

**LAMPIRAN A****CAJ LAPORAN PERUBATAN (RADIOLOGI) OLEH  
PEGAWAI PERUBATAN**

<b>Examination</b>	<b>Warganegara</b>	<b>Bukan Warganegara</b>
	<b>Pegawai Perubatan</b>	
Plain xray (Per part)	40	120
Us Doppler/ Non-Doppler	40	120

**CAJ LAPORAN PERUBATAN (RADIOLOGI) OLEH  
PEGAWAI PERUBATAN PAKAR**

<b>Examination</b>	<b>Warganegara</b>	<b>Bukan Warganegara</b>
	<b>Pegawai Perubatan Pakar</b>	
Plain xray (per part)	80	240

**CAJ LAPORAN PERUBATAN TERPERINCI PAKAR (RADIOLOGI) OLEH  
PEGAWAI PERUBATAN PAKAR**

<b>Examination</b>	<b>Warganegara</b>	<b>Bukan Warganegara</b>
	<b>Pegawai Perubatan Pakar</b>	
Us Doppler/ Non-Doppler	200	400
Fluoroscopy	200	400
Mammograhya	200	400
CT	200	400
MRI	200	400
Angiography / All Interventional Procedures	200	400



**LAPORAN PERUBATAN (RADIOLOGI) *Medical Report (Radiology)***  
**KEMENTERIAN KESIHATAN MALAYSIA**

Nama pesakit (*Name of Patient*):

No. K/P (*I/C No.*):

No. Passport (*Passport No.*):

Pemeriksaan (*Examination*): Plain CT Brain

Tarikh Pemeriksaan (*Date of Examination*): 30 NOVEMBER 2022

Prosedur (*Procedure (For Interventional Radiology)*)

Penemuan (*Findings*):

Cth:

*Encephalomalacic changes at right temporal and bifrontal regions with exvacuo dilatation of ipsilateral lateral ventricle inkeeping with previous insult.*

*No acute intracranial bleed*

*Grey -white matter differentiation are preserved.*

*Bilateral periventricular hypodensities inkeeping with small vessels disease.*

*Prominent ventricles and sulci suggestive of diffuse cerebral atrophy*

*No midline shift . No hydrocephalus.*

*Mucosal thickening at the right maxillary sinus . The rest of visualised paranal sinuses are clear.*

*No suspicious bone lesion.*

Kesimpulan (*Impression/Conclusion*):

Cth:

*No CT evidence of acute intracranial bleed or focal brain parenhymal lesion.*

*Encephalomalacia at right tenporal and bifrontal region due to previous insult.*

*Background of cerebral atrophy and small vessel disease.*

Pelapor Asal :(Original Reporting Radiology Doctor)

Dr XXXXXXX

Transkripsi Laporan dibuat oleh  
(Transcriber ) :

Dr XXXXXXX

Pakar Radiologi (Radiologist)

MMC: xxxxxxxx / NSR: xxxxxxxx

Tarikh (Date) :

Pakar Radiologi (Radiologist)

MMC : xxxxxxxx / NSR:xxxxxxxxx

Tarikh (Date) :