2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

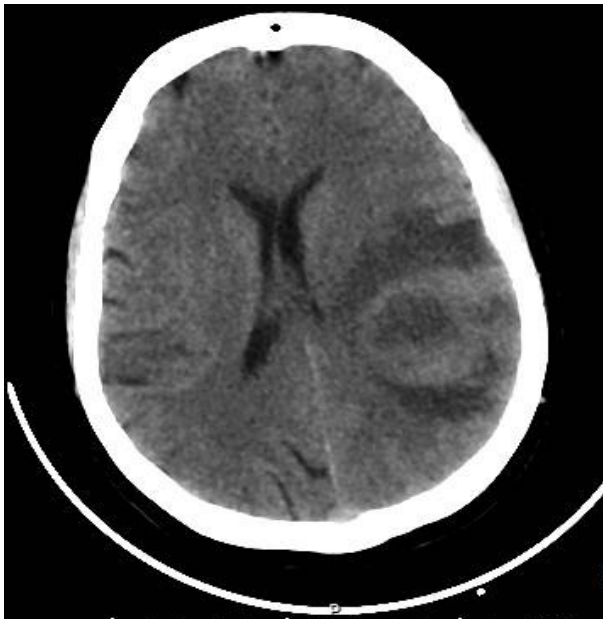
BRIEF HISTORY

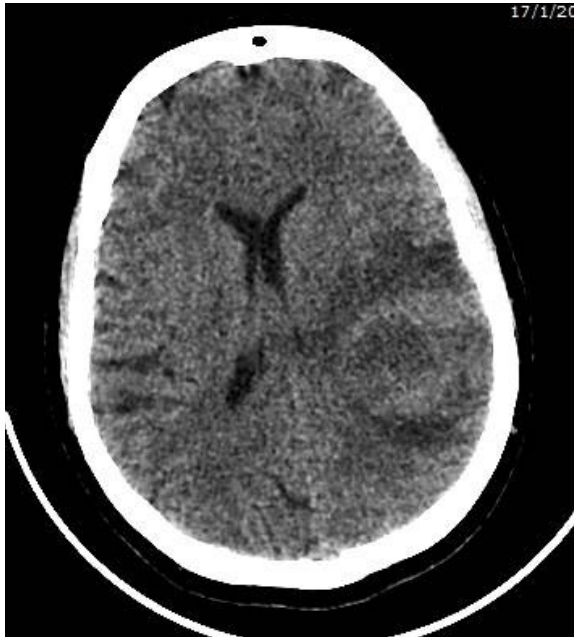
HOPI - A 50 year old male patient came with complaints of persistent headache and projectile vomiting for duration of 1 month

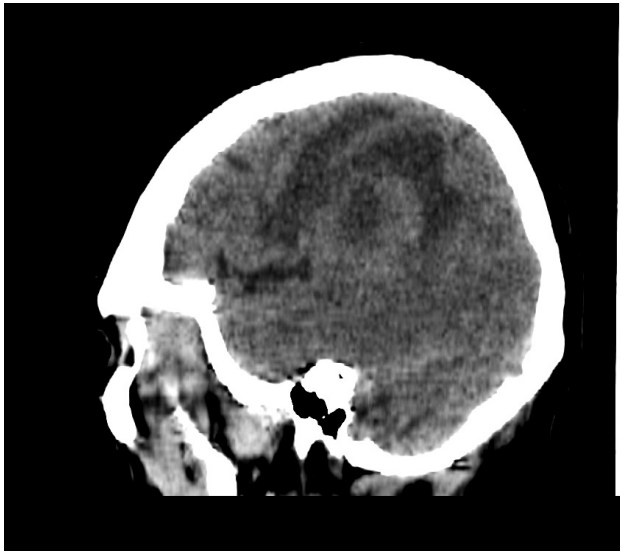
- No known comorbidities

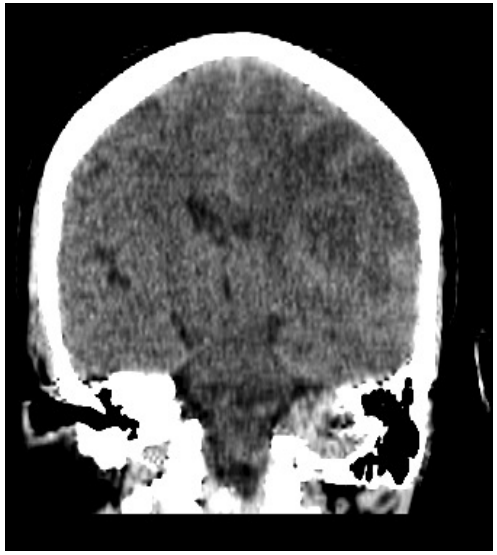
General physical examination – Within normal limits

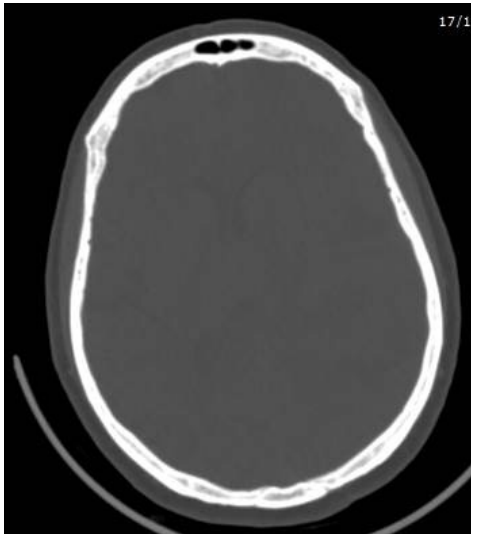
CT







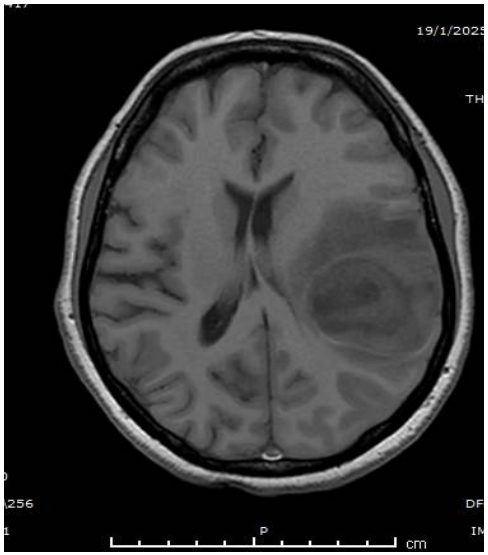


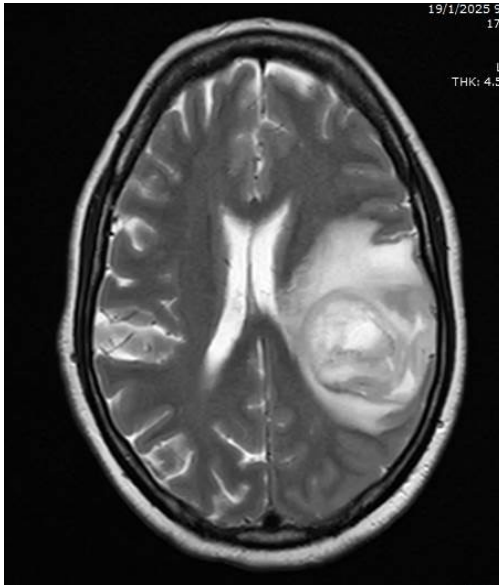


CT FINDINGS

- An intra-axial well defined hypodense (HU 9-11)lesion with few surrounding hyperdense areas (HU 25-29) measuring 4.6x3.9 cm noted along the left temporo-parietal region -->S/o SOL (likely glioma)
- Associated with disproportionate white matter edema . No evidence calcification with bleed within the lesion.
- Midline shift of 4.7mm noted towards right side.

Impression – ICSOL (LIKELY GLIOMA)


