

DIAGNOSTIC X-RAY CONSULTATION SERVICES®

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Patient's Name: XXXXXXXX XXXXX

Referred by: XXXXXXXX Law Office

Date Taken: 2/17/16

Date of Report: 2/20/16

Patient's Complaint: Headaches and syncope.

Patient's History: Recent falling injury with direct head trauma. No LOC.

Protocol: Contiguous axial computed tomograms of the head were obtained without contrast enhancement and submitted electronically for an over-read.

Findings:

CT examination of the head reveals the diploic space to be unremarkable without evidence of linear or depressed skull fracture. There is no evidence of intracranial hemorrhage, mass lesion or midline shift.

There is asymmetric prominence of the frontal horn of the right lateral ventricle when compared with the left. This most likely is due to normal asymmetry since the remainder of the ventricles are fairly symmetrical in size. There is no evidence of ventricular sulcal effacement. The cervicomedullary junction is unremarkable and there is no extra-axial fluid accumulation. The visualized paranasal sinuses are well pneumatized. Mild, eccentric soft tissue swelling of the scalp is noted at the vertex.

Impressions:

1. No definite evidence of an acute intracranial event.


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