

DEPARTMENT OF RADIOLOGY & IMAGING

Lakeshore Hospital & Research Centre Ltd., Kochi - 682 040, Kerala, India.

Phone : +91-484-2701032, 94460 06626. E-mail : info@lakeshorehospital.com Web: www.lakeshorehospital.com

Name:	BOSLAL. K	Hospital ID:	500197
Sex:	M	Study Date:	20-Jun-2021
Age:	58 Years	Ref. by:	DR SUDISH KARUNAKARAN

MRI BRACHIAL PLEXUS AND CERVICAL SPINE

Technique: Coronal T1, IR, 3D SPACE IR; axial T1 FLASH 3D, T2FS; sag 3D T2 SPACE sequences obtained through brachial plexus. Sagittal T1, T2, STIR; axial T2 sequences obtained through cervical spine.

Findings:

Right brachial plexus root, trunk and division show mild thickening and T2 hyperintense signal. Rest of cord and terminal branches of right brachial plexus appear normal in morphology and signal intensity. No evidence of root avulsion or meningocele.

Left brachial plexus appear normal in morphology and signal intensity.

Nodular and serpiginous structure noted in left supraclavicular region, which show IR hyperintense signal - probably vascular malformation.

Spinal alignment is maintained, though there is loss of cervical lordosis.

Marrow return normal signal. No vertebral body compression fractures seen.

Loss of disc hydration at multiple levels, though disc heights are relatively preserved.

Cervical cord is normal in morphology and signal intensity.

Normal appearance of cervicomedullary junction.

At C3 / C4 level disc osteophyte complex with central protrusion causing mild central canal narrowing.

At C6/ C7 level disc osteophyte complex with central and paracentral component noted on the right side causing mild right foraminal and mild central canal narrowing.

Anterior and posterior longitudinal ligament appear normal.

Right pleural effusion.

IMPRESSION:

- Right brachial plexus root, trunk and division show mild thickening and T2 hyperintense signal. Rest of cord and terminal branches of right brachial plexus appear normal in morphology and signal intensity. No evidence of root avulsion or meningocele.*

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- Nodular and serpiginous structure noted in left supraclavicular region , which show IR hyperintense signal - probably vascular malformation.

Mishaal Halid

**DR.MISHAAL HALID MD.,
RADIOLOGIST**

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Age:	58 Years	Study Date:	20-Jun-2021

MRI BRAIN

Clinical information: RTA.

Technique: Axial T2, FLAIR, SWI, DWI (b0 and b1000); coronal FLAIR and sagittal T1W sequences performed.

Findings:

T2 hyperintense FLAIR hypointense subdural collection noted in both cerebral hemisphere, maximum thickness measuring 9.7 mm.

Thin FLAIR hyperintense subdural hematoma noted in bilateral parietooccipital region. FLAIR hyperintense SAH noted in bilateral occipital lobe.

T2 FLAIR hyperintense area showing blooming and diffusion restriction noted in left posterior temporal lobe -status quo as compared to previous CT dated 15/06/2021.

Multiple foci of blooming noted in right frontal corona radiata and bilateral temporal region and right posterolateral midbrain, at the grey - white matter junction suggestive of hemorrhagic DAI.

Multiple foci of diffusion restriction noted in dorsolateral midbrain, periaqueductal region, left superior cerebellar peduncle. Multiple cortical based areas of diffusion restriction noted in right temporal lobe, left medial temporal lobe, left parietal region- not corresponding to blooming in SWI sequence - likely represent non hemorrhagic DAI.

Prominent VR space right capsuloganglionic region.

Rest of the brain parenchyma is normal in morphology and signal intensity. Normal grey white matter differentiation. Both lateral, third and fourth ventricles are normal in appearance.

Sella, suprasellar and parasellar regions are unremarkable.

Cerebellum, mid brain, pons and medulla show no significant abnormality.

Orbits and mastoid air cells are unremarkable.

Mucosal thickening bilateral ethmoid sinus, sphenoid sinus

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IMPRESSION:

- Multiple foci of blooming noted in right frontal corona radiata and bilateral temporal region and right posterolateral midbrain, at the grey - white matter junction -
suggestive of hemorrhagic DAI - stage 3
- Multiple foci of diffusion restriction noted in dorsolateral midbrain, periaqueductal region, left superior cerebellar peduncle. Multiple cortical based areas of diffusion restriction noted in right temporal lobe, left medial temporal lobe, left parietal region - not corresponding to blooming in SWI sequence -
- likely represent non hemorrhagic DAI.
- T2 FLAIR hyperintense area showing blooming and diffusion restriction noted in left posterior temporal lobe
-status quo as compared to previous CT dated 15/06/2021.
- Subacute subdural hematoma noted in bilateral parietooccipital region.
FLAIR hyperintense SAH noted in bilateral occipital lobe.
- T2 hyperintense FLAIR hypointense subdural collection noted in both cerebral hemisphere, maximum thickness measuring 9.7 mm. - ? Subdural hygroma.

Verified By

Finalized by

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Dr. Aditi P. MD, DNB, EDIR, FRCR(UK)
PDCC(Fetal Imaging)
Consultant Radiologist


Dr. Amritha Aravind