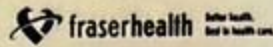


Patient: DUARTE, NATHAN  
PHN: 9134292721 Gender: Male  
Date of Birth: 1991 SEP 13 Age: 33Y



### Medical Imaging Report

Procedure Description: Head Double	Patient Known at Radiology as:
Body Part: HEAD	Patient Name: DUARTE, NATHAN MATTHEW
Modality: CT	Date Of Birth: 1991 SEP 13
Organization: FHA-SE	Sex: M
Exam Date/Time: 2022 OCT 28 00:17	MRN: LM162072
Accession: SMCT2228100141	Ordering Physician: Murray, Craig

FRASER HEALTH AUTHORITY Signed  
Surrey Memorial Hospital Medical Imaging Report

ACCOUNT#: SM190871/22 UNIT #: SM01274690  
PHN: [REDACTED] NAME: DUARTE, NATHAN MATTHEW  
PT TEL# [REDACTED] AGE: 31 SEX: M  
DOB: 13/09/1991 REG CAT: S. EMG LOC: SM. ERT CZ  
ADMIT: 27/10/22 DISCHARGE:

Order Dr: Murray, Craig S Family Dr: Chang, Adam Y  
Attend Dr: Dictate Dr: Russell, R. David

EXAM DATE: 28/10/22 PACS ID# LM162072 BCCA#:

ORDERS: REPORT# 2810-0045  
2810-0141 CT/Head Double

EXAM TYPE:  
CT Head Double

HISTORY:  
Headache. Rule out mass.

COMPARISON:  
MRI lumbar spine dated May 25, 2022.

TECHNIQUE:  
Routine non-contrast and IV contrast enhanced CT of the head was performed, with multiplanar reformats.

#### FINDINGS:

A large focus of expansile hypodensity is present centered in the right parietal lobe, measuring 7.8 AP x 4.6 TR x 7.1 CC cm, with peripheral hyperdense and heterogeneously enhancing nodule posterolaterally measuring 1.5 x 1.7 cm. The appearance favors a cystic mass with enhancing nodule.

NOTE: This is information at a point in time and updates/addendums may not be fully reflected on printed copies. The report should be reviewed again online to ensure the most current information is used before making clinical treatment decisions.

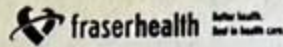
This printed report contains confidential personal information and is for direct care purposes only.

Printed By: Nandra, Amandeep

Continued on Page - 2

Printed On: 2025 MAY 22 09:21 AM  
Page: 1 of 2

Patient: DUARTE, NATHAN  
PHN: 9134292721 Gender: Male  
Date of Birth: 1991 SEP 13 Age: 33Y



## Medical Imaging Report

Severe midline shift measures up to 12 mm, with subfalcine and infratentorial herniation. The mass effaces the posterior right lateral ventricle and obstructs the 3rd ventricle/cerebral aqueduct, with lateral ventricular hydrocephalus.

Though not optimized for assessment, no gross abnormality is appreciated within the intracranial vasculature. The dural venous sinuses are patent.

The globes and orbits are within normal limits. The paranasal sinuses and mastoid air cells are clear. No acute or suspicious osseous lesion.

### IMPRESSION:

Right parietal intra-axial mass, highly suspicious for primary glioma, with associated mass effect and hydrocephalus as detailed above.

Further evaluation with urgent contrast enhanced MRI head and neurosurgical consultation are advised.

Dictated By: Robert D Russell MD  
<Electronically signed by Robert D Russell MD in OV>

Report was generated in Voice Recognition System ("FFI")  
D: RUSSELLR1; 28/10/22 0040 E: 28/10/22 0040 S: 28/10/22 0057

cc: Chang,Adam Y; Murray,Craig S

This report was created by the dictating author utilizing speech recognition technology. If there are questions about its content, referring clinicians should contact the author directly through this FHA Medical Imaging department or email [FHRadQuality@fraserhealth.ca](mailto:FHRadQuality@fraserhealth.ca). If you are a patient with questions about the report content, contact your referring clinician or primary care provider.

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End of Report

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