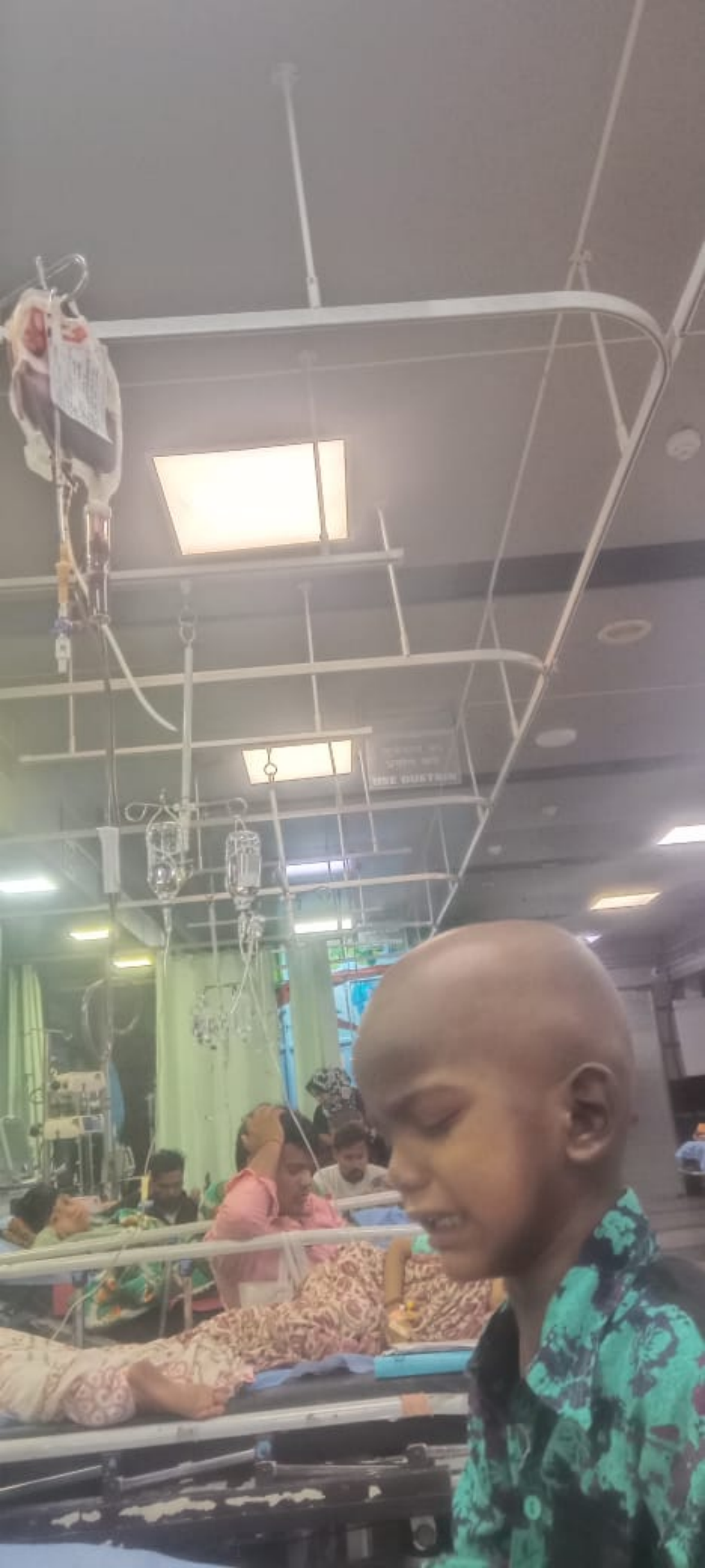










NABH 2022-0334

ECCHS EMPANELLED

CGHS EMPANELLED

saksham
IMAGING AND DIAGNOSTICS

A - 1/10, GROUND FLOOR & BASEMENT, SAFDARIJUNG ENCLAVE
NEW DELHI - 110029.

eMAIL:- info@sakshamimaging.com, http://sakshamimaging.com

PATIENT'S NAME: AZAD	AGE/SEX: 4/M
REF. BY: DR. AIIMS	REG./UID: AZD6635
TEST NAME: 3T MRI SCAN - CEMRI BRAIN	EXAM. DATE: 23-JUL-2025

CEMRI BRAIN

Technique:

MRI of the brain and orbits was performed with multiplanar, multisequence imaging before and after intravenous administration of gadolinium-based contrast agent.

