UT M.D. Anderson Cancer Center
Radiology Print by ALONZO, HEATHER R. at 8/15/2008 8:37:59 AM

744652 - BODIN, JEFFREY T 11yo M 05/22/1997 (133.5cm 27.6kg BSA: 1.01m² 06/05/08)

MRI, BRAIN W&W/O CONTRAST 4/22/2008 1:59:00 PM
Accession: 6794686

FULL RESULT:
Examination: MRI of the brain with and without contrast, 04/22/2008.

Clinical History: This is a 10-year-old male with melanoma, rule out metastasis.

Comparison: None.

Findings: There is no abnormal intracranial enhancement or susceptibility signal abnormality to suggest metastasis. There is increased FLAIR hyperintense signal in the sulci of the bilateral cerebral hemispheres likely related to supplemental oxygenation under sedation for MRI scanning in this pediatric patient. There is no acute intracranial finding. There is no significant mass effect, hydrocephalus, or extra-axial collection. The major intracranial flow voids are patent. The globes and orbits are unremarkable. There is circumferential mucosal thickening of the bilateral maxillary sinuses containing air-fluid levels. There is mucosal thickening of the ethmoid air cells and bilateral sphenoid sinuses. The calvarial bone marrow demonstrates no focal abnormalities to suggest osseous metastasis.

IMPRESSION:
1. No evidence for intracranial metastasis.
2. Paranasal sinus disease with fluid levels in the bilateral maxillary sinuses. In the appropriate clinical setting, this may represent acute sinusitis.

11745 - KWON, MICHAEL
SIGNED BY: 11745 - KWON, MICHAEL 4/24/2008 11:41:00 AM

Children's Hospital

Patient Name	BODIN,JEFFREY	**Patient ID**	0445573
Birth Date	05/22/1997	**Sex**	M
Age	11 Year	**Exam Status**	APPROVED
Exam Procedure	MRI BRAIN W/O & W/CON	**Modality**	MR
Study Time	08/08/2008 02:20:56	**Image Count**	246

Diagnostic Report(Radiologists : ARCEMENT, CHRIS)

MR BRAIN WITH AND WITHOUT:

There is a small focus of T2 hyperintensity in the right peritrigonal white matter. There is no associated mass effect or or contrast enhancement. The remainder of the brain and ventricular size is within normal limits.

IMPRESSION: SMALL NON-SPECIFIC FOCUS OF T2 HYPERINTENSITY IN THE RIGHT PERITRIGONAL WHITE MATTER, OTHERWISE NORMAL STUDY.

From: "Joseph Hajjar" <jdhajjar@gmail.com>
Subject: **Re: Jeffrey's MRI today**
Date: August 12, 2008 7:38:07 PM CDT
To: "Bodin E-mail" <mljscomp@bellsouth.net>
Reply-To: jdhajjar@gmail.com

Almost certainly nothing to worry about. The report is quite brief but seems to describe a "small" area of increased water content in a small portion of the white matter of the brain. We see this everyday and do not know why these areas are there. In adults they are even termed UBOs "unidentified bright objects) and are often seen in "normal" brains. The theories why one tiny area of brain are different in water content ranges from migraine headaches to tiny strokes to development variants to the brain equivalent of birthmark. Regardless of the theory these finding are usually meaningless. If we see 4 or 5 of them we may recommend a follow up exam to make sure they are not a very early manifestation of a disease process like tiny strokes. I bet that you and I have two or three of them in our brains (best not to look). The same finding was likely present on the study at MD anderson but they did not mention it.

If you want me to look at the exam you can request a cdrom copy of the mri exam and have them mail it to you or pick it up the next time you are there but it sound like a nothing to worry about.

How is everything else?

Joe

On Tue, Aug 12, 2008 at 6:17 PM, Bodin E-mail <mljscomp@bellsouth.net> wrote:

Joe:

Last Friday, Jeffrey had an MRI of the brain done at Children's. The report is attached. Doctor told her nothing to worry about, and no indication of melanoma. But Linda never got a good explanation for what this might be. Doctor said could have been present on MRI done at MD Anderson earlier in year (we don't have that report). We're going to talk to the people in Houston, but do you know what this report is saying? Thanks. Mark

CHILDREN'S HOSPITAL
200 Henry Clay Avenue – New Orleans, LA 70118

REPORT OF ELECTROENCEPHALOGRAPHY

NAME:	BODIN, JEFFREY	**AGE:**	11 YEARS
HOSPITAL NO:	24306318	**MED. REC. NO.:**	445573
EXAM DATE:	08/12/08	**EEG NO.:**	08-637

REFERRING PHYSICIAN: Dr. Morales, Dr. Tilton

MEDICATIONS: Interferon, Keppra.

