مركز الحسين للسرطان
KING HUSSEIN CANCER CENTER

Patient Name: Banat, Mohammad Hasan Mousa		**Referring Provider:** Consultant Maher Ahmad Husni Elayyan
Patient Number: 60983		**Request Number:** 1347830
Date of Birth: 27.01.1978	**Gender:** M	**Visit ID:** 036363/2020

Radiology Report

Written by: DA.11945

Copy recipients:
Consultant Maher Ahmad Husni Elayyan, Queen Rania AMMAN

Report state: Signed-off

Admitting diagnosis:
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Indication:
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1150 MRI Functional from 02.12.2020 08:16

Brain MRI with Navigation post IV contrast, Perfusion images and Tractography:
Reason for study: Evaluation and planning for possible surgery.
Comparison: None.
Prior images are not available for comparison at time of reporting.

Findings:
There is a large lesion in the left cerebral hemisphere, centred in the left temporal lobe, mid and posterior region, involves left para hippocampal gyrus, left thalamus posterior aspect of the left basal ganglia. Also the mass extends to the anterior aspect of the left occipital lobe and left parietal periventricular region.
The mass shows mostly hyperintense T2 signal, is mostly noncontrast enhancing, and mostly diffusion facilitated.

However there is irregular mildly intermediate T2 signal along the posterior aspect of the mass with irregular faint enhancement, correlating with hyperperfusion and is somewhat diffusion restricted.
This is suggestive of higher grade tumour dedifferentiation on background of lowgrade glioma.
However contrast enhancement day be exaggerated by sequelae of prior surgery/biopsy.
There is hyper perfused components extends also more superiorly along left parietal periventricular region, correlating with somewhat intermediate T2 signal, correlating with higher grade tumour.

There is resultant medialisation of tumour infiltrated left uncus, obliteration of the left ambient cistern, left descending transtentorial herniation.
Midline shift with subfalcine herniation for around 0.6 cm seen.

There is marked mass effect upon the left lateral ventricle with tumour completely obliterating the lumen of the trigone and occipital horn of the left lateral ventricle.
There is also marked impingement and probable extension/invagination within the posterior body of left

lateral ventricle.
There is resultant moderate dilatation of the right lateral ventricle with trans ependymal seepage.

There is no acute brain infarction.
Unremarkable dural venous sinuses.
There is no destructive calvarial lesion.
Orbits show no gross mass lesion.

Impression:
There is large infiltrative mass centred in left temporal lobe.
The overall appearance of which is suggestive of higher grade tumour dedifferentiation on background of lowgrade glioma.

There is resultant herniation of tumour infiltrated left uncus, left descending transtentorial herniation and shift of midline to the right with associated moderate dilatation of the right lateral ventricle with trans ependymal seepage.
The mass is largely noncontrast enhancing with T2 hyperintense signal, apart from irregular enhancement, correlating with hyperperfusion along the posterior aspect of the mass.

Dr.Dima Abu Laban
Radiologist