



## PRASAD IMAGING & DIAGNOSTIC CENTRE

सकमजला, बर्बा हाईटल्, सन्मान गार्डनच्या समोर, सोपचन एरिया, मांथेह-४३११०१. 7822909758 pldc16032023@gmail.com

Reg. No :

Name : MAHEK FATEMA

Ref By : DR. VIKRAM MANURE SIR (NCC)

Date: 23.04.2026

Age: 21Y / Sex: F

### MRI BRAIN (PLAIN AND CONTRAST)

**Clinical Profile:** c/o Meningitis

**Technique:** MRI of brain has been performed by using T1W axial, T1W sag, T2WI FLAIR axial, T2WI gradient echo and T2W coronal sequences. Post contrast sequences performed in all three sequences.

### Findings:

Multiple areas of diffusion restriction are seen in right frontal lobe, right insular cortex, bilateral medial temporal lobes, left caudate and putamen. These are isointense on T1, hyperintense on T2/FLAIR and show corresponding drop on ADC, suggestive of acute non-hemorrhagic infarcts? vasculitic.

Abnormal meningeal enhancement is seen in sulci of bilateral fronto-parietal lobes, temporal lobes, along sylvian fissures, interpeduncular cistern, pre-pontine cistern and ambient cisterns, suggestive of meningitis.

Enhancing lesion measuring 10x7.8mm with mild surrounding edema is seen in left thalamus, likely tuberculoma.

Moderate hydrocephalus is seen with periventricular edema. Evans index measures 0.38. Ventricular drain is seen insitu with its tip in posterior horn of right lateral ventricle.

Rest of the brain parenchyma appears normal in signal intensity.

No shift of midline structures is seen. Rest of the bilateral basal ganglia appear normal.

The pituitary gland and sella appear unremarkable.

Posterior fossa and brain stem shows normal appearance. Bilateral CP angles and IACs appear normal.

Major intracranial arteries and cerebral venous sinuses show maintained flow voids.

Minimal mucosal thickening is seen in bilateral maxillary and anterior ethmoid sinuses, rest all visualized paranasal sinuses appear normal.

The visualized bones appear normal. Mild opacification bilateral mastoid air cells seen.

### Impression: MRI reveals-

- Multiple areas of diffusion restriction in right frontal lobe, right insular cortex, bilateral medial temporal lobes, left caudate and putamen, suggestive of acute non-hemorrhagic infarcts? vasculitic.
- Abnormal meningeal enhancement in sulci of bilateral fronto-parietal lobes, temporal lobes, along sylvian fissures, interpeduncular cistern, pre-pontine cistern and ambient cisterns, suggestive of meningitis, likely tuberculoma.
- Enhancing intra-axial lesion with mild surrounding edema in left thalamus, likely tuberculoma.
- Moderate hydrocephalus with periventricular edema.
- Ventricular drain insitu with its tip in posterior horn of right lateral ventricle.

