AI BRAIN HEALTH & LONEVITY REPORT

MRI-based brain health assessment
and multi-condition imaging analysis

Dr.Brain | YIWEI MEDICAL

CONFIDENTIAL · DE-IDENTIFIED CASE

AI Brain Health & Longevity Report

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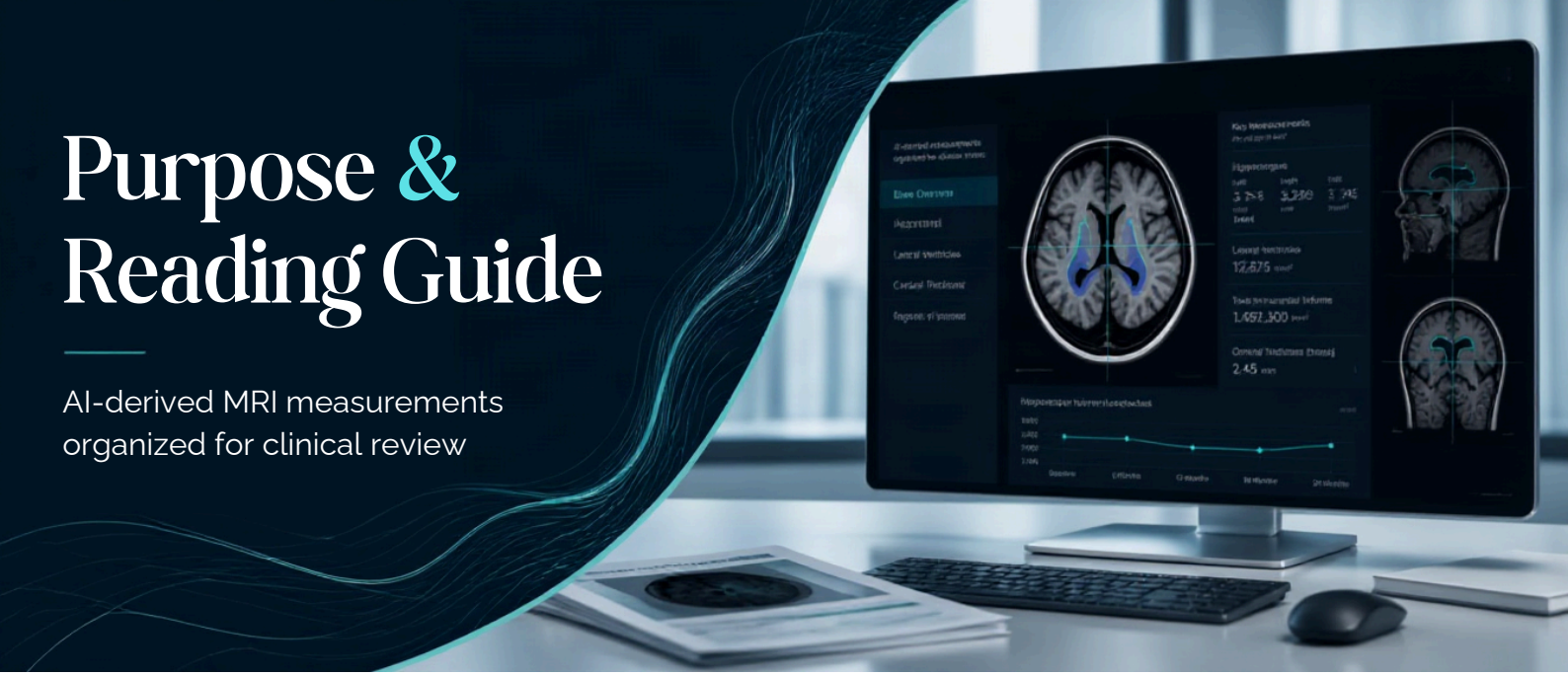
Prepared for Longevity Clinics & Brain Health Clinics

Case 001 | Male | 59 years | Scan date 20 March 2026

From quantitative imaging to informed brain health care.

Draft for clinician review

Source: supplied Dr.Brain Chinese report. English editorial adaptation; no new image processing performed.



Purpose & Reading Guide

Draft for clinician review

This report organizes AI-derived MRI measurements into a structured brain health profile to support clinical review, preventive care and longitudinal monitoring.

Three pillars

Brain aging	Multi-condition imaging analysis	Personalized clinical follow-up

Pathway

MRI acquisition	→	AI measurements	→	Radiologist verification	→	Clinical integration	→	Follow-up

Reading guide

Read first: results overview; then relevant module; finally care plan and technical notes.

Clinical caution

Imaging findings, model estimates and clinical diagnoses are different. AI can identify patterns for review; it does not independently establish or exclude a disease. Symptoms, examination, radiologist interpretation and other tests remain essential.

A brain-age estimate is not a lifespan forecast or a measure of remaining healthy years.



Executive Summary

Case-based results overview for clinician review

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Executive Summary

Draft for clinician review

03

Chronological age	AI-estimated brain age	Brain-age gap	WMH volume
59 years	55.7 years	−3.3 years	1.64 mL

No composite score or gauge is presented; headline values are shown as source metrics for clinician review.

