Encounter #: 10070038020

Report Date/Time: 10/11/2014 2:37:00 PM

Report Name: MRA NECK WO CONTRAST

Examination

MRA NECK WITHOUT CONTRAST

Clinical History

EVALUATE FOR OCCULSION/STENOSIS

History and Indication

HX OF CNS VASCULITIS AND ACUTE CVA 9/9/14 NOW WITH WORSENING

DIZZINESS

Technique

3D time-of-flight for the arteries in the neck. Following this MIP

images were created. NASCET methodology was employed to evaluate the

degree of stenosis.

Comparison

No images available for comparison.

Findings

There is luminal irregularity at the origin of the proximal left

internal carotid artery extending approximately 1.5 centimeters with

approximately 30 percent stenosis and apparent crescent of T1

hyperintensity on the fat saturated axial sequences. Findings raise

the possibility of a focal dissection.

There is no evidence of greater than 30% stenosis of the right

carotid artery and right and left vertebral arteries.

Impression

Luminal irregularity at the origin of the proximal left internal

carotid artery with approximately 30 percent stenosis and apparent

crescent of T1 hyperintensity on the fat saturated axial sequences.

Findings raise the possibility of a focal dissection. Recommend

ultrasound correlation as this is at the level of the bifurcation and

should be well visualized sonographically.

PA Hoelzer informed at time of dictation with read back.

Attending Radiologist: BLUESTONE, AVRAHAM

Ordered By: KHIANI, KOMAL

Order Date: October 10, 2014 11:50 AM

Completion Date: October 11, 2014 2:37 PM

Encounter Number: 010070038020

Accession Number: 5975317

Images were reviewed and interpreted by Attending Radiologist: Dr. BLUESTONE, AVRAHAM

Electronically Signed On: October 12, 2014 4:35 PM by Dr. BLUESTONE, AVRAHAM

STONY BROOK UNIVERSITY HOSPITAL

DEPARTMENT OF RADIOLOGY

STONY BROOK, NY 11794-7300

Encounter #: 10074070771

Report Date/Time: 6/30/2014 5:53:00 PM

Report Name: PORT ABDOMEN FLAT/ERECT

Clinical History

RECENT G TUBE PLACEMENT

Indication

EVALUATE FOR BOWEL OBSTRUCTION, EVALUATE FOR FREE AIR

Technique

Supine and upright views of the abdomen.

Comparison

06/24/2014

Findings

This study is limited by partial exclusion of the abdomen and pelvis.

There is a non-obstructive bowel gas pattern with no evidence of

pneumoperitoneum.No organomegaly or pathologic calcifications are

identified. A gastrostomy tube is identified although its position

cannot be confirmed in reference to the bowel. A stent is again

identified. They have ring-like coil structure is seen to the left of

the lower thoracic spine without change. There may be a small

left-sided pleural effusion or left lower lobe atelectasis. Osseous

structures are unchanged. Right-sided catheter is overlying the

region of the spine/right atrium.

Impression

Limited study by partial exclusion for the abdomen and pelvis.

Gastrostomy tube is visualized overlying the left quadrant, exact

location to the GI system cannot be confirmed on this study. Could

performed contrast study for exact localization.

Rounded coil like structure overlying the left upper quadrant of

indeterminate etiology without change.

Possible atelectasis versus mild left pleural fluid.

Attending Radiologist: GOULD, ELAINE

Ordered By: KANAGALA, NEELIMA

Order Date: June 30, 2014 4:45 PM

Completion Date: June 30, 2014 5:53 PM

Encounter Number: 010074070771

Accession Number: 5848564

Images were reviewed and interpreted by Attending Radiologist: Dr. GOULD, ELAINE

Electronically Signed On: June 30, 2014 6:26 PM by Dr. GOULD, ELAINE

STONY BROOK UNIVERSITY HOSPITAL

DEPARTMENT OF RADIOLOGY

STONY BROOK, NY 11794-7300