

RADIOLOGY FINAL REPORT

North Central Baptist Hos
San Antonio, Texas

Pt. Name: DUNCANSMITH, NOELLE E	Unit#: B0003549891
Ord Phy: 3868 WILCOX, GEORGE	Acct #: B0626000512
Ordered Date/Time 09/18/06 0814	DOB: 12/19/87 Age: 18Y Sex: F
Patient Type: BIP	Loc: DIS
Adm: 3868 WILCOX, GEORGE	DC Date/Time: 09/18/06 1208

Checkin-Exam Code Summary
2228620-5013

Minimal mucosal thickening is noted in the ethmoid air cells. Remainder of the paranasal sinuses appear normal. The orbits are normal in appearance.

IMPRESSION:

1. INCREASED T1 SIGNAL WITHIN THE BILATERAL CAUDATE HEADS AND PUTAMINA, WHICH IS SYMMETRIC. THIS CORRESPONDS TO AREAS OF CALCIFICATION SEEN ON THE PRIOR CT BRAIN. THIS MAY BE DUE TO PATIENT HISTORY OF CADASIL BUT IS NOT A TYPICAL FEATURE. THIS DEGREE OF CALCIFICATION IS ALSO MORE THAN EXPECTED FOR NORMAL VARIANT. THIS CAN BE SEEN WITH ABNORMAL CALCIUM METABOLISM.
2. SEVERAL TINY FOCI T2 SIGNAL ABNORMALITY IN THE WHITE MATTER WITH SEVERAL PUNCTATE FOCI IN THE CENTRUM SEMIOVALE. THIS IS LIKELY DUE TO CHRONIC SMALL VESSEL ISCHEMIC DISEASE CONSIDERING PATIENT HISTORY.
3. NO EVIDENCE OF INTRACRANIAL HEMORRHAGE.

Lynn S. Carlson, M.D.

CC: BMC 214 488 9016 TRANSCRIP
NCE RADIOLOGY 297-0417
NCE ADULT ICU 297-0447

COMPLETE DUPLICATE FINAL

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Scan
P.H.R.

10/5/06

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Check-in Date/Time 09/18/06 0931
 Chk-in # Order Exam
 2228620 0013 5013 MR BRAIN WO&W CONTRAST 70553
 Ord Diag: ; POSS BLEED

09/18/2006: MR BRAIN W AND WO CON

MR BRAIN W AND WO CON: 70553 09/18/2006

COMPARISON: Comparison to CT brain from the day prior.

INDICATIONS: Bleed. History of CADASIL.

TECHNIQUE: Routine MRI brain pre and postcontrast.

FINDINGS: There is minimal T2 signal abnormality in the periventricular white matter. There are also several tiny scattered foci measuring less than 2 mm of T2 signal abnormality within the centrum semiovale. Increased T1 signal is noted in the bilateral heads of the caudate as well as the putamen and dentate nuclei, which is symmetric. Signal abnormality in the heads of the caudate and putamina correlate with calcification seen on CT brain. No enhancing abnormality is identified. No evidence of midline shift, mass effect, extra-axial fluid collection or intracranial hemorrhage. There are appropriate vascular flow voids. There are no areas of restrictive diffusion on diffusion-weighted imaging to suggest acute infarct. Negative for cerebellar tonsillar ectopia. The midline structure anatomy appears normal.

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