

MILITARY HOSPITAL REFERRAL FORM

Dept referred to: Ridge Hosp (Neurosurg) Referring Department: Polyclinic
Patient name: Perfect Aboel Patient ID:
Gender: F NHIS Number:
Date of birth: 38 yrs Service Number:
Rank:

Dear Sir / Madam:

I would be grateful if you could accept this patient who reported to this hospital with seizures about 6 weeks ago. Further evaluation with CT scan revealed brain mass (left)

On examination:

Well looking young man as per history
BP - 90/60 mmHg RR - 20/min
GCS 15/15 lower limb power 4/5 in right upper and

Investigations done:

EEG - Normal
Hb 10.2 g/dl
Urea - 1.8
Cr - 5.9

Diagnosis:

Brain tumour

Treatment given:

Las Carbamazepine 200mg twice

Reason for referral:

For your expert evaluation and management

Thank you

Yours sincerely
DR. S. S. SACKKEY
FAMILY PHYSICIAN SPECIALIST
MILITARY HOSPITAL
KADUNA

In case of reply the number
And the date of this
Letter should be quoted

My Ref. No.....

Your Ref. No.....



RADIOLOGY SUB-BMC

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RADIOLOGY DEPARTMENT

NAME: PERFECT AGBEKO

H/NO: ABM3492

INDICATION: SEIZURE DISORDER

RADIOLOGIST: DR. JACKSON

AGE: 38 YEARS

DATE: 15/04/2024

RESIDENT: DR. OSEI-BOATENG

CT SCAN REPORT-HEAD

TECHNIQUE: Unenhanced axial and MPR CT images of the head.

FINDINGS

The images show a (5.4APx4.9TRx5.7CC) cm, fairly defined, extra-axial, homogeneously enhancing mass overlying the left frontal convexity. No calcifications or hemorrhagic foci are noted within this mass however, there are few vessels seen coursing through the lesion. Also noted is associated vasogenic oedema.

There is associated mass effect as evidenced by the effacement of the subjacent sulci, compression and partial effacement of the ipsilateral lateral ventricle with entrapment of the contralateral lateral ventricle. However, no hydrocephalus is present. A 1.2cm midline shift to the left is seen. Also noted is associated central descending transtentorial herniation with compression of the mid brain as well as tonsillar ectopia. There is effacement of the interpeduncular cistern, prepontine cistern as well as compression and displacement of the pons anteriorly. No pontine or midbrain infarct seen. There is no hyperostosis seen, however there is minimal erosion of the subjacent bone.

The cerebellum is normal.

There is a half empty sella as a result of increased intracranial pressure.

The orbits and their contents are normal. No CT evidence of papilledema.

There is mild mucosal thickening of the right maxillary sinus. The rest of the paranasal sinuses, mastoid air cells and skull vault are normal.

IMPRESSION:

Large, left frontal convexity mass with associated significant mass effect as detailed above

Please consider a contrast enhanced MRI of the brain for further evaluation

Resident's Signature

Radiologist's Signature