



**KARNATAKA RADIOLOGY EDUCATION PROGRAM**

## **CASE PRESENTATION**

**CASE OF INTRA VENTRICULAR LESION**

**MENTOR: DR G C PATIL**

**KMCRI,HUBBALLI.**

**PRESENTOR:DR.SHRUTHI**

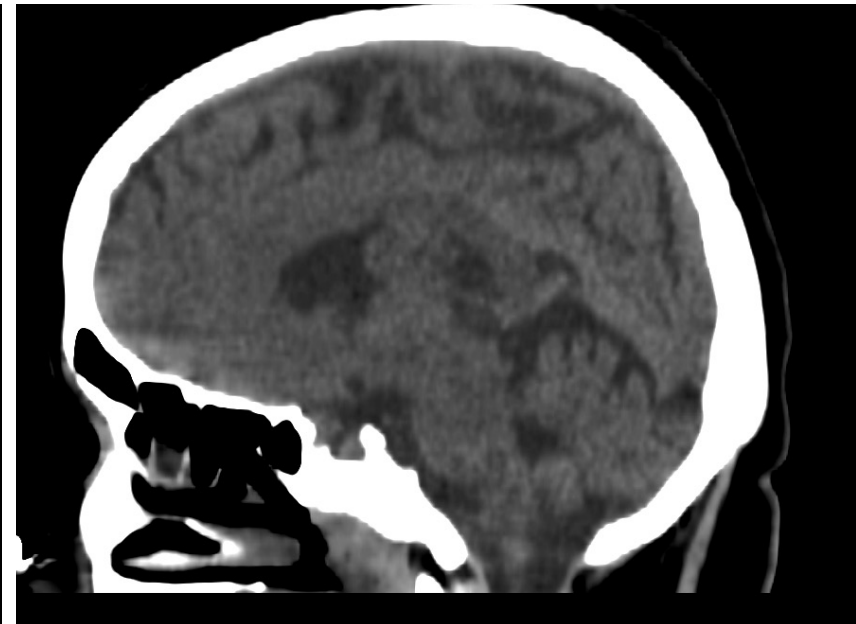
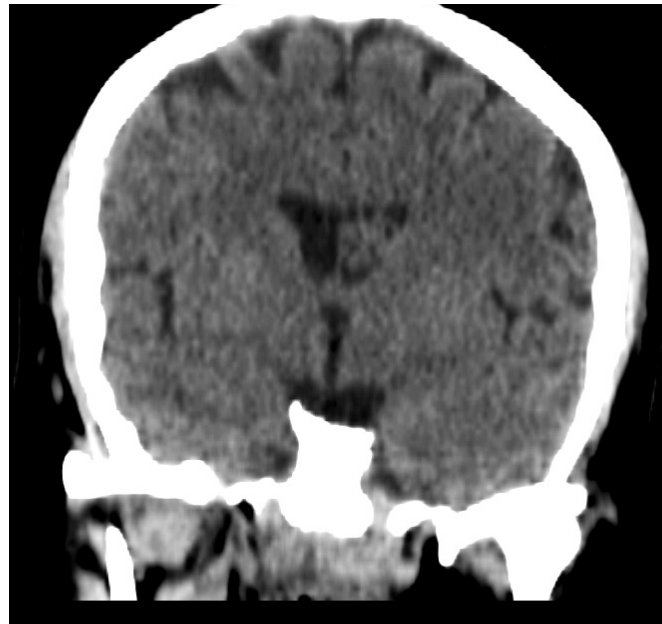
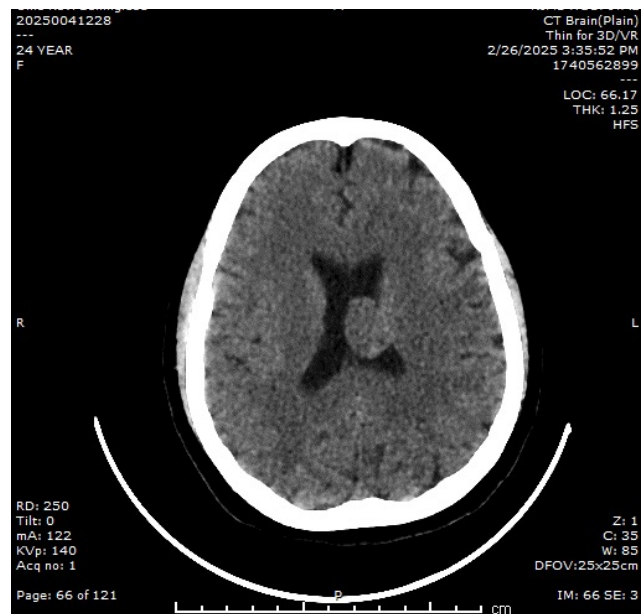
- NAME:Mrs.UMA
- Age:24y/F
- Resident :DHARWAD

