





Reg. Office: 4B/4, Tilak Nagar, New Delhi - 110018 Ph.: 011 45106300, 4560 2200 Website: www.starimaging.in

Email: info@starimaging.in

PATIENT NAME UID NO REFERRED BY SAMPLE ID

:Master KRISHNA :152504050021

:Dr. EAST INDIA IMAGING & PATH

:1505021

AGE/SEX REGISTERED COLLECTED REPORTED

:3 YRS / M

:05-Apr-2025 02:01PM

:06-Apr-2025 12:59PM

MRI

CE MRI BRAIN

STUDY PROTOCOL: SPIN-ECHO T1W, DWI, T2FFE, FLAIR AND FAST SPIN-ECHO T2 W AXIAL IMAGES OF BRAIN WERE OBTAINED ON DEDICATED QUADRATURE HEAD COIL AND CORRELATED WITH T2W CORONAL AND SAGITTAL IMAGES.

CLINICAL DETAILS: No vision Rt eye x 10 d

ANY PREVIOUS REPORTS / IMAGES AVAILABLE: No

FINDINGS:

A small non enhancing T2W-FLAIR hyperintensity seen in right corona radiata in periventricular white matter.

Rest of bilateral cerebral hemispheres appear normal

Basal ganglia and thalami appear normal.

Both lateral and third ventricles appear normal. Septum is in midline.

Basal cisterns and sylvian fissures are preserved.

Brainstem is in midline and reveals normal signal intensity.

Fourth ventricle appears normal.

Cerebellum reveals normal signal intensity.

Intracranial vascular flow voids are preserved.

Bilateral mastoids are clear.

Mucosal thickening is seen in b/l maxillary & ethmoid sinuses - s/o sinusitis.

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06-Apr-25 05:34 PM rajiv

Clinical Correlation of Test Result is essential for final diagnosis and it shall be interpreted by Doctors only. All disputes are subject to elation of Test Result is essential for final diagnosis and it shall be interpreted by Doctors only. All disputes an Our liability (if a focus of the following of the following





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MRI

IMPRESSION: CE MRI BRAIN REVEALS -

· A small non enhancing T2W-FLAIR hyperintensity seen in right corona radiata in periventricular white matter-? Demyelination

(Note: Separate MRI Orbit report)

Advice: Clinical correlation

REFERRED BY

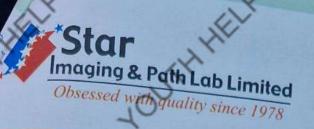
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Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. DUTHHELPING THHELPING

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:06-Apr-2025 01:11

MRI

CE MRI ORBITS

STUDY PROTOCOL: MULTIPLANAR MULTIECHO IMAGES OF BOTH ORBITS WERE OBTAINED Clinical History: Rt eye sudden vision loss x 10 days

FINDINGS:

A lobulated, heterogenously enhancing lesion seen in posterior segment of right eyeball along its posterior wall in right upper quadrant. It appears hypointense on T2W and

Another layer of conical fluid seen in posterior segment tapering towards optic disc with

B/I Optic-nerve sheaths appear mildly distended. Rest of Optic-nerve sheath complexes are

Both eyeballs are normal in size, outline. Left eyeball reveals normal vitreous humor signal intensity. Bilateral lens are normal in position.

Choroid-scleral thickness is normal.

B/l extraocular muscles appear normal.

Retrobulbar region including intraconal and extraconal compartments appear normal.

Optic chiasma appears normal.

B/l sella appear normal. B/l cavernous sinuses appear normal.

B/l lacrimal glands appears normal.

Rest of visualised soft tissues appear normal.

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OPINION:

· A lobulated, heterogenously enhancing lesion seen in posterior segment of right eyeball along its posterior wall in right upper quadrant as described - s/o? neoplastic

Another less likely possibility is of vitreous hematoma.

- · Another layer of conical fluid seen in posterior segment tapering towards optic disc -
- B/l Optic-nerve sheaths appear mildly distended.

