MRI VIAVA ASSIGMENT

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Q NO: Write down the radiological MRI brain of the following image?

ANS: MRI appearance: After 24 hours of the post stroke middle cerebral artery (MCA) stroke appear as a very low signal intensity T1-weighted images and high intensity signal on T2-weighted images. Infractions appear as hyper intensive on T2 and FLAIR images due to development of cytotoxic and vasogenic edema in the stoke area after 24 hours.

PHATOLOGY: So typical appearance of effected area as 24 hours post stroke.

And it’s also a T2 axial image.

Q NO 2: Radiological finding of the image?

ANS: This MR image is also a T1 coronal image.

T2:

Acute: Hypo intense to hyper intense

Subacute: Hyper intense.

Chronic: Hyperintense.

PHATOLOGY: A subdural hemorrhage is an extra-blood found between Dura and arachnoids mater.

 Q NO 3: Find abnormality and pathology of this image?

ANS: Abnormality: This MR image is also T1 sagittal post contrast.

Clinical presentation: Hormonal imbalances, visual disturbance.

MRI appearance:

T1: Hpointense.

T2: Unpredictable variable signal.

T1 contrast enhanced: Hperintense.

PHATOLOGY: Pituitary adenoma. The pituitary adenoma is tumors that arise in pituitary gland.

Q NO 4: Identify what is wrong in this image?

ANS: It is T2 FAT SAT axial MR image.

T2: Homogenous markedly hyperintense (referred to as a light bulb sign)

Post contrast: Enhancement futures depend upon on the size of lesion, homogenous arterial phase enhancement (less than 1.5 cm) on interrupted peripheral nodular enhancement (> 1.5 cm) with centripetal progression to uniform enhancement.

Hepatobiliary phase: Hypointense.

DWI: Hyperintense with low b values (T2 shine through). Iso-intense with high b value and on ADC map.

PHATOLOGY: Liver haemangioma. Haemangiomas are the most common tumors of the liver.