

# DIKENGIL RADIOLOGY ASSOCIATES

DikengilRadiologyAssociates.com | 201-725-0913

Phil Referrer, M. D.  
0 Maywood Ave.  
Maywood, NJ 00000

RE: Jane, Mary; 55 F  
Acct #: 000002  
DOB: 00/00/1966  
Study: Brain MRI  
DOS: 04/29/2021

## **Clinical History:**

55 year old female with intermittent, positional headaches.

## **Technique:**

Noncontrast MRI of the brain was performed in the three orthogonal planes utilizing T1/T2/T2 FLAIR/T2\* GRE/Diffusion-ADC sequences.

## **Findings:**

The lateral, third and fourth ventricles are normal in volume and configuration with intact symmetry.

There is no diffusion signal abnormality. The gradient echo sequence reveals no evidence of susceptibility related intra-axial signal dropoff or blooming artifact.

The gray-white matter signal intensities and interface are normal. There is no evidence of intra-or extra-axial mass lesion. There is no evidence of infarct, premature iron deposition or abnormal hemosiderin collection.

Posterior fossa sections reveal pointed descent of the cerebellar tonsils with estimated 10 mm inferior migration below the foramen magnum (McRae line) characterizing a moderately advanced Chiari I malformation likely to be symptomatic at this degree. There is moderate crowding of the foramen magnum. There is no additional morphologic or signal abnormality of the cerebellar hemispheres or the brain stem structures. Cisternal-intracranial segments of CN7/8 are unremarkable.



There are no abnormal extra-axial fluid collections except for a mildly prominent CSF signal intensity empty sella and prominent midline superior vermian cistern.

Calvarium, skull base and the visualized paranasal sinuses are unremarkable.

## **Conclusion:**

Chiari I malformation with 10 mm descent of cerebellar tonsils.

Asim G Dikengil, M. D.

DD: 04/29/2021 DT: 04/29/2021