Key findings

Domain	Source result	Clinical review focus
Brain aging	55.7 years; gap −3.3	Model-dependent estimate; uncertainty not supplied
Cognition-related structures	Source classification	Confirm classification, rationale, and clinical relevance

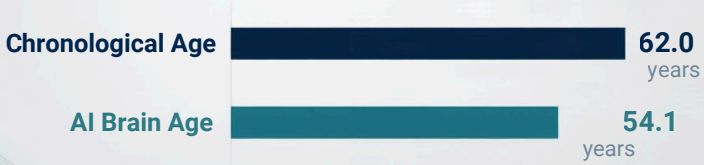
Clinical caution

These findings are AI-assisted and should be interpreted alongside the source images, clinical history, examination, and validated cognitive assessment. They are not a diagnosis or a substitute for clinician judgment.

Source note: Values shown above are reproduced from the supplied source results; model uncertainty and classification detail require clinician confirmation.

AI Brain Age

Quantitative comparison for clinician review





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AI Brain Age

Age 59.0 years / predicted brain age 55.7 years / brain-age gap −3.3 years.

Age comparison

Formula: predicted brain age − chronological age = brain-age gap.

Age (years)	
Chronological age 59.0 years	
Predicted brain age 55.7 years	

Clinical caution

The model estimates an MRI-derived brain age below chronological age in this case. This result alone does not prove superior cognition, reduced dementia risk or biological rejuvenation.

Source states reference model used healthy structural MRI data from ages 18–89. Model version, training sample size, error, bias correction, prediction interval and international calibration were not provided.

Longitudinal assessment requires comparable acquisition and a consistent, validated model; differences can reflect technical variation.



Cognition-Related AI Analysis

Structural measures may inform clinical assessment of cognitive symptoms and neurodegenerative patterns; volumetry alone cannot diagnose Alzheimer’s disease or determine an individual’s dementia probability.

Structure	Volume mL	% intracranial volume	Source reference %
Left hippocampus	3.49	0.22	0.17–0.22
Right hippocampus	3.96	0.25	0.20–0.25
Left parahippocampal region	3.25	0.20	0.16–0.21
Right parahippocampal region	3.20	0.20	0.17–0.20
Left entorhinal region	2.45	0.15	0.12–0.16
Right entorhinal region	2.65	0.17	0.12–0.16
Right lateral ventricle	12.61	0.80	0.20–0.71

Source ‘low risk’ label retained as a source classification, not independently validated.

Review flag: right entorhinal percentage exceeds source range but is omitted from its abnormality count. Verify before clinical release. A higher regional volume is not an atrophy finding.

Clinical integration: symptom history, function, appropriately administered cognitive testing and neurological assessment when indicated.

Ventricular / Hydrocephalus-Related Analysis

Ventricular measurements requiring clinical correlation



REVIEW RECOMMENDED

Ventricular enlargement. Correlate with clinical history, symptoms, and prior imaging when available.

Ventricular / Hydrocephalus-Related Analysis

Structure	Volume mL	% intracranial volume	Source reference %
Left lateral ventricle	13.96	0.88	0.18–0.99%
Right lateral ventricle	12.61	0.80	0.20–0.71%
Third ventricle	1.07	0.07	0.03–0.07%
Fourth ventricle	1.56	0.10	0.06–0.13%

Source reports one out-of-range region and ‘low risk’. This is not a hydrocephalus diagnosis. Assess ventricular configuration and surrounding structures with the MRI and radiology report.

Clinical correlation: gait disturbance, cognitive change and urinary symptoms may warrant clinician-directed evaluation.

Evans index, callosal angle and DESH assessment not supplied. Do not invent them.

Cerebellar Structure

Quantitative cerebellar baseline



Cerebellar Structure

Structure	Volume mL	% intracranial volume	Source reference %
Left cerebellar white matter	13.24	0.84	0.65–0.94%
Right cerebellar white matter	12.56	0.79	0.60–0.88%
Left cortex	43.83	2.77	2.30–3.18%
Right cortex	44.22	2.79	2.31–3.13%
Total cerebellum	113.86	7.19	5.85–8.13%

No out-of-range cerebellar regions were reported. These measurements do not exclude ataxia, movement disorders or other neurological conditions. Correlate with coordination, balance, gait and examination when clinically indicated.



White Matter / Small Vessel Disease-Related Analysis

Key metrics

Key metric
WMH volume 1.64 mL
lesion count 22
source Fazekas grade 1
lesion volumes 0.02–0.34 mL

Source distribution of WMH volume

Source	Share	Volume bar
cortical white matter	44.59%	
deep white matter	55.41%	
periventricular	0.00%	
infratentorial	0.00%	

Clinical caution

Mild burden by the reported grade; grading requires image verification. WMH are imaging findings with multiple possible causes, not a standalone diagnosis of small vessel disease.

Data reconciliation

Source reports WMH/ICV 0.0978%, but listed ICV is 1,584.62 mL. 1.64 ÷ 1,584.62 × 100 ≈ 0.1035%. Retain source 0.0978% as reported and flag denominator for verification; do not silently replace it.

Assess blood pressure, lipid and glucose status, smoking and other relevant factors with the clinician.



Vascular Safety Modules

Aneurysm candidate analysis

Source reports 0 suspected lesions. No independently verified negative diagnosis. MRA acquisition details and human review status not supplied.

Microbleed candidate analysis

Source reports 0 suspected lesions. Sequence availability and quality should be confirmed; susceptibility-sensitive imaging is important for assessment.

Clinical caution

Zero AI-reported candidates does not guarantee absence of disease.

Scope note

Scope: no acute stroke, stenosis, tumor or other disease result is established by the supplied outputs. Do not claim analysis of Parkinson's disease or psychiatric disorders.

Emergency note

Emergency note: sudden focal weakness, speech difficulty or a sudden severe headache warrants urgent medical assessment regardless of this report.