ALABBAD, HASSAN **Age:** 27y **Assigned Loc:** SJR-OPD-DIAG-Diag Imaging

PPRN/VisitID: 797264 / 14703241 **DOB:** 07-Nov-1993 **Service:** Diagnostics / Diagnostics

Medicare: 924-171-895 Exp: 07/21 **Sex:** Male **Attending:** Kuriakose, Renju

ADM Date: 09-Nov-2020 14:16

DSC Date: 09-Nov-2020 23:59

Resp For Pymt: NB Medicare Number: 924-171-895

Diagnostic Imaging

Brain:

As seen on CT, there is a an ovoid lesion in the left periventricular white matter measuring 2.2 x 1.9 x 1.4 cm. The lesion is involving the left periventricular white matter and corpus callosum with extension into the centrum semiovale of the parietal lobe. The lesion is T2/FLAIR hyperintense with a few small foci of fluid signal along the medial aspect. There is no postcontrast enhancement or restricted diffusion. No significant mass effect. Just inferior and anterior to this there is a 3 mm T2 hyperintense focus in the left periventricular white matter as well as a 3 mm hyperintense focus in the left temporal lobe near the subcortical white matter. There is a questionable small hyperintensity also seen in the left cerebral peduncle. No other abnormal signal lesions seen in the brain parenchyma. No hemorrhage, hydrocephalus, midline shift, or extra - axial collection.

Cervical Spine:

Note T2 hyperintense lesion seen in the cervical spine. Mild multilevel degenerative disc disease is seen but no disc herniation or significant spinal canal stenosis.

IMPRESSION:

- There is an ovoid 2.2 cm T2 hyperintense lesion in the left periventricular white matter extending into the centrum semiovale. The lesion contains small foci of fluid signal, likely cystic degeneration or small foci of necrosis. No mass effect, enhancement or restricted diffusion. A few other tiny T2 hyperintensities are seen in the left periventricular and subcortical white matter as well as a questionable hyperintensity in the left cerebral peduncle.

- No lesions in the cervical spine identified.

- Although nonspecific, the appearance and imaging characteristics are most in keeping with demyelination secondary to multiple sclerosis. Alternatively, this could also represent a low grade glioma, however this is felt to be less likely.

Jordan N. Kavanaugh, MD, FRCPC

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Date Dictated: 12-Nov-2020 04:33 pm

Date Transcribed: 12-Nov-2020 04:33 pm

Electronically Signed: Final Report

Entered On: 09-Nov-2020 14:21 **Order: MRI cervical spine** **Performed Date:** 09-Nov-2020 14:21

Order ID: 001LFFWFM **Ancillary ID:** 2006699295 **1 or more Results Received**

Results Posted to SCM: 12-Nov-2020 16:35

MRI cervical spine Final

2006699293 / 001LFFWFG - MRI Head w/wo Contrast -H: 09-Nov-2020

2006699295 / 001LFFWFM - MRI Cervical Spine w/ Contrast -S: 09-Nov-2020

2006699294 / 001LFFWFL - MRI Contrast: 09-Nov-2020

INDICATION:

26-year-old with acute onset right upper and lower limb paresthesia. 1 month with persistent symptoms. CT shows left parietal and corpus callosum lesion. Non-enhancing. Query MS.

Technique

Multiplanar multi sequence 1.5 Tesla MR images through the brain from the skull base to the vertex.

No previous MRI for comparison.

Correlation with the CT from 02/10/2020.