HISTORY: This is an 11-year old with a history of melanoma. The patient had a reported seizure.

DESCRIPTION: The waking background is characterized by a 10-Hz occipital rhythm that is medium amplitude symmetric and which attenuates with eye opening. Lower voltage faster frequencies are more prominent over anterior head regions. Hyperventilation produces a small amount of background slowing. Hyperventilation is aborted because the patient complains of light-headedness. There is intermittent theta to delta slowing, which is sharply contoured over the left mid to posterior temporal area with some involvement of the left central area and the left frontal area as well (T3-T5 +/- C3-F7). Photic stimulation produces no further abnormalities. There are no clear epileptiform discharges although slowing is often sharply contoured.

IMPRESSION: This is a mildly abnormal electroencephalogram due to the presence of intermittent focal slowing over the left temporal head region.

SHANNON MCGUIRE, M.D.
DD: 08/12/08 DT: 08/13/08
Cc: Dr. Morales
Dr. Tilton

W Date: 8/18/08

Father's Notes Post my Seizure

ANTI-SEIZURE MEDS: Keppra
Topamax
Lamictal
Trileptal

INTERFERON alpha-2b Schering Corp. (Intron A)

Hi dose → 20 MU/m² 5x/wk 4 wks
Lo " → 10 MU/m² 3x/wk 48 wks

CHANCE MEL ↓ BY ___ % W/1 MO hi-dose?

CHANCE MEL ↓ BY ___ % W/11 MO lo-dose?

SEIZURE DUE HI-DOSE OR THE LO-DOSE?
NO WAY TO TELL (MORALES 8/18/08)

IF KEEP KEPPRA & RESTART IFN, CHANCE MORE SEIZURES?

OTHER SIDE EFFECTS IFN PERMANENT OR STOP WHEN STOP IFN (e.g. MEMORY PROBLEMS)?

→ Per Morales (8/18/08), 10 → 20% More people survive 5 yrs if go thru entire IFN treatment.

Per Herzog (4/21/08) – IF ADULT 50% CHANCE RECURRENCE, INT ↓ TO ABOUT 20%. SOME DRS THINK BETTER W/KIDS

ST TAMMANY PARISH HOSPITAL

1202 SOUTH TYLER STREET, COVINGTON, LA 70433

NAME:	BODIN, JEFFREY
SEX:	M
LOCATION:	
MR#:	28-07-19
PHYSICIAN:	SHERRI CASEY 71107 Hwy 21 Suite 1 Covington, LA 70433 (985) 893-2580

PT PHONE:	985-845-0969
DATE OF BIRTH:	05/22/1997
AGE:	11Y
DATE OF EXAM:	02/16/2009
ORD# / FC:	90002 / B
ADM NO:	000377557483
PT CLASS / TYPE:	O / P
ADM DATE:	02/16/2009

Final Report

ACCESSION #: 1791895

Clinical History: 172.9 - SKIN MAL MELANOMA NOS -

MRI BRAIN W/WO CONTRAST - 02/16/2009 metastatic melanoma

RESULT: MRI of the brain

70553

Indication: Headaches, malignant melanoma, rule out metastases

Technique: Sequences performed included axial and sagittal T1 weighted, axial T2 weighted, axial FLAIR, axial proton density, and axial ADC and diffusion weighted images.

Findings:

There is no abnormal enhancement or focal brain parenchymal abnormality evident. Normal enhancement of the pituitary is incidentally noted. Diffusion images demonstrate no acute ischemia. The ventricles and sulci are not enlarged. There is no intracranial hemorrhage, mass or mass effect. The posterior fossa is unremarkable. There is no abnormality of the cerebellum, brainstem or cerebellopontine angles. The sella and optic chiasm are within normal limits. The paranasal sinuses and mastoid air cells are clear.

IMPRESSION:

1. No focal brain parenchymal abnormality or abnormal enhancement.

Interpreting Physician: JOSEPH PERDIGAO M.D.
Transcribed by / Date: PSC on Feb 16 2009 3:23P
Approved Electronically by / Date: PERDIGAO M.D., JOSEPH Feb 16 2009 3:23P
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