







MR Report

Patient Name	ABHIRAJ	Patient ID	HGUR-350024795
Age/ Sex	4M / M	Service Name	MRI Head Without Contrast
Accession No.	1238107-879	Scan Date Time	01-10-2024 23:26:02
Referred By	Dr Renu	Report Date Time	04-10-2024 09:48

INVESTIGATION : MRI BRAIN

SEQUENCES OBTAINED USING A 1.5 TESLA SUPER CONDUCTING MRI UNIT

High-resolution SE-T1W, FSE-T2W, FLAIR & GRE-T2* sections in the axial plane. FRFSE-T2W sections in the sagittal & coronal planes. Diffusion imaging was also performed at B value 1000.

Clinical Indications:- Post caesarean

Prior Imaging:- None

Findings:-

The study reveals severe non-communicating hydrocephalus (Evans index 0.69); with massive dilation of both lateral ventricles such that most of the supratentorial compartment is now occupied by fluid filled lateral ventricles. There is marked effacement of residual parenchyma along the calvarium. Only minimal normal appearing parenchyma is present in the lower right temporal region. There is marked dilation of third ventricle and its recesses. Prominent bilateral temporal horn is noted.

The fourth ventricle appears normal with midline location. No obstructing mass is seen. The brainstem and cerebellum appear normal.

The cerebellar tonsils are normally positioned. Limited evaluation of orbits does not reveal any significant abnormality.

IMPRESSION:

The study reveals severe non-communicating hydrocephalus (Evans index 0.69); with massive dilation of both lateral ventricles such that most of the supratentorial compartment is now occupied by fluid filled lateral ventricles. There is marked effacement of residual parenchyma along the calvarium. Only minimal normal appearing parenchyma is present in the lower right temporal region. There is marked dilation of third ventricle and its recesses. Prominent bilateral temporal horn is noted.

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

HOSPITAL NO: HGUR-350024795

REPORT TIME: 04-10-2024 09:48

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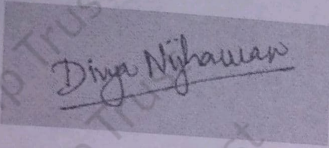


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These findings possibly represent gross hydrocephalus likely due to underlying aqueductal stenosis.

Advice: Clinical / lab parameter correlation.

This is a professional opinion and not diagnosis. Please correlate clinically & with other investigations. This report is not valid for medico legal purposes.



Dr. Divya Nijhawan
Consultant Radiologist
M.B.B.S., MD

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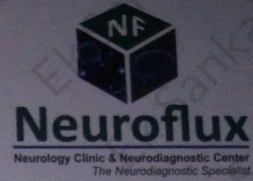
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Mob. : 9920223520



Name: Mast Abhiraj (M , 17 Weeks)
Date & Time: 04-Oct-2024; 06:18 PM

Contact: +91-8826628246
Patient ID: IUZ1EH16WBCO

CHIEF COMPLAINTS: c/o large size head since the age of 2 months, birth history - FT/LSCS/CIAB , no complication, irritable behavior, intermittent vomiting +, HC=45.5cm , large tence fontanale, MRI s/o obstructive hydrocephalus (aqueductal stenosis)

DIAGNOSIS: obstructive hydrocephalus

Rx

SI	Medicine Name	Regime and Instruction
1	DIAMOX TAB ACETAZOLAMIDE (250MG)	0 - 0 - 1/4 for 21 days

Handwritten notes: 21d / 1/4

ADVICE:

- vp shunt to be done after neuro-surgeon opinion

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7/10/14

MRD

Master Ashiqy

17 weeks / male

Hydrocephalus ? Agredent stenosis

Twin delivery, CS, @ 38-39 weeks.

Delayed cried immediately after birth
as per notes / NO H/O meningitis

↑ in head size since 2 mths

HC - 45.5 cm

Smart sign (+)

AF - tense

WT - 3.6 kg.

NOTED

obstetric gross

HCL.

Ad / Need VP shunt. & GA

paediatric ECHO

CBC/KFT / Visual markers / PT-INR

↓
HIV/HBSAG/HCV.

Dr. Sachin Gupta
Senior Consultant, Assistant Professor
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Amrita Institute of Medical Sciences
& Research Centre, Faridabad
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भारत सरकार
Government of India



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पुरुष/ MALE

Issue Date: 28/02/2015

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