Advice: Clinical correlation

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

End of Report ***

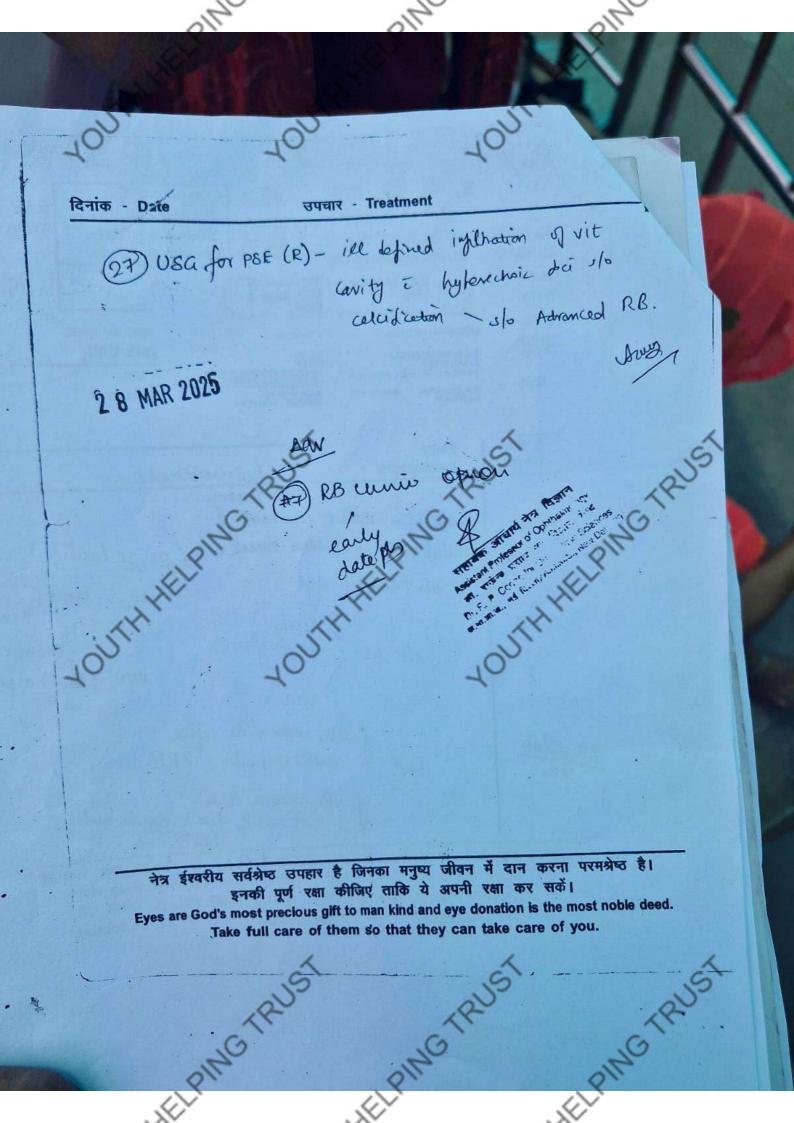
Rohin

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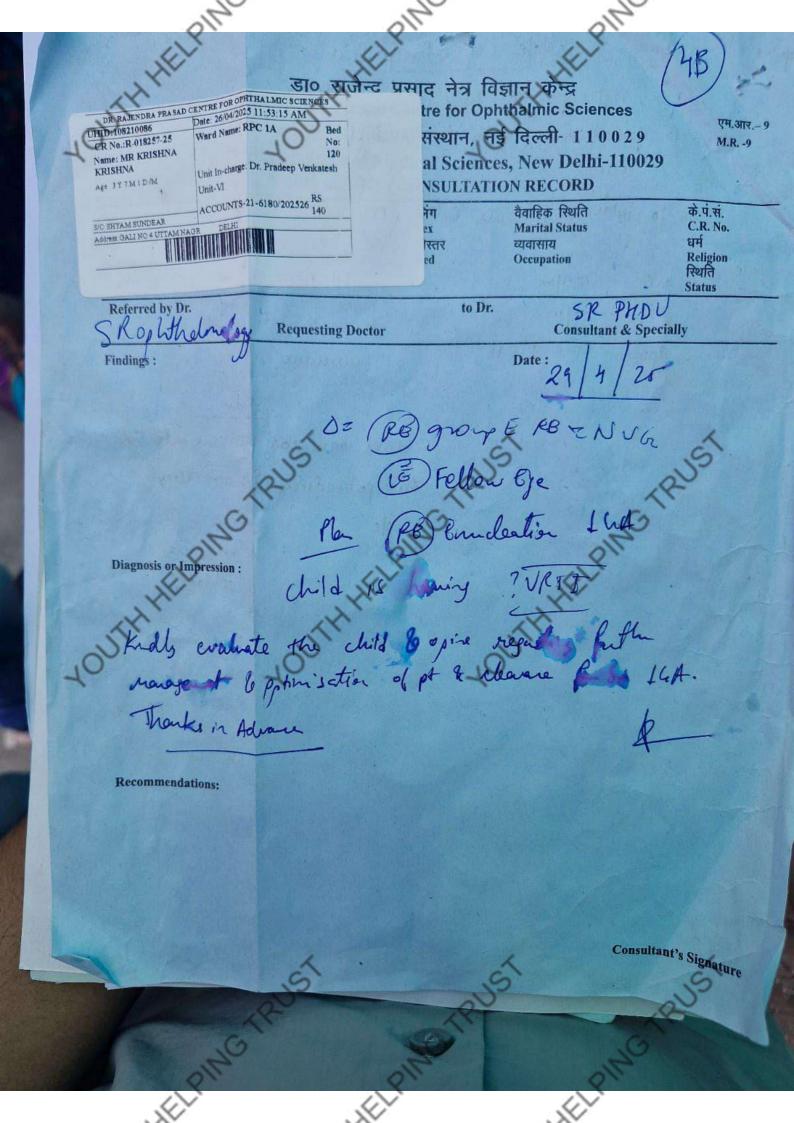
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Page 4 of 4

Age/Sex: Department: Ward Name: Unit: Address: Bed No .: अनुभाग व दिन O.P.D. Card Section and Day कमरा नंबर Cabin No. बुधवार व शनिवार डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र Wednesday & Saturday अ. भा. आयु. सं., नई दिल्ली-110029 Dr. Rajendra Prasad Centre for Ophthalmic Sciences A.I.I.M.S., New Delhi-110029 यू.एच.आई.डी. संख्या आचार्य राधिका टंडन का एकक 108210086 UHID No. Prof. Radhika Tandon's Unit पुत्र/पुत्री/पत्नी लिंग आयु पता Name of the Patient S/D/W Sex Age Address Knishna To दिनांक निदान DIAGNOSIS DATE उपचार Treatment CBE, LFT, RFT, PF तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें। G safely and bring it on your follow-up visits. KRISHNAKRISHNA 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं J Smoking 2. Use Dustbin 3. No Spitting



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Date: YOUTH HELPHIN YOUTH HE WIT NEUROIMAGING CT Right eye Left eye CG (Orbit) Indentity HELPASTAND-N/J. RI MC. J'hypoIntense ouass (2)

