

Name: MUSCAT, MARK
Address: 2 POWELL STREET, HOBARTVILLE
NSW 2753
HOBARTVILLE. 2753
D.O.B.: 18/10/1962 **Gender:** M
Medicare No:
IHI No:
Lab. Reference: HWK5872935-MRI Brain
Date Requested: 24/04/2024
Addressee: DR ENOKA GUNERATNE
Referred by: DR UPUL LIYANAGE
Collected: 08/05/2024 12:00
Specimen:
Test Name: MRI Brain
Clinical information:
Copies to: DR ENOKA GUNERATNE

MRI Brain
Lab. Reference: HWK5872935-MRI Brain
Requested: 24/04/2024
Complete: Final
Collected: 08/05/2024
CAS and IRG Imaging

Apollo RIS Patient Id : CAS81594
Patient Name : MUSCAT MARK **DOB :** 18/10/1962 **Service Date :** 08/05/2024

MRI BRAIN

Clinical History:
Progressive memory delay.

Techniques:
Axial T2W, FLAIR T2WFS, SWI, DWI/ADC; Coronal T2W; Sagittal T1W

Findings:
Several small T2 weighted hyperintense white matter lesions are seen at bilateral frontal lobes, can be related to mild small vessel ischaemia. Focal linear T2 weighted hyperintense tract like lesion is seen at right frontal lobe, likely related to prior insult. Abnormal haemosiderin deposits are seen along the leptomeninges of bilateral cerebellar hemispheres, can represent superficial siderosis. Gyral pattern is otherwise preserved. Brainstem is normal. Corpus callosum is intact. Bilateral hippocampi are symmetrical and are preserved.

No focal restricted diffusion suggestive of acute infarct is detected. No focal or acute intracranial haemorrhage is identified.

Capacious ventricles and sulcal spaces are suggestive of mild atrophic changes. No shift of midline structures nor extra-axial fluid collection is demonstrated. Retention cysts are noted at bilateral maxillary sinuses. Mucosal thickening is observed at bilateral ethmoid and sphenoid sinuses. Minimal retention change is noted at left mastoid. Pituitary gland is normal in appearance.

OPINION:

Mild small vessel ischaemia of the brain and diffuse cerebral atrophic changes. No focal acute cerebral infarct or focal acute intracranial haemorrhage is detected.
Features of superficial siderosis involving the posterior fossa, can be related to chronic or recurrent subarachnoid bleeding which can be idiopathic or related vascular abnormality.

Thank you for referring this patient

Dr Vincent Lai

CC : Dr Guneratne Enoka , Shop 5 Heritage Plaza, North Richmond NSW 2754 /

Click here to view patient images online **[Click Here](#)**

We are telehealth ready - visit <https://www.casimaging.com.au/doctors/doctors-telehealth-update/> for referrer guide and telehealth forms.

