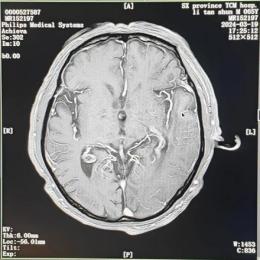
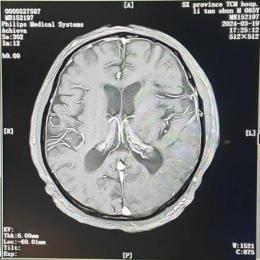
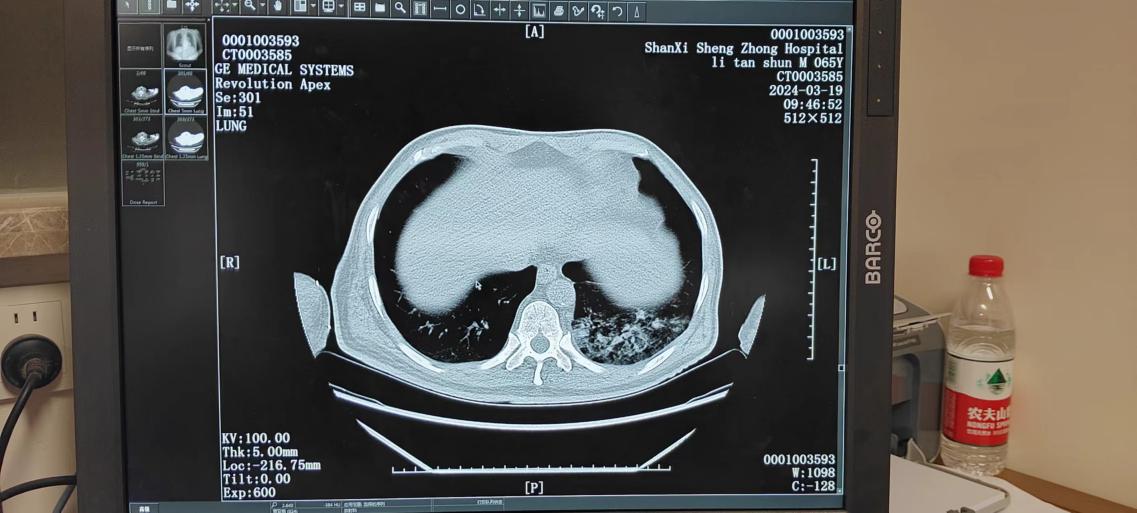
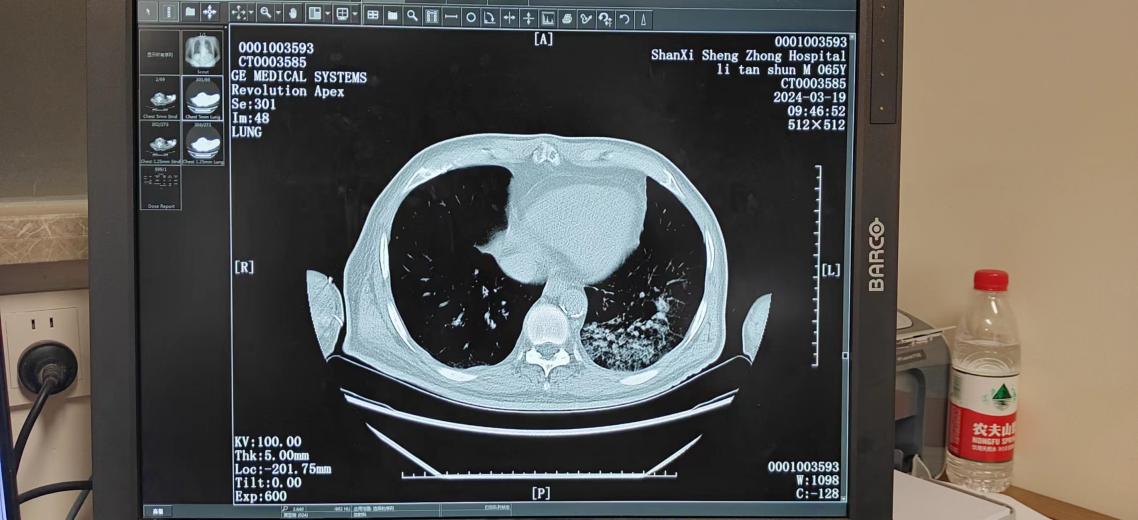
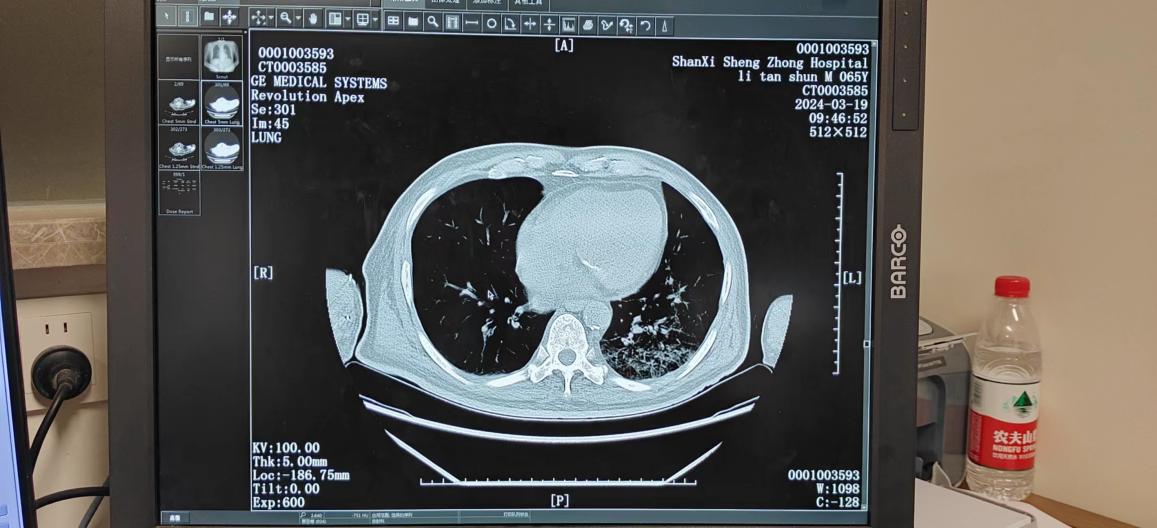
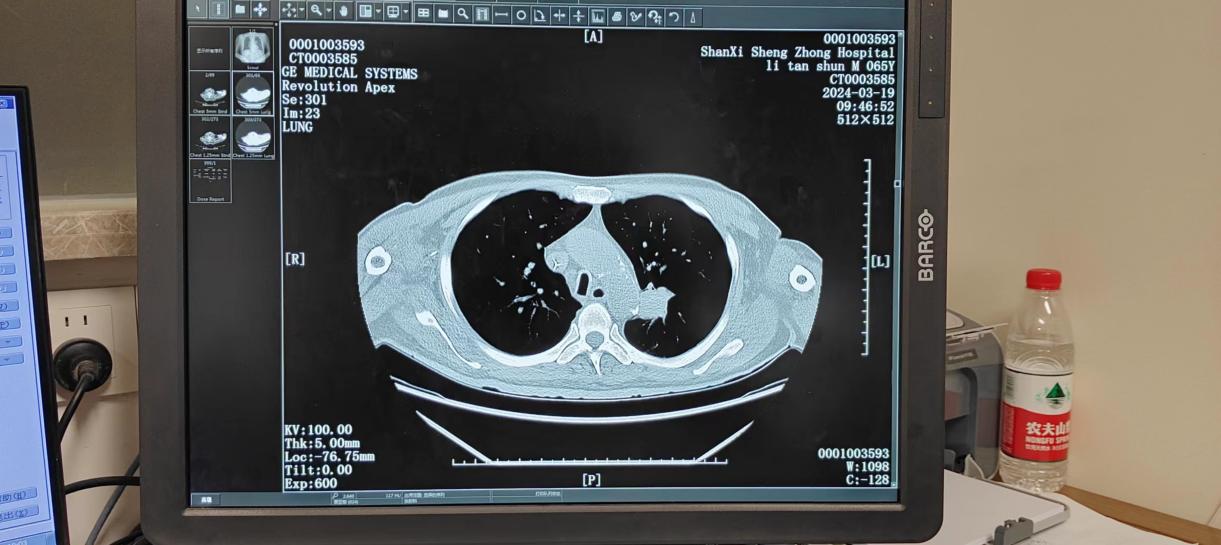


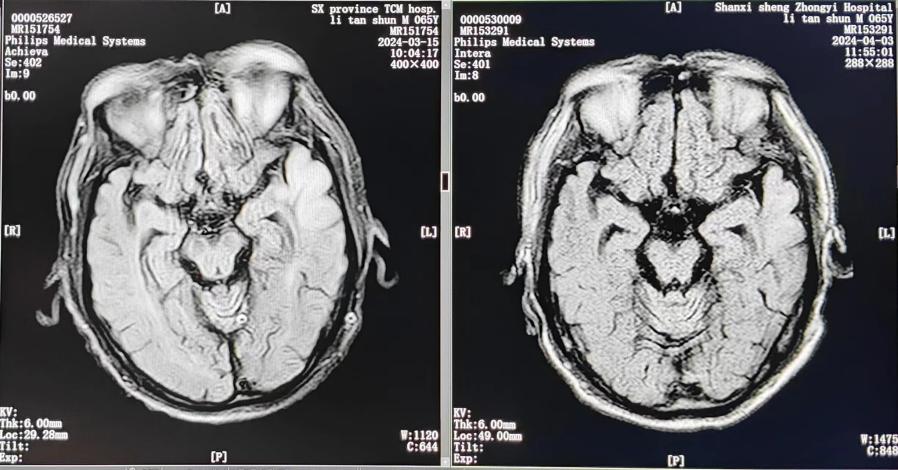
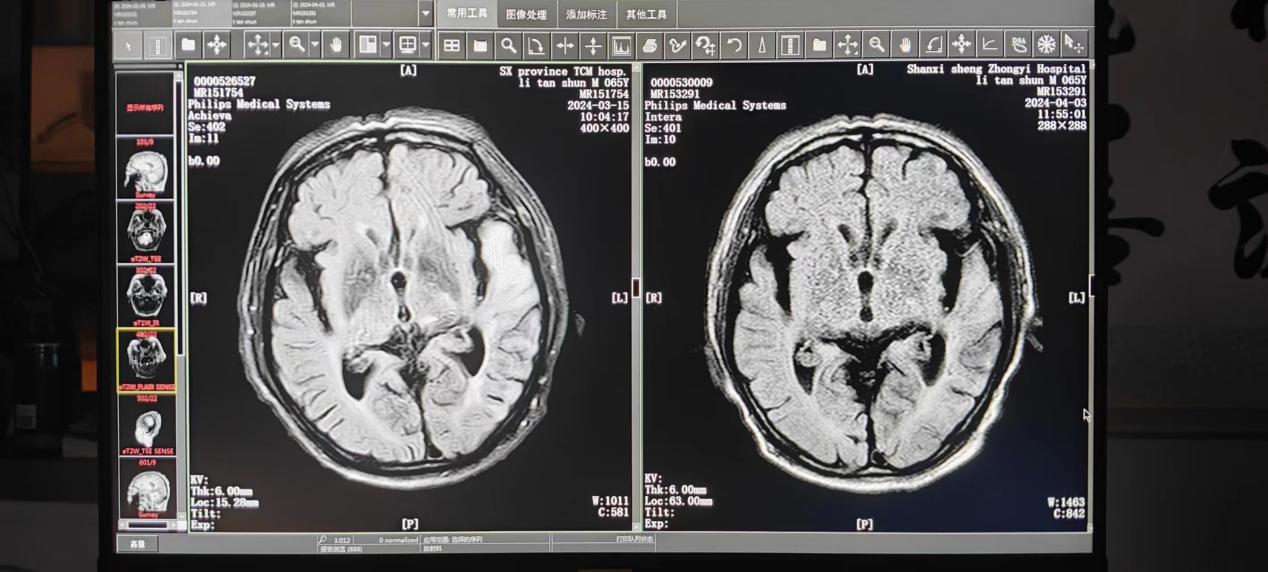
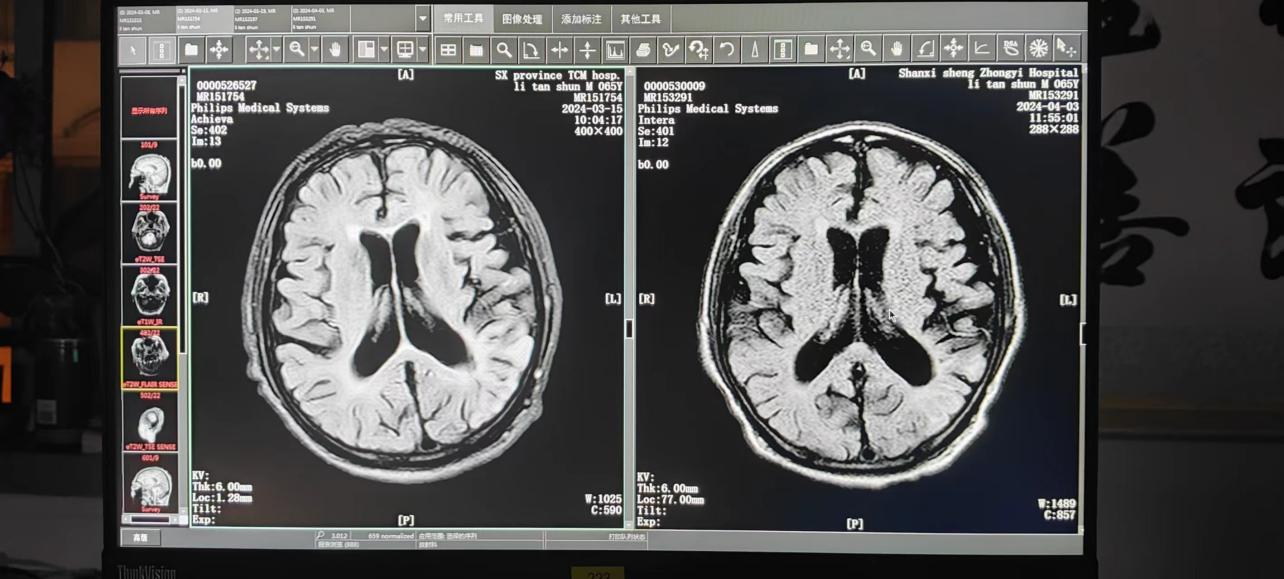
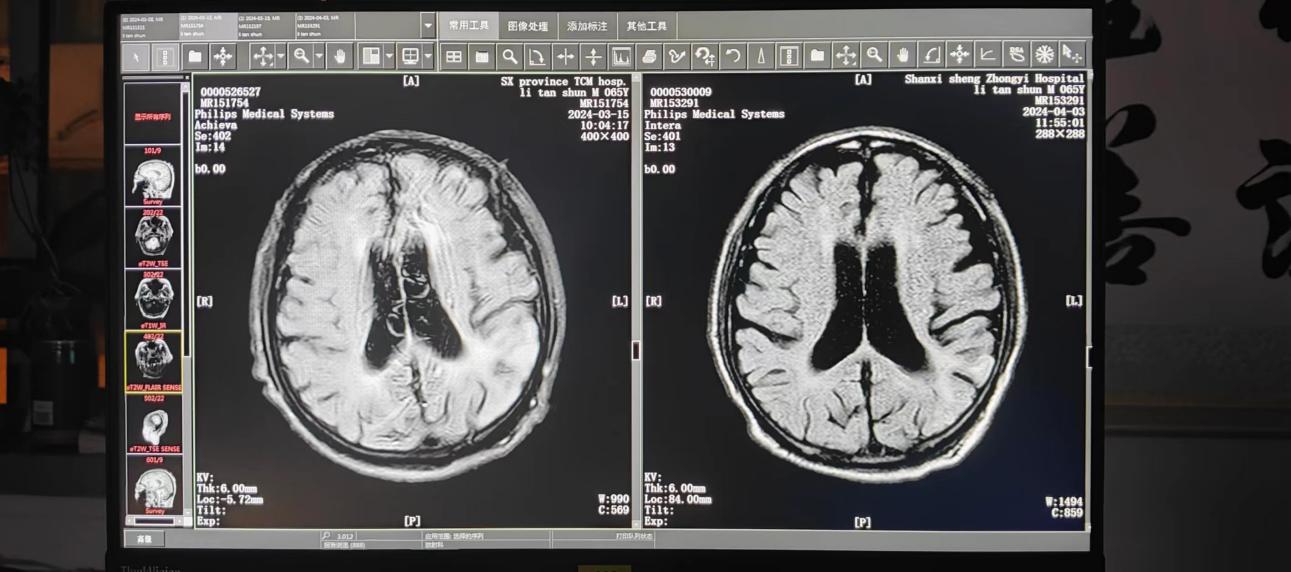
**Fig. 1（March 15,2024）ANNOTTATION：(1) Left