Findings:

Motion/Metallic Artifacts: No significant motion or metallic artifacts are noted.

Scalp and Calvarium: Post-operative changes in the form of suboccipital craniotomy are seen. No calvarial lesions or scalp collections are identified.

Brain Parenchyma: Underlying encephalomalacia and gliosis are noted in the suboccipital region. No acute infarct or hemorrhage is seen. Normal gray-white matter differentiation elsewhere.

Ventricular System: The ventricular system is normal in size and configuration. VP shunt is seen traversing through the right parietal region with its tip in the right lateral ventricle. No evidence of hydrocephalus.

✓ **Posterior Fossa/4th Ventricle:** There is evidence of heterogeneously enhancing nodular altered signal intensity lesion measuring 15 x 10 mm in size seen in the left paramedullary cistern, likely residual/recurrent lesion. No acute mass effect or herniation. Brainstem and cerebellum otherwise unremarkable.

Meninges: Diffuse heterogeneously enhancing subdural pachymeningeal enhancement is seen along the bilateral cerebral convexities, extending into the interhemispheric fissure and along the tentorium cerebelli into the retrocellular region, having maximum thickness of approximately 21 mm, likely metastatic. No evidence of leptomeningeal enhancement.

Orbits and Optic Pathways: Globe, optic nerves, extraocular muscles, and orbital fat are unremarkable bilaterally. No intraorbital mass or abnormal enhancement.

Sinuses: Paranasal sinuses and mastoid air cells are clear.

Other Structures: Pituitary gland, pineal gland, and major vascular flow voids are normal in appearance.

Impression:

- Post-operative changes in the form of suboccipital craniotomy with underlying encephalomalacia and gliosis.

Reported & Signed by:

Dr BHAVESH PATEL

Disclaimer: It is an interpretation of medical imaging/diagnostic based on clinical data which is being provided in an electronic format which does not require any physical signatures. All modern machines/procedures have their own limitation. This is neither complete nor accurate; hence, findings should always be interpreted in the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. Any typographical error should be informed and report sent for correction within 7 days.

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NEW DELHI - 110029,
eMAIL:- info@sakshamimaging.com, http://sakshamimaging.com

- Heterogeneously enhancing nodular lesion (15 x 10 mm) in the left

PATIENT'S NAME: AZAD	AGE/SEX: 4/M
REF. BY: DR. AIIMS	REG./UD: AZD6635
TEST NAME: 3T MRI SCAN - CEMRI BRAIN	EXAM. DATE: 23-JUL-2025

paramedullary cistern, likely residual/recurrent ependynoma.

- Diffuse heterogeneously enhancing subdural pachymeningeal enhancement along the bilateral cerebral convexities, interhemispheric fissure, and tentorium cerebelli into the retrocellular region (maximum thickness ~21 mm), likely metastatic.
- VP shunt in situ with tip in the right lateral ventricle.

Dr. Sacchidanand Purkait Chief Consultant Radiologist	Dr. K. K. MISHRA Consultant Radiologist..	Dr. Bhavesh Patel Consultant Radiologist	Dr Rahul Bhartiya Consultant Radiologist
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Reported & Signed by:  Dr BHAVESH PATEL

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CIN-U74999DL2018PTC338900



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029

E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

MAST. AZAD KUMAR, 4 YRS / M

UID: 01.25.636S

18.01.2025

M.R.I. OF WHOLE SPINE

Sagittal T1 & FSE T2 weighted scans of the whole spine were studied and these were correlated with axial T1 & FSE T2 weighted images.

Follow up case of ependymoma, status post-op, showing -

12 x 10 mm focal lesion is seen in the left CP angle cistern and left perimedullary cistern. There is peripheral enhancement following administration of contrast. Findings are suggestive of ?residual lesion.

