

IMPRESSION: - CT Study reveals-

- A well defined rounded lobulated complex solid cystic lesion in the sellar/ suprasellar region, as described – Likely Pituitary Macroadenoma.

In comparison with previous CT dated 18-02-2021, no significant interval change is seen.

Please correlate clinically and with other investigations.

Dr. Niha
CONSULTANT RADIOLOGIST

MRI Scan Centre
(Unit of SSS Diagnostic & Research Centre - Under PPP mode)
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Name : Balwinder Singh
Age/Sex: 35Y/M
Date : 31-12-2020

Part Examined: Sella
M.R No: 2000123108

MRI BRAIN & SELLA (PLAIN AND CONTRAST)

MR examination of the brain and pituitary fossa was performed on 1.5T unit. FLAIR, SE T1 & FSE T2 weighted images were obtained in the axial plane with correlative T1 & FSE T2 weighted images in the sagittal and coronal planes. Post contrast vT1 FS images were obtained in all three planes.

OBSERVATIONS:

The study reveals a large well defined lesion arising from pituitary gland with suprasellar extension. It measures 3.2cm (height) x 2.7cm (transverse) x 2.6cm (AP). The lesion is solid-cystic; central component (cystic / hemorrhagic) appearing predominantly hypointense on T1 & hyperintense on T2 / FLAIR images and periphery (solid) is isointense to the gray matter on both T1 & hyperintense on T2 weighted images. No fluid-fluid level is seen in the lesion findings likely s/o haemorrhage (apoplexy). The lesion shows homogenous enhancement of its wall and the soft tissue.

Pituitary stalk and posterior pituitary bright spot are not separately visualized. Superiorly, the lesion extends into the supra sellar cistern with compression upon anterior floor of third ventricle. The mass is compressing and displacing the optic chiasma superiorly and is not clear. The A1 segments of bilateral anterior cerebral arteries and anterior communicating artery are also draped on superior aspect of the lesion. No extension to cavernous sinuses is seen. Flow voids of the bilateral ICA are maintained. Mild bulge / extension into the sphenoid sinuses is seen. The clivus appears normal.

No demonstrable other focus of abnormal signal intensity could be seen within the cerebral parenchyma.

No other demonstrable focus of abnormal parenchymal / leptomeningeal enhancement is seen.

Normal gray-white matter differentiation is evident.

No obvious mass effect seen. No obvious extra axial collection or shift of midline structures seen.

Thalami & the basal ganglia appear normal. Brainstem & the 4th ventricle appear unremarkable.

CP angle cisterns & the 7th/8th nerve complexes appear essentially normal bilaterally.

IMPRESSION:

- Large well defined lesion arising from pituitary gland with suprasellar extension as described likely s/o pituitary macroadenoma with apoplexy.

Please correlate clinically & with other relevant investigations also.



Dr. Kanhaya Lal
Consultant Radiologist, DNB, MNAMS
Ex SR AIIMS New Delhi.



Name : Balwinder Singh
Ref. by: Patiala Eye Hospital

Age/Sex: 34Y/M
Date: 05-05-2021

NCCT HEAD

Report:-

SUPRATENTORIAL:

- A well defined rounded lobulated complex solid cystic lesion measuring 2.4x2.3x2.7cm (APxTrxCC) is seen in the sellar/suprasellar region. There appears fluid-fluid level in it. No calcification or fat density is seen in it. Mild widening of the sella is seen, however, no erosion or sclerosis of the bones is seen. No significant perilesional edema or mass effect is seen.
- No other area of abnormal attenuation is seen in the cerebral hemispheres.
- Third ventricle and bilateral lateral ventricles are normal..
- No extra axial lesion or midline shift seen.

POSTERIOR FOSSA:

- Both the cerebellar hemispheres and brainstem show normal attenuation.
- The fourth ventricle is in midline, normal in shape and size.
- Basal cisterns appear normal.

Contd.../2