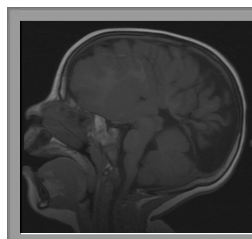


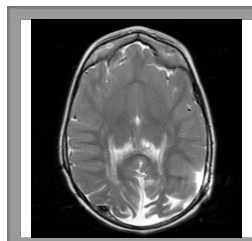
CC Neuroradiology Report

First Name <input type="text" value="Andrew"/>	Last Name <input type="text" value="Nathan"/>	DOB <input type="text" value="8/7/2006"/>	ID <input type="text" value="358"/>
Date of Exam <input type="text" value="7/10/2009"/>	Age at Exam (yr) <input type="text" value="2.9"/>	Date of Review <input type="text" value="5/21/2010"/>	
Exam Type MRI	Exam Media DICOM CD/DVD	Referral Source (CC) TSRH	Imaging Ctr Name <input type="text"/>

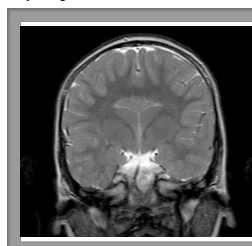
Key Image 1



Key Image 2



Key Image 3



Imaging Diagnosis

Semilobar/Severe HPE

Comments

Semilobar HPE; f/u scan. s/p shunting. Vessels 2 ACA's coming off perpendicular merging distally.

Interpreted by: Patrick Barnes, M.D., Professor of Radiology-Diagnostic Radiology
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Detailed Findings (For Internal Research Use Only):

Pituitary	Hypothalamus	Caudate
Intact	0 (separated)	1 (<50% or abn medial loc)
Lentiform	Thalami	Mesencephalon
1 (<50% or abn medial loc)	1 (<50% or abn medial loc)	0 (normal)

Hemispheric Fusion

Hemisp Fused Portions

Present

- Anterior Falx Present Posterior Falx Present
 Ant CC/Genu Present Ant Body CC Present Post Body CC Present Post CC/Splenium Present

CC Comment

Very thin, present only posteriorly

Cortical Malformation

Cortical Malf Comment

Present

Orbits

Optic Chiasm

Myelination

Age Appropriate

Olfactory Sulci

Olfactory Bulb

Vessels

Dysgenetic

Dysgenetic

3 (no true ACA w/contin 1...

Dorsal Cyst

IHC

Aquaduct

Present

Absent

Hydroceph & macroceph

VP Shunt

Present

Ventricular System & Cyst Comments

Dorsal cyst largely decompressed. Cortex around it looks small.