

## Scene 1 - CT at discharge

### MRI Report

**Patient Name:** Betsy Smith-Johnson

**Medical Record Number:** 102702

**Date of MRI:** 5/4/25

**Referring Physician:** Paul Zawawi, MD

**Indication:** Acute neurological event with clinical concern for stroke. Patient presented with disorientation, weakness, and difficulty with speech. Initial non-contrast CT demonstrated findings consistent with acute ischemic infarct in the left middle cerebral artery (MCA) territory. MRI performed to evaluate for any new abnormalities.

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### Technique:

MRI of the brain was performed without contrast. Standard sequences included T1-weighted, T2-weighted, FLAIR, diffusion-weighted imaging (DWI), and apparent diffusion coefficient (ADC) mapping.

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### Findings:

1. **Acute Ischemic Infarct:**
  - o The previously identified hypodense region in the left MCA territory on the admission CT corresponds to restricted diffusion on DWI and ADC mapping, consistent with an acute ischemic infarct. No evidence of hemorrhagic transformation is noted.
2. **No New Abnormalities:**
  - o No new areas of restricted diffusion, abnormal signal intensity, or other acute intracranial abnormalities are identified.
3. **Ventricles and Sulci:**
  - o Ventricles and sulci remain age-appropriate in appearance. No significant mass effect or midline shift is observed.
4. **Other Structures:**
  - o No abnormal enhancement, intracranial hemorrhage, or extra-axial fluid collections are seen.
  - o No evidence of acute demyelinating lesions, neoplasm, or other structural abnormalities.

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### Impression:

1. Findings are consistent with the previously identified acute ischemic infarct in the left MCA territory.
2. No evidence of new abnormalities or complications, including hemorrhagic transformation, mass effect, or midline shift.
3. Patient is clinically stable and well enough for discharge to a Skilled Nursing Facility for continued care and rehabilitation.

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### Recommendations:

- Continued monitoring and supportive care at the Skilled Nursing Facility.
- Follow-up imaging as clinically indicated.
- Neurological and physical therapy evaluation to address residual deficits.

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### Signed:

Paul Zawawi, MD

Radiologist

5/4/25