



**Patient: BANAT, MOHAMMAD HASAN (M)**  
**MRN : 73243**  
**Location :**  
**Referring Physician: XMRI, SECOND OPINION**

**Exam Date: 03/08/2015**  
**DOB: 01/27/1978**  
**Room:**  
**FAX: 888-886-2486**

---

## MR OF THE BRAIN WITH CONTRAST

---

CLINICAL INDICATION: Brain tumor, follow-up after surgery.

TECHNIQUE: Multiple sagittal, axial, and coronal MRI sequences were obtained from skull base to the vertex prior to and after intravenous contrast administration.

COMPARISON: MRI of the brain dated 8/17/2014

FINDINGS: Patient is status post left pterional craniotomy. There is stable appearance of a left temporal surgical cavity and stable appearance of abnormal T2 and FLAIR hyperintense brain parenchyma surrounding the surgical cavity, consistent with residual tumor. The abnormal tissue extends into the left hippocampus and left. Parietal lobe. The abnormal tissue also extends into the remaining left anterior temporal lobe. There is no appreciable interval change since prior study. There is no abnormal enhancement. There is no abnormal diffusion restriction.

The remaining brain parenchyma is normal. There is no abnormal enhancement. The basilar cisterns, ventricles, and sulci are normal in size and configuration. There is no intra-or extra-axial mass or hemorrhage. There is no diffusion restriction. There is no new intracranial fluid collection. The expected flow voids at the skull base are normal.

Visualized orbits and mastoid air cells are normal.

### IMPRESSION:

Patient is status post left renal craniotomy stable appearance of the surgical cavity and stable appearance of abnormal surrounding residual tumor. There is no interval progression of conversion to the higher grade of the tumor.

There is no hydrocephalus, intracranial hemorrhage, mass-effect or acute stroke. No new lesions are identified.



**xMRI.com - SecondOpinions.com®**

6245 N. Federal Hwy  
Suite 500

Fort Lauderdale, FL 33308

Phone: 888-733-9674 Fax: 888-886-2486

---

**Patient: BANAT, MOHAMMAD HASAN (M)**

**MRN : 73243**

**Location :**

**Referring Physician: XMRI, SECOND OPINION**

**Exam Date: 03/08/2015**

**DOB: 01/27/1978**

**Room:**

**FAX: 888-886-2486**

---

Thank you for the opportunity to participate in the care of your patients.

-Electronically Signed by: VADIM SPEKTOR, M.D., CERTIFIED BY ABR, CAQ IN NEURORADIOLOGY on 03/09/2015 10:12:10 PM EST

---