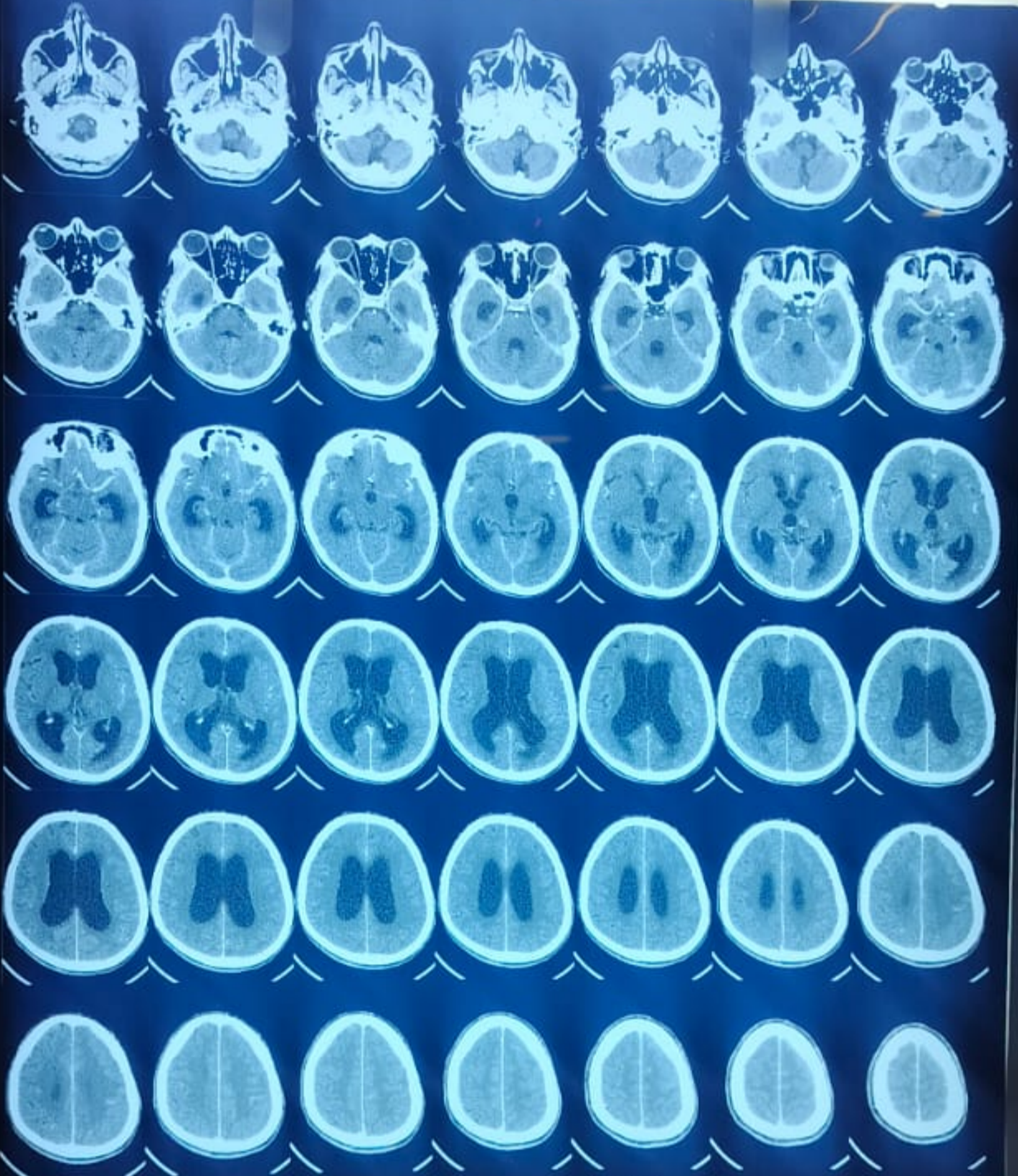
**Adv: - Clinical correlation and follow up/further evaluation as indicated.**

Thanks for reference,

Dr. KIRAN ZADTE

MD RADIOLOGY (Mumbai). Reg No 2015063197

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



Patient ID:  
Age:

170400603  
21Y

Patient Name:  
Sex:

MAHEK FATMA  
F



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स्पेशालिटी  
हॉस्पिटल

## सिटी स्कॅन सेंटर

वाडीया फॅक्ट्री, शिवाजीनगर, नांदेड मो. 9763421533 © 02462- 244333 / 242333



Patient Name:	MAHEK FATEMA 21Y/F	DATE:	16/04/2026
Referring Physician:	BHAGWATI HOSPITAL	Study:	USG ABDOMEN & PELVIS

### USG ABDOMEN & PELVIS

**LIVER** – is normal in size, normal in shape and echotexture. No focal SOL seen. IHBR not dilated. PV is normal.

**GALL BLADDER** – lumen is well distended. Wall thickness appears normal. No focal calculus / mass seen. CBD is normal. Lower CBD is not dilated.

**SPLEEN** – is normal in size, normal in shape and echotexture. No focal SOL seen.

**PANCREAS** – is normal in echotexture and size. MPD not dilated. No focal SOL seen.

**RIGHT KIDNEY** – is normal in size, shape and echotexture. CMD is maintained. No focal calculus / mass seen. No back pressure changes seen.

**LEFT KIDNEY** – is normal in size, shape and echotexture. CMD is maintained. No focal calculus / mass seen. No back pressure changes seen.

**URINARY BLADDER** – empty with Foley's bulb seen in situ.

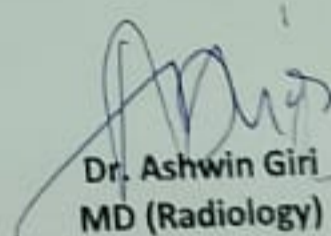
Pelvis could not be evaluated due to empty bladder.

Edematous wall thickening of terminal ileum, IC junction, caecum and proximal ascending colon with surrounding mild fat stranding & few subcentimeter sized reactive lymphnodes seen. Features s/o enterocolitis.

### OPINION –

- EDEMATOUS WALL THICKENING OF TERMINAL ILEUM, IC JUNCTION, CAECUM AND PROXIMAL ASCENDING COLON WITH SURROUNDING MILD FAT STRANDING & FEW SUBCENTIMETER SIZED REACTIVE LYMPHNODES SEEN. FEATURES S/O ENTEROCOLITIS – INFECTIVE ETIOLOGY.

Suggest: Clinical correlation, SOS further evaluation.