temporoparietal swelling and abnormal signal; (2) Ponte, bilateral thalamus, basal ganglia, lateral ventricle, hemioval center, and frontal multiple lacunar cerebral infarctions**



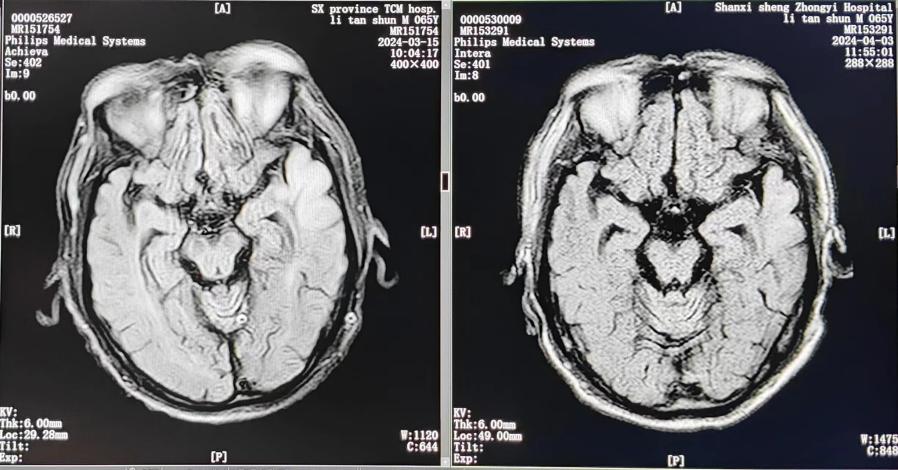