Nodular enhancement is seen along the surface of the cord and in the thecal sac in the lumbar region, suggestive of ?drop metastasis.

All the vertebrae in the view shows normal height, alignment and marrow signal intensities.

Intervertebral discs are normal in height and signal intensity.

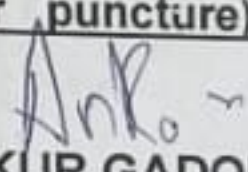
No disc herniation is seen compressing the thecal sac.

The Atlanta-Odontoid space and atlantoaxial joint is unremarkable.

IMPRESSION:

1. 12 x 10 mm peripherally enhancing focal lesion in the left CP angle cistern and left perimedullary cistern. Findings are suggestive of ?residual lesion.
2. Nodular enhancement along the surface of the cord and in the thecal sac in the lumbar region, suggestive of ?drop metastasis.

Clinical correlation and further appropriate workup (lumbar puncture) is necessary.


DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG, PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)



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E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

17.01.2025

MAST. AZAD KUMAR, 4 YRS / M

UID: 01.25.596

M.R. OF THE BRAIN WITH CONTRAST

Axial T1, FLAIR & FSE T2 weighted scans of the brain were studied and these were correlated with coronal and sagittal FSE T2 weighted scans. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Follow up case of ependymoma, status post-op, showing -

Midline suboccipital craniotomy changes are seen. Post op changes are seen in the cerebellar vermis in the periventricular region. Diffuse dural enhancement is seen along bilateral cerebral hemisphere, suggestive of post op changes.

Subtle nodular enhancement is seen along the surface of the brainstem and cerebellar folia, suggestive of ?drop metastasis.

12 x 10 mm focal lesion is seen in the left CP angle cistern and left perimedullary cistern. There is peripheral enhancement following administration of contrast. Findings are suggestive of ?residual lesion.

Bilateral lateral and 3rd ventricles are dilated. VP shunt is seen in situ with its tip in the right lateral ventricle.

Cerebral and cerebellar parenchyma is otherwise unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity. The corpus callosum, sellar and suprasellar regions are normal. No midline shift is seen. Skull base arteries demonstrate normal flow void.

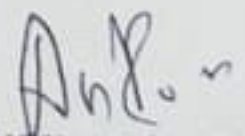
Visualized portions of the orbits and paranasal sinuses are unremarkable.

IMPRESSION:

1. 12 x 10 mm peripherally enhancing focal lesion in the left CP angle cistern and left perimedullary cistern. Findings are suggestive of ?residual lesion.
2. Subtle nodular enhancement along the surface of the brainstem and cerebellar folia, suggestive of ?drop metastasis.
3. Dilated bilateral lateral and 3rd ventricles. VP shunt in situ with its tip in the right lateral ventricle.

Compared with previous MRI dated 02.11.2024, no significant interval change is seen.

Clinical correlation is necessary


DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

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DIAGNOSTICS REDEFINED



Orbit Imaging & Pathlab Pvt. Ltd.

(A Surya Group Enterprises)

CIN No.: U74999DL2004PTC131223

PATIENT NAME	MST. AZAD KUMAR	AGE / SEX	04 YRS / MALE
REFERRED BY	AIIMS	REPORT DATE	02.11.2024 S.NO:- 102421039

MRI BRAIN WITH CONTRAST

STUDY PROTOCOLS:

MR IMAGING OF THE BRAIN WAS PERFORMED USING AXIAL FLAIR, T1 AND T2 WEIGHTED SECTIONS AND CORRELATED WITH T2W SAGITTAL AND FLAIR CORONAL IMAGES, WITH POST CONTRAST IMAGES IN AXIAL, CORONAL AND SAGITTAL PLANES.

FINDINGS:

There is evidence of a well defined peripherally enhancing nodular lesion of size measuring 12 x 9mm is seen along left lateral aspect of medulla. Mild perilesional edema is seen as T2/FLAIR hyperintensities. Blooming is seen on SW images consistent with hemorrhage – likely residual lesion.

