

Requisition Number: 230280946	Request Date: 01/06/2026 18:12
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Patient name	: DAN CHIKE OGU	Barcode number	: 230280946
Age / Sex	: 59 years, 5 months, 0 days / M	Requisition Date & Time	: 01/06/2026 18:12
Collection Date & Time	: 01/06/2026 20:15	Report Date & Time	: 01/06/2026 18:12
Referred by	: new NEW	Clinical history	: SUDDEN RIGHT HEMIPARESIS DEVIATION OF MOUTH TO THE LEFT
		Printed Date & Time	: 02 Jun 2026 09:28:20

Thank you for your request. We are reporting the following results:

Device type: MRI MAGNETOM

INVESTIGATION: BRAIN

RESULT:

Indication: Stroke

Technique: Serial axial, sagittal and coronal T1W, T2W, Axial FLAIR, DWI as well as ADC images were acquired using a 1.5T MRI machine.

Findings:

There are wedge shaped subcentimetre non-enhancing, T1 hypointense and T2/FLAIR hyperintense areas with diffusion restriction seen in the pons, right thalamus and the left basal ganglia.

Varying sized, mild T1 hypointense, T2/FLAIR hyperintense, non-restricting, non-enhancing confluent gliotic foci seen bilaterally in the periventricular deep white matter, corona radiata and centrum semiovale of the parietal lobes.

Mild generalised cortical atrophy is seen as evidenced by the mild loss of the cortical gyral volume and prominent cortical sulci, gyri, basal cisterns and Sylvian fissures [GCA score of 1].

The rest of the cerebral and cerebellar hemispheres are normal in their outline, appearance and signal intensity.

The intracranial nerves are normal in their outline and dimensions.

The midbrain and the medulla show normal anatomic configurations. There are no focal or diffuse mass lesions seen.

The quadrigeminal plate and its cistern are normal in outline, dimensions and signal intensity.

The pituitary and pineal glands are normal in outline, shape and size. There are no macro nor micro lesions seen within.

Both globes, optic nerves and retro-bulbar spaces are normal in their dimensions, outline and signal intensity. No focal or diffuse lesion is seen.

Note: These Report are for assisting Doctor/Physician in their treatment and should be correlated clinically.

Simplifying treatment through accurate diagnosis

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The inferior nasal turbinates are mildly engorged. Mucosal thickening of the walls of the left maxillary sinus seen - Rhinosinusitis [Incidental finding].

The overlying soft tissues of the scalp appear normal.

Conclusion:

1. **Lacunar Infarcts.**
2. **Generalized Cortical Atrophy with small vessel disease.**



Dr. Agazie K. C. (MBBS [Nig.], FWACS)
Consultant Radiologist.

****To the managing physician: Should you wish to discuss this report, please contact: +2348064094181 or 08034214440*****

*****End Of Report*****

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