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

**Exam Date: 08/17/2014**

**MRN : 30626**

**DOB: 08/17/1978**

**Location : Jor**

**Referring Physician: XMRI, SECOND OPINION**

**FAX: 888-886-2486**

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**MR OF THE BRAIN WITH CONTRAST**

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Addendum:

HISTORY: BRAIN TUMOR

TECHNIQUE: MRI of the brain was performed utilizing sagittal T1, axial T2, diffusion, and axial and coronal FLAIR sequences as well as axial and coronal T1 weighted sequences post contrast.

Reference: 8/25/12 and 11/26/12 reports. Images are not available for direct comparison.

**FINDINGS:**

The ventricles, basal cisterns, and sulcal pattern are normal for the patients stated age. The third and fourth ventricles are in a normal midline position. A 3 cm left temporal focus of high T2 signal is seen with surrounding neurogenic edema extending medially and with sulcal effacement. There is minimal mass effect upon the left lateral ventricle with no midline shift. There is minimal peripheral enhancement(image 8, series 16 and image 14, series 20). There is a focal area of low signal involving the subcutaneous soft tissues in the left parietal region suggesting a prior surgical procedure. No other abnormal areas of increased or decreased signal intensity or extra axial fluid collections are seen. No other enhancing abnormalities are seen. The brainstem and posterior fossa are normal. Normal flow voids are seen. No sella or parasellar abnormalities are seen. The 7th and 8th nerve complexes, as well as 5th nerves, are symmetric and appear unremarkable

There is mild right maxillary sinus disease. The visualized orbits, remaining paranasal sinuses, and mastoid complexes are unremarkable.

**IMPRESSION:**

1. Mild right maxillary sinus disease.

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2. Abnormal signal involving the left temporal lobe with faint enhancement, neurogenic edema, and findings suggestive of prior surgery are again seen. This was described previously and appears essentially unchanged from the prior description. Images for direct comparison, however, are not provided. Findings are again suggestive of a neoplastic process as described on prior reports. Other entities are not entirely excluded, though felt to be less likely. Again short term followup is strongly recommended.

Thank you for your kind referral of this patient.

Note: The above report was provided by the signing radiologist at the request of the referring physician, patient or patient representative as a second opinion consultation. The opinions and recommendations included therein are provided on a strict advisory basis and are based on the images and clinical information provided. Neither the radiologist nor the company assume responsibility for any decisions made or actions taken based on this report nor for any effects that result from such decisions and actions. The responsibility for clinical decisions remains entirely upon the patient's medical team. This information has been clearly communicated at the time of request of this second opinion.

-Electronically Signed by: GERALD MICALIZZI, M.D. , CERTIFIED BY ABR,  
NEURORADIOLOGIST on

08/20/2014 9:52:03 AM EST