Bilateral lateral ventricles & third ventricle are dilated with no obvious periventricular ooze with VP shunt is seen in situ in right lateral ventricle.

Multiple areas of blooming are seen on SW images around fourth ventricle in bilateral lateral & posterior aspect consistent with hemorrhages.

Cerebral parenchyma show normal MR morphology with maintained grey-white matter differentiation. Bilateral ganglio-thalamic region grossly appears normal in MR morphology.

Septum is in midline.

Basal cisterns and sylvian fissures are preserved.

Sella and parasellar region are normal.

Remaining cerebellar hemispheres and otherwise brainstem show normal MR morphology.

Note is made of fluid signal intensity in right sided mastoid air cells.

Note is also made of right maxillary sinusitis.

Please correlate clinically.

DR. A KUMAR
MBBS, MD (RADIO-DIAGNOSIS)
CONSULTANT RADIOLOGIST

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. **Please intimate us for any typing mistakes and send the report for correction within 7 days.**

Main Hub.: B-35, Pusa Road, Opp. Metro Pillar No. 124, Delhi - 110005, ☎ 011-46243301/02/03

MRI 3.0/1.5 TESLA • 128 SLICE CT • SPIRAL CT SCAN • 4D COLOR DOPPLER/ULTRASOUND • DIGITAL X-RAY • ECG/EEG • ADVANCED PATHOLOGY

• Clinical Correlation is essential for final diagnosis • If test result are unsatisfactory please contact personally • This report is only for perusal of doctors.
• Not for medico legal cases • All congenital anomalies in a fetus may not be diagnosed in routine obstetric ultrasound • Not included in NABL accreditation.



Department of Neuroimaging & Interventional Neuroradiology
Cardio-Thoracic & Neuro-Sciences Centre
A.I.I.M.S., Ansari Nagar, New Delhi-110029

Patient Name: Master.Azad Kumar	Age/Gender: 4 Years and 2 Months / M
Patient UHID :107754264	Ward :NS-ICU-C-2
Accession No:1457378	Ref. By Dr Bipin Kamlesh Mishra
Date of Examination :04.10.2024	Report Date: 17.10.2024 10:55

Investigation Report

MRI Brain Contrast

Sequences: Sag 3D T1, 3D T2, 3D T1 +C

Clinical details: Operated case of 4th ventricular SOL; (frozen – ependymoma) – POD2, seizures – to look for residual – SUBOPTIMAL AS ONLY LIMITED SEQUENCES ARE ACQUIRED.

Report:

Small heterogeneous intensity, isointense on T2WI and hypointense on T1WI with peripheral enhancement is seen in the left CP angle, left perimedullary cistern - ?residual
Moderate hydrocephalus

End of report

Neuro Radiologist: Dr. Gautham M S / Dr.S.B.Gaikwad /



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	: AZAD KUMAR	UHID NO.	: 107754264
Accession No	: S2445978	F/H Name	: S/O ANGAD YADAV
Age/Sex	: 4Y /Male	Additional ID	: NA
Clinic/Dept	: Neurosurgery	Unit	: Unit II
Consultant Incharge	: Dr. Santanu Kumar Bora	Request Date/Time	: 30-09-2024 /11:58:14
		Receiving Date/Time	: 01-10-2024 /11:24:03

Impression: Posterior fossa group A (PFA) ependymoma, CNS WHO grade 2

DIAGNOSIS:

S2445978A	Other	Tumor tissue for frozen	• Posterior fossa group A(PFA) ependymoma, CNS WHO grade 2
S2445978B	Tumor Tissue	Fourth vertical	• Posterior fossa group A(PFA) ependymoma, CNS WHO grade 2

End Report

Reporting Resident: Dr. Charli Roy

Reporting Faculty: Dr. Hemlata

Reporting Date/Time: 14-10-2024 15:29

Disclaimer :

This report is electronically generated and does not require a signature or stamp to be considered valid.
The pathology diagnosis is to be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.