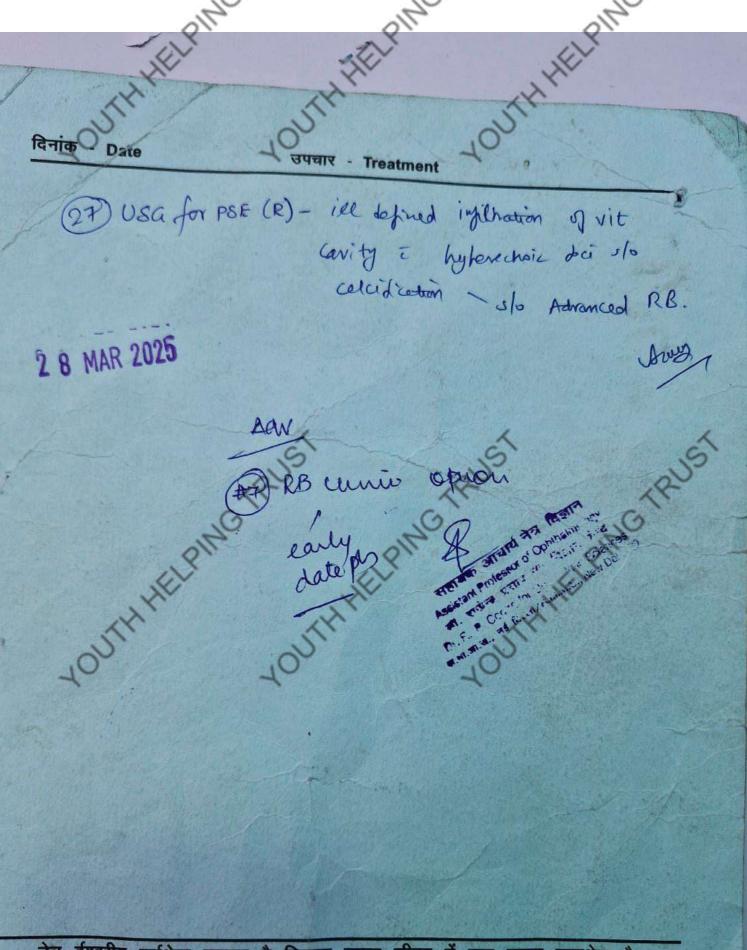
TILLES hilled enhancement (2)

ON not involved

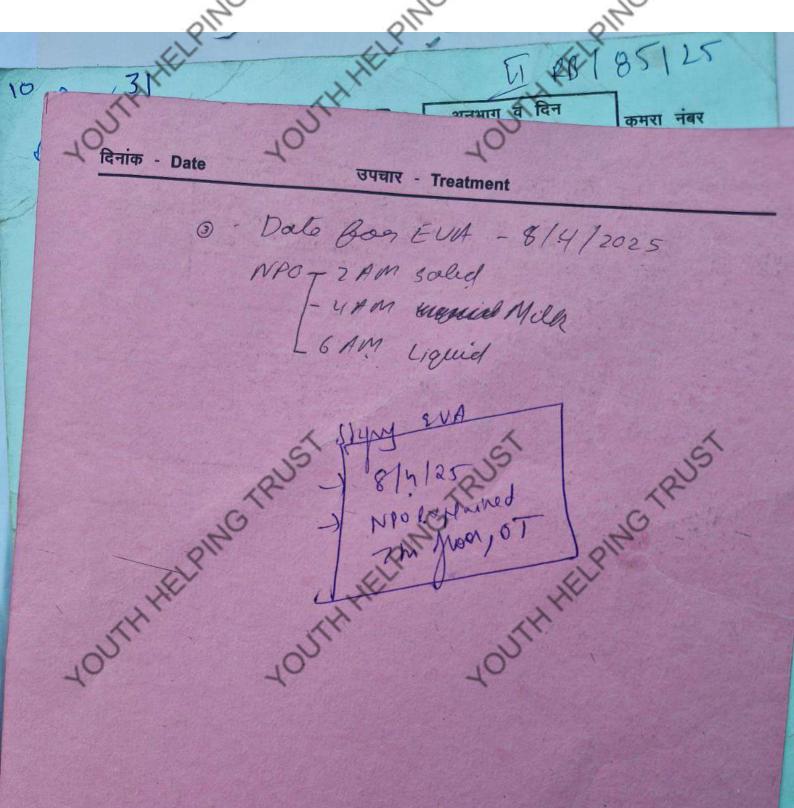
RD (2); hemovrhage.

Ocular mets appear Indent.

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(n (RE) Heterogeneus man KRISTINA निदान दिनांक DIAGNOSIS DATE Heterogeneus mass à spikes of calcification & 3/0 Retinoblation aressly anechoic NOW 1 ((E MRI Fat supressed Brain 20 7 bit Imm cut section passing therough word 1 Optic nerve and Peneal aland. @ NRC remen on Monday 14 ward 2A कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें। Kindly keep this Card safely and bring it on your follow-up visits. 1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डार्ले 3. थूकिये नहीं 3. No Spitting 2. Use Dustbin 1. No Smoking