

Brain 518 - 2

Reports:

Exam: CTA head and neck

Comparison: None

Findings:

CTA head:

There is occlusion of the distal left M1 MCA, with reconstitution just distal to this point. There is another point of occlusion in the left Sylvian fissure involving a left M2 MCA branch. There is collateralization with filling of the distal MCA branches.

There is diminished size and enhancement of the left intracranial ICA when compared to the contralateral side.

CTA neck:

There is loss of flow-related enhancement in the left carotid bulb which extends to the skull base. There is reconstitution of the lumen at the level of the proximal left petrous ICA. Multiple collaterals are seen along the course of the left cervical ICA.

Impression:

1. Loss of flow-related enhancement in the left cervical ICA extending from the carotid bulb to the proximal left petrous ICA.
2. High-grade stenosis or occlusion of the left M1 MCA with occlusion of the left M2 MCA. These likely represent thromboembolism from left cervical carotid abnormality.

EXAMINATION: CT head perfusion (RAPID)

CLINICAL INDICATION: stroke

COMPARISON: None

TECHNIQUE: Age specific imaging parameters were utilized for radiation dose management.

CT PERFUSION: Bolus injection of 50 cc of contrast was performed with sequential scanning through the head for perfusion imaging. Images were sent externally to RAPID for perfusion processing.

FINDINGS/IMPRESSION:

Core infarct (CBF less than 30% volume): There is an area of hypoperfusion in the left MCA distribution with a total volume of 3 mL.

Hypoperfusion (T. Max greater than 6.0 seconds volume): The ischemic area measures 106 mL.

Arterial and venous inputs and bolus grafts are adequate. No significant motion limitation.

CBF less than 30%: 3 mL

Tmax greater than 6 seconds: 106 mL

Mismatch volume: 103 mL

Mismatch ratio: 35.3