

Client Patient Id		Scan Number	Case 1
Scanris Patient Id	Case 1	Date	August 1, 2005
Report of	MRI of the Brain	Client Name	

History	None provided.
IV Contrast	None administered.
Comparison Studies	None provided.

Findings:

MASSES:	There is seen a well-margined, lobulated, approximately 1.9 x 2.9 x 1.7 cms sized extra-axial, intermediate signal intensity mass lesion on the T1 Weighted images in the prepontine cistern on the right extending upto the Meckel's cave on the right, along the course of the right trigeminal nerve. This lesion appears hyperintense on the T2 Weighted and STIR images. The cisternal aspect of the right trigeminal nerve is identified. Mild scalloping of the tip of the right petrous temporal bone is noted as also is mild indentation along the antero-lateral margin of the pons on the right. Also seen is slight extension of this lesion into the proximal right cavernous sinus. The right seventh and eighth cranial nerve complex is located just inferior and posterior to the lesion. The left seventh and eighth cranial nerve complex is unremarkable.
BRAIN PARENCHYMA:	There are ill-defined hyperintense areas on the proton, T2 Weighted and FLAIR images in the centrum semiovale and periventricular and fronto-parietal white matter bilaterally. These are isointense to normal white matter on the T1 Weighted images and are probably ischemic in etiology. Similar lesions are noted in the right external capsular region and left deep temporal region. A lacunar infarct (iso to hyperintense to CSF) is noted in the left thalamus.
VENTRICULAR SYSTEM:	There is mild dilatation of both the lateral and third ventricles.
BASAL CISTERNAL SPACES:	The rest of the basal cisternal spaces are unremarkable.
MIDLINE:	There is no shift of the midline structures.
FLUID COLLECTIONS:	No intra/extraxial fluid collection is seen.
VESSELS:	The vertebro-basilar system is ectatic.
OTHER	There is prominence of the cerebral cortical sulci and cerebellar folia bilaterally. The normal lens is not seen within both globes and this may be a result of previous cataract surgery. Incidentally noted is an empty sella. There is atrophy of the visualized muscles in the right infratemporal fossa.

Impression	1. A well-margined, lobulated, approximately 1.9 x 2.9 x 1.7 cms
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	<p>sized extra-axial, mass lesion in the prepontine cistern on the right extending upto Meckel's cave along the course of the right trigeminal nerve, most likely represents a right trigeminal neurinoma.</p> <ul style="list-style-type: none">2. Altered signal in the centrum semiovale, periventricular and fronto-parietal white matter bilaterally, in the right external capsular region and left deep temporal region would most probably be ischemic in etiology.3. A lacunar infarct in the left thalamus.4. Mild cerebral and cerebellar atrophy with mild dilatation of both the lateral and third ventricles.
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