

CT	MRI	Cause
Cerebral atrophy (esp. temporal lobe)	Cerebral atrophy (esp. temporal lobe)	Alzheimer's disease
Multifocal low density foci +/- cerebral atrophy	Multifocal T1/T2 prolongation foci +/- cerebral atrophy	Multiinfarct dementia
Normal or diffuse atrophy	DWI+ followed by T2+ cerebral cortex, basal ganglia, thalamus	Creutzfeldt-Jakob disease
Diffuse cerebral atrophy	Diffuse cerebral atrophy; T2+ basal ganglia	HIV infection/AIDS encephalopathy
Normal or diffuse atrophy	Normal or diffuse atrophy; decreased substantia nigra size	Parkinson's disease
Severe frontal and mild temporal lobe cerebral atrophy	Severe frontal and mild temporal lobe cerebral atrophy	Pick's disease
Atrophy	Brainstem, substantia nigra, and cortical atrophy	Dementia with Lewy Bodies
Diffuse cerebral atrophy	Diffuse cerebral atrophy	Repetitive trauma (e.g., boxers)
Mass	Mass	Brain tumor
Brain swelling	Brain swelling; abnormal enhancement	Chronic CNS infection
		Huntington's disease
Multifocal white matter lesions; diffuse atrophy	Multifocal white matter lesions; diffuse atrophy	Multiple sclerosis
Disproportionate distension of lateral ventricles versus sulci	Disproportionate distension of lateral ventricles versus sulci	Normal pressure hydrocephalus
Midbrain and collicular atrophy	Midbrain and collicular atrophy; periaqueductal abnormal signal, increased putaminal iron	Progressive supra-nuclear palsy; multisystem atrophy; Shy-Drager
Extra-axial crescent	Extra-axial crescent	Subdural hematoma
Diffuse atrophy, esp cerebellum	Diffuse atrophy, esp cerebellum	Alcoholism
None	None	Drugs
Cerebral infarctions; nonspecific white matter lesions	Cerebral infarctions; nonspecific white matter lesions	Neurosyphilis
Normal	T2+ mamillary bodies, medial thalami, tectal plate, periaqueductal area; C+ same areas	Wernicke-Korsakoff syndrome (thiamine deficiency esp in EtOH)
Hypodensities in the basal ganglia and thalami	T1+, T2+, CE in the basal ganglia and thalami	Wilson's disease
Findings of infarcts and extensive white matter disease	Findings of infarcts and extensive white matter disease; FLAIR-subcortical nuclei	CADASIL (cerebral autosomal dominant arteriopathy with infarcts and leukoencephalopathy)

**COMBINED REPORT TEMPLATE/CHECKLIST
FOR CT DONE FOR DEMENTIA**

CT BRAIN UNENHANCED [AND ENHANCED]

INDICATION: Dementia.

COMPARISON: [Check priors to see if following a known lesion.]

TECHNIQUE: []

Brain and CSF spaces: [Enlarged sulci and ventricles (atrophy from many causes). Focal frontal lobe (Pick's disease), temporal lobe (Alzheimer's disease) or cerebellar (alcoholism) substance loss. Mass (primary or metastatic tumor) or swelling (infiltrating tumor, encephalitis). Focal hypodensity (multi-infarct dementia, CADASIL with cerebellar infarction). Abnormal low density white matter (multi-infarct dementia, demyelinating disease, CADASIL). Abnormal contrast enhancement (infiltrating brain tumor, encephalitis). Extra-axial crescent (subdural hematoma, subdural effusion from intracranial hypotension) or mass (meningioma, other primary tumors, metastatic disease) identified. Ventricular distension (hydrocephalus, especially normal pressure hydrocephalus, with disproportionate distension of the ventricles compared to sulci) or distortion (parenchymal or extra-axial masses or parenchymal swelling).]

Vasculature: [Calcification or stenosis (risk factor for multi-infarct dementia).]

Paranasal sinuses: []

Nasal cavity and nasopharynx: []

Otomastoid findings: []

Bones and joints: []

Orbits: []

IMPRESSION: []

COMBINED CHECKLIST/REPORT TEMPLATE

FOR MRI DONE FOR DEMENTIA

MRI BRAIN UNENHANCED [AND CONTRAST ENHANCED]

INDICATION:

COMPARISON:

TECHNIQUE:

INTERPRETATION:

Brain and CSF spaces: [Enlarged sulci and ventricles (atrophy from many causes). Focal frontal lobe (Pick's disease), temporal lobe (Alzheimer's disease), midbrain/collicular (progressive supranuclear palsy), or cerebellar (alcoholism) substance loss. Mass (primary or metastatic tumor) or swelling (infiltrating tumor, encephalitis). Focal T1/T2 prolongation (multi-infarct dementia, CADASIL with cerebellar infarction). Abnormal substantia nigra (Parkinson's disease). Increased T1 or T2 signal or abnormal contrast enhancement of the basal ganglia or thalami (Wilson's disease). Abnormal white matter (multi-infarct dementia, demyelinating disease, CADASIL). Abnormal contrast enhancement (infiltrating brain tumor, encephalitis). Extra-axial crescent (subdural hematoma, subdural effusion from intracranial hypotension) or mass (meningioma, other primary tumors, metastatic disease). Distension (hydrocephalus, NPH with disproportionate distension of the ventricles compared to the sulci) or distortion (parenchymal or extra-axial masses or parenchymal swelling).]

Pituitary gland and pineal:

Vasculature: [Calcification or stenosis (risk factor for multi-infarct dementia).]

Paranasal sinuses:

Nasal cavity and nasopharynx:

Otomastoid findings:

Bones and joints:

Orbits:

IMPRESSION: