

CT09071206
FAIZAR
M
001Y

AH

09-Jul-2012
Acq: 12:47:56
Se: -
Im: 10
Loc: H42.1

2000.00 mm
9°
220 mA
120 kV
SOFT
Thk: 5.0 mm
Zoom: 1.00x
W:80 L:40 (Auto)

CT01_OC0
HiSpeed CT/i
KUTCH RADIOLOGY IMAGING CENTER
DFOV: 19.5 x 19.5 cm

PF



CT09071206
FAIZAR
M
001Y

AH

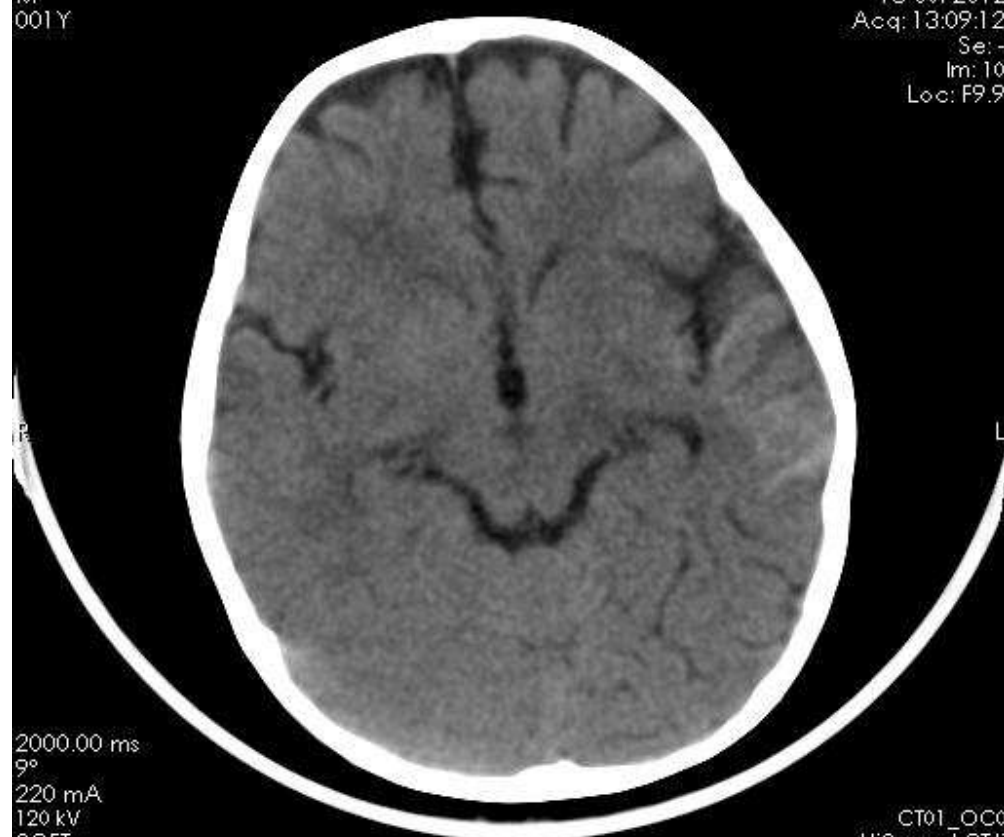
09-Jul-2012
Acq: 12:48:23
Se: -
Im: 19
Loc: H87.1



CT15071206
FAIZAL
M
001Y

AH

15-Jul-2012
Acq: 13:09:12
Se: -
Im: 10
Loc: F9.9



2000.00 ms
9°
220 mA
120 kV
SOFT
Thk: 5.0 mm
Zoom: 1.00x
W:80 L:40 (Auto)

CT01_OC0
HiSpeed CT/i
KUTCH RADIOLOGY IMAGING CENTER
DFOV: 18.9 x 18.9 cm

PF

CT15071206
FAIZAL
M
001Y

AH

15-Jul-2012
Acq: 13:09:39
Se: -
Im: 19
Loc: H35.1



2000.00 ms
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SOFT
Thk: 5.0 mm
Zoom: 1.00x
W:80 L:40 (Auto)

CT01_OC0
HiSpeed CT/i
KUTCH RADIOLOGY IMAGING CENTER
DFOV: 18.9 x 18.9 cm

PF

Dr. Bhaven Shah M.D.
Consultant Radiologist

Dr. Kripalsinh Jadeja M.B., D.M.R.E.
Consultant Radiologist

Patient Name : FAIZA
Modality : CT
Gender : M
Age : 1 Years
Date : 09-07-2012
Referred By : DR. AMINA KHATRI MAM

CT SCAN OF BRAIN (PLAIN STUDY)

PROTOCOL:

Plain study performed, 10 mm contiguous serial sections taken from base of skull to vertex.
Thinner sections taken from posterior fossa.

OBSERVATION:

There is presence of larged wedge shaped hypodense area seen in left side fronto-parietal region which involving gray as well as white matter region and extending to left side basal ganglia and left internal capsule and left caudate nucleus, lesion causing mild compression over left lateral ventricle and without midline shift noted, lesion measuring max. axial dimension : 9.5 x4.9 cm.

No evidence of mass lesion seen.

No evidence of intracranial hemorrhage seen.

Both lateral and third ventricles appear normal.
Brain stem region appears normal.


Basal cisterns appear normal.
Posterior fossa and fourth ventricle appear normal.

Skull vault is unremarkable.

CONCLUSION:

* Larged area of Acute Infarction seen in left side fronto-parietal region which involving gray as well as white matter region and extending to left side basal ganglia and left internal capsule and left caudate nucleus, lesion causing mild compression over left lateral ventricle and without midline shift noted, lesion measuring max. axial dimension : 9.5 x4.9 cm.

Please correlate clinically and investigate further. Thanks for reference.


DR. KRIPALSINH JADEJA
M.B., D.M.R.E.,
RADIOLOGIST

DR BHAVEN SHAH
M.D.
RADIOLOGIST

Dr. Bhaven Shah M.D.
Consultant Radiologist

Dr. Kripalsinh Jadeja M.B., D.M.R.E.
Consultant Radiologist

Patient Name : FAIZAL
Modality : CT
Gender : M
Age : 1 Years
Date : 15-07-2012
Referred By : DR.A.KHATRI.SIR

CT SCAN OF BRAIN (PLAIN STUDY)

PROTOCOL: Plain study performed, 10 mm contiguous serial sections taken from base of skull to vertex. Thinner sections taken from posterior fossa.

OBSERVATION:

Subacute Infarction seen in left side fronto-parietal region which extending to left basal ganglia , left internal capsule and hypodense area seen in left thalamic region (measuring: 3x2 cm) and there is presence of cortical heamorrhage seen in left parietal region along subcortical white matter and small heamorrhagic foci seen in left caudate nucleus (11x6 mm) and left basal ganglia (14x13 mm) noted.

No evidence of mass lesion seen. No evidence of edema, mass effect or midline shift seen.

Both lateral and third ventricles appear normal.
Brain stem region appears normal.
Posterior fossa and fourth ventricle appear normal.

Skull vault is unremarkable.

CONCLUSION:

*** Area of Subacute Infarction seen in left fronto-parietal region, left basal ganglia, left internal capsule and development of acute infarction in left thalamic region (measuring: 3x2 cm) with e/o cortical heamorrhage seen in left parietal region along subcortical white matter and small heamorrhagic foci seen in left caudate nucleus (11x 6 mm) and left basal ganglia. No e/o mass effect or midline shift noted on present examination.**

*** As compare to previous CT SCAN DATED: 9/7/2012, there is reduction of size and extend of acute infarction in left fronto-parietal region and e/o acute infarction in left thalamic region but development of heamorrhagic foci seen in left basal ganglia, left caudate nucleus and cortical heamorrhage along left parietal region.No e/o mass effect or midline shift seen.**

Please correlate clinically and investigate further. Thanks for reference.



DR. KRIPALSINH JADEJA
M.B., D.M.R.E,
RADIOLOGIST

DR BHAVEN SHAH
M.D.
RADIOLOGIST



SHRI KUTCHI LEVA PATEL EDUCATION & MEDICAL TRUST
SANCHALIT

MATRUSHRI MEGHBAI PREMJI JETHA HOSPITAL & RESEARCH CENTRE

SARDAR PATEL VIDYA SANKUL, BHUJ - MUNDRA ROAD, BHUJ-KUTCH. 370 001 TEL. : (02832) 231122, 231133

NAME: FAIZAL SHETHIYA AGE&SEX: 2Y/Male

REF BY: DR AMINA KHATRI DATE: 13-Aug-2012

MRI OF BRAIN:

Technique: T1W, T2W and Flair brain images were obtained on a 1.5 Tesla scanner with high strength gradients. Diffusion imaging was performed at different b values with ADC mapping.

Findings:

Evidence of T2 hyperintensity with volume loss with dilated left lateral ventricle seen involving left frontotemporo- parietal lobes and basal ganglia suggests gliosis.

Rest of the cerebral parenchyma appears unremarkable.

Rest of the centrally located gray matter nuclei appear unremarkable.

Diffusion imaging does not reveal evidence of acute infarct.

Ventricular system appears normal in size & shape.

Both optic nerves, optic chiasma and tracks appear normal.

Midline structures like interhemispheric fissure, 3rd ventricle, mamillary bodies, pituitary gland, pineal region and brain stem appear normal.

Both cerebellar hemispheres show normal signal intensity.

Both C.P. angles and 7th & 8th nerve complexes appear normal.

IMPRESSION:

☐ Gliosis in left fronto-temporo-parietal lobes and basal ganglia, - old vascular insult.

☐ No evidence of acute infarct on diffusion imaging.

Viewed and Reported by

Dr. Tushar Desai (9825042337)

Dr. Rashmin P Gajjar, M.D. (9879495090)

CONSULTANT RADIOLOGIST,
(INFOCUS DIAGNOSTICS AHMEDABAD)

Note: This reporting is done by tele-radiology facility hence there is no need for signature.