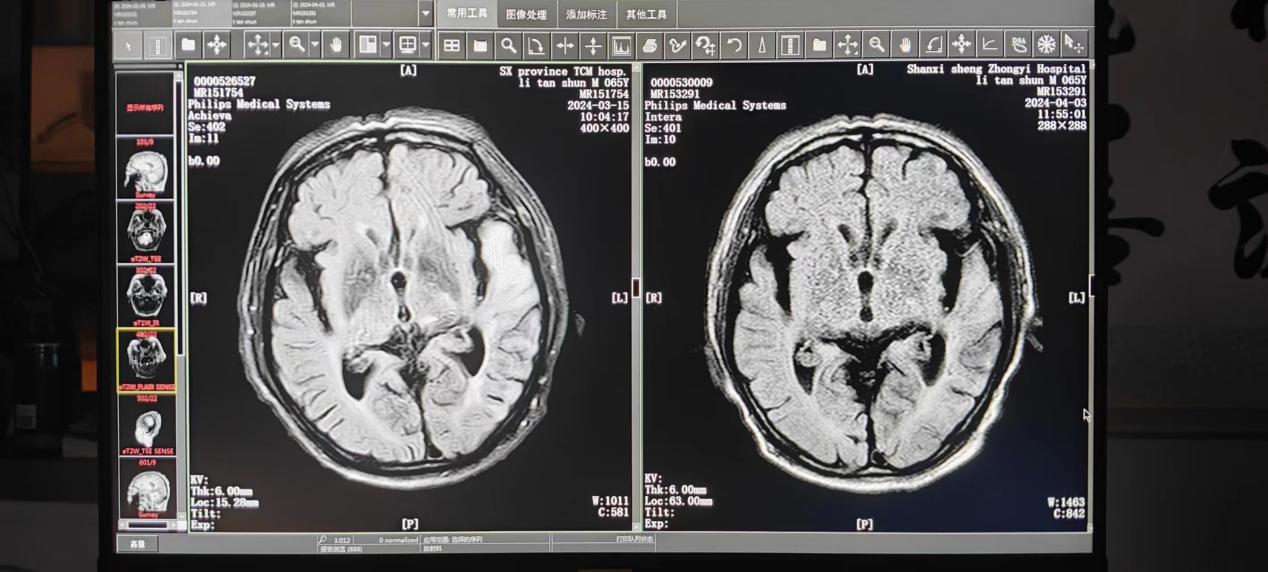
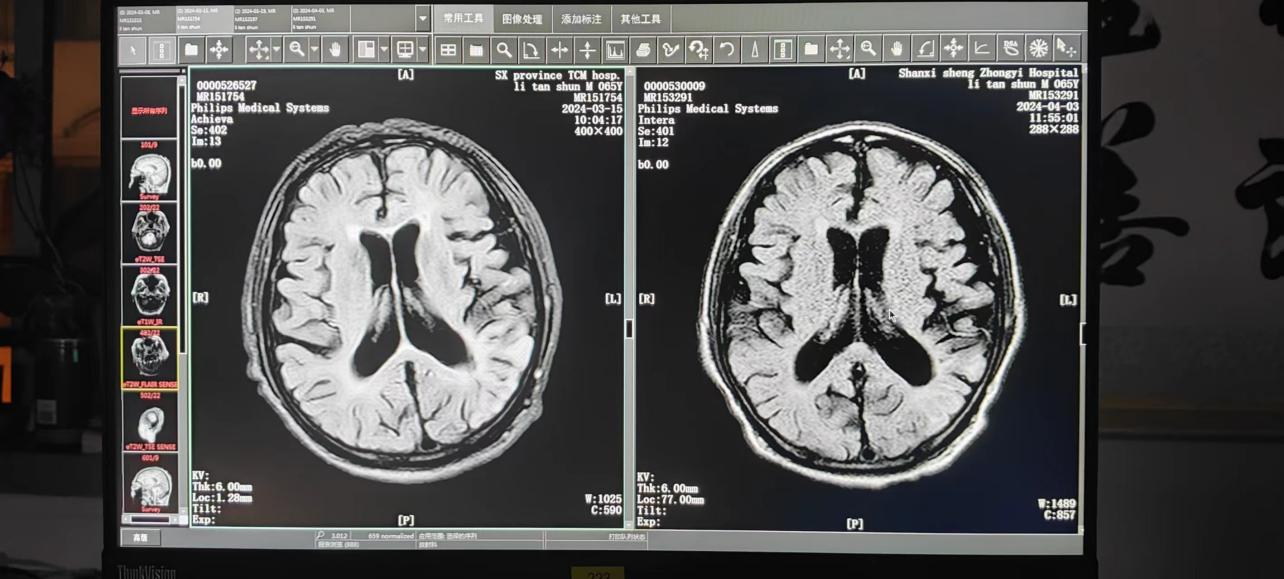
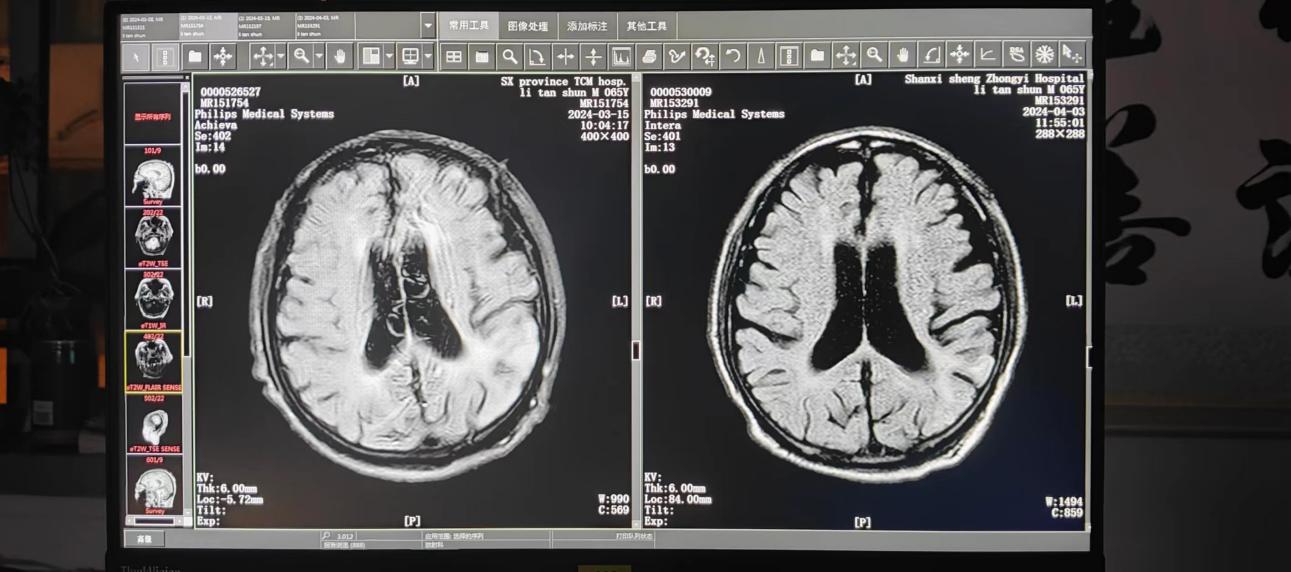
**Fig. 2（March 19, 2024）ANNOTTATION：(1)Multiple lacunar cerebral infarctions in the