



NATIONALRad
SPECIALISTS IN DIAGNOSTIC IMAGING

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PATIENT: JOHN SMITH
DOB: 5/5/1955
FILE #: 12345
PHYSICIAN: REFERRING
EXAM: MRI PITUITARY WITH AND WITHOUT CONTRAST
DATE: 1/1/2011

CLINICAL INFORMATION

Macroadenoma with no priors available for comparison

COMPARISON

None available

CONTRAST

15 cc MultiHance intravenously

TECHNIQUE

Sagittal T2, axial T2 flair, coronal T2, and post gadolinium axial T1 weighted sequences were obtained through the whole brain. High-resolution coronal T1 and T2 sagittal T1, post gadolinium coronal dynamic, and post gadolinium coronal and sagittal T1 weighted sequences were obtained through the sella.

FINDINGS

There is a large sellar and suprasellar mass with areas of internal cystic change or necrosis within the central and right lateral aspect of the mass. The mass measures approximately 2.0 x 2.0 x 1.4 cm in size (craniocaudal by transverse by AP) with mass effect on the right greater than left optic chiasm and cisternal segment of the right optic nerve.

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The pituitary stalk appears to be deviated to the right. The mass appears to invade into the medial aspect of the left and likely the right cavernous sinuses. Cavernous carotid flow voids appear normal in caliber bilaterally.

There is associated expansion of the sella.

The brain parenchyma is normal in signal intensity. The ventricles and sulci are normal in size and position. There is no abnormal intraparenchymal enhancement. No evidence of intracranial hemorrhage or midline shift. No abnormal extraaxial fluid collections. The orbits are unremarkable in appearance. There is trace mucosal thickening within the ethmoid sinuses. Mastoid air cells are clear. There are no suspicious focal lesions of the bony calvarium or soft tissues of the scalp.

IMPRESSION

1. Pituitary mass measuring 2.0 x 2.0 x 1.4 cm in size consistent with patient's clinical history of macroadenoma with expansion of the sella and suprasellar extension with mass effect on the right greater than left optic chiasm and cisternal segment of the right optic nerve and probable invasion into the medial aspect of the left and likely right cavernous sinuses with normal caliber cavernous carotid flow voids. There is cystic change and/or necrosis within the central and right lateral aspect of the mass.

[NationalRad Neuroradiologist]
Board Certified Radiologist

THIS REPORT WAS ELECTRONICALLY SIGNED

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