

<b>Patient:</b>	<b>Doe, John B</b>	<b>Exam Date:</b>	<b>4/14/2016 1:37:17 PM</b>
<b>MRN:</b>	<b>29020</b>	<b>DOB:</b>	<b>7/25/1960</b>
<b>Ref. Physician:</b>	<b>Demo Physician MD</b>	<b>Gender:</b>	<b>M</b>
<b>Location:</b>	<b>Demo Facility</b>		

PROCEDURE: MRI BRAIN W W/O

HISTORY: headaches, neck pain, suspicious for meningitis after orthopedic surg

TECHNIQUE: Multiplanar multi-sequence MR imaging of the brain was performed with and without gadolinium. No comparison study available.

FINDINGS: There is good gray white differentiation and sulcal detail. I don't see any acute large vessel distribution infarction, intracranial bleed, or focal mass. There are a few punctate subcortical and periventricular hyperintensities none of which show any mass effect or enhancement after gadolinium administration. No gyral hyperintensities are seen. There is no leptomeningeal enhancement seen after gadolinium administration. The ventricles are normal in size, shape, and midline in position. I don't see any cerebellopontine angle mass. Normal fluid filled inner ear structures are seen on this routine brain MRI examination. The large vessel flow voids are present. The craniocervical junction shows normal alignment and no mass effect. The extraocular muscles are symmetric in size and normal in signal. The superior ophthalmic veins are symmetric. The remainders of the visualized midline structures are within normal limits. The paranasal sinuses are clear.

IMPRESSION:

1. No acute large vessel distribution infarction, intracranial bleed, or focal mass seen.
2. Mild hyperintensities in the subcortical and periventricular white matter are consistent with small vessel ischemic disease or the effects of vasculopathy.
3. No leptomeningeal enhancement is seen or MRI evidence for meningitis at this time.

Interpreting Doctor: **Demo Physician MD**

Electronically Signed by Demo Physician MD at 4/15/2016 1:34:02 PM



**Emergence  
Teleradiology**



Emergence Teleradiology is Accredited by The Joint Commission