brainstem and bilateral basal ganglia; (2) diffuse swelling of the left temporoparietal gyrus and mild enhancement in the left temporal lobe.**



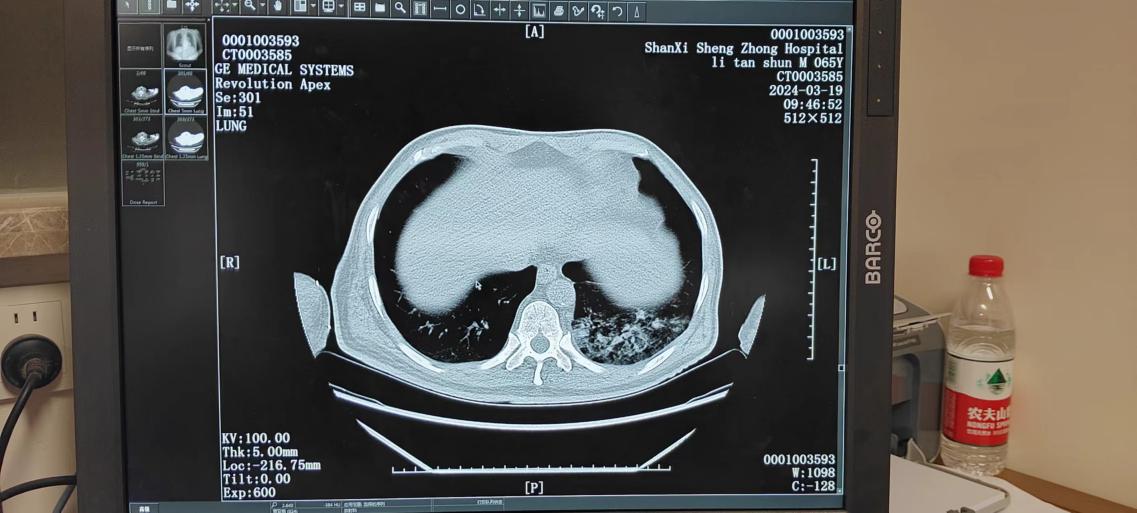
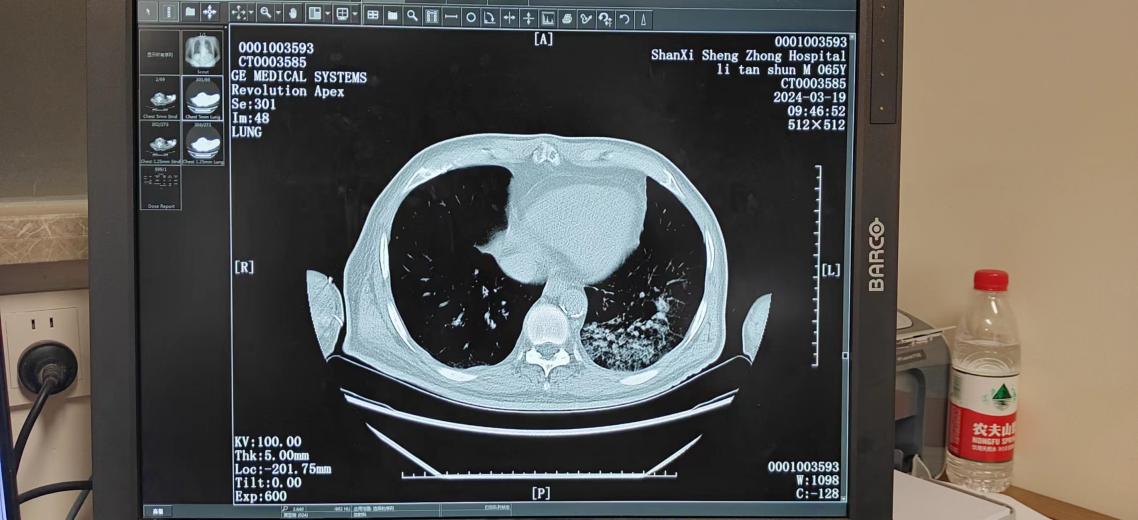