19/1/2025
TH
P
cm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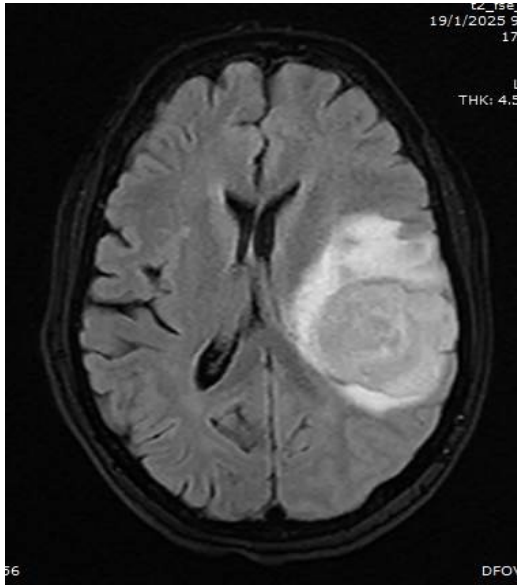
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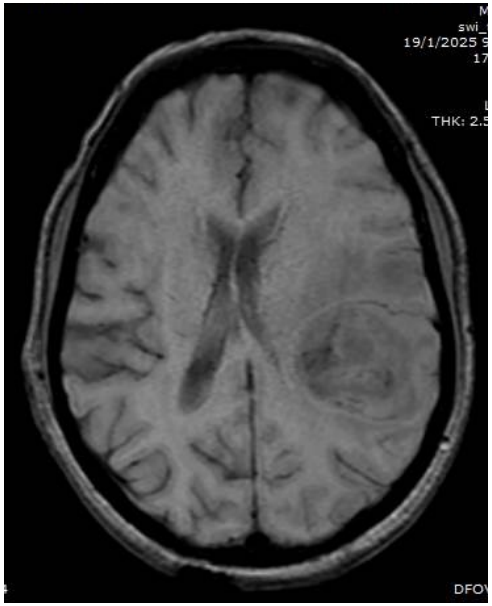
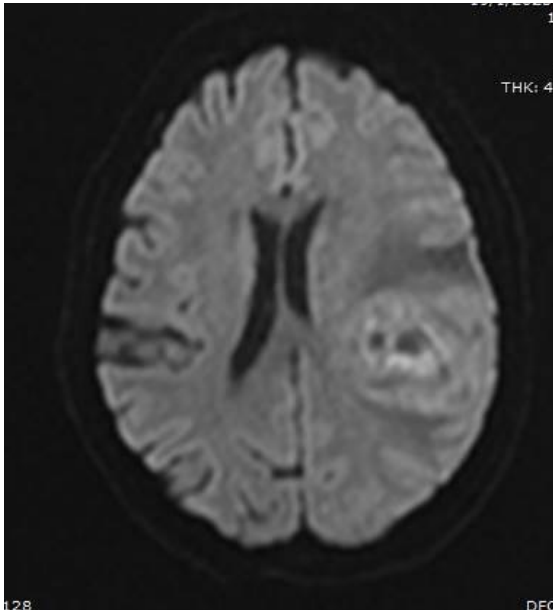
DFOV


swi
19/1/2025
THK: 2.5
DFOV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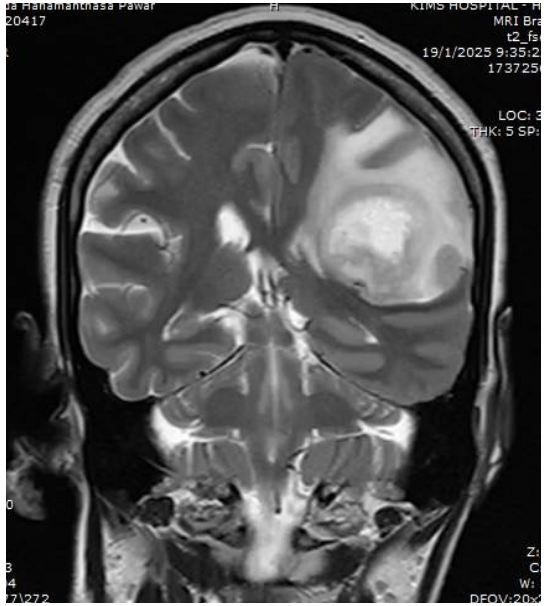
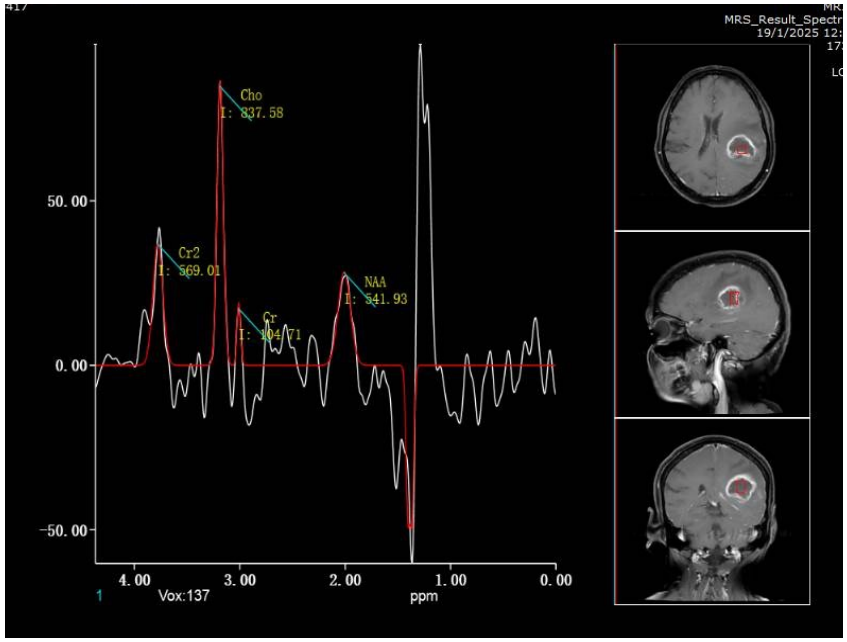

