

Image 1 :EEG taken 24 hours after experiencing a seizure showed abnormal findings on the tracing with generalized asymmetric moderate to severe slowing noted on both hemisphere but more on the right side with burst suppression pattern with generalized epileptiform discharge in the presence of encephalitis with post-icital slowing

Image 1

Image 2

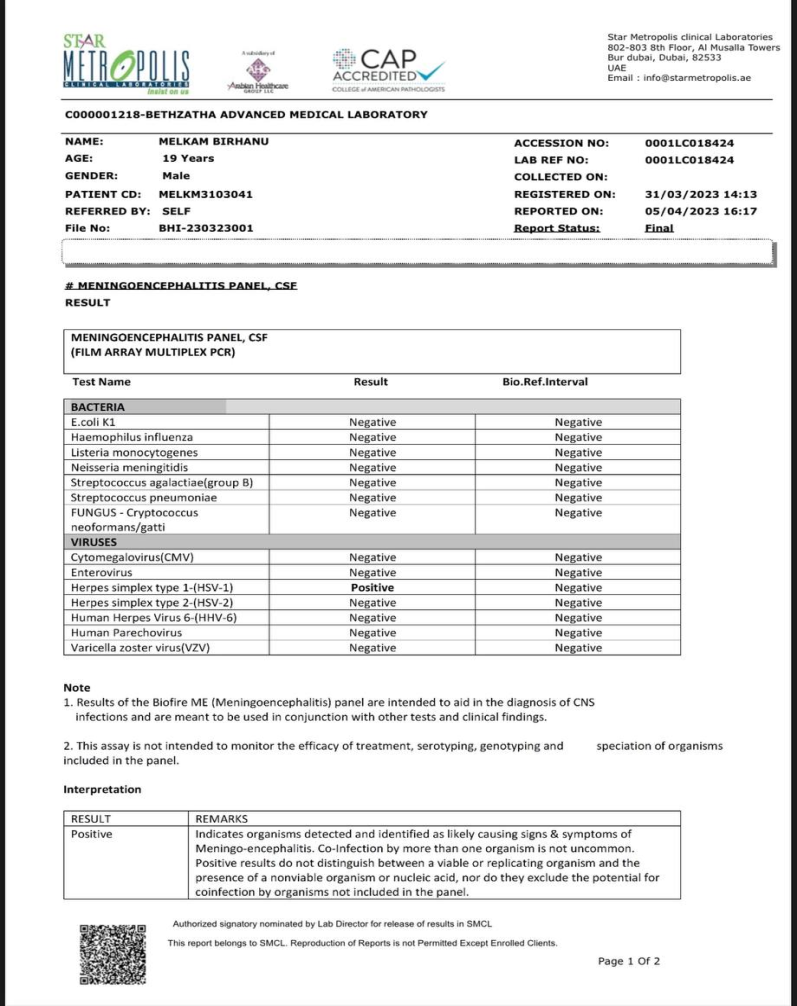


Image 2 :CSF meningoencephalitis Panel , PCR

Image 3B

Image 3A

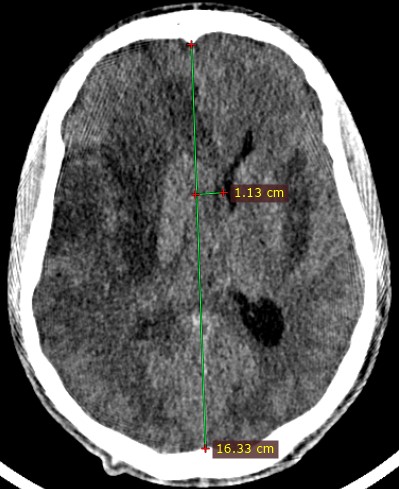
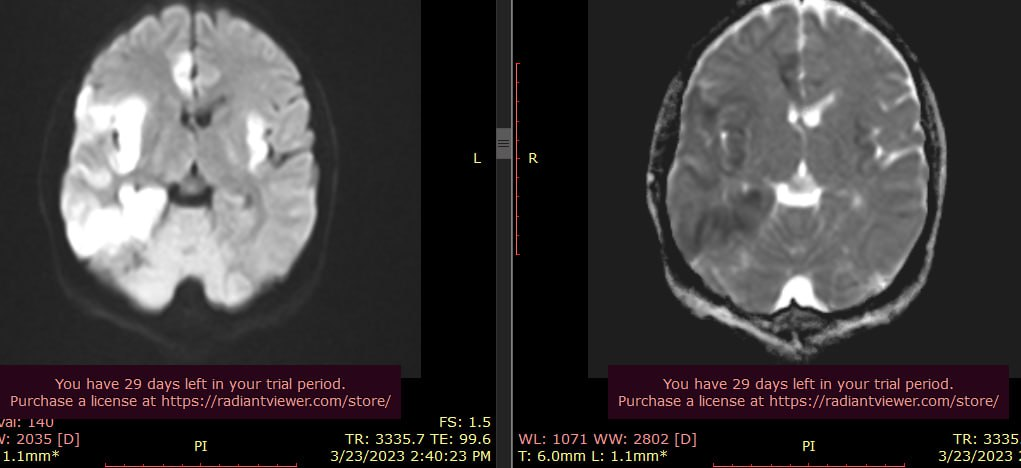
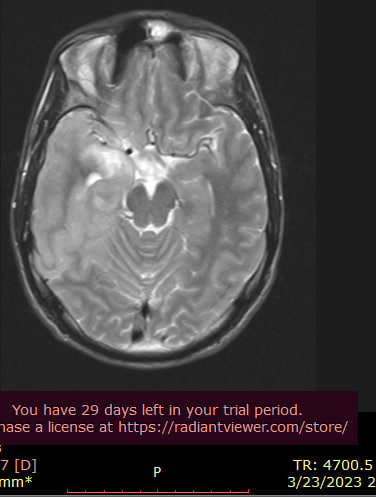
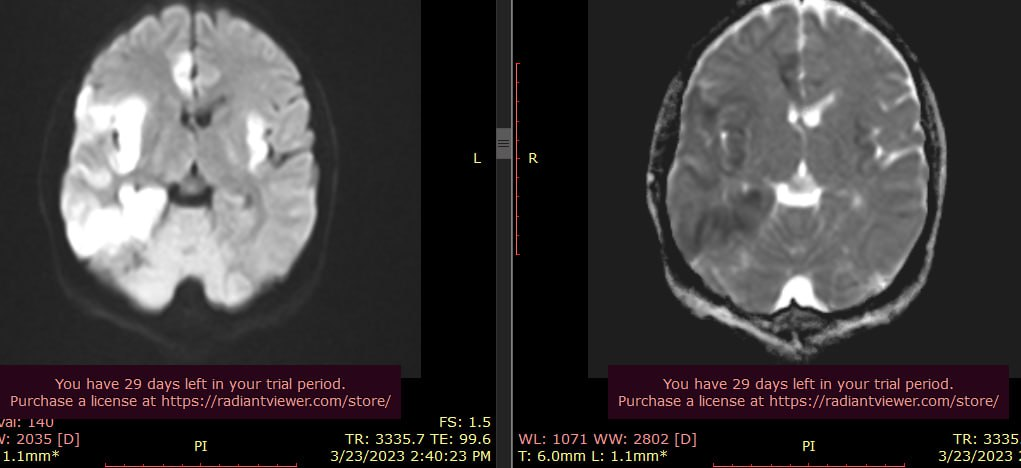


Image 3C

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| A and B (23/03/2023). Non contrast Brain CT scan  There is ill-defined hypodense brain parenchymal lesion involving the right parietotemporal lobe with loss of gray white differentiation. The right frontal lobe parasagittal cortex is also involved. The left temporal lobe is additionally involved but to lesser extent as compared to the right side.  There is associated midline shift to the left side measuring 11.3mm.  The right lateral ventricle is effaced with mild dilation of the left lateral ventricle.  No internal hyperdensity seen in the lesions.  C (CT on 30/03/2023). There is hyperdense right MCA M1 segment seen. (Early sign of infarction). |



Image 3D



3D. MRI on 3/23/2023.... At the right inferior temporal lobe T2 hyperintensity seen with associated swollen gyri and effaced sulci. There is diffusion restriction seen on DWI and ADC map at the right temporoparietal lobe, bilateral insular cortex and right frontal parasagittal cortex.

Image 3E



E. MRI on 3/30/2023 Right temporoparietal lobe, right parasagittal frontal lobe, bilateral insular cortex T2 hyperintensity with swollen gyri and effaced sulci. There is corresponding area of diffusion restriction. There is sparing of the basal ganglia. No blooming seen on T2\* image to suggest hemorrhage (not shown here).