

MERCER , Alexandra
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Phone: 0421 762 299

Birthdate: 11/07/2009

Sex: F

Medicare
Number:

Your
Reference: 6479714

Lab
Reference: 6479714

Laboratory: Austin Radiology

Addressee: DR Kristen
Macaulay

Referred by: DR JOCELYN HOWELL

Name of test: MRI Brain C+

Requested 30/09/2024

Collected: 30/09/2024

Reported: 30/09/2024
13:37:00



MERCER, Alexandra

DOB: 11/07/2009

Gender: F

Address: 143 Meander Rd VIC
3099

Patient Id: 2150597

Accession #: 6479714

Exam Date: 30-09-2024 11:41:00

Referred By: HOWELL, JOCELYN

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CLINICAL NOTES

As discussed with night Radiologist. For further characterization of 25 mm intra-axial mass within the right cerebellar hemisphere, with peripheral calcification and regions of internal fluid density, without evidence of contrast enhancement.

FINDINGS

Multiplanar, multisequence MRI brain performed pre and post contrast. Correlation with CT brain 29/09/2024

Finding

Motion artefact degrades some sequences, in particular T2 FLAIR post contrast imaging.

Again seen is the mixed solid cystic mass centered at the right medial cerebellar hemisphere, which appears to also involve the vermis, and bulges into the fourth ventricle, measuring approximately 2.7 x 3.3cm (transaxial) x 2.9cm CC.

Cystic components are T2 hyperintense, isointense to CSF and null on FLAIR sequence.

A small component of the lesion presents to the ependymal surface of the fourth ventricle.

There is susceptibility and high T1 signal within the lesion correlating with calcification on prior CT.

There is mildly elevated high DWI within the solid components, without low signal on ADC map (relative to grey matter).

There is no appreciable enhancement or enhancing nodule identified.

No definite abnormal dural or meningeal enhancement identified.

The lesion demonstrates minimal surrounding oedema. The lesion bulges into and mildly effaces the fourth ventricle.

No obstructive hydrocephalus with normal sized third and lateral ventricles.

Normal signal within the remaining brain parenchyma.

No extra-axial collection. Dural venous sinuses enhance normally.

No aggressive calvarial lesion identified. Unremarkable visualised upper cervical cord on limited T1 sequences.

INTERPRETATION

1. Solitary mixed solid-cystic, part calcified mass centered at the right medial cerebellar hemisphere without convincing restricted diffusion or enhancement. The differential includes a low grade astrocytoma,

glioneuronal tumour or pilocytic astrocytoma (though lack of enhancement is unusual).

2. Mildly effaced fourth ventricle without obstructive hydrocephalus.

Case discussed with Dr. Michael Stewart, neuroradiologist.

COMMUNICATION

Findings communicated to Dr Rebecca Wong, emergency department consultant on radiology and pathology liaison role via RBC message at 16.25 on 30/9/24

DR LEE-PHENG YAP

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