



Radiology

Patient: FOONG MING NIANG

HN: 00816759

Visit: IPAS92262

DOB: 05 Jun 1986

Status: Final Report

Age: 25 yrs

Sex: Female

Order: 174378

Reported: 19 Dec 2011 18:26

11945959

Accession: CT-11-3484

Study: Brain - pre & post Contrast (CT)

Exam Ordered: 19 Dec 2011 16:55

Order: CT SCAN/174378

Physician: Dr. JONATHAN YACOB

Exam Completed: 19 Dec 2011 17:15

PLAIN AND CONTRAST ENHANCED MSCT BRAIN

Evidence of bilateral craniotomy defects.

A few moderately hyperdense leptomeningeal lesions are seen in the right hemicranium. The right parasagittal leptomeningeal nodule measure 1.2cm and 1.8cm in dimension.

The right intraventricular nodule in the posterior horn of the right lateral ventricle measures 1.4cm in size.

Irregular leptomeningeal thickening in the posterior and anterior interhemispheric fissures, and along the tentorium.

The leptomeningeal lesion in the middle cranial fossa and around the right superiororbital fissure seen.

There is leptomeningeal enhancement along the tentorium bilaterally and comprising the CP angle and extending to the left antero-lateral wall of the foramen magnum and the left intervertebral foramen of C1/C2.

The left C1/C2 foramen is widened, where a 2.7cm x 2.3cm enhancing nodule is also noted. There is hypodense cystic component of this lesion contiguous with it, which might represent a dumb-bell lesion.

A large hypointense area of gliosis noted in the right posterior fossa adjacent to the craniotomy defect.

The bony defect in the posterior wall of the petrous bone bilaterally may be due to post surgical defect or tumour erosion. ossa

(There is a strong mettalic artifact seen at the left CP angle ? cast by surgical clips)

SUMMARY

Multiple intracranial neurofibromatosis with extensive leptomeningeal involvement in the supratentorial and posterior fossa region with extension along the left left antero-lateral wall of the foramen magnum. A dumb-bell lesion is noted at the left C1/C2 paravertebral region.

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