MEDICAL RECORD

Progress Notes

NOTE DATED: 10/14/2024 07:35
LOCAL TITLE: NEUROSURGERY DISCHARGE NOTES
STANDARD TITLE: NEUROLOGICAL SURGERY NOTE
VISIT: 10/14/2024 07:35 DR OFFICE
DEPARTMENT OF NEUROSURGERY & GAMMA KNIFE, A.I.I.M.S., NEW DELHI
DISCHARGE SUMMARY

NOTE-Unless otherwise specified all dates mentioned in this note are in the formate MM/DD/YYYY

Referred by :

UHID NO:107-75-4264

BIOPSY NO: GAMMA KNIFE NO.:

N.NO.:

S.NO.:

NSOPD NO.:

11482/24

Patient Name : KUMAR, AZAD Age : 05 YEARS Sex: MALE
S/O : ANGAD YADAV WARD: NS-2 BED NO: 27
Address : ATHALKA, DIST SARSA, BIHAR Phone No. : 7870824373
Unit : II

Consultant : DR. SANTANU KUMAR BORA (SKB)

Assistant Surgeon 1st : DR. GURSEWAK SINGH

D.O.ADM.: Sep 29, 2024 OPERATION: Sep 30, 2024 DIS.: Oct 15, 2024

DIAGNOSIS : 4TH VENTRICLE SOL- EPENDYMOMA

OPERATION : MLSOC C1/C2 LAMINECTOMY + TELOVELAR APPROACH + GTE

BIOPSY : AWAITED

PRESENTING COMPLAINTS:

HEADACHE WITH VOMITING X 02 MONTHS
GAIT INSTABILITY X 02 MONTHS

PAST HISTORY : NO H/O DM , HTN , TB , CAD OR DYSLIPIDEMIA

TREATMENT HISTORY: UNDERWENT RT PARIETAL VP SHUNT AT IGMS PATNA

EXAMINATION FINDINGS:

HMF NORMAL, E4V5M6, NO CRANIAL NERVE DEFICITS, VA B/L EYES FC AT 6 FEET, PUPILS NSRL, POWER 5/5 IN ALL 4 LIMBS, NO SENSORY DEFICIT, CEREBELLAR SIGNS PRESENT.

INVESTIGATION

PREOP - HB 13.9/TLC 10610/PLT 280 K /NA 138/K 3.8/UREA 37/CREAT 0.7/PT 12/INR 1.01

POSTOP - HB 10.2/TLC 11810/PLT 195 K /NA 135/K 3.2/UREA 11/CREAT 0.4/PT 12.1/INR 1.02

SPECIAL DIAGNOSTIC PROCEDURE

CEMRI BRAIN: 4TH VENTRICULAR SOL WITH HETEROGENOUS POST CONTRAST ENHANCEMENT WITH HCP

POSTOP NCCT HEAD : POST MLSOC STATUS WITH MINIMAL IVH. NOHYDEOCEPHALOUS
** THIS NOTE CONTINUED ON NEXT PAGE **

KUMAR, AZAD
107-75-4264 DOB: 08/28/2020

AIIMS NEW DELHI
Pt Loc: OUTPATIENT

Printed: 10/15/2024 16:52
Vice SF 509



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029

E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

MAST. AZAD KUMAR, 4 YRS / M

UID: 01.25.636S

18.01.2025

M.R.I. OF WHOLE SPINE

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All the vertebrae in the view shows normal height, alignment and marrow signal intensities.

Intervertebral discs are normal in height and signal intensity.

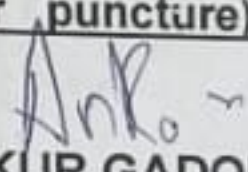
No disc herniation is seen compressing the thecal sac.

The Atlanta-Odontoid space and atlantoaxial joint is unremarkable.

IMPRESSION:

1. 12 x 10 mm peripherally enhancing focal lesion in the left CP angle cistern and left perimedullary cistern. Findings are suggestive of ?residual lesion.
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Clinical correlation and further appropriate workup (lumbar puncture) is necessary.