❖HOPI:headache since 2 months

- No h/o seizure,focal deficit,nausea/vomiting
- No h/o ataxia,head tilt,cranial nerve paralysis

- ❖ Medical history: No h/o DM,HTN,hypo/hyperthyroidism.no prior surgeries
- ❖ Obstetric history:P1L1
- ❖ Menstrual history:nothing significant

CT

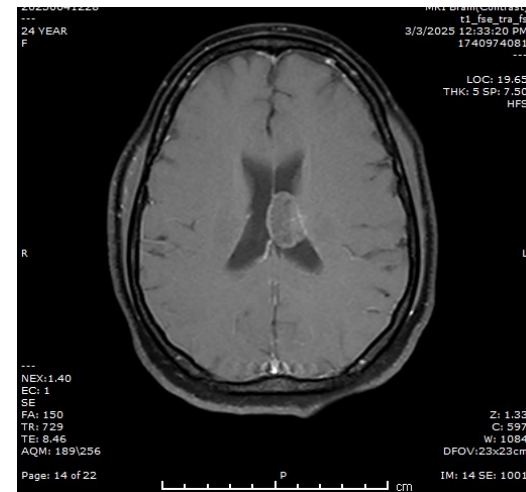
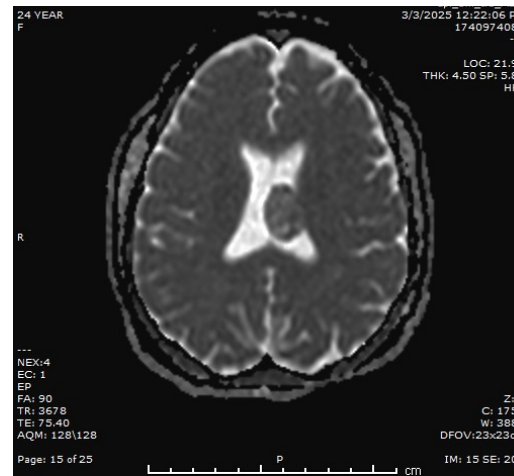
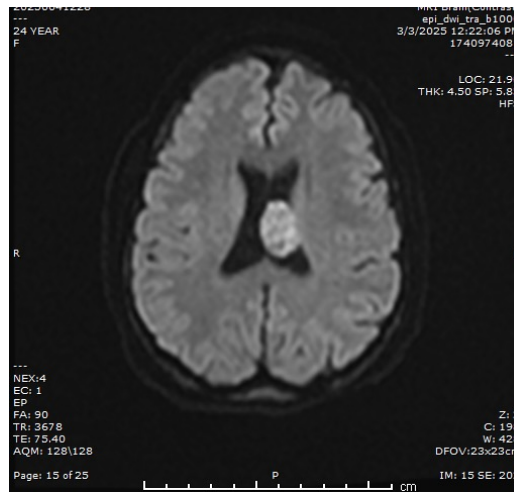
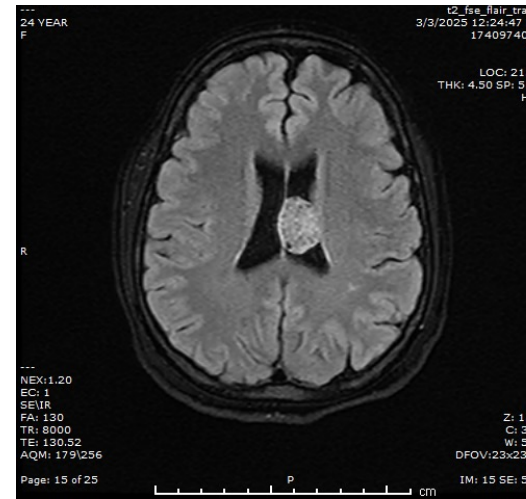
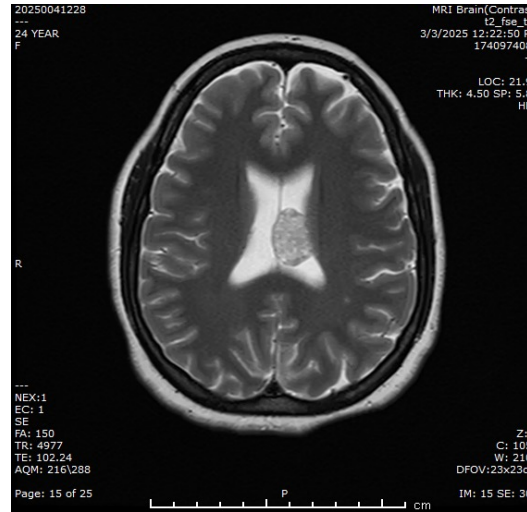
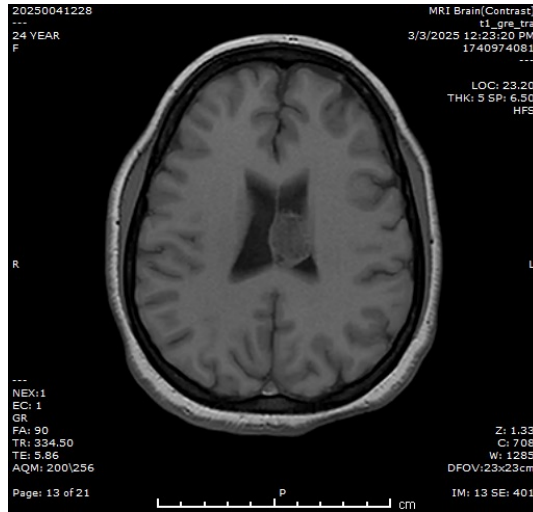


