
Patient: Albanat, Mohamed (M)

Exam Date: 01/03/2018

MRN : 73243

DOB: 01/03/1978

Referring Physician: SECONDDOPINIONS.COM

FAX: 888-886-2486

MR OF THE BRAIN WITH CONTRAST

CLINICAL HISTORY: Brain tumor.

COMPARISON: 02/14/2016.

TECHNIQUE: A pre- and postcontrast MR study of the brain is submitted for review. Image quality is very good. The study includes T1-weighted axial images; FLAIR, T2-weighted, gradient echo, and diffusion-weighted images axial images; T2-weighted sagittal and coronal images; and postcontrast sagittal and axial images.

DATE OF STUDY: 01/03/2018.

DATE OF REVIEW: 01/05/2018.

FINDINGS:

Available information is that the patient is known to have a Grade 2 astrocytoma which was partially resected in 2009.

Findings compatible with the history of astrocytoma are present. There is infiltrative signal abnormality centered in the left temporal lobe, compatible with a primary cerebral neoplasm. Associated mass effect is present. There is evidence of prior surgery. There has been mild interim increase in size of the mass since the study of 02/14/2016. The T2 hyperintensity currently spans a distance of up to 7.5 cm AP and 6.5 cm right to left. The craniocaudal extent is approximately 6 cm. There is greater fullness in portions of the left temporal lobe, including the hippocampus. Displacement of the thalamus is shown. There is some compression of the left ventricular system. The tumor extends to the anterior aspect of the left occipital lobe, as well as the lower aspect of the left parietal lobe.

No evidence of acute obstructive hydrocephalus of the right lateral ventricle is shown. The right temporal horn is not dilated. The third ventricle has shifted slightly to the right of midline, by a distance of approximately 4 mm. There is a tongue of tumor arising from the left temporal lobe, adjacent to the splenium of the corpus callosum, extending medially, to the midline. The pineal gland is displaced slightly to the right.

The precontrast T1-weighted axial series shows a small amount of T1 hyperintensity



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within the mass, probably reflecting methemoglobin (a blood degradation product). Mineral deposition or calcification could produce a similar finding. The T1 hyperintensity measures approximately 2.6 cm x 1.1 cm in the axial plane. The postcontrast series does not show a significant enhancement.

The remainder of the brain is without evidence of significant pathologic interim change and is compared with the study of 02/14/2016. At the time of that study, the signal abnormality in the left temporal lobe spanned a distance of approximately 6 cm AP and 6 to 6.5 cm right to left.

Mild ethmoid sinus mucosal thickening is present. There is no evidence of acute mastoiditis. No abnormal intraconal or extraconal soft tissue masses are detected in the orbits.

IMPRESSION:

1. Findings compatible with the history of astrocytoma.
2. Mild increase in size of the mass centered in the left temporal lobe since the MR study of 02/14/2016. Today's study shows an ovoid area of T1 hyperintensity within the mass, measuring approximately 2.6 cm x 1.1 cm in the axial plane, probably reflecting blood degradation products (methemoglobin).

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