

TO: [REDACTED] **NAME:** [REDACTED]
[REDACTED] **MRN#:** [REDACTED]
[REDACTED] **DOB:** [REDACTED]
GENDER: Female
DATE OF SERVICE: 11/19/2018
FAX: [REDACTED] **REFERRING PHYS:** [REDACTED]

EXAM: MRI BRAIN WITHOUT CONTRAST

HISTORY: UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, INIT UNSPECIFIED INTRACRANIAL; HEADACHE.

COMPARISON: None

TECHNIQUE: Multiplanar multisequence MR imaging of the brain was obtained on a Siemens 3 Tesla magnet without gadolinium.

A DTI acquisition was obtained in addition to the standard technique protocol and after analysis, a separate quantitative DTI report along with a volumetric analysis will be rendered at a later date by Edward L. Soll, M.D.

FINDINGS:

There is no restricted diffusion.

No significant gliotic white matter signal changes are present. No mass or mass effect is present. There is normal gray-white matter differentiation. There is no evidence of hemosiderin deposition or abnormality on susceptibility weighted images

Hyperintensity of the neurohypophysis is slightly prominent but without distinct mass. Otherwise, pituitary gland, midbrain, cerebellum, and upper cervical cord are normal in signal and morphology.

There is no pathologic fluid collection. The ventricular system and basilar cisterns are appropriate in size and configuration. Normal flow voids are noted in the major cerebral blood vessels.

Orbits, orbital contents, middle ears and mastoids appear unremarkable.

The visualized paranasal sinuses are clear.

CONCLUSION:

Prominence of the posterior pituitary. This may be normal prominence. Correlate with oxytocin and antidiuretic hormone levels if clinically warranted.

Otherwise, normal MRI of the brain without gadolinium.

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INTERPRETING RADIOLOGIST: DAVID SILVESTRI, M.D.
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ACCESSION #: DS459654