

Patient Name	ZURMA, John	Accession	64.1899578_1
Patient D.O.B.	27/09/1990	Description	MRI Brain
Patient ID	64.692571	Study Date/Time	14/08/2025 11:25
Referring Physician	Nathanielsz, Jordan	Modality	MR

Patient Details: ZURMA, Mr John ID: 64.692571
 DOB: 27/09/1990 Gende Acc No: 64.1899578
 r: M UR Number:
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 KORUMBURRA SOUTH VIC
 3950

Report To: DR J NATHANIELSZ COPIES TO:
 235 Graham Street Professor Z Matkovic; BCH
 WONTHAGGI VIC 3995 Emergency

Exam Date: Thursday, 14 August 2025
 Site: Imaging Associates
 Wonthaggi BCH
 Address: 235 Graham Street
 WONTHAGGI VIC 3995
 Phone: 0356442050

MRI BRAIN (EPILEPSY PROTOCOL)

Clinical History:
 34 male first time seizure.

Technique:
 1.5T magnet. Routine seizure protocol.

Findings:
 There is normal morphology of brain parenchyma with age appropriate cerebral volumes. A few tiny scattered T2/FLAIR white matter hyperintensities are seen in bilateral frontal lobes, which are non specific. No interval change since previous MRI. No periventricular or juxta cortical lesions. SWI images demonstrate branching vascular structures extending from the ependymal margin to the surface of the brain in the right frontal region, consistent with a developmental venous anomaly, which are benign and usually clinically silent lesions. No evidence of associated parenchymal haemorrhage, recent or old. No intracranial space occupying lesion. No vasogenic oedema. There is no evidence of cortical dysplasia or heterotopia. Bilateral hippocampi show normal morphology and signal intensity. No features of hippocampal sclerosis.

Fluid again seen in the left petrous apex, likely bland effusion within pneumatized petrous apex. No interval change in appearance when compared to the previous MRI. No abnormal signal in the mastoids or middle ear cavities. Paranasal sinuses are clear. Orbital structures appear normal bilaterally. Skull vault and skull base appear normal.

Conclusion:

1. Tiny scattered T2/FLAIR white matter hyperintensities in bilateral frontal lobes are non specific and remain stable when compared with previous MRI dated 9/1/2025. This can potentially

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represent migrainous changes, with differential diagnosis of small vessel disease.
2. None else of note. No potential epileptogenic focus identified. Stable left petrous apex effusion.

Electronically signed by: Dr Piyush Siwach at 5:02 PM Fri, 15 Aug 2025