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**Patient: DOE, JOHN**

**Exam Date: 06/05/2022**

**MRN : JD4USARAD**

**DOB: 01/01/1961**

**Referring Physician: DR. DAVID LIVESEY**

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## **CT OF THE BRAIN WITHOUT CONTRAST**

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Clinical Indication: Memory loss, 2 weeks history of dysbalance and lethargy.

Procedure: Head CT without intravenous contrast

Technique: Axial images through the brain were acquired from skull base to the vertex with 5 mm slice thickness. Images were reviewed in brain, subdural and bone window settings.

Findings: There are bilateral areas of low attenuation in periventricular and subcortical white matter, nonspecific but most compatible with microvascular changes. Cortical sulci and basilar cisterns are normal in size and configuration. There is disproportionate ventriculomegaly involving lateral and third ventricles primarily. There is no evidence of obstructing mass lesion. There is no intra or extraaxial fluid collection. There is no parenchymal hemorrhage or mass lesion. There is no evidence of acute transcortical infarction. There is no transtentorial herniation or midline shift. There are bilateral cavernous internal carotid and vertebral arterial calcifications.

Visualized paranasal sinuses are normal. Visualized mastoid air cells and orbits are normal. Patient is status post bilateral cataract removal surgery. Soft tissues of the scalp are normal. There is no evidence of osseous fracture or aggressive appearing osseous lesion.

### Impression:

Hydrocephalus without evidence of obstructing mass lesion. Acute hydrocephalus cannot be excluded since there are no prior studies available for comparison. Extensive chronic white matter changes may mask transependymal CSF edema. Correlate with short-term followup to exclude acute hydrocephalus. Correlate with clinical symptoms to exclude normal pressure hydrocephalus.

Chronic white matter changes.  
Cerebral atherosclerosis.

Telephone message was left at Dr. DAVID LIVESEY office at the time of dictation.