  
Dr. Ashwin Giri  
MD (Radiology)  
Consultant Radiologist



Patient ID	1704202603	Age & Sex	21 Years & F
Patient Name	MAHEK FATEMA	Study Date	17-Apr-2026
Referring Physician	C/O BHAGWATI HOSPITAL	Reported Date	17-Apr-2026

**CECT BRAIN**

**Technique:**

A plain and post contrast C.T scan was performed using 5 mm collimation through posterior fossa and cerebrum.

**FINDINGS:**

Multiple enhancing exudates are seen involving the basal cisterns and bilateral sylvian fissures, more pronounced on the left side. Associated leptomeningeal enhancement is noted along cortical sulci at places in bilateral cerebral hemispheres. A ring-enhancing lesion measuring approximately  $9.4 \times 14$  mm is seen in the left thalamus, with significant surrounding vasogenic edema.

Moderate dilatation of all four ventricles is seen, with periventricular hypodensities suggestive of transependymal CSF seepage (periventricular ooze). Maximum transverse diameter of temporal horns measures  $\sim 1.5$  cm bilaterally.

No acute intracranial haemorrhage.

No midline shift noted.

Chronic lacunar infarct is noted in the right basal ganglia.

Diffuse mild bilateral cerebral edema is seen.

Rest of the bilateral gangliocapsular regions appears unremarkable.

Brain stem appears normal.

Posterior fossa shows normal cerebellum.

The bony calvarium appears normal.



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# सिटी स्कॅन सेंटर



वाडीया पॅव्ही, सिवाजीनगर, नांदेड मो. 9763421533 © 02462- 244333 / 242333

## CONCLUSION:

- FEATURES ARE SUGGESTIVE OF INFECTIVE MENINGITIS, WITH BASAL EXUDATES AND LEPTOMENINGEAL ENHANCEMENT, MOST LIKELY TUBERCULOUS ETIOLOGY (TB MENINGITIS).
- ASSOCIATED INTRAPARENCHYMAL TUBERCULOMA IN THE LEFT THALAMUS WITH SURROUNDING EDEMA.
- COMMUNICATING HYDROCEPHALUS WITH TRANSEPENDYMAL CSF SEEPAGE.
- DIFFUSE MILD BILATERAL CEREBRAL EDEMA.
- INCIDENTAL CHRONIC LACUNAR INFARCT IN RIGHT BASAL GANGLIA.

Suggest: Clinical, lab correlation and SOS further evaluation.

Dr. Ashwin Giri  
MD (Radiology)  
Consultant Radiologist



# सिटी स्कॅन सेंटर



प्राचीया फॅक्ट्री, शिवाजीनगर, नांदेड मो. 9763421533 ☎ 02462-244333 / 242333

Patient ID	1704202604	Age & Sex	21 Years & F ♀
Patient Name	MAHEK FATEMA	Study Date	17-Apr-2026
Referring Physician	C/O BHAGWATI HOSPITAL	Reported Date	17-Apr-2026

## HRCT THORAX

### OBSERVATION:

Fibroatelectatic, fibrocalcific, fibroconsolidation and fibrobronchiectatic changes seen in the left lower lobe.

Few small fibroatelectatic bands and fibrobronchiectatic changes are also seen in the left upper lobe.

Multiple tiny centrilobular nodular and tree in bud opacities are seen in the bilateral lung parenchyma.

Large confluent and nodular areas of consolidation with surrounding ground glass opacities are seen in the right lower lobe.

Mild mediastinal shift seen towards left side.

Few enlarged mediastinal lymph nodes are seen, largest short axis diameter measures 8-9 mm at subcarinal location.

*Features are s/o acute on chronic infective etiology-likely tubercular.*

Mosaic attenuation areas are seen in the both lungs.

Prevascular space and mediastinal great vessels caliber appears normal.

Trachea with principal bronchi are normal.

Aortopulmonary window and azygoesophageal space is normal.

Heart chambers and pericardial fat plane is normal.

Bone window demonstrates normal thoracic skeleton.

ET tube is seen with its tip is located in the right main bronchus. Suggested repositioning.

Ryle's tube is seen in situ.



**OPINION:-**

- FIBROATELECTATIC, FIBROCALCIFIC, FIBROCONSOLIDATION AND FIBROBRONCHIECTATIC CHANGES IN THE LEFT LOWER LOBE.
- FEW SMALL FIBROATELECTATIC BANDS AND FIBROBRONCHIECTATIC CHANGES ALSO SEEN IN THE LEFT UPPER LOBE.
- MULTIPLE TINY CENTRILOBULAR NODULAR AND TREE IN BUD OPACITIES IN THE BILATERAL LUNG PARENCHYMA.
- LARGE CONFLUENT AND NODULAR AREAS OF CONSOLIDATION WITH SURROUNDING GROUND GLASS OPACITIES IN THE RIGHT LOWER LOBE.
- MILD MEDIASTINAL SHIFT TOWARDS LEFT SIDE.
- FEW ENLARGED MEDIASTINAL LYMPH NODES, LARGEST SHORT AXIS DIAMETER MEASURES 8-9 MM AT SUBCARINAL LOCATION.