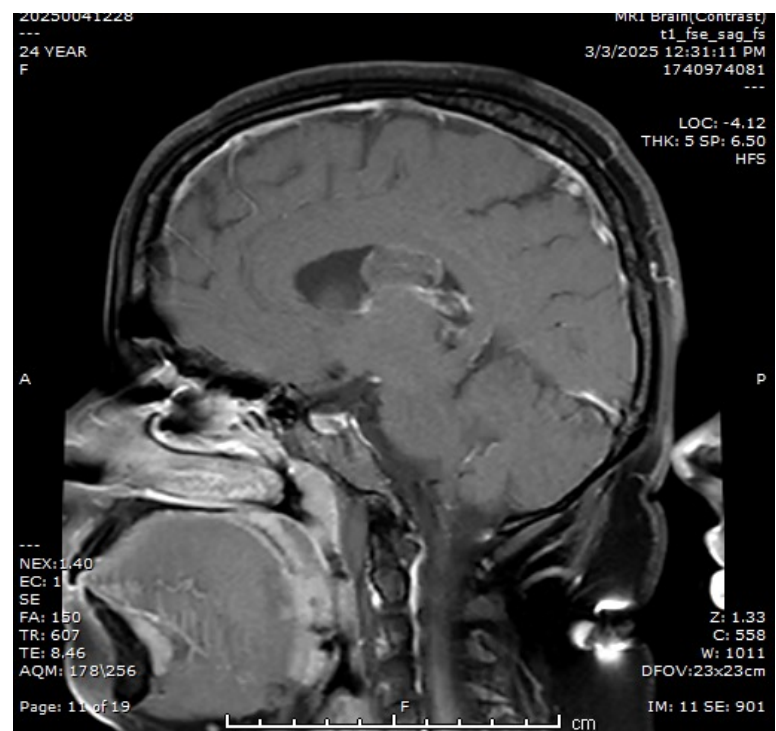
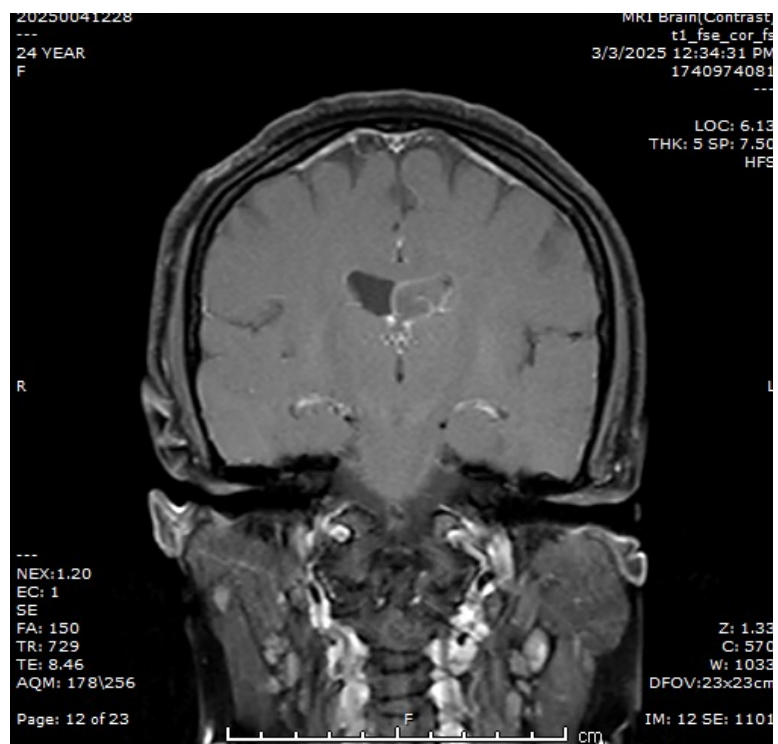
- Well defined hypo-isodense lesion measuring 2.6X1.6X1.3 cm noted at left intra ventricle region displacing intraventricular septum & indenting and compressing choroid plexus & superiorly abutting roof of 3rd ventricle.

