Edmond Regional Medical Center - Radiology Report
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 OU MEDICAL CENTER - EDMOND
ONE South Bryant MAGNETIC RESONANCE IMAGING PHONE: (405) 341-6100
Edmond, OK 73104 CONSULTATION REPORT FAX: (405) 359-5500
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PT. TYPE: REG CLI RAUN,WILLIAM ROBERT
ACCT#: W01000995967 DOB: 06/21/1957 AGE: 54 SEX: M
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ORD PHYSICIAN: Algan MD,Ozer EXAM STARTED: 10/17/11 1210
ATT PHYSICIAN: Algan MD,Ozer EXAM COMPLETED: 10/17/11 1516
ADMISSION CLINICAL DATA: EPENDYMOMA 191.5

 EXAMS: CPT::
000392195 MR BRAIN W WO INF 70553

 MRI brain with and without contrast dated Oct 17, 2011 03:17:00 PM
 Comparison: April 13, 2011
 History: [ MALIGNANT NEOPLASM OF VENTRICLES, EPENDYMOMA ]

 Technique: Multiplanar imaging of the brain was performed in a routine
 fashion utilizing a 1.5T magnet. 15 ccs of ProHance IV contrast was
 administered during the post infusion portion of the exam, with
 postcontrast T1 sequences added. Pulse sequences obtained include:
 T1, T2, FLAIR, T1 Postcontrast. DWI.

 Findings:
 Persistent area of enhancement demonstrated along the floor of the
 fourth ventricle measuring approximately 11 x 5 x 8 mm in size. This
 is not significantly changed in comparison to the most recent study.

 Remainder the brain again demonstrates postsurgical changes of
 suboccipital craniectomy with evidence of mineralization in the
 surgical bed. Ventricular size has not changed significantly since the
 most recent study. White matter signal surrounding the occipital horns
 has not changed. Scattered T2 signal white matter hyperintensities are
 stable in size and distribution.

 Surrounding osseous structures again demonstrate changes of radiation.
 No other areas of abnormal enhancement demonstrated. No abnormal
 leptomeningeal enhancement.

 Midline structures are nondisplaced. There is no significant mass
 effect, or acute hemorrhage. Basilar cisterns are preserved. No
 diffusion restriction present to suggest acute infarct..

 Imaged proximal cord a grossly unremarkable better demonstrated in the
 spine MR.. Normal cerebrovascular flow voids are seen. Small amount of
 fluid signal in the dependent right mastoid air cells.. Paranasal
 sinuses demonstrate normal MR signal.

 Impression:

 1. Stable area of enhancement along the floor of the fourth ventricle.
 No new lesions or evidence of subependymal spread demonstrated.