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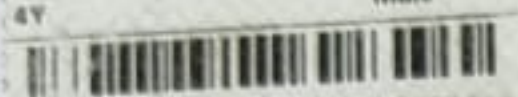
Tel: (011) 25750000, 42254000. Fax: +91 11 25861002 Website: www.sgrh.com

OUT PATIENT DEPARTMENT

Please do not write in the margin

AZAD KUMAR

Male



13/01/2025 13:27 OP14484769

PEDIATRIC HEMATOLOGY

Mon F55(12-4 noon)

Room: Sat F55(12-4 noon)

Dr. Anupam Sachdeva
Dr. Manas Verma

Registration No: 3487489 Rs. 100

SIB Kulkarni

C/o. 4th ventricular ependymomaHisto
HPE of Grade 2
Ependymoma

W/O

Headache
vomiting

gait instability

Aug.

C1/C2 laminectomy & GTE done in Sep 2024

Post op MRI done in Nov 24 for Residual region

Patient has been refused for RT

Adv (SIB to Manas)

Refer to Dr. Shikha
for RT planning

Swati

(Definitive RT

for post op

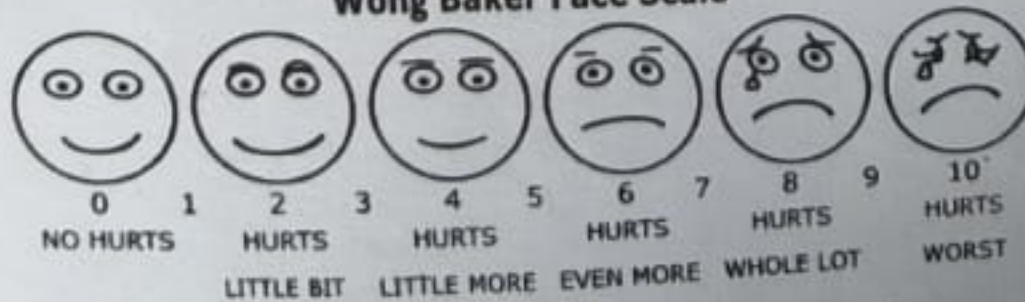
A Ependymoma

Payment will be
done by
Cankids.

Manas

Pain Score :

Wong Baker Face Scale



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OUT PATIENT DEPARTMENT

SGRH/OPD-WIF-087
 21

HB-10-8
 TLC-1-16
 Plt-81000
 ANC-684
 AMG-290

CSIB PHO team (S/BDs Manas)

Inj. GCSF - 80 µg on daily
 Monday, Tuesday, Thursday

Symp Mecamers - 5ml PO daily
 - CBC on Monday & Thursday

Cive Neutrine
 every day

[Signature]

CSIB PHO team

Manas

CSIB PHO team
 CSIB PHO team
 on follow up.

MRI Brain.

Adv

Scan show?
 leptomeningeal
 involvement.

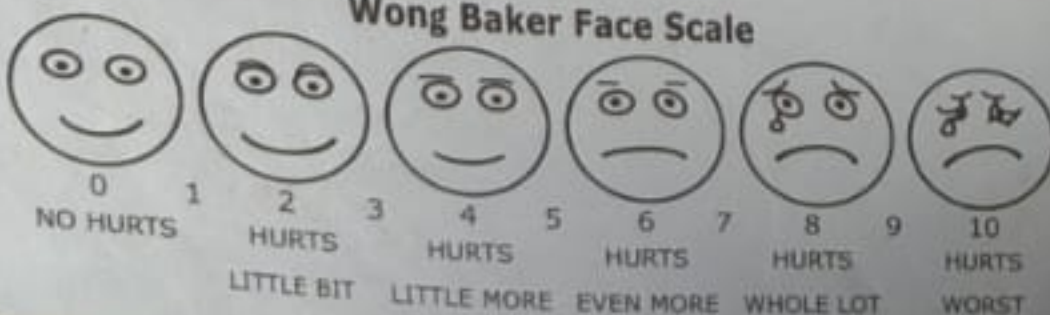
Mum feels he is ok.