**POSSIBLE DDs TO BE CONSIDERED:**

- SUBEPENDYDOMA.
- COLLOID CYST
- CENTRAL NEUROCYTOMA

# MRI





MRS





Well defined T1 isointense to hypointense, T2/FLAIR hyperintense signal changes noted at left inter ventricular region with no significant diffusion restriction and minimal linear continuous peripheral rim enhancement on post contrast studies with extension as described.

**POSSIBLE DDs TO BE CONSIDERED:**

- SUBEPENDYDOMA.
- CENTRAL NEUROCYTOMA

Department: neuro surgery

Lab Name: PATHOLOGY

Report Date: 12/3/25

### HISTOPATHOLOGY REPORT

#### SPECIMEN:

Sample from left lateral ventricular tumor.

#### GROSS:

Specimen consists of multiple membranous tissue bit largest measuring 1x0.5x0.5cm.

Externally soft to firm.

#### MICROSCOPY:

Section studied shows tumor cells around the fibrovascular core. These cells are small cells with round to oval nuclei with abundant cytoplasmic process with focal areas of hemorrhage, microcystic change and calcification seen.

#### IMPRESSION:

Features are suggestive of LOW GRADE SUBEPENDYMOMA.

Dr. PARVATHI S JIGALUR  
KMCRI HUBLI

THANK YOU