



Date : 24-Jun-2023
Reg. No. : 44917 (AHM-44755)
Branch: Satellite

OPINION :
Well defined heterogeneously enhancing extra-axial lesion in left CP angle cistern, extending into left internal auditory canal - *likely acoustic schwannoma*. Size - $2.3 \times 1.6 \times 1.9$ cm .
... over left 5th nerve - over root exit zone and adjacent cisternal

- Well defined mass effect extending into left internal table x 1.9 cm .
- Superiorly - mass effect over left 5th nerve - over root exit zone and adjacent cisternal segment.
- Inferiorly - mass effect over left 9th - 10th - 11th nerve roots complex.
- Resultant mass effect over pons, left middle cerebellar peduncle , left cerebellar hemisphere and 4th ventricle . Rotation of pons.
- Minimal focal perilesional oedema in left middle cerebellar peduncle.
- Mild prominence of supratentorial ventricular system without periventricular CSF ooze - likely arrested minimal hydrocephalus.

----- End Of Report -----



- MRI (3T Upgraded Software)
- C.T. Scan (500 Slice with VHS)
- Sonography 3D / 4D
- Colour Doppler
- Digital X-Ray 500MA
- Pathology Lab

MRI REPORT (1.5 TESLA/16 channel)

NAME: SNEHLATA NOLAKHA

REF. BY: DR. MANISH GOYAL SIR

AGE/SEX: 52Y/ F

DATE: 27-10-2023

CONTRAST ENHANCED MRI BRAIN (NERVE PROTOCOL)

On a 1.5 Tesla system, MRI of brain has been performed using T1W, T2W, FLAIR, gradient & diffusion weighted sequences in multiple planes. In addition 3D FIESTA sequence in axial plane is acquired for evaluation of intra cranial nerve internal auditory canals and cerebello-pontine angle cisterns. IV gadolinium is used for contrast portion of the study

Imaging Features:-

There is an intensely-heterogeneous enhancing circumscribed lesion in left cerebellopontine angle cistern; with a large globular cisternal component centered over the IAC/ porus acusticus and small intracanalicular component, with minimal to mild widening of the IAC. The cisternal segments of left VII-VIII nerve complex are not separately recognized. Patchy foci of non-enhancement within lesion indicate minor necrosis.

The round cisternal component of the tumor measures approx 21mm x 23mm x 20mm, and causes mild compression on the left lateral midbrain, brachium pontis, medulla, left middle cerebellar peduncle and left cerebellum. No evidence of intra-axial edema in left cerebellar hemisphere and vermis region. Mild compression of fourth ventricle is seen without significant dilatation of ventricles upwards.

Rest of brain parenchyma appears normal. No abnormal brain parenchymal or leptomeningeal enhancement is seen.

Bilateral trigeminal nerves appear normal.

Right cerebello-pontine angle cisterns are normal. No abnormal signal intensity is seen. The cisternal segments of VII-VIII nerve complexes are normal on right side. The inner ear structures including cochlear turns and semicircular canals are intact.

Bilateral basal ganglia and thalami are symmetrical and reveal normal signal intensity. The rest of brainstem and cerebellum appear normal. There is no evidence of cerebellar tonsil ectopia. Corpus callosum appears normal. There is no sellar widening.

No acute infarct is seen on diffusion sequence. No abnormal susceptibility is seen on gradient sequence to suggest hemorrhage. The grey white differentiation is preserved. Normal intracranial flow voids are well-visualized.

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Note: - This is only a Radiological Impression & not the final diagnosis. Like all diagnostic modalities, MRI also has its limitations. Therefore MRI report should be interpreted in correlation with clinical & pathological findings. Please take second opinion prior to invasive procedures and in case of clinical discrepancy. Patient identity not verified before procedure.

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Conclusion:-

- An intensely-heterogeneous enhancing circumscribed lesion in left cerebellopontine angle cistern; with a large globular cisternal component centered over the IAC/porus acusticus and small intracanalicular component, with minimal to mild widening of the IAC, cisternal segments of left VII-VIII nerve complex not separately recognized. Patchy foci of non-enhancement within lesion indicate minor necrosis. The round cisternal component causes mild compression on the left lateral midbrain, brachium pontis, medulla, left middle cerebellar peduncle and left cerebellum. No evidence of intra-axial edema in left cerebellar hemisphere and vermis region. Mild compression of fourth ventricle without significant dilatation of ventricles upwards, likely represent left acoustic schwannoma.

ADVISE - Clinical and biopsy correlation


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