KIMS HOSPITAL
MRI Bra
t2_fs
19/1/2025 9:35:2
LOC:
THK: 5 SP:
DFOV:20x


MRS_Result_Spectr
19/1/2025 12:
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Cr2
I: 569.01
Cr
I: 404.71
NAA
I: 541.93
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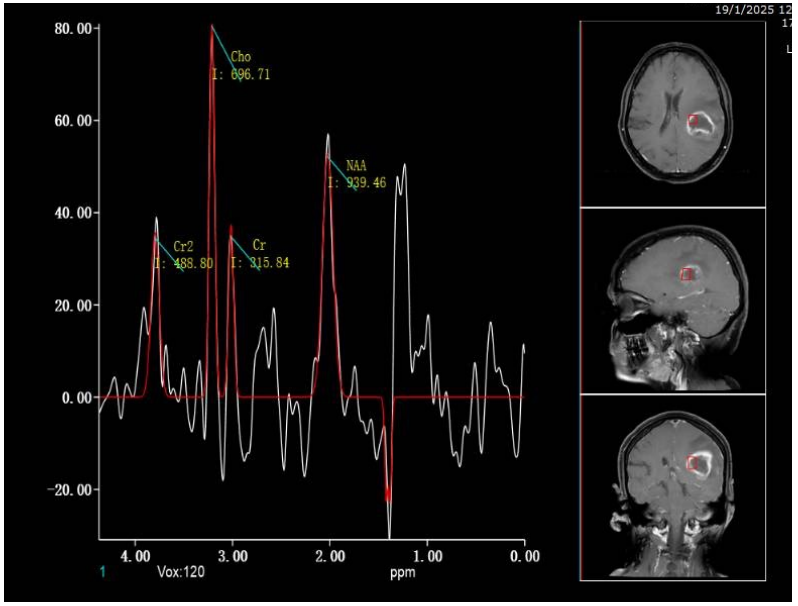
0.00
-50.00
4.00
3.00
2.00
1.00
0.00
Vox:137
ppm


19/1/2025 12
Cho
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Cr2
I: 488.80
Cr
I: 315.84
NAA
I: 939.46
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-20.00
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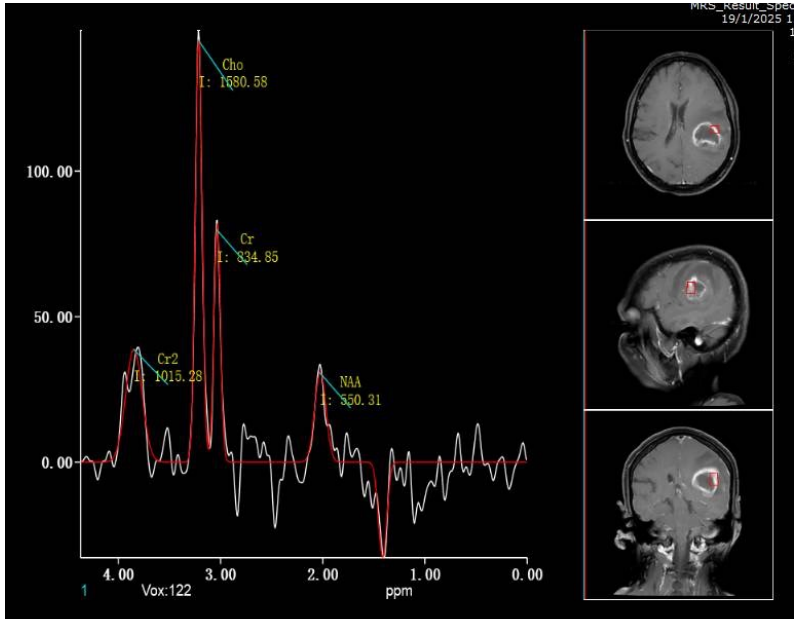
3.00
2.00
1.00
0.00
Vox:120
ppm


19/1/2025 1
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Cr
I: 834.85
Cr2
I: 1015.28
NAA
I: 550.31
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50.00
0.00
4.00
3.00
2.00
1.00
0.00
Vox:122
ppm

MRI FINDINGS

- Ill defined T1 isointense, T2/FLAIR hyperintense solid lesion noted in left parieto temporal with subtle peripheral restricted diffusion with few foci of blooming on SWI.
- The lesion measuring 4.6x3.9 cms with surrounding perilesional white matter edema .
- It is producing mass effect by causing midline shift of 5.2mm to right side and compression of occipital horn and trigone of ipsilateral lateral ventricle.
- Post contrast study shows peripheral irregular necrotic areas
- On MRS study, the lesion shows raised choline peak and reduced NAA with choline creatine ratio =2.56. NAA—CREATINE ratio =1.5.

Impression - F/S/O HIGH GRADE GLIOMA LIKELY GLIOBLASTOMA

d/d to be considered astrocytoma

oligodendroma

Histopathology

- HPR confirmed glioblastoma.

MENTORS

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