*FEATURES ARE S/O ACUTE OR CHRONIC INFECTIVE ETIOLOGY-LIKELY TUBERCULAR.*

- MOSAIC ATTENUATION AREAS IN THE BOTH LUNGS.
- ET TUBE IS SEEN WITH ITS TIP IS LOCATED IN THE RIGHT MAIN BRONCHUS. SUGGESTED REPOSITIONING.

Suggest: clinical ,lab correlation and S/O further evaluation.

Dr. Ashwin Giri  
MD (Radiology)  
Consultant Radiologist

# NCC

## Clinical Pathology Lab

Paras Plaza Nanded Critical Care Hospital 1st Floor,  
Doctor Lane, Near Shivaji nagar Bridge, Nanded.



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NAME : MAHEK FATIMA KADEER SAYYED  
AGE & SEX : 21 Years / FEMALE  
REFERRED BY : Dr. Vikram Manure Sir  
REG ID : 2026-27/217

Center Name : NCC HOSPITAL  
REGISTERED ON : 18/04/2026 09:37 PM  
GENERATED AT : 18/04/2026 09:39 PM

### HAEMOGRAM ON CELL COUNTER (CBC)

PARAMETER	RESULT	UNIT	BIOLOGICAL REF RANGE
HAEMOGLOBIN	: 8.7	gm/dl	12.5 - 18
RBC COUNT	: 3.44	mill/cmm	4.5 - 6.5
PACKED CELL VOLUME (PCV)	: 25.6	%	37 - 54
MCV	: 74	fL	82 - 98
MCH	: 25	pgms	27 - 33
MCHC	: 34	%	32 - 36
RDW -CV	: 15.0	%	11.0 - 14.5
<b>WBC COUNT</b>			
Total WBC count	: 14400	/cmm	4000 - 11000
<b>Differential Leucocytes Counts</b>			
Neutrophil	: 65	%	50 - 70
Lymphocytes	: 30	%	20 - 40
Eosinophils	: 03	%	01 - 06
Monocytes	: 2	%	1 - 8
Basophils	: 00	%	00 - 02
<b>Platelet Parameter</b>			
Platelet Count	: 237000	/cmm	150000 - 450000
<b>Peripheral Smear Examination</b>			

### SERUM ELECTROLYTES (SEL) Na+/K+

Serum Sodium	: 131.1	mmol/L	135 - 145
Serum Potassium	: 4.52	mmol/L	3.44 - 4.55
Serum Ionic Calcium	: 1.05	mmo/L	1.1 - 1.4



SCAN TO VIEW  
REPORT

*Kunal*

Dr. Komal K. Kulkarni  
MBBS MD(Microbiology)  
Reg. No. 2017094423

# NCC

## Clinical Pathology Lab

Paras Plaza Nanded Critical Care Hospital 1st Floor,  
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8805963565

NAME : MAHER FATIMA KADEER SAYYED  
AGE & SEX : 21 Years / FEMALE  
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REG ID : 2026-27-216

Center Name : NCC HOSPITAL  
REGISTERED ON : 18/04/2026 09:11 PM  
GENERATED AT : 18/04/2026 09:13 PM

### HAEMOGRAM ON CELL COUNTER (CBC)

PARAMETER	RESULT	UNIT	BIOLOGICAL REF RANGE
HAEMOGLOBIN	8.7	gm/dl	12.5 - 18
RBC COUNT	3.44	mill/cmm	4.5 - 6.5
PACKED CELL VOLUME (PCV)	24.1	%	37 - 54
MCV	70	fL	82 - 98
MCH	25	pgms	27 - 33
MCHC	36	%	32 - 36
RDW -CV	15.0	%	11.0 - 14.5
<b>WBC COUNT</b>			
Total WBC count	14400	/cmm	4000 - 11000
<b>Differential Leucocytes Counts</b>			
Neutrophil	80	%	50 - 70
Lymphocytes	14	%	20 - 40
Eosinophils	04	%	01 - 06
Monocytes	02	%	1 - 8
Basophils	00	%	00 - 02
<b>Platelet Parameter</b>			
Platelet Count	237000	/cmm	150000 - 450000
<b>Peripheral Smear Examination</b>			

### SERUM ELECTROLYTES (SEL) Na+/K+

Serum Sodium	131	mmol/L	135 - 145
Serum Potassium	4.5	mmol/L	3.44 - 4.55
Serum Ionic Calcium	1.09	mmo/L	1.1 - 1.4



SCAN TO VIEW  
REPORT

Dr. Komal K. Kulkarni  
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