

TO: [REDACTED]
[REDACTED]
[REDACTED]

MRN# [REDACTED]
DOB: [REDACTED]

GENDER: Male
DATE OF SERVICE: 11/04/2019

FAX: [REDACTED]

REFERRING PHYS: [REDACTED]

EXAM: MRI BRAIN WITHOUT CONTRAST

HISTORY: POSTCONCUSSIONAL SYNDROME.

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.

There are scattered white matter gliotic signal foci throughout the deep, subcortical and periventricular white matter. Prominence of the cortical sulcal markings and ventricular system and basilar cisterns are present. There is normal gray-white matter differentiation without evidence of mass or mass effect. Susceptibility weighted images demonstrate no focal abnormality.

The 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:

White matter changes throughout the subcortical periventricular and deep white matter structures having the appearance of chronic microvascular ischemic gliosis. Demyelination is considered less likely.

Mild involutional changes.

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No evidence of acute hemorrhage, mass or infarction.

INTERPRETING RADIOLOGIST: DAVID SILVESTRI, M.D.
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