

Patient: DUARTE, NATHAN
PHN: [REDACTED] Gender: Male
Date of Birth: 1991 SEP 13 Age: 32Y



Medical Imaging Report

Procedure Description: Head Contrast

Body Part: HEAD

Modality: MR

Organization: FHA-SE

Exam Date/Time: 2024 JAN 09 19:22

Accession: SMMR2409010289

Patient Known at Radiology as:

Patient Name: DUARTE, NATHAN MATTHEW

Date Of Birth: 1991 SEP 13

Sex: M

MRN: LM162072

Ordering Physician: Koczka, Kim

FRASER HEALTH AUTHORITY Signed
Surrey Memorial Hospital Medical Imaging Report

ACCOUNT#:SM214813/23 UNIT #: SM01274890
PHN: 9134292721 NAME: DUARTE,NATHAN MATTHEW
P [REDACTED] AGE: 32 SEX: M
DOB: 13/09/1991 REG CAT: S.REF LOC: SM.MI/BCCA
ADMIT:09/01/24 DISCHARGE:

Order Dr: Koczka, Kim W Family Dr: Chang, Adam Y
Attend Dr: Koczka, Kim W

EXAM DATE:09/01/24 PACS ID#:LM162072 BCCA#: 2248554

ORDERS: REPORT#:1101-1342
0901-0289 MR/Head Contrast

EXAM TYPE:
MR Head Contrast

HISTORY:
Post chemoradiation on surveillance. Repeat MRI to assess for progression of disease.

COMPARISON:
MRI head November 8, 2023 and multiple studies dating back to October 2022.

TECHNIQUE:
MRI head including sagittal 3D T2 FLAIR, axial DWI, 3D MP RAGE pre and postcontrast, SWI, T2.

FINDINGS:
Previous right parietal craniotomy. Unchanged right parieto-occipital resection cavity.

Previously described nodular enhancement in the inferomedial aspect of the surgical cavity continues to decrease in size, measuring 7 x 3 mm (18:86), previously 7 x 5 mm, and 11 x 9 mm September 13, 2023. Unchanged linear enhancement and minimally nodular enhancement

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along the posterior lateral
aspect of the resection cavity.

Stable high T2 FLAIR signal surrounding the resection cavity and extending across the splenium of the corpus callosum to involve the left occipital and parietal periventricular and deep white matter. No associated enhancement.

Postsurgical dural enhancement deep to the craniotomy is stable.

No new intracranial lesion.

Midline structures are central. Ventricular caliber is stable.

No diffusion restriction. Central arterial flow voids are maintained.

Orbits and paranasal sinuses are unremarkable.

IMPRESSION:

1. Further decrease in size in the nodular enhancement along the inferior medial aspect of the resection cavity.
2. Stable high T2 FLAIR signal surrounding the resection cavity and extending into the contralateral white matter.
3. No acute intracranial finding.

Dictated By: William D. Wong
<Electronically signed by Evgeny Strovski MD in OV>

Report was generated in Voice Recognition System ("FFI")
D: 10/01/24 0952 E: ; 10/01/24 0952 S: *; 11/01/24 1155

cc: Chang,Adam Y; Koczka,Kim W

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