle leading to midline shift of 8 mm towards left side . Internal areas of T1 hyperintensity are seen within the region and it is predominantly appearing hyperintense on T2 and hypointense on T1 . The lesion is measuring approximately 87 cross 42 mm .   
• Enhancement of meningi- meninges is seen along  
 postoperative craniotomy site and underlying craniotomy flap  
 fully stop

**IMPRESSION:**  
 CT findings are suggestive of:  
 • No significant abnormality seen in brain parenchyma.  
 • No infarct / SOL / hemorrhage is seen.

Please correlate clinically and with related investigations; it may be more informative  
***This report is based on digital DICOM images provided via the internet without identification of the patient, not on the films /plates provided to the patient.***

**WISH YOU A SPEEDY RECOVERY**  
  
**Thanks for Referral**

**Disclaimer:-**It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way this report can be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately.

Picture 0  
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