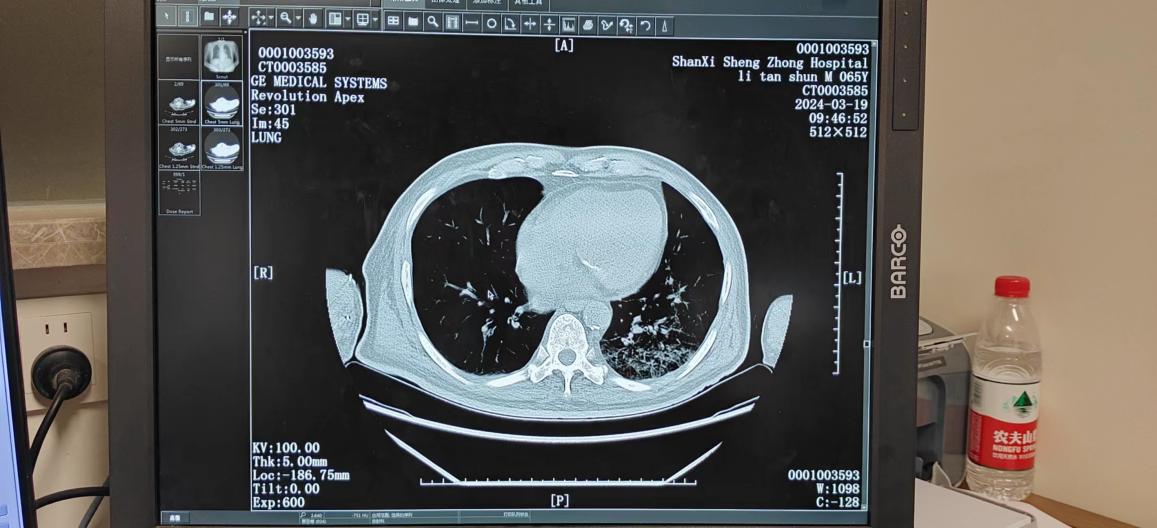
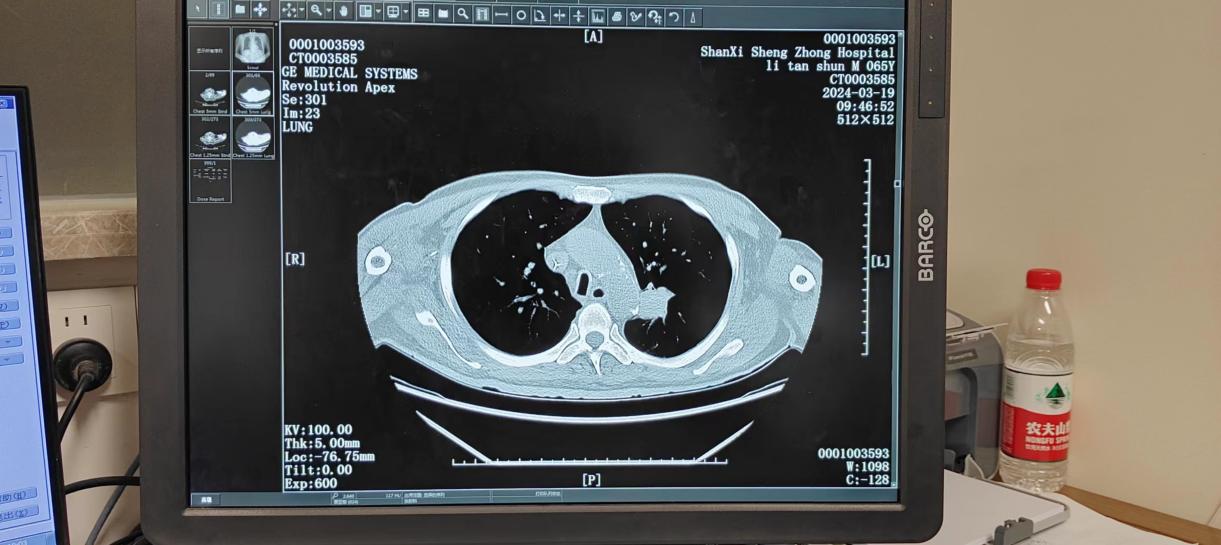
**Fig. 3（March 19,2024）ANNOTTATION：(1)Left hilar space (5.0\*3.9 cm);(2)Left lower lobe inflammation, mild interstitial changes;**



