

<b>Patient Name</b>	ZURMA, John	<b>Accession</b>	64.1682148_1
<b>Patient D.O.B.</b>	27/09/1990	<b>Description</b>	MRI Head
<b>Patient ID</b>	64.458295	<b>Study Date/Time</b>	09/01/2025 12:51
<b>Referring Physician</b>	Lewis, Peter Griffis	<b>Modality</b>	MR

Patient Details: ZURMA, Mr John ID: 64.458295  
 DOB: 27/09/1990 Gender: M Acc No: 64.1682148  
 44 Kardella Road KORUMBURRA VIC 3950 UR Number:

Report To: DR P LEWIS COPIES TO:  
 50 Radovick Street  
 KORUMBURRA VIC 3950

Exam Date: Thursday, 09 January 2025  
 Site: Imaging Associates Wonthaggi BCH  
 Address: 235 Graham Street WONTHAGGI VIC 3995  
 Phone: 0356442050

#### MRI HEAD

Indication:  
 Memory impairment. Suspected intracranial lesion.

Findings:  
 A few scattered punctate FLAIR and T2 high signal foci are seen in the deep white matter bilaterally, in the frontal lobes. No lesions are seen in the cerebellar hemispheres, mid brain pons or medulla. No subcortical U-fibre lesion seen and the corpus callosum and other midline structures including craniocervical junction appear normal.

No structural abnormality of the brain parenchyma.  
 Normal signal intensity of the grey and white matter.  
 No areas of restricted diffusion.  
 No intracranial haemorrhage, chronic microhaemorrhages or chronic collections.  
 No space occupying lesions.  
 Normal size of the ventricles and sulci.  
 Basal cisterns are patent.  
 Normal appearance of the pituitary.  
 No lesions in the orbits.

High signal material is seen in the left petrous apex on FLAIR and T2 weighted imaging. Low attenuation on T1 weighted imaging therefore more likely inspissated proteinaceous secretions/arrested pneumatisation with no good evidence for cholesteatoma.

High definition thin slice imaging of the auditory apparatus shows no significant abnormality. No evidence of an acoustic neuroma.

Post contrast imaging has also been performed and no suspicious lesions are seen. No abnormality identified in the included soft tissues of the neck. I suspect there is a DVA left frontal with prominent traversing cortical vessel and some associated branch vessels however no susceptibility weighted images have been obtained.

There is nasal septal deviation towards the right and nasal crowding. Paranasal sinuses appear

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clear.

**Comment:**

Scattered deep white matter foci bilateral frontal lobes, the appearances suggest microangiopathy unusual in this age group. Is there a history of migraines? No specific features for demyelination though this is not excluded.

No evidence of a space occupying lesion and no significant atrophy.

Incidental note of nasal crowding in the presence of nasal septal deviation towards the right.

Suspected incidental finding of right frontal DVA .

Left petrous apex opacification ? entrapped air cells/arrested pneumatisation.

Electronically signed by: Dr Jacqui Stumpel at 12:14 PM Fri, 10 Jan 2025