Adv R/v after 1mo
 clinically

Manas

Pain Score :

Wong Baker Face Scale



ओम-
शुभद

~~शुभद~~ ~~कीपट्ट~~

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०

6/19

अ० भा० आ० सं०, नई दिल्ली-110029

Cardiothoracic & Neurosciences Centre, O.P.D.

A.I.I.M.S., New Delhi-110029

NS

दिनांक/Date

सोमवार + शुक्र

विभाग

Deptt.

11482124

नाम

Name

AZAD KUMAR

उम्र

Age

5

यू०एच०आई०डी०सं०
UHID No.

पुत्र/पुत्री/पत्नी
S/D/W

लिंग

Sex

M

107754264

निदान

Diagnosis

R.A. (9)
18/3/24

Patient doing well post Sx + RT.

↓

C/O (R) Testicular swelling.

Adv

- Refer to Pediatric Surgery OPD for
further evaluation 4 Mm.

Dr. Vande.

दिनांक
Date

29/7/25

Dis missed
in NRC
→ hematoma
in left extraocular
region.

Left sided
extraocular
collection.

~~Q~~ 9 hematoma.
? mtr.

Adv: Next head.

P-188

4/8/25

B/L chronic SDH/hygroma.
(L > R) ✓

Not complaining of headache.

Adv: Review after 1 mtr.

- See Epain 1 July OD
x to continue.

✓



TRUST

MRI IMAGING & DIAGNOSTIC CENTRE

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NAME: AZAD KUMAR 04 YRS/M
REF BY DR: BISHWANATH KUMAR, MD, DM (Neuro) 22-08-24
EXAMINATION: BRAIN

=====

THANKS FOR THE REFERRAL

MRI BRAIN (PLAIN + CONTRAST) + SCREENING C. SPINE.

TECHNIQUE:

On a SIEMENS SEMPRA 1.5 T magnet, the following pulse sequences were obtained: Axial-T1 FLAIR, T2W, FLAIR, DW, GRE Coronal-T2W sagittal-T2W, postcontrast-axial, coronal, sagittal

FINDINGS:

There is enlarged fourth ventricle. Fairly large inhomogeneous mass measuring approx 2.3 cm (AP) X 3.3 cm (ML) X 6.2 cm (CC) is seen in fourth ventricle. It appears inhomogeneously hyperintense on T2W and FLAIR images and hypointensity on T1W images. Few relatively more T2W hyperintense foci are seen in mass.

Mass is also extending anteriorly into foramen of Luschka. Caudal extension of mass through foramen magnum in to upper cervical canal is seen. Intraspinal extension of mass is causing spinal canal stenosis and marked compression over cord. compressed cord reveals T2W intramedullary hyperintensity.

On MRS, Cho: Cr ratio is significantly raised.

Patchy inhomogeneous enhancement of mass with multiple small ring like lesions are seen on postcontrast study with few nonenhancing cystic components. On SWI images small scattered hypointensity s/o hemosiderin staining are seen in mass.

Mass is deforming brainstem.

Both lateral and third ventricles are markedly dilated. There is significant periventricular interstitial leak on FLAIR images.

Diffuse effacement of cortical sulci are seen.

There is no mid line shift.

IMPRESSION:

- Enlarged fourth ventricle with fairly large inhomogeneously enhancing mass in it with evidence of hemosiderin staining caudally extending in to upper cervical canal through foramen of magnum, showing increased Cho: Cr ratio, causing marked obstructive hydrocephalous with interstitial leak ? Ependymoma
- Intraspinal extension of mass is causing spinal canal stenosis and marked compression over cord leading to cord edema/ myelomalacia.

DR. RAVI SHANKAR KUMAR, MD.

78, P.C. COLONY, MALAHIPAKRI CHOWK, NEAR RAMASHRAY SINGH PARK, KANKAR BAGH, PATNA - 800
Ph: 75200 02010, 75200 02011 E-mail: support@trustmri.in • Visit us: www.trustmri.in

MRI 1.5 T • CT SCAN • ULTRASOUND • DOPPLER • ECHO • X-RAY • PATHOLOGY

This report is not meant for medico-legal purposes. It is to be read in conjunction with the clinical and other investigation findings where applicable.