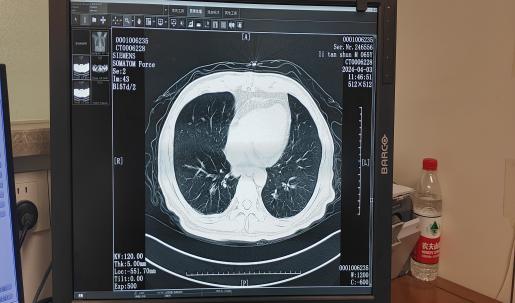
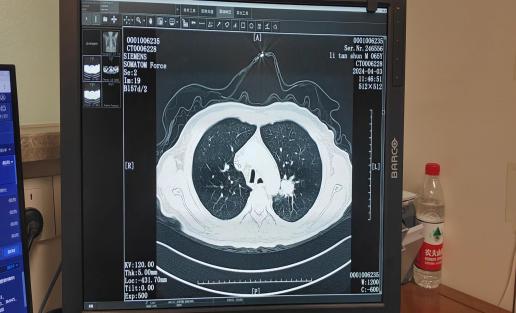
**Fig. 4. a（March 15,2024）**



**Fig. 4. b（April 3,2024）**



**Fig. 5. a（March 19,2024）**



**Fig. 5. b（April 3,2024）ANNOTTATION:Combined observations with Figures 4 and 5, post-treatment MR imaging showed reduced abnormal signals in the patient's left medial temporal lobe, while chest CT revealed significant resolution of inflammation in the left inferior lobe.**