

Patient Name: Silla Khaled Mohamed El Sayed Ateya	Patient ID: 787432
Ref. Phy.: هدى يحيى طوموم	Study Date: 22/01/2024

(DOB: Oct 14, 2012)

MRI OF THE BRAIN:

TECHNIQUE:

1. Axial T1, FLAIR & T2 WIs
2. Sagittal T1 WIs
3. Diffusion WI axial images

HISTORY:

- A 10 years old female diagnosed as having primary demyelinating disorder with spastic paraparesis, coming for follow-up. Compared to last study dated 16/11/2022 (report only), the current study revealed:

FINDINGS:

- Still seen faint, hardly detected focal high signal alteration noted along the posterior aspect of the brain stem especially tectum of the mid brain, with the previously described pontine focal signal alteration couldn't be appreciated in today's study.
- Still seen those changes in peri-ductal location as demonstrated along axial FLAIR sequences.
- Still seen faint high signal changes noted along the posterior aspect of the midbrain as well as the medulla.
- Still seen faint abnormal signal alteration along the posterior aspect of the optic nerves especially at the prechiasmatic region being more prominent along the left one, seen on axial FLAIR images.
- Subtle diffusion restriction noted along the most posterior aspect of the tectum of the midbrain with no other areas of diffusion could be elicited in today's study.
- Still no similar supratentorial lesions or callosal lesions.
- No T1 black holes could be seen.
- No MR evidence of brain atrophy.
- No intra-cerebral hematoma or extra-axial collection.
- Normal MR of sella turcica.
- Longitudinal area of abnormal signal alteration noted at the craniocervical junction starting from the most inferior part of the medulla more inclined towards the left side.
- No other MR abnormality detected.

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MRI OF THE WHOLE SPINE:

Technique:

- Sagittal T1 & T2 WIs
- Axial T2 & T2* WIs

FINDINGS:

- Abnormal faint signal alteration noted affecting mainly the whole cervical spinal cord yet with no cord expansion or atrophy.
- Focal cord extension is noted seen at the level of D3 with faint abnormal signal alteration.
- Rather normal MR appearance of the rest of the dorsal spinal cord with no intra-medullary signal alteration.
- No bone marrow lesions.
- No peri or inter-spinal canal masses or collections.
- Rightward scoliosis of the dorsolumbar spine noted.
- Spastic condition of the cervical spine.
- Normal MRI structural appearance and signal intensity of the scanned discs, with no evidence of disc pathology.
- Intact vertebral bodies and neural arches that appear of normal signal intensity.
- Neural foramina are not compromised.
- No facet joint arthropathy.
- No primary spinal canal stenosis.
- Normal MRI appearance